DRAFT PROGRAMME

BOARD OF TRUSTEES MEETING 13-18 JUNE, 1987

Saturday, 13 June

9.00 a.m. - 3.00 p.m.	Personnel & Selection Committee Meeting*
3.00 p.m. - 4.00 p.m.	Programme Committee Meeting*
4.00 p.m. - 5.00 p.m.	Joint Meeting of Programme Committee* and Standing Committee of Programme Co-ordination Committee (PCC)

Sunday, 14 June

9.00 a.m. - 5.00 p.m.	Finance Committee Meeting*
9.00 a.m. - 5.00 p.m.	Programme Committee Meeting continues*

Monday, 15 June

Report Writing (all Committees)

Tuesday, 16 June - Board Meeting

8.30 a.m. - 9.00 a.m.	Welcome, Approval of Agenda; Approval of November 1986 Minutes.
9.00 a.m. - 9.45 a.m.	Presentation of Director's Report
9.45 a.m. - 10.30 a.m.	Discussion of Director's Report
10.30 a.m. - 10.45 a.m.	TEA

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* Trustees not directly involved in this Committee are also welcome to attend or may use the free time for preparation work, meet with staff, etc.

Tuesday, 16 June (cont'd.)

10.45 a.m. - 11.30 a.m.	Presentation of Summary reports on Resources Development and Financial Situation
11.30 a.m. - 11.45 a.m.	Presentation on Executive Committee Meeting
11.45 a.m. - 12.30 p.m.	Presentation on Programme Committee Report
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 3.15 p.m.	Discussion of Donors' Consortium Supplement
3.15 p.m. - 3.30 p.m.	TEA
3.30 p.m. - 5.00 p.m.	Discussion/Resolutions of Programme Committee Report

Wednesday, 17 June

8.30 a.m. - 10.30 a.m.	Presentation and Discussion of Personnel & Selection Committee Report
10.30 a.m. - 10.45 a.m.	TEA
10.45 a.m. - 12 noon	Recommendations/Resolutions from Personnel & Selection Committee Report
12 noon - 12.30 p.m.	Meet with representatives of the Staff Welfare Association
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 3.30 p.m.	Presentation/Discussion of Resources Development and Finance Committee Report
3.30 p.m. - 3.45 p.m.	TEA
3.45 p.m. - 5.00 p.m.	Recommendations/Resolutions from Resources Development and Finance Committee Reports

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Thursday, 18 June

8.30 a.m.	- 9.15 a.m.	Selection of Trustees
9.15 a.m.	- 9.45 a.m.	Selection of Chairman of the Board
9.45 a.m.	- 10.15 a.m.	Dates of Next Meeting
10.15 a.m.	- 10.30 a.m.	TEA
10.30 a.m.	- 12.30 p.m.	Open for unfinished business
12.30 p.m.	- 2.00 p.m.	LUNCH
2.00 p.m.	- 4.00 p.m.	Passage of all Resolutions
	4.00 p.m.	Closure of Meeting

Note: The Programme Committee Meeting and Full Board Meeting will be held in the Training Lecture Room (Ground Floor)

The Finance and Personnel & Selection Committee meetings will be held in the Director's Office (2nd Floor)

DB:jc

9.6.87

1/BT/JUNE.87

APPROVAL OF AGENDA

16-18 JUNE, 1987

DRAFT AGENDA

BOARD OF TRUSTEES MTG. 16-18 JUNE, 1987

1. Approval of Agenda

2. Approval of Draft Minutes of Board Meeting, November 1986

3. Review of Executive Committee Minutes

4. Director's Report (including 1986 Annual Report)

5. Summary Reports on Resources Development and Financial Situation

6. Programme Committee Report
   - (a) Teknaf Paper
   - (b) ERC Document Report
   - (c) Selection of SAARC participants for Training Fellowships

7. Personnel & Selection Committee Report
   - (a) Personnel Structure Committee Report
   - (b) Personnel Consultants' Reports

8. Resources Development Report
   - (a) Donors' Consortium

9. Finance Committee Report

10. Selection of Trustees

11. Selection of Chairman of the Board
    - (a) Membership of Committee of the Board

12. Dates of Next Board Meeting

13. Miscellaneous

10.6.87

2/BT/JUNE.87

APPROVAL OF DRAFT MINUTES OF BOARD MEETING, NOVEMBER 1986

DRAFT

Minutes of the Meeting of the Board of Trustees, ICDDR,B held at Dhaka, November 24 - 26, 1986.

Members Present

Mr M.K.Anwar (from Agenda 4 to lunch on Day 1 only)
Professor D. Bell - Chairman
Dr I. Cornaz
Professor R. Eeckels - Secretary
Professor R. Feachem
Professor D. Habte
Dr M. Merson (until morning tea on Day 3)
Dr K.A. Monsur
Mr Syed Aminur Rahman (from Day 2)
Professor V. Ramalingaswami
Professor D. Rowley

Members Absent

Dr A.R. Al-Sweilem
Professor J.Kostrzewski
Professor L. Mata
Dr Nyi Nyi
Dr P. Sumbung

Invited Staff

Mrs J. Chowdhury, Executive Assistant to the Director

For Opening Session Only

Dr A.N. Alam, Head, Dhaka Hospital
Mr A.K. Azad, Public Relations & Information Officer
Mr M.R. Bashir, Associate Director, Resources Development
Mr R. Dery, Acting Chief Personnel Officer
Mr Md. Shahabuddin, Special Assistant to the Director

For Opening Session & Agenda 5

Dr I. Ciznar, Associate Director and Head, Immunology & Bacterial Genetics Laboratory
Dr M. Badrud Duza, Associate Director, Population Sciences and Extension Division
Dr M. Rowland, Associate Director, Community Medicine

Division
Dr D. Sack, Associate Director, Laboratory & Epidemiology Division

For Opening Session & Agenda 9

Mr H. Janssen, Chief Finance Officer

Professor Bell, Chairman of the Board, opened the meeting at 8.30 a.m. on Monday, 24 November, 1986. He welcomed everyone, informing staff that this afternoon the Board would be going into a closed session, and introduced the new Board Members. He said that Dr Monsur has been associated with the Centre a long time, firstly with CRL and later with ICDDR,B. He said that Dr Monsur was nominated by the Government of Bangladesh in place of the Honourable Minister for Health and Family Planning. The second new member, whom Professor Bell introduced, was Professor D. Habte. He said that Professor Habte is also known to the Centre having reviewed two of the scientific programmes in 1982.

Other new members, not present in the opening session, were Mr Syed Aminur Rahman, Joint Secretary, Ministry of Health and Family Planning who is not returning to Dhaka until tomorrow evening and who replaces Mr Manzoor ul Karim; and Dr P. Sumbung, from Indonesia, who was able to be present for several Committee meetings earlier in the week but had to leave before the full Board Meeting commenced. Professor Bell said that Dr Sumbung is an experienced scientist and administrator who is currently a high official in the Indonesian Government.

Professor Bell said that messages of regret had been received from Dr Al-Sweilem, Professor Kostrzewski, Professor Mata and Dr Nyi Nyi their schedules preventing them from being able to be present at this meeting. Professor Bell also advised that although Mr Anwar is in town, he is extremely busy but does hope to be here during the meeting.

Professor Bell finally reported with great regret the resignation of Professor Y. Takeda. He said that Professor Takeda's position at the University of Tokyo had kept him from attending the last two meetings and that he could not guarantee being able to attend the next meeting either.

Board Members introduced themselves and informed staff of the regular positions which they hold. The staff present, in turn, introduced themselves and informed the Board Members of the positions they hold in the Centre.

With reference to the agenda, Professor Bell said that it is different from usual in that the opening session with donors has been dispensed with. This is because the same donors attended a meeting at the Centre in late August where there was a considerable exchange of view and it was not necessary to see them again so shortly afterward. So, the morning session will be more informal than usual. Professor Bell then went through the schedule. It was agreed that there may need to be an evening session on Tuesday night.

Agenda 1: Approval of Agenda

The agenda was accepted as presented.

Agenda 2: Approval of Draft Minutes of Board Meeting, June 1986

It was proposed and seconded that the draft minutes of the meeting of the Board of Trustees held in Dhaka from 17-19 June, 1986 be accepted without changed except that on page 3, line 5 of second last paragraph "SEARO" should read "SEATO".

In response to a query about how long it takes the Board Minutes to be circulated the Chairman advised that there was some delay this time but usually they are circulated more expeditiously, say within 6-8 weeks. With reference to the specific question on the Task Force, Professor Bell said that it was entirely up the Committee whether or not they give a completed or interim report to the Board. There was a request that some editorial changes be made but it was later confirmed that these changes were part of a quotation and as such could not be changed.

Agenda 3: Director's Report

Professor Eeckels presented his report which is attached (annex 1). Professor Bell thanked Professor Eeckels for his report and opened the floor for discussion on the report.

Following are the main points raised by various Members and Professor Eeckels' replies.

(a) In response to Professor Eeckels' statement about not knowing where the Centre might be going, Dr Monsur said that the Centre has been floating earlier without any roots and it survived - now it is an international organization with some roots so it should survive.

Professor Eeckels clarified his statement by saying that he knows what to expect: the task to be done is not easy, but it is worthwhile doing and he is full of confidence. The work the Centre is doing is too important not to deserve all possible efforts.

(b) Critical Mass

The Director's concern that the Centre now has a critically low number of experienced scientists was shared by other Board Members but it was also recognized by them that good science has been done and that science continues to be good. A leaning organization has some limits to critical mass. The Centre hasn't gone below the critical mass but needs to keep this point in mind. It was emphasized that critical mass has to be taken seriously and Dr Cornaz said that in this respect the Centre might be focussing too much on budget cuts rather than cost effectiveness, including personnel. Some persons are being well used and others are not - serious thought has to be given to this. This most efficient use of personnel is not just directed at those who are not working enough. It is advantageous to those who work well but could do better in a different post or with more support. This aspect should also be looked at.

Professor Eeckels replied that science continues to be good and exciting in the different areas. Staffing is short but science continues to get better. The scientific reviewers said this too as well as pointing out the Centre's weaknesses. The USAID report was a positive one and pointed out what can be done in the future. Referring to the most efficient use of personnel, Professor Eeckels said that the goal-oriented appraisal system may help to stimulate those who need it and it is hoped to implement this system as soon as possible. Professor Eeckels also said that one of the requirements for higher level scientists would be an ability to help launch younger scientists into their career and to stimulate a team work approach.

Board Members found this use, as a criterion of success for higher level scientists, of their track record in stimulating

younger ones, a very interesting idea, and said that it should be linked with the career ladder for upward movement.

(c) Organogram

It was pointed out that Training does not appear as a major part of the Centre in the organogram and it should be there as it is mandatory as per the Ordinance. However, it was appreciated that the Director places importance (as shown by the submission of a Report from the Training Branch) on Training as it is crucial to the role of the Centre.

It was recognized that no organogram can show interdisciplinary actions and Members were reassured to know that there are multiple linkages across the divisions/departments. It was mentioned that Epidemiology is always hard to place.

A crucial issue for 1987 is the fact that the Centre will need to recruit 3 of the 4 heads of the scientific divisions. A lot hinges on these key appointments and it was hoped that by the end of 1987 all would be in place and operational. It was pointed out that large projects with external support need to be very much a part of the structure and under the wing of the divisional head. This is another reason why the appointments are of utmost importance. The efforts required in the recruitment will be very large indeed and, alongside the financial and management problems, recruitment is very important.

Professor Eeckels said that the organogram will need to be reconsidered, our training efforts must continue and the Centre must think about the structure of the Training Branch - it must be one of the Centre's major concerns. Epidemiology should be trans-disciplinary. The link with CDC should help the Centre to do this. Professor Eeckels recognized that the recruitment for the senior positions is very important.

(d) Linkages or Twinning

Board Members were attracted by the increasing emphasis the Director is giving to twinning arrangements between the Centre and progressive and dynamic points outside Bangladesh. However, they cautioned that linkages should be with those institutions which can best help the Centre, be they from the north, south, etc. The linkages should not just be with institutions of academic excellence but should stress the needs of developing countries. The linkages should be cost effective arrangements and should not be formal tie-ups with

single institutions but rather with a number of institutions, in both developed and developing countries. The Director was urged to go ahead with linkages but it was pointed out that linkages will hinge on recruitment to new positions and need to fit into the new divisions. The Centre should not go too far with linkages before the new division heads are in place. Continue but not too far and too fast. Also, there needs to be an international balance with the linkages e.g. not all with the United States.

It was cautioned that developed country scientists did not always realize what twinning arrangements meant and were liable to take away data and reanalyze them abroad. This is a very tricky area of which the Director is aware. In the past, many papers have been published with the Centre's name on them but the collaborating Bangladeshi scientists were not really involved and, as a result, have not profited intellectually. Another problem is whether or not the Centre loses with funded projects. The Centre should not accept these unless they simultaneously give strong support to the Centre.

Linkages between divisions are very important and Board Members were reassured to find that they are there.

Professor Eeckels replied that both critical mass and linkages are important to the Centre. The latter can only survive when both institutions benefit. He said that, in addition to the linkages mentioned in his report, the Centre has numerous linkages with national institutions through protocols, exchange of doctors, students, ward rounds, etc. It is hoped to have an exchange of students with other developing countries and Mr Bashir has been instrumental in getting an agreement signed by the Government of Bangladesh to enable such an exchange between SAARC countries. Professor Eeckels said that Dr Sack has a collaboration with an institute in Burma, but that this needs expanding. Far closer contacts should be made with Dr Pal's institute in Calcutta and with other institutions in India. Professor Eeckels said that the Centre does have linkages with the INSERM in France, The University of Adelaide in Australia, the London School of Hygiene and Tropical Medicine in the United Kingdom, the University of Goteborg in Sweden, etc. so, linkages are not just with the United States in the developed world, quite the contrary.

Professor Eeckels said that he couldn't agree more that linkages are often double-edged and that he needs to be extremely careful when accepting any linkages. Also the Centre needs strong divisional heads to withstand the pressures of linkages. He said he will be extremely careful with twinning arrangements.

(e) Endowment Fund/Core Support

It was hoped that the Centre gets a good response from the donor consortium re contributing to an endownment fund and/or to the core. It was recognized, however, that institutes such as CGIAR may find it much easier to get endowment support as the results of new innovations are known more quickly in agriculture than they are in health. The Centre is faced with the dilemma, inherent in health science, of project versus core. Project support is good but it can be overdone and could lead to a drying-up of core funds. The Centre needs to preserve a minimum of core support without undermining goals, funding, etc. The proportion of core and project support could vary from time to time. As a service institution the Centre has to give service and the hospital and field stations are most valuable assets which must be preserved at all costs. Core support is required for seed money for testing of new ideas, basic research, and to maintain activities in the fields of primary health care and hospital medicine.

Professor Eeckels replied that the problem of project funds versus core funds must be solved in the donors consortium as almost all funds now are project. He said that the service provided by the Centre must continue. The USAID contract does allow for some Centre-initiated new research, which is very important.

(f) Biological Mandate

A member noted that the Centre's major mandate is to find biological solutions, and the biological mandate must be continued. At the same time, the Centre must focus on the social carrier system. The Board was happy to hear the role that prevention will be playing in service - this is crucial to the Centre. Also prevention has an important role in the research programme.

The Director was congratulated on his excellent and masterly report. The Director's report to the Board gave them a realistic view as to the status of the Centre.

After tea on the morning of Monday, 24 November, the Board discussed the following agenda:

Agenda 4: Summary Reports on Resources Development and Financial Situation

Mr M.R. Bashir, Associate Director, Resources Development and Mr H.A.N. Janssen, Chief Finance Officer were asked to give summary reports as background for the discussions to be held over the next three days. Mr Bashir spoke first and his report is attached as annex 2. Professor Bell thanked Mr Bashir for his report and asked for questions. These questions included:-

(a) What does the Centre feel is its ideal income?

(b) What happened to the proposal to DANIDA for running the hospital services?

(c) Is there a paper on the financial implications of the building at Matlab?

(d) What percentage do donors pay as overhead?

Question (a) was discussed later, in connection with the planning for the Donors' Consortium meeting.

In response to (b) above Professor Eeckels said that the proposal has been submitted to Copenhagen but we have not heard anything official as yet. Unofficially we have been advised that the budget has been cut to approx. $450,000. In response to (c) above, Professor Bell said that the construction had been approved by the Board previously but that an operating budget had been requested by them. Professor Eeckels said a document is available and that this document shows the budget related to construction, equipment, etc. Copies of the document are available for interested Board Members. It is hoped that operating costs of the new centre will not be more than at present. Mr Bashir replied to the query re overhead. He said that normally the Centre has an overhead figure of 25% plus 6% for the reserve fund, a total of 31%. He said that it is not always possible to obtain this overhead at all or in part and that the problem should be discussed in the forthcoming donor's consortium.

Mr Janssen said that the Director had given an overview so he would just highlight the main features. In 1986 the Centre

will have an operating fund surplus of $180,000 (exclusive of depreciation), an improvement of $1.4 (increased income amounts to one-quarter of the improvement and reduction in expenditure to three-quarters). In June 1986 it was estimated that the year-end overdraft would be $3.5 million, now it is expected to be $2.1 million. This means that the Centre now has room to manoeuver in the short-term but for the future consideration has to be given to the large overdraft and how to attract support to remove it. The amount expected for funded research in 1987 is at about the same level as for 1985 and 1986 and the overall expenditure levels for 1987 have been held to the 1986 levels. There will be a smaller surplus in 1987, approx. $30,000. In the assumptions presented, a salary rise for the GS and NO staff has not been included, nor has the income expected from DANIDA.

Professor Bell noted that although the level of expenditure is expected to be about the same in 1987 as it was in 1985 and 1986, the composition of the expenditure has changed with major staff reductions, major changes in type of funding, etc. He said that while the scientific staffing has sharply diminished, the budget implies that the ability of the Centre to accomplish research has not. Has the Centre acquired obligations to conduct research with which it is falling behind? Professor Eeckels replied that $1 million has been given in advance of research being carried out but that the Centre has been in this position in the past. The matter for real concern is that the number of people capable of developing good protocols is particularly low, so recruitment to the division head positions is important to give guidance to younger scientists. The Centre has been able to maintain the volume and quality of publications, and in some areas the quality of publications has improved, despite the reduction in scientific staff. This is because some of these staff had terminated their research but not published because they had heavy administrative responsibilities.

Professor Feachem felt that the productivity per dollar at ICDDR,B is relatively low, and therefore there should be a focus on achieving higher research productivity. Professor Eeckels agreed and said that the Centre needs good people with an ability to stimulate younger persons. The Centre does have examples of good research done at a low cost but many protocols have to include costs which are not found in other countries e.g. hospital costs and laboratory examinations paid by Social Security, whereas here the protocol has to pay for these costs, which makes a huge difference.

Agenda 5: Programme Committee Report

Professor Bell said that as Professor Rowley was unable to arrive until yesterday, he, himself, had acted as Chairman for the Programme Committee Meeting on Friday. A copy of the Report of the Programme Committee is attached (annex 3). Professor Rowley apologised for not being able to be present and thanked Professor Bell for Chairing the meeting. Professor Rowley said that the Centre exists to carry out its scientific programme and that finance etc. are of secondary importance - the entire value of the Centre to society rests on its scientific programme. He said that he is happy to see that the Programme Committee is having some effect - formation into four new divisions is good, and particularly good is the fact that this has been done before recruiting of new leaders. It is excellent that the Centre now has a Training Report. Professor Rowley said he'd like to commend the heads of the divisions on their reports and also commend Dr Monsur on his Ethical Review Committee report, thus helping the Centre to get out of a problem. The External Reviews are positive and suggest things to do and not to do. As far as the scientific programme is concerned, first the Centre should decide what it wishes to do; second how to do it; and third, how much is needed. It is most crucial to think of a good scientific approach and the Centre is still not achieving this. The point has not been grasped that the Centre must decide what it wishes to do and describe it well to its donors e.g. why one particular subject is more important than another.

Professor Eeckels agreed that Professor Rowley clearly indicated the right way to go, except that quite often donors have their own priorities. This causes problems as such requirements come as part of a package and the Centre cannot accept funding for one part of the agreement and not another. Professor Rowley's idea is logical and must be explained in the donors document. As a start towards a planned scientific programme, all new scientific protocols must indicate where they fit into the scientific programme priorities of the Centre, and why the protocol is needed.

(a) Update on priority programme and organizational structure

Questions were raised about the placement on the organogram of the Ethical Review Committee and the Programme

Coordination Committee and of epidemiology. Professor Eeckels replied that both committees are mandatory committees set up by the Board as obligated by the Ordinance. As such, these committees should be placed, as they are, between the Board and the Director on the organogram. It was recognized that epidemiology as a discipline is important for all four scientific divisions. However, it was felt that the Epidemiology Department should be located in the Community Medicine Division in the long term, notwithstanding the fact that some epidemiologists might be employed in other divisions for particular projects.

Professor Ramalingaswami cautioned again that the Centre should focus on its priorities - project funds are welcome so long as they don't distort the priorities outlined by the Board. He was gratified to hear that the quality of work has been maintained even while reorganization of the divisions has been going on and that there are still a number of new protocols. It is hoped that the lower number of scientists won't affect the number of protocols submitted in the future. The delay in generating protocols was noted i.e. the time lag between preparing a protocol and getting it into the field and again the time lag between collecting data and getting it analyzed. He felt that note should be taken of the comments of the External Reviewers re the importance of community participation, and the extent to which the Centre should get involved in the health care structure of the country, other than rehydration; it is inescapable and there should be some involvement. The Centre should be careful that when it leaves a study area that there should be some improvement in the general health e.g. lower maternal mortality rate, better nutrition, etc. It needs to be taken into account that when the Centre involves itself in primary health care research, it also should produce tangible results. Thought should also be given to nutrition and nutritional development with attention being paid to dietary habits. One criterion which can be used to decide how much to broaden the activities of the Centre is to evaluate to what extent research results will benefit the community. The question of basic versus applied research should be taken up with the donors.

In response to the above observations, senior staff replied as follows. It was felt that the reports of division heads may have focussed too heavily on diarrhoea and neglected to mention broader plans for the future. The Centre has started modest activities in the fields of respiratory tract infections and maternal mortality. Data on maternal mortality have been recorded, and work on analyzing them is now commencing. It was agreed that nutritional aspects should be looked at. In the past these have been done in isolation with no direct end. Very little is required to widen activities as outlined above, it is just a matter of

addressing issues which, to date, the Centre has been paying lip service to. It was the consensus of the Board that respiratory tract infection and nutrition must be addressed to the best of the Centre's ability. Professor Eeckels suggested that collaboration with local institutions should be sought - to enable the Centre to offer a bundle of services.

The staff disagreed with the statement of the External Reviewers that the Matlab community is passive. It may seem that way as most services are delivered in the home. The community simply knows what is available and seeks only that assistance. However, the question of community mobilization is being discussed in the Scientific Council. Staff also suggested the importance of introducing health surveillance alongside demographic surveillance, and in a replicable way.

At this point the meeting broke for lunch. It was agreed that after lunch Teknaf would be discussed first, followed by a discussion on the Ethical Review Committee report.

(a.i) Teknaf

The Board Members requested justification to keep Teknaf open. Arguments given by the staff for the continuation of Teknaf included the density of the population with Shigellosis due to S. dysenteriae type 1 and the fact that 90%+ of these organisms are resistant to all clinically useful antibiotics including naladixic acid, whereas in Dhaka only rarely are Shigellae isolates similarly resistant. The possiblity of doing a double-blind study in Teknaf is much greater. They also pointed out the potential for funding the study and the fact that the family structure of the area was known, a great advantage over going to a new area.

Bearing in mind the above, Board Members felt, however, that good clinical studies of shigellosis could be done in Dhaka, with easier access to scientific support. They also felt that even if a project in Teknaf was funded, it was difficult to believe that a distant field station was not some drain on Centre funds. Moreover, it is hard to get senior scientists to spend time there. The ethics of leaving a study area with no one to carry on the service activities provided by the Centre was taken care of two meetings ago when it was agreed, with Mr Karim, that the Government would not only employ some of the Centre's staff but also carry on some of the services. The question to be addressed was whether by leaving Teknaf the Centre would be losing a unique scientific opportunity - a decision had been made two meetings ago to close Teknaf - is there a unique reason to keep it open?

Professor Bell summarized the discussions by saying that the Board sees no persuasive reason to keep Teknaf open, and the presumption should be that it will close at the end of 1987. If on review the management feels there is a strong scientific reason to keep Teknaf, the case should be presented at the next Board Meeting. A final decision will be taken next meeting, i.e. June 1987. This will enable employees to be given a clear six months' notice. Professor Eeckels requested all present to keep the above extremely confidential until a final decision is made as if it is heard that Teknaf may be closed this will cause concern and anxiety among the staff.

(b) Ethical Review Committee Panel report (Doc. 5b/BT/Nov.86)

Professor Bell introduced this item, drawing Trustees' attention to page 5 of the Programme Committee Report. Apart from the exceptions mentioned there (nos. 1-3) the Committee recommended the report to the Board for approval. There was discussion on whether the ERC should be accountable to the Board or the Director, and if it was decided that it should be accountable to the Board, whether the Director should be an ex officio member of the ERC. After considering points for and against both possibilities it was agreed that the ERC should be accountable to the Board and that the line of communication should be through the Secretary of the Board of Trustees.

Further amendments were made to document 5b/BT/Nov. 86:-

(i) it was agreed that in 1.1 (d) mention should be made that voluntary informed consent may be obtained from the responsible leaders of the community when community projects are to be carried out and it is not possible or feasible to ask each person individually;

(ii) on page 4, point 3.1, line 1, the words "Bangladeshi and expatriate" should be deleted; and

(iii) on page 5, point 3.4, sub-point (iv) the words "at least one expatriate and" should be deleted.

The document should also provide for an arrangement whereby Principal Investigators are enabled to meet the ERC if they wish - an example would be when a P.I. wants to obtain the Committee's approval for a leaflet to be handed out. Another suggestion was that reference should be made to traditional medicine and the fact that this is bona fide provided that a registered doctor in traditional medicine is giving the medicine and not a doctor with a university degree.

It was agreed that in annexure II point 2(b) could be slightly changed and moved down and come after 2 (g) or (h) so that it would imply that all that comes before this under point 2 would be a part of the waiver. Dr Monsur agreed to this change.

It was agreed that the document 5b/BT/Nov. 86 be approved, except for the points raised by the Board, as a working document and that the ERC should be advised of this. The ERC should also be advised that the document will be sent to various experts for their opinion and that the Board would appreciate receiving an assessment from the ERC, for the June 1987 Board Meeting, as to how the document is working in practice.

The meeting broke for tea. After tea the ethical problems related to two protocols, which have been questioned during past Board Meetings, were discussed. It was decided that the Director should write, on behalf of the Board, to the ERC informing them that, as per the new rules, the two Board Members who had concerns about protocols will write to the Chairman ERC through the Director, as Secretary to the Board, and that the referrals made by the Director are withdrawn.

(c) Relationship with Industry

Professor Bell said that the Director has modified his paper after disucssion with the Programme Committee, and that the Programme Committee recommends that it now be adopted as a policy.

Dr Merson said that he felt that the proposed guidelines were too liberal. He said the key guidelines should be (1) that the Centre should be careful not to develop a conflict of interest between the Centre and any company; and (2) all

companies should be treated equally. He felt that the Centre should not accept money to test a particular drug for any company. He said that this did not mean the Centre should not actively collaborate with industry. If the Centre wishes to test a drug, it should ask the company to provide the drug and a placebo. The Centre could accept money from a drug company but it should not be associated with a particular investigation or a particular product - it should come as "unearmarked" money and not be associated with any study.

Some Board Members agreed with Dr Merson. Others felt that the Centre could accept money from industry for a particular study, and that the Centre do this on a flat fee basis; a benefit to the institution is acceptable but not benefit to an individual scientist. If a flat fee is charged benefits to individuals would be avoided. It was mentioned too that there is a difference between laboratory research and research with humans - a flat fee for research on animals pays to keep the animals going.

Several members suggested that if the Centre does undertake drug trials for companies, it should negotiate for "public sector rights" if the drugs are found to be useful. Other members thoroughly opposed this view.

Suggestions were also made that the Centre seek unearmarked funds from drug companies, possibly through a consortium so they would come to the Centre anonymously.

After discussion, a majority of members present voted not to accept the Programme Committee's recommendation, but instead to establish a policy of not accepting funds from any drug company to test a particular drug. Funds can be accepted from drug companies if they are unearmarked for particular investigations or particular products. This policy should be adopted for a two-year trial period and then reviewed.

Professor Eeckels requested permission to pursue the contacts already made with industry - one contract is already in progress and one, with Dr Desjeux and Searle, France is being negotiated. It was agreed that these contacts could be pursued to a quick conclusion.

(d) External Scientific Review Report

It was agreed that it was not essential to have further discussions on the External Scientific Review Report. The recommendations of the Committee (page 8 of the report) were approved. With respect to recommendation no. 3 on page 8 of

the Committee's Report, Board Members were advised that any comments could be given in writing to the Director and he will respond in writing.

(e) Programme Coordination Committee - Terms of Reference

The paper entitled "Powers, Functions and Duties of Programme Coordination Committee (PCC/SC)" was approved. The Board welcomed the paper and said that the Programme Coorindation Committee is an appropriate forum in which to get a lot of information to a lot of people. It was suggested that the Member-Secretary should be a member of the Centre's staff and it was responded that a move will be made in this direction over a course of time. For the present, it was agreed, that the Member-Secretary position should continue as it is.

(f) Fellowships for Scientists from Developing Countries

The Board expressed their surpise and concern that the Centre will have a big responsibility with the 14 SAARC fellowships but no voice in the selection of who should be trained. It was recognized that the training is very important for the countries of the Region, and the Board agreed that the Centre should go ahead and accept the persons nominated. The question of selection should be noted as an important point to discuss next meeting when Training in general is discussed.

(g) Training Report

It was agreed that the Director should give a further report on Training in the Centre at the June 1987 Board Meeting. In order to accomplish this deadline it was agreed that the Director should seek the assistance of external consultants and approach donor agencies to fund these. It was suggested that the report could be given in two parts i.e. on research training in June and on service-related training later but the Director felt that both could be accomplished if a few competent reviewers could be found.

The following resolutions were passed:-

RESOLUTION 1/NOV. 86 The Board resolves to adopt the Recommendations on the Composition, Method of Work, Duties, Powers and Functions of the Ethical Review Committee (ERC) of ICDDR,B (Document 5b/BT/Nov. 86) as working guidelines to take effect immediately, with the exception of certain points specified in the Report of the Programme Committee (Document 5/BT/Nov. 86). The Board requests that further drafting, as specified in the Programme Committee Report, be undertaken by the ad hoc committee under Dr Monsur's chairmanship. In addition, the ad hoc committee are requested to address the question whether reference should be included in the guidelines to the need in some circumstances to obtain the informed consent of a community, in addition to or in lieu of the informed consent of individuals. The Board also requests the Director to arrange for the Recommendations to be circulated for comment to several recognized experts. The results of the further drafting should be placed before the Board for final action on the Recommendations at its June, 1987, meeting.

RESOLUTION 2/NOV. 86 The Board approves the document entitled Powers, Functions and Duties of Programme Coordination Committee (PCC/SC), (Document 5e/BT/Nov. 86).

On Tuesday, 25 November Mr Manzoor ul Karim, Brig. M. Hedayetullah and Prof. Ali Ashraf joined the meeting at 8.30 a.m. to present the Task Force Report. They left the meeting when the Board broke for tea that morning. Below is the discussion of the Report.

Agenda 7: Task Force Report

Professor Bell expressed the great appreciation of the Board for the extensive work performed by the Task Force and said how grateful it was for the time, energy and thought they had given to the problems of the Centre. He asked Mr Karim, as Chairman of the Task Force, to present the highlights of the report as he and his colleagues see them.

Mr Karim said that it was a great honour for him to have been given the task and he read the report which is attached (annex 4). Mr Karim thanked the Chairman and Members of the Board for allowing him to make the presentation and said he would welcome any questions. He said that any actions to be taken are the privilege of the Board and that he and his colleagues are here only to clarify. Mr Karim thanked the Director and his staff for providing information. Mr Karim asked the Board to understand that they had been working with time constraints and that if there had been more time they would have been able to report in more detail. He said that he's happy that during the Personnel & Selection Committee Meeting he came across later figures which give a better picture than those which he has quoted.

Professor Bell said that the Board appreciates the report and recognizes that it is a most important document which has involved hard work.

Brig. Hedayetullah expressed his thanks to the Chairman and Members of the Board for the opportunity given to the Task Force to share their views. He said he wished to highlight the Training activities of the Centre. He said that research results obtained by the Centre should be disseminated to Bangladesh and other countries of the region and that this has been done through the EPPI programme. He said that he is grateful to the Centre for this programme and that it has proved its worth, but he feels that due to budgetary constraints training activities have received a set-back. Training should be given the same importance as it was in the past and there should be some core personnel to organize training. The second point made by Brig. Hedayetullah was that with the multidisciplinary nature of the scientists at the Centre the importance of community health services should be more highlighted so as to find out the socio-economic reasons why there is diarrhoeal disease.

Professor Ashraf said that in the absence of a Bangladeshi scientist being present in research projects, the results are not known in Bangladesh in certain cases. He suggested that the principal investigators should be Bangladeshis, then the outcome will be known.

Professor Bell said that the Board is very conscious of the last points raised. The Director has said that as a matter of general practice, protocols should have two principal investigators, one Bangladeshi and one expatriate, and the Board supports this. Professor Bell said that the Board is in full agreement about the importance of training and had talked about it yesterday. He said he had the impression that the EPPI programme was going ahead full force and was not aware that it had diminished. A full review of the training

activities of the Centre is underway and the Board has asked the Director for as much of a full report as he can give in June. He said the question of the significance of socio-economics falls under the Community Medicine Division in the new organogram and that the plans of that Division have already moved beyond strictly diarrhoeal work. So, the Board is in full accord with the Committee members on these points.

The central issues for discussion were pointed out by Professor Bell as being:

- pattern of employment in the Centre;
- types of post;
- distinction between core and project;
- relation to WHO system;
- improving opportunities for Bangladeshi scientists.

Professor Bell then asked for comments and questions to the Task Force.

Other Board Members echoed the sentiments of Professor Bell for the superb job done by the Task Force and for the spirit behind the report. They said the Centre should do everything possible to develop scientific capacity in Bangladesh and the region.

It was pointed out that the problems of establishing upward mobility and employment security or tenure were associated with the fact that the Centre is funded on a year-to-year basis and it is a problem to get donors to commit over a time frame which would allow planning as suggested by the Task Force and which the Board would like to see. It is difficult too for the Centre to establish an endowment fund. Mr Karim agreed that unless there is a positive commitment to build up core funds, it may be difficult to implement tenure. The Centre needs a programme and must decide how long a project should run and then organize the funds. A positive assurance of necessary funds is the main issue to keep the Centre alive. Emphasis should be to get commitment for a longer term from donors and to ensure that the funds that are received fit into the Centre's research priorities. Mr Karim continued, saying that Board Members should take a keen interest to get funds and assist in contacting donors wherever possible. When core funds are obtained then core positions may be discussed. He realized that the change in USAID planning put the Centre in a "fix" re core. Professor

Bell said that he agreed and that a donors' meeting is planned for late March, 1987 and it has already been discussed in the Finance Committee meeting how to approach donors. It is extremely difficult for the Centre to carry on as it has been for the last two years with 80% project funds and 20% core - it is essential that the Centre has core funds in order to grow, have a promotion system, tenure system, etc. and the donors will be advised of this. Professor Bell said that he was delighted to hear that the Government of Bangladesh thinks the same and that he looks forward to its support in the donors' meeting.

Professor Bell said the Board agrees that the Centre has not managed so far a fully effective training/promotion system and, as such, Bangladeshi scientists have, after training obtained higher degrees, but not necessarily obtained a higher position. This is a fundamental problem with the WHO system, perhaps not for WHO, but certainly for a research organization. The Board is wondering whether it would be appropriate and necessary for the Centre to design its own system, drawing on WHO. INCAP, IARC, etc. This would not involve a change in the Ordinance only a need to revise the decision to follow WHO. Mr Karim agreed that the Centre should depart from the WHO system, and said that the only reason the Task Force thought of a maximum level of P3 was the financial constraints, otherwise not. Professor Eeckels said that some donors might object. The Centre now has a career ladder in that the NO scale has been expanded (approved by the Board) which he felt was an absolute necessity. But, what about international positions? Professor Eeckels said that the UN opposes nationals being employed at the international levels. Also the maximum level has to be put at a level high enough to enable the Centre to hire persons, e.g. persons from the Region who have held a P5 position elsewhere will not come to the Centre for a P2 position; former nationals of the country working in developed countries and used to those salaries will wish them to be matched if they come here; also the expatriates expect a salary similar to that which they would get in their own country. Professor Bell said he understood that core/tenure positions would be limited to P3 and below but that contract/project positions would not be. Mr Karim said this was correct and that after persons had had a contract position they might not mind going back to a core position. Dr Monsur said for core positions the Centre will eventually get a sufficient number of qualified persons from Bangladesh and the region at P3 level - much better than some persons from developed countries requesting P4/P5 positions.

Prof. Feachem apologised for being the absent member of the Task Force. He said the Task Force had identified a number of real problems which the Board shares. Now, details need to be given further consideration and the focus needs to be

on how to go forward - a complete view of the personnel structure for the future. Mr Karim agreed that the Centre should find out about the systems used by INCAP etc. and then come up with a revised proposal - details need to be gone into. Dr Monsur said that he agrees, but the Task Force has given an interim arrangement to adopt as of today. To study INCAP etc. would take 2-3 years. The Centre should stick to the present system but cut it down.

Referring to the suggetions of the Task Force that WHO/UNICEF designate people from their regional offices to the Board, Professor Bell said that it's not up to the Board to advise WHO/UNICEF whom they should designate. Mr Karim said that the Task Force felt that WHO/UNICEF people posted to the regional office would be better acquainted with the problems, research, culture, etc. and that they were easily available for consultation at times of the Executive Committee, etc. Regional offices would not necessarily have persons from the region so that would not be a problem.

Professor Bell noted the two points concerning prior clearance by the Government of Bangladesh for Board Members and that the Government of Bangladesh may review the decisions of the Board. He noted these points relate to the Ordinance and the conception of the Centre. They would change the autonomy of the Centre and would need to be considered seriously by the Government and a group of donors similar to the body which drafted the original Ordinance. The Board essentially has no authority on these matters. Mr Karim took note of this.

There was discussion on the Executive Committee. Professor Bell said that it had only been constituted once, last March, when it was given specific responsibilities and limited authority by the full Board - it took action and reported back to the Board. He said that the suggestion that an Executive Committee be given full authority to act as the full Board would change the original conception of how the Board should work. Mr Karim said that the Task Force had proposed the Executive Committee with a view to help the Board expedite action on many pending issues - the Board, as a whole, cannot go into full details and the full participation of the Board is not always available. If done this way, without affecting the general running of the Board, routine matters of vital importance could have quick decisions. The Board must have full trust and confidence in the Executive Committee - the idea is not to take away the powers/authority of the Board but one of administrative convenience. The Executive Committee could meet twice a year and the Board only once a year - one Executive Committee meeting immediately preceding the full Board Meeting.

Professor Bell thanked Mr Karim for the helpful and clarifying response. With reference to the Deputy Director position, Professor Bell said that this had been discussed previously and that it had been agreed that the Deputy should be a fully qualified deputy - with scientific and administrative qualifications. He said that making the Deputy an administrative and finance position only would raise problems. Mr Karim responded that the Deputy Director carries out "responsibilities assigned to him by the Director" so if this person was responsible for administration, finance and resources development plus scientific matters this is alright. The Deputy Director only remains in charge when the Director is outside the country.

Professor Bell expressed again the Board's very warm thanks for the work of the Task Force, for their frank answers and for joining in the discussions. He said that the Task Force would receive copies of the results of the Board's discussions and conclusions. Mr Karim, Brig. Hedayetullah and Prof. Ashraf left the meeting at this point.

After tea on Tuesday, 25 November the Board continued discussion of the Task Force Report. It was agreed that the personnel system should be discussed first and other items later. A review of the personnel system, the implementation of a career ladder, an increase in salary for NO and GS level staff, recognition that some staff were not working to their full capacity were all discussed. It was agreed that the WHO system is unworkable for this Centre, and it must be replaced. It was agreed that the career ladder system should be in place in six months and that the NO and GS staff should receive a salary increase. It was recognized that there are some anomalies in the ranking of some NO and GS staff and the Board said that it wishes to see these corrected as soon as possible - meantime, the Director was encouraged to give a one step merit increase, as per rules, in the case of blatant anomalies. Blatant anomalies are those cases, maybe 10-12, which most staff will accept as justified. In response to the question of what to do with staff who are not needed, Professor Eeckels said that the Staff Welfare Association has always said that it would never object to releasing those who are not doing their jobs. Resolution nos. 8/Nov. 86, 9 /Nov. 86 and 10/Nov. 86 summarize the discussions and give the decisions made.

Meeting with Staff Welfare Association

The Board met with representatives of the Staff Welfare Association immediately after lunch on Tuesday, 25 November. Professor Bell commenced the meeting by saying that the Board was delighted to have the chance to meet with them.

Mr Azad, President of SWA, welcomed the new Board Members and said how much SWA welcomed the opportunity to exchange ideas with the Board concerning the betterment of staff. He said he was thankful to the Trustees for the patient hearing given to them in 1985 but that the financial constraints taken then couldn't do everything and the staff still have unresolved isues. The NO and GS level staff have not been given two rises announced by the UN which they feel they should have been given as per resolution no. 8/Nov. 81. He said the time has come to give the rises otherwise the morale of the staff goes down - is it not possible to pay at least some of the arrears too?

Mr Azad drew the Board's attention to the fact that their decisions of November 1985 have been seriously criticised in the Press Club and Dhaka Club and that relations with the Government of Bangladesh, the donor community and local community have deteriorated. He said the Centre should have very good relations with the Government of Bangladesh as it will help to raise funds. Mr Azad, on behalf of the staff, assured the Board that they would stand by it but serious consideration should be given to the points raised. He said the GS and NO staff have not been given a legitimate claim and that undue advantage had been taken of the lower level staff -implementation of some WHO rules and not others e.g. implementation of the Provident Fund, which costs the staff money, but have not kept up with the pay increases.

Professor Bell replied that the Board fully shares the view of the importance of the staff to the Centre. He said they are effective together or not at all. The Board is extremely conscious, since the financial crisis, of all employees and has tried very hard to achieve equity - everyone had to receive some constraints and the Board had to make sure it didn't fall unfairly on any group. He said that international level staff salaries had been cut by 10% when increases of about 10% were withheld from NO and GS staff. Staff reductions have fallen on international level staff whereas there has only been a small reduction in GS and NO staff - this was deliberate, so as the lower level staff did not have to take as much sacrifice. Professor Bell said that the financial position of the Centre was very bad a year ago - if it had gone on as it was, all would have lost their

jobs. So, extremely severe measures have kept the Centre alive and the Board is modestly hopeful it will continue, although it is still in a precarious situation. He said that the Board has been discussing the donors' meeting and putting to them the major problems; an even flow of funds; the problems of present year-to-year funding and constant insecurity about the level of funding.

Professor Bell said that the Board has the greatest respect for all staff of the Centre and that the Board has tried to limit the impact of the measures taken, especially to the lower paid staff. It has asked for a larger sacrifice from higher paid staff. The issue of what should be done now will come up later today in the report of the Finance Committee. Professor Bell expressed the very deep appreciation of the Board for the loyality and hard work of staff which has sustained the Centre and it is a tribute to staff that the Centre is in much better shape today than it was a year ago.

Mr Azad said that in order to keep staff morale high their dues should be given and asked if there was any result he could give to the staff. Professor Bell said that there is no decision to give as the Board hasn't come to that agenda item as yet. Mr Azad said that the staff now has to pay for transport and that canteen prices have risen. Professor Bell said that the Board acknowledges this but that to avoid major lay-offs, they felt it more important to keep jobs than to give the full UN rises. Mr Azad said that by seconding staff and not taking in new people staff could be reduced to the number orignally requested in 2-3 years. How should he explain "no increase" to the staff?

Professor Eeckels gave his appreciation to Mr Azad and members of SWA. He said it is exceedingly difficult to make the whole staff understand and that Mr Azad had done his best to defend the rights of the staff in his dialogue with the Board. Professor Eeckels said that he's grateful for the excellent job and he's sorry to have had to repeatedly disappoint the SWA President. Speaking as a private person, Professor Eeckels told Mr Azad that he hoped that at least some requests will be met.

The Matlab representative said that the Centre is guided by WHO so staff should get the rises. He said he understood that the Board would try to realize the problems - high price of commodities etc.

Mr Azad thanked the Board for their time.

After tea on Tuesday, 25 November the Board continued discussion of the Task Force Report. There was further discussion as to whether there should be a Deputy Director and, if so, what responsibilities he should have; the composition and responsibilities of the Executive Committee and how often it should meet; and exchange of young scientists and researchers.

The Board discussed, at length, the decisions taken in the June 1986 meeting re the Associate Director, Resources Development. The conclusions reached, after discussion, are found in resolution no. 5/Nov. 86. Professor Feachem and Dr Merson asked to be recorded as voting against the appointment at P6 level.

The Board reconvened after dinner on Tuesday, 25 November. The Executive Committee was again discussed. It was agreed that for the time being the Executive Committee should be appointed as needed and delegated specific tasks as it was in March of this year. It is not possible to reduce meetings of the full Board to one per year while the crisis in the Centre has not passed.

The Board passed the following resolutions:-

Resolution 8/Nov. 86

The Board warmly welcomes the report of the Task Force and fully acknowledges the legitimacy and importance of the concerns which it expresses. The Board unanimously agrees that the Task Force Report has raised a number of important issues, including issues concerning the Centre's scientific programme, career opportunities for Bangladeshi scientists and the balance of scientific leadership, and has made valuable recommendations. The Board is determined to pursue the dialogue initiated by the Task Force's report in a spirit of mutual respect and collaboration and to resolve all the issues raised by the Task Force at the earliest possible moment. As recognized by the Chairman of the Task Force, in his discussion with the Board, the resolution of many of these issues will require detailed consideration based on careful preparatory work. The Board requests its Chairman to write to the Chairman of the Task Force setting out in detail the responses and comments of the Board thus far, and clarifying the actions that are being taken.

Resolution 9/Nov. 86

The Board recognises that the two year bar on re-application for international level positions has been widely misinterpreted and has given rise to grave and legitimate concern. . The Board is unable to reach a decision at this meeting due to an absence of preparatory work setting out the implications of possible courses of action. The matter is of such urgency, however, that the Board requests the Director, after consultation with the Chairman of the Task Force, to prepare a paper setting out policy options and recommendations for consideration and resolution at the meeting of the Executive Committee in March or April, 1987 (see Resolution 18/Nov. 86).

Resolution 10/Nov. 86

The Board has been aware for some time of the inadequacies of the existing ICDDR,B personnel policies and practices, based on those of WHO. In particular, the lack of career development opportunities has led to a sense of frustration and insecurity amongst the staff. There are instances in which able scientists have been in lower pay scales for a considerable length of time without opportunities of upward movement. These and other inadequacies of the present arrangements have been forcefully pointed out by the Task Force in its report to the Board at this meeting.

Accordingly, the Board resolves that, since the matter of staff development and morale is urgent and important, consultants and advisors with expertise in personnel management should be appointed to examine all aspects of this matter in greater depth and make specific and detailed recommendations. In view of its urgency, the Board decided to ask for an interim report to be available at least two weeks in advance of the next meeting of the Board, so that the Trustees can be prepared to consider it.

The following will be the terms of reference:

Terms of Reference

(1) Review the personnel structure,

recruitment and promotion systems, and salary scales for all staff of the Centre and comment on their appropriateness and suitablility in light of the aims and objectives of the Centre, and having full regard to the context of the Centre within Bangladesh.

(2) Make specific proposals for new or modified arrangements with regard to personnel structure, salary scales, recruitment, promotion, career development, staffing pattern and balance of nationalities, again having full regard to the objectives of the Centre and the local context.

(3) Study, and visit if necessary, relevant similar research institutions in order to perform the above functions.

Method of Procedure

The study shall be conducted by one or more experts selected by the Director in consultation with Mr Manzoor ul Karim. The expert or experts shall consider Bangladesh experience with different personnel systems, public and private, and shall also consider personnel systems used by international research organizations such as INCAP and the international agricultural research centers.

Advisers to be consulted during the study shall include the Chairman of the Task Force or his nominee, Mr Abed of BRAC or another prominent Bangladeshi person outside of Government, staff members of ICDDR,B nominated by the Director, and others as may be appropriate.

Time Frame

An interim report is to be presented two weeks before the June 1987 meeting of the Board. If possible, there should be consultation with the Executive Committee during its meeting in March or April of 1987.

Discussion then moved to:-

Agenda 6: Personnel & Selection Committee Report

Dr I. Cornaz, as interim Chairman of the Personnel & Selection Committee read the Committee's report which is attached as annex 5. It was agreed that the advertisement of the position of Head of the Community Medicine Division be authorized (up to P6).

The Board next considered the status of recruitment by the Centre. It was agreed that Dr Bradford Kay's contract be extended until mid 1988 and that the appointment of a replacement be made in January 1988, giving an overlap of 6 months. The short-listing of applicants for this position should go ahead as should the short-listing of applicants for the position of Senior Administrative and Finance Officer. For the positions of Senior Scientist & Head Clinical Sciences Division and for the position of Senior Scientist and Head Laboratory Services & Epidemiology Division, the Search Committees should be asked to continue the search, stressing the importance of this. It was clarified that the Centre is looking for a microbiologist for the Head, Laboratory Services & Epidemiology Division.

With reference to the recruitment to funded positions, it was agreed that the Director of the Shigella Project could only be recruited up to P6 if the person recruited to this position was also the Senior Scientist and Head Laboratory Services & Epidemiology Division. If the person recruited was not qualified to do both jobs, the upper limit at which the Director of the Shigella Project may be recruited is at P5. The Executive Committee should be kept informed. The advertisement for the Epidemiologist under the Shigella Project should go ahead. It was noted that the other funded recruitments do not go through the Centre but through the funding agency. Professor Eeckels said that the 3 WUSC positions are doubtful - they will be discussed in March when Mrs Ann Thomson visits. It was agreed that if WUSC could not fund the secondment of the Chief Finance Officer at the P level, then the Centre should recruit someone at the NO level.

Messrs Rahn and Hiscock's recommmendations were discussed next. The Board approved the Committee's recommendation that a staff member should be trained in the application of the Master Standard System (funding from UNDP should be sought for this training) and that this training should be such as to enable him to train other staff of ICDDR,B. It was agreed that a regular visit (annual) of an expert would be helpful. Other recommendations of the Rahn and Hiscock report have

been pre-empted by the decision to have a personnel review.

The recommendation of the Personnel & Selection Committee on Staff Promotion and Reclassification policy was agreed to by the Board.

Finally, the secondment policy of the Centre was discussed. It was agreed that the Director should proceed carefully and prudently with one or two collaborative agreementson a trial basis for one year, and advise the Board how he is proceeding. The Director should prepare guidelines as he goes along. The Board agreed that no overhead should be paid by the Centre to any institution seconding personnel.

The Board passed the following resolutions:-

Resolution 3/Nov. 86 — The Board requests the Director to recruit for the post of Head of the Community Medicine Division. The level of the position is P4-P6.

Resolution 4/Nov. 86 — The Director is authorised to extend the contract, until June 30, 1988, of Dr Bradford Kay, Head of the Laboratory Department, while continuing the selection of his successor, the appointment of whom should allow an overlapping period of at least 3 months.

Resolution 5/Nov. 86 — The Board authorizes the Director to offer a new contract, in accordance with WHO regulations, to Mr M.R. Bashir, Head of Resources Development Office, until mid 1989, at the appropriate P6 level.

Resolution 6/Nov. 86 — The Board resolves that up to GS4 level a staff member may be promoted to the reclassified post he is holding if he is judged capable of performing the higher level duties by his immediate supervisor, the concerned Associate Director, and the Chief Personnel Officer.

Resolution 7/Nov. 86

(a) The Board approves the secondment policy as outlined by the Management, stressing the importance for the Centre to be fully involved in the final selection of the seconded personel and emphasizing that any research funding provided to the Centre in support of a seconded person should be controlled by the Centre.

(b) The Board requests the Director to prepare for the next Board Meeting a progress report on institutional collaborations.

The first agenda discussed on Wednesday, 26 November was:-

Agenda 10: Dates of Next Board Meeting

It was agreed that the dates for the next Board Meeting would be Saturday, 13 June thru Thursday, 18 June, 1987. The tentative dates for the November 1987 meeting are Saturday, 21 November thru Thursday, 26 November, 1987. In both instances, the first two days will be committee meetings, the third day kept free for report writing and the fourth to sixth days for the Full Board Meeting.

Agenda 9: Finance Committee Report

Professor Feachem mentioned how grateful the Committee is to the Director, Mr Janssen and staff for the enormous improvement in the information available. Professor Feachem highlighted the report of the Finance Committee which is attached as annex 6. He said that there has been a dramatic improvement but for 1987 the situation remains vulnerable with extreme restrictions on non-project expenditures very necessary.

The first item discussed under the Finance Committee Report was the donors' consortium. It was felt that the donors' consortium and the Executive Committee meeting should be held at the same time so that Trustees would only need to make one trip to Dhaka. Along these lines, it was decided that the donors' consortium should be held on 25/26 March and the Executive Committee meeting on 27 March, 1986. Professor

Bell said that it would be helpful if the Chairmen of the three Committees could be in Dhaka for the donors' consortium i.e. Dr Cornaz and Professors Feachem and Rowley.

The donors' document presented needs rewriting and it was suggested that a consultant be employed to do this. Various suggestions were made as to what the document should contain and whether it should be in separate parts or in one document. It was emphasized that the documentation should be circulated 3-4 weeks before the meeting date, and this includes the forwarding of the 1986 Annual Report if it is ready. The scientific programme should be clearly stated as should the reasons why one priority was chosen over another, the Centre's relationship to other institutions e.g. BRAC, Government of Bangladesh, WHO, etc. The finance section needs to show the plan to save more money ($220,000), the balance between earmarking and unearmarking, and present an eventual maximum budget so donors are aware of where the Centre is likely to level out (this would encourage them to assist in offsetting the deficit). It was suggested that it would be helpful for Mr Bashir to visit WHO and also some donors to brief them on the meeting beforehand.

It was suggested that the first 15 minutes of the meeting should be a verbal report with slides/graphs - a brief succinct scientific presentation, concentrating on diarrhoeal disease and nutrition and the fact that the Centre is addressing some of the most important health problems of the 3rd World, mentioning what it wishes to do and how it will make use of the discoveries. Emphasize that the primary purpose of the Centre is to help raise the competence of developing countries to deal with their own problems; the Centre is not another form of "technological colonialism". Secondly, the crisis in management and budget should be mentioned with suggested alternatives to face some of these problems - give positive clear suggestions. Why not suggest to liquidate the overdraft? The external scientific review should be emphasized as this gives confidence. Finally end up with a 2-page presentation where the Centre is and where it wishes to go.

With reference to the question of the balance of earmarked and non-earmarked funds, Mr Janssen was requested to develop a statement - concept and numbers - which should be circulated to Board Members for comment.

Professor Eeckels said that the basic problem of the Centre is the debt and that this should be stressed to donors. The Centre needs a soft loan in order to be free of the commercial debt and also an endowment fund. The infrastructure of the Centre should be mentioned - hospital crowded, extension project in the animal house, office space very bad. Tell donors that protocols have to pay the

hospital charges of patients.

The donors' consortium meeting should be held in the auditorium of the College of Physicians and Surgeons. UNDP will be chairing the meeting. It was suggested that some prestigeous individuals should be invited e.g. Sune Bergstrom, Jan Holgrem, etc. The World Bank (John North, Population & Health Director) should be invited, copy of invitation given to the local office and West Germany should be contacted as a prospective donor.

Next, on Wednesday, 26 November morning, the remainder of the Finance Committee Report was discussed. It was agreed that:-

(a) the budget should be planned to achieve an operating surplus of $220,000 in 1987;

(b) the GS and NO level staff should receive a salary increase of 10 and 17 percent respectively effective 1 January, 1987, without retroactivity;

(c) the Chairman of the Board should write to the Government of Bangladesh re the UNROB loan. He should stress the grave financial situation the Centre would be in if it had to repay it - all the sacrifice made by the staff during the last year would be wasted - and the fact that the Centre could use reserve set aside for the loan to reduce its overdraft. The Centre should seek legal advice as to whether the loan arrangement has any legal basis.

Meantime, it was agreed that Mr Janssen and Mr Rahman should explore the possibility of the Centre banking with a nationalized bank. They should see if they could get a better deal there than with American Express, which would also mean that interest would not be going outside of Bangladesh. They should report back to the Board. The deal would have to conform to the Ordinance i.e. land may not be used as collateral as has been the request when local banks were contacted previously. The Board agreed that if the money is not kept in a nationalized bank it is legally o.k.

Mr Rahman mentioned the need for expatriates to submit evidence of income tax exemption from their own countries. Professor Eeckels replied that staff have been requested to provide this and the number which has done so is slowly rising - it is indeed a slow process, as many documents need to be translated into English, etc.

The Board passed the following resolutions:-

Resolution 11/Nov. 86 — The Board notes with great concern that the request made to the Government of Bangladesh (GOB), following the June 1986 Board Meeting, to extend the UNROB loan to June 30, 1987, has been declined by GOB. The Board resolves that the Chairman of the Board will write to GOB setting out the current financial situation, stressing the serious implications for the Centre's existence of the request to repay the UNROB loan, and once again requesting an extension up till June 30, 1987.

Resolution 12/Nov. 86 — The Board directs the management to prepare a report on the UNROB loan for presentation at the next Board Meeting. This report should include a legal opinion on the Centre's responsibility to repay the loan and the UNDP view of the matter.

Resolution 13/Nov. 86 — The Board resolves that the January 1, 1985 UN salary increase, of 10 and 17 percent for GS and NO staff respectively, be granted with effect from January 1, 1987 without retroactivity. The Board also resolves that for 1987 the Director request the international level staff to continue the voluntary reduction in pay and benefits initiated in 1986.

Resolution 14/Nov. 86 — The Board resolves that, during 1987, the Trustees will accept a reduction of one third in their honorarium related to meetings of the Board and its Committees.

Resolution 15/Nov. 86 — The size of the accumulated deficit and the necessity to reduce the overdraft make it imperative that the Centre continue to budget for a surplus. The Board resolves that the 1987 budget provide for a surplus of not less than $220,000.

Resolution 16/Nov. 86 — The Board appoints Rahman Rahman and Huque & Co., who are associated with Price Waterhouse & Co., auditors of ICDDR,B for 1986 at a fee of $8,000.

Resolution 17/Nov. 86 — The Board directs the management to review and report on the possibility of obtaining the necessary banking arrangements through nationalised banks in Bangladesh giving due regard to prudent financial practices, costs, services and the operational requirements of the Centre.

The Board reconvened after lunch on Wednesday, 26 November. It was agreed that there was no need to discuss the Resources Development Report as Mr Bashir had given a summary report earlier and the main topic, Donors' Consortium, had been discussed as a part of the Finance Committee Report.

Agenda 11: Miscellaneous

(a) Executive Committee Meeting

It was agreed that an Executive Committee Meeting should be held before the June Board Meeting. It was agreed that this should be held at the same time as the Donors' Consortium, for convenience of travel for Trustees, and that in light of this, the date of the Executive Committee meeting would most probably be Friday, 27 March, 1987. Any interviews which need to be held in Dhaka could be held on Thursday, 26 March, or Wednesday, 25 March, depending on which day the donors make their field visits. The Board passed a resolution on the Executive Committee meeting.

(b) Nominations of Trustees

Professor Bell advised that Dr Yoshifumi Takeda has resigned due to pressure of work and his inability to attend Board meetings regularly. He also said that the terms of office of

Professors J. Kostrzewski, L. Mata and V. Ramalingaswami will expire on 30 June, 1987 and that they will not be able to be reappointed as Board Members without a break. Dr D. Sebina's first term of 3 years would have expired on 30 June, 1987, thus, according to the Ordinance, Dr D. Habte, as Dr Sebina's replacement will, if he wishes, be reconsidered for a second term.

The following resolution was passed:-

Resolution 18/Nov. 86 — The Board designates, under Section 12 of Ordinance L1 of 1978, an Executive Committee to meet in the interim before the June, 1987, Board Meeting, to act on pending senior appointments, and to consider and take action on other personnel or finance matters that may arise. The Executive Committee shall be comprised of at least the Chairman, the Director, one Bangladeshi member of the Board, and one other member of the Board.

The Board Meeting closed at 5.40 p.m. on Wednesday, 26 November, 1986.

:jc

8.12.86

RESOLUTIONS

BOARD OF TRUSTEES MEETING

24-26 NOVEMBER, 1986

DRAFT

RESOLUTIONS

BOARD OF TRUSTEES MEETING

24-26 NOVEMBER, 1986

Resolution 1/Nov. 86

RESOLVED : The Board resolves to adopt the Recommendations on the Composition, Method of Work, Duties, Powers and Functions of the Ethical Review Committee (ERC) of ICDDR,B (Document 5b/BT/Nov. 86) as working guidelines to take effect immediately, with the exception of certain points specified in the Report of the Programme Committee (Document 5/BT/Nov. 86). The Board requests that further drafting, as specified in the Programme Committee Report, be undertaken by the ad hoc committee under Dr Monsur's chairmanship. In addition, the ad hoc committee are requested to address the question whether reference should be included in the guidelines to the need in some circumstances to obtain the informed consent of a community, in addition to or in lieu of the informed consent of individuals. The Board also requests the Director to arrange for the Recommendations to be circulated for comment to several recognized experts. The results of the further drafting and the responses of experts should be placed before the Board for final action on the Recommendations at its June, 1987, meeting.

Resolution 2/Nov. 86

Resolved : The Board approves the document entitled Powers, Functions and Duties of Programme Coordination Committee (PCC/SC), (Document 5e/BT/Nov. 86).

Resolution 3/Nov. 86

Resolved : The Board requests the Director to recruit for the post of Head of the Community Medicine Division. The level of the position is P4-P6.

Resolution 4/Nov. 86

Resolved : The Director is authorised to extend the contract, until June 30, 1988, of Dr Bradford Kay, Head of the Laboratory Department, while continuing the selection of his successor, the appointment of whom should allow an overlapping period of at least 3 months.

Resolution 5/Nov. 86

Resolved : The Board authorizes the Director to offer a new contract, in accordance with WHO regulations, to Mr M.R. Bashir, Head of Resources Development Office, until mid 1989, at the appropriate P6 level.

Resolution 6/Nov. 86

Resolved : The Board resolves that up to GS4 level a staff member may be promoted to the reclassified post he is holding if he is judged capable of performing the higher level duties by his immediate supervisor, the concerned Associate Director, and the Chief Personnel Officer.

Resolution 7/Nov. 86

Resolved : (a) The Board approves the secondment policy as outlined by the Management, stressing the importance for the Centre to be fully involved in the final selection of the seconded personnel and emphasizing that any research funding provided to the Centre in support of a seconded person should be controlled by the Centre.

(b) The Board requests the Director to prepare for the next Board Meeting a progress report on institutional collaborations.

Resolution 8/Nov. 86

Resolved : The Board warmly welcomes the report of the Task Force and fully acknowledges the legitimacy and importance of the concerns which it expresses. The Board unanimously agrees that the Task Force Report has raised a number of important issues, including issues concerning the Centre's scientific programme, career opportunities for Bangladeshi scientists and the balance of scientific leadership, and has made valuable recommendations. The Board is determined to pursue the dialogue initiated by the Task Force's report in a spirit of mutual respect and collaboration and to resolve the issues raised by the Task Force at the earliest possible moment. As recognized by the Chairman of the Task Force, in his discussion with the Board, the resolution of many of these issues will require detailed consideration based on careful preparatory work. The Board requests its Chairman to write to the Chairman of the Task Force setting out in detail the responses and comments of the Board thus far, and clarifying the actions that are being taken.

Resolution 9/Nov. 86

Resolved : The Board recognises that the two year bar on re-application for international level positions has been widely misinterpreted and has given rise to grave and legitimate concern. The Board is unable to reach a decision on this matter at this meeting due to an absence of preparatory work setting out the implications of possible courses of action. The matter is of such urgency, however, that the Board requests the Director, after consultation with the Chairman of the Task Force, to prepare a paper setting out policy options and recommendations for consideration and

resolution at the meeting of the Executive Committee in March or April, 1987 (see Resolution 18/Nov. 86).

Resolution 10/Nov. 86

Resolved : The Board has been aware for some time of the inadequacies of the existing ICDDR,B personnel policies and practices, based on those of WHO. In particular, the lack of career development opportunities has led to a sense of frustration and insecurity amongst the staff. There are instances in which able scientists have been in lower pay scales for a considerable length of time without opportunities of upward movement. These and other inadequacies of the present arrangments have been forcefully pointed out by the Task Force in its report to the Board at this meeting.

Accordingly, the Board resolves that, since the matter of staff development and morale is urgent and important, consultants and advisors with expertise in personnel management should be appointed to examine all aspects of this matter in greater depth and make specific and detailed recommendations. In view of its urgency, the Board decided to ask for an interim report to be available at least two weeks in advance of the next meeting of the Board, so that the Trustees can be prepared to consider it.

The following will be the terms of reference:

Terms of Reference

(1) Review the personnel structure, recruitment and promotion systems, and salary scales for all staff of the Centre and comment on their appropriateness and suitability in light of the aims and objectives of the Centre, and having full regard to the context of the Centre within Bangladesh.

(2) Make specific proposals for new or modified arrangements with regard to personnel structure, salary scales, recruitment, promotion, career development, staffing pattern and balance of

nationalities, again having full regard to the objectives of the Centre and the local context.

(3) Study, and visit if necessary, relevant similar research institutions in order to perform the above functions.

Method of Procedure

The study shall be conducted by one or more experts selected by the Director in consultation with Mr Manzoor ul Karim. The expert or experts shall consider Bangladesh experience with different personnel systems, public and private, and shall also consider personnel systems used by international research organizations such as INCAP and the international agricultural research centers.

Advisers to be consulted during the study shall include the Chairman of the Task Force or his nominee, Mr Abed of BRAC or another prominent Bangladeshi person outside of Government, staff members of ICDDR,B nominated by the Director, and others as may be appropriate.

Time Frame

An interim report is to be presented two weeks before the June 1987 meeting of the Board. If possible, there should be consultation with the Executive Committee during its meeting in March or April of 1987.

Resolution 11/Nov. 86

Resolved : The Board notes with great concern that the request made to the Government of Bangladesh (GOB), following the June 1986 Board Meeting, to extend the UNROB loan to June 30, 1987, has been declined by GOB. The Board resolves that the Chairman of the Board will write to GOB setting out the current financial situation, stressing the serious implications for the Centre's existence of the request to repay the UNROB loan, and once again requesting an extension up till June 30, 1987.

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REVIEW OF EXECUTIVE COMMITTEE MINUTES

Minutes of the Executive Committee Meeting 27.3.87

A meeting of the Executive Committee of the Board of Trustees was held in the Director's Office at 8.30 a.m. on Friday, 27 March, 1987.

Present D. Bell (Chairman), I. Cornaz, R. Eeckels, R. Feachem, M. Merson, K.A. Monsur, D. Rowley.

Invited J. Chowdhury.

Discussion of Donors' Meeting: Follow-up Actions to be Taken

Professor Bell said that the meeting went well. One point that was overlooked and might be mentioned next meeting is that one important use of central funds would be to help young Bangladeshi scientists commence research. It is difficult for these persons to obtain funding internationally.

The absence of Bangladesh Government representatives among the donors for most of the meeting was keenly felt.

It was realized that the donors recognition of the Centre's need for core funds is a tremendous step forward. Now the Centre has to assure itself that the proposed formula will be satisfactory. The Board needs to be sure (i) that the system of 50% to central funds and 50% to project funds will work and that it will give the Centre the degree of flexibility required - some of the 50% central funds are already firmly committed - and (ii) that there would be sufficient central funds to initiate some research projects on its own. Also, it was noted that the donors wish the Board to take more responsibility. If the paper requested for the June meeting would not be produced, this will not only be seen as a failure by the Centre but by the Board too.

Next, the requirements of the three questions posed by the donors were discussed along with a timetable of how best to answer them. The three elements which should form the document requested by the donors are:-

(a) what the Centre sees as its mandate;

(b) a clearer statement on the priorities of the Centre;

(c) a financial statement outlining what the Centre would do if it had varying levels of funding with clarification about the programme.

As far as the financial statement and programme are concerned, the Centre should ask itself what it wishes to accomplish over the next few years, how it will get there, and the funds needed. If the Centre can show good reasoning why funds are needed, the donors will give the funds. The Centre should not be told what to do by the donors.

The Committee could not stress enough the importance of the document and agreed that in order to produce a draft on time, the Director should be relieved of routine responsibilities as far as possible, delegating this work. The following timetable was agreed on:-

April 25, 1987	Draft document, as prepared by the Director, leaves Dhaka, copies to all Trustees.
May 8, 1987	Last date for comments from Trustees to reach Professor Bell. Professor Bell to incorporate comments of Trustees and identify differences.
May 21, 1987	Meeting in Dr Merson's office in Geneva to produce revised draft. Professors Bell and Eeckels could meet on 20 May for preliminary discussions.
1st week of June, 1987	Revised draft sent to donors and Trustees.
Week of June 15, 1987	Board reviews draft and modifies it as desired.
June 27, 1987	Donors' meeting reconvenes, Geneva, to consider Centre's document and approve revised financing arrangements.

Trustees should be informed of the results of the Donors' Meeting, the procedures being followed for the production of the document for the June meeting, and requested to telex their preferred address so that the draft may reach them quickly at the end of April. Professor Rowley asked to be kept informed as though he was to be attending the meeting in Geneva in May. In response to a query as to the relationship with Bangladesh and when the Government will receive a copy of the document, it was advised that the Bangladeshi members of the Board will of course share in preparing the document according to the above timetable. The Government will be invited to the donors' meeting in June and will receive the draft document at the beginning of June, along with other donors, giving them ample time to comment on it.

The opinion of the full Board on the draft document requested by the donors will be sought in the June Board meeting, and also the opinion of the Board on the draft donors' financing plan. Mr Janssen is to prepare a statement on the Centre's reaction to the draft financial plan and the implications so they too may be discussed at the June Board meeting. This should be circulated beforehand.

With reference to the donors' meeting in June, Dr Merson emphasized the need for someone from the Centre to be in Geneva at least 4 or 5 days earlier to answer telephone queries and make arrangements for the meeting, etc. Other Centre staff to attend the meeting should be the Director, Mr Bashir and Mr Janssen.

Consideration of Proposed International Appointments

Before these appointments were discussed the system of appointing international level staff was clarified. The usual procedure is for candidates to be screened and short-listed, interviewed, consideration by the Personnel & Selection Committee of the Board which makes a recommendation to the Board, consideration and approval by the Board. In the present instances, the candidates were screened and short-listed, interviewed by Trustees and senior members of staff, and, as authorized by the Board last November, approval of appointments was sought by the Executive Committee. It was agreed that there have been no irregularities with the process but it was suggested that, in future, there may be a better system for short-listing candidates, seeking references, and preparing dossiers for the Board.

Senior Administrative and Finance Officer

Of the six persons short-listed, 5 were interviewed by a committee consisting of Board Members. One person was unable to attend the interview. The interview committee recommended the selection of Mr Md. Ali Mahbub and the Executive Committee concurred.

There were differing views as to the level at which the post should be offered to Mr Mahbub, some feeling that it should be P6 Step 1 and others feeling that mid-P4 or P5 is preferable. The view was also expressed by some that Mr Mahbub should be an "Associate Director" from the outset. Eventually, it was agreed that the appointment should be offered to Mr Mahbub and that the Director should negotiate with Mr Mahbub a salary at the P5 or P6 level, recognizing the importance of the post. It was also confirmed that it is the Director's responsibility to decide if and when Mr Mahbub should be given the title "Associate Director".

Senior Scientist and Head Clinical Sciences Division

Seven persons were short-listed for this position. For varying reasons, e.g. inability to take up the appointment before 1988, this list was reduced to two persons, one of whom was interviewed in Dhaka by a panel consisting of Board Members and senior staff and the other who had visited the Centre recently and is well-known to both senior staff and Board Members.

It was agreed that the appointment should be offered to Dr Dilip Mahalanabis at level P6 Step 1. However, in offering this appointment to Dr Mahalanabis he should be aware that there should be no preconditions to his appointment, i.e. no pre-set percentage of his time to be given to WHO. Like other staff at the Centre Dr Mahalanabis may be approached to assist WHO in consultancies but these will be considered by the Director at the time and it will be at the Director's discretion as to whether or not he may accept the consultancy. In making this condition that Dr Mahalanabis should be entirely at the disposal of the Centre, it was recognized that some of the consultancies Dr Mahalanabis might be asked to do will also be in the interest of the Centre.

Senior Scientist and Head Laboratory & Epidemiology Division

Seven persons were short-listed for this position. As with the previous position, for varying reasons, the list was further shortened with only one person being interviewed by the panel of Board Members and senior staff.

It was concluded that no one was suitable for the position and that the position should be re-advertised. When the position is re-advertised it should be for "Senior Scientist and Head Laboratory Division". The job description should be re-written so that it is well understood that the Centre is looking for a laboratory person with qualifications in both microbiology and immunology. It is the intention that, at the appropriate time, "epidemiology" will be moved to the Community Medicine Division.

Dr H. Peltola

The interview panel found that Dr H. Peltola was an excellent person and if at all possible should be recruited by the Centre, although he was less well qualified than Dr Mahalanabis for the Head of the Clinical Sciences Division and did not specifically qualify for any of the other positions advertised. Dr Peltola should be advised of this by the Director and at the same time informed that the Centre would like to employ him in a different capacity. It was suggested that he would be ideal for the position of Head, Research Department in the Clinical Sciences Division and that FINIDA should be approached to second him. If this is not possible, it was agreed that the Director should make a case for consideration at the June Board Meeting to advertise this position at the international level, Dr Peltola being given the chance to apply.

Dr J. Albert

Dr Albert was interviewed by a panel of Board Members and senior staff, for the postion of Head, Laboratory Department. An appointment to this position will be made by the Board at its June meeting. Meantime, Dr Albert can be offered a consultancy on one of the Centre's projects. It was agreed that the Director may write to Dr Albert to the effect that if his service is satisfactory, he will be considered as a serious candidate for the abovementioned position.

Technical Services Manager C.I.S.

This was for information only.

Project Director, Urban Volunteers Programme

Dr Diana Silimperi has been nominated for secondment from JHU to the Centre as Project Director of the Urban Volunteers Programme. As per the agreement with USAID, USAID has agreed to this appointment. Dr Silimperi is an employee of Johns Hopkins University, and the problem considered was the level of remuneration Dr Silimperi should receive if she were to be hired on reimbursable secondment by contract between the Centre and Johns Hopkins.

It was decided that Dr Silimperi should be at level P3 and that JHU should be reimbursed the budget cost of mid-level P3. Dr Silimperi would receive local benefits, such as home leave, assistance in locating accommodation, etc. from ICDDR,B as do other international level staff. Professor Bell should discuss this arrangement with JHU and Ken Bart as it is a change from what has been carried out in the past in connection with Johns Hopkins employees such as Dr Sack and Dr Kay.

The system agreed to for Dr Silimperi should be applicable to all reimburseable secondments, i.e., the Centre would reimburse the institution for the budget cost at mid-level of the level agreed to for the seconded person and would pay local benefits to that person in Dhaka. This ensures that the Centre would pay no more for reimbursable secondment personnel than it would if it recruited the person directly.

Chief Finance Officer & Grants Administrator, WUSC

Professor Eeckels reported that nothing definite is known on these two positions, beyond the fact that WUSC is favourable and is willing to hire these two persons and assign them to the Centre on nonreimbursable secondment provided people are available. The idea is that these two persons would be asked to train Bangladeshi counterparts.

Report of External Consultants Reviewing Personnel

Owing to time constraints and the fact that a full written report will be forthcoming, Messrs Rahn, Hiscock and Gormbley only gave a brief verbal report to the Committee.

Mr Rahn said that in writing their report several assumptions were made including:-

(a) the Ordinance will not change;

(b) the Centre is an international organization and as such has to accommodate both national and international positions;

(c) both expatriates and Bangladeshis at the international level are employed under the same conditions - salary levels have to be high enough to recruit international level persons, and in doing so the principle of maintaining excellence must rule the salary scale. If it is not possible to recruit someone within the scale, then a special services contract may be used - for project staff rather than core as it should have a time limit. Recruitment to the international level should be on a global basis and positions advertised globally. WHO/UNICEF are not carrying out research as the Centre does, so it may be necessary to go to higher pay scales than WHO/UNICEF use.

(d) there shouldn't be an undue cluster at the international level of any single nationality lest the Centre lose its international character;

(e) there should be a table which classifies posts at the national and international levels which should be reviewed from time to time;

(f) it is clear that persons at the GS and NO levels should receive the same salaries as UN personnel in Dhaka. However, the Centre has expanded its NO system to include NOE and NOF which are not used by UN agencies in Dhaka. It is recognized that the Centre needs to go higher than NOD to employ senior scientists.

(g) Mr Rahn said that they had grave reservations about tenure being offered to staff and recommended that this system should not be implemented.

In concluding, Mr Rahn said that if the Centre does stay with the UN system then it does require some modification in practices, as it has already done in adding NOE and NOF salary levels to the NO scale.

Mr Gormbley said that if the Centre decides to stay with the UN system then he agrees with all that Mr Rahn has said. However, Mr Gormbley also looked at the non-UN systems and believed that the Centre should do so too. He said that the Centre's problems with the UN system result from several things including:-

(a) a poor personnel infrastructure;

(b) personnel management is inadequate;

(c) there is too rigid adherence to an external system;

(d) reliance of the Centre on an external compensation system not geared to the Centre;

(e) as mentioned earlier, the Ordinance requires the Centre to use the UN system for GS and NO staff - this is not adequate for senior NO level staff, but the UN in Dhaka does not hire these staff;

(f) the Ordinance does not keep the Board from doing more than the UN at NO level - the Centre should look at the standards it wishes to set for NO level staff;

(g) the UN professional level scale doesn't meet the needs of the Centre. The Centre should decide what people they need, what is the supply and demand. The Centre has to recruit on a global basis but not in large numbers. The UN salaries at the professional level have not been revised for some 5 years; the Centre should decide where it wants to be, not where the UN wants it to be, and the Ordinance allows for this.

In concluding, Mr Gormbley said that the UN system is the easiest to adapt but that the Board and the Director should do a market study and decide what they want. Once the decision has been made it their responsibility to implement it. It needs a sound personnel system, in other words, an individual is required who is knowledgeable about international systems, as he will have to develop a manual. There are models which may be used, and agencies such as IIE can help. He cautioned that whatever system the Centre decides on, it needs the infrastructure to run it.

Mr Hiscock added that the personnel system the Centre has now is ad hoc and as such a pressure on management and scientific staff. He also said that the Centre is overpaying staff at the lower levels of the GS scale in order to fit them into the system. He suggested that the Centre could contract out such services as drivers, cleaners, gardeners, etc. and thus not have that responsibility.

In response to Dr Monsur's query as to whether all persons at the international level should be "superior" to those at the NO level, Mr Rahn replied "no". Mr Rahn said that it is the position which makes the level international, not the person. Again, in response to Professor Feachem's query as to what to do in the case of a younger expatriate scientist receiving more than an older and more experienced Bangladeshi scientist, Mr Rahn said the Centre has to decide on whether or not the position is international or national. Mr Rahn

said that comments on this point will appear in the written report. Mr Gormbley added that the Centre is international and as such has an obligation to have an international ingredient and should bring persons from other countries with different skills. All persons at the international level do not have to be superior to those at the NO level; there could be superior Bangladeshi scientists at the NO level and others at the international level, younger but with different skills. As Mr Rahn said, the criteria for an international level position have to be set and one criterion is whether or not this skill is available locally. Professor Eeckels said that the Centre does not have the infrastructure to deal with these problems so it is important that we know what type of person we need to deal with the problems - this should be included in the written report.

Dr Cornaz requested that the written report have something on the career ladder for NO level scientists. Mr Rahn said that in order to have a career ladder the structure must be there first and presently it is how the system is being operated that is getting in the way. He said that the posts should be graded and then the ladder may be used to move persons up. Messrs Hiscock and Gormbley said that the ladder needs persons going in and out so that it does not get clogged at the top.

It was pointed out that scientists at the NOA-D level are receiving less than their counterparts because the full UN salary scale, i.e. salary increases, has not been implemented - the Board is aware of this.

Informal Discussion of Preparation for June Board Meeting

Ethical Review Committee

Both the Board and scientists at the Centre are worried that when judging protocols the ERC is making decisions that are technical in nature rather than ethical and not approving protocols because of this. Professor Eeckels should request the ERC to provide a summary table of decisions made over the past months.

Dr Monsur pointed out that scientists are able to request to attend the ERC meeting and explain any problems and he felt that maybe this system should be used more, even if it requires two ERC meetings a month.

Miscellaneous

Consultancies

It was confirmed that the maximum amount the Centre can pay for a consultancy is $150 per day, plus per diem. The Director can, as an exception, pay $175 per day, plus per diem.

The meeting closed at 5 p.m.

:jc

29.3.87

4/BT/JUNE. 87

DIRECTOR'S REPORT

(INCLUDING ANNUAL REPORT-1986)

5/BT/JUNE.87

SUMMARY REPORTS ON RESOURCES DEVELOPMENT AND FINANCIAL SITUATION

SUMMARY OF RESOURCES DEVELOPMENT REPORT FOR BOARD OF TRUSTEES MEETING ,JUNE 1987

Resources Development projections of the Centre's income for 1987, as reported in the November , 1986 Board Meeting was estimated as US $10,065,000. Based on donor feedback during the first half of the year, we have revised our income projections for 1987 at US $9,885,000. Of this amount, we have already received firm donor commitments for US $8,525,000 and expect to raise the balance, US $1,450,000 during the course of the year (Appendix A).

The Centre's Bank Overdraft has been reduced from over US $3,000,000 to less than US $1,000,000. This significant improvement is largely due to the fact that the Cente's total receipts for 1986 have been US $8,917,000 against a total 1986 expenditure of US $7,743,000. Resources Development will continue its efforts to secure prompt donor disbursements.

Income projections for 1988 will be made after the Donors' Meeting to be held in Geneva on June 27, 1987. We however expect the donor commitments to the Centre's core, restricted core and project funds to be atleast US $9,822,000. A break down of this amount is provided in Appendix B.

ICDDR,B DONORS 1987 PROJECTIONS
(In US dollars)

A. Unrestricted-Core

Donors	Committed	Estimated	Total
1. Australia/ADAB	170,000		170,000
2. Bangladesh	34,000		34,000
3. Saudi Arabia	70,000		70,000
4. Switzerland	650,000		650,000
5. UK/ODA	165,000		165,000
6. UNICEF	250,000		250,000
7. USAID	250,000		250,000
SUB-TOTAL	1,589,000		1,589,000

B. Restricted-Core

Donors	Committed	Estimated	Total
1. AG Fund	250,000		250,000
2. CIDA/DSS	803,000		803,000
3. Japan	280,000		280,000
4. USAID (Wash)	2,370,000		2,370,000
5. Sweden/SAREC	-	200,000	200,000
6. DANIDA	500,000		500,000
SUB-TOTAL	4,203,000	200,000	4,403,000

1987 PROJECTIONS

C. Restricted-Projects

Donors	Committed	Estimated	Total
1. Belgium	160,000		160,000
2. CIDA/Training	100,000	-	100,000
3. Ford Foundaiton/ ECPP		100,000	100,000
4. IDRC/DISC	55,000	-	55,000
5. NORAD/MCH		200,000	200,000
6. NAS/BOSTID	28,000	-	28,000
7. Saudi Arabia/ Dammam/Riyadh	400,000	100,000	500,000
8. UNDP Cl. Res.		300,000	300,000
9. World Bank/ Mirzapur		200,000	200,000
10.USAID/MCH-FP Ext.	1,300,000	-	1,300,000
11.USAID/UVP	750,000	-	750,000
12.WUSC/MCH		200,000	200,000
SUB-TOTAL	2,793,000	1,100,000	3,893,000

	COMMITTED	ESTIMATED	TOTAL
A.	1,589,000	-	1,589,000
B.	4,203,000	200,000	4,403,000
C.	2,793,000	1,100,000	3,893,000
GRAND TOTAL	8,525,000	1,450,000	9,885,000

ICDDR,B DONORS 1988 PROJECTIONS
(In US dollars)

A. Unrestricted-Core

Donors	Committed	Estimated	Total
1. Australia/ADAB		170,000	170,000
2. Bangladesh		34,000	34,000
3. Saudi Arabia		70,000	70,000
4. Switzerland		650,000	650,000
5. UK/ODA		165,000	165,000
6. UNICEF		250,000	250,000
7. USAID	270,000		270,000
SUB-TOTAL	270,000	1,339,000	1,609,000

B. Restricted-Core

Donors	Committed	Estimated	Total
1. AG Fund		250,000	250,000
2. CIDA/DSS		803,000	803,000
3. Japan		280,000	280,000
4. USAID (Wash)	2,375,000	-	2,375,000
5. Sweden/SAREC		200,000	200,000
6. DANIDA	500,000	-	500,000
SUB-TOTAL	2,875,000	1,533,000	4,408,000

1988 PROJECTIONS

C. Restricted-Projects

Donors	Committed	Estimated	Total
1. Belgium		200,000	200,000
2. CIDA/Training		100,000	100,000
3. Ford Foundaiton/ ECPP		100,000	100,000
4. IDRC/DISC		55,000	55,000
5. NORAD/MCH		200,000	200,000
6. Saudi Arabia/ Dammam/Riyadh		400,000	400,000
7. UNDP Cl. Res.		300,000	300,000
8. World Bank/ Mirzapur		200,000	200,000
9.USAID/MCH-FP Ext.		1,300,000	1,300,000
10.USAID/UVP		750,000	750,000
12.WUSC/MCH		200,000	200,000
SUB-TOTAL	--	3,805,000	3,805,000

	COMMITTED	ESTIMATED	TOTAL
A.	270,000	1,339,000	1,609,000
B.	2,875,000	1,533,000	4,408,000
C.	--	3,805,000	3,805,000
GRAND TOTAL	3,145,000	6,677,000	9,822,000

6/BT/JUNE.87

PROGRAMME COMMITTEE REPORT

REPORT OF PROGRAMME COMMITTEE

For the greater part of the meeting various staff members attended and participated on the discussions by invitation.

2. Initially Programme Committee heard three short presentations by staff members concerned with important projects, as follows:

i. Dr. Badrud Duza and Dr. Bogdan Wojtyniak gave an overview of the progress with the D.S.S. area. The new computer has been installed and programmed and data are steadily being added, which takes a lot of cross checking. All demographic data of the last few years are now accessible to the Centre scientists. In addition data are being collected and inserted concerning simple anthro-pometric and MCH measurements such as birth weight. The data base will provide linkages with various studies being carried out at the Centre and opportunities of studying longitudinal effects of various demographic events and disease processes involving the study population.

ii. Analysis of the Teknaf water sanitations project showed that no single intervention such as a tube well affected morbidity rates and that three simultaneous interventions were needed to produce significant differences.

A major constraint of this division has been the loss of staff due to movement to more attractive jobs overseas.

iii. Dr. Fitzroy Henry described the results of his surveys of diarrhoeal disease incidences of the two villages - Zinzira and Nandipara. Although the total diarrhoea occurance was similar in the two areas, when this was confined to cover bloody diarrhoea with mucous (presumptive dysentery) then there was a considerable difference of incidence. Surprisingly it was higher in Nandipara which is a much more spread out area but in which the water supply is restricted to very few tube wells. The much more crowded Zingira having far more tube wells and latrines had about half the incidence of bloody diarrhoea. The unravelling of this fascinating finding could be of great help in understanding the total pathogenesis of dysentery and offers a great opportunity.

iv. Dr. Diana Silimperi who has only been at the Centre for about two months gave a presentation about the Urban Volunteers study which she has come to direct. It seems that this study has degenerated somewhat in the last six months since the departure of Dr. Stanton and efforts must be made to strengthen certain aspects as well as to establish base line data. The Committe noted that so far no useful morbidity or mortality data have come out of the study but once the study has been replanned, one can expect results. Questions were asked about the outcome of the research and its cost effectiveness.

Although the time available for these presentations was too brief the Committee was impressed by all three and felt confident of future outcomes.

v. Consideration was given to the future of Teknaf as a field research and service area. The great advantage of this area is that the incidence of shigellosis is high and has been followed for several years on a population of about 60,000. For many reasons the research output from Teknaf has been minimal in the past. In spite of its relative inaccessibility the Committee felt that it should encourage the Centre to continue using Teknaf as a field study area subject to three important conditions. Firstly the shigella

project staff should write a proposal for Teknaf which utilises the unique chracteristics of the site and stresses why such a study can best be followed in Teknaf in spite of its isolation. This could be presented to the Programme Committee as part of its research review process in November. Secondly, embarking on any changes or construction at Teknaf should be dependent on recruitment of a suitable epidemiologist who would be capable and willing to supervise the project. Thirdly the funds for the work should come especially for the project and not compete for core funds.

3. Discussion then turned to the function of the Programme Committee and how this might be modified to serve the staff and the Centre to best advantage. It was agreed that one division should be reviewed at each Board Meeting so that every division would be reviewed each two years. Besides telling the Committee of their achievements and plans, participants should also identify any difficulties which hindered their research progress in order that the Programme Committee might help them if possible. All Divisions should be encouraged to send preprints and other manuscripts covering their work to Board members between meetings in the hope that the Board could be as well informed and up-to-date as possible. A schedule of field visits should be arranged so that Board members could familiarise themselves with field and hospital projects and

other important developments. These changes should help to build mutual confidence and respect between Board and staff.

4. The terms of reference of the ERC were considered and approved, with the addition of "on humans" under (j). The ERC should confine itself to considering the ethical aspects of research work at the Centre and in this regard the Programme Committee wishes to record its confidence in the ERC.

5. The Programme Committee wishes to support the Director in his efforts to increase the scientific staff of the Centre which at the moment is so low in numbers as to threaten the scientific programme. Two new international positions have been proposed - (1) Head, Child Health Division, funded by DANIDA project is needed and should be approved. The post of Head, Clinical Research Division should be considered at the appropriate time after Dr. Dilip Mahalanabis joins his post.

6. The Committee realised that there is a large communication gap between the policy makers and the staff of the Centre. It is urgent that measures be taken to narrow this gap through necessary institutional exercises. The Board may like to discuss this matter in depth.

Professor Derrick Rowley

Mr. Taslimur Rahman

6a/BT/JUNE.87

TEKNAF PAPER

TEKNAF

Background

Events of recent years have left ICDDR,B's Teknaf Station in a precarious position. Compared with research inputs over the last 10 years, scientific productivity has been unimpressive. The Centre's financial crisis which led to the decision to stop unfunded research halted the activities of the Teknaf Water Sanitation Project at the end of 1985. Moreover, with the departure of Drs MM Rahaman and KMS Aziz six months later the senior scientific support for Teknaf Station was lost. Local staff are still justifiably anxious about their future as continuation of their activities is not assured beyond December 31st, 1987.

Currently Teknaf activities involve three Scientific Divisions. Teknaf Station and the Treatment Centres come under the Community Medicine Division, with recent inputs from the Laboratory Sciences and Epidemiology Division. The Demographic Surveillance System falls under the Population Science and Extension Division. Current activities are now fully funded by Canadian CIDA (the DSS project) and DANIDA (the Treatment Centres) with additional support from USAID (Shigella research). Funding for Teknaf is assured for several years through these sources.

Surveillance

The Demographic Surveillance System covers a population of some 70000 spread over quite a large area with some villages up to 30 miles away from Teknaf. It is well-established with an excellent supervisory system. Even existing DSS data can generate important information leading to publications, a recent example being the Cause of Death analysis with special reference to acute respiratory infections. Nevertheless it has been made quite clear that Teknaf and its DSS cannot be justified purely in terms of demographic research. The current system, as in the past, provides a strong basis for epidemiology and intervention studies.

Services

North of our main treatment centre and to the west of the mountain ridge bordering on the Bay of Bengal, a community-based Oral Rehydration Programme serves about 15000 of the DSS population, now with minimum input from the ICDDR,B. The cost of beach transport precludes many sick patients seeking treatment in Teknaf. ORS depot-holders come to the Centre for fresh supplies of packets roughly on a monthly basis.

The main Treatment Centre in Teknaf and the two Sub-centres continue to treat between 3 and 5 thousand cases of diarrhoea each year (Table 1). Because of the local geography more than 80% of the patients are from the DSS area (cf Matlab 35%), clearly advantageous for research. Unfortunately diarrhoea morbidity surveillance in the DSS area as a whole was discontinued in 1980 (population then 46000). It was based on

health assistants making visits at intervals of 2 to 4 weeks and these staff are still in place.

TABLE 1
TREATMENT CENTRE ATTENDANCE OF DIARRHOEAL PATIENTS AND ISOLATIONS OF ENTERIC PATHOGENS
TEKNAF STATION: 1978 - 1987

YEAR	DIA	DYS	TOTAL ATTENDANCE	#CULTURED	ISOLATIONS SHIGELLA	V. CHOLERA	V. (NAG)
1978	620	2443	3063	3063	1045	178	12
1979	559	2706	3265	3234	1089	37	22
1980	906	3342	4248	4228	1106	00	05
1981	1121	2242	3363	3334	1015	17	51
1982	1281	2482	3763	3763	875	63	54
1983	870	2084	2954	2935	792	19	21
1984	1560	3078	4638	4638	1230	122	00
1985	1152	2253	3405	3405	833	24	03
1986	1780	3572	5352	5260	1723*	201	00
1987+	486	802	1288	1214	367	00	00

* 30% S. dysenteriae 1; remainder predominantly S. flexneri
+ January to April only.

Shigellosis

The rate of shigellosis cases identified in the Treatment Centres is 10 times that for Matlab; shigellosis in Teknaf sub-district is likely to remain hyperendemic due to the extent of travel between the peninsula and mainland Burma. Of interest also is the amount of cholera seen, though this varies yearly.

Antibiotic resistance has recently become a major problem, more particularly in the case of S. dysenteriae 1 (Tables 2a & 2b). Nalidixic acid being virtually useless and gentamicin is now being used routinely in the treatment of seriously ill dysentery in-patients.

TABLE 2a

PERCENTAGE OF RESISTANCE OF ALL *S. DYSENTERIAE* 1 ISOLATED IN TEKNAF TREATMENT CENTRE, 1978-87

ANTIMICROBIALS	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987
AMPICILLIN	4.0	4.0	0.0	0.0	0.0	31.0	18.0	58.0	95.0	94.0
TETRACYCLINE	100.0	90.0	92.0	100.0	100.0	99.0	100.0	99.0	100.0	100.0
CHLORAMPHENICOL	100.0	72.0	42.0	36.0	57.0	98.0	ND	98.0	99.0	100.0
TRIMETHOPRIM-SULPHAMETHOXAZOLE	0.0	1.0	8.0	0.0	43.0	65.0	95.0	95.0	99.0	99.0
GENTAMICIN	ND	ND	ND	ND	ND	ND	ND	1.0	1.0	0.0
NALIDIXIC ACID	ND	ND	ND	ND	ND	ND	ND	0.0	32.0	59.0
PIVMECILLINAM	ND	ND	ND	ND	ND	ND	ND	ND	16.0	ND

Table 2b

PERCENTAGE OF RESISTANCE OF A 10% SAMPLE OF *S. FLEXNERI* ISOLATED IN TEKNAF TREATMENT CENTRE 1978-87

ANTIMICROBIALS	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987
AMPICILLIN	5.0	21.0	4.0	4.0	4.0	43.0	35.0	34.0	55.0	47.0
TETRACYCLINE	81.0	85.0	88.0	96.0	97.0	97.0	93.0	92.0	92.0	92.0
CHLORAMPHENICOL	6.0	1.0	0.0	1.0	5.0	7.0	ND	34.0	48.0	42.0
TRIMETHOPRIM-SULPHAMETHOXAZOLE	2.0	2.0	1.0	0.0	0.0	4.0	7.0	4.0	12.0	14.0
GENTAMICIN	ND	ND	ND	ND	ND	ND	ND	0.0	0.0	0.0
NALIDIXIC ACID	ND	ND	ND	ND	ND	ND	ND	60.0	2.0	3.0

The emergence of a strain of *S. dysenteriae* 1 which is resistant to nalidixic acid is a major epidemiological change. The gene coding for resistance is located on a 20 megadalton conjugative plasmid. This is important because resistance to the quinolone group of antibiotics was thought never to be plasmid-mediated. A manuscript describing this phenomenon has been submitted for publication. Thus we are newly faced with an important epidemic in Teknaf. Though the case fatality rate is

relatively low, perhaps because of the unusually good nutritional status in the community, if this strain spreads to other parts of Bangladesh a major health impact can be expected.

Future Policy

Given the ICDDR,B's mandate it is almost inconceivable that we should turn our backs on this problem. If ICDDR,B were to discontinue its activities in Teknaf, the withdrawal should be phased, ideally with full collaboration from the MOHFP. It is quite clear that our clinical services are valued and needed by the community. These services complement rather than duplicate GOB services provided at the newly-constructed neighbouring Upazila Health Complex which has now been operational for about 6 months. Without going into details here, it is unlikely that it could take over the current service role of the ICDDR,B in the foreseeable future, were we to leave. Other options may be explored but they are not obvious.

With the current positive financial picture for Teknaf and the potential for scientific productivity, the senior Centre scientists believe the better option is to more effectively utilize Teknaf in the ICDDR,B's programme. The priority subject would be that of the Centre: epidemiological studies of shigellosis in a high incidence area leading to intervention strategies where the use of antibiotics have no role. The surveillance system would be of considerable value to GOB when implementing their EPI and FP programmes in the area which has one of the highest fertility and infant mortality rates in Bangladesh.

Potential research activities for Teknaf are listed in the Appendix. To continue our work would require modifying the existing facilities.

Resources & Requirements

Teknaf Station is situated on ICDDR,B-owned land adjoining GOB Public Health and Treatment Complexes. New buildings house medical officers (one of whom is senior and Station Head), Treatment Centre, laboratory, offices, garage and store.

Housing is adequate for present staff but we are dependent, for accommodation for visitors, on the use of a Dak bungalow which is inconveniently situated and not always available. New on-site housing is essential to accommodate visits by senior scientific and support staff on a regular and sustained basis.

Despite the limited public electricity supply the laboratory continues to operate effectively with a kerosene egg incubator, kerosene refrigerator, water cartridge for media water, and pressure cookers for media preparation. A new incubator, made by the bioengineering cell for Teknaf, operates on intermittent power with a battery backup, as does a new ice-lined refrigerator from the vaccine trial. A small kerosene generator will provide electricity for short periods should the public supply fail seriously. The national rural electrification scheme should reach Teknaf in the next two years.

Until now the lack of a piped water supply has been a major problem with no obvious solution in sight. Recently, however, a reservoir has been created just behind the site, supplying the GOB Public Health Complex and the Upazila Health Centre. Both

have pumping stations, substantial filtration tanks and a pipe-water distribution system. The UHC system was in operation weeks ago and the PHC should be by now. Upazila officials have made a commitment that ICDDR,B's Teknaf Station be allowed to link up to the PHC supply system. To make full use of this we need to instal a water storage and distribution system.

The major constraint to conducting high quality research in Teknaf is the lack of sustained involvement of senior scientific staff. We are very fortunate in having high calibre national staff in place but they cannot be expected to function optimally without full support. Ideally Teknaf should receive full-time support from at least one international level epidemiologist/ statistician. This would involve building extra housing accommodation and the offices should also be extended.

The current Station Head, Dr Munshi, could be relieved of some of the routine administrative chores by appointing more senior national administrator to the station. Scientifically, after 10 years in Teknaf, the Centre owes to him the opportunity to capitalise on some of the research work he has so ably supported. This might be achieved be regular Dhaka visits, say every 2 months, and by Teknaf visits by scientific support staff. It is worth remembering that a huge amount of data remains to be analysed from the Water Sanitation Project and Dr Munshi is the only biomedical scientist involved throughout who remains with the ICDDR,B.

In summary, Teknaf is a unique Centre resource. Both shigellosis and cholera are common life-threatening problems. Shigellosis epidemiology and control can be approached in a manner not possible in any other location. Existing staff and the DSS provide the basis for such studies. Additional building and support services will probably cost around US$50000 and replacement of one vehicle another US$10000. The ICDDR,B is already attempting to recruit several international level epidemiologists. At least one must be assigned to helping Teknaf staff analyse existing data and continue focused research in the future.

Teknaf 12.6.87

Appendix

Projects which can be considered at Teknaf during next 5 years.

Immediate Projects (1987)

1. Media study to compare TEA with other media, including the new co-agglutination tests of Mahbubur Rahman (funded by Shigella Project).

2. Treatment study of shigellosis due to resistant S. dysenteriae. Consider using Pivmecillinam vs Gentamicin. (Funded by Shigella Project).

3. Shigellosis cohort and family studies. Here the major questions would be risk factors for disease and complications of the disease and immunological studies of the protection afforded by one episode of the disease. An especially important question is of the serotype specificity of the protection. (Funded by Shigella Project).

4. ARI epidemiology study including retrospective description of ARI over last 5 years in age group 1 - 60 months. (This analysis is underway now).

5. EPI intervention. If carefully planned an EPI intervention evaluation could be done. UNICEF could be interested in funding this.

Mid Range Projects (1-3 years)

1. Possible cholera vaccine trial. (There were more than 100 isolations in 1985).

2. MCH strategy intervention, e.g. TBA training. (There is a very high neonatal mortality rate which suggests the need for both tetanus vaccination and TBA assistance).

3. Shigellosis intervention without antibiotics. A clearly conceived plan is needed to deal with the problem of epidemic shigellosis where antibiotics are no longer useful.

3. Vitamin A distribution project to test the effectiveness of "Depot method" as a way to distribute Vit A. This has worked effectively with ORS in Teknaf.

Long Range Projects

1. Shigella vaccine trial. (During the last month over 10 isolation of Shigellae spp. daily).

2. "Experimental" ARI vaccines e.g. conjugated S. pneumo and H. flu vaccines. Trials of these vaccines could await their testing in other geographic locations first. E.g. the question re: these vaccines would not be safety/efficacy but rather the effect/impact of such a vaccine in a developing country setting.

6b/BT/JUNE.87

ERC DOCUMENT REPORT

ETHICAL REVIEW COMMITTEE

UNIVERSITY OF ABERDEEN

AGMC/aek

PROFESSOR A. G. M. CAMPBELL

DEPARTMENT OF CHILD HEALTH
FORESTERHILL
ABERDEEN
AB9 2ZD
Tel. No. 681818 – Ext. 2471
S.T.D. Code 0224

6 April 1987

Dr D A Sack
Acting Director
International Centre for Diarrhoeal
Disease Research, Bangladesh
Box 128 DHAKA-2
Bangladesh

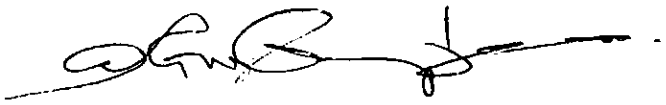
Dear Dr Sack

Thank you for your letter of 3 March enclosing a copy of your recommendations for the work of Ethical Review Committees. I have read this document with great interest and do not really have any comments to make beyond congratulating you and your colleagues on the detailed, comprehensive yet sensitive list of recommendations that you have produced. These are by far the most detailed and thorough of any that I have seen. I was also impressed too by the breadth of expertise encompassed in the membership of your Ethics Committee.

As far as research on children is concerned your guidelines are very much in harmony with the recent recommendations issued by the Institute of Medical Ethics. You might be interested in this publication, the details of which I will add below.

With best wishes,

Yours sincerely



A G M Campbell

Nicholson RH (Ed). Medical Research with children: ethics, law and practice. Oxford University Press. 1986.

DEPARTMENT OF CLINICAL PHARMACOLOGY

UNIVERSITY COLLEGE LONDON AND
THE MIDDLESEX HOSPITAL MEDICAL SCHOOL

Professor B. N. C. Prichard (Clinical Pharmacology) Head of Department
Professor A. E. M. McLean (Toxicology)
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01-380-9678

DRL/MOB

11 March 1987

Dr. David A. Sack,
Acting Director
for Professor R. Eeckels,
International Centre for
Diarrhoeal Disease Research,
BANGLADESH.

Dear Dr. Sack,

Herewith are my comments in the IDDR,B document on its Ethical Review Committee.

You will see that they are minor, and I congratulate you on producing such a thorough and sensitive document.

Note:- the pages are numbered differently at top and bottem. I try to avoid confusion by using the top number, though it is not always present on the page.

I suggest the following:-

Page 1 1.1 (i)

"the subjects are apprised of their right to withdraw from their participation in research at any time, **without prejudice to their further care.**

Page 2 2.4 - Final line:

"to prevent possible victimization **or embarrassment and to protect their privacy**"

/ ...

Page 2 3.3

It can be useful if a Committee is given power to co-opt a person or persons with special background or skills as members for a single meeting where appropriate. The power will seldom be needed but is useful to have. It can be implemented by the Chairman in consultation with one or more members.

Page 3 (v)

Are you going to try to render membership completely representative of all disciplines? I tremble! I suggest that the main disciplines are sufficient, plus power to co-opt, see above.

Page 3 and references to "quorum" later. Should the quorum be by **numbers only,** or should it also include a **minimum spread** of members? For example, we here specify that the Committee cannot function except at least are non-medical or "lay" member be present.

Page 4 4.6

Can the Chairman alone approve minor alterations to the protocol and report this action to the next meeting of the Committee, or does even a minor change have to wait on a meeting?

Page 5 5.4

Admirable intention, but is it **practicable** in **all** research?

Annexure - I

Page 3 Paragraph 5

It is not clear to me that subjects who participate in research to gain knowledge that can be of no benefit to themselves but only to other, future, patients will actually know this. Or will all such research be deemed to provide indirect benefit, eg if and when the subject gets diarrhoea on a future occasion?

Page 3 Penultimate Paragraph

See reference to quorum above.

Page 4 Second paragraph

Why not always invite the applicant to be present? This avoids delay in answering questions that arise in the Committee discussion. It may, of course, be time wasting too, as the applicant extols the virtues of the research.

Annexure II

Page 2 (i)

Do you **really** want **all** adverse reactions reported **immediately?** Even trivial reactions? I suggest only **serious** reactions should be reported **immediately,** but minor reactions at the end of the project, or even not at all.

/ ...

Page 3 (4)

Sometimes industrial sponsors offer travel to exotic places (with spouse) to report results. This can amount to a substantial inducement.

Page 3 (7)

Prompt report ot US FDA of **any** adverse reaction,

See above.

Attachment - A (of Annex I)

Should not this be headed Curriculum Vitae as it refers to a single person?

I have been much interested in seeing this document and hope my comments may have some value to you.

Yours sincerely,

D.R. LAURENCE

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

O : Chairman, Board of Trustees, ICDDR,B
Through Prof.Roger Eeckels, Secretary, Board of Trustees

ROM : K. A. Monsur, Chairman, Ad-hoc Committee on ERC. **DATE:** June 11, 1987.

UBJECT : Recommendations on the composition, method of work, duties, powers and functions of the Ethical Review Committee.

The Ad-hoc Committee has reviewed the document entitled, "Recommendations on the composition, method of work, duties, powers and functions of the Ethical Review Committee(ERC) of ICDDR,B" in the light of suggestions and comments from :

(i) Professor Dr.D.R.Laurence, Department of Clinical Pharmacology, University College, London,

(ii) Professor A.G.M. Campbell, Department of Child Health, University of Aberdeen,

(iii) The Programme Committee of the Board of TRustees,

(iv) The Board of Trustees.

The Committee was in agreement with most of the suggestions and the text has been revised to incorporate them. Listed below are the only issues on which there was some disagreement:

A. (From the Programme Committee)

(i) The restrictions and provisions set out in Annex II are applicable only in the case of 'new' drugs as defined in para 1. The term 'new' has been retained.

B. (From the Board of Trustees)

(i) Registered medical practitioners in Bangladesh are licensed to prescribe all registered drugs. Thus it is incorrect to specify a doctor registered in traditional medicine when referring to this particular group of drugs (para 2f, Annex 2).

(ii) Community consent will not be used to replace individual consent.

It is appreciated that large scale public health interventions, such as the chlorination of central water supplies, may be carried out without verbal consent of individuals and that the right to individual dissent might be against the interest of the community. Such activities should normally be carried out by the appropriate government authorities. The ICDDR,B would only engage in such activities if

Contd..... P/2

mandated, for example by a Public Health Act. This would not normally be a subject for consideration by the ERC though it could play an advisory role.

A copy of the revised version of the rules is attached.

CC: Members, Ad-hoc Committee on ERC
Chairman, ERC
Director

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

RECOMMENDATIONS ON THE COMPOSITION, METHOD OF WORK, DUTIES, POWERS AND FUNCTIONS OF THE ETHICAL REVIEW COMMITTEE (ERC) OF ICDDR,B

TABLE OF CONTENTS

1.0 STATEMENT OF PRINCIPLES

1.1 The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) attaches great importance to the ethical and scientific acceptability of all its research and related activities which involve human subjects. It is a fundamental responsibility of the ICDDR,B to ensure that while conducting any such research:

(a) the rights, dignity and welfare of the subjects involved are adequately protected;

(b) there has been a careful assessment of inherent risks compared to foreseeable benefits to the subjects or to their safety;

(c) the subjects have been appropriately informed of the purpose and nature of the research activity;

(d) voluntary informed consent has been obtained by a method which is appropriate and acceptable;

(e) the subject be in such a mental and physical state as to be able to exercise fully the power of choice to participate, and if the subjects are unable to give consent it be obtained from their legal guardian;

(f) adequate measures have been taken to safeguard the confidentiality of information;

(g) children be excluded in research that could appropriately be undertaken in adults; similarly, pregnant and breast-feeding women be excluded whenever the study can be carried out on others;

(h) special precautions be taken in case of clinical trials with new drugs;

(i) the subjects are to be apprised of their right to withdraw from their participation in research at any time, without prejudice to their further care;

(j) the research is scientifically sound as unsound research is intrinsically unethical.

1.2 When externally sponsored research is undertaken, it shall be ensured that in addition to such research being ethical, whenever appropriate and feasible, there is a tangible commitment for the benefit of the Centre.

1.3 The ICDDR,B shall not approve publication of the results of studies which do not have ethical approval.

1.4 The ICDDR,B shall, through the Ethical Review Committee (ERC), follow the above principles in defining its procedures and will not approve research unless the proposal is in accordance with the foregoing principles. In implementing these, the ERC shall take into account the regulations of the Bangladesh Medical Research Council

(BMRC), the proposed international guidelines for biomedical research as laid down by the Council of International Organization of Medical Sciences (CIOMS) and the Declaration of Helsinki in relation to biomedical research involving human subjects as revised by the 29th World Medical Assembly, Tokyo, Japan, 1975. It shall also take into account the established laws and policies of the concerned government(s).

2.0 RELATIONSHIP OF ERC WITH THE ICDDR,B

2.1 The ERC is the sole independent body concerned with granting ethical clearance for scientific research.

2.2 The Director of the ICDDR,B (The Director) as the Chief Executive of the ICDDR,B shall ensure that the decision of the Committee is implemented.

2.3 If there be any disagreement between the Director or the Board of Trustees and the ERC, in respect of any opinion expressed or decision given by ERC in any protocol, the matter may be referred back to the ERC for its consideration, giving reasons therefor and the ERC shall examine the reasons given, but the decision of the ERC shall be final in all ethical matters.

2.4 The ERC is accountable to the Board of Trustees and the normal line of communication will be through the Secretary of the Board. Any communication or files required by the

Board from the ERC may be obtained by request made through its Chairman. The Committee will provide all necessary information but may, at its discretion, withhold information leading to the identification of specific person(s) to prevent possible victimization or embarrasment and to protect their privacy.

2.5 If in the opinion of the Board, it is felt that the ERC needs to be reconstituted, the Board has the authority to do so.

3.0 CONSTITUTION, SIZE AND COMPOSITION OF THE ERC

3.1 The ERC shall comprise members from different backgrounds. The Committee must command technical competence and be able to safeguard the physical, mental and social well-being of the subjects, and the reputation of the Centre.

3.2 Competence is specifically required in the field of biomedical and social sciences as well as in law and religion. An authoritative knowledge and awareness of public opinion and possible areas of sensitivity will also be embodied in the Committee so that it may judge the risks and consequences of the proposed projects and ensure adequate protection of the rights and welfare of the subjects.

3.3 The Committee may seek expert opinion from within or outside ICDDR,B as and when necessary or co-opt a person or persons

with special background as member(s) for a single meeting, where appropriate. The Committee may decide a simple procedure for such co-option.

3.4 The number of members of the ERC should be sufficient to represent the following:

(i) A representative of the Bangladesh Medical Research Council (BMRC);

(ii) A representative of the Programme Coordination Committee (PCC) of the ICDDR,B;

(iii) WHO Country Representative or his nominee;

(iv) Four representatives of the ICDDR,B including one member from the nursing profession.

(v) The remaining members will be chosen to ensure that the Committee as a whole embodies each of the following disciplines:

a) Internal Medicine

b) Biomedical Science

c) Epidemiology/Community Medicine

d) Pharmacology

e) Nutrition

f) Paediatrics

g) Religion/Theology

h) Law

i) Women's Affairs

j) Psychology/Philosophy/Behavioural Science

k) Social Science/Population Science.

After taking into consideration ex-officio representation from BMRC, PCC, WHO and the ICDDR,B, the remaining unrepresented disciplines will be filled by nomination by ERC. It is expected that these requirements will be met by a Committee not exceeding 15 members.

3.5 A member will serve the ERC for a three-year term and will not ordinarily serve for more than six consecutive years. The mechanism for such reconstitution will be developed by the ERC keeping in mind the need for continuity in the Committee.

3.6 The present Committee, with addition of representatives from the Nursing profession and Epidemiology/Community Medicine may continue to operate in accordance with these guidelines for three years. Occasional vacancy, except for the ex-officio positions referred to above, shall be filled by the ERC and the Director will be informed. As regards the representatives of ICDDR,B, the Director will nominate them.

3.7 The ERC shall elect from amongst its members a Chairman and one or more co-Chairman, as and when necessary.

3.8 The members shall serve on the Committee in their individual capacities and not as representatives taking instruction from other bodies.

3.9 Presence of two-thirds of the members of the Committee shall form a quorum.

3.10 The Director of the Centre will provide the necessary secretarial support and budgetary provision for smooth functioning of the ERC.

4.0 POWERS OF THE ERC

4.1 The ERC will have the power for initial and continuing review of protocols concerning research activities involving the ICDDR,B and to approve, reject or require amendment of protocols submitted for its review. In case of rejection or amendment of the protocol, the Chairman will communicate the reasons for such decisions.

4.2 Once the protocol has been approved it will be the responsibility of the principal investigator and his supervisor to ensure that the ethical requirements are fully met. The ERC may, at its discretion, make physical inspection of any protocol to satisfy that the ethical requirements are met.

4.3 At any stage, if the ERC has reasons to feel that the ethical requirements in respect of a protocol have not been properly met, the ERC may make an enquiry giving the

investigator(s) an opportunity to defend. Following this, if the ERC is satisfied that a particular investigator has wilfully ignored the ethical requirements or has shown negligence or incompetence in fulfilling these requirements, the ERC may, at its discretion, withdraw ethical clearance and recommend to the Director to take such action as the ERC may consider appropriate and the Director will inform the Committee of the action taken.

4.4 The ERC shall have the authority to suspend approval of research under a protocol that is not being conducted in accordance with the ERC's requirements, or that has been associated with unexpected harm to human subjects. Any suspension of approval shall include a statement of reasons for the decision and shall be reported promptly to the Director and to the investigator. The suspension will be for a temporary period pending an expeditious enquiry which includes giving the investigator(s) an opportunity to defend themselves.

4.5 The ERC may terminate a suspended protocol when the reasons for suspension are proven beyond doubt after investigation. The ERC may also ask the Director to remove a particular investigator from a protocol if found responsible for gross ethical violation.

4.6 Where a breach of ethics has been identified, but ethical clearance has not been withdrawn, the ERC may require that all manuscripts emanating from such studies be submitted to ERC for clearance prior to submission for publication.

4.7 Any proposed amendment to an approved protocol, with the exception of extension of time, can be implemented only with the approval of the ERC. Minor change(s) or alteration(s) can be approved by the Chairman and reported to the next meeting of the Committee. All time extension of regular protocols, approved by the RRC must be notified to the ERC. All time extension for pilot protocols shall be approved by the ERC.

4.8 The ERC may constitute a Sub-Committee for carrying out a specified function.

4.9 The ERC may, in consultation with the Director, organize workshops or seminars on ethical procedures in research and may circulate ethical guidelines to be followed for such research.

5.0 FUNCTIONS AND DUTIES OF THE ERC

5.1 The ERC is responsible for reviewing all research and research related service protocols which must include details of activities such as training, demonstration and support, carried out by the investigators, trainees and staff of ICDDR,B. The primary function of the ERC is to

assess whether any particular activity involves an unacceptable physical, social or psychological risk to human subjects or there is any other ethical objection.

5.2 The mere statement in the protocol that there is no human involvement does not preclude it from the review process of the Committee. For every protocol it is for the Committee to decide whether there is any element in the protocol which requires ethical consideration. This includes research projects in which there is direct ICDDR,B input in the research in the form of either financial, or personal commitment and where an investigator participates as a consultant or co-investigator officially representing the ICDDR,B.

5.3 The ERC shall consider whether the investigator is appropriately qualified and experienced and commands facilities to ensure that all ethical requirements are fulfilled.

5.4 Subjects shall receive reasonable compensation for any incidental harm or injury resulting from the study. The ERC shall consider whether the necessary mechanism exists in the case of all externally sponsored research.

5.5 The ERC will give its decision on research protocols as expeditiously as possible. Where the Committee rejects a protocol or suggests an amendment to the same or recommends

any specific measures not included in the protocol, it will give reasons for its decision.

5.6 The ERC will be solely responsible for reviewing ethical issues in relation to research which has already been completed, should such queries be raised. Such a review will be carried out within the frame-work of the ethical quidelines at the time the research was undertaken.

5.7 Each year the ERC will give a brief account of its activities to the Director.

6.0 MODE OF OPERATION OF THE ERC

6.1 The proposed mode of operations of the ERC is set out in the "Committee Procedures" in Annex-I. Special procedures to be followed in case of research involving new drugs are laid down in Annex-II. These are operational guidelines to be followed by the ERC. In special circumstance which are not appropriately covered by these guidelines, the ERC shall follow, or adopt additional guidelines for its operation. These guidelines may be reviewed or revised from time to time, if necessary. Any major change will be discussed with the Director and the Board of Trustees will be notified.

7.0 PROCEDURE FOR SEEKING EXPERT ADVICE

7.1 The ERC will make use of consultants from within or outside ICDDR,B when this is felt to be necessary or desirable. Such consultants will be provided with an honorarium, as may be

determined by the Director, ICDDR,B. The consultant will normally be selected from the country where the research will be carried out. Such consultant(s) will function in an advisory capacity.

8.0 REFERENCES

8.1 While formulating the above recommendations, the following documents have been taken into consideration:

1. Proposed International Guidelines for Biomedical Research Involving Human Subjects incorporating the declaration of Helsinki, 1975, Council for International Organizations of Medical Sciences (CIOMS), 1982.

2. Office for Protection from Research Risks (OPRR) Reports, National Institute of Health, Department of Health and Human Services, USA. March 8, 1983.

3. Responsibility in investigations on human subjects, reprint from the Report of the Medical Research Council for 1962-63 (Cmnd. 2382), pages 21-25, (U.K.).

4. Guidelines on the Practice of Ethics Committees in Medical Research, Royal College of Physicians of London. July, 1984.

5. Guidelines for Evolution of Drug for Use in Man. WHO, Technical Report series 563, 1975.

6. Guidelines followed by the Bangladesh Medical Research Council (BMRC).

7. Dr W H Mosley's memorandum dated 17.5.77 to all CRL investigators on Principles, Practices and Procedures for the Protection of Human Subjects.

ANNEX I

COMMITTEE PROCEDURES - MODE OF OPERATION

Introduction

While examining a protocol, the ERC will ensure that its principles are implemented in the letter and spirit as fully as possible.

The ERC in deciding its mode of operation shall keep in view that in research on humans the interests of science should never take precedence over considerations related to the well-being of the subject.

The primary concern and interest of the Ethical Review Committee is to protect the welfare and rights of subjects participating in research projects. The review procedures also serve to protect the principal investigator in giving assurance that the appropriate requirements have been fulfilled. However, the primary responsibility for the project proposals and their implementation and surveillance must remain with the principal investigator. It should also be the responsibility of the immediate supervisor to ensure that the ethical requirements are being followed.

Information required of Investigators

It is desirable that the ERC have brief bio-data of the principal and co-investigators stating their research background especially in relation to studies involving human subjects.

It would normally be sufficient if a statement from the Director giving the necessary information is communicated to ERC at the time any new scientist who is likely to participate in research joins the ICDDR,B. Such information may be provided in the Curriculum Vitae Form (Attachment-A).

Division Heads and principal investigators of the studies are required to submit the following information:

(a) Research Information Forms (i.e. Face Sheet) supplied by the Ethical Review Committee (Attachment-B).

(b) Required number of copies of each research protocol or training project which involves use of human volunteers. In addition to the protocol, the Committee should be furnished with an abstract, summarizing the purpose of the study and the methods and procedures to be used which should:

1. Describe the requirements for a subject population and explain the rationale for using in this population special groups such as children, or groups whose ability to give voluntary informed consent may be in question.

2. Describe and assess any potential risks - physical, psychological, social, legal or other - and assess the likelihood and seriousness of such risks. If methods of

research create potential risks, describe other methods, if any, that were considered and why they will not be used

3. Describe procedures for protecting against or minimizing potential risks and an assessment of their likely effectiveness.

(c) Copies of survey forms and questionnaires, along with a Bengali translation of the questionnaires, where necessary.

(d) A copy of an Informed Consent statement or an explanation justifying the use of an alternative method of obtaining informed consent, describing procedures to be followed including how and where informed consent will be obtained.

Informed consent of subjects must be obtained by methods that are adequate and appropriate. When subjects include individuals who are not legally or physically capable of giving informed consent, because of age, mental incapacity or inability to communicate, the Committee will consider the validity of the consent by next of kin, legal guardians or by other qualified third parties representing the subjects' interest. The Committee will consider whether these third parties can be presumed to have the necessary depth of interest and concern for the subjects' rights and welfare and whether they are legally authorised to expose the subjects to the risks involved.

The ERC should not waive the right of informed consent of the individual. In the case of large community projects, verbal consent may replace individual written consent provided that invasion of privacy and discomfort is minimal.

The Consent Form should be signed by the volunteer and by the principal investigator when this procedure is feasible and does not jeopardize the interest of the study. When the principal investigator feels that the use of such a consent form would be impracticable or would jeopardize the purpose of the study, he should provide the Committee with a statement of this effect and describe an alternate procedure explaining why this requirement should be waived. If information is to be withheld from a subject, this course of action must be justified to the Committee.

Whenever possible, the consent should be obtained in presence of the nurse-in-charge of the patient. This fact should be recorded in the history sheet.

Basic Elements of Informed Consent include

(a) a clear explanation of procedures including an identification of those which are experimental;

(b) a description of risks and discomforts;

(c) an assessment of the potential benefits to be gained by the individual subjects as well as the benefits which

may accrue to society in general as a result of the planned work;

(d) disclosure of alternative procedures that are available that would be advantageous for subject;

(e) an offer to answer any inquiry;

(f) information that subjects can refuse to participate and are free to withdraw from participation at any time without prejudice to their further care;

(g) a statement in the consent form stating whether or not compensation and treatment will be available, if there is a potential risk to the subject or if privacy of the individual is involved in any particular procedure.

Commitee Determination

The Committee is responsible, on the basis of the information furnished, for making an independent determination of possible risks, for assuring itself that the study or activity does not include unacceptable hazards and that adequate safeguards are provided to protect the rights and welfare of the subject.

The Committee must decide if the information to be given to the subject or to qualified third parties in writing or verbally, is a fair explanation of the project, of its possible benefits, and of its attendant hazards.

The Committee is also responsible for determining if the consent required, whether written or verbal is appropriate in the light of the risks to the subject, and the circumstances of the project. If prior written consent is not to be obtained the Committee must approve the specific alternative procedure and the justification for the alternative procedure must be recorded in its minutes.

The agreement, written or oral, entered into by the subject should include no exculpatory language through which the subject is made to waive, or to appear to waive, any of his legal rights.

In general, the Committee is concerned with the quality of research only insofar as is related to its consideration of whether risks to human subjects are outweighed by the potential benefits of the research. Therefore, when submitting proposals which involve risks, investigators are encouraged to incorporate in the protocol a description of any potential benefits the subject may derive from the study, either directly or indirectly, and assess the risk benefit ratio.

It is recognised that applications for the support of certain studies involving the use of a questionnaire or interview schedule may have to be submitted for clearance prior to the time of completion of the final instrument. Under these circumstances the Committee should be provided with the following:

(a) A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.

(b) Examples of specific questions to be asked in the sensitive areas.

(c) An indication as to when the questionnaire will be presented to the Committee for review.

The data collection instruments have to be seen and approved by the Committee before the investigator begins the field work.

Method of Committee Operation

The Ethical Review Committee will convene regularly each month. A quorum must be present before the Committee will transact any business. All applications for Committee consideration should be submitted at least ten days prior to the monthly meeting in which the study is to be reviewed and should include full documentation.

An application for approval, with attached documentation, will be referred by the Chairman to one or more members of the Committee for preliminary consideration. The Committee member will write a brief comment recommending approval, disapproval, or other disposition and include any pertinent comments. The note is made part of the record.

In the Committee meeting, each document will be presented by the Committee member who reviewed it and it will then be discussed by the entire Committee. The principal investigator may be asked to meet with the Committee in order to furnish further information or to clarify the document. Final action of the Committee will require the general consensus of the members.

If Committee approval is conditional, the condition(s) may, where necessary, be discussed with the principal investigator by the Chairman of the Committee, or the Committee member who made the preliminary review, or the Committee as a whole. It is anticipated that the principal investigator will modify the proposal or other document or agree to comply with the procedures consistent with the Committee's recommendation, and will provide the Committee with a written statement accepting the modification agreed upon. An investigator always has the privilege to be heard by the Committee and to appeal in respect of a Committee decision and may request a special hearing before the Committee.

Under special circumstances, when there is a bona fide need for action between regular meetings of the Committee, the application with attached documentation will be circulated to the entire Committee for consideration. If this elicits no questions or reservations, and is approved by a majority of the Committee, the investigator will be informed promptly of this action.

No member of the Committee will be involved in the review of a study or activity in which the member has a professional responsibility except to provide information requested by the Committee.

A statement of Committee approval/modification/rejection is provided in the attached form (Attachment-C), with comments or recommendations if these are indicated. This form will be addressed to the principal investigator with a copy to the Director, the Division Head and the Committee file.

Continuing Review by Ethical Review Committee

Changes after Initial Approval

Each investigator or director of a programme is responsible for informing the Committee of any proposed change in his research or programme involving human subjects and for submitting a formal request for approval for such change. Proposed changes are reviewed by the Committee in the same manner as initial applications for approval.

At the time of initial approval by the Committee of a project or training grant which may encompass future activity involving human subjects, the principal investigator and Division Head are informed of their responsibilities to submit each such activity for approval prior to its implementation. To avoid inadvertent oversights the Committee will send notices to this effect to all such principal investigators and Divison Heads.

The Committee may constitute a Sub-Committee for the purpose of auditing ethical compliance on any research protocol.

Annual Review

All research projects and other activities involving human subjects are reviewed annually by the Committee. To initiate the review, the Committee at yearly intervals after the date of initial approval sends a request for a status report to each principal investigator or Division Head (Attachment-D and Attachment-E). If the status report indicates no change in the protocol or programme affecting human subjects, the Chairman of the Committee reviews the project file to determine whether anything is to be brought to the attention of the Committee. If the status report indicates a change affecting human subjects which had not previously been brought to the attention of the Committee, the protocol is reappraised by the Committee.

Interim Reports

Primary responsibility for bringing to the Committee new information pertaining to possible risks to human subjects or to a change in procedures which merits interim review rests with the investigator. However, the Committee may request interim reports on a more frequent basis than the annual report when this is indicated by the nature and degree of apparent risks to human subjects. Interim reports are reviewed by the Committee to determine whether any action is necessary. To avoid inadvertent oversights, the Committee will maintain a schedule of the interval reports.

Committee Records

The Committee will maintain complete minutes of its meeting. The following documents regarding each application are kept on file by the Committee:

(a) A copy of the protocol and other information furnished by the principal investigator;

(b) Bio-data of the investigator (Attachment A);

(c) Research Information form regarding the use of human volunteers filled out by the principal investigator (Attachment B);

(d) A copy of Informed Consent Statement for Human Volunteers, where appropriate;

(e) Recommendation of the Committee member who made the original review and any other comments which are relevant;

(f) Statement of action of the Committee (Attachment C);

(g) Annual Review Notices (Attachments D & E).

ANNEX II

REVIEW PROCEDURES FOR PROTOCOLS INVOLVING USE OF NEW DRUGS IN HUMAN SUBJECTS

1. The following definitions are adopted:

(a) An "adverse reaction" to a drug means one which is noxious or unintended and which occurs at doses at which it has been used in man for the diagnosis, prophylaxis or therapy of disease or for the modification of physiological functions.

(b) "Licensing authority" of drugs means such authority appointed by the Government of Bangladesh, and presently, the Director of Drug Administration of Bangladesh.

(c) A "new drug" means a drug which has not been previously registered for general use or marketing for medicinal purposes in Bangladesh, United States of America or United Kingdom, and shall also include any new salt or ester or any other derivative of an active substance, new fixed combination of substances or of drugs previously registered or marketed or any drug previously marketed if its indication, mode or administration or formulation is changed, or any drug substance or administration or formulation is changed, or any drug substance which is not recognized by qualified experts as safe or effective for the purpose for which the drug or substance is intended to be used.

(d) "Phase 1 clinical trial" means clinical pharmacology trial which starts when a new drug is first introduced into man on the basis of only animal or in-vitro data, with the purpose of determining human toxicity, metabolism, absorption, elimination, and other pharmacological action, preferred route of administration, and safe dosage range; phase 1 clinical trial is normally confined to healthy adult volunteers.

(e) "Phase 2 clinical trial" covers the initial trials on a limited number of patients for specific disease control or prophylaxis purposes; it is also a clinical pharmacology trial.

(f) "Phase 3 clinical trial" provides the assessment of a drug's safety and optimum dosage schedules in the diagnosis, treatment or prophylaxis of groups of subjects involving a given disease or condition; this phase may be conducted by separate groups with reasonable variations to produce a well-controlled clinical trial.

(g) The term "registration" in respect of a drug means its release, compliance or approval for marketing after the drug has undergone a process of evaluation by the competent health authority.

(h) The term "sponsor" in respect of a new drug means, the person or agency who assumes in a written statement full responsibility and liability for any harm or damage that may be caused by the new drug, to any person who has been given the new drug in the course of an experiment or clinical trial. The "sponsor" may be the manufacturer of the new drug or a scientific institution lawfully engaged and authorized for the investigation of new drugs involving human subjects.

2. A protocol involving the use of a new drug in human subjects may not be approved by the ERC unless the following conditions are fulfilled;

(a) The new drug has been shown to be safe and effective for its intended use(s) in man and detailed results of phase 1 and phase 2 clinical trials are available.

(b) Only in the case of a new drug developed in the ICDDR,B or in Bangladesh, may a phase 1 or phase 2 clinical trial be allowed, provided all other conditions are fulfilled.

(c) Details of pre-clinical studies in suitable animals, acute, subacute and chronic toxicity studies including LD_{50} and histopathological studies in more than one species are available in fully documented form, unless there are sound scientific reasons to consider that such studies are not necessary.

(d) Full composition and chemical identification of the new drug and its relationship to other chemically related substances are known.

(e) The identity of the name and place of the manufacturer, the nature of the manufacturing process and tests undertaken to establish and control the quality of the drug are known.

(f) The Committee may exercise its discretion in waiving the requirements in sub-clauses 2(a) and 2(d) where there is adequate clinical and scientific justification as well as adequate facilities for clinical pharmacological studies. Examples might be vaccines, herbal medicines or registered traditional medicines prescribed by registered medical practitioner.

(g) A written statement by the sponsor is available, assuming the full responsibility and liability for any harm or damage that may be caused to the subjects. Such responsibility will depend on an association of cause and effect. Whether there has been such association and the nature and amount of the compensation will be decided by a body constituted by the ICDDR,B in consultation with the sponsor and approved by the ERC. The sponsor must give in writing that it shall abide by the decision given by the said body.

(h) Written permission will be obtained from the licensing authority of drugs, authorizing the import and/or use of the new drug for experiment in human subjects, as provided under Rule 33 of the Drugs Rules, 1945.

(i) A commitment from the P.I. that all adverse reactions to the new drug will be individually recorded. Serious reactions shall be immediately reported to the ERC; even minor reactions must be included in the final report to the ERC.

(j) Ethical standards shall be applied as they would be for similar research work involving a new drug in the country of its origin.

3. Subjects shall not, in giving their consent to participation in a clinical trial of a new drug, be required to waive their rights to compensation in the case of harm or injury; nor shall they be required to allege negligence or lack of skill on the part of the investigator(s) in claiming compensation for any possible injury, damage or accidental death.

4. An investigator shall not accept from a sponsor a gift in any form or loan for his/her personal use. The ERC should be informed of the conditions under which grants of money or equipment is made to the ICDDR,B by the sponsor.

5. Children and women of the child bearing age shall not be involved as subjects in clinical trial of a new drug whenever such research can be appropriately undertaken in adult male subjects.

6. Unless specifically waived by the ERC, clinical trial or research of a new drug involving human subjects shall not be allowed without written informed consent of all the subjects.

7. Investigators who are involved in studies of new drugs in human subjects shall report all adverse reactions to the new drug to the ERC and Director of ICDDR,B. Since the ICDDR,B participates in the US Voluntary Reporting System, the Director shall promptly inform the United States Federal Drug Administration (US FDA) of any serious adverse reaction that may be reported to him by an investigator. Criteria which may be useful in deciding which adverse reactions are significant and which should be reported are:

(a) Serious, life-threatening or fatal reactions.

(b) Unusual increases in numbers or severity of reactions in clusters.

(c) Reactions not listed in the labeling or not recorded in the reports of earlier studies.

(d) Potential association with carcinogenicity or congenital anomalies.

All adverse drug reactions will also be reported to the Bangladesh Medical Research Council.

ATTACHMENT A (OF ANNEX 1)

RRICULUM VITAE

PRINCIPAL/CO-INVESTIGATOR

Surname/Family Name:

First name/other names

Date of birth:

Place of birth:

Nationality:

Degrees

Degree	Year	Institute	Disciplines

Academic Distinctions:

	Degree	Year

Present post (Title, Institute, Dates)

Title:

Institution:

Date: From to

URRICULUM VITAE

. Previous posts:

a) Title:

b) Institution:

c) Date: From to

a) Title:

b) Institution:

c) Date: From to

a) Title:

b) Institution:

c) Date: From to

Academic & Research Awards, Consultant & other posts:

Other University & Institutional Posts:

Current Research Interests including details of Projects of which Applicant is Principal Investigator:

).Publications & Communications: (If space is inadequate, please attach list)

ATTACHMENT B(OF ANNEX I)

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Application date: _____

cipal Investigator _____ Trainee Investigator (if any) _____

lication No. _____ Supporting Agency (if Non-ICDDR,B) _____

le of Study _____ Project status:

( ) New Study

( ) Continuation with change

( ) No change (do not fill out rest of form)

cle the appropriate answer to each of the following (If Not Applicable write NA).

Source of Population:

(a) Ill subjects Yes No

(b) Non-ill subjects Yes No

(c) Minors or persons under guardianship Yes No

Does the study involve:

(a) Physical risks to the subjects Yes No

(b) Social Risks Yes No

(c) Psychological risks to subjects Yes No

(d) Discomfort to subjects Yes No

(e) Invasion of privacy Yes No

(f) Disclosure of information damaging to subject or others Yes No

Does the study involve:

(a) Use of records, (hospital, medical, death, birth or other) Yes No

(b) Use of fetal tissue or abortus Yes No

(c) Use of organs or body fluids Yes No

Are subjects clearly informed about:

(a) Nature and purposes of study Yes No

(b) Procedures to be followed including alternatives used Yes No

(c) Physical risks Yes No

(d) Sensitive questions Yes No

(e) Benefits to be derivod Yes No

(f) Right to refuse to participate or to withdraw from study Yes No

(g) Confidential handling of data Yes No

(h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes No

5. Will signed consent form be required:
   (a) From subjects Yes No
   (b) From parent or guardian (if subjects are minors) Yes No
6. Will precautions be taken to protect anonymity of subjects Yes No
7. Check documents being submitted herewith to Committee:
   ____ Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies).
   ____ Protocol (Required)
   ____ Abstract Summary (Required)
   ____ Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
   ____ Informed consent form for subjects
   ____ Informed consent form for parent or guardian
   ____ Procedure for maintaining confidentiality
   ____ Questionnaire or interview schedule *

* If the final instrument is not completed prior to review, the following information should be included in the abstract summary:

1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
2. Examples of the type of specific questions to be asked in the sensitive areas.
3. An indication as to when the questionnaire will be presented to the Cttee. for review.

(PTO)

gree to obtain approval of the Ethical Review Committee for any changes lving the rights and welfare of subjects before making such change.

Principal Investigator _____ Trainee _____

INFORMATION TO INCLUDE IN ABSTRACT SUMMARY

The Committee will not consider any application which does not include an abstract summary. The abstract should summarize the purpose of the study, the methods and procedures to be used, by addressing each of the following items. If an item is not applicable, please note accordingly:

1. Describe the requirements for a subject population and explain the rationale for using in this population special groups such as children, or groups whose ability to give voluntary informed consent may be in question.

2. Describe and assess any potential risk - physical, psychological, social, legal or other - and assess the likelihood and seriousness of such risks. If methods of research create potential risks, describe other methods, if any, that were considered and why they will not be used.

3. Describe procedures for protecting against or minimizing potential risks and an assessment of their likely effectiveness.

4. Include a description of the methods for safeguarding confidentiality or protecting anonymity.

5. When there are potential risks to the subject, or the privacy of the individual may be involved, the investigator is required to obtain a signed informed consent statement from the subject. For minors, informed consent must be

obtained from the authorized legal guardian or parent of the subject. Describe consent procedures to be followed including how and where informed consent will be obtained.

(a) If signed consent will not be obtained, explain why this requirement should be waived and provide an alternative procedure.

(b) If information is to be withheld from a subject, justify this course of action.

(c) If there is a potential risk to the subject or privacy of the individual is involved in any particular procedure include a statement in the consent form stating whether or not compensation and/or treatment will be available.

6. If study involves an interview, describe where and in what context the interview will take place. State approximate length of time required for the interview.

7. Assess the potential benefits to be gained by the individual subject as well as the benefits which may accrue to society in general as a result of the planned work. Indicate how the benefits outweigh the risks.

8. State if the activity requires the use of records (hospital, medical, birth, death or other), organs, tissues, body fluids, the fetus or the abortus.

The statement to the subject should include information specified in items 2,3,4,5(c) and 7, as well as indicating the approximate time required for participation in the activity.

ATTACHMENT C (OF ANNEX I)

Memorandum

: Principal Investigator

om: Chairman, Ethical Review Committee Date:

bject: Research Proposal No._____, entitled "....."

COMMENTS OF ERC

1. The Ethical Review Committee is pleased to inform you that the above-noted proposal has been approved/approved subject to the following conditions:

   a.

   b.

   c.

   d.

2. The Ethical Review Committee regrets to inform you that it is unable to approve the above-noted proposal for reasons mentioned below:

   a.

   b.

   c.

   d.

3. In case of an approved protocol the P.I. is requested to please note the following ethical guidelines as mentioned at page 2 (overleaf) of this memo.

Thank you.

cc: Division Head _____
Director

IE ETHICAL GUIDELINES TO BE FOLLOWED BY THE PRINCIPAL/CO-PRINCIPAL INVESTIGATORS

1. The rights and welfare of individual volunteers are adequately protected.

2. The methods to secure informed consent are fully appropriate and adequately safeguard the rights of the subjects (in the case of minors, consent is obtained from parents or guardians).

3. The Investigator(s) assume the responsibility of notifying the Ethical Review Committee if there is any change in the methodology of the protocol involving a risk to the individual volunteers.

4. To immediately report to the ERC if any evidence of unexpected or adverse reaction is noted in the subjects under study.

5. This approval is subject to P.I.'s reading and accepting the ICDDR,B ethical principles and guidelines currently in operation.

ATTACHMENT D (OF ANNEX I)

Memorandum

To : _____ Date: _____

From :Chairman: _____
Ethical/Research Review Committee

Subject :ANNUAL REVIEW - Your Protocl No. _____
Title: _____

Your protocol, noted above, was approved on _____ by the Ethical/Research Review Committee. Your protocol indicates that you will be working beyond _____.

In order to be in compliance with the policy and procedure of the International Centre for Diarrhoeal Disease Research, Bangladesh, all protocols are subject to no less than annual reviews.

In order that your above-mentioned investigation will not be at risk, please submit 15(fifteen) copies of your progress report, in the attached form, to this office by_____.

If changes from the experimental approach described are to be made in the future, the Investigator will obtain prior approval from the Committee.

The Investigator agrees to:

(1) Report any adverse effects or death associated with the study immediately.

(2) Notify the Committee of any title changes.

Note: Attached is a Progress Report form for your convenience.

cc: Head, _____Division
Director, ICDDR,B
File : ERC/RRC

ATTACHMENT E (OF ANNEX I)

ETHICAL REVIEW COMMITTEE PROGRESS REPORT FORM FOR ONGOING PROTOCOLS

otocol No. Investigator:

tle:

; Activity in the preceding 12 months.

) Results achieved:

) Direction of the study in the next months:

). Any modification in the protocl:

) Any other remarks:

agree to:

) Report any adverse effects or death associated with the study immediately.
) Notify the Committee of any title changes.

Signature _____
Date _____

n/M4:ERCRULES

6c/BT/JUNE.87

SELECTION OF SAARC PARTICIPANTS FOR TRAINING FELLOWSHIPS

6C/BT/JUNE.87

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

O : Prof. R. Eeckels, Director

ROM : M.R. Bashir
Associate Director, Resources Development

DATE : 25 May 1987

UBJECT : NOTE ON SAARC FELLOWSHIP

Please refer to your memo dated 7.5.1987. Following are my comments on the SAARC fellowships.

The Resources Development reports for presentation to the Board and the opening session will of course, be submitted separately.

ICDDR,B has offered a total of 14 short term fellowships (3 months each) to the 7 SAARC countries inviting each country to nominate 2 participants.

Diarrhoea is endemic in the South-Asian region. The SAARC fellowships are offered to mid-level medical personnel directly involved in the diarrhoea management programmes in their own countries. It is hoped that the training offered at the Centre on the latest and easily administered techniques of diarrhoea management would enable the trained personnel to use some of the skills taught, on return home. The fellowships will help strengthen scientific and academic cooperation within the SAARC region.

A letter offering the fellowships, outlining the criteria of selection and detailing the remuneration to be offered was sent to Bangladesh as Chairman of SAARC in October 1986. All SAARC member countries have been informed by the Government of Bangladesh about the fellowships offer with a request that they should make their selections and communicate their nominations. According to the SAARC rules of procedure the offer of assistance or collaboration from an external agency has to be processed and cleared by the Standing Committee of Foreign Secretaries. The next meeting of the Standing Committee of Foreign Secretaries will be held in June 1987 in New Delhi under the chairmanship of India. Once the proposal is formally accepted, the nominations will then be made by respective health ministries. Given the above we can expect nominations by end 1987 at the earliest.

ICDDR,B now proposes to coordinate implementation of this proposal with SAARC Secretariat which was formally established in Kathmandu, Nepal in early 1987.

7/BT/JUNE.87

PERSONNEL & SELECTION COMMITTEE REPORT

Report of the Personnel & Selection Committee

The Personnel & Selection Committee met on 13 June, 1987 from 9.20 a.m. to 2 p.m. and 5.30 p.m. to 6.45 p.m. and on 17 June, 1987 from 7.30 a.m. to 8.45 a.m.

1. Personnel Structure Committee and Consultancy Reports by G. Rahn & Hiscock and W.P. Gormbley

The P&S Committee considered the interim report of the Personnel and Structure Committee which had been set up in light of Resolution 10 of November 1985 Board of Trustees Meeting (see summary of the deliberations in the Board's Meeting documentation). Recognizing the urgency the questions dealt with and considering also the consultants' reports, the Committee decided not to wait for the November 1987 Board Meeting and reached the following conclusions, taking into account also the recommendations of the Executive Committee March 1987:

1.1 International level staff

The 6-year rule for international level staff should be reconfirmed and the 2-year rule barring reapplication immediately after a 6-year term should be rescinded.

(The decision whether to use the designation I or P in the advertisements should be left to the new Head Finance and Administration Officer.)

1.2 Key post, core-funded post and project funded post

(i) Key positions - which include the post of the Director and the division heads and those posts considered essential for maintaining the scientific activities and the administration of the Centre - should be core positions and not be subject to project funding.

(ii) All incumbents, whether core funded or project funded, including seconded personnel, are fully accountable to the Centre.

(iii) The Centre should have full authority in the selection and recruitment of the personnel for key posts; the Centre should have a decisive say in the recruitment of personnel for project posts.

(iv) For seconded staff with reimbursable funding the rules concerning the contract terms should be followed as for other staff members.

(v) The Committee stressed the importance of overcoming the current situation where 15 per cent only of the funding is core funding and expressed the hope

to reach the 50-50 ratio which would allow all key posts to be paid out of core funds.

Donors should be made aware of the above conditions.

1.3 Career ladder and ranking of National Officers

The career ladder for and the ranking of scientific and medical staff of National Officer level is not a matter which needs the Board's formal approval. The Committee, however, felt the matter sufficiently important to give it its consideration and to make the following recommendations:

(i) A proper career ladder was felt to be an important point to make ICDDR,B posts for attractive. The climbing of the career ladder however should not be the automatic result of a sufficiently long stay with the Centre and it should only be granted to staff who continue to give proof of the necessary qualities. Even tenure posts (NOD level and above) should be liable to be terminated if the incumbent's contribution becomes insufficient.

(ii) The criteria mentioned in appendix I of the report are to be considered as the minimum required for entry to a particular level and the considerations of appendix II are additional points to be taken into consideration for the selection but should not become part of the Centre's rules. The mention of the "market

value" of the candidate was felt to be too subjective and discriminatory and should be deleted. The leadership - especially for division and department heads - should also be taken into account, i.e. the capability of the scientist to support those scientists he is supervising and his ability to give younger colleagues who merit it the chance to be first authors of a paper. The interest of the first authorship as one of the criteria for assessment was recognized, also for medical staff, but it was stressed that it should never be the only criteria.

(iii) The non-ability in the proposed system for medical staff to go beyond NOD level was felt to be unfair. A small committee should be set up to ensure that the medical staff have the same opportunities as the scientific staff.

(iv) All staff at NO level should be evaluated every three years so as to make the advancements possible for deserving staff members who would not have been proposed by their supervisor or examination of inefficient quality of work.

(v) The Committee recommended that the Centre proceed with the staff evaluation of scientific and medical personnel, provided the system allows to avoid arbitrary treatment. Consultancy may be needed to

ensure this. The assessment of the administrative staff should also be prepared.

1.4 Chief Personnel Officer

Although the Board had decided not to keep the Chief Personnel Officer at international level, the reasons for and against such a decision were examined again and the conslusion was the following, given the urgency of the matter and the delay an international recruitment would imply, and given the recruitment of the Head, Finance and Administration Officer who will take up his job with ICDDR,B on 1 July, 1987, taking however also into account the strong recommendations of the consultants to recruit at the international level and the qualities needed (independence and maturity and capability to withstand pressure; good knowledge of the UN system): the recruitment of the Chief Personnel Officer should be started immediately, at NO level. If no satisfactory candidate were to be found, the post then could be readvertised at international level.

1.5 Administration model for ICDDR,B

The Committee felt that at this time further comparison with the administration of other international institutions would not bring much benefit to the Centre. ICDDR,B has to develop now its own model.

1.6 Pay Scale

The Committee felt the need for offering attractive salaries - including some posts at NOE and NOF level-and considered the fact that the international level salaries were felt to be too low by candidates and universities in America, and that with the current exchange rate of the dollar, these salaries are very low also for European candidates. On the other hand, the Committee was aware of the financial implications of the salary adjustments and of the raises which become necessary given the readjustments of UN salaries and other salaries in Bangladesh. (See Report Finance Committee). The donors should be made aware of this problem affecting the Centre's budget.

The recruitment of the necessary staff, at least to replace the outgoing members, was felt to be so crucial to the survival of the Centre that the Committee recommended to advise to proceed with the recruitment even if the financial resources are not yet assured. The Committee proposes to ask the Centre to set up an overview of salary scales of comparable institutions in North America and Europe and of salaries in Bangladesh. The readjustment of the pay scale should take into account these indications.

Salaries, although not excessive should be attractive; there should be no differences in the salary scale for staff members from different countries. As for the loss in income of employees due to the fluctuation of the exchange rate, the Committee suspects that the secretariat work out proposals for consideration at the forthcoming Board meeting. The decision of the November 1987 Board could then be retroactive.

2. Nationalities of Staff

The Committee feels that in the interest of the Centre and in order to promote exchanges which are crucial for the quality of the scientific work, there should be a balance between expatriate and national staff (including the higher NO levels). However there should be a fixed percentage or quota system, the main criteria should be the qualities of the staff member and the adequacies of these qualities to the needs of the Centre.

The Centre should follow an active policy in trying to attract qualified staff from developing countries from other regions. Donor's contributions should be sought for fellowships for scientists from developing countries.

3. Recruitment of personnel at international level

3.1 According to the decision of the Executive Committee, the following staff members have been recruited (core funded posts).

- Head, Clinical Sciences Division (Senior Scientist) - Dr Dilip Mahalanabis at P6 Step 1 as of December 1st, 1987; Dr Mahalanabis will come to Dhaka in August for a consultancy.

- Head, Administration and Finance Officer (Associate Director designate) - Mr Md. Ali Mahabub at P5 Step 5 as of July 1st, 1987.

3.2 The following international positions are still open (see also Executive Committee Report) and selection is under way.

- Senior Scientist, Head of Laboratory Division.
- Senior Scientist, Head Community Health Division*.
- Scientist/Senior Scientist - Population Studies.
- Scientist/Senior Scientist Epidemiologist.
- Head, Laboratory Services Department.

*The Committee recommends that th name of the Division should be as above.

The Committee was aware of the serious problems caused to the Centre by the (forthcoming) vacancies and of the urgency of the necessary recruitment. Interviews for the posts of Head, Community Health Division and Senior Scientist, Epidemiologist are currently underway.

The position of

- Technical Service Manager, CIS,

although the position was advertised in April, and CV's have been forwarded to CIDA.

Due to an offer of Canada for temporary immigration, the 3 CIS staff members have left. It will be decided in 6 months whether the post of Technical Service Manager can be collapsed or not.

3.3 Seconded Staff

- Project Director, Urban Volunteer Programme (JHU)

Dr Diana Silimperi has joined her position on April 20, 1987, on secondment from the Johns Hopkins University. The Executive Committee had stressed that the arrangement with the funding institution should be such, for all reimbursable funding, that the Centre would pay no more for reimbursable secondment personnel than it would if the staff member had a contract with the Centre. Nevertheless Dr. Silimperi is hired with a higher salary. However, inspite of several

interventions and commitments of the Centre and of USAID and due to time constraints it was not possible in the case of Diana Silimperi to apply the above rule. The Commitee regrets this situation and recommends that the question of tenure of seconded staff be placed before the forthcoming Donors' meeting on June 27th and that the Centre makes proposals for consideration at the November Board meeting on how to ensure in future compliance with the rule mentioned above so that all staff members paid by the Centre would be paid following the same scale.

- Epidemiologist (JHU)

Dr. Gary Hlady is expected to join the Centre in late summer. His terms will be similar to those of Dr. Brad Kay.

The following positions have been filled:

- Head, Child Health Programme (DANIDA):
  Dr. Poul-Eric Lund Kofod (late 87)

- Biologist-Laboratory Division (Belgium Govt. development Corporation) :
  Dr. Albert Felzenstein (April 87)

- Physician, Dhaka Hospital (BADC):
  Dr. Carine Lenders (May 87)

- Physician, Dhaka Hospital (BADC):
  Dr. Carine Ronsmans (Fall 87)

The following posts could not yet be filled:

- Paediatric Infectious Disease Physician (Harvard)

- Chief Finance Officer (WUSC)
- Grants Administrator (WUSC)
- MCH-FP Trainer - Matlab (WUSC)
- MCH-FP - Extension Projects (WUSC)

The four WUSC positions depends on the final decision of CIDA to make the necessary contribution. Since the Chief Finance Officer post is crucial for the Centre and given the departure of the current incumbent at the end of July, the Committee suggests that the Centre seek to be informed on the state of the affairs with CIDA. If no WUSC candidate can be offered within the coming months, the post of Chief Finance Officer should be advertised without delay at a higher National Officer Level.

3.4 New Staff Positions

In view of the necessity to strengthen the capacities of the Centre and inspite of the financial implications, the Committee approves the proposal by the Programme Committee to create two new positions:

- Head, Child Health Department.
- Head, Clinical Research Department.

4. Renewal of Contracts of International Level Staff after the First 3 Years

4.1 Evaluation

The practice followed in the past to have the staff members at international level evaluated by an external review (including Board Members) proved to be

ineffective and non-workable. The Committee however feels all international staff members should be reviewed before having their contract renewed. The review should comprise professional aspects of the past work as well as leadership qualities and ability to ensure the management of the Division, Department or Project and prospects for the future work.

The Committee therefore recommends that the Centre be requested to make proposals for consideration by the Board at its November 1987 meeting for the evaluation of the staff members at international level for the decision of renewal or not of the contract after the first 3 years.

4.2 Head, Population Science Division

It was brought to the attention of the Committee that Dr. Badrud Duza, whose contract for the first 3-year term ends March 1988 has been offered an interesting long term post in Bangladesh.

He is ready to turn down this offer if he has the assurance that his current contract will be renewed for another 3 years in March 1988. In his assessment of Dr. Badrud Duza's past and possible future contribution the Director stressed that Dr. Badrud Duza's capacities in his field are widely recognized, his commitment to

the Centre's need, both in matters concerning management and science is concerned, is striking and that the reorganization of the Division is well advanced.

In view of this situation the Committee proposes that Dr. Badrud Duza be evaluated within the coming 6 weeks by a team of 2 independent evaluators and two of the Board Members who volunteer. Taking into account this evaluation and with the approval of the Chairman of the Board and of the Chairman of the Personnel and Selection Committee, the Director is then authorized to give Dr. Badrud Duza the assurance that his contract will be renewed for 3 years in March 1988.

5. Compensation and responsibility of the Principal Investigator regarding Project Funds

Some decisions taken during the recruitment procedure made the Committee aware of the unsolved problem of the responsibility and accountability of the Principal Investigator in the management of the project fund and the competence of the Director in this matter. The Committee suggests that the Chairman of the Board examines the question with the Director and that a short position paper be prepared for the forthcoming Board Meeting.

7a/BT/JUNE.87

PERSONNEL STRUCTURE COMMITTEE REPORT

SUMMARY OF THE DELIBERATIONS OF THE PERSONNEL STRUCTURE COMMITTEE

The Personnel Structure Committee, set up in light of Resolution 10 of the November 1985 Board of Trustees Meeting, reviewed the Terms of Reference prescribed therein. They are as follows:

(1) Review the personnel structure, recruitment and promotion systems, and salary scales for all staff of the Centre and comment on their appropriateness and suitability in light of the aims and objectives of the Centre, and having full regard to the context of the Centre within Bangladesh.

(2) Make specific proposals for new or modified arrangements with regard to personnel structure, salary scales, recruitment, promotion, career development, staffing pattern and balance of nationalities, again having full regard to the objectives of the Centre and the local context.

(3) Study, and visit if necessary, relevant similar research institutions in order to perform the above functions.

After discussion, Mr. Manzoor ul Karim, Secretary of Health and Family Planning, Government of Bangladesh, and the Director, ICDDR,B agreed that the following members should constitute the Committee:

1. F.H. Abed
2. M.R. Bashir (Member-Secretary)
3. I. Cornaz (Chairman - depending on her acceptance)
4. R. Dery
5. M. Badrud Duza
6. R. Eeckels (Acting Chairman)
7. K.A. Monsur
8. Syed Aminur Rahman
9. M.G.M. Rowland

Meetings of the Committee were held in the Director's Office on February 3, 10, 17, 24, March 11, 17, 23, April 8 and 12 1987. The following were the main observations and recommendations:

1. General Observations and Recommendations:

1.1 It was unanimously agreed that in the absence of Dr. Immita Cornaz, Professor R. Eeckels will be Acting Chairman of the Committee.

1.2 The Committee reviewed its terms of reference and discussed at length the background against which the Task Force was formed. They agreed the report of the Task Force was an indispensable background material and would be shared by all members of the present Committee. They then addressed the personnel and related issues of the Centre.

1.3 In November 1985, the Board of Trustees recognized that the financial crisis in ICDDR,B threatened its very existence. Some international level contracts were prematurely terminated and several other international positions collapsed or downgraded. These measures affected both expatriate and Bangladeshi staff. The termination or downgrading of international positions held by Bangladeshi staff on fixed-term contracts brought down their number from 13 in mid-1985 to 3 in late 1986.

1.4 It should further be noted that in late 1986 there were two Bangladeshis Associate Directors as compared to three in November 1985, but neither would be present today had not the Baord of Trustees rescinded their earlier decisions.

1.5 These events created considerable sensitivity among the ICDDR,B staff, other professionals and the Government of Bangladesh. Accusations of discrimination against Bangladeshis were voiced both nationally and abroad.

1.6 The Committee unanimously agreed that steps must be taken to restore confidence among the staff and engender trust and respect between the senior staff and Board of Trustees. A decision in principle by the Board of Trustees to adopt the recommendations of this committee will go a long way to restore confidence and trust within the Centre.

2. Pay Scales and Job Security

2.1 The problem of attracting qualified staff to the Centre and retaining them was discussed in light of instabilities arising out of financial uncertainties and other insecurities, problem of short-term project oriented funding, inability for ICDDR,B to cope with inflation and salary rises in the UN system and the like.

2.2 It was felt that the Centre must roughly follow the UN scales for non-international levels because this is required by the Ordinance. The Centre is generally following the UN scales for GS level. The NO level has been introduced only in some of the UN agencies in Bangladesh. It has not yet been introduced in WHO. We have flexibility at this level without violating the Ordinance, and can follow a policy realistic for the Centre.

2.3 Under the Ordinance, the Centre is not required to follow the UN system for international positions. The UN scales are roughly right, though they can not always be applied in the proper way. To avoid confusing the UN system and the ICDDR,B one, a possibility would be to drop the letter "P" and grade the international pay levels from I/1 to I/6.

2.4 The Centre should actively explore the possibility of offering better "packages" of salaries and other benefits to the staff within the budget allocations earmarked for various salary levels/steps.

2.5 Although there has been a recent reduction in staff from about 1550 to 1350 a strong policy should continue to preserve job security.

3. Balance between Core and Project funding:

It was noted that in the CGIAR centres, the Centre for Integrated Rural Development for Asia and the Pacific (CIRDAP) and in WHO TDR and CDD programmes core funding is 50% or more. By contrast, the ICDDR,B current funding is 15% core and 85% project. This unworkable situation should be highlighted to the donors.

4. International level positions:

The main difference between a post at the international level and a post at the national level should be obviously superior achievement, performance and leadership requirements.

4.1 The international level positions can be divided into two categories, the "Key posts" and "Project posts".

4.2 Key posts include the post of the Director, the division and department heads and all others essential for maintaining scientific activities and the administration of the Centre. The incumbents should be fully accountable to the Centre.

To ensure efficiency and continuity of the Centre's programmes, these posts should ideally be held for two 3-year terms and they should be filled by open international competition. When a post is advertised the incumbent will be eligible to compete for reappointment. For cost considerations the salary levels at ICDDR,B should be kept within reasonable limits. Currently, these international level positions are filled up to P6 for divisional heads and up to P4 for departmental heads.

If a key post is to be funded by a donor or from project funds, the Centre should retain full authority for making the final selection and appointment. The appointee would be fully accountable to the Centre.

As the Centre is currently structured the minimum number of key posts at the international level is 20.

4.3 Project posts are created according to needs and terminate at the end of the project. The Centre should have a decisive say in the recruitment for these positions, including seconded personnel. Persons holding project posts should be fully accountable to the Centre.

Project positions would be additional to key posts.

5. Six-year Rule:

5.1 The 6-year rule as defined by the Board of Trustees should be interpreted as follows:

This rule provides for a review of the performance of the staff member after the first three-year contract on mutual consent; after six years the position must be re-advertised but the staff member would be eligible to re-apply for the position through open competition. If successful, the second six-year cycle would begin. The two year bar for re-applying should be rescinded.

would begin. The two year bar for re-applying should be rescinded.

6. Career Structure for National Officer professional staff

6.1 It was strongly felt that in order to attract and retain high quality national staff a suitable career ladder and prospects of advancement must exist at the Centre. Non-internatinal staff at the Centre, upon completion of specified requirements, should be given tenure positions. Thus:

i) Staff holding fixed-term appointments, if renewed after a specified period (perhaps six years), will normally be granted tenure.

ii) In the scientific and medical career ladder, positions at NOD and above will be tenured.

6.2 The Committee agreed on the principles of evaluation and reclassification of the scientific and medical staff. The framework is set out in Appendix I. To assist in implementation of the above some guidelines have been drawn in Appendix II.

A similar exercise should be undertaken for scientific support and administrative staff.

6.3 Estimated average cost of reclassifying existing scientific and medical positions was approximately Tk. 20,000 per person annually. The Committee felt that this was within the financial means of the Centre.

6.4 The Committee agreed to the need for standardization of the various titles, which should reflect their level and function. Titles for hypothetical positions should not be created.

6.5 A Committee was formed for reviewing and reclassifying, when necessary the current scientific, medical and administrative professional staff. The members comprised:

- Director
- Dr. K.A. Monsur, Member, Board of Trustees
- Dr. A.N. Alam, Head, Dhaka Hospital
- All Associate Directors
- Chief Personnel Officer.

Note: (A draft summary of deliberations of the Personnel Structure Committee was discussed in a meeting on 23rd March with Dr. Immita Cornaz in the chair. It was agreed that it whould, with some redrafting, be finalized for presentation to Mr. Manzoor ul Karim and the Board.)

DISTRIBUTION: F.H. ABED, M.R. BASHIR, I. CORNAZ, R. DERY, M. BADRUD DUZA. R. EECKELS, K.A. MONSUR, KAZI GOLAM RAHMAN, M.G.M. ROWLAND.

Appendix I

RANKING NATIONAL STAFF

1. These criteria are intended as guidelines to enable the ICDDR,B to recruit/classify and promote personnel in an uniform, objective and equitable way.

2. Other criteria including varying degrees of responsibility, quality of performance and competetive "market value" must also be taken into account when interpreting these guidelines.

3. Some of these minimum requirements may be waived in exceptional cases when assigning the grade level. Step adjustments within a grade may be offered to deserving candidates.

SCIENTIFIC & MEDICAL NATIONAL STAFF

PAY LEVEL	SCIENTIFIC	MEDICAL
NOA	Research Fellow	Medical Officer
	A. i) Masters degree OR MBBS* (or equivalent) WITH ii) Outstanding academic record	A. i) MBBS (or equivalent) AND ii) for clinical post: 1 year post-qualification internship leading to full registration OR iii) for non-clinical post: 3 years postgraduate experience and 1 year training
NOB	Assistant Scientist	Senior Medical Officer II
	A. i) Masters degree OR MBBS (or equivalent) WITH ii) 4 years research experience AND iii) Demonstrated growth potential including one research publication in a professional journal as first author OR B. Recent PhD with good dissertation research	A. i) MBBS (or equivalent) AND ii) 4 years post-qualification experience B. i) ICDDR,B Medical Officer WITH ii) 3 years outstanding performance at NOA

* Medical graduate may enter two steps higher than others.

PAY LEVEL	SCIENTIFIC	MEDICAL
NOC	Associate Scientist	Senior Medical Officer I
	A. i) Doctoral degree	A. i) MBBS
	WITH	WITH
	ii) 4 years additional research experience	ii) a postgraduate degree
	AND	AND
	iii) 2 research publications in international journals as first author	iii) 8 years post-qualification experience
	OR	OR
	B. i) Advanced Masters degree	B. i) ICDDR,B Senior Medical Officer II
	WITH	WITH
	ii) 8 years research experience	ii) 4 years outstanding performance at NOB
	AND	
	iii) 2 research publications in international journals as first author	
	OR	
	C. An MBBS or ICDDR,B staff, without the above academic qualifications but with 5 research publications in international journals as first author	

T E N U R E

PAY LEVEL	SCIENTIFIC	MEDICAL
NOD	Scientist	Senior Medical Officer - special grade
	A. i) Doctoral degree WITH ii) 6 years postdoctoral experience AND iii) Scientific achievement including 5 research publications in international journals as first author OR B. i) MBBS WITH ii) Good post-graduate degree or advanced diploma in an appropriate speciality AND iii) As above	This grade may be awarded to senior Medical Officer at NOC with outstanding medical, public health or clinical laboratory skills and leadership qualities
NOE	Senior Scientist	
	This grade may be awarded to an NOD Scientist with sustained scientific achievement and an exceptional publication record.	

PAY LEVEL	SCIENTIFIC	MEDICAL
NOF	Senior Scientist - Special Grade	
	A. i) 5 years as Senior Scientist AND ii) Outstanding achievement and leadership including guidance of junior scientific staff resulting in demonstrable career development	

Appendix II

Principles of the Scientific Ranking policy for key positions:

General outline of the criteria to be taken into account.

1. Define the duties and functions of each key post (or group of posts). The qualifications, experience and performance level required should be clearly identified and match with the job requirements. The research capability, technical skill and/or depth of knowledge should be clearly identified.

2. The ranking should be determined taking into account:

   i) The education level, duration, intensity of training, intelligence and intellectual effort necessary to achieve the required level of performance, skill and depth of knowledge.

   ii) The availability and market demand for such persons.

   iii) The prospect of promotion in the Centre. If limited, this may be to be compensated by a higher initial grade.

   iv) While the clinical positions for medical doctors would normally be upto a maximum of NOD level, those fulfilling the research and other requirements may be considered for higher NO level positions on the scientific career ladder.

3. In assessing the research capability the quality, rather than the number of publications, should receive the preference.

4. While selecting a scientist (medical or non-medical), other qualifications remaining the same, one who can develop new technology, necessary but not possessed by the Centre, should receive a preference.

5. The duration of experience given under selection criteria for each individual post should be considered as a general guideline and only indicates the expected time normally felt to be necessary before climbing to the next high postion. But, if an applicant can prove to the satisfaction of the selection authority that he has acquired the necessary skill and ability to reach the next higher position in a shorter time, it indicates that the applicant has an exceptionally higher potentiality and,

therfore, this should be considered not as a a bar but as an additional point in favour of the applicant. Similarly the fact that the applicant has served in a particular position for a fixed number of years should not automatically qualify him for the next higher position.

For Selection:

1. For all senior positions (NO and upwards) selection should be based on open competition and not restricted to the Centre's staff only. All scientific staff of the Centre with the minimum qualifications will be eligible for consideration for the selection.

2. For international positions for departmental level and downwards preference should be given to those who are likely to continue in the Centre for a longer period and are not expected to leave the Centre after a few years.

PERSONNEL CONSULTANTS' REPORTS

C O N S U L T A N C Y R E P O R T

International Centre for Diarrhoeal Disease Research, Bangladesh

March 18 - 31, 1987

G. Rahn

R.J. Hiscock

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I. INTRODUCTION

1. This review was undertaken during the period 18-31 March, 1987 at the request of the ICDDR,B to the Headquarters of the United Nations Development Programme for the purpose of reviewing a number of personnel and management problems which have been presenting some difficulties, Among these issues were the pattern of employment in the Centre, types of posts, relationship of the Centre to the WHO or the UN system and the need for improving career opportunities for Bangladeshi scientists. The two Consultants selected for the study had already examined some aspects of the issues identified above during a short consultancy during May 1986. The report issued at that time continues to have relevance to the problems faced by the Centre at this time. Action has been taken on some of the recommendations contained in the earlier report whereas some of the more complex problems faced by the Centre are as yet unresolved.

2. Terms of reference were given to the consultants upon arrival in the form of extracts mainly from Board Minutes and decisions and by discussion with the Director of the Centre.

II. SUMMARY OF SELECTED BASIC ISSUES

3. A summary of selected key points is provided as a focus on conspicuous problem areas of the Centre.

a. The Centre, although founded on the basis of a national Ordinance is an international organization (Article 3(3)). As such it must have positions in its staffing which are national and which are international.

b. Persons in international positions whether nationals of Bangladesh or expatriates shall receive the same privileges and salaries for equivalent positions (Article 14(1)). The salary levels should be high enough to attract scientists of renown who are outstanding in the international scientific community.

c. Persons in national positions shall receive salaries and emoluments comparable to those paid by the United Nations (Article 14(2)). Higher salaries may be required than those paid at the highest National Officer level in UN organizations. The level of salaries for any grade level above NO-D should be based on local comparators as are those of NO-A to NO-D.

d. An organization if it is to be international must have internationals on its staff, otherwise it is or becomes national. It will cease to be international if it has an undue number of staff from any single country. The Board needs to keep this in mind when selecting staff. The options in coping with this issue are to:

1. develop guidelines or decide on quotas
2. determine a maximum percentage as a ceiling above which representation for any country should not arise
3. select the best qualified candidate but keep nationality representation in mind

e. It is essential to assure that the international character of the Centre is maintained. This implies the need for representation from numerous countries but also the avoidance of excessive representation from any one country. For this purpose it is considered that as a general guide a ceiling on the representation of any country should be fixed at 25%.

f. Positions should be identified as international on the basis of need to recruit globally taking into account the financial situation of the Centre since international positions are very costly.

g. International positions must be advertised open to recruitment internationally which means globally. Therefore, salaries must be sufficiently high to enable recruitment on a global basis. It is considered that this should be the UN scale until such time as this is and needs to be changed.

h. General salary levels should be fixed on the basis of normal requirements high enough to achieve and maintain excellence on a global basis. When highly unusual situations arise exceptions should be made in determining salary levels. For this purpose a special contract or special service agreement should be used with provisions fully spelled out in the document. Normal regulations would not then apply and it should not serve as a precedent.

i. Once staffing requirements have been determined, a staffing table should be drawn up for the Centre. Even though it is assumed that the posts are required on a continuing basis, for budgetary reasons appointments should be limited to a fixed term. Appointments should be subject to renewal or extension as the Board decides. When new projects are approved financial provisions and staffing requirements should be drawn up.

j. Appointments should be made at any step rate within the salary range as necessary to meet recruitment requirements.

k. The rules and regulations of WHO which have been revised slightly and promulgated to govern personnel policies and procedures in ICDDR,B are unnecessarily comprehensive and complex. A simple document outlining the procedures to be applied by the Centre in place of the above would be preferable.

l. Despite weaknesses in the present arrangements an abrupt change from the WHO/UN system to a completely different system is not considered to be desirable at this time.

m. The centre may find it advisable to stay on the UN model to the extent it is feasible but make changes where other organizations have practices which are preferable but ensure that there is a solid basis in the practices of other organization before making changes.

For this purpose a study of the practices of other organizations such as the following would be desirable in an

attempt to find a basis for changing elements of current practices:

Selected CGIAR Centres, (e.g. ICRISAT, ILCA and ICARDA)
INCAP, Guatemala
The Interim Committee for the Development of the Mekong River Basin, Bangkok,
Desert Locust Control Organization for East Africa, Addis Ababa,
Network of Agriculture Centres in Asia (NACA), Bangkok which has a lead centre in Bangladesh.

None of the above could serve as a perfect nor as a complete model which would permit the adoption of all its employment provisions. A visit to several CGIAR Centres, is required to determine the extent to which upper levels of ICDDR,B salaries need to be increased. Specific information on salaries for senior scientists at CGIAR Centres is not yet available. The other organizations listed above which have leaner budgets but may be able to provide guidance on coping with staff relations problems resulting from differences between salaries of national and international professional positions.

n. The manner of implementation of whatever system is decided upon by the ICDDR,B may be just as important as the system itself. Discretion and good judgement in the application of any system agreed upon is necessary regardless of which one is selected. The potential of the system in current use has not been realized.

o. The personnel servicing function of the Centre needs strengthening which should be provided by training of the staff and a change in attitude and in concept. The primary functions of personnel staff are to provide services, advice and guidance to the supervisors and managers in the substantive and operating areas.

p. Much of the Director's time is now devoted to sensitive issues in Personnel and to numerous knotty issues and problems related to Administration, Budget and Finance. This deprives him of sufficient time for overall management and the scientific programme projects and activities of the Centre. There is need for two international positions, one for Administration and Finance and one for Personnel, if the Centre is to function as an international organization.

q. In order to align career advancement and promotion practices more closely with academic institutions it may be desirable to adopt a policy of "linked grades" as well as enabling the filling

of posts at one of three levels, grade of post and one below and one above - in line with the UNDP practice in staffing its offices.

B. Determining Whether Posts Should be National or International

13. The Ordinance does not clarify the terms "International Level Post" nor "International Officer". There is a reference to international level positions in Article 14(1) and the specification that if Bangladesh nationals are appointed to international level posts they will be paid the same salaries.

Similarly in respect to expatriate international staff, Article 21(2) specifies that the exemption from payment of income tax on salary will be conditional upon whether the staff member concerned is also exempt from payment of income tax in his country of domicile or permanent residence.

14. The Staff Rules under Section 3-310 provide two partially relevant definitions as follows:

310.3 "Internationally recruited staff members" for purpose of determining entitlements under the Rules except as otherwise specified are defined as staff members whose last or permanent area of residence is not the country of their place of duty.

310.5 "International level staff" for determining entitlements under the Rules are all professional staff appointed by the ICDDR,B.

The above Staff Rule 310.5 is incorrect and should be amended as National Officers are also professional staff.

15. The Centre has major problems some of which are attributed to the question of whether professional level posts should be "international level positions" as referred to in the Ordinance. It appears that the current practice has been and continues to be that decisions on whether to fill such posts are for the Director and the Board to decide on the candidate in each case rather than operating on a pre-determined guideline. No one is likely to question the essential need to have local national scientists at Associate Director level. The entitlement to "receive the same privileges and salaries for equivalent positions" is neither questioned nor challenged. It is clear that the aspirations of local nationals for appointments to international level positions are high. It is equally clear that it will not be possible to award such appointments to most Bangladeshi scientists in senior positions because of the financial position of the Centre. This indicates that it would be highly desirable for the purpose of improving staff morale to create a situation under which it would be understood and hopefully accepted that the determinations on who are appointed to "international level positions" were completely objective. In view of the variables which must be taken into account the

guidelines and the emphasis to be placed on each essential consideration is not easy and inevitably a high degree of judgement would still have to be exercised in their application. The question whether it would be worthwhile if the Centre could function more effectively if it had such guidelines may be worthy of consideration.

16. Although no establishment table exists designating international level positions there has been some reduction for budgetary reasons in the number of professional type posts in ICDRR,B which were heretofore filled by international appointments. For budgetary reasons it is considered essential in the context of this review to attempt to define the concept of an "international level positions"in order to remove any wrong conception arising in the management and operation of the Centre.

17. The primary objectives of the Centre have a scientific and medical research orientation and of necessity require the occupants of the senior level posts in the four technical divisions to have acquired the requisite training and continuing experience in a world renowned scientific laboratory, hospital or medical institution where the cutting edge of new developments in a particular speciality related to the work of the Centre is present.

18. The senior posts in finance, administration and personnel require both qualifications and experience that are normally gained in working in national or international organizations or institutes permitting a broader perspective and the usage of current relevant methodology.

19. The need for designating specialised posts such as computer specialists as international posts will depend largely on the state of the art and the availability of trained and competent personnel in the host country.

20. It is suggested for Board consideration that the terms "international level posts" could be described as posts the qualifications of which are such as to require a search for candidates on a global basis which would of course include Bangladesh. The global search is necessary in order to attract staff possessing the highest qualifications, relevant experience and competence to ensure the provision of necessary scientific or technical expertise and innovation that is required for a Centre speciality as well as for the guidance and direction of subordinate staff. It should be clearly understood that the filling of international posts would not carry any tenure concept because of the absolute necessity to have periodic inputs of the latest research developments, technologies and ideas.

C. The Search for a Model

21. The provisions of the Ordinance do not point toward any particular organization which might serve as a model on which to pattern the policies and practices of the Centre. It is apparent that WHO, perhaps because of its responsibilities and activities in public health, has been considered by the Board and others to be the most suitable model. The rules and regulations of WHO which has a Headquarters and regional structure and with substantial delegation of authority and responsibilities to its regional offices, supplemented by a large number of country offices, are however, not easily adaptable to a much smaller organization with a mission that is far more limited than the global one of WHO. Although research activities do exist in UN organizations they are not predominant and are much more characteristic of ICDDR,B than any UN organization.

22. WHO, similar to other Specialized Agencies of the UN system, operates with a regular programme budget, with an obligation by each member state to pay a predetermined portion of the regular budget. This provides for reasonably assured financial resources for the basic structure and establishment of the organization. In addition WHO like other UN organizations has arrangements for voluntary funding for projects and other activities. The proportion of the regular budget paid by each member state is determined by a formula based on a combination of factors including GNP and population. The same formula in turn serves as a guide to the number and to some extent the level of professional posts by which a member state may be represented. Some UN organizations and activities are also dependent upon voluntary funding, viz., UNDP, United Nations Fund for Population Activities, World Food Programme, UNICEF and UNHCR. The references above to regular programme and to the national or geographic representation formula do not apply to these organizations and activities. By contrast the Centre is dependent upon voluntary funding and its existence based on a national Ordinance but with the Director, membership of specified governments and international organizations represented on its Board. The Ordinance makes reference to international level positions but leaves it to the Board to define the character. competence and nationality of those appointed to fill them. The Ordinance recognizes the autonomous nature of the Centre.

23. In this report the term international level positions is interpreted to identify those positions which for the most part must be filled by expatriates. The most important reason for providing for "international level positions" in the Ordinance would seem to be that it was assumed that it would be necessary for the Centre to attract inividuals for some posts for the reason that the skill levels for such professional or technical specializations might not be available in the host

country. According to the Ordinance that did not exclude Bangladeshi nationals from being selected for such positions. It is further assumed that financial prudence dictates that the number of international level positions should be kept to a minimum. Experience of the Centre confirms that this has been essential and this has been done.

24. In the absence of a more detailed review it is not possible to determine with any degree of precision the adequacy of the UN professional salary levels for ICDDR,B international level positions. While conclusive evidence is lacking, there are indications that the level of UN salaries may not be adequate for all posts at the Centre. This may be a temporary phenomenon due to the value of the US dollar in relation to European currencies. The UN salary scale for professional posts has had no basic adjustment for more than five years. Furthermore, research posts at the Centre in highly specialized areas are not characteristic of typical posts in the United Nations and its Specialized Agencies. It is important to note that salary scales for support or General Service Staff and for National Officers are updated periodically and no such problem should exist. In fact, a local comprehensive salary survey to update the United Nations scales is about to be undertaken in Dhaka shortly.

25. The rules and regulations of the WHO and other organizations of the UN system have been prepared with much larger and more complex organizations in mind. This calls into question their appropriateness for application to the Centre. It is for this reason that the search for a model has been extended to other organizations such as the CGIAR centres, INCAP, etc. It is not likely that any organization can be found that could serve as a perfect model on which to base personnel policies and practices. The 13 CGIAR centres as a whole cannot be taken as a model. Each of the centres is different from the others - on the basis of each having a distinctly different mission; each formed at a different time and somewhat influenced by the fact that it operates in a different country with a different cultural environment. The fact that there is far greater assurance of continued and longer-term funding is common to all of the Centres. This places all of the centres in a very different and a more secure position than that of the ICDDR,B. INCAP differs from the CGIAR Centres in that it is regional in character with recruitment restricted largely to the countries of the region. By contrast the ICDDR,B although formed by a national Ordinance is international in character with a mission that extends beyond country and regional boundaries.

It is considered, however, that it may be useful to obtain information from these Centres on salary levels for senior scientists.

D. The Need for a Complete and Integrated Personnel Programme

26. The Centre has taken determined steps in response to the identification in the Task Force Report and the earlier Rahn/Hiscock Report of certain aspects of personnel management requiring improvement.

27. The emphasis is on improving career development and, more specifically promotion prospects directed primarily at local scientists and then broadened to deal with other groups as well. It must be stressed that without wishing to denigrate the action undertaken it is important to take an integrated approach in order to correct apparent deficiencies and to ensure that all elements and sub-elements are dealt with in the right order of priority. The first priority should be that the basic structure of the Organization including the distribution of functions and the job structure be correct. The posts in each organizational unit must be properly classified, before a promotion review is undertaken otherwise misalignments may not be corrected and the danger exists that such misalignments may even be aggravated. Dealing with the recognition of relative qualifications of individual scientists and attempting to extend proper recognition by promoting on the basis of outstanding qualifications alone and not ensuring that more important duties and responsibilities will be carried out may not improve situations which need correction.

1. Classification Standards

28. Section 1 of the ICDDR,B Staff Rules and Regulations prescribes the administrative policies and procedures required to implement an organizational and classification plan for established posts in the Professional, National Officer and General Service categories for which budgetary funding exists.

29. The Centre has not applied a classification system in an organized or very effective manner. Any classification system should be a tool of management and not be considered an end in itself. Accordingly, good judgement and discretion should not be put aside. However, the classification system should be applied by reference to meaningful post descriptions, and job audits as required, in order to determine the grade of the post for reasons of budgetary and staffing purposes.

a. International Professional Posts

30. The concept of using the Master Standard for Job Classification, developed by the ICSC for the grading of Professional staff in all UN Organizations, has been incorporated

in Staff Rule 70 for the purposes of evaluating the correct grading of existing international posts being added to the ICDDR,B establishment.

However it would seem that posts are classified by methods other than the use of the Master Standard specified in SR 70, such as project money availability and assumed internal relativities. To some extent the non-use of the Master Standard is related to the absence of any classifiers trained in the its use and also to the prerequisite for the existence of meaningful job descriptions with appropriate job titles.

As soon as trained personnel are available it is proposed that the Master Standard, now amended to reflect "Publications Written Credit", be used for all international posts and also for local National Officer posts having a professional job content.

b. National Officer Posts

31. Action has been taken to add grade levels NO-E and NO-F to the range of NO-A to NO-D which were already in existence in the UN salary scale for Dhaka thus having six NO grade levels. Salary levels were projected upward from NO-D to establish rates for NO-E by making use of the UN salary scale for New Delhi. Apparently the level of salaries for NO-F was established purely on the basis of projection since such a grade does not exist anywhere. The use of the salary scales of another country to adjust the scale for Dhaka must be questioned. The salary rates for NO-A to NO-D are established on the basis of comparable positions and salaries in Dhaka and for the sake of consistency in the construction of the scale the same basis should be used for establishing the salary scales for any additional grade levels.

32. A more basic point is the addition of the two grade levels, per se. The level of the duties and responsibilities of NO-F would have to be at the same level as L-6 or D-1, the level of the Associate Director posts. The possibility of an individual post in the fields of work of the Centre at such a level without the assignment of management responsibilties need not be nor excluded, but this does not seem to have been the pattern of operation at the Centre heretofore.

33. It is proposed that an attempt be made, even on an informal basis to collect information in connection with the UN local salary survey to be undertaken in April 1987 in order to have a basis for establishing the of salary rates of Grades E and F.

An underlying problem for the two additional grades of E and F is the question whether there are six identifiable levels of work. If such identification is not possible these grades would only be useful as personal grades which would be unfortunate.

c. General Service Posts

34. No classification of General Service posts is effectively carried out. GS posts in the Centre corresponding to the identical fields of work (clerk, secretary typist, watchman, messenger) in the local six level grading scale are simply adopted by job title without any attempt to ascertain whether the job content and grade levels are consistent with the local scale used.

The development of meaningful post descriptions is again important and can be used by a job classifier to measure against a General Service standard containing both factor points and benchmark descriptions such as is being developed in the UN system for field duty stations of comparable size to the Centre in Dhaka and could be considered for Centre use.

d. Post Titles

35. As indicated in the earlier Rahn/Hiscock report in reviewing the use of job titles, it would appear that an unnecessary proliferation of job titles has occurred over the years in ICDDR,B, without taking account of the occupational groupings.

Some progress is apparently being made in a more rational utilisation of post titles, that have primarily evolved in a spasmodic and uncoordinated basis, often without any review of job content at the time of title change.

36. In the National Officer range of posts in the administrative fields, it would seem that inappropriate titles have on occasion been introduced particularly in the Personnel area such as Manager Local Personnel and Manager International Personnel where such titles imply, and at times carry, greater authority than intended, sometimes through improper delegation or lack of supervisory monitoring. In the two particular cases mentioned the use of the title "Personnel Officer" rather than Manager, Local Personnel and Manager, International Personnel would be more appropriate and meaningful in the operation of the Centre because the true supervisory responsibility lies with the Supervisor and not the Personnel Officer.

2. Salaries and Allowances

37. Salaries and allowances paid in the ICDDR,B are now related to different scales than those established for the International, National Officer and General Service categories in UN organizations and in all cases the Centre has no positive input in the conduct of the survey and the revision or extension of these scales covering both salaries and allowances.

a. International Positions

38. As WHO is the model followed, the UN professional level scales P1 and upwards are the ones used in the filling of all professional posts on an internationally advertised basis. Full observance of the prescribed scales was modified by a 10% voluntary reduction in 1986 arising from the unsatisfactory financial position faced by the Centre.

Unless a changed structure concept, as covered in paras 21-25 is adopted, which would not automatically follow the UN system in totality as a model, it will not be possible for the Centre to devise professional and possibly integrated salary scales that would be better suited to the ICDDR,B operations in Dhaka.

b. National Officer Positions

39. The salary scales for National Officer posts levels A to D are based on the local UNDP and UNICEF scales developed for Dhaka but the Centre is currently paying salaries at a lower rate than that prescribed in the UN scale. Furthermore since June 1986 the Centre has introduced two further levels of the National Officer Scale (E & F) based upon New Delhi and not the UN Dhaka practice but has in fact constructed its own incremental scale within each range level so that comparison with the local UN scales is again distorted.

40. The problem of relative salary levels of National Officers engaged in medical, scientific and technical activities as against those in administrative work in the Centre is of concern. Despite the relatively low level of salaries for medical and scientific fields of work in the Government departments, a favourable differential over salary levels in the Centre for administrative work should be provided and efforts to have the UN salary survey add benchmark job descriptions in these fields of work would be helpful.

c. General Service Positions

41. The Centre uses the scale developed by the various UN organizations in Dhaka which employ local General Services support staff for their offices. A six-level salary scale has been developed in Bangladesh, prescribing the appropriate grade titles and salary rates for the different job categories such as driver, cleaner, clerk, typist, and secretary. The actual salary scales, as in the case of NO salary scale, result from a survey of salary levels of comparable employers in Dhaka (i.e. commercial companies, consulates, airlines) to enable competitive recruitment and retention of the required skilled support staff. These local salary scales are updated periodically and are promulgated by the leading UN agency in the duty station which in the case of Dhaka is UNICEF.

3. Recruitment & Geographical Distribution

42. Effective recruitment requires that accurate position descriptions are prepared accompanied by comprehensive and realistic qualifications requirements which must relate directly to the activities and functions to be performed.

43. In the Centre where for statutory, operational and financial reasons there are positions of more than one kind at the professional level, the employment terms should be defined clearly. If the post is international, recruitment should be on a global basis to permit qualified candidates in the international community to apply. Conditions of service should then be offered to the selected candidate in accordance with the terms as advertised and as specified in the rules and regulations of the Centre. Matters such as travel, and other conditions relating to expatriation or place of residence will of necessity differ from one case to another.

44. International organizations tend to be far more rigid in the application of rules and regulations for staffing posts in the headquarters or regional establishments than in staffing project activities since the latter are oriented toward more immediate goals and the need for flexibility is far greater in every respect. As one obvious example, the duration of appointments both national and international should be for the duration of the project with no entitlement to other employment with the Centre. This does not exclude honouring any commitment the staff members may have that is connected with any other previous employment at the Centre.

45. The emphasis on effective job descriptions and clear specification and evaluation of qualification requirements pertinent to the positions to be filled are equally applicable to General Service staff and all other categories of staff.

46. The issue of tenure is touched upon in connection with other issues in this report but needs to be stressed here. In United Nations organizations and elsewhere there is a move away from rather than expanding the extension of tenure. This is especially true of organizations which lack the assurance of continued funding since such organizations need to be able to contract when a period of financial stringency needs to be dealt with. It also permits the non-renewal of appointments if the mission or programme of the organization changes and also if the unfortunate event of less than satisfactory performance should occur.

47. The issue of national and international posts and the recruitment principles to be followed in filling them deserves examination from several different perspectives, and are dealt with in different ways by different organizations. Every government with representation abroad faces this problem, most conspicuously in their ministries of foreign affairs. Officials of these ministries have their compensation in the form of salaries and allowances governed by one set of conditions when posted abroad and by other conditions when repatriated to their home countries. Other ministries of governments such as Commerce, Labour or Agriculture which at times post people abroad have similar or identical arrangements for their officials.

48. The policies and practices of international and regional organizations which are required to recruit their staff on a global or a regional basis are not completely consistent. In the United Nations the general principle is that officials are not posted to work in their own countries. Exceptions to this practice occur in the case of Headquarters and regional offices which are funded on the basis of assessed contributions,giving the member nations what is tantamount to a claim to representation, i.e. a country should basically be represented on the staff of the Headquarters or regional office in proportion to the financial contribution of the country. Several UN organizations which are dependant upon voluntary contributions rather than assessed contributions, contend with the problem of representation on a less formal basis but the issue of donor representation is not neglected.

49. Other organizations with global or regional missions deal with the problem on the basis of various principles. Some especially those with special responsibilities for research activities tend to place less emphasis on country of origin, attempting to recruit the best qualified scientists and researchers in the world regardless of origin by country or region. The above tends to be largely characteristic of a number of the CGIAR Centres. Some regional organizations are forced to operate on very lean budgets since they are largely dependent upon the member countries for their funding, at least for the maintenance of the Headquarters facilities and establishment. e.g., one of these to the Desert Locust Control Organization for East Africa in Addis Ababa. The Council decides on national representation guided by level of contribution and the availability of various technical specializations in the respective countries. External funding is invited, and a number of positions are filled by expatriates, sometimes assigned and paid for by donors, both governmental and other institutions. Another regional organization funded in part by member nations which may have problems similar to those of ICDDR,B is the Mekong Committee in Bangkok. Each member country is represented at the senior level by at least one staff member while most other positions are filled largely by nationals of member countries

with more generous allowances for officers not serving in their own countries. The general policy is that the use of the UN professional salary scale is limited to expatriates recruited on a global basis.

50. The Network of Agriculture Centres in Asia (NACA) is now a project executed by FAO and funded by UNDP, but action is underway which is expected to lead to establishing NACA as an inter-governmental organization. It has "lead centres" in four countries including one in Bangladesh which are funded by the host country. Funding from external sources supplements the funding provided by member governments. Salary levels at Headquarters are expected to be regional, to be patterned after those of other regional organizations such as the Mekong Committee while salaries of nationals serving in their own countries would have salaries determined by the government in which the offices and centres are located.

51. Very profound, deep-seated and complex problems surround each of the above issues and it is not surprising that clear-cut guidelines and determinations which might possibly have resolved these issues and put them to rest have not been developed and implemented. Resolution of problem areas have tended to be complicated and exacerbated by funding difficulties which is inevitable, especially when an organization is dependent upon voluntary funding during a period of financial stress. Solutions to problems usually place even greater financial burdens on an organization. The Centre is far from being an exception to this dilemma.

52. The criteria that need to be considered and applied to determine whether posts should be filled by means of recruitment within Bangladesh or from abroad should be dependent upon where the skill levels in the subject matter specialization are best represented. The Centre must be in the forefront of technological and scientific developments in order to achieve necessary break-throughs. The actual nationality of the individual is not the important element, it is the actual expertise or proven experience required and at the time of selection the achievements of the individual. The requirements of the Centre rather than the desires or aspirations of individuals seeking advancement or employment must be governing in the recruitment and selection processes. It follows that if the Centre through its achievements is not recognized to be at or near the cutting edge of scientific advancements the scientific community, which is not limited to national boundaries but is global in nature, and donor governments and organizations will hardly be sympathetic to making resources both human and financial available to support the Centre and to staff and fund its projects. At the same time the requirements of the host government cannot be ignored. Furthermore, if the Centre is to have the character of an international organization, over

emphasis on any single nationality or region in its key staff must be avoided.

National Representation

53. It is apparent that in ICDDR,B the issue of national representation looms large in its array of problems, especially at the time of the review of candidates for filling an international position.

The problem seems far more acute in ICDDR,B than in UN organizations perhaps because predetermined criteria have not been developed and adopted.

54. The United Nations at its founding faced the same problem and with a number of compromises developed arrangements which enable it to function without undue controversy on the matter of national representation. The criteria entering into the determination are designed to

(a) achieve universality by providing that each member nation be entitled to at least one post, regardless of the amount or proportion of the contribution;

(b) limit a country's claim to positions by the level of their financial contribution to the regular programme budget;

(c) avoid preponderant representation of any one country by agreement that the largest contributing country which was initially paying one third of the budget would be considered as equitably represented if 25% (somewhat lower in some organizations) of the staff were filled by their nationals.

(d) ensure as an overriding continuing consideration that the best qualified candidate be given preference in the selection process.

55. UN organizations with a regular programme budget usually have other sources of funding to which the UN formula is not applied but similar criteria are observed to determine representation. Similarly, UN organizations which depend upon voluntary funding do not operate on the basis of the UN formula but tend to apply generally the same or similar criteria to ensuring equitable representation of the major contributors and sufficient representation of recipient countries to assure recognition of their interests but always keeping in mind the need to ensure the selection of staff of the highest calibre. In all cases the grade level of the post figures in the formula and guidelines as well as in the selection.

56. It may well that the Centre has taken cognizance of the elements which form the basis of basis of the UN geographic distribution formula but they have not been codified nor converted into a formula. The Ordinance is explicit with regard to the composition of the Board but much less so on the matter of nationality of staff. The composition of the Board does not provide a pattern for an ideal "mix" of staff by nationality. The interests of the host country need to be kept in mind and those of donor countries as well, as implied in the Ordinance.

Admittedly the UN policy and practice is not directly comparable but it does provide valuable guidance pointing toward a logical approach which might alleviate the Centre's problem to some extent. The Ordinance provides preference for nationals of the host country which is absent from the UN formula.

57. It is suggested that it would be useful for the Board of the ICDDR,B to agree on an appropriate ceiling of representation for any nationality. Such a ceiling need not be absolute but should serve as a guide to be applied with judgement and discretion with the primary criterion continuing to be the selection of the best qualified candidate.

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4. Linkage with Other Institutions

58. Linkage with other institutions involved in similar or related research activities is essential to any organization involved in research for the purpose of ensuring awareness of the most important and latest developments. This arrangement is already used by the Centre and should be encouraged. If the secondment can be accomplished with the seconded scientist remaining on the rolls of the seconding institutions and thus retain social benefits such as continued participation in the pension fund, rights of tenure and health and medical insurance it is desirable. In the event of scientists who are at very high salary levels which may be well above those of the Centre it is advantageous to have the person continue on the payroll of the seconding institution on the basis of a reimbursable loan arrangement between the two organizations. The latter approach tends to mute the comparisons of differences in salary levels and emoluments between different staff members.

59. The secondment and reimbursable loan device is in wide use in the UN and also in other international organizations involving governmental as well as numerous other organizations and has been found to be a means of attracting persons from

renowned institutions.

5 Career Development

60. Career development particularly in the local National Officer and General Services levels is a laudable initiative and a recognized keystone in modern personnel practise but in the present context must be related to two basic criteria:

a. The existence of posts which are properly graded and described posts and not simply a device for promotion based on the qualifications and experience of an individual which may possibly be unrelated to the needs of the post occupied.

b. The relationship of tenure/continuing career appointments to that of fixed term appointments.

61. Pressures for increased salary payments can arise in the following two circumstances:

i. When the post occupant reaches the top increment step of the post level occupied;

ii. When new or enhanced responsibilities and duties are assigned to the post occupant.

This second circumstance is the only valid one for some career progression and can often be met by a review and regrading of the post, which has the attribute of harmonising the respective post value with staff aspirations.

Career development must not be seen merely as giving people more money but rather as adding more responsibility to a given function so that the staff member concerned can obtain greater job satisfaction and have the opportunity to improve and expand his/her scientific skills.

62. The analogy that an Assistant Professor may be promoted to Associate Professor can be matched in the UN system where one post can be filled at three different grade levels viz., below budget level, at budget level or above budget level using the same post designation. Illustrative of such is the UNDP practice where the career prospects and salary of the individual can be improved, on demonstrated proficiency, while the budget level of the post remains unchanged. This is another viable alternative to periodic post regrading.

63. Judicious and deserving, rather than indiscriminate use of this approach to career development can be endorsed only on the underlying assumption that it is given primarily on the

basis of merit and not only to increase salaries or to reward seniority attained.

64. Within the Centre context the promoting of a NO-C level or NO-D level to an International P1 or P2 should never be construed as career development but could only be regarded as a salary bonus option. Therefore extreme care should be undertaken in first identifying which posts are required to be advertised and filled on an international basis in the Centre.

6. Performance Appraisal

65. A type of performance appraisal report for staff members is generated on two different sets of forms:

- "Performance Evaluation Report for non supervisory/non research/research - GS Levels I to IV and

- "Performance Evaluation Report for supervisory/research - GS Levels V to VI and NO-A to D.

It is a points rating system completed with or without narrative comments by the immediate supervisor and signed by the staff member without opportunity of further comments.

66. There appears to be no performance appraisal system completed for international professional staff but one apparently is under consideration by the Personnel and Selection Committee. A sample review of completed forms for the General Services and National Officer's indicated normally very favourable ratings after which the completed forms appear to be simply filed in the Personnel Office and the staff member concerned granted a further increment.

67. There is an urgent need for a satisfactory performance appraisal system. In its absence, it is impossible to consider making any effective identification of unsatisfactory, poor, average, good and superior perfomance, except for the more conspicuous cases and to take corrective personnel action..

Careful and comprehensive training of supervisors would need to be undertaken to ensure a thorough understanding of any system introduced. Acceptance by the staff in general and supervisors in particular as well as strong support from senior management, the Board and Staff Welfare Association, is a very basic requirement, if the system is to be useful. Without all of the above, the entire effort would be useless and perhaps even damaging.

7 Need for Devices to Effect Changes in the Staffing of the Centre

68. The budget of the Centre must be in harmony with the programmes of the organization. The staffing levels, in turn must be responsive to budget levels to ensure that programme objectives can be met. From this it follows that it must be possible to make adjustments in the staffing of the Centre. Experience in coping with this problem is not lacking in the Centre by means of not filling vacant posts and in a smaller number of cases by not extending or renewing fixed-term contracts.

69. Adjusting staffing is never an easy undertaking and it becomes an extremely painful process in the absence of provisions for reasonably generous termination indemnities. These may appear costly but on a long-term basis they are less costly than keeping unneeded staff on the payroll and they contribute toward making it possible to effect savings which can then be used to employ essential staff to implement the programme objectives of the organization. It may be desirable to improve termination indemnity provisions now in effect.

70. Another option for changing staffing of the Centre would be the introduction of a plan to contract out unskilled work. Numerous positions of GS 2 driver, GS1 cleaner and GS1 and unclassified security guard are now employed in work which is often of a spasmodic nature, with idle time involved.

Contracting out arrangements for a number of unskilled activities is feasible. Among these are driving, maintenance, cleaning, gardening and security work which have already been successfully effected by some international organizations in some duty stations, with resultant cost economies, establishment reductions and the same or an improved service.

71. In times of financial crises contracting out of services that could be provided more effectively and economically on such a basis would have the advantage of permitting adjustment of the Centre finances by reducing the continuing burden of the existing tenure of core staff.

72. The setting up of a contractual service for driving and cleaning by a staff member with entrepreneurial ability could be encouraged after separation from service to set up an enterprise to provide services if a contract of reasonable duration were assured. Such action would be on the understanding that

responsibility for the continued employment of existing Centre personnel now on these duties would be assumed by the new contractor. Some termination payment for displaced drivers and cleaners is an essential prerequisite.

8. Other Aspects

73. Some positions should be international on the basis of the nature of their duties and responsibilities quite apart from scientific and potential excellence.

Primary among these are the need for a minimum of two international positions one in Administration and Finance and another in Personnel. It cannot be expected that one person will possess sufficient specialization and expertise in each of these disciplines some of which involve very sensitive areas especially personnel. The Director requires sufficient time for his primary responsibilities which are to guide and provide overall management and direction of the Centre. For these purposes he should be assisted by two international positions in the important areas of Administration and Finance and Personnel.

74. From discussions with a number of staff members it is clear that there is dissatisfaction with the kind and quality of service provided by the Personnel Office. In the Consultants' report of May 1986 it was recommended that opportunity for training should be provided in job classification which has not yet been done. Additional exposure to the activities and functions of a Personnel Office of a regional office of an international organization such as the WHO Regional Office in Manila or New Delhi should be useful or the Headquarters of UN organizations of modest or small size. Another factor contributing toward the problem may be the fact that the Personnel Office is in a separate building and therefore isolated from the staff for whom service should be provided. It may also be that the perception of what the role of a personnel office should be is faulty.

75. The Personnel Office should recognize that it is a service function which should help supervisors and managers by providing information and guidance on effective personnel management and interpretation of personnel rules and regulations. Concurrently there should be a sympathetic attitude of responsiveness to problems of staff members and supervisors and the desire to recommend changes and actions which would improve the environment and working condition at the Centre.

76. The rules and regulations should be integrated in a positive sense enabling their effective use in solving staff, management, and administrative problems rather than using them to obstruct or hinder appropriate and reasonable solutions which would be helpful for individual staff members as well as the management.

Appendix A

Persons With Whom Discussions were Conducted

Dr. Roger Eeckels, Director, and Members of the Board and key members of the ICDDR,B staff

Mr. Shafiqul Islam
President
Staff Welfare Association
ICDDR,B
and other Officers of the Association

Mr. Manzoor-ul-Karim,
Secretary of Health and Family Planning
Government of the People's Republic of Bangladesh

Dr. K.A. Monsur (rtd.) Ex-Director
Health Services (Preventive) and Joint Secretary
(Admin.)
Ministry of Health and Family Planning
Government of the People's Republic of Bangladesh

Mr. Peter Witham
Deputy Resident Representative,UNDP

Mr.Anthony A. Kennedy
Representative, UNICEF

Mr. Robert M. Rogier
Administration and Finance Officer
UNICEF

Dr. Aung Myat
WHO Country Representative

Dr. Charles Bailey
Representative
Ford Foundation

Mr. J C. Gunther, Jr.
Management Officer, USAID

RECOMMENDATIONS

77. It is recommended that the Centre:

1. Review its staffing needs for both core and project activities and identify those posts as international for which global recruitment is desirable and essential.

2. Have one international position for Administration and the Finance function and another for Personnel to help to ensure the internationmal character of the Centre.

3. Advertise such posts globally when recruitment is required and apply employment conditions pertaining to UN international professionals to the candidate who is selected, regardless of nationality.

4. Obtain salary information for senior scientists from a select number of CGIAR Centres (preferably ILCA, ICARDA and ICRISAT) for increasing upper range of UN salaries as required. Comparison of actual duties and responsibilities of the senior scientists must be made. In view of the difficulty of obtaining such information from the Centres, the review should be made preferably by a very senior official of the ICDDR,B or a Consultant.

5. Review personnel policies, practices and experience of several organizations which have similar problems regarding staff relations of both national and international personnel in similar positions but with employment conditions and salaries which are not identical, such as the Mekong Committee, the Desert Locust Control Organization for East Africa, and Network of Agriculture Centres (any review of NACA should not be made before it becomes operational - possibly not before 1988).

6. Continue to apply UN salary scales to General Services and National Officer positions.

7. Conduct inquiry preferably using local UN Salary Survey Committee arrangement where ICDDR,B has observer status to determine basis for salaries for NO-E and NO-F level.

8. Increase salary levels of General Service and National Officer scales to level of official UN scale as soon as budgetary coverage is available.

9. Improve capability of the Personnel Office to provide more effective personnel servicing by arranging for actual experience in the Personnel Office of another Organization such as the Manila or New Delhi regional Office of WHO or the Headquarters of a UN Organization of modest or small size.

10. Arrange for training of one or more personnel officers in position classification by seeking loan or secondment of experienced position classifier by requesting assistance from the UN International Civil Service Commission, New York or from WHO for a period of four to six months.

11. Recognize the need to advertise the Personnel Officer globally as an international post in order to ensure that the post will be filled by a person with wide international personnel management experience in order to ensure that the international character of the Centre is maintained.

12. Classify all ICDDR,B posts by applying appropriate standards - Master Standard to National Officer and other professional posts, UN General Service standard now in final stage of approval to General Service posts. Classification exercise should be undertaken only after it has been ascertained that functional and organizational structure of ICDDR,B is appropriate.

13. Encourage the use of secondments and reimbursable loan agreements and have the seconding institution retain responsibility for social benefits and salary benefits to minimize local salary comparisons.

14. Develop performance appraisal system for all categories of staff in the Centre and use results as a basis for awarding and withholding incremental step increases, and evaluating career and promotional potential.

15. Improve termination indemnities to make it less painful to effect separation of staff who are no longer needed.

16. Explore possibility of arranging to have custodial and related servicing and house-keeping functions performed under contract with provision that contractor assume employer's responsibility for staff now performing such functions.

17. Add flexibility to career advancement and promotion practices by permitting the filling of a post at not only the level of the post but also one grade above and one grade below.

REPORT ON THE PERSONNEL ACTIVITIES OF THE INTERNATIONAL CENTER FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

20 April 1987

The International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) requested that the consultant, Dr. William P. Gormbley, Jr. join the consultant team of Rahn and Hiscock on their second visit to the Center. The purpose of this second visit was to delve further into the problems confronting ICDDR,B's Board and Management in revising its personnel policies and structure in order to cope more effectively with its reduced funding levels and new program directions. In particular, Dr. Gormbley was added to the team to review the suggestions, made by Rahn and Hiscock after their first visit, that the usefulness of the personnel system used by the research centers of the Consultative Group for International Agricultural Research be carefully explored as a possible model for ICDDR,B.

Messrs Rahn and Hiscock had spent most of their careers as employees of various United Nations Agencies and since their retirements have been engaged in consulting with organizations which use the UN personnel systems as a base for their own. While they held strong beliefs that the UN system, which ICDDR,B had adopted for its own some years ago, was still appropriate for the Center, they were concerned that ICDDR,B's Board and Management be exposed to other alternative systems, one of which was the CGIAR system.

CHANGING PERSONNEL SYSTEMS

The feasibility of adapting a particular international institution's personnel system to another international institution rests on four major considerations. 1.) The rules and regulations concerning personnel issues set forth in the adapting institution's host country ordinance, protocol, decree, agreement or constitution. 2.) The goals and time tables set by the adapting institution's Board of Trustees. 3.) What personnel system is currently in place and what is the price management must pay in dollar costs and more importantly in staff morale and dislocations during and following any changeover. 4.) What benefits it can reasonably expect to gain from a changeover.

ICDDR,B's ORDINANCE

ICDDR,B's Ordinance, dated 9 December 1978 and amended 24 February 1985, gives wide latitude to its Board of Trustees in determining what form of personnel structure and system is used at the center. There are, however, several restrictive clauses that the Board must keep in mind as it goes about this task.

1. The Board must "ensure the rights and opportunities of Bangladesh scientific personnel to participate in the programme and activities of the Center. (The ordinance is silent as to the form this participation should take. It does not mandate as employees)

2. The Board must clearly define wh is an "international level position" and what is a "non-international level position" as it must approve the establishment of and the appointment to all international level positions.

3. The Board must undertake a systematic staff development programme.

4. The Board must institute fellowships for different categories of professional workers on the studies.

5. In the payment of salaries, the Board will ensure that Bangladesh nationals appointed to international level positions shall receive the same privileges and salaries for equivalent positions; restrictions on pay and allowances imposed by the government upon its nationals shall not be applicable. (The ordinance sets forth specific instructions on the handling of Bangladesh Income Taxes for Bangladesh and non-Bangladesh nationals which impacts on the interpretation of this section of the ordinance.)

6. Salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations organizations in Bangladesh. (ICDDR,B's Ordinance requires the payment of taxes by all Bangladesh nationals and those non-Bangladesh nationals not classified as experts, technicians and research scholars. All UN employees are exempt from payment of Bangladesh Income Taxes.)

In carrying out its duties, the Ordinance exempts the Center from the labor laws in force in Bangladesh. It also sets the Center apart from those organizations under the Shops and Establishments Act of 1965, the Factories Act of 1965 and the Industrial Relations Ordinance of 1969. As all of these Acts precede the ICDDR,B Ordinance, it may be in the best interest of the Board to have legal advice on the applicability to ICDDR,B of any Acts and Ordinances since 1978.

The Ordinance further exempts all non-Bangladeshi experts, technicians and research scholars employed by the Center and working in Bangladesh for the furtherance of the objectives of the Center from payment of (Bangladesh) Income Tax on Center income. The Ordinance thus, in the absence of any other words on taxes, requires all other employees who are not classified as experts, technicians and research scholars whether nationals or non-nationals of Bangladesh to pay income taxes. This would also appear to negate income taxes as an item of equivalency which the Board must match when appointing a Bangladesh national to an international level position. All Bangladesh nationals must pay income taxes regardless of their classification and the Center does not need to reimburse Bangladesh nationals appointed to international level positions for the income tax they may have to pay on Center income. This discussion reinforces the need for the Board and Management of ICDDR,B to pay particular and close attention to the classification of staff and to be especially careful in the use of such words as international, international level, experts, technicians and research scholars.

ICDDR,B's OBJECTIVES, GOALS AND TIME TABLES.

The Board and Management of ICDDR,B have made clear in discussions with the Government, donors and Center staff, its commitments to excellence and

to being a truly intern ional center drawing on tl best minds available on a world wide basis. The recently developed and issued document, Plans and Prospects--A Forward Look Towards the 1990, indicates the road that the Center must take to maintain its reputation as a premier research center in the international health arena. One important and key factor to achieving such status requires the Center to have a personnel system and structure that will attract and hold the very best scientific and supporting staff that can be found in world and in Bangladesh.

CONCLUSIONS AND RECOMMENDATIONS

A. All the evidence available to me from the excellent work of Rahn and Hiscock, from discussion with ICDDR,B"s management and scientist, from discussions with Center Board members, its Chairman and its Director General, and with some donors would indicate that the current personnel system does not adequately support the objectives and goals set for ICDDR,B by its Board and Management.

B. It is imperative, therefore, that the Board and Management consider all possibilities carefully and authorize the installation of a new personnel system for the Center that will hold for the long pull that lies ahead. This is not the time for a "quick fix" or a cosmetic face lift. Both operating conditions and Center ambiance appear ready for a real change.

C. Regardless of the personnel system and structure to be followed at ICDDR,B--continuation of the current UN System; a new modified UN System; or a new system adapted from the Agricultural Research Centers--the Center"s basic personnel operations on which any system must rest, needs substantial revision and updating. The Rahn and Hiscock reports also reach this same conclusion. There is do doubt that a significant share of the problems currently concerning management of the Center arise from the its weak attention to personnel operations and its inability to provide an appropriate operations, base to maintain the UN system it has adopted. What is needed is the installation of the basic building blocks of good personnel administration i.e. accurate job descriptions, realistic job qualifications, careful job classification and salary scales that are both internally and externally equitable to the job markets that must be addressed. In addition, the staff member with responsibility for the personnel function must be an internationally experienced personnel officer who has the full confidence of the Director General and the Board and who has ready access to them as the need arises.

It is recommended that major moves to change the current personnel system and structure be delayed until ICDDR,B has made the necessary changes in its personnel operations and has on board an experienced internationally knowledgeable personnel officer. This is not a task that can be shouldered by the Director General or the Administrative Officer alone.

D The Ordinance requires the Center to provide salary and emoluments to staff filling non international level positions comparable to those paid by UN organizations in Bangladesh. The arrangement made by the Bangladesh UN organizations to set equitable and market based salaries and emoluments for local employees is of high caliber. Even if the Ordinance did not require it, it is this consultant's view that the Center would be advised to use the UN local staff salary structure for its own local staff. There

are two strong, major ılary systems in Bangladeş used by international organizations in determining the levels of salary that should be paid to local nationals, i.e. the U.S. Embassy's and the United Nations's. To develop a third one and go it alone, would be costly and cause continued conflict in the personnel area of the Center. Some three years ago the consultant, faced with a similar problem at the Ford Foundation's Bangladesh office recommended that the FF office discontinue its separate program and use the UN system for its local support staff with modification for certain FF conditions of service not found in the UN system. Checking with the FF Representative during the current visit indicated that the change-over to a modified UN system has proven to be quite satisfactory.

It is recommended that the Center continue to participate in the UN salary and emoluments survey and to use it, after adjustment for the special needs and particulars of the Center's personnel structure, as the base for its Bangladesh National Officers and General Services Staff compensation program.

E. It is further recommended that ICDDR,B consider with legal counsel and its auditors, the need to provide tax free salaries to Bangladeshi staff. It appears possible to interpret the ICDDR,B Ordinance as not requiring comparability with the UN to included matching the tax free status given to the UN organizations in their Ordinance and specifically withheld from all Center Bangladeshi employees in the ICDDR,B Ordinance. In a recent study of 11 International non-UN Research Centers (none of which were located in Bangladesh, three reported their national employees being exempt by Ordinance from the payment of national income taxes. Three reported that they provided no reimbursement or payment to offset the assessment of such taxes. Four reported some partial reimbursement up to 50 % with one putting the reimbursement into extra pension contributions. Only one reported 100% reimbursement. Those six reporting reimbursement indicated that they did not reimburse the taxes that might be assessed on the tax payment made. Such additional taxes were the employees' responsibility.

If it were found to be cost effective and legal to withdraw from the payment of home country taxes for all employees, National and Non-National, the Center would need to develop a program to grandfather or otherwise provided for the lost of income that may be suffered by those staff already on-board and under ICDDR,B's "Net salary program".

F. With its personnel administration up-dated as set forth in paragraph A above, it would be possible for the Center to drop its reliance on the UN system in providing for staff appointed to international level positions. To do so will require that the definition of International level positions be carefully and clearly established and that such positions be maintained in a consistent and equitable fashion. If such were to be done it would be feasible for the Center to adapt to its own needs the International Agricultural Center's policies, procedures and practices for appointing and compensating senior staff .

The UN Professional Staff rules and regulations and the compensation program connected to them, has not provided the flexibility that the Board and Management require to attract and hold the high caliber international and national staff it requires. Several factors inherent in the UN Professional System produce this result.

1. The classification and grading system for the professional P, D and ASG salary grades of the UN was not designed for the very high level of medical and scientific staff required by ICDDR,B. The UN is a huge organizations and the classification systems tends to be weighted by the large mass of administrative and general management personnel needed to run the United Nations. WHO, has had to use a variety of special exceptions in order to hire and hold its medical and scientific staff. Even there the numbers of such staff are not large in comparison to the administrative and management cadre and thus WHO's need has not surfaced in the formal rules and regulations. In an organization the size of ICDDR,B with the predominance of its staff in the medical and scientific areas, handling its international level staff on an individual exception basis is not advisable or workable.

2. The UN Professional salary system is basically 5-7 years old. While some small adjustments have been made, a major salary review has been delayed and delayed until it is widely accepted that current salaries are below world salaries. The UN has been faced these past years with a shortage of funds and with demands by donors for greater economy and efficiency in its operations. As the UN system makes forced redundancies difficult and unpalatable, one result of these pressures has been to leave salaries pegged at their out-of-date levels---salaries that make hiring even for ordinary positions difficult; let alone high caliber scientific and medical ones which tend to among the highest paid of the professions everywhere in the world.

3 The UN Professional System, while giving lip service to the concept of a non-tenure system, has over the years become a very entrenched bureaucracy with policies, practices and procedures developed to maintain the status quo and to minimize turnover. UN Professional Staff have on the whole been content to demand and take less up front in salary and emoluments in return for such continuity of employment. The Board and Management of ICDDR,B have understood the need for a non-tenured staff at the Professional levels if it is to remain at the cutting edge of discovery and progress in its chosen fields. Thus its compensation program must be geared to encouraging reasonable turn-over. ICDDR,B must be as good an employer to leave as it was to come to in the first place.

G. The International Agricultural Research Centers'(IARC) personnel policies, principles and procedures would support the needs of ICDDR,B more effectively than those of the UN.

But first a word or two about the IARC's. Each IARC is an independent institution with 10 of the 13 located in developing countries and governed by its own Board of Trustees. Their status in each country is determined by an individually negotiated host country agreement, protocol or ordinance. Their annual budgets range from around $5.0 millions to well over $20.0. Over the last 3-4 years they have experienced a shift from core funding to project funding although the core concept is still the dominant funding vehicle. Each IARC has been assigned responsibility for key world agricultural food crops with overlaps kept to a minimum. The first four IARC,s were founded and supported by the Ford and Rockerfeller Foundations. In the early 1970, the two foundations gave way to a donor consortium, now numbering some 45 donors, headed by UNDP, FAO and the World Bank. The Consultative Group on International Agricultural Research (CGIAR), formed by the donors,

operates through an Executive Secretariat and Technical Advisory Committee. However, the independence of each Center and the Board's undivided responsibility to manage the Center are key tenets in the operation of the Consultative Group. The Chairman of the Group speaking at the 1985 meeting of the Group summarized the relation between the Group and the Centers as "The Boards are responsible for the Centers but the CGIAR manages the system."

The employees of the IARC's fall into three main categories. International Level Scientist and Directorate, Managers and Technicians and General Support. The first group tends to be mostly expatriates with a sprinkling of host country nationals, The second are mostly host country nationals with a sprinkling of expatriates and the last, all host country nationals (if a non host country citizen applies for and is hired for a position in the last group, no acknowledgment is made in any condition of employment.) With few exceptions those hired in categories 2 and 3 are compensated comparable to local conditions. Those hired in the senior professional categories (International Staff) are compensated at comparable international levels regardless of nationality. As at ICDDR,B all international level staff of the IARC's are paid through IIE-New York. All Centers have agreed to provide such payrolled staff the same package of Life, Medical, AD&D, Travel Accident Insurances and Pension Plans.

Thus the operational characteristics of the individual IARC's are quite similar to that of ICDDR,B. The one difference is of course the belonging of a consortium of sister institutions. There are a few formal means of communication and sharing information which is indeed most helpful in the administrative and personnel areas but by far it is the informal support each Center can request and get from the other 12 tht is the strength of the Group to the Centers. It is likely that ICDDR,B will be able to tap the IARCS for help if and when needed. The tie to them through IIE-New York will also prove useful if the Board and Management decide to change from the UN system.

H. Basically the IARC compensation system has been designed to provide an individualized salary and emoluments package that puts a Center in the top quartile of international salaries being paid to the various categories of Professional personnel that each IARC requires to meet its mandate. Salary categories are kept to a minimum and are very broad with only maximums and minimums indicated in dollars. For example, CIMMYT in Mexico has only five categories of International Staff--1)Dir General, Dep Dir General, Program Directors, 2) Associate Program Directors, 3) Principal Scientists or equivalent responsibility in Administration, 4) Scientist or equiv. in Administration, 5) Assistant Scientist (minimum of PHD training). Of its large international staff, in 1986 approximately 13 were Mexican nationals.

Each IARC conducts a salary study every one or two years among its sister institutions (IIE-New York prepares) and among the 5-6 other institutions which it believes sets the standards for salaries in the research areas of its primary concern. These would generally include the World Bank; the Agricultural Universities in the USA, Britain, Canada and the Australia; FAO; ODA; German Development Agency; very large PVO's; USAID; UNDP and in a few instances private corporations and contractors. While all the Centers do not have separate personnel units , most do and several IARC' have been upgrading their Personnel Offices to handle the international staff as well.

Such an exercise is not beyond the capacity of ICDDR,B's executive structure especially with the recent appointment of a senior level Administrative Officer and hopefully the addition of an well trained personnel officer to assist him.

I. An IARC system adapted to ICDDR,B would give its Board and management the utmost in flexibility in establishing broad compensation levels to fit almost any appointment situation that would be geared to the market places in which the Center recruits and would be attractive to the best talent available. Such a compensatgion program may increase ICDDR,B's labor cost but this should be offset by an increase in the stature and reputation of the Center and be an important asset in seeking both core and project funds from donors. After all what a donor buys with his/her money when it comes to research is the reputation and caliber of the Research Center's personnel, the proven track record they bring to the institution and the high promise of more of the same.

Such a system, however, puts a heavy premium on strong and fair leadership with decisions based on a careful appraisal of both the job to be done, the individual to be chosen and the relationships with staff already on board. To gain external equity without maintaining internal equity will soon lose the battle in both arenas. Such a system requires a well designed monitoring system and a high degree of trust and dialogue between the Director General and his Staff and between the Director General and the Board.

J. And finally it is hoped that the Board will move forcefully and expeditiously in selecting and installing a personnel system that will give its Director General the support he needs to reach the high goals both the Board and he have set for the International Center for Diarrhoeal Disease Research, Bangladesh. To delay will send confusing signals to the staff and could well undermine the success of what is finally chosen.

This report could not have been written without the help of many individuals both inside and out of ICDDR,B. I am especially grateful to Messrs. Rahn and Hiscock who shared with me all of the information they had collected over the many hours they have spent at the Center and for their wise and informed advice and counsel. I am also mindful of the help of the Center's Staff especially Dr. R.E. Eechels, Director General; M.E. Bashir; Dr. D.A. Sack; R.H. Derry; M.A. Huque and Judith Chowdhury. The Chairman of the Board, David E. Bell and Board members, Dr. Immita Cornaz, Dr. M.H. Merson, Dr. K.A. Monsur, during a very busy 5 days, gave me much of their time and shared their concerns and hopes for the Center . And last but certainly not least was the opportunity to listen to donors during the Donors meeting that was in progress during my visit to the Center. All of the individuals above provided input to my review of the Center's current personnel operations and its needs for the future and no doubt, as they should have, influenced my deliberations. What is set forth above, however, are my own judgements based on what I was told, read and perceived and I take full responsibility for them.

William P. Gormley, Jr.
30 April 1987

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

TO : Dr R Eeckels
Director

FROM : Dr M G M Rowland
Associate Director, CMD

DATE: June 2, 1987

SUBJECT : Rahn/Hiscock & Gormbley Reports

These reports essentially incorporate much of the discussions with ICDDR,B management and large areas are acceptable. At least some of the issues are well addressed, I think, in the Personnel Structure Committee document. I'll therefore confine my comments to points with which I disagree.

1. We should not attempt to tamper with the Ordinance. This is our only secure reference point and it is a good one.

2. International key positions should be identified on the basis of need, not on the basis of our financial situation, though the latter may determine whether or not we can fill them.

3. A balance of nationalities is clearly required. We may have broad guidelines but how individual posts are ultimately filled will surely depend upon talent available. We should shun quota systems particularly any attempt to relate a country's financial contribution to the number of positions to be held by their nationals. We should try to limit imbalance.

4. We are attempting to deal with some of our current problems by having staff seconded to us. Institutional marriages of this sort bring institutional mothers-in-law and grannies too! If carried too far we'll lack the strength to run our own household. Our current in-house weakness makes us particularly vulnerable.

5. Attempts to define criteria for an international post are reasonable but of necessity incomplete. The concept of a degree of expertise and excellence requiring world wide recruitment implies that it cannot reasonably be expected locally. If the particular qualities needed were locally common we presumably would not need to look further afield. If we are not careful we are then in danger of

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saying that Bangladeshi skills need not be rewarded by international salaries. Attempts to write something wise which covers these points adequately have so far failed and I'm not going to succeed here. Limited term employment at the international level and tenure at high NO levels offers some solution. Continuity at senior level is what we need in management. Perhaps we need to break out of the almost exclusive international cadre for this purpose.

6. I agree we have major problems in the personnel area. I don't believe that training of existing staff will of itself lead to much improvement. Leadership and motivation from the top is more important. I agree that, for the present at least, the CPO post should be at the international level. However, even now we should be seeking good new material for a future head at high NO level.

7. Lastly, let's not trail around seeking inspiration by gawping at other institutions. Any specific questions should be concisely formulated and committed to paper. In practice I believe the answers have to be provided from within our establishment--I can't really see that a lot more external input is needed. As usual our constraint is the number of senior man-hours we can make available in-house.

Sorry this does not look particularly neat or coherent; I hope it will suffice.

MGMR:ls

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

: Director

OM : Associate Director
Resources Development

DATE: 1 June 1987

BJECT : Rahn/Hiscock & Grombley Reports.

I have reviewed the above reports and have the following comments:

1. The Rahn/Hiscock report: It does not contain anything new; anything that we are not already aware of, except for their plea to upgrate the position of the Chief Personnel Officer. Since Mr. Mahboob is joining the Centre soon, we should wait for his suggestions on the subject.

2. Grombley's Report: This report is clearly in violation of the spirit of the ICDDR,B charter. Should any legal advice be needed it should be sought from the Ministry of Law, Government of Bangladesh. However, we should be very careful in our approach to the Government of Bangladesh on matters relating to the ICDDR,B Ordinance.

My final comment is that we have had enough consultancies on this subject, unfortunately, nothing concrete has yet come out of these exercises. What we need is a plan of implementation and not recommendations.

Thank you.

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

CONFIDENTIAL

TO : Director

FROM : H.A.N. Janssen, CFO DATE: June 1, 1987

SUBJECT : Personnel Consultant Reports
(Rahn & Hiscock's and Gormbley's)

Both reports agree on two fundamental issues which need to be addressed. The most important being that the U.N. personnel management system now being used is too complex (Rahn & Hiscock) and possibly inappropriate (Gormbley). Both agree that a review of other international research centres (such as members of the the CGIAR system) would be required. The other issue deals with the resources available for proper management of the personnel function. Both agree that an international level position is required with the necessary international level expertise.

Changes required to improve the personnel management system can come through consultant(s) or in-house expertise. As the latter is not available recruitment is required or consultants hired. To believe that the new head of administration can execute this task without support is naive. My bias is for the person proposing change to be the one to execute it whenever possible. This thus suggests the re-creation of an international level position in personnel. The cost could be covered by a reduction in international level positions elsewhere.

Although both consultants firmly propose that the Centre continue to rely on the UN salary survey for local GS and NO wage determination there are implications that have not been addressed. The most important implication is the ability of the Centre to pay the increases. The Board will want to know what the Centre can do to deal with the possibly very large increases which may average 50 percent now under consideration by the UN in N.Y.

One option would be to establish a lower payscale which would be some percentage of the UN scale. The case for this approach would be that it is not necessary for the ICDDR,B to be amongst the best employers. The other alternative, to pay the full rate, requires greater financial resources (1). In particular all contracts with donors would require salary escalation clauses. USAID have in the past

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(1) In practice, even paying some fixed percentage of the UN scale would have similar implications for additional funds.

Director 01.06.87

resisted any attempts at making budgetary allowances for estimated increases in salaries and benefits. Furthermore additional central funds would need to be raised. To illustrate the scope of the potential impact of a 50 percent salary increase on Centre!finances, the following additional costs would be incurred:

- project funded US$ 1.0 million
- central funded US$ 0.9 million

Even assuming one half of uhe project funded additional costs can be absorbed by them, the Centre would face a deficit at annual rates approximating US$ 1.2/4 million.

Possible action which could be taken now include:

1) advise the UN Dhakw mission of the Centre's dilemma if faced with such a salary increase. It may be helpful for the UN in N.Y. for their decision making purposes. (We might even go so far as to request a delay pending discussions with donors).

2) raise the matter with local donor missions on a case by case basis to review existing contracts and budget flexibility in absorbing the costs. This will be complicated by the proposal to be put to the Board to grant the last UN announced increase with effect from July 1, 1987.

3) raise the matter at the donors consortium meeting to be held June 27 with the knowledge that this will divert attention from the purpose for which the meeting was called.

For the record I am in basic agreement with the recommendations made by Rahn & Hiscock and Gormbley. The major exception would be to ignore the latter's comments on interpretation of the Ordinance and allied taxation of nationals. The key regarding the proposals is not so much what needs to be done as to who is to do them, at what cost and when.

cc: Chief Personnel Officer

/bb

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

TO : Director

FROM : M. Badrud Duza
Associate Director, PSED

DATE : 1 June 1987

SUBJECT : GROMBLEY AND RAHN-HISCOCK REPORTS

1. The Reports reverberate on some long standing problems of the Centre concerning personnel and related issues. Most of the problems discussed are widely known by the Centre's managment, and no precise resolutions have been attempted by the consultants. One wonders if these reports enrich or confound the level of understanding already existing in the area.

2. There are several sensitive areas where the consultants seem to be tresspassing their limits. This is particularly true of actions which would be incompatible with provisions of the ordinance — e.g., with respect to payment of income tax, representation of different nationalities in the staff, and the like. The Centre should avoid any steps which might be interpreted as discriminatory measures in personnel policies.

3. As agreed on many other previous occasions, the Centre should closely examine the personnel and salary structure of comparable (?) international centres prior to finalisation of its own policies. Since a Senior Administrative and Finance Officer, appointed at the international level, is joining the Centre just in one month, it would be advisable to wait for him to join and study the problems under review prior to taking any ad hoc decisions on personnel policies and reinstating the position of the Chief Personnel Officer at the international level.

MBD:ok

cc: Members, CADs

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

TO : Director

FROM : Dr. A.N. Alam

DATE : 1 June 1987

SUBJECT : My views on Rahn Hiscock and Gormbley's report

There is nothing new in these two reports except for an international level position for the personnel officer. As the Board has recently deinternationalized the position, it would be unfair to put forward this recommendation to the Board again.

I think, there are recommendations in Gormbley's report contradicting the ICDDR,B ordinance, 1978.

Thanking you.

ANA/ra

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

TO : CAD

FROM : Ronald Dery

SUBJECT : RAHN/HISCOCK & GROMBLEY REPORTS

DATE: 1 June , 1987

I fully endorse the multiple recommendations made by Messrs Rahn & Hiscock. Their recommendations effectively call for the commitment of resources to the personnel function now, with the objective of achieving an intergrated, appropriate personnel system in the mid term. I sincerely believe that with minor modification and with perception on the Centre's and Trustees part the consultants have again given us the keys necessary to help us unlock most of our current personnel dilemma.

The comment made at the special meeting of the CAD that "the reports are basically the same as those received in the past" tells us that maybe we have not been listening. If this is true (to some extent it almost has to be) why then are we now befuddled. I believe it is because we have not made a sincere commitment towards developing a good personnel management system. Senior management and the Board has always (for 3 years anyway) been lukewarm to addressing the issue. The Task Force, Personnel Structure Committee and Consultants I believe were organized as a way of defering some already apparent conclusions. It was also done as people needed to again be reassured on the conclusions.

The de-internationalization of the Personnel position is the most obvious example of the Board stating the need for improvement in the personnel management system and making a decision that will result in the opposite. I also find that it is ludicrous that the CAD also may not adopt a strong stance that this decision is harmful to the Centre. The defering of it to another time by pushing it off on Mr. Mahbub to decide is an abdication of our responsibilities as managers.

I therefore request that the CAD endorse the Rahn & Hiscock Report and recommend to the Board the reversal of its decisions on the Chief Personnel Officer's post.

RD:mr

8/BT/JUNE.87

RESOURCES DEVELOPMENT REPORT

RESOURCES DEVELOPMENT REPORT FOR THE BOARD OF TRUSTEES MEETING, JUNE 1987

Resources Development projections of the Centre's income for 1987, as reported in the November Board of Trustees meeting was estimated at US $10,065,000. This amount comprised US $1,419,000 in unrestricted-core, US $4,663,000 in restricted-core and US $3,983,000 in restricted projects. As already reported we have received firm commitments for the entire unrestricted-core fund. Based on donor feed back during the first half of the year, we have revised our income projection for 1987 at US $9,885,000. Thisfigure compares favourably with the Centre's budget for 1987, US $8.9 million.

In the restricted core fund Resources Development had already reported commitments in the amount of US $3,763,000 out of a total projection of US $4,663,000. This left a balance of US $ 900,000 (US $ 700,000 from DANIDA and US $200,000 from SAREC) for which commitments were expected to be received this year. ICDDR,B has already signed a multi-year agreement with DANIDA which provides US $ 500,000 for 1987; this is US $ 200,000 less than the amount projected in our last report. We expect the agreement with SAREC to be signed after the successful conclusion of the Donors' meeting scheduled for end June, 1987.

Resources Development had projected a total of US $3,893,000 in the restricted projects fund of which commitments of US $2,733,000 had already been received. Centre's Agreements with the Ford Foundation, NORAD, UNDP, IBRD and WUSC expire this year. Detailed discussions have been held with each of these donors and negotiations are underway for their renewal.

More specifically, a donor-wise account of resources development activities is as follows:

USAID/Washington: The four year Cooperative Agreement between ICDDR,B and USAID-Washington has a provision for US $2,620,000 for 1987. Details of this agreement has already been reported to the Board.

USAID/Dhaka: Discussions have been initiated with USAID Dhaka for renewal of their grant to the Centre's MCH-FP Extension Programme. This grant expires on December 31, 1987. Meanwhile USAID Dhaka support for the Centre's Urban Volunteer Programme continues in 1987.

- CIDA: The multi-year CIDA support to the Centre's Demographic Surveillance System expires on December 31, 1987. A Proposal for CIDA support to the DSS for a 4-year second phase has been submitted. Detailed discussions were held in Ottawa in May 1987 and CIDA has agreed in principle to our request. In fact, they have already made firm commitments for 1988 and the budgets of the 3 remaining years will be finalised by early 1988. I am pleased to report that CIDA, for the first time, has agreed to pay 31% overhead on the DSS project.

CIDA continues to actively support the Centre's training programme in 1987. They have agreed to support a survey of Centre's training activities this year. This is in addition to their existing grant and we have also sought additioal support for Asian training activities.

DANIDA: DANIDA (Denmark) has become a new donor to ICDDR,B. In November 1986 we had estimated DANIDA contribution to ICDDR,B at US $700,000. This figure however stands reduced at US $500,000. The DANIDA support will be applied to the Centre's Diarrhoea Treatment Centres and Child Health Programmes.

Switzerland: Switzerland's grant agreement with ICDDR,B was renewed for one year ending December 31, 1987 at an enhanced level of US $650,000. Swiss contribution beyond 1987 is expected to be announced at the forthcoming donors meeting.

Saudi Arabia: ICDDR,B's collaboration with the Ministry of Health, Saudi Arabia for provision of technical assistance to the diarrhoea treatment centre at Dammam expires in July 1987. Negotiations are underway to extend this agreement for another years. Technical assistance to the Riyadh Diarrhoea Treatment Centre continues. In addition, Saudi Arabia continues to contribute to the Centre's core fund.

UNDP: The UNDP Clinical Research grant to ICDDR,B expired in 1986. A proposal for a multi-year extension up to December 1991 has been submitted and is expected to be finalised soon. Negotiations in this regard were held with UNDP in New York in May 1987 and a commitment of US $300,000 for 1987 was made in principle. UNDP support beyond 1987 will be decided at a later date.

UNICEF: A proposal for UNICEF support to ICDDR,B, both core and project, was submitted in January 1987. Negotiations for finalisation of the above were held in New York in May 1987 and core support in the amount of US $250,000 was confirmed for 1987. UNICEF is currently making an assessment of its global commitments and we expect them to finalise their project support soon after this exercise is completed.

AGFUND: Agreement for the 1986-87 AGFUND grant to ICDDR,B in the amount of US $500,000 was signed last month and we expect the disbursement to begin soon. Following discussions with H.H. Prince Talal, President, AGFUND, a proposal for multi-year AGFUND support to ICDDR,B has been submitted and is under their active consideration.

JAPAN: Japanese contribution to ICDDR,B in 1987 is likely to be at a somewhat lower level than 1986. Meetings have been held with Japanese officials to urge them to maintain their contribution to ICDDR,B at least at the existing level.

SAREC: SAREC contribution to ICDDR,B was expected to be announced at the Donors' meeting. This has now been postponed to the next meeting of the donors in June 1987.

NORAD: In November 1986, following discussions with NORAD officials ICDDR,B had submitted a proposal on Matlab MCH-FP activities to NORAD for 1987-88. We expect the Agreement to be signed in July 1987.

IBRD: The World Bank grant to the Centre's Mirzapur Hand Pump Project has expired in December 1986. Extension of the project has been finalised and is now awaiting World Bank signature. Signing of this document has been delayed for a long time due to a disagreement between CIDA and World Bank lawyers. This was resolved during our rent trip to Washington and Ottawa.

WUSC (Canada): The current agreement with WUSC expires in June 1987. Negotiations have already been initiated and a proposal submitted for an extension of WUSC support of ICDDR,B until end of 1989 on a substantially expanded format to include personnel, MCH activities and the Matlab Treatment Centre.

ODA (U.K.): ODA has been a regular donor to ICDDR,B since the Centre's inception albeit at a modest level. With the participation of ODA at the March 1987 Donors' Meeting, we look forward to their increased involvement in the Centre's activities.

Ford Foundation: Ford Foundation support to the Centre's Epidemic Control Preparedness Programme has been extended up to the end of August 1987. This has been done to facilitate finalisation and approval of the 2nd phase of the Programme.

Belgium: Belgian contribution to the Centre's restricted projects continues in 1987. We expect their contribution to be at the same level this year as that of last year.

Bangladesh: Bangladesh continues to be a major donor to ICDDR,B, with both cash and in kind support, since the Centre's inception. Host country Bangladesh is also the only developing country donor of ICDDR,B and its cumulative support runs into millions of dollars.

In our last report we had mentioned that the Government of Bangladesh had turned down the Centre's request for a one year extension of the UNROB loan. Following further negotiations, the repayment period has been further extended to June 1987.

Aga Khan Foundation: Negotiations were held with the Aga Khan Foundation for their support to the Centre's China activities. We expect a decision to be taken in the Foundation's meeting to be held in the middle of this month.

Bank Overdraft: We are pleased to report that the Centre's bank overdraft has reduced from over US $3,000,000 to less than US $1,000,000. This significant improvement is largely due to the fact that the Centre's total receipts for 1986 have been US $8,917,000 against a total 1986 expenditure of US $7,743,000. Resources Development will continue its efforts to secure prompt donor disbursements.

In this section of the report we make projections for the following year which, in this case, is 1988. However as the March 1987 Donors' meeting had been inconclusive, donor commitments had been postponed. In these circumstances, we would like to defer making 1988 projections until the Centre's donors meet again in end June 1987. Resources Development projections for 1988 will be made at the next Board of Trustees meeting, however we expect donor contributions in 1988 to the core, restricted core, and project funds to be at least US $9.8 million. A breakdown of this amount is provided in the attachment.

ATTACHMENT

ICDDR,B DONORS 1987 PROJECTIONS
(In US dollars)

A. Unrestricted-Core

Donors	Committed	Estimated	Total
1. Australia/ADAB	170,000		170,000
2. Bangladesh	34,000		34,000
3. Saudi Arabia	70,000		70,000
4. Switzerland	650,000		650,000
5. UK/ODA	165,000		165,000
6. UNICEF	250,000		250,000
7. USAID	250,000		250,000
SUB-TOTAL	1,589,000		1,589,000

B. Restricted-Core

Donors	Committed	Estimated	Total
1. AG Fund	250,000		250,000
2. CIDA/DSS	803,000		803,000
3. Japan	280,000		280,000
4. USAID (Wash)	2,370,000		2,370,000
5. Sweden/SAREC	-	200,000	200,000
6. DANIDA	500,000		500,000
SUB-TOTAL	4,203,000	200,000	4,403,000

1987 PROJECTIONS

C. Restricted-Projects

Donors	Committed	Estimated	Total
1. Belgium	160,000		160,000
2. CIDA/Training	100,000	-	100,000
3. Ford Foundaiton/ ECPP		100,000	100,000
4. IDRC/DISC	55,000	-	55,000
5. NORAD/MCH		200,000	200,000
6. NAS/BOSTID	28,000	-	28,000
7. Saudi Arabia/ Dammam/Riyadh	400,000	100,000	500,000
8. UNDP Cl. Res.		300,000	300,000
9. World Bank/ Mirzapur		200,000	200,000
10.USAID/MCH-FP Ext.	1,300,000	-	1,300,000
11.USAID/UVP	750,000	-	750,000
12.WUSC/MCH		200,000	200,000
SUB-TOTAL	2,793,000	1,100,000	3,893,000

	COMMITTED	ESTIMATED	TOTAL
A.	1,589,000	-	1,589,000
B.	4,203,000	200,000	4,403,000
C.	2,793,000	1,100,000	3,893,000
GRAND TOTAL	8,525,000	1,450,000	9,885,000

ICDDR,B DONORS 1988 PROJECTIONS
(In US dollars)

A. Unrestricted-Core

Donors	Committed	Estimated	Total
1. Australia/ADAB		170,000	170,000
2. Bangladesh		34,000	34,000
3. Saudi Arabia		70,000	70,000
4. Switzerland		650,000	650,000
5. UK/ODA		165,000	165,000
6. UNICEF		250,000	250,000
7. USAID	270,000		270,000
SUB-TOTAL	270,000	1,339,000	1,609,000

B. Restricted-Core

Donors	Committed	Estimated	Total
1. AG Fund		250,000	250,000
2. CIDA/DSS		803,000	803,000
3. Japan		280,000	280,000
4. USAID (Wash)	2,375,000	-	2,375,000
5. Sweden/SAREC		200,000	200,000
6. DANIDA	500,000	-	500,000
SUB-TOTAL	2,875,000	1,533,000	4,408,000

1988 PROJECTIONS

C. Restricted-Projects

Donors	Committed	Estimated	Total
1. Belgium		200,000	200,000
2. CIDA/Training		100,000	100,000
3. Ford Foundaiton/ ECPP		100,000	100,000
4. IDRC/DISC		55,000	55,000
5. NORAD/MCH		200,000	200,000
6. Saudi Arabia/ Dammam/Riyadh		400,000	400,000
7. UNDP Cl. Res.		300,000	300,000
8. World Bank/ Mirzapur		200,000	200,000
9.USAID/MCH-FP Ext.		1,300,000	1,300,000
10.USAID/UVP		750,000	750,000
12.WUSC/MCH		200,000	200,000
SUB-TOTAL	--	3,805,000	3,805,000

	COMMITTED	ESTIMATED	TOTAL
A.	270,000	1,339,000	1,609,000
B.	2,875,000	1,533,000	4,408,000
C.	--	3,805,000	3,805,000
GRAND TOTAL	3,145,000	6,677,000	9,822,000

RESOURCES DEVELOPMENT REPORT FOR FINANCE COMMITTEE JUNE 1987

Resources Development projections of the Centre's income for 1987, as reported in the November , 1986 Board Meeting was estimated as US $10,065,000. Based on donor feedback during the first half of the year, we have revised our income projections for 1987 at US $9,885,000. Of this amount, we have already received firm donor commitments for US $8,525,000 and expect to raise the balance, US $1,450,000 during the course of the year (Appendix A).

The Centre's Bank Overdraft has been reduced from over US $3,000,000 to less than US $1,000,000. This significant improvement is largely due to the fact that the Cente's total receipts for 1986 have been US $8,917,000 against a total 1986 expenditure of US $7,743,000. Resources Development will continue its efforts to secure prompt donor disbursements.

Income projections for 1988 will be made after the Donors' Meeting to be held in Geneva on June 27, 1987. We however expect the donor commitments to the Centre's core, restricted core and project funds to be atleast US $9,822,000. A break down of this amount is provided in Appendix B.

APPENDIX-A

ICDDR,B DONORS 1987 PROJECTIONS
(In US dollars)

A. Unrestricted-Core

Donors	Committed	Estimated	Total
1. Australia/ADAB	170,000		170,000
2. Bangladesh	34,000		34,000
3. Saudi Arabia	70,000		70,000
4. Switzerland	650,000		650,000
5. UK/ODA	165,000		165,000
6. UNICEF	250,000		250,000
7. USAID	250,000		250,000
SUB-TOTAL	1,589,000		1,589,000

B. Restricted-Core

Donors	Committed	Estimated	Total
1. AG Fund	250,000		250,000
2. CIDA/DSS	803,000		803,000
3. Japan	280,000		280,000
4. USAID (Wash)	2,370,000		2,370,000
5. Sweden/SAREC	-	200,000	200,000
6. DANIDA	500,000		500,000
SUB-TOTAL	4,203,000	200,000	4,403,000

1987 PROJECTIONS

C. Restricted-Projects

Donors	Committed	Estimated	Total
1. Belgium	160,000		160,000
2. CIDA/Training	100,000	-	100,000
3. Ford Foundaiton/ ECPP		100,000	100,000
4. IDRC/DISC	55,000	-	55,000
5. NORAD/MCH		200,000	200,000
6. NAS/BOSTID	28,000	-	28,000
7. Saudi Arabia/ Dammam/Riyadh	400,000	100,000	500,000
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9. World Bank/ Mirzapur		200,000	200,000
10.USAID/MCH-FP Ext.	1,300,000	-	1,300,000
11.USAID/UVP	750,000	-	750,000
12.WUSC/MCH		200,000	200,000
SUB-TOTAL	2,793,000	1,100,000	3,893,000

	COMMITTED	ESTIMATED	TOTAL
A.	1,589,000	-	1,589,000
B.	4,203,000	200,000	4,403,000
C.	2,793,000	1,100,000	3,893,000
GRAND TOTAL	8,525,000	1,450,000	9,885,000

APPENDIX-B

ICDDR,B DONORS 1988 PROJECTIONS
(In US dollars)

A. Unrestricted-Core

Donors	Committed	Estimated	Total
1. Australia/ADAB		170,000	170,000
2. Bangladesh		34,000	34,000
3. Saudi Arabia		70,000	70,000
4. Switzerland		650,000	650,000
5. UK/ODA		165,000	165,000
6. UNICEF		250,000	250,000
7. USAID	270,000		270,000
SUB-TOTAL	270,000	1,339,000	1,609,000

B. Restricted-Core

Donors	Committed	Estimated	Total
1. AG Fund		250,000	250,000
2. CIDA/DSS		803,000	803,000
3. Japan		280,000	280,000
4. USAID (Wash)	2,375,000	-	2,375,000
5. Sweden/SAREC		200,000	200,000
6. DANIDA	500,000	-	500,000
SUB-TOTAL	2,875,000	1,533,000	4,408,000

1988 PROJECTIONS

C. Restricted-Projects

Donors	Committed	Estimated	Total
1. Belgium		200,000	200,000
2. CIDA/Training		100,000	100,000
3. Ford Foundaiton/ ECPP		100,000	100,000
4. IDRC/DISC		55,000	55,000
5. NORAD/MCH		200,000	200,000
6. Saudi Arabia/ Dammam/Riyadh		400,000	400,000
7. UNDP Cl. Res.		300,000	300,000
8. World Bank/ Mirzapur		200,000	200,000
9.USAID/MCH-FP Ext.		1,300,000	1,300,000
10.USAID/UVP		750,000	750,000
12.WUSC/MCH		200,000	200,000
SUB-TOTAL	--	3,805,000	3,805,000

	COMMITTED	ESTIMATED	TOTAL
A.	270,000	1,339,000	1,609,000
B.	2,875,000	1,533,000	4,408,000
C.	--	3,805,000	3,805,000
GRAND TOTAL	3,145,000	6,677,000	9,822,000

DONORS' CONSORTIUM

PLANS AND PROSPECTS

SUPPLEMENT
JUNE 1987

INTERNATIONAL
CENTRE
FOR
DIARRHOEAL
DISEASE
RESEARCH,
BANGLADESH

C O N T E N T S

INTRODUCTION

The ICDDR,B Donors' Consortium, meeting in Dhaka, Bangladesh on March 25 and 26, 1987, made a number of recommendations which are appended. In recommendation 15, the Consortium members agreed to meet again in Geneva, on Saturday, June 27, 1987 to discuss the following issues:

- Statement of policies and priorities (see recommendation 4);
- Proposals on the financial issues (recommendations 6 and 9);
- Future arrangements for the Donors' Consortium, including its relationship to the Board of Trustees and the timing and venue of its meetings.

This document covers these three topics, as background for the forthcoming Geneva meeting. It is complementary to the "Plans and Prospects" which were discussed by the donors in March 1987. It is, however, still a draft, prepared by the Centre's Director and his senior collaborators, and amended by some Board Members. It will be reviewed by the full Board in mid-June after which the final version will be submitted to the Donors' Consortium. In the meantime, this draft will have been circulated.

I. POLICIES AND PRIORITIES

A. BACKGROUND

The following is the full text of the Consortium's request in recommendation 4 for a statement on policies and priorities:

"The Consortium emphasized the need for the Centre to develop a more detailed statement of its policies and priorities, both programmatically and geographically, in the fields of research, training and services over the next five years. This statement should take into account the policies and priorities of the WHO/CDD Programme and other international initiatives related to the work of the Centre. This statement should include, inter alia,

- a clarification of the Centre's international role in research, training and services;
- guidelines on the relative importance of research, training and services; on the mix of basic and applied research, on the Centre's role in operational research; on the types of training to be specially emphasized; and on policy towards all forms of services activity;
- a statement of the specific priorities within research, training and services, including an indication of the timing of various elements and of elements that would be emphasized if the funds being sought were not available;
- the implications for the future staffing of the Centre. ..."

Before dealing with these issues, it is probably useful to quote two pieces of background which constitute the Centre's basic mandate. The first quote is extracted from the Centre's Ordinance as published by the Government of Bangladesh at the end of 1978:

"4. Headquarters of the Centre.

(2) The Centre may establish such subsidiary offices or research stations as may be decided by the Board as being necessary for effective conduct of its programme subject to the approval of the respective governments.

5. Aims and objectives of the Centre.

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

(2) In fulfilling the above aims and objectives, the Centre shall have responsibilities:
(a) To conduct clinical research, laboratory and animal experiments, epidemiological and survey research, field investigations, demonstration projects, within the applicable laws and regulations, or concurrence where necessary, of the Government and other countries where it may be appropriate; to hold meetings and to arrange lectures, seminars, discussions and conferences, both international and national, on clinical medicine, epidemiology, basic medical sciences, bio-statistics, demography, fertility and other social sciences relating to studies of diarrhoeal disease control and public health, in this section referred to as the studies.
(b) To publish books, periodicals, reports and research and working papers on the studies.
(c) To establish and maintain contact with scholars and their work on the studies through collaborative studies, seminars, exchange of visits or otherwise.
(d) To undertake studies on behalf of or in collaboration with other institutions.
(e) To maintain hospitals, clinics, laboratories, animal research facilities, libraries, reading rooms, scientific equipment and instruments, as

well as vehicles, boats and other transport for its proper functioning.

(f) To ensure the rights and opportunities of Bangladesh scientific personnel to participate in the programme and activities of the Centre.

(g) To undertake a systematic staff development programme.

(h) To institute fellowships for different categories of professional workers on the studies.

(i) To create within itself, from time to time, branches, divisions, sections and other units for proper and efficient conduct of the activities of the Centre in different fields of the studies.

(j) To accept endowments, gifts, donations, grants, other funds, payments for services and to earn income.

(k) To take such other actions as may further the aims and objectives of the Centre."

The second quote is from the report of the Interim International Committee (IRC) convened in Geneva, early in 1979:

"Careful attention will be given to co-ordination of research and training activities of the Centre with those of Bangladeshi institutions as well as with regional and global efforts."

B. Clarification of the Centre's International Role

1. Both documents indicate that the Centre is expected to play an international role "with special relevance to developing countries" and not simply a national role in Bangladesh.

2. Though the Centre's three areas of activity, research, training and service are explicitly mentioned in the

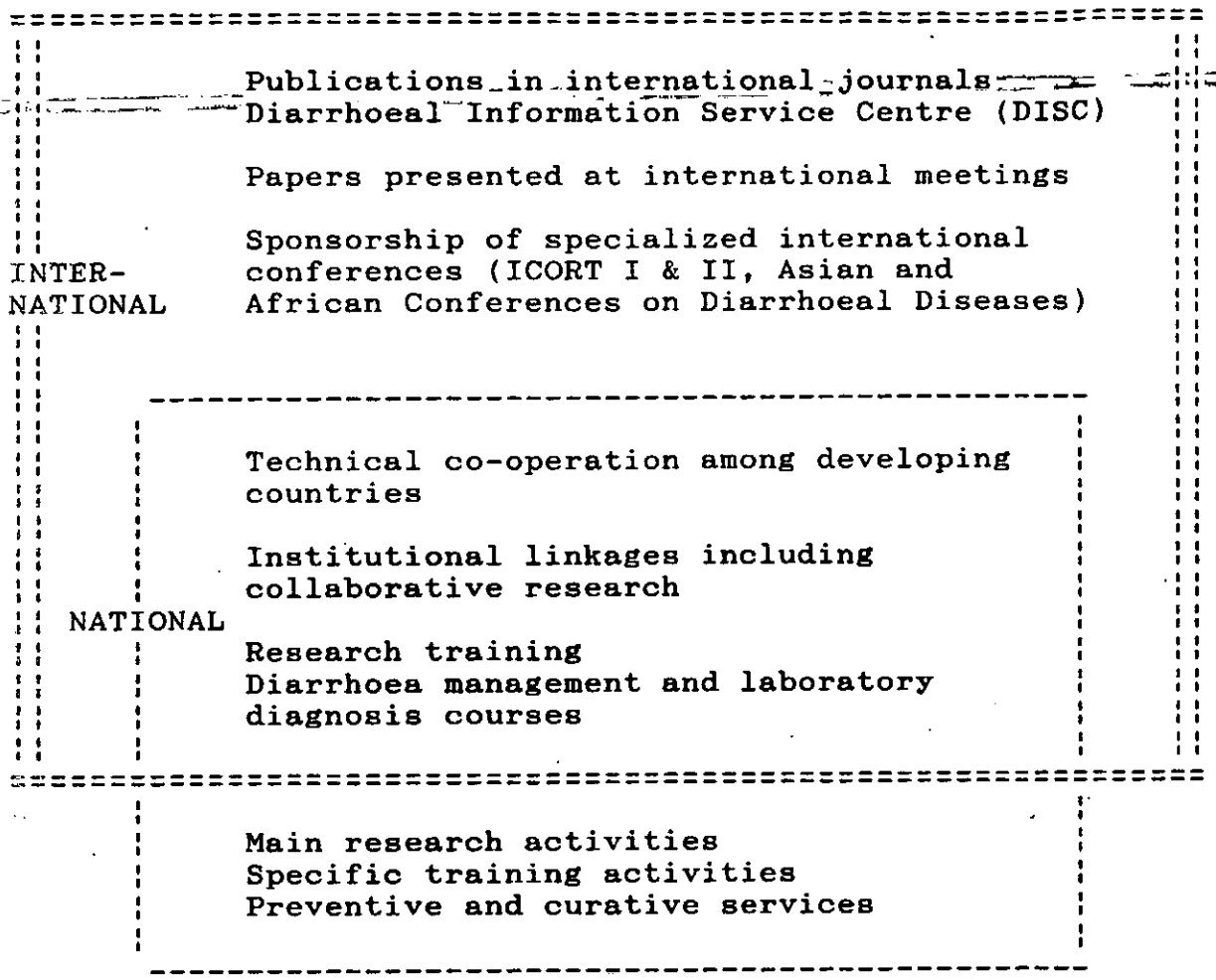
Ordinance (5. (1) (a) and (2) (e)), guidelines on geographic or programmatic priorities have been left to the Centre's Board of Trustees and its senior management.

3. As a relatively small research-oriented organization, the ICDDR,B cannot and should not aspire to be active in all developing countries. Nor does ICDDR,B deal with country-wide activities or programmes. What it does do is deal with many types of diarrhoea-related problems and with health professionals of many nationalities. In fulfilling its international role, the geographical extension of the Centre's activities varies according to the nature of those activities. See Figure 1, next page.

4. International Activities

4.1 Publication: scientific papers contributed for publication in international journals constitute, by definition, a world-wide, and possibly the best, mode of mass communication with other scientists. In addition, ICDDR,B itself, under its programme "Diarrhoeal Information Service Centre", publishes The Journal of Diarrhoeal Diseases Research (JDDR) quarterly, Glimpse a bimonthly information bulletin, and the Annotated

Figure 1. Geographical extension of ICDDR,B's activities. (For details, see text).



Bibliography series, reaching an audience in 118 developing and 33 industrialized countries.

4.2 Presentations at meetings, seminars, congresses. (There is no participation without presentation and only if funding for travel is available).

4.3 ICDDR,B, in a limited number of cases, has joined others in co-sponsoring and helping to organize

international conferences. (Since 1985 no core funds have been used for this purpose). The two international conferences on Oral Rehydration Therapy, ICORT I and II, called by USAID, with UNICEF, the World Bank, WHO and ICDDR,B as co-organizers, offered good mutual contacts for scientists and health administrators world-wide.

It would seem that the Asian and African conferences have considerably stimulated the interest for research and care in diarrhoeal disease. The role played by ICDDR,B, which participated together with UNICEF, WHO and interested donors, has been appreciated by the organizing committees. This role was mainly to help find funding, to participate in the practical organization and to give technical assistance for abstract- and report writing.

Future involvement of ICDDR,B in international conferences will depend on an evaluation of the needs, the wishes of the scientific communities in the countries involved, further interest of UNICEF, WHO and possibly other international organizations (such as the "Centre International de l'Enfance" (CIE), Paris) and level of donors' support.

4.4 Technical co-operation among developing countries

(TCDC). This has never been more than a small part of ICDDR,B's activities. It is presently limited to helping run two diarrhoeal treatment centres in Saudi Arabia. Also, ICDDR,B's scientists sometimes act as short-time consultants in other developing countries on request, subject to specific funding being provided. In the recent past, consultants went to China, Egypt, Kenya, Saudi Arabia, Viet-Nam and Zimbabwe. Requests to go to Sudan and Yemen had to be refused because of lack of staff.

4.5 Institutional linkages and collaboration: The ICDDR,B has contacts with individuals and institutions from both developing and industrialized countries including Australia, Bangladesh, Belgium, Burma, Canada, China, Denmark, Finland, France, India, Japan, Kenya, Saudi Arabia, Sweden, Switzerland, United Kingdom and USA, and from WHO. Collaborative research and institutional linkages should be strengthened. Donors are urgently being requested to earmark special funds for this purpose.

4.6 Briefing of decision-makers: Short visits (hours to 1 or 2 days) of Ministers of Health and/or health officials to the Dhaka Treatment Centre and Matlab area. The two last groups of visitors came from Nigeria and Iran and were invited by an

international organization.

4.7 Research training: Medium (weeks) to long-stay (months) visits of scientists; from the developing countries at the request and with the support of governments, private foundations or international organizations, mainly UNICEF and WHO; from developed countries with the support of their own government or private means.

4.8 Training courses: The place of Bangladesh on the world-map, English as the country's international language and Islam as its main religion all influence ICDDR,B's international activities, especially in the field of training. Thus it is easy to understand that the Centre has been requested to organize training courses for health professionals from 35 Asian, Pacific and Anglophone African countries (Table 1, next page). The absence of Francophone African, and Central and South American countries is conspicuous, but not surprising.

5. National Activities

5.1 Research: ICDDR,B does its research mainly in Bangladesh. The results, however, have global relevance through training, publications, and collaboration with individuals and institutions in many countries (see para 4.5 above).

Table 1.

Countries from which nationals have received training at ICDDR,B

Asia and Pacific			Africa
Afghanistan	Kuwait	Saudi Arabia	Egypt
Bangladesh	Malaysia	Sri Lanka	Ethiopia
Bhutan	Maldives	Syria	Sierra Leone
Burma	Marianas	Thailand	Sudan
China	Marshall Islands	Tonga	Swaziland
Eastern Caroline Islands	Nepal	Vanuatu	Tanzania
Hong Kong	Pakistan	Viet-Nam	Uganda
India	Philippines	Yemen	Zambia
Indonesia	Republic of Korea		
Iran			

5.2 Training: In the training area, many more Bangladeshi than other nationals have profited. Of more than 10,000 persons trained since 1979, 90% have come from our host country, the majority being primary health care professionals, medical students, NGO workers, urban volunteer workers, family welfare assistants, etc. The foreign students generally sought a much higher level of training. Nevertheless, far more Bangladeshi scientists than other nationals participated in high-level research training (both at ICDDR,B and abroad).

5.3 Service: Quite logically, the medical, service-related activities are purely national. Yet, it

should be stressed that health care, be it patient or community oriented, is a necessary support for training and research. As such it acquires an international dimension (see also pp. 18).

6. Relation of "national" and "international" activities of the Centre

While most of the Centre's activities are conducted in Bangladesh, with rare exceptions their purpose is to contribute to the general, international body of knowledge on how to deal effectively with diarrhoeal diseases and closely related questions of nutrition and fertility. Because it is the site of the Centre's main work, Bangladesh benefits directly from the Centre's activities, in important ways more than other developing countries:

- Advances in knowledge made at the Centre are immediately available for application in Bangladesh, without having to wait for publication or reports at international meetings;
- Bangladeshi scientists are involved in all of the Centre's work and their steady growth in competence adds to the ability of the Bangladesh scientific community to deal with diarrhoeal diseases;

- The service activities of the Centre, which support its research and training activities, at the same time directly benefit the health of many tens of thousands of Bangladesh citizens each year;
- Field research activities of the Centre, such as the MCH-FP project, the MCH-FP extension project, and the Urban Volunteers Project, yield findings that are applicable in Bangladesh for replication throughout the country;
- Training activities of the Centre are more easily available to Bangladeshis than to citizens of other countries, if only because of proximity and ease of access, and it is not surprising that several times as many Bangladeshis have been trained at the Centre as citizens of other countries.

All these benefits to Bangladesh are natural and appropriate, because Bangladesh is the host country for the Centre, and contributes in important ways to the Centre's functioning. At the same time, the Board of the Centre is continually aware of the need to maintain a proper distribution of the energies of the Centre in two respects:

First, it is important to ensure that the benefits of the Centre's work are made rapidly and effectively

available to other developing countries, and not only to Bangladesh. The normal processes of publication and presentations at international meetings are important for this purpose. So are the various types of training courses offered by the Centre. At present, the Board considers that greater emphasis needs to be placed on encouraging research trainees from other developing countries to work at the Centre; it welcomes the recent initiative of the South Asian Association for Regional Co-operation (SAARC) in this direction. Furthermore, the Board believes it will be important for the Centre to develop sustained collaborative research relationships with scientific centres in other developing countries. Such collaborative research relationships will not only enhance the extent and quality of the research that is underway, but will also create strong communications networks to make research ideas and findings quickly available in a number of developing countries.

Second, it is important to ensure that the Centre maintains its role as an international research and training agency, and does not become simply a part of the health system of Bangladesh. To take an extreme example, simply to illustrate the point: it would clearly be wrong if the Centre were asked to take responsibility for guiding and directing a national

anti-diarrhoeal disease campaign in Bangladesh. That should clearly be the task of a national Bangladeshi institution, and would not be appropriate for an international organization like the Centre.

7. On the co-ordination with WHO, UNICEF and other international organizations

The ICDDR,B, though an independent international organization, needs to have close links with other far more important health-related organizations with far broader mandates, more particularly WHO and UNICEF. The links with WHO can be summarized as follows:

(i) The WHO/CDD research priorities serve as a guide to the Centre's scientists;

(ii) Senior scientists and alumni from ICDDR,B are among those advising WHO/CDD on the choice of priorities;

(iii) The ICDDR,B receives funding from WHO/CDD for several of its scientific protocols. The number of ICDDR,B protocols has sharply increased over the last years. Presently, six protocols are funded for a total figure of $171,000;

(iv) WHO/CDD has stimulated, and contributed to, the development of certain protocols it felt were of high priority and fitted the ICDDR,B's capabilities.

(v) A major project, the oral cholera vaccine trial, has been carried out in close collaboration with WHO/CDD (and the Government of Bangladesh);

(vi) Several ICDDR,B scientists or alumni are members of the steering committees of the CDD programme;

(vii) Visits from CDD staff to ICDDR,B have contributed to our scientific programmes and to our teaching activities and their evaluation.

(viii) It is expected that before the end of 1987, one of the senior staff members of WHO/CDD will become a scientific associate director of ICDDR,B;

(ix) The Director, WHO/CDD programme, serves on the Board of Trustees of ICDDR,B and the Director, ICDDR,B serves on the CDD Technical Advisory Group.

There is, as it logically should be, an almost total agreement between the WHO/CDD scientific priorities and the scientific activities of ICDDR,B, the latter being of course more limited than the former. The following table lists the CDD priorities that are the subject of research protocols at ICDDR,B. (Based on "Biomedical and Epidemiological Research Priorities of Global Scientific Working Groups - WHO/CDD/RE8/86.8 with numbers in brackets referring to this document).

Table 2. WHO/CDD priorities being the subject of ICDDR,B research protocols.

	WHO/CDD priorities	ICDDR,B research protocol
2.1.1.2	Rotavirus antibodies and prior infection	(+)
2.2.1.1	Cholera vaccine trial	+ * ^
2.2.1.3	Shared ETEC antigens	+
2.2.1.4	S. dysenteriae I vaccine	+ ^
2.2.3	Simple diagnostic tests	+
2.2.3.1	V. cholerae 01 phage typing	(+)
3.1.1	Improved defined-solutes ORS	+ * + * ^
3.1.2	Cereal based improved ORS	+ + ^
3.2.1	Early home therapy	+ ^
3.3	Nutritional management of acute diarrhoea	+ ^
3.4.1	Testing of antidiarrhoeal drugs	+ *
3.4.2	Traditional therapies	+
3.4.3	Antimicrobial agents	+ + *
3.4.4	Treatment of severe shigellosis	+
3.5.1	Clinical studies of persistent diarrhoea	+ (+)
4.2.2	Impact of personal and domestic hygiene	+ ^
4.2.3	Effect of Vit. A. deficiency	+ (+)
4.2.4	Impact of water and sanitation	+
4.2.6	Protective effect of breast-feeding	+
4.2.7	Measles-associated diarrhoea	+ ^
4.2.8	Role of zoonotic reservoirs	(+)
4.3.1	Risk factors for severe diarrhoea	+
4.3.2	Persistent diarrhoea	+ ^
4.3.3	Epidemiology of poorly understood agents	+
4.3.3.1	V. cholerae reservoirs	+
4.3.3.2	S. dysenteriae I transmission	+ *
4.3.3.6	Giardia lamblia population studies	(+)

( ) finished or planned protocol
+/++ one/more protocols
^ WHO/CDD highest priority
* funded by WHO/CDD

As a matter of fact, all biomedical research protocols at ICDDR,B concern topics included in the WHO/CDD priorities and almost all these priorities are represented in ICDDR,B research activities. Only the important areas covered by demographical studies and family planning studies stand on their own.

Links with UNICEF have been more limited but are very important:

(i) Several ICDDR,B research and teaching activities have been and are being funded by UNICEF;

(ii) The EPI strategy as advocated by UNICEF is being implemented and evaluated in the Matlab area;

(iii) UNICEF has been one of the first donors to give extra support to ICDDR,B when the latter's financial crisis became apparent;

(iv) UNICEF is represented on the ICDDR,B Board of Trustees.

There have been brief but positive contacts between the "Centre International de l'Enfance" in Paris and ICDDR,B.

While limited to Bangladesh, the collaboration between several INGO's, more particularly the "Save the Children Fund", and ICDDR,B is very rewarding.

8. Summary and Conclusions

Considering figure 1 and the explanatory paragraphs on pages 4 to 10, it would seem that, in the past, the ICDDR,B has not unsuccessfully fulfilled the mandate stipulated in its Ordinance, including its role as an international organization.

Looking to the future, the anticipated directions would be according to the following priorities and will have to take into account constraints and needs. The sequence followed below is that of figure 1 on page 6.

Future Directions	Constraints/Needs	Priorities
6.1 Publications in international journals		
Increase, with quality more important than quantity.	More senior scientific staff. More research collaboration.	High
6.2 Diarrhoea information service publications		
Maintain and improve.	Further donor support. More staff. Possible closer collaboration with Bangladesh National Medical Library.	High

Future Directions	Constraints/Needs	Priorities
6.3 Papers read at international meetings		
Not a priority area; only if scientists have high research productivity.	Earmarked funds. Teaching seminars to be preferred above big international congresses.	Low to Medium
6.4. Sponsorship of conferences		
On an "ad hoc" basis.	Only if in collaboration with other international organizations and funding available.	Low to Medium
6.5 Technical co-operation (TCDC)		
On an "ad hoc" basis.	Only if specific requests, and funding available.	Medium
6.6 Institutional linkages and collaborative research		
An absolute requirement.	More senior staff to organize and direct collaboration, and ensure "counterpartship". More earmarked funds. Collaboration with WHO.	Very High
6.7 Research Training		
For own staff special efforts in statistical demography, epidemiology, clinical specialities, writing skills. Great opportunities for scientists from developing and industrialized countries.	More senior staff, more laboratory bench space and office space. Collaboration with WHO.	Very High

Future Directions	Constraints/Needs	Priorities
6.8 Clinical management and laboratory courses		
Infrastructure for diarrhoea management and laboratory courses in 3rd-world setting certainly a strength of ICDDR,B. Training of trainers still very important.	Evaluation of needs in Asia and Africa. Close collaboration with other institutions, including WHO and UNICEF (and CIE?).	High
6.9 Main research activities		
The "raison d'être" of ICDDR,B. To be maintained and fostered with all available means.	Lack of top-level senior scientists. Better salaries and career structure to attract and maintain local and regional scientists. Salaries for international level scientific staff is becoming critically low. Capital funds to maintain and upgrade research infrastructure.	Very High
6.10 Specific (national) training		
Clearly to be continued at all levels.	Funds.	Very High
6.11 Health care services		
To be maintained because of ethical obligation and as necessary support for research and training.	Support from Govt. of Bangladesh and all other donors.	Very High

It is obvious that the scores given here are very skewed. "Very high priority" appears five times, "high" three times, "medium" once, "medium to low" twice and low not at all. It is submitted that this corresponds to the reality: none of the activities performed at ICDDR,B are not explicitly mentioned in the Ordinance; Research is the backbone, with health care, training and dissemination of information as its necessary complements; to perform its tasks ICDDR,B does need, among other things, institutional linkages: science cannot be done in isolation.

C. GUIDELINES

1. On the relative Importance of Research, Training and Service

The Ordinance mentions research, training and health care, without specifying the relative importance of the three components, a matter which is viewed differently by various donors.

Research, training and health care are interrelated. Health care services are the necessary basis for research and training. Training requires the support of both service and research lest it lose its contact with reality; research needs clinical and

epidemiological data to maintain a proper focus.

ICDDR,B is carrying out clinical and pathophysiological research on sick persons, and field research on population groups in which health is at best precarious, in a poor country with high levels of morbidity and mortality and very limited health resources. In these circumstances, an institution like ICDDR,B and its donors have to accept the moral obligations and the practical necessity of providing preventive and curative care. In the case of ICDDR,B it must also be stressed that what is called "service" or "health care" comprises not only service as such, but also research support without which applied research including operations research cannot be accomplished. Furthermore, our close contacts, which are to be maintained and strengthened, with the Ministry of Health and Family Planning, and with Bangladeshi colleagues, should lead to sharing an increasing part of our activities with national institutions, especially in the service area. Yet, this will take time and will also require further funding.

The evolution of the distribution of the Centre's expenditures since 1981 is not unsatisfactory (Tables 3 and 4, pages 23 & 24 respectively). The figures since 1985 compare very favourably with those of the International Agricultural Research Centres, which have

no services component. Management and central services, inevitably expensive in a country like Bangladesh, have fallen from 44% to 21% of the total budget or, in absolute terms, from US$ 2,528,000 (1981) to $ 1,886,000 (1987 projected); in the meantime, the ICDDR,B has grown considerably.

Taking the costs for research as 100%, the corresponding percentages for training, health care, and management and central services in 1981, 1983, and 1986 are shown in Table 4.

Table 3: Shares of total expenditure 1981 - 1987 (in US $ thousands and column percentages)

	1981	1982	1983	1984	1985	1986	1987*
Rsch	2,174	1,797	2,137	3,975	4,721	3,823	4,460
%	37	40	38	50	52	50	51
Trng	370	186	333	363	598	834	847
%	6	4	6	5	7	11	10
Hlth Care	741	564	796	995	1,372	1,397	1,654
%	13	13	14	12	15	18	18
^Mgmt & Ctrl Serv.	2,528	1,957	2,398	2,595	2,324	1,655	1,806
%	44	43	42	33	26	21	21

* projected
^ includes the 5 most senior scientific staff members

Table 4: Proportions of total expenditures spent for research, training, health care, and management and central services (M & CS). Research expenditures taken as 100%.

	Research	Training	Health Care	M & CS
1981	100	17	34	116
1983	100	16	37	112
1986	100	22	36	43

In 1981, for every 100 US$ spent for research, an unacceptably high figure of $116 was required for management and central services; in 1986, the corresponding figure is $43, 63 per cent less than in 1981 and 62 per cent less than in 1983.

Some suggested guidelines for future expenditure are as follows:

(i) Research is our "raison d'être". It has become and must remain ICDDR,B's most important activity. The existence of health care activities must be acknowledged as a necessity. They contain an important research support component, and have also their own value.

(ii) The proportion of expenditures for research (50%) to those for training (11%), health care (18%), and management (21%), achieved in 1986 is not unsatisfactory.

(iii) Still, the cost of Management and Central Services must be further reduced, if at all possible.

(iv) Research costs must remain at least 50% of total expenses or above.

(v) Training must receive full attention. The needs for training must be evaluated, and ICDDR,B's specific strengths in this area should be used as efficiently as possible (see p.30).

(vi) Health care should be maintained but need not be further expanded, except in terms of quality, and of its contribution to research and training. The recently obtained specific financing for health care should, if at all possible, be increased.

2. On the mix of basic and applied research and on operational research

Clearly, owing to its location and the problems it is mandated to deal with, the ICDDR,B has to focus on applied research, including operations research. It is therefore that 94 per cent of the research budget is for applied research. For the same reasons important applied research infrastructures have been set up including the Dhaka Treatment Centre, Matlab and Teknaf Stations, the Urban Volunteer Programme and the Extension Programme.

Potential policy and programme implications are always

considered when planning the ICDDR,B's research (also basic research) and service activities. In that context, operations research plays a significant role by

- analysing problem situations and examining the causes for success or failure of intervention activities be they research or service oriented;
- testing new strategies in service delivery (for cost-effectiveness, feasibility, acceptance rate, etc.);
- evaluating alternative interventions in clinical and especially field settings.

Some examples of the Centre's ongoing work with an operations research component are trials with different types of oral rehydration therapy, EPI strategies, maternal and child health-family planning approaches, and low-cost, self-help service delivery in the slums of Dhaka.

Operations research should be a part of all ICDDR,B research and service activities. As a formal discipline, it should be practised more intensively, which would require an increase in expert senior staff.

Notwithstanding its orientation towards applied and operations research, the Centre does devote a rather

limited amount of its resources to basic research which in future could open up new frontiers on the applied side. For, in the biomedical sciences, what is considered basic now, might be applied a few years later. Thus, the choice of topics in the area of basic research itself is made keeping in view their potential interaction with applied research and implications for future applications in better clinical management and service operations.

It is interesting to recall, in this context that the ORS story began with a basic physiological discovery which led to important practical applications. On the other hand, the clinical observation of a U.S.A. doctor that a boy with anaemia had peculiarly shaped red blood cells led to identifying sickle cell anaemia. While this hardly has helped the millions of patients suffering from this severe disease, it was the starting point of much basic research, increasing our knowledge of genetics, molecular biology and protein chemistry. Which type of research, basic or applied, leads to which type of discovery, if any, is impossible to predict.

Being located in a developing country, it is of course necessary for ICDDR,B, in its research activities to put heavy emphasis on clinical, epidemiological, field

and applied laboratory research, supported by high-quality but limited own basic laboratory research.

One of the fundamental ideas that led to the creation of ICDDR,B was to bring the scientists where the problems are. The idea is still fully valid but the Centre has not enough financial means to satisfactorily realize it and hire a sufficient number of scientists at the national or international salary level. With its present infrastructure, despite a chronic lack of capital funds, ICDDR,B is a very powerful research tool. Yet, it is severely underutilized.

To partially compensate for this and to achieve rapid research advances, ICDDR,B needs to be more closely linked to a number of centres having strong competence in, and facilities for, a wide variety of scientific disciplines such as epidemiology, clinical research, biostatistics, statistical demography and advanced biotechnology. Together, its collaborating partners and ICDDR,B will be able to bring to bear the full range of research methodologies to attack the very urgent problems of ICDDR,B's mandate.

However important institutional linkages with centres in industrialized countries may be, ICDDR,B must be able to stand on its own feet, and also to offer help

and collaboration to centres in its host country, its surrounding region and other developing countries. ICDDR,B has to be an equal partner, and has to share its relative advantages with others.

In the last two years, progress has been made in the areas outlined in this section.

- Basic research, especially in the fields of antimicrobial immunology and bacterial genetics, has been expanding at ICDDR,B. Still, for 1987, out of a total research budget of $4,400,000 basic research will cost $275,000 or only 6 per cent. In the following years, this should be allowed to rise to about 10%, but in any event the Centre should retain its heavy emphasis on applied research.
- Institutional linkages and/or collaborative research have been strengthened or initiated
  * in developing countries, with centres in Bangladesh, Burma, China and Kenya (collaboration with Indian and Pakistani institutions being prepared);
  * in industrialized countries, with centres in Australia, Belgium, Denmark, France, Japan, Sweden, Switzerland, the United Kingdom and the United States.

3. On the types of training to be specially emphasized

Training and other forms of dissemination of knowledge are one of the mandated activities of ICDDR,B. The Ordinance is very clear in that respect: see 2 (5. (1) (a) & (b)) and p.3 (5. (2) (a)m (b), (c), (g), (h)).

Training as such has four main aspects at ICDDR,B:

(i) Various training activities

(ii) Formal training Courses

(iii) Staff Development

(iv) Research training

What is called here rather vaguely various training activities responds to a great variety of training needs: courses for trainers from the Bangladesh Rural Advancement Committee, Civil Surgeons and other government doctors, a customized training in laboratory methods for a doctor from Sierra Leone, health education sessions for mothers in the Dhaka slums, training of urban volunteers or community health workers. There is much activity, much variety, and a lot of good work going on almost unnoticed.

The formal training courses have been mentioned on page 9. ICDDR,B's Dhaka Treatment Centre might well be one of the best places in the world to see, in a third-world setting, up to 350 patients per day being treated

for all types of diarrhoea, using simple, cheap, and reproducible methods: it certainly is eminently suited for courses on "Management of Acute Diarrhoea". The ability of the ICDDR,B's laboratories to diagnose the exact cause of diarrhoea in great numbers of patients, the abundance and variety of specimens, explain both the existence and the success of the "Laboratory Diagnosis of Infectious Diarrhoea" courses. However regrettable, ICDDR,B has, for the time being, lost the staff required for well-conducted courses in epidemiology. Yet, such a course recently given by WHO in close collaboration with ICDDR,B, and on the latter's premises, was a success.

Staff development has continued unabated, despite the Centre's financial problems. Table 5 (next page) shows the number of professional staff presently engaged in higher training abroad. It is to be noted that no central funds have been used.

As is well known, long-term training abroad can yield very positive results for the person concerned and his institution; it can also lead to brain drain or to deep frustrations. One of the ways to promote the former and prevent the latter is to make long-term training part of a well-conceived institutional linkage.

Research training. Defining "medium" and "long" as in

Table 5: Number of ICDDR,B staff who went abroad for higher training in the first five months of 1987 (Short-term ≤6 months; Medium-term >6 ≤12 months; Long-term >12 months)

Type of Training	Institution	Funding*
Long-Term		
3 Medical research training	Univ. of Buffalo (2) Inserm, Paris (1)	U.S.A. France
1 Ph.D. Population dynamics	Johns Hopkins	U.S.A.
1 Ph.D. Demography	A.N.U.	Australia
1 Ph.D. Microbiology	Ross Institute	U.K.
1 Dr. Public Health	Johns Hopkins	U.S.A.
1 M.A. Population planning	Univ. of Michigan	U.S.A.
1 M.P.H.	Johns Hopkins	U.S.A.
1 Technical training Microbiology	Univ. of Brussels	Belgium
Short-term		
1 Data analysis	A.N.U.	Australia
1 Library automation	I.D.R.C.	Canada
1 Research methodology course	WHO/CDD	W.H.O.

* Only the country (or organization) is mentioned, not specific agencies.

the legend to table 5, research training has been offered in 1987 to 16 individuals. (The starting date of their stay at ICDDR,B may have been prior to 1

January, 1987). Thirteen are medium-stay, three long-stay. Thirteen also are from Bangladesh; this figure includes 11 M.Sc. students from Dhaka University who are doing their thesis-work at ICDDR,B. The three other ones are from China, Finland and Holland, respectively.

The guidelines for the future seem obvious

(i) As a mandated activity, ICDDR,B must continue its training for "Bangladeshi and other nationals ... in collaboration with national and international institutions"; clearly, the two most important institutions are UNICEF and WHO. Collaboration with both of them must be further expanded.

(ii) In case of funds being limited, the stress should be laid on "various training activities", followed by staff development and research training.

(iii) The considerable strengths of ICDDR,B as a rather unique venue for courses must, however, again be stressed. These strengths are clinical and field diagnosis and treatment, including epidemic prevention and control, and laboratory diagnosis of diarrhoeal diseases. Outside diarrhoeal diseases, demography and family planning are to be mentioned.

(iv) To properly use ICDDR,B's strengths in training, one should, in close collaboration with UNICEF, WHO and interested donors, establish the training needs and requirements in countries and regions that already have a long association with ICDDR,B in this area. This evaluation should be started without delay.

(v) A competency-based, learner-centred approach to training and training of trainers are important general guidelines.

4. On policy towards all forms of service activity

The ICDDR,B, like any other research institution of its kind, must accept some responsibility for providing services in two broadly differing situations.

Most clinical research is carried out on sick patients whose health and welfare is the prime consideration. Responsibility for patients being cared for in ICDDR,B facilities lies squarely with the ICDDR,B. This must be the case as our research premises are not located in a hospital run by another organization, nor can the bulk of our clinical research be readily carried out in another institution. Furthermore, it is not possible to selectively attract and admit only individual patients of research interest, nor is it reasonable to

redirect large numbers of sick patients to other treatment facilities which are often relatively inaccessible. Our Dhaka Treatment Centre must and does confine itself to diarrhoea and related diseases. The annual case load has become more or less steady in terms of numbers though, appropriately enough, it is the more seriously ill patients who seek our help.

Studies in the community bring with them a different kind of responsibility. Most involve repeated contact with people, sometimes well, often sick. In this situation the ICDDR,B must assume some responsibility for helping the seriously ill to obtain treatment. Even in the case of very limited financial resources, we must provide treatment at least for the diseases we study: diarrhoea and related illnesses. When our project infrastructure permits, we should also provide selected preventive services. When ICDDR,B provides regular large-scale services it does so in a systematic way which permits evaluation and research of operational methods. Again, the separation of service from research and training is rather artificial. Though our community studies have increased and the quality of selected services improved, the proportion of our total costs which is devoted to services has increased only marginally.

The following guidelines are being proposed:

(i) ICDDR,B should not seek to run wholly service activities in the community.

(ii) Wherever possible, members of our patient communities should be encouraged to use existing Government of Bangladesh and NGO preventive and treatment facilities. This option is becoming increasingly realistic and is actively pursued.

(iii) Still, health care activities do have a value as such. Maintaining them at the present level or even decreasing that level when possible does not mean that costs will remain stable. To the contrary, costs are bound to increase; in Bangladesh, the rise in UN salaries will play an important role in this process. Anyhow, further and expanded funding for the existing services should be sought.

(iv) Finally, it shall be understood that the question of the mix of service with research and training is not an open-ended question. It is largely constrained by the nature of our research activities, the environment in which we work, and the accessibility and effectiveness of other sources of health care dealing with the diseases which we study.

D. Specific priorities within research, training and services, including an indication of the timing of various elements and of elements that would be emphasized if funds being sought were not available.

From 1981 to early 1985, the ICDDR,B has considerably increased its scope of activities. For the last two years, the Centre has strictly contained its costs, defined its priorities and started to repay its debts. Options were limited because of, amongst many other things, a drop in central (core) funding by 70% from 1984 to 1985. A major pre-occupation has been to bring to a successful conclusion established core-funded studies and to maintain the integrity of ICDDR,B's infrastructure.

Any ranking within the Centre's three main areas of activity might, if applied to pare down these activities, weaken the Centre further and possibly endanger its very existence.

To allocate different levels of priority to programmes and projects one must ignore the fact that more than 80% of the Centre's activities are project-funded; the exercise is thus a theoretical one. One must also take into account that a high level of subjectivity is inevitably involved, determined by a person's background and scientific discipline. Also, ranking might very well change with time, if and when unforeseen factors would intervene: a researcher holding a key position in a particular area may leave the

Centre or the relative importance of a topic is changed unexpectedly by new discoveries.

It is with all these caveats in mind that the following table should be read:

Table 6: Ranking of ICDDR,B's activities according to priority

	High Priority	Medium Priority	Low Priority
Research	Shigellosis Cholera vaccine trial Chronic diarrhoea Child survival Demographic studies	Rehydration studies Extension project	Environmental microbiology New vaccine trials
Training	Staff development	Research, clinical, & microbiological training	Other international courses
Services (including research & training support)	(no ranking possible - see text)		

The above ranking is mostly based on the specific strengths of ICDDR,B. Part of these strengths such as trained staff, patients' confidence and physical plant have been built up over the years. Others are based on the geographical location of the Centre. It has also been taken into account which topics can be studied elsewhere, other than at ICDDR,B.

Still, any ranking scheme of the research areas will generate controversy. The ranking within the training area is rather obvious and based on very pragmatic criteria. The service activities have two main components: urban (Dhaka Treatment Centre and Urban Volunteer Programme), and rural (Matlab and Teknaf). Both are of equal value and thus impossible to rank.

The timing of various elements can be considered together with the choices which ought to be made if funding being sought were not available.

The level and type of funding is clearly of major importance. Two possibilities should be looked into. First, what would happen if the requests that were made during the March donors' consortium and which are repeated in the last parts of this document were to be refused? These requests constitute a package: a new system for defining the proportion of earmarked/unearmarked funds, cancelling the existing debt, providing money for a reserve/endowment fund and for capital funds. The last item is obviously somewhat less urgent but not less important than the others. The ICDDR,B Board of Trustees and senior management believe that such a refusal would amount to a vote of non-confidence by the donors and make impossible the survival of ICDDR,B as an international centre. Even if year-to-year funding would continue more or less at the present level, the situation would mean a continuing uphill and losing fight. Second,

what would happen if the existing financial deficits were made good, but the yearly budgets were to be considerably reduced. In practice this would occur if one or a few major donors would stop funding the projects they presently support and no other donor could be found. Serious upheaval would be caused, but the Centre might survive. Still, as in the past two years, too much time would have to be spent on issues of survival, hindering or slowing down the Centre's mandated activities. We cannot afford to continue to dissipate the talents of key scientific staff by diverting their attention and efforts to permanent crisis management.

In case of serious cuts in funding and supposing the Centre itself could define its actions, the timing element would be of importance. Slowing down research would be counter-productive: really good research must not only be of high quality and relevance, it must also proceed quickly. Training could - if absolutely required - be scaled down and spread over a longer time. On the other hand, health care services cannot be slowed down, certainly not in the curative area. Scaling down or handing over to national organizations would require much time, and funding, possibly from bilateral sources, would still have to be found. It should not be forgotten that a smaller service component would lead to less research opportunities.

Before ending this section, it should be stated again that,

to justify past investments, to make proper use of the ICDDR,B research potential and to allow the Centre to fulfil its task efficiently, more money is required, not less. The total amount involved would still be very low compared to health expenditures in industrialized countries and third-world research expenditures in non-medical areas.

E. The implications for the future staffing of the Centre

The ICDDR,B has been able to bring under control its financial crisis - not yet to resolve it. It is now facing problems with its staffing and salaries.

As to future staffing, it is proposed that the Centre needs a number of key posts at the international level in science and administration. These are the director, the heads of the four Scientific Divisions, and the heads of Resources Development and General Administration. (It has been argued by some external consultants that to these seven positions three more should be added: chief finance officer, chief personnel officer and grants administration officer - they are not included in the 1987 budget). In addition, 14 senior scientific positions should be added for the heads of the departments and main projects which, coming under the Scientific Divisions, form the backbone of the Centre (see p.50 and table 8).

To make full use of the Centre's potential, to develop and carry out research of high scientific quality, and to keep abreast of the quick pace of science it would be necessary to add at least one junior international-level scientist to 12 of the 14 heads of departments (the two biostatisticians in table 8 being excluded). They could be hired from central or project funds, or come to ICDDR,B in the framework of institutional linkages.

Over the past 6 months it has become only too obvious that the international salaries presently paid by ICDDR,B have become too low to attract well-qualified scientists, especially those with medical degrees. Salaries offered by North-American universities have risen considerably and are now much higher than those offered by the Centre. For Western Europe, the fall of the U.S. dollar against European currencies has cut the value of the Centre's salaries (expressed in the currency of the country of origin) by about 45% to 50% over the last two years. Coming to or staying at ICDDR,B amounts now to a financial sacrifice for persons from industrialized countries. The Centre has to urgently recruit for two of its four key scientific positions and at least four of its 14 senior scientific positions, and we have as yet not been successful.

Another even more worrisome problem is that of the salaries of the non-international staff, the General Services (GS) and professional National Officers (NO) staff. The Ordinance, in

its section 14(2) is brief, explicit and clear. "Salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations organizations in Bangladesh". The salary increases granted or announced by the U.N. bodies since July 1984, and the Centre response are given in the table below.

Table 6a: Actual and announced UN salary increases in Bangladesh (limited here to the GS1 and the NO categories)

	Increase	Date Implemented	Retro-activity	Effective date of ICDDR,B implemtn.	Delay
Actual					
GS1	9%	1.7.84	1.1.83 (18 months)	1.1.83	none
NO	4%	1.7.84	1.1.83 (18 months	1.1.83	none
GS1	10.8%	1.7.85	1.10.84 (9 months)	1.1.86	15 months
NO	8%	1.7.85	1.10.84 (9 months)	1.1.86	15 months
GS1	10%	1.11.85	1.1.85 (10 months)	1.1.87	24 months
NO	17%	1.11.85	1.1.85 (10 months)	1.1.87	24 months
GS1	8.42%	1.10.86	1.12.85 (10 months)	not implemented	19 months*
NO	16.98%	1.10.86	1.12.85 (10 months)	not implemented	19 months*
Announced (under review)					
GS1	+64%	soon	?	?	?
NO	+25%	soon	?	?	?

* as per 1.7.87

The last increases, of 64% and 25% respectively, are expected in the near future. Those already implemented amount to a rise in nominal value of 44% (GS1) and 54% (NO) in somewhat more than two years. The announced increases will raise the above figures to 136% (GS1) and 92% (NO). From 1985 onwards, ICDDR,B had not only to delay the successive implementations but also to rule that salary increases cannot be retroactive, can only be implemented at the beginning of a new budgetary (= calendar) year, and only if included in a Board approved budget that has to show a surplus. The ICDDR,B Board of Trustees is grateful to the Centre's GS and NO staff for having accepted the necessity of this rule.

The oncoming U.N. salary increase is particularly important. To implement it from January 1988 onwards, which probably will again constitute substantial delay, the Centre needs an extra US$ 1.2 million. This salary problem illustrates the Centre's vulnerability and the gap between its funding mechanism on the one hand and its legal obligations and practical necessities on the other hand. It is obvious that ICDDR,B must rigidly control the number of its employees; it is also obvious that this will not remove the present incompatibility between financial obligations, operational means and budgetary necessities.

II. FINANCIAL ISSUES

A. Financial Needs of the Centre

One of the financial issues discussed at the March donors' meeting concerned the mechanism for future funding of the Centre and draft guidelines were prepared. There were a number of interpretations regarding the formulation which proposed that at least 50 per cent be in unearmarked funds. This section proposes an approach in developing a formula for the future funding of the ICDDR,B by using the 1987 budget as a reference point. This does not imply any judgement about whether or not the budget is too large or too small, but only to suggest how the existing activities could be allocated so as to result in a division between earmarked and unearmarked funds.

It may be helpful in developing a formula for funding ICDDR,B to begin with a number of definitions:

Central Funds - are unrestricted or unearmarked funds, and funds a donor has directed towards one of the three main programmes of the Centre - research, training and dissemination of knowledge, and health care services;

Project Funds - are project restricted or project earmarked and include both direct and indirect costs;

Direct Costs - are those expenditures which can be accurately and wholly identified with particular projects i.e. if the project were discontinued, those direct project costs would not be incurred;

Indirect Costs - are those expenditures which cannot be clearly charged to specific projects without great effort and/or expense in record keeping. Examples include service departments such as supply, finance and personnel. Included in the Centre's 1987 indirect cost pool amounting to US$ 1.9 million are the following:

- the senior scientific direction of the Centre including the Director and heads of the Clinical Sciences, Laboratory & Epidemiological Sciences, Community Medicine and the Population & Extension Divisions	US$	395,000
- the Resources Development Division including public information services	US$	159,000
- the Administrative Services Division including the common finance, personnel, supply and other administrative services required to support all Centre programmes	US$	1,382,000
	US$	1,936,000

In order to determine what might constitute an appropriate split between central and project funding, reference to the 1987 budget may be useful. As table 7 (next page) indicates

Table 7:

INCOME AND EXPENDITURE ACTUAL FOR 1986 AND BUDGET FOR 1987
(In thousand US $ Dollars)

PROGRAMME AREAS	1986 Actl. Expenditures	1987 Expenditures	1987 Income Sources: Project Direct	Funds Indirect	Central Funds
1. RESEARCH					
Shigellosis	194	800	800		
Vaccine Trials	1,076	900	900		
Rehydration and Feeding	284	185	185		
Chronic Diarrhoea	7	120	120		
Child Survival	195	300	300		
Extension of Research/Services	896	1,040	1,040		
Demographic Surveillance and Studies	775	805	805		
Environmental Microbiology	0	100	100		
Other	396	210	210		
Sub-total	3,823	4,460	4,460		
2. TRAINING AND EXCHANGES					
Courses	222	347	347		
Int.Conference	62				
TCDC	550	500	500		
Inst.Linkage					
Sub-total	834	847	847		
3. HEALTH CARE SERVICES					
Treatment Centres	907	1,000	300		700
*Community Health	490	650	650		
Sub-total	1,397	1,650	950		700
4. MANAGEMENT AND CENTRAL SERVICES					
Scientific Management	317	395	265		130
Central Services	1,372	1,541		1,144	397
Sub-total	1,689	1,936	265	1,144	527
GRAND TOTAL	7,743	8,893	6,522	1,144	1,227

* includes 90 percent of Urban Volunteer Programme and all of MCH-FP health services.

the main budget items are Research, Training, Health Care and Management and Central Services. Distributing the Management and Central Services costs of US$ 1.9 million and prorating these indirect costs to each programme gives the following results:

1987 BUDGET
(U.S.$ thousands)

PROGRAMME	PROGRAMME COSTS DIRECT	PROGRAMME COSTS INDIRECT	TOTAL	%
RESEARCH	4,460	1,241	5,701	64%
TRAINING	847	236	1,083	12%
HEALTH CARE	1,650	459	2,109	24%
	6,957	1,936	8,893	100%

INDIRECT COSTS AS A PERCENT OF TOTAL COSTS 21.8%
INDIRECT " " " " " DIRECT " 27.8%

In the Plans and Prospects document dated February 1987 the reasons supporting the ICDDR,B requirement for central funds are discussed in some detail:

"- to provide an assured source of funding for the senior leadership of the Centre, who are responsible for designing and managing the Centre's programme; there will only be a limited number of these senior leaders, but their positions require the assurance of independence and continuity that unearmarked central funding brings;

- to permit the Centre to exercise initiative in developing ideas, working up new proposals, and conducting small scale, early-stage testing of new lines of research; otherwise the Centre would be wholly dependent on donors to develop new programme ideas; and

- to support continuing relationships and collaborating scientists and institutions; these are essential both for quality control and for keeping the Centre in touch with the research frontiers of its subject."

For the most part these expenditures are now a part of the 1987 budget (see table 7, p.47), and therefore also do not imply an expansion in the total budget but rather a shift from project to central funds. The proposed direct costs include:

(i) Scientific Leadership - US$ 0.7 million

Fourteen key scientific positions have been identified at the international level, in addition to the senior scientific management (Director and four Associate Directors) to provide leadership and project management. Of those fourteen, eleven are currently included in the 1987 budget at a cost of US$ 700,000. What is proposed is that they all be paid from central funds to stress the nature of their relationship to the Centre and to provide continuity. A list of the key

positions is shown in table 8.

Table 8: Key scientific management and scientist positions

DIRECTOR				
CLINICAL SCIENCES DIVISION	LAB. & EPID. SCIENCES DIVISION	COMMUNITY MEDICINE DIVISION	POPLN. SCIENCES & EXTENSION DIVISION	TOTAL
Associate Directors				4
Departmental or Project Heads				12
- Child Hlth. - Research - Clin.Care	- Lab. Serv. - Research	- U.Vol.Prog. - MCH-FP - Nutrition - Epidemiology	- D.S.S.(2) - MCH-FP Ext.	
Biostatistitian (1-2)				1-2

Notes: The Director and Associate Directors are designated as scientific management and the others as providing the necessary minimum scientific leadership. Of the fourteen, eleven are now on staff or expected to join and included in the 1987 budget. Three (a demographer and the two biostatisticians) are not budgeted for but required.

(ii) Treatment Centres - US$ 1.0 million

In 1987, of the US$ 1.7 million in Health Care Services costs, US$ 1.0 million was for the treatment centres and the balance associated with the urban volunteer and MCH-FP programmes.

Treatment Centre costs should be part of centrally funded operations. Because of their very nature they cannot, like most projects, be dropped if project funding should cease. It is recognized that for 1987 about $ 300,000 of the total cost will be provided by Danida through their $500,000 in project funding. Nevertheless it is proposed that $ 1.0 million be included for treatment centres as part of central funds for formula calculation purposes.

(iii) Scientific Innovation and Project Development Fund - US$ 1.5 million

The Centre should have assured annual access to US$ 1.5 million for projects that are not dependent on project funding. The main purpose would be to further strengthen institutional linkages and continue or start projects which do not fit easily with any donor priorities but are part of the previously reviewed and agreed programme priorities of the Centre. It would also support scientific innovation and exploratory research initiatives, including basic research, which may or may not lead to project proposals.

(iv) Research Training and Dissemination of Knowledge - US$ 0.5 million

In order to provide research training, disseminate knowledge and strengthen national institutions: a minimum of $ 500,000 should be available on a

continuing basis in future years.

The following table summarizes the foregoing expenditures proposed for payment from central funds:

- key scientific leadership	$ 0.7	million
- treatment centres	1.0	
- research projects	1.5	
- research training & dissemination	0.5	
TOTAL CENTRAL FUNDED DIRECT COSTS	$ 3.7	million

The 1987 budget presented in the table on page 48 of this document would now look as follows (in US$ thousands):

	CENTRAL FUNDS		PROJEC FUNDS		TOTAL	
PROGRAMME	DIRECT COSTS	INDIRECT COSTS	DIRECT COSTS	INDIRECT COSTS	US$	%
RESEARCH	2,200	612	2,260	629	5,701	64
TRAINING	500	140	347	96	1,083	12
HEALTH	1,000	278	650	181	2,109	24
	3,700	1,030*	3,257	906*	8,893	100

*The indirect costs amount to 27.8% of direct costs and total US$ 1.9 million (see p.46 of this document).

The following diagram illustrates how the split between central funded and project funded programme expenditures

would translate into central funding requirements:

	PROGRAMME COSTS		
	DIRECT COSTS	INDIRECT COSTS	TOTAL
CENTRAL FUNDS	$ 3.7 m	$ 1.0 m	$ 4.7 m
PROJECT FUNDS	$ 3.3 m	$ 0.9 m	$ 4.2 m
TOTAL	$ 7.0 m	$ 1.9 m	$ 8.9 m

Therefore the Centre would need to receive at least approximately half of the total funds in the form of central funds ($ 4.7m/$8.9m=53%). Therefore the formula would be:

- for every project dollar earmarked by a donor, including both direct and indirect costs, the donor would also, as a minimum, be requested to provide an equal amount in central funds (also providing for direct and indirect costs)

This would be the general working rule with the express purpose of providing the Centre with ongoing access to central funds. We hope that some donors will continue to provide only central funds and they are encouraged to do so.

It is proposed that any contribution not exceeding US$ 250,000 annually be exempt from this rule.

The granting of unearmarked funds does not imply a complete loss of control by donors. The programmes supported by unearmarked funds would be subject to donor review, comment and influence. It is the mechanism for dealing with this issue and others which is the subject of the next section on the donors' consortium.

B. Dealing with the accumulated deficit:

In March the donors' consortium requested that they be presented with options for eliminating the deficit. In addition it was believed desirable for the Centre to build up an Endowment Fund.

There are two methods in principle for dealing with both issues. The Centre could receive outright donor contributions earmarked for the two purposes and the Centre could budget for an annual surplus.

1. Eliminating the Deficit

At the end of 1986, the accumulated cash deficit, that is to say before a provision for depreciation, was $ 2.7 million (see table 9, next page, for details). Part

Table 9: Operating Fund Results 1981 to 1986*
(Thousands of U.S. dollars)

	1981	1982	1983	1984	1985	1986
REVENUE	4,103	4,574	5,375	6,864	7,455	7,892
EXPENDITURE	5,421	4,349	5,664	7,136	8,678	7,743
OPERATING FUND SURPLUS (DEFICIT)	(1,319)	226	(289)	(272)	(1,223)	149
LESS: TRANSFER TO RESERVE FUND	-	100	300	442	-	-
TOTAL SURPLUS (DEFICIT)	(1,319)	126	(589)	(714)	(1,223)	149
CUMULATIVE TOTAL DEFICIT	(443)	(317)	(906)	(1,620)	(2,843)	(2,694)

* Before provision for depreciation, a non-cash expense. Numbers may not total due to rounding.

of the financing for the deficit has been provided by 1.2 million in UNROB funds.(1) Donors requested options for repayment of the remaining $ 1.5 million debt.

(1) The Centre has noted the request made by the Consortium that the Government of Bangladesh, the Centre and UNDP bring the matter of discussion concerning the UNROB funds to a satisfactory conclusion. At the time of writing the matter had not progressed beyond preliminary contacts.

The $ 1.5 million represents about 16 percent of the 1987 estimated income. Therefore, if donors were to make extra contributions of, on average, 16 percent more in 1987, the entire remaining debt of $ 1.5 million would be eliminated in one year.

However, many donors will not be able to subscribe funds earmarked for the specific purpose of deficit reduction, for policy considerations. For these donors it is proposed that they provide additional central funds for general Centre support. In the former case the additional funds subscribed are set aside in a separate account earmarked for the purpose of reducing the deficit. The total set aside would not be reflected in the income and expenditure statement for 1987 but would flow straight through to a reduction in the accumulated deficit.

In the latter case the additional funds form a part of the general pool of central funds available for Centre operations during 1987. Depending on the outcome, any surplus arising from income exceeding expenditures would reduce the accumulated deficit. Moreover, any reported surplus would be reduced to the extent of depreciation, a non-cash expense, charged to the accounts. In other words the Centre could produce an operating fund surplus of up to US$ 500,000 (the

estimated amount of depreciation for 1987) without showing a reportable surplus on its income and expenditures statement.

2. Endowment Fund

The Centre currently has no method for generating working capital to provide funding for donor contribution shortfalls, to bridge the timing gap between receipts and expenditures, to provide financing for projects funded by donors who pay only upon completion of the project and to provide an emergency reserve.

In 1984 the Ford Foundation funded a consultancy (1) which resulted in the establishment of the rules for operating, using and managing the Endowment Fund. In 1985 the Ford Foundation contributed $ 500,000 towards a proposed $ 10 million target. An offer has subsequently been received from the Population Council's professional money managers to also manage the Centre's Fund.

In order to build upon the $ 500,000 Ford Foundation grant, special subscriptions to the fund or annual transfers from any annual surplus (after having repaid

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(1) James Bausch, Vice President and Secretary of The Population Council.

all debt) would be the principal sources of capital. If considered desirable by some donors, their contributions could remain their property, to be returned if the Centre's affairs were wound up.

The amount subscribed annually will determine the speed with which a $ 10 million target is achieved. For example an average twenty per cent additional annual contribution would result in achieving the target by 1991. On this basis $ 1.7 million would be the 1987 subscription target, bringing the total potentially to $ 2.2 million. At the level of US$ 2.2 million, the Fund would be able to provide for the temporary bridge financing of expenditures and receipts formerly financed through commercial lines of credit from banks.

III. SUGGESTIONS REGARDING THE CONSORTIUM

The Board of Trustees of the International Centre for Diarrhoeal Disease Research, Bangladesh suggests to the donors' community that, in order to resolve the present problems of the ICDDR,B, and to ensure its optimal functioning in the years to come, a Donors' Consortium, under the chairmanship of the United Nations Development Programme, should be formally set up on June 27, 1987.

The Board of Trustees submits to the donors that the most pressing matters to be dealt with at the June 27, 1987 meeting in Geneva are

- the cancelling of the existing debt (pp.54-57);
- the central funds (pp.45-54) for 1987 and 1988;
- the reserve and endowment funds (pp.57-58).

As important, but possibly requiring more time, are

- the funding formula (p.53);
- the special funding for institutional linkages (p.8, p.51).

It is further suggested that the Donors' Consortium should play a regular, co-ordinated and supportive role in the

policies, priorities and programmes of ICDDR,B's activities. It is hoped that, concurrently, the Donors' Consortium will accept the corresponding financial responsibilities.

Finally, it is suggested that the Donors' Consortium would meet annually with representatives of the Board of Trustees being present, and at least every other year in Dhaka.

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- INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

Recommendations of a Meeting of the Donors' Consortium Dhaka, Bangladesh, March 25-26, 1987

1. A meeting of the ICDDR,B Donors' Consortium was held in Dhaka, Bangladesh during March 25-26, 1987, under the chairmanship of UNDP. A list of those attending is attached as Annex II.

2. The Consortium recognized the important scientific achievements of ICDDR,B and its potential to make further major contributions to maternal and child health in general, and diarrhoeal diseases control in particular.

3. The Consortium welcomed the forceful and comprehensive steps that have been taken since mid-1985 by the Director, the Board of Trustees and the staff to improve the financial and scientific management of the Centre.

4. The Consortium emphasized the need for the Centre to develop a more detailed statement of its policies and priorities, both programmatically and geographically, in the fields of research, training and services over the next five years. This statement should take into account the policies and priorities of the WHO/CDD Programme and other international initiatives related to the work of the Centre. This statement should include, inter alia,

   - a clarification of the Centre's international role in research, training and services;

   - guidelines on the relative importance of research, training and services; on the mix of basic and applied research, on the Centre's role in operational research; on the types of training to be specially emphasized; and on policy towards all forms of services activity;

   - a statement of the specific priorities within research, training and services, including an indication of the timing of various elements and of elements that would be emphasized if the funds being

sought were not available;

- the implications for the future staffing of the Centre.

The Consortium considered that the responsibility for preparing this statement is the Board's.

5. The Consortium recognized the importance of institutional linkages between ICDDR,B and university departments or research institutions both in the donors' countries and in developing countries. Specific funding for these linkages should, whenever possible, be part of the support given to ICDDR,B.

6. The Consortium recommended that, following appropriate discussion donors should support the policies and priorities, as elaborated by the Centre and endorsed by the Board, as a whole and should give positive and sympathetic consideration to the financial issues outlined in paragraphs 8-13 below.

7. The Consortium stressed the need for donors to be adequately informed about the implementation and outcomes of Centre projects and to receive, on a regular basis, evaluations, financial reports, management reviews and planning documents.

8. At the end of 1985 the Centre faced a major financial crisis, with a bank overdraft of $2.8 million (against an agreed facility of $3.0 million) and a rate of overspending of approximately $100,000 per month. The Consortium noted that this financial crisis was precipitated, in part, by the sudden move from central (core) funding to project funding (central funding comprised 67% of all contributions in 1983, 42% in 1984 and 13% in 1985). The Consortium was of the opinion that a reasonable level of central funding is essential to the continued effective operation of the Centre. The Consortium noted that a non-commercial research organization, with an accompanying programme of training and services, cannot be creative and innovative on project funds alone. The Consortium thanked those donors which continue to make all or most of their contributions to central funds, and reaffirmed that this remains the preferred mode of funding. To accommodate donors wishing to contribute to specific programmes or projects, the Consortium recommended that all donors be invited to subscribe to draft guidelines

(Annex I) on the relative size of central (unearmarked or undesignated) and project (earmarked or designated) contributions.

9. The Consortium noted that the financial difficulties during 1981-85 had led to an accumulated deficit of $2.7 million. The Consortium recognized that the continued existence of this deficit placed a heavy debt-servicing burden on the Centre and was a deterrent to donors wishing to contribute to central funds. $1.2 million of this deficit is financed by UNROB funds (see paragraph 10). The Consortium recommended that donors should be presented with options for repaying the remaining debt at their next meeting.

10. The Consortium noted the continuing discussions between the Centre and the Government of Bangladesh concerning the UNROB funds. The Consortium requested that the Government of Bangladesh, the Centre and UNDP bring this matter to a satisfactory conclusion.

11. The Consortium noted that some donors had formal multi-year agreements with the Centre while others contributed on an annual basis. The Consortium recommended that donors should attempt, if permitted by their individual procedures, to enter into agreements of 3 years or more with the Centre. Such agreements could, where appropriate, be in the form of a funding plan, to be confirmed on an annual basis.

12. The Consortium noted the existence of a small Endowment Fund of $500,000 provided by the Ford Foundation. The Consortium believed that it is desirable for the Centre to build up this Fund, to a level of perhaps $10 million. The interest earned from this Fund would finance scientific innovations and new initiatives and the capital could, under most carefully prescribed conditions, provide a buffer against unexpected needs.

13. The Consortium noted the needs for capital expenditure on buildings and recommended that the Centre prepare a plan for investment in new building and building rehabilitation. This plan should be closely related to the priorities of the Centre in research, training and services and should explore any risk that a major capital investment would distort these priorities.

14. The Consortium welcomed the review of personnel and salary structure which had been initiated by the Board and looked forward to learning of the outcome. It was confirmed that the experience in these matters of the International Agricultural Research Institutes might prove relevant and instructive.

15. The Consortium recommended that it should reconvene in Geneva on Saturday, June 27th, 1987, to:

- consider the statement of policies and priorities (paragraph 4);
- consider proposals on the financial issues described in paragraphs 6 and 9; and
- consider future arrangements for the Donors' Consortium, including its relationship to the Board of Trustees and the timing and venue of its meetings.

Annex I - Draft Guidelines on ICDDR,B Project Funding

Given the rules laid down for TDR funding and those observed for CGIAR funding, the contribution of each donor for ICDDR,B should comprise an adequate amount of central funding, i.e.

- at least 50% (?) of the total annual contribution should be central funding;

- a maximum of 50% (?) can be project funding, all the direct and indirect costs attributable to the project being included in the budget of the project.

Total contributions of not more than an average of $100,000 (?) per year can, if the donor wishes, be entirely project funding including an appropriate amount of indirect costs.

Contributions directed to one of the programme areas (i.e. research, training and exchanges, health care services), but not to one or several specific projects within those programme areas, will be considered as central funding.

Annex II - List of Participants attended the ICDDR,B Donors' Consortium Meeting held on 25-26 March, 1987
Chaired by Mr. T. Rothermel, Director, DGIP, UNDP-NY

Sl #	Agency/Country		Name with address
1.	Aga Khan Foundation	:	(a) Dr. Ronald G. Wilson Director, Health Programme, AKF, Geneva (b) Mr. Roshanally M.H. Hirji Chairman, AKF, Dhaka (c) Mr. Mansur A. Hirji Member, National Committee, AKF, Dhaka
2.	Australia	:	(a) H.E. Ms. Susan J.D. Boyd High Commissioner The Australian High Commission, Dhaka (b) Ms. Gillian Mellsop Second Secretary (Development Cooperation) The Australian High Commission, Dhaka
3.	Bangladesh	:	Mr. Manzoor ul Karim Secretary, Ministry of Health & Family Planning Government of Bangladesh, Dhaka
4.	Belgium	:	Mr. X. P. Gobin Head, Development Cooperation Embassy of Belgium, Dhaka
5.	Canada	:	Mr. V. R. Carvell Counsellor The Canadian High Commission, Dhaka
6.	China	:	Dr. Cao Qing Deputy Director, Ministry of Public Health People's Republic of China
7.	Denmark (DANIDA)	:	(a) Mr. K.B. Andersen Counsellor, DANIDA Mission, Dhaka (b) Mr. Torben Bellers Attache, Development Cooperation DANIDA Mission, Dhaka
8.	EEC	:	Mr. Joel Fessaguet Resident Representative European Economic Commission (EEC), Dhaka

Sl #	Agency/Country		Name with address
9.	Ford Foundation	:	Dr. George Rubin Programme Officer, The Ford Foundation Dhaka
10.	France	:	Mr. Dominique Chatton Second Secretary Embassy of France, Dhaka
11.	Japan	:	(a) Mr. Kenji Ikeda Chief Officer, Multilateral Coop Div. Economic Coop Bureau Ministry of Foreign Affairs, Japan (b) Mr. Katsuo Iwata Second Secretary, Embassy of Japan, Dhaka
12.	Norway	:	Ms. Elisabeth Eie Programme Officer, NGO Dev. Cooperation, Norwegian Embassy, Dhaka
13.	Malaysia	:	Mr. Zulkifli Yaacob Second Secretary Malaysian High Commission, Dhaka
14.	Population Council	:	Dr. Barnett F.. Baron Senior Representative, South & East Asia The Population Council, Bangkok
15.	Sweden	:	(a) Dr. Bo Bengtsson Director General, SAREC, Sweden (b) Ms. Hellen Ohlin Research Officer, SAREC, Sweden
16.	Switzerland	:	(a) Dr. Immita Cornaz Swiss Development Cooperation and Humanitarian Aid Section Asia I Berne, Switzerland (b) Mr. Hans Meier Charge d'Affaires Embassy of Switzerland, Dhaka (c) Dr. Markus Mueller Deputy Head, SDC, Dhaka

Sl #	Agency/Country		Name with address
17.	UNDP	:	(a) Mr. Frank Hartvelt Senior Programme Officer UNDP, New York (b) Mr. Y. Kishi Assistant Resident Representative UNDP, Dhaka
18.	UNFPA	:	(a) Mr. Hasse B. Gaenger Representative, UNFPA, Dhaka (b) Dr. I. B. Peters MCH-FP Advisor, UNFPA, Dhaka
19.	UNICEF	:	Mr. Anthony A. Kennedy Representative, UNICEF, Dhaka
20.	USAID	:	(a) Dr. Kenneth J. Bart Director, Office of Health & Science Technology Cooperation USAID, Washington (b) Ms. Sharon Epstein, Director, Health & Population Office, USAID, Dhaka (c) Mr. Gary W. Cook Deputy Director Office of Population & Health USAID, Dhaka
21.	UK	:	(a) Dr. Penelope Key Senior Medical Advisor Overseas Development Admn. (ODA), UK (b) Ms. Margaret Rutter Nursing and Health Services Advisor ODA, UK
22.	World Bank	:	Dr. Bonita Stanton MCH Specialist The World Bank, Dhaka
23.	WHO	:	(a) Dr. Mike Merson Director, CDD WHO, Geneva, Switzerland (b) Dr. Aung Myat Representative, WHO, Dhaka

9/BT/JUNE.87

FINANCE COMMITTEE REPORT

9/BT/JUNE.87

REPORT OF THE FINANCE COMMITTEE

14 JUNE,1987

REPORT OF THE FINANCE COMMITTEE MEETING

HELD AT 09:00 A.M. SUNDAY JUNE 14, 1987

Members Present: Professor David E. Bell, Chairman of the Board and Acting Chairman, Finance Committee
Mr. A.K. Chowdhury (part)
Dr. Nyi Nyi
Professor R. Eeckels, Director

Members Absent: Professor Richard G. Feachem

Invited Persons: Mr. M.R. Bashir
Mr. H.A.N. Janssen
Mr. M.A. Mahbub

Financial Situation and Outlook

1986 FINANCE REPORT

The audited financial statements for 1986 indicate that increased donor contributions and a sharp reduction in expenditures led to a small operating fund surplus (exclusive of depreciation) in 1986. Total income increased by 5 percent to US$ 7.9 million while expenditures dropped by 11 percent to US$ 7.7 million. These results are not materially different from the estimates presented at the Board meeting in November 1986.

The expenditure reductions resulted primarily from actions taken in the Fall of 1985 to sharply reduce costs in 1986 and were concentrated in the management and central services area.

The bank overdraft declined by US$ 1.9 million during 1986 to stand at US$ 927 thousand at year-end, primarily as a result of the Centre having received significant amounts of donor contributions during 1986 in advance of their being spent. At year-end the ICDDR,B had programme obligations for which funds had been received equalling US$ 2.1 million, whereas US$ 576 thousand was due to the Centre for work already completed.

Including accumulated income, Reserve Fund assets totalled US$ 1,471,191 at the end of 1986.

In 1985 the decision was made to change to the accrual method of accounting for income beginning in 1986. The reason for the change was to reflect more accurately the matching of expenditures with their income sources. The change was necessitated by the increased reliance on project as contrasted with central funding. The impact on the 1986 statements are somewhat complex because it is a transitional year. However the major impact is as follows. If the Centre had continued accounting for income on a cash basis, 1986 reported income would have been US$ 1.5 million higher. The US$ 1.5 million is the difference between the US$ 2.1 million the Centre has an obligation to spend on projects or return to donors, and the converse, US$ 0.6 million owed by donors to the ICDDR,B for work already completed.

1987 BUDGET - REVISED

Since the last meeting of the Board in November, 1986, the financial outlook of the Centre for the 1987 budget year has improved somewhat. The surplus of US$ 32,000 estimated in November has increased to a current estimate of US$ 323,000, US$ 100,000 higher than the target set by the Board. The local level salary increase granted effective January 1, 1987, while adding to expenditures, was more than offset by additional donor income. The cost of the salary increase, averaging 10 percent, added US$ 316,000 to total expenditures, of which US$ 180,000 were centrally funded, reducing the surplus by that amount.

Increased donor income included US$ 200,000 in central funds from the Swiss Government and about US$ 500,000 from Danida for child survival activities of which some US$ 300,000 are estimated to cover existing treatment centre expenditures.

The tables that follow provide further detail. Table 1 summarizes the major changes in 1987 income and expenditure estimates since November 1986. Tables 2 and 3 compare 1986 actual with 1987 revised budget details by traditional line items. Tables 4 and 5 are new and provide income and expenditure detail by programme in the format first developed for the Plans and Prospects document of March 1987.

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(In thousands of U.S. Dollars)

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Action taken as per Board's directives:	
Local staff salary increase (effect on central fund)	(169)
Additional central fund received from Swiss Govt.	198
Additional project fund received to offset centrally funded expenditure:	
DANIDA	307
Increase in centrally funded expenditure (Chandpur ORS project-proposal for funding sent to UNICEF)	(45)
Revised projection of surplus for the year 1987 (May 1987)	323

TABLE 2

INCOME AND EXPENDITURE BUDGET FOR 1987

	Actual 1986	Projected 1987
A. Income	(In thousands of U.S. Dollars)	
Central Funds	1,538	1,550
Project Funds (Direct Cost)	5,393	6,318
Project Funds (Indirect Cost)	961	1,174
Total Income	7,892	9,042
B. Expenditure		
Local salaries	2,965	3,891
Inter'l salaries	1,819	1,900
Consultants	383	373
Mandatory committees	82	100
Travel	368	368
Supply and materials	1,197	1,136
Other contractual services	914	1,046
Interdepartmental services	1,082	995
Total Operating	8,810	9,809
Less: Recovery	1,543	1,394
Net Operating	7,267	8,415
Add: Capital expenditure	476	304
Total Expenditure	7,743	8,719
C. Surplus/-deficit		
Surplus/ Deficit before Depreciation	149	323
Depreciation	-462	-500
Total Deficit for the year US $	-313	-177

TABLE 3

INCOME AND EXPENDITURE BUDGET FOR 1987

	Actual 1986			Projected 1987		
	(In thousands of U.S.Dollars)					
A. Income	CENTRAL	PROJ.	TOTAL	CENTRAL	PROJ.	TOTAL
Central Funds	1,538		1,538	1,550		1,550
Project Funds(Direct Cost)	381	5,012	5,393	457	5,861	6,318
Project Funds (Indirect)	961		961	1,174		1,174
Total Income	2,880	5,012	7,892	3,181	5,861	9,042
B. Expenditure						
Local salaries	1,476	1,489	2,965	1,877	2,014	3,891
Inter'l salaries	706	1,113	1,819	542	1,358	1,900
Consultants	98	285	383	53	320	373
Mandatory committees	82	0	82	100		100
Travel	56	312	368	62	306	368
Supply and materials	776	421	1,197	697	439	1,136
Other contractual services	596	318	914	483	563	1,046
Interdepartmental services	417	665	1,082	331	664	995
Total Operating	4,207	4,603	8,810	4,145	5,664	9,809
Less:Recovery	1,543		1,543	1,394		1,394
Net Operating	2,664	4,603	7,267	2,751	5,664	8,415
Add:Capital expenditure	67	409	476	107	197	304
Total Expenditure	2,731	5,012	7,743	2,858	5,861	8,719
C. Surplus/-deficit						
Surplus/-Deficit before Depreciation	149.	0	149	323	0	323
Depreciation	-462		-462	-500		-500
Total Deficit for the year US $	-313	0	-313	-177	0	-177

TABLE 4

INCOME AND EXPENDITURE PROJECTION FOR 1986 AND 1987

(In thousands of U.S. Dollars)

	ACTUAL 1986	BUDGET 1987
INCOME		
Project Funds (Direct Cost)	5,393	6,318
Project Funds (Indirect Cost)	961	1,174
Central Funds	1,538	1,550
Sub-total	7,892	9,042
EXPENDITURE		
Research	3,823	4,498
Training	834	447
Health Care		
Treatment Centres	907	1,186
Community Health	490	659
Management/Services	1,689	1,929
Sub-total	7,743	8,719
SURPLUS/-DEFICIT BEFORE DEPRECIATION	149	323
Allowance for depreciation	462	500
SURPLUS/-DEFICIT AFTER DEPRECIATION	-313	-177

Table 5

INCOME AND EXPENDITURE ACTUAL FOR 1986 AND BUDGET FOR 1987

(In thousands of U.S. Dollars)

PROGRAMME AREAS	1986 Actl. Expenditures	1987 Expenditures	1987 Income Sources		
			Project Direct	Funds Indirect	Central Funds
1. RESEARCH					
Shigellosis	194	649	649		
Vaccine Trials	1,076	965	965		
Rehydration and Feeding	284	257	257		
Chronic Diarrhoea	7	51	51		
Child Survival	195	132	132		
Extension of Research/Services	896	1,232	1,232		
Demographic Surveillance and Studies	775	809	809		
Environmental Microbiology	0	18	18		
Other	396	385	385		
Sub-total	3,823	4,498	4,498		
2. TRAINING AND EXCHANGES					
Courses	222	104	104		
Int.Conference	62	10	10		
TCDC	550	303	303		
Inst.Linkage		30	30		
Sub-total	834	447	447		
3. HEALTH CARE SERVICES					
Treatment Centres	907	1,186	404		782
Community Health	490	659	659		
Sub-total	1,397	1,845	1,063		782
4. MANAGEMENT AND CENTRAL SERVICES					
Scientific Management	317	357	160		197
Central Services	1,372	1,572	150	1,174	248
Sub-total	1,689	1,929	310	1,174	445
GRAND TOTAL	7,743	8,719	6,318	1,174	1,227

TABLE 6

MONTHLY CASH FLOW 1987

(In thousands of U.S. Dollars)

	Receipts	Payments	Balance
Opening bank overdraft as at January 1,1987			-927
January	442	400	-885
February	390	616	-1,111
March	174	514	-1,451
April	671	443	-1,223
May	871	600	-952
June	1,298	700	-354
July	673	800	-481
August	590	900	-791
September	1,250	950	-491
October	409	1,000	-1,082
November	632	1,100	-1,550
December	1,120	1,169	-1,599
	8,520	9,192	
Closing bank overdraft as at December 31,1987			-1,599

estimated operating fund surplus of US$ 323,000. An additional and important factor is that income and expenditures are recorded on an accrual basis, not a cash basis.

1987 SALARIES

In view of the somewhat improved financial condition of the Centre, management has proposed and the Committee recommends that the Board approve increasing salaries for local staff to prevailing UN levels and removing the request for a voluntary reduction in pay of international staff.

On January 1, 1987 local staff were granted the UN increase announced November 1985 amounting to 10 percent for GS and 17 percent for NO without retroactivity. However, another increase announced October 20, 1986 with effect from December 1, 1985 and ranging from eight to seventeen percent has not yet been implemented.

In November 1985 international staff were requested to accept a ten percent reduction in pay and benefits from January 1, 1986.

The Committee recommends to the Board that in view of an expected excess of income over expenditures in 1987 of $ 323,000, that the local staff be given the October 20, 1986 UN increase, the ten percent voluntary reduction be removed for international staff, both with effect from July 1, 1987, without retroactivity.

The increases for local staff would be as follows:

GS 1 & 2	8.42%
GS 3 to 5	10.68%
GS 6 to NOD	16.98%

The cost for six months in 1987 to the Centre of the increase in local salaries and removal of the 10 percent reduction for international staff would be as follows:

	Project funded	Central funded	Total Cost
Local staff	US$ 97,000	US$ 102,500	US$ 199,500
International staff	14,100	7,400	21,500
	US$ 111,100	US$ 109,900	US$ 221,000

Therefore the impact on the Centre's finances is to reduce the predicted operating fund surplus (before depreciation) from US$ 323,000 to US$ 213,000, slightly lower than the US$ 220,000 target set by the Board at its November 1986 meeting.

FUTURE SALARY ADMINISTRATION

The Board has been aware for some time of the imperfections in the UN salary administration system and its applicability to the ICDDR,B, as has also recently been confirmed by two reports from personnel consultants. By virtue of the very nature of its sources of funding, UN salary increases for local staff have been implemented on

recent occasions only after a considerable lag (1). The prospects for improvement are not encouraging. For a variety of reasons the Centre also has increasing difficulty attracting the high calibre of scientist so necessary to provide leadership and guidance to Centre research programmes.

The UN has recently completed a comprehensive local salary survey which may result in increases averaging 45 to 50 percent. The additional cost implied to the Centre is US$ 1.8 million of which [illegible] In other words, if such a raise were granted in 1987 with effect from January 1st, the 1987 operating fund would be US$ 1.0 million in deficit, the overdraft would increase to US$ 2.6 million and the accumulated deficit grow to US$ 3.8 million.

Comprehensive salary surveys are conducted every three to five years by the UN. The current survey included a change in methodology whereby three new "comparators" (organizations used for comparison purposes) were added to the latest survey. Two of the comparators are the Sonargaon and Sheraton hotels who pay their lower level staff (including a distribution of the service charges) significantly more than other local employers. Their inclusion in the survey is based on the UN policy of paying local staff at "the best prevailing rates" and is the principal reason for the high proposed increases of the lower GS salary levels. The UN in N.Y. must review the proposed recommendation for salary increases but are expected by the local

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(1) The table on the following page traces the history of recent UN salary increases and its implementation at the ICDDR,B.

Actual and announced UN salary increases in Bangladesh
(limited here to the GS1 and the NO categories)

	Increase	Date Implemented	Retro-activity	Effective date of ICDDR,B implemtn.	Delay
Actual					
GS1	9%	1.7.84	1.1.83 (18 months)	1.1.83	none
NO	4%	1.7.84	1.1.83 (18 months	1.1.83	none
GS1	10.8%	1.7.85	1.10.84 (9 months)	1.1.86	15 months
NO	8%	1.7.85	1.10.84 (9 months)	1.1.86	15 months
GS1	10%	1.11.85	1.1.85 (10 months)	1.1.87	24 months
NO	17%	1.11.85	1.1.85 (10 months)	1.1.87	24 months
GS1	8.42%	1.10.86	1.12.85 (10 months)	not implemented	19 months*
NO	16.98%	1.10.86	1.12.85 (10 months)	not implemented	19 months*
Announced (under review)					
GS1	+64%	soon	?	?	?
NO	+25%	soon	?	?	?

* as per 1.7.87

UNICEF agency to approve them. An announcement could come as early as July.

Although there is some doubt about the size of the increase to be granted to local UN staff, there can be little doubt that there will be an increase and that it will further hamper the financial recovery of the Centre, as the Ordinance requires that "salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations organizations in Bangladesh."

Some projects will be able to absorb a small increase, most will not be able to accommodate a large one. Therefore the Centre is again faced with the prospect of planned expenditures exceeding expected income. Having gone through two years of severe financial constraint, the potential for significant further economies are severely limited.

With respect to international staffing, the problem is that present WHO pay scales are not attractive to scientists from North America, Europe, or Japan.

The Committee therefore recommends that the management be requested to review present systems for establishing salaries and benefits for its staff, and to present a report proposing suitable alternatives at the next meeting of the Board in November 1987. .

1988 Preliminary Budget

Any discussion about the 1988 budget tends to be overshadowed by the probability of substantial local UN salary increases which if granted to Centre staff would increase expenditures by about US$ 1.8 million, of which an estimated US$ 1.2 million would impact on central funds. In the absence of this latest salary increase, the 1988 budget would be expected to be about in balance. The reason for this apparent deterioration is that funds totalling US$ 150,000 provided by USAID to pay for the Head of Administration and Finance and his principal staff may not be renewed in 1988.

The unknown income factor is the degree of financial support from the donors in Geneva on June 27 at the consortium meeting. The current working assumption is that 1988 income will be similar to 1987 levels.

A detailed 1988 budget proposal will be prepared for presentation to the Board at its meeting in November 1987.

Other Matters

UNROB FUNDS

As its November 1986 meeting the Board requested the management to obtain for information purposes only a legal opinion on the Centre's responsibility to repay the UNROB loan and UNDP view of the matter and to report at the next meeting of the Board.

The Centre has received a legal opinion from a local lawyer that the Centre has the basis for refusing to repay the UNROB funds. However

the Committee believes that even if successful in a court challenge, it would do long-term harm to Centre/GOB relations.

The Centre has also had a very informal and confidential response from UNDP indicating that the matter of repayment was between the Centre and GOB. If repayment were made, any subsequent use of the funds by GOB was a matter between UNDP and GOB.

The Committee on the advice of the management, believes that the best way to resolve the matter is through discussion and negotiation. To that end the Committee encourages the management to solicit the assistance of the Minister of Health to put before the Government a proposal which ideally would convert the funds to a grant and at worst into a long-term interest free loan. An appropriate opportunity may arise just after the June 27 donors' meeting in Geneva, where the subject of deficit repayment is on the agenda.

BANKING ARRANGEMENTS

In response to the Board's request that the management review the possibility of obtaining the necessary banking arrangements through nationalised banks, letters were sent to the four large banks: Agrani, Janata, Rupali and Sonali. Two did not reply, two requested further information after which time nothing further was heard. The lack of follow-up on the part of the nationalised banks results from the inability of the Centre to provide the necessary physical collateral, to secure the US$ 3 million line of credit, as required by Bangladesh Bank. Nevertheless the Centre receives services at

competitive rates through American Express and Agrani Bank. The former provides the US$ 3 million line of credit, letters of credit, travellers cheques and handles term deposits partially collateralizing the line of credit. Agrani Bank handles the bulk of Centre payments in both volume and value.

In 1985 the Centre also held discussions with the Bank of Credit and Commerce International, but could not obtain the necessary credit facilities available through American Express.

The Committee notes the lack of apparent interest by nationalised banks to provide services to ICDDR,B and suggests that the management obtain the reasons from the nationalised banks in writing, for the record, in view of the Ordinance requirement that "all funds of the Centre shall ordinarily be kept in any nationalised Bank or Banks in Bangladesh as approved by the Board."

CENTRE'S FINANCIAL STATEMENTS

The Committee reviewed the Centre's financial accounts for 1986 as approved by the auditors without qualification. A letter from the auditors to the Director raising certain management issues was also reviewed, along with the reply by the Centre's management. The Committee was satisfied with the reply, and recommends that the Board accept both the audit report and the management's response to the auditors' letter.

MINUTES OF THE FINANCE COMMITTEE MEETING

HELD ON JUNE 14, 1987

Members Present: Professor David E. Bell, Chairman of the Board and Acting Chairman, Finance Committee
Mr. A.K. Chowdhury (part)
Dr. Nyi Nyi
Professor R. Eeckels, Director

Members Absent: Professor Richard G. Feachem

Invited Persons: Mr. M.R. Bashir
Mr. H.A.N. Janssen
Mr. M.A. Mahbub

1. APPROVAL OF MINUTES

The minutes of the last meeting held on November 22, 1986 was approved as read.

2. RESOURCES DEVELOPMENT REPORT

Income projections for 1987 and 1988 were reviewed and the estimates are attached to and form part of these Minutes.

Dr. Nyi Nyi noted the absence of the Italians who are substantial contributors to UNICEF, as well as FINIDA who have large unallocated funds, and voiced disappointment over the size of the Japanese contribution. In response Mr. Bashir indicated that discussions have been held as recently as May in Geneva regarding the Italians and he

has been in touch with the Finnish consul in Dhaka. He also noted the Director's involvement in fund raising.

Professor Bell suggested, and the Committee agreed, that the Centre should estimate the dollar value of seconded staff and "in-kind" contributions which appear to be significant.

3. FINANCE COMMITTEE REPORT

The Finance Committee Report covers the remaining agenda items:

Financial Situation and Outlook

1986 FINANCE REPORT

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		(In thousands of U.S.Dollars)					
A.	Income	CENTRAL	PROJ.	TOTAL	CENTRAL	PROJ.	TOTAL
	Central Funds	1,538		1,538	1,550		1,550
	Project Funds(Direct Cost)	381	5,012	5,393	457	5,861	6,318
	Project Funds (Indirect)	961		961	1,174		1,174
Total	Income	2,880	5,012	7,892	3,181	5,861	9,042
B.	Expenditure						
	Local salaries	1,476	1,489	2,965	1,877	2,014	3,891
	Inter'l salaries	706	1,113	1,819	542	1,358	1,900
	Consultants	98	285	383	53	320	373
	Mandatory committees	82	0	82	100		100
	Travel	56	312	368	62	306	368
	Supply and materials	776	421	1,197	697	439	1,136
	Other contractual services	596	318	914	483	563	1,046
	Interdepartmental services	417	665	1,082	331	664	995
Total	Operating	4,207	4,603	8,810	4,145	5,664	9,809
	Less:Recovery	1,543		1,543	1,394		1,394
Net	Operating	2,664	4,603	7,267	2,751	5,664	8,415
	Add:Capital expenditure	67	409	476	107	197	304
Total	Expenditure	2,731	5,012	7,743	2,858	5,861	8,719
C.	Surplus/-deficit						
	Surplus/-Deficit before Depreciation	149	0	149	323	0	323
	Depreciation	-462		-462	-500		-500
Total	Deficit for the year US $	-313	0	-313	-177	0	-177

TABLE 4

INCOME AND EXPENDITURE PROJECTION FOR 1986 AND 1987

(In thousands of U.S. Dollars)

	ACTUAL 1986	BUDGET 1987
INCOME		
Project Funds (Direct Cost)	5,393	6,318
Project Funds (Indirect Cost)	961	1,174
Central Funds	1,538	1,550
Sub-total	7,892	9,042
EXPENDITURE		
Research	3,823	4,498
Training	834	447
Health Care		
Treatment Centres	907	1,186
Community Health	490	659
Management/Services	1,689	1,929
Sub-total	7,743	8,719
SURPLUS/-DEFICIT BEFORE DEPRECIATION	149	323
Allowance for depreciation	462	500
SURPLUS/-DEFICIT AFTER DEPRECIATION	-313	-177

Table 5

INCOME AND EXPENDITURE ACTUAL FOR 1986 AND BUDGET FOR 1987
(In thousands of U.S. Dollars)

PROGRAMME AREAS	1986 Actl. Expenditures	1987 Expenditures	1987 Income Sources: Project Direct	Funds Indirect	Central Funds
1. RESEARCH					
Shigellosis	194	649	649		
Vaccine Trials	1,076	965	965		
Rehydration and Feeding	284	257	257		
Chronic Diarrhoea	7	51	51		
Child Survival	195	132	132		
Extension of Research/Services	896	1,232	1,232		
Demographic Surveillance and Studies	775	809	809		
Environmental Microbiology	0	18	18		
Other	396	385	385		
Sub-total	3,823	4,498	4,498		
2. TRAINING AND EXCHANGES					
Courses	222	104	104		
Int.Conference	62	10	10		
TCDC	550	303	303		
Inst.Linkage		30	30		
Sub-total	834	447	447		
3. HEALTH CARE SERVICES					
Treatment Centres	907	1,186	404		782
Community Health	490	659	659		
Sub-total	1,397	1,845	1,063		782
4. MANAGEMENT AND CENTRAL SERVICES					
Scientific Management	317	357	160		197
Central Services	1,372	1,572	150	1,174	248
Sub-total	1,689	1,929	310	1,174	445
GRAND TOTAL	7,743	8,719	6,318	1,174	1,227

TABLE 6

MONTHLY CASH FLOW 1987

(In thousands of U.S. Dollars)

	Receipts	Payments	Balance
Opening bank overdraft as at January 1,1987			-927
January	442	400	-885
February	390	616	-1,111
March	174	514	-1,451
April	671	443	-1,223
May	871	600	-952
June	1,298	700	-354
July	673	800	-481
August	590	900	-791
September	1,250	950	-491
October	409	1,000	-1,082
November	632	1,100	-1,550
December	1,120	1,169	-1,599
	8,520	9,192	
Closing bank overdraft as at December 31,1987			-1,599

estimated operating fund surplus of US$ 323,000. An additional and important factor is that income and expenditures are recorded on an accrual basis, not a cash basis.

1987 SALARIES

In view of the somewhat improved financial condition of the Centre, management has proposed and the Committee recommends that the Board approve increasing salaries for local staff to prevailing UN levels and removing the request for a voluntary reduction in pay of international staff.

On January 1, 1987 local staff were granted the UN increase announced November 1985 amounting to 10 percent for GS and 17 percent for NO without retroactivity. However, another increase announced October 20, 1986 with effect from December 1, 1985 and ranging from eight to seventeen percent has not yet been implemented.

In November 1985 international staff were requested to accept a ten percent reduction in pay and benefits from January 1, 1986.

The Committee recommends to the Board that in view of an expected excess of income over expenditures in 1987 of $ 323,000, that the local staff be given the October 20, 1986 UN increase, the ten percent voluntary reduction be removed for international staff, both with effect from July 1, 1987, without retroactivity.

The increases for local staff would be as follows:

GS 1 & 2	8.42%
GS 3 to 5	10.68%
GS 6 to NOD	16.98%

The cost for six months in 1987 to the Centre of the increase in local salaries and removal of the 10 percent reduction for international staff would be as follows:

	Project funded	Central funded	Total Cost
Local staff	US$ 97,000	US$ 102,500	US$ 199,500
International staff	14,100	7,400	21,500
	US$ 111,100	US$ 109,900	US$ 221,000

Therefore the impact on the Centre's finances is to reduce the predicted operating fund surplus (before depreciation) from US$ 323,000 to US$ 213,000, slightly lower than the US$ 220,000 target set by the Board at its November 1986 meeting.

FUTURE SALARY ADMINISTRATION

The Board has been aware for some time of the imperfections in the UN salary administration system and its applicability to the ICDDR,B, as has also recently been confirmed by two reports from personnel consultants. By virtue of the very nature of its sources of funding, UN salary increases for local staff have been implemented on

recent occasions only after a considerable lag[1]. The prospects for improvement are not encouraging. For a variety of reasons the Centre also has increasing difficulty attracting the high calibre of scientist so necessary to provide leadership and guidance to Centre research programmes.

The UN has recently completed a comprehensive local salary survey which may result in increases averaging 45 to 50 percent. The additional cost implied to the Centre is US$ 1.8 million of which about US$ 1.2 million would impact on central funds. In other words, if such a raise were granted in 1987 with effect from January 1st, the 1987 operating fund would be US$ 1.0 million in deficit, the overdraft would increase to US$ 2.6 million and the accumulated deficit grow to US$ 3.8 million.

Comprehensive salary surveys are conducted every three to five years by the UN. The current survey included a change in methodology whereby three new "comparators" (organizations used for comparison purposes) were added to the latest survey. Two of the comparators are the Sonargaon and Sheraton hotels who pay their lower level staff (including a distribution of the service charges) significantly more than other local employers. Their inclusion in the survey is based on the UN policy of paying local staff at "the best prevailing rates" and is the principal reason for the high proposed increases of the lower GS salary levels. The UN in N ·ist review the proposed recommendation for salary increases b· are expected by the local

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(1) The table on the following page traces the history of recent UN salary increases and its implementation at the ICDDR,B.

Actual and announced UN salary increases in Bangladesh (limited here to the GS1 and the NO categories)

	Increase	Date Implemented	Retro-activity	Effective date of ICDDR,B implemtn.	Delay
Actual					
GS1	9%	1.7.84	1.1.83 (18 months)	1.1.83	none
NO	4%	1.7.84	1.1.83 (18 months	1.1.83	none
GS1	10.8%	1.7.85	1.10.84 (9 months)	1.1.86	15 months
NO	8%	1.7.85	1.10.84 (9 months)	1.1.86	15 months
GS1	10%	1.11.85	1.1.85 (10 months)	1.1.87	24 months
NO	17%	1.11.85	1.1.85 (10 months)	1.1.87	24 months
GS1	8.42%	1.10.86	1.12.85 (10 months)	not implemented	19 months*
NO	16.98%	1.10.86	1.12.85 (10 months)	not implemented	19 months*
Announced (under review)					
GS1	+64%	soon	?	?	?
NO	+25%	soon	?	?	?

* as per 1.7.87

UNICEF agency to approve them. An announcement could come as early as July.

Although there is some doubt about the size of the increase to be granted to local UN staff, there can be little doubt that there will be an increase and that it will further hamper the financial recovery of the Centre, as the Ordinance requires that "salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations organizations in Bangladesh."

Some projects will be able to absorb a small increase, most will not be able to accommodate a large one. Therefore the Centre is again faced with the prospect of planned expenditures exceeding expected income. Having gone through two years of severe financial constraint, the potential for significant further economies are severely limited.

With respect to international staffing, the problem is that present WHO pay scales are not attractive to scientists from North America, Europe, or Japan.

The Committee therefore recommends that the management be requested to review present systems for establishing salaries and benefits for its staff, and to present a report proposing suitable alternatives at the next meeting of the Board in November 1987.

1988 Preliminary Budget

Any discussion about the 1988 budget tends to be overshadowed by the probability of substantial local UN salary increases which if granted to Centre staff would increase expenditures by about US$ 1.8 million, of which an estimated US$ 1.2 million would impact on central funds. In the absence of this latest salary increase, the 1988 budget would be expected to be about in balance. The reason for this apparent deterioration is that funds totalling US$ 150,000 provided by USAID to pay for the Head of Administration and Finance and his principal staff may not be renewed in 1988.

The unknown income factor is the degree of financial support from the donors in Geneva on June 27 at the consortium meeting. The current working assumption is that 1988 income will be similar to 1987 levels.

A detailed 1988 budget proposal will be prepared for presentation to the Board at its meeting in November 1987.

Other Matters

UNROB FUNDS

At its November 1986 meeting the Board requested the management to obtain for information purposes only a legal opinion on the Centre's responsibility to repay the UNROB loan and UNDP view of the matter and to report at the next meeting of the Board.

The Centre has received a legal opinion from a local lawyer that the Centre has the basis for refusing to repay the UNROB funds. However

the Committee believes that even if successful in a court challenge, it would do long-term harm to Centre/GOB relations.

The Centre has also had a very informal and confidential response from UNDP indicating that the matter of repayment was between the Centre and GOB. If repayment were made, any subsequent use of the funds by GOB was a matter between UNDP and GOB.

The Committee on the advice of the management, believes that the best way to resolve the matter is through discussion and negotiation. To that end the Committee encourages the management to solicit the assistance of the Minister of Health to put before the Government a proposal which ideally would convert the funds to a grant and at worst into a long-term interest free loan. An appropriate opportunity may arise just after the June 27 donors' meeting in Geneva, where the subject of deficit repayment is on the agenda.

BANKING ARRANGEMENTS

In response to the Board's request that the management review the possibility of obtaining the necessary banking arrangements through nationalised banks, letters were sent to the four large banks: Agrani, Janata, Rupali and Sonali. Two did not reply, two requested further information after which time nothing further was heard. The lack of follow-up on the part of the nationalised banks results from the inability of the Centre to provide the necessary physical collateral, to secure the US$ 3 million line of credit, as required by Bangladesh Bank. Nevertheless the Centre receives services at

competitive rates through American Express and Agrani Bank. The former provides the US$ 3 million line of credit, letters of credit, travellers cheques and handles term deposits partially collateralizing the line of credit. Agrani Bank handles the bulk of Centre payments in both volume and value.

In 1985 the Centre also held discussions with the Bank of Credit and Commerce International, but could not obtain the necessary credit facilities available through American Express.

The Committee notes the lack of apparent interest by nationalised banks to provide services to ICDDR,B and suggests that the management obtain the reasons from the nationalised banks in writing, for the record, in view of the Ordinance requirement that "all funds of the Centre shall ordinarily be kept in any nationalised Bank or Banks in Bangladesh as approved by the Board."

CENTRE'S FINANCIAL STATEMENTS

The Committee reviewed the Centre's financial accounts for 1986 as approved by the auditors without qualification. A letter from the auditors to the Director raising certain management issues was also reviewed, along with the reply by the Centre's management. The Committee was satisfied with the reply, and recommends that the Board accept both the audit report and the management's response to the auditors' letter.

REPLY TO AUDITORS MANAGEMENT LETTER
RE: 1986 ACCOUNTS

&

AUDIT REPORT-1986

REPLY TO AUDITORS MANAGEMENT LETTER RE:1986 ACCOUNTS

1. FIXED ASSETS:

1.1 (i) The fixed asset register will be computerised in the second half of 1987.

(ii) The last physical verification of fixed assets was conducted in 1985. It is normal practice to do a physical verification at an interval of three years. Therefore the next physical verification will be conducted in 1988.

1.2 Depreciation will be incorporated in the computerised fixed asset register system.

1.3 Insurance for certain items can be very costly, therefore a cost/benefit analysis will be done to assess the necessity of a comprehensive insurance policy.

2. STORES AND SPARES:

2.1 A committee of experts will be formed to investigate the matter of supply items which have not been used for sometime and necessary action will be recommended.

2.2 In an attempt to reduce investment in inventories, the reductions may have been excessive in high turnover areas. Reasonable levels will be maintained in future.

2.3 Stock at service centres are not substaintial enough to justify separate accounting in the Financial Ledger. Concerned departments have been advised to reconcile the I.V. Fluid record.

2.4 Supply department will update their records immediately.

2.5 A cost/benefit analysis will be undertaken to assess the necessity of insuring the stock of stores and spares.

3. ADVANCES:

3.1 Advances to suppliers in most cases remain unadjusted because invoices are not received in time to do so. In other cases, although the goods (in most cases books and periodicals) are said to have been sent by the suppliers, but not received by ICDDR,B, have probably been lost in transit. The aggregate amount of US$ 4,408.87 is outstanding in this respect and is recommended to the Board for write-off.

3.2 Outstanding advances to employees, include advances to two deceased employees of the Centre. There are a few consultants who were given advances against per diem and airfare but did not produce vouchers for adjustment. Some advances are oustanding from a few expatriate employees against utility bills received and paid by the Centre long after their departure. In most cases such advances are realised, some of them are outstanding as the staff could not be located. In all these aggregate US$ 2,856.59 and it is recommended to the Board that the amount be written off.

A policy in this regard is being developed to protect the Centre from any future loss.

3.3 The Centre is considering imposing interest on outstanding advances beyond a reasonable period. In the meantime arrangements have been made so that all but one employee's advances are settled monthly.

3.4 Development of software to produce age analysis of advances has not yet been found to be cost effective.

4. CASH AND BANK BALANCES:

4.1 Cash in hand

Constant vigilance is kept on outstanding petty cash advances. Actions have already been taken for outstanding advances of more than a month and a case has been referred to the Personnel Office for necessary action as per staff rule and resolved. Fresh advances cannot always be correlated with old advances where the purpose differs. At times it may be difficult to avoid granting additional advances e.g. for emergency medical supplies.

4.2 The expenses claimed appear to be genuine but not adequately supported by receipts. In exceptional cases where it is not possible for the person concerned to obtain a receipt, expenses are reimbursed on the basis of a statutory declaration that payment was made and authorized by the concerned Associate Director.

4.3 The matter of using nationalised banks is the subject of a separate agenda item of the Board.

5. INTEREST

The UNROB loan is a separate agenda item of the Board.

6. GENERAL

6.1 These errors are largely clerical in nature and include data entry key-punch mistakes. Efforts are underway to minimise these types of error.

6.2 Contributions are accounted for on an accrual basis as per Generally Accepted Accounting Standards. In other words the income is not accrued until the expenditures are incurred for the purposes stated in e.g. a grant document. One way to deal with the matter would be to set up a Reserve for possible future disallowance of expenses incurred. This could be considered only when Centre finances improve.

6.3 Actions have already been initiated to centralize cash collection in finance.

6.4 Due to financial constraints, approval to purchase the necessary hardware and software to permit the computerization of an inventory management system has not been given. This may be considered f 988. .

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B3/1 Gillander House
8 Netaji Subhas Road
Calcutta - 700 001
India

RAHMAN RAHMAN HUQ & CO.
52, Motijheel Commercial Area
Dhaka-2
Bangladesh

March 24, 1987

The Director
International Centre for Diarrhoeal
Disease Research, Bangladesh (ICDDR,B)
G.P.O. Box 128
Dhaka-2
Bangladesh

Dear Sir:

Audit of Accounts for the year ended 31st December, 1986

We have now completed the audit of the books and accounts of the Centre for the year ended 31st December 1986. During the course of our audit we have come across certain weaknesses in the accounting and internal control systems of the Centre which we feel should formally be brought to your attention. We, therefore, enclose a memorandum containing our observations and recommendations for improvement.

We would like to emphasise that the memorandum contains weaknesses which have come to our notice during the course of our tests applied in checking the books and accounts. Our tests were designed primarily to enable us to form an opinion on the statements of account as a whole. Therefore, this memorandum does not include all possible weaknesses and recommendations which a thorough and special study may highlight. We have discussed this memorandum with the concerned officials of the Centre including the Chief Finance Officer and the Head, Financial Accounting who have basically agreed with our suggestions.

We shall be pleased to provide you with any further information that you may require in this respect.

We would like to take this opportunity of recording our appreciation of the cooperation and assistance extended to us by the staff of the Centre at all levels but for which it would not have been possible for us to complete our work within the time frame.

We enclose two extra copies of this memorandum.

Yours faithfully,

Price Waterhouse
(formerly Price Waterhouse & Co.)
Chartered Accountants

Rahman Rahman Huq & Co.
Chartered Accountants

OFFICE COPY

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

MEMORANDUM CONTAINING OBSERVATIONS AND RECOMMENDATIONS ON THE WEAKNESSES OF THE ACCOUNTING AND INTERNAL CONTROL SYSTEMS

1. FIXED ASSETS:

1.1 In the course of our audit, it has come to our notice that:

i) the fixed assets register maintained by the Centre has not been updated after 31st December 1985. We have been informed that this is due to the fact that the register is to be computerised in 1987 when all additions and deletions subsequent to 31.12.85 will be incorporated.

ii) no physical verification has been conducted during the year by the management. Regular updating of the fixed assets register, its reconciliation with the general ledger and periodic physical verification are recommended to ensure adequate control over fixed assets.

1.2 Depreciation accumulated on each individual asset is not indicated in the fixed assets register.

Absence of adequate information regarding accumulated depreciation could result in depreciation being charged on assets which have been fully depreciated. Accordingly, we suggest that the accumulated depreciation on each individual asset be indicated in the fixed assets register.

1.3 No insurance cover has been obtained in respect of fixed

assets other than vehicles.

Since these items constitute a significant portion of the Centre's assets, we recommend that these be covered by a comprehensive insurance policy.

2. STORES AND SPARES

2.1 Supply stores include some items having aggregate value of US$ 16,831 which are lying unused for quite a long time. As such, these items may be considered for writing off if found to be no longer usable.

2.2 At balance sheet date, there were no stocks of certain items at central store although the monthly average consumptions of those items were found to be substantial. Such stock out situation may be prejudicial to the objectives and interests of the Centre.

2.3 Unconsumed stock of stores and spares at various service centres are not considered as year-end stock for the purpose of annual financial statements.

Materials and chemicals issued to IPH should be reconciled with I.V. Fluid received from them.

2.4 Bin cards have not been updated since November 1986.

2.5 Insurance coverage has not been taken in respect of stock of stores and spares.

3. ADVANCES:

3.1 During the course of our scrutiny of the advances for supplies, we have come across certain cases where materials had already been received as evidenced by the relevant Material Receipt Reports but the corresponding advances still remained outstanding in the books. Necessary adjustments have been made in respect of these advances but the absence of any definite information in respect of certain other advances has precluded us from concluding whether any adjustments are necessary in such cases also. A list of the advances in respect of which no definite information is available has been handed over to the Head, Financial Accounting.

Further, we have noticed a number of old advances which appear to us to be doubtful of recovery and for which no provisions have been made in the accounts. A list of such advances too has been handed over to the Head, Financial Accounting.

We suggest that a thorough review of the advances included in the lists referred to above be carried out and wherever required, necessary adjustments made in the books. The aggregate value of these advances is, however, not material in relation to the current accounts.

3.2 We have observed that some advances are lying unrecovered from certain employees who have already ceased to be in the services of the Centre.

Since it is not always practicable to recover dues from ex-employees, it is suggested that greater attention be paid to the adjustment of advances prior to the retirement/resignation of the concerned staff member.

3.3 Quite a few cases of "Employee Advances" have come to our notice where substantial balances have been permitted to be accumulated.

Having regard to the heavy overdrafts and the consequent interest burden the management may consider recovering these advances on a regular basis.

3.4 It has been observed that the present format of the advances sub-ledger does not permit their age analysis.

To facilitate easier monitoring of old advances by the management, we suggest that the format be suitably modified to incorporate their aging.

4. CASH AND BANK BALANCES

4.1 Cash in hand:

In respect of advances out of petty cash in the nature of IOUs our observations are as under:

- in some cases, these remain undadjusted for over a month;
- adjustments are made on piece-meal basis;
- fresh advances are made without clearing old ones;
- these are made even for purchasing stock items.

4.2 During the course of our test check of petty cash payments, we have come across a reimbursement claim (Vourcher No. 01732 dated 04-12-86) where a close examination of the supporting documents has given rise to some doubt in our minds as to the justifiability of an amount claimed in respect of a particular item of expenditure. The amount in question is, however, negligible. The attention of the Chief Finance Officer has been drawn to this matter and we have been assured by him that he would look into it.

4.3 Cash at bank:

It is noted that a number of accounts are maintained with bank outside Bangladesh. Section 17(2) of the ICDDR,B Ordinance 1978 requires that all funds of the Centre shall ordinarily be kept in any nationalised bank or banks in Bangladesh. It appears that the Board has also directed the management to review and report on the possibility of obtaining necessary banking arrangements through nationalised banks in Bangladesh.

5. INTEREST FREE LOAN

In May 1983, the Centre was provided by the Government of Bangladesh with an interest free loan of Tk. 28,928,775 initially for a period of one year. After several extensions by the Government of Bangladesh, the repayment date expired on June 30, 1986. As per the terms of the loan, the Centre is liable to pay interest at the prevailing commercial lending rate if the loan remains unpaid beyond the expiry of the period of repayment. No

provision for interest has been made in the accounts in this regard.

The Centre, however, holds the view that the loan should be converted into a grant on the grounds that this loan was originally a grant to the Centre by UNROB and was utilized for providing free medical treatment to patients in Bangladesh as well as to provide free training to Bangladeshis.

6. **GENERAL**

6.1 During the course of our examination, we have noticed that in a few cases, payments have not been booked to the appropriate heads of account, mainly due to clerical lapses. The errors detected by us have, however, been rectified.

It is suggested that corrective steps be taken to ensure that this does not occur in future.

6.2 Expenses incurred during the year in respect of the projects have been taken as income of the year under the head 'contributions' without obtaining/considering performance reports.

6.3 The present system of collection of cash at various sections of the Centre should preferably be centralised for better internal control in this regard.

6.4 Installation of computer terminal at store may be considered for updating inventory records to facilitate reporting of instant balances.

10/BT/JUNE.87

SELECTION OF TRUSTEES

SELECTION OF TRUSTEES

10/BT/June '87

Selection of Trustees

Name	Date of Birth & Nationality	Field of Speciality	Current Occupation	Nominated by
Europe East				
Krystyna BOZKOWA	1924 Poland	Paediatrics	Director National Research Institute for Mother & Child (1970 to date)	Prof. J. Kostrzewski
Vladimir SERY	- Czechos-lovakia	Tropical Pub. Health Trop. Communicable Med.	Postgraduate School of Med., Prague	Prof. R. Feachem
Europe West				
Alf A. LINDBERG	- Sweden	Immunology	Chairman, Dept. of Clinical Bact. Karolinska Inst. Huddinge	Dr M.H. Merson
Alex S. MULLER	- Nether-lands	Epidemiology	Director, Dept. Trop. Hyg., Royal Trop. Institute, Amsterdam	Dr M.H. Merson
Pacific & East Asia				
Jane BALTAZAR	-	Physician/ Epidemiolgst. (epid. stds. on dia. dis.)	Inst. of Public Health, Uni. of the Philippines, Manila	Prof. R. Feachem
Perla SANTOS OCAMPO	1931 Philip-pines	Paediatrician Nutrition	Chairman, Dept. of Paediatrics, Coll. of Med., Uni. of Philip-pines, Manila	Dr M.H. Merson

Name	Date of Birth & Nationality	Field of Speciality	Current Occupation	Nominated by
Nath BHAMARA-PRAUATI	- Thailand	Research Management	Director, Mahidol Univ., Bangkok	Dr M.H. Merson
Hiroshi TANAKA	1928 Japan	Parasitology	Chairman, Dept. of Parasitology, Inst. of Med. Science, Univ. of Tokyo	Govt. of Japan Dr K.A. Monsur
Chie NAKANE	- Japan	Sociology	Prof of Sociology Univ. of Tokyo	Prof. D. Bell
Mercedes B. CONCEPTION	-	Chemistry Sociology	Prof. of Demography, Pop. Inst. Univ. of Philippines, Manila	Dr K.A. Monsur
Asia				
M.D. AFZAL	- Pakistan	Public Admin.	Rector, International Islamic Univ., Islamabad	Dr K.A. Monsur
V.I. MATHAN	~1940 India	Gastro-enterology	Prof. Christian Med. Coll Vellore Director, Lahore Institute	Prof. D. Rowley
Shanti GHOSH	1920 India	MCH	Prof. of Paed. Safdarjung Hosp. New Delhi	
S.C. PAL	- India	Microbiology Research Management	Director, Natnl. Inst. of Cholera & Enteric Dis. (NICED) Calcutta	Dr M.H. Merson
Mushtaq A. KHAN	- Pakistan	Paediatrician Nutrition	Prof. of Paedcs. The Medical Centre, Islamabad	Dr M.H. Merson

Name	Date of Birth & Nationality	Field of Speciality	Current Occupation	Nominated by
Latin America				
Carmen A. MIRO	1919 Panama	Demographic Social Sc.		
Oscar BRUNSER	-	Paediatrician Microbiology Gastroentlgy.	Prof. of Ped. Head Gast. Unit Inst. Nutrition Techolgia de los Anmentos, Univ. de Chile	Prof. R. Feachem Dr M.H. Merson
Africa				
Middle East				
Abdel-Rahim OMRAN	- Egypt	Epidemiology	Director, Pop., Hlth. & Dev. Prog. Cent. Int. Dev. Univ. of Maryland	Dr K.A. Monsur

CURRICULUM VITAE

Professor dr hab.med. - KRYSTYNA BOŻKOWA
Date and place of birth - 12.07.1924 Poznań
Home address - ul.Karłowicza 16 m.2, 02-552 Warsaw
tel. no. Office 32-68-58
Home 45-59-67

Education and Scientific Degrees -

Poznań University Medical Faculty 1945-49
M.D. Dissertation - Szczecin Medical Academy 1951
Docent Thesis - Szczecin Medical Academy 1960
Professor extraordinarius, Warsaw 1966
Professor ordinarius, Warsaw 1976

Appointments -

1. Research assistant: Department of Pathology - Medical Academy, Szczecin 1949-1951
2. Research assistant and adjunct: Department of Pediatrics - Medical Academy Szczecin 1951-1960
3. Head, Department of Pediatrics NRIMC 1960- to date
4. Deputy Director for Research NRIMC 1960-1970
5. Director NRIMC 1970- to date

Current position

as above

Publications - More than 250 scientific publications and chapters in books in Polish and international medical and scientific journals, 7 text books and monographs.

Main Scientific interests:

- inborn errors of metabolism
- biochemistry and pharmacology of the developing organism
- public health aspects of MCH and family health

Public Service, Boards, Committees:

- Commitees of Polish Academy of Sciences
- Child Development Committee
- Human Ecology (Chairman of Developmental Ecology) Committee
- Nutrition Committee
- Government Demographic Commission
- State Council fo Family Affairs
- Presidium of the Minister of Health Scientific Council
- Scientific Council of several Medical Institutes
- Chairman, National Board of Pediatrics

Scientific Societies; Membership:
- Polish Pediatric Society
- Polish Medical Society
- International Pediatric Society - scientific adviser
- International Cystic Fibrosis Society
- European Society of Pediatric Research
- Warsaw Scientific Society

Honorary Membership:
- Polish Pediatric Surgeons' Society
- French Pediatric Society
- Swedish Pediatric Society
- Finish Pediatric Society
- West German Society for Social Pediatrics
- West German Society for Pediatrics

Distinctions:
- Commandoria Polonia Restituta
- Order of Sztandar Pracy
- Ordre National de la Legion d'Honneur - Republique Française
- Commandoria of the Great Finish Lion

International Work:
WHO consultant
UNICEF advisor
Organization and chairmanship of International Symposia
International collaboration with the Universities and other Scientific Institutions in the following countries:
USSR, Hungary, Czechoslovakia, GDR, Yugoslavia, Finland, Sweden, France, West Germany, Austria, Great Britain, USA.

Dyrektor
Instytutu Matki i Dziecka
(Prof. dr hab. n. med. Arvolwna Bobkowa)

CURRICULUM VITAE

NAME: SANTOS OCAMPO, Perla

DATE OF BIRTH: 25 July 1931

NATIONALITY: Philippines

LANGUAGES: Filipino, English

EXPERIENCE: Professor of Pediatrics, College of Medicine, University of the Philippines.

Attending Pediatrician, Philippine General Hospital.

Active Consultant Staff Medical Centre, Manila, Capitol Medical Centre, Cardinal Santos Memorial Hospital, St. Luke's Hospital.

Governing Council Member, Philippine Council for Health Research and Development.

Secretary-General, Association of Pediatric Societies of the South East Asian Region.

Director, Asian Pacific Society for Pediatric Gastroenterology.

Member, WHO Expert Advisory Panel on Maternal and Child Health.

Commissioner, Philippine Medical Care Commission.

Consultant to the Ministry of Health, 1981-1982

AREAS OF SPECIALITY: Pediatrics/Child Health with special interest and training in Child Development and in Pediatric Gastroenterology and Nutrition.

CURRICULUM VITAE

Name in Full;	Hiroshi TANAKA, Male
Date & Place of Birth;	13 August 1928, Tokyo, Japan
Nationality;	Japanese
Home Address;	19-9 Izumi-honcho 2, Komae City, Tokyo 201
Present Position;	Professor in the University of Tokyo Chairman, Department of Parasitology, Institute of Medical Science, the University of Tokyo Minato-ku, Tokyo 108 Japan
Family;	Wife and 2 children

Education and Qualification;

Apr. 1948 to Mar. 1952	Faculty of Medicine, the University of Tokyo.	MD
Apr. 1952 to Mar. 1953	Intern at Hospital of the University of Tokyo.	
12 Sep. 1953	Certificate of Clinical Practice. Reg. No. 150246	GP
Apr. 1953 to Mar. 1957	Research Student in Dept. of Parasitology, Institute of Infectious Diseases, the University of Tokyo (former name of the Institute of Medical Science)	DMS

Employment and Position;

Mar. 1957 to Jan. 1960	Research Associate, Dept. of Public Health, Tokyo Medical and Dental University.
Feb. 1960 to Jul. 1961	Research Associate, Dept of Parasitology, Institute of Infectious Diseases, the University of Tokyo.
Aug. 1961 to Nov. 1962	Clinical Practice of Internal Medicine in private office.
Dec. 1962 to Jul. 1964	Director, Naze Communications Clinic.
Jan. 1964 to Aug. 1964	Assistant Professor, Amami Branch Laboratory, Institute of Infectious Diseases, the University of Tokyo.
Aug. 1964 to Apr. 1966	Assistant Professor, Dept. of Parasitology, Faculty of Medicine, Kagoshima University.
May 1966 to May 1967	Assistant Professor, Dept. of Medical Zoology, School of Medicine, Tokyo Medical and Dental University.
Jun. 1967 to Jul. 1976	Associate Professor, Dept. of Parasitology, Institute of Medical Science, the University of Tokyo.
Jun. 1968 to May 1969	Research Associate, Division of Tropical Medicine, Cornell University College of Medicine, New York.
Aug. 1976	Present Position
Apr. 1977	Professor, Faculty of Medicine, the University of Tokyo

Positions Related to Research Activity;

Chairman, Diploma Course of Tropical Medicine, Institute of Medical Science, the University of Tokyo. 1976 - 1981

Director, Amani Branch Laboratory, Institute of Medical Science, the University of Tokyo. 1974 - 1986

Panel Member, Parasitic Diseases Division, US-Japan Medical Cooperation Program. Since 1977

Editorial Board Member, Japan Society of Parasitology. 1968 - 1985

Board Member, Japan Society for Tropical Medicine

Project Coordinator, Parasitology Board, Sasakawa Memorial Health Foundation. Since 1979

Editor in Chief, Japanese Journal of Experimental Medicine. Since 1985

Main Assignments in WHO;

1977 to 1980	Epidemiological Advisory Panel in Special Programme for Onchocerciasis Control (OCP)
Sep. 1978 to 1986	Expert Advisory Panel on Parasitic Diseases (Schistosomiasis). (Geneva)
Dec. 1978 to Apr. 1980	Member of Western Pacific Advisory Committee on Medical Research (WPACMR)
May 1980 to Dec. 1982	Chairman of WPACMR
Nov. 1978	Expert Committee on Schistosomiasis (Geneva)
Feb. 1982	SWG on Human Ecology and Health (Mexico)
1983	Sc of SWG on Schistosomiasis (TDR)
Mar. 1983 to Aug. 1986	Executive sub-group of the Research Strengthening Group (TDR)
Other SWGs	Filaria Drugs, Epidemiology (TDR), Molluscicides (TDR) Subcomittee on Schistosomiasis in WPACHR in Manila

Reference;

Dr. H. Nakajima, RD. WPRO at Manila

Dr. A. Davis, Director, PDP, WHO (Geneva)

Dr. K. Hata, Chief, Information, TDR (Geneva)

Dr. Y. Kawaguchi, COR, WHO Geneva

Dr. K. Mott, Schistosomiasis, PDP, WHO (Geneva)

Certifying the above to be true in every respect, I hereby affic my signature,

H. Tanaka

Hiroshi Tanaka, M.d. Prof.
14 May 1987

CURRICULUM VITAE

Name – Mercedes B. Concepcion

Education – B.S. (Chemistry), University of the Philippines, 1951; Certificate in Statistics University of Sydney, Australia, 1954; Ph.D. (Sociology), University of Chicago, U.S.A.,

Present Position – Professor of Demography
Population Institute
University of the Philippines

Other Activities – Honorary President, International Union for the Scientific Study of Population

Chairman, NEDA Inter-Agency Committee on Population and Housing Statistics

Chairman, WHO Steering Committee of the Task Force on Behavioral and Social Determinants of Fertility Regulation, 1985-1987, 1988-1990

Member, Council of the United Nations University, 1983-1989

Member, Board of Advisors, Population Reference Bureau, Washington, D.C., since 1975

Member, Editorial Advisory Committee International Family Planning Perspectives, New York, since 1979

Member, Advisory Board, Population and Development Review. The Population Council, New York, since 1983

Chairman, Division of Social Sciences, National Research Council of the Philippines

Membership in Honor Societies and Professional Organizations:

Phi Kappa Pi
Pi Gamma Mu
International Union for the Scientific Study of Population
International Statistical Institute
Population Association of America

American Sociological Association
Pacific Science Association
National Research Council of the Philippines
Philippine Sociological Society
Philippine Association for the Advancement of Science
Society for the Advancement of Research
Philippine Statistical Association

Awards and Distinctions:

1969	St. Theresa's College Alumni Association's Distinguished Alumna Award
1970	Doctor of Humane Letters (Honoris Causa), Ateneo de Manila University, Philippines
1976	University of the Philippines Alumni Association Professorial Award in Demography
1976	Civic Assembly of Women in the Philippines Award Merit
1979	Bayaning Filipino Foundation Tandang Sora Award
1981	PHILAAS Gregorio Y. Zara Award in Applied Science
1981	F I D A Katuparan Awards for Outstanding Woman in Science and Technology
1982	National Research Council of the Philippines Achievement Award for Demography
1983	United Nations Association of the Philippines General Carlos P. Romulo Award
1983	U. P. College of Arts and Sciences Alumni Association Distinguished Social Scientist Award

Recent Publications:

Concepcion, Mercedes B. 1986. "Sociology Revisited" In Trends in Philippine Sociology Diamond Jubilee Lecture Series in honor of Ofelia Regala-Angangco, Professor Emeritus of Sociology. University of the Philippines, Quezon City.

Concepcion, Mercedes B. 1985. "The Impact of Sterilization on Population Growth" In Training Manual on Surgical Sterilization, 2nd Edition.. Gloria T. Aragon and Rosario Isidro-Gutierrez, eds. Philippine General Hospital, University of the Philippines College of Medicine.

_____. 1985. The Philippines: Population Trends and Dilemmas. In Philippine Population Journal, Vol. 1 March.

_____. 1984. "Demographic Situation and Outlook in the ESCAP Region". In Selcted Papers: Third Asian and Pacific Population Conference, Asian Population Studies Series No. 58 . Economic and Social Commission for Asia and the Pacific, Bangkok, Thailand.

_____ (with R.R. Rindfuss, L.L. Bumpass, J.A. Palmore and Others). 1984. "Childspacing in Asia: Similarities and Differences." Comparative Studies No. 29 (August). International Statistical Institute/World Fertility Survey.

_____. 1984. "The Findings and Their Policy Implications." In Fertility in the Philippines, Further Analysis of the Republic of the Philippines Fertility Survey 1978. L.T. Engracia, C. M. Raymundo and J. B. Casterline, eds. Voorburg, Netherlands: International Statistical Institute.

_____. 1984. "Population Development in Asian Countries, Causes and Effects: A Review," Population Policies in Asian Countries, Contemporary Targets, Measures and Effects. Hermann Schubnell, et.al., eds. The Drager Foundation, The Federal Republic of Germany and Centre of a Studies, University of Hongkong

_____. 1984. "Population Development in Asian Countries." Development and Cooperation, No. 4, July-Augst, pp. 7-9. German Foundation for International Development, Bonn, Federal Republic of Germany.

_____ ed. 1983. Population of the Philippines: Current Perspectives and Future Prospects Population/Development Planning and Research Project, National Economic and Development Authority, Philippines.

Concepcion, Mercedes B. 1982. "Is There a Demographic Gap and How It Is Measured?" Proceedings of the 42nd Session of the International Statistical Institute, Manila, Philippines.

_____. 1982. "Population and Employment in Selected Countries Bordering the Pacific". Singapore Journal of Tropical Geography, Special Issue (December).

_____. 1982. "Family Formation and Contraception in Selcted Developing Countries: Policy Implications of WFS Findings." In Record of Proceedings, World Fertilityd Survey Conference 1980. London.

_____. 1982. "Factors in the Decline of Mortality in the Philippines, 1950-1975" In Mortality in South and East Asia: A Review of Changing Trends and Patterns 1950-1975. WHO. Manila.

_____. 1982. Rindfuss, R.R., L.L. Bumpass, J.A. Palmore, et.al. "Childspacing in Asia: Similarities and Differences". East-West Center Paper, (June).

_____. "A Comparative Analysis of Intermediate Variables and Differential Fertility in Korea and the Philippines." CED Workding Paper No. 81-10. Madison, Wisconsin, University of Wisconsin Center for Demography and Ecology, May.

_____. 1981. "Population Trends and Policies in Asia". In Documents for the Asian Conference of Parliamentarians on Population and Development, Beijing, China.

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DR. MUHAMMAD AFZAL (PAKISTAN)

Mailing Address:

Rector
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P.O. Box: 1755
Islamabad
Pakistan

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Education:

Ph.D. (Business and Public Administration), Cornell University.

Positions held:

Professor of Public Administration, Punjab University, Pakistan (1962-1972).

Director, Technical Economic Division, Kuwait (1972-1979).

Chairman, University Grants Commission, Pakistan (1979-1983).

Adviser to the President for Higher Education, Government of Pakistan (1979-1983) (with the rank and status of a Minister).

Education Minister, Government of Pakistan (1983-1985).

Rector, International Islamic University, Islamabad (1985 to date) (with the rank and status of a Minister, Government of Pakistan).

Dr. Carmen A. Miro (Panama)

Date of birth: 19.4.1919

Educational and Professional Background

Eminent demographer-social scientist.

Former Director, UN CELADE (United Nations Centre for Demographic Studies for Latin America), Santiago, Chile.

Former President, IUSSP (International Union for the Scientific Study of Population).

Associated with numerous international agencies in different capacities.

Member of the Governing Council/Board of Trustees of a number of important international/national bodies; a former member of the Board of Trustees, the Population Council, New York.

CURRICULUM VITAE

NAME — Abdel-Rahim Omran, M.D., Dr.P.H.

ADDRESS — 7406 Lois Lane, Lanham, Maryland 20706, USA

TITLE — Director, Population, Health and Development Program
Center for International Development
University of Maryland

Professor of Epidemiology

EDUCATION

M.D.	Faculty of Medicine, Cairo University, Egypt, 1952
D.P.H.	Epidemiology, Faculty of Medicine, Cairo University Egypt, 1954
M.P.H.	Epidemiology, School of Public Health, Columbia University, New York, 1956
Dr. P.H.	Epidemiology, School of Public Health, Columbia University, New York, 1959
Certificate	Trudeau School of Tuberculosis, 1959

PROFESSIONAL EXPERIENCE

Present	Director of the Population and Health Program, Center for International Dev. Univ. of Maryland.
1971-1984	Professor of Epidemiology, School of Public Health, University of North Carolina, Chapel Hill, North Carolina
1972-present	Director, World Health Organization International Reference Centre for Epidemiologic Studies in Human Reproduction
1981-present	Secretary General, then Scientific Adviser, Muslim Scholars Conference on Population, Health and Development
1978-present	Member of the World Health Organization Expert Advisory Panel on Human Reproduction
1978-present	Scientific Adviser to Egyptian Ministry of Health
1977-1983	Fellow, Carolina Population Center
1969-present	Consultant to international agencies, including the Ford Foundation, the World Bank, United Fund for Population Activities, and the World Health Organization

1966-1971	Associate Professor of Epidemiology, School of Public Health, University of North Carolina, Chapel Hill, North Carolina
1964-1970	Clinical Associate Professor of Community Medicine, University of Kentucky, Lexington, Kentucky
1963-1966	Director of epidemiologic studies in Bolivia (U.S. Peace Corps), and Senior Research Scientist, Research Institute of the Study of Man, New York
1963-1966	Research Scientist, then clinical Associate Professor, Institute of Environmental Medicine, New York University, and Field Director of the N.Y.U. Health Survey Unit
1962-1963	Chairman of the Epidemiological Committee for Bilharziasis Research
1961-1963	Epidemiologic consultant to the Trachoma, Rheumatic Fever, and Arteriosclerosis Research Projects, U.A.R.
1961-1963	Chief epidemiologist, the Qalyub Tuberculosis Project, sponsored by the World Health Organization, UNICEF, and U.A.R.
1957	Residency in Bellevue Hospital Chest Service, New York, for six months
1956-1957	Research Associate, Navajo Cornell Field Research Project, the Department of Public Health and Preventive Medicine of Cornell University Medical College
1952-1963	Member of the Faculty of Medicine, Cairo University, Department of Social and Preventive Medicine
1952-1953	Internship in Kasr-el-Ainy University Hospital, Egypt, Cairo

HONORS AND AWARDS

Medal of Recognition for meritorious contribution to the work and direction of the World Health Organization over the last ten years by a scientist who is not on the regular staff of the Organization, March 1980, Geneva

Delta Omega membership, 1972

Medal of Achievement (Science) from the Egyptian government, 1965

World Health Organization Travel Fellowship to England, Czechoslovakia, and Yugoslavia, 1963

Scholarship from the American government for one year, and from the U.A.R. government for three years, to obtain the M.P.H. and Dr.P.H. degrees at Columbia University, 1955-1959

PROFESSIONAL MEMBERSHIPS

American Public Health Association (Fellow for life)
American Society of Epidemiologic Research
Egyptian Medical Association
Egyptian Public Health Association
International Epidemiological Association
Population Association of America
Islamic Medical Association

PUBLICATIONS

1959 Public Health and Welfare in the Arab States: Past-Present and Future. Monograph No. 8; New York: Arab Information Center.

1960 With M. Ali and A. Kholy. "Towards Better Tuberculosis Control Programs in the Arab States." Proceedings of the 20th Pan-Arab Medical Conference. In Arabic; Baghdad, Iraq: 1960.

With K. Deuschle and W. McDermott. "Evaluation of a Less Expensive Method of Tuberculosis Case Finding by Tuberculin Testing of Young Children in Under Developed Areas." Gazette of Egyptian Pediatric Association 8(1960): 164-178.

With T. Tomaa and M. El-Alamy. "Epidemiological Pattern of Tuberculosis in 43 Communities in the Qalyub Area of U.A.R." Proceedings of the 30th Pan-Arab Medical Conference. Baghdad, Iraq: 1960.

1961 "Ecology of Leishmaniasis." In Studies of Disease Ecology, edited by J. May, pp. 331-388. New York: Hafner Publishing Company, 1961.

Epidemiology of Rickets in Lower Egypt: A Study of Six Egyptian Villages in the Nile Delta. Paper presented at the Annual Conference of the Egyptian Medical Association, Cairo.

1962 "Indices and Trends in Estimating the Tuberculosis Problem." Egyptian Journal of Chest Diseases and Tuberculosis 5(1962):73-86.

"Some of the Vanishing and Emerging Problems in Tuberculosis." Egyptian Journal of Chest Diseases and Tuberculosis 5 (1962).

With M. A. Attiah and A. M. Kholy. "Beliefs and Attitudes Regarding Communicable Eye Diseases and Their Control Procedures in a Rural Community, U.A.R." Bulletin of the Ophthalmologic Society of Egypt 55 (1962): 1-16.

_____. "'Computed Incidences' in Chronic Diseases by Applying the Life-Table Approach to Prevalence Data." Journal of the Egyptian Public Health Association 37 (1962): 217-239.

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_____. "Intra-individual Variations in Mass Diagnosis of Trachoma." Bulletin of the Ophthalmologic Society of Egypt 55 (1962): 395-409.

With A. Sayed and A. M. Kholy. "Epidemiological Basis for Bilharziasis Research." Proceedings of the International Congress of Bilharziasis. Cairo, Egypt: 1962.

1963 Modern Concepts of Epidemiology. Cairo: Bahig.

Social Health and Preventive Medicine. Cairo: Bahig.

With S. Abdou. "Some Health Education Aspects of Bilharziasis Control in Egypt." Gazette of Kasr-el-Ainy Faculty of Medicine 31 (1963): 119-130.

With M. A. Attiah, A. M. Kholy, A. S. Bichai, M. Fattouh, and M. Beram. "Campaign Against Communicable Eye Diseases in the U.A.R." In Science and Technology for Development: People and Living, Vol. 5, pp. 115-116. Geneva: United Nations, 1963.

1965 "Methodology of Evaluation of Tuberculin Testing of Young Children as a Case-finding Tool." Egyptian Journal of Chest Diseases and Tuberculosis 8 (1965): 83-100.

With K. W. Deuschle. "A Controlled Evaluation of a Selective Method of Tuberculosis Case Finding: A STudy Performed in a Navajo Community." American Review of Repsiratory Diseases 91 (1965): 215-224.

With A. C. Gelman and E. G. Clark. "The Prevention of Communicable Disease." In Preventive Medicine for the Doctor in His Community, edited by Leavell and Clark, pp. 127-170. New York: McGraw Hill, 1965.

1966 "Impact of Economic Development on Health Patterns in Egypt." Archives of Environmental Health 13 (1966): 117-124.

With R. E. Albert. "Chronic Radiation Injury In Ringworm Patients Treated by X-ray Epilation with Special Reference to Mental Illness." Paper presented at the Epidemiology Seminar of New York City.

With R. E. Albert and others. "Follow-up Study of Patients Treated by X-ray for Tinea Capitis." American Journal of Public Health 56 (1966): 2114-2120.

1967 With W. J. McEwen and M. J. Zaki. Epidemiological Studies in Bolivia. New York: Research Institute for the Study of Man.

_____. Studios Epidemiologicos En Bolivia. La Paz, Bolivia and Washington, D.C.: Peace Corps Offices. (Spanish).

1968 "Iran, Future Problem - Present Action." In Focus on Population, a special issue of Mid-East: A Middle East North African Review 8 (1968): 32-37.

With R. E. Albert. "Follow-up Study of Patients Treated by X-ray Epilation for Tinea Capitis: I. Population Characteristics, Post-Treatment Illnesses, and Mortality Experience." Archives of Environmental Health 17 (1968): 899-918.

With R. E. Albert, E. W. Brauer, N. C. Cohen, H. Schmidt, D. C. Dove, M. Becker, R. Baumring, and R. O. Brauer. "Follow-up Study of Patients Treated by X-ray Epilation for Tinea Capitis: II. Results of Clinical and Laboratory Examinations." Archives of Environmental Health 17 (1968): 919-934.

With Carolina Population Center Staff and Moye W. Freymann, editor. Approaches to the Human Fertility Problem. Prepared for the United Nations Advisory Committee on the Application of Science and Technology to Development.

1969 Epidemiological Aspects of Health and Population Dynamics. Proceedings of a Faculty Seminar in India, published as two special issues of The Bulletin (Gandhigram Institute of Rural Health and Family Planning) 4. Two volumes.

1970. "A Two-way Interaction Between Fertility and Childhood Mortality." The Bulletin 5 (1970): 14-61.

1971 "Abortion in the Demographic Transition." In the National Academy of Sciences' Rapid Population Growth: Consequences and Policy Implication. Baltimore: Johns Hopkins Press, 1971.

"Epidemiologic, Sociologic, and Theologic Aspects of Muslim Fertility." In Final Report: International Workshop on Communications in Family Planning Programs, edited by Robert R. Blake. Chapel Hill, N. C.: Carolina Population Center, 1971.

"The Epidemiologic Transition: A Theory of the Epidemiology of Population Change." Milbank Memorial Fund Quarterly 49 (1971): 509-538. Translated into Spanish, 1972, and into Thai, 1979.

"Health Benefits of Family Planning." Paper presented to the World Health Organization Scientific Group on Human Development and Public Health, Geneva, 1971. Translated into French 1972 and Spanish 1972.

The Health Theme in Family Planning, Monograph No. 16. Chapel Hill, N. C.: Carolina Population Center.

1972 Application of Epidemiologic Methodology Potential Priority Projects on the Interrelation of Family Size and Family Health. HR/SG/ 2.11. Geneva: World Health Organization, 1972.

Epidemiological Methods in the Study of Health Aspects of Family Planning. HR/SG/72.3. Geneva: World Health Organization, 1972.

"Epidemiological and Sociological Aspects of Abortion." In Induced Abortion: A Hazard to Public Health? edited by Isam R. Nazer, pp. 20-59. Beirut: International Planned Parenthood Federation, 1972.

A Graduate Program for Training in Population Epidemiology at the University of North Carolina. HR/SG/72.4. Geneva: World Health Organization, 1972.

"A Resume of Islam's Position on Family Planning and Abortion." In Induced Abortion: A Hazard to Public Health? edited by Isam R. Nazer, pp. 348-355. Bierut: International Planned Parenthood Federation, 1972.

"La transicion epidemiologica; una teoria de la epidemiologia del cambio poblacional." Atencion Medica 1 (1972): 38-74.

With C. B. Arnold and S. J. Slagle. "An Epidemiological Study of Timing Failure Type Pregnancies." American Journal of Public Health 62 (1972): 1658-1663.

With B. Loughlin. "An Epidemiologic Study of Accidents Among the Navajo Indians, Arizona." Journal of the Egyptian Medical Association 55 (1972): 1.

With others. Human Development and Public Health: Report of a WHO Scientific Group (WHO Technical Report Series, No. 485). Geneva: World Health Organization, 1972.

1973 Editor. Egypt: Population Problems and Prospects. Chapel Hill, N.C.: Carolina Population Center, 1973.

In Egypt: Population Problems and Prospects:

"The Population of Egypt, Past and Present," pp. 3-38.

"The Mortality Profile," pp. 39-72.

"The Fertility Profile," pp. 131-144.

With Nader Fergany. "An Annex to the Demographic Profiles: Population Projections," pp. 131-144.

"Islam and Fertility Control," pp. 165-180.

1973 With Malek El-Nomrossey. "The Family Planning Effort in Egypt: A Descriptive Sketch," pp. 219-256.

"Prospects for Accelerating the Transition in Egypt," pp. 411-434.

"The Dichotomy of Islam's Natality Design in an Epidemiological Context." In Islam and Family Planning, edited by I. Nazer et al., Vol. I, pp. 251-288. Beirut: International Planned Parenthood Federation, 1973.

"Abortion in the Natality Transition in Muslim Countries." In Islam and Family Planning, edited by I. Nazer et al., Vol. II, pp. 353-374. Beirut: International Planned Parenthood Federation, 1973.

With K. F. Omran. "The Case for Permanent and Reversible Sterilization in Muslim Countries." In Islam and Family Planning, edited by I. Nazer et al., Vol. II, pp. 430-439. Beirut: International Planned Parenthood Federation, 1973.

An Assessment of the Use-Effectiveness, Acceptability, Safety, and Feasibility of Oral Contraceptives. HR/SG/ARE/73.10. Geneva: World Health Organization, 1973.

An Assessment of the Use-Effectiveness, Side Effects, Acceptability and Feasibility of Intrauterine Devices. HR/SG/ARE/73.9. Geneva: World Health Organization, 1973.

Epidemiological Aspects of Contraceptive Sterilization. I. Use-Prevalence and Acceptability (Societal and Individual). HR/SG/ARE/73.6. Geneva: World Health Organization, 1973.

Epidemiological Aspects of Contraceptive Sterilization. II. Use-Effectiveness, Safety, Reversibility, and Feasibility of Vasectomy. HR/SG/ARE/73.7. Geneva: World Health Organization, 1973.

Epidemiological Aspects of Contraceptive Sterilization. III. Use-Effectiveness, Safety, Reversibility, and Feasibility of Female Sterilization. HR/SG/ARE/73.8. Geneva: World Health Organization, 1973.

"An Appraisal of Population Theories with an Introduction to the Theory of Epidemiologic Transition." The Egyptian Population and Family Planning Review 6 (1973): 75-93.

"A Preliminary Application of the Theory of Epidemiologic Transition to Egypt." The Egyptian Population and Family Planning Review 6 (1973): 95-104.

1973 With E. Kessel, J. Speidel, R. Bernard, and R. Ravenholt. "International Fertility Research Program." In Proceedings of the 7th World Congress, Tokyo and Koyoto, pp. 994-1002. Amsterdam: Excerpta Medica, 1973.

"Health Implications of Family Planning." In Proceedings of the WHO Seminar on Teaching of Family Planning in Medical Colleges, Nursing and L.H.V. Schools, at Dacca, 4-8 October 1971, edited by S. A. Mallick, S. Rehman, and V. Zaidi, pp. 67-121. Karachi: Pakistan Family Planning Council, 1973.

1974 Editor. Community Medicine in Developing Countries. New York: Springer Publishing Company, 1974.

In Community Medicine in Developing Countries:

"Modern Concepts of Epidemiology," pp. 3-42.

With A. S. David. "Economics and Community Medicine," pp. 81-98.

"The World Population Problem," pp. 101-124.

With K. F. Omran. "The Communicable Disease Problem," pp. 173-204.

"Changing Patterns of Health and Disease During the Process of National Development," pp. 259-274.

With L. J. Goldstein. "Occupational Health," pp. 309-342.

"Population Epidemiology: An Emerging Field of Inquiry for Population and Health Students." American Journal of Public Health 64 (1974): 674-679.

"Health Benefits of Family Planning for Mother and Child." World Health, January, 1974, pp. 6-13. Translated into eight languages.

"The Demographic Jigsaw." Ceres (1974): 19-21.

With Mrs. C. C. Standley. "Patterns of Family Formation and Family Health: A Ten-Centre Collaborative Study." Paper presented at the International Epidemiological Association Meeting, September 1974, Brighton, England.

"Epidemiological Aspects of Population Change in the Arab World." Paper presented at the First Regional Population Conference, United Nations Economic Commission for Western Asia, January 1974, Beirut.

Ibn Khaldun. "An Arab Forerunner of Malthus." Paper presented at the First Regional Population Conference, United Nations Economic Commission for Western Asia, Beirut.

1975 "The Epidemiologic Transition in North Carolina During the Last 50 to 90 Years: I. The Mortality Transition." North Carolina Medical Journal 36 (1975): 23-28.

"The Epidemiologic Transition in North Carolina During the Last 50 to 90 Years: II. Changing Patterns of Disease and Causes of Death." North Carolina Medical Journal 36 (1975): 83-88.

"Health Rationale for Family Planning." In Population Change: A Strategy for Physicians, proceedings of the International Conference on the Physician and Population Change, September 4-6, 1974, Stockholm, Sweden. Ed. Lucille Stephenson Block. Bethesda, Maryland: World Federation for Medical Education, 1975.

"Maternal and Child Health in Islam: An Examination of the Quran and the Prophet's Tradition." In Status of Women in Islam, Editor Fouad Hefnawi. Al-Azhar University, Cairo, Egypt. 1975. pp. 225-235.

1976 Editor. Liberalization of Abortion Laws: Implications. Chapel Hill: Carolina Population Center, University of North Carolina, 1976.

"Legalizing Abortion: Impact on Natality Transition in Various Social and Developmental Settings." In Liberalization of Abortion Laws: Implications, pp. 18-45.

"The Epidemiologic Transition and the Population Problem in the Arab World." Paper presented at the Arab Scholars Conference on Population, Health, and Development, 3-8 January 1976, Alexandria, Egypt.

"The Epidemiologic Transition: Evolutionary or Programmed? Implications for Policy." Paper presented at the Panel on Population and Society, 17th Annual Convention, International Studies Association, 25-29 February 1976, Toronto, Canada.

"The Epidemiologic Basis for the Health Theme in Family Planning." Paper presented at the annual meeting of the American Public Health Association, 17-21 October 1976, Miami, Florida.

With Mrs. C. C. Standley (Editors). Family Formation Patterns and Health: An International Collaborative Study in India, Iran, Lebanon, Philippines, and Turkey. Geneva: World Health Organization. 1976.

In Family Formation Patterns and Health:

"Family Formation and Health: Review of the Evidence," pp. 17-49.

With C. C. Standley and A. Kessler. "Research Design for the Collaborative Studies," pp. 51-61.

"Study Areas and Population Characteristics: Introduction," pp. 65-66.

With V. Nahapetian and B. D. Navidi-Kasmaii. "Family Formation and Social Characteristics: B. Teheran," pp. 111-119.

With V. Balderrama-Gizman and G. B. Roman. "Family Formation and Childhood Mortality: D. Manila," pp. 236-246.

With S. Gunasekaran, K. A. Pisharoti, and R. S. Kurup. "Child Loss and Family Formation: A Gandhigram," pp. 374-384.

With B. D. Navidi-Kasmaii and V. Nahapetian. "Child Loss and Family Formation: B. Teheran," pp. 385-393.

With C. Churchill, I. Lorfing, H. Zurayk, and J. Azar. "Child Loss and Family Formation: C. Beirut," pp. 394-403.

With K. Sumbuloglu, M. Bertan, and N. H. Fisek. "Child Loss and Family Formation: E. Ankara," pp. 413-422.

With R. S. Kurup and S. Gunasekaran. "Family Formation and Birth Control: Behaviour and Attitudes: A. Gandhigram," pp. 425-445.

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Feb/March 1986.

Name	Title/Address	Speciality
Dr Oscar Brunser	Professor of Pediatrics Head, Gastroenterololgy Unit Instituto de Nutricion y Tecnologia de los Alimentos Casilla 15138 Santiago 11, Chile	Pediatrician Microbiology Gastroenterology
Professor Alf. A.Lindberg	Chairman Department of Clinical Bacteriology Karolinska Institute Huddinge University Hospital S-14186 Huddinge Sweden	Immunologist
Professor Alex. S.Muller	Director Department of Tropical Hygiene Royal Tropical Institute Mauritskade 63 1092 Amsterdam Netherlands	Epidemiologist
Dr S.C. Pal	Director National Institute of Cholera and Enteric Diseases (NICED) P.33 C.I.T. Road Scheme XM Beliaghata Calcutta 700 010 India	Microbiology Research Management
Dr Mushtaq A.Khan	Professor of Pediatrics The Medical Center 47 College Road The Children Hospital I.H. Complex Islamabad Pakistan	Pediatrician Nutrition
Professor Perla Santos Ocampo	Chairman Department of Pediatrics College of Medicine University of the Philippines Manila Philippines	Pediatrician President, IPA
Dr Natth Bhamarapravati	Rector Mahidol University 2 Prannok Road 10700 Bangkok Thailand	Research Management

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Dr Immita Cornaz
Swiss Development Cooperation
Eigerstrasse 73
3003 Berne
Switzerland

29 April 1987

Dear Immita

I am responding to your letter of March 29 concerning new members of the Board. I will consider each of the outgoing members in turn.

1. Takeda. I think we should make every effort to find a Japanese replacement for Dr Takeda. When I spoke to the Japanese representatives at the Donors' Consortium, they made it clear that the Japanese government was expecting this. I have no names to suggest, but would strongly support a suitable Japanese candidate.

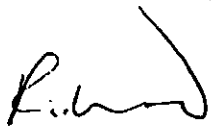
2. Kostrzewski. Jan Kostrzewski brought three particular talents to the Board: he is a public health generalist of great experience; he has extensive knowledge of WHO and other international agencies; and he is from the Eastern European group of countries (thus keeping our lines of communication open with that source of expertise and support). I have a name to suggest which would replace at least the first and last of these three talents. He is Professor Vladimir Sery. His address is Postgraduate School of Medicine, Ruska 85, 10005 Praha, Czechoslovakia. My impression is that he is the senior figure in tropical public health and tropical communicable diseases in Czechoslovakia today. He is the author of the standard Czech textbook on this topic. He has considerable developing country experience, particularly in Afghanistan. I could write to him to request a CV and to sound out his interest in Board membership, if you would like me to do this.

3. Mata. I suggest that we should replace Leonardo by someone from Latin America. It would be ideal to find a female candidate with specialization in nutrition. I have no names to suggest. Other possibilities might include Dr Oscar Brunser (Instituto de Nutricion y Tecnologia de los Alimentos, Universidad de Chile, Casilla 15138, Santiago 11, Chile).

4. Ramalingaswami. I suggest we look for someone from Asia, preferably female. I propose Professor Jane Baltazar (Institute of Public Health, University of the Philippines, 625 Pedro Gil, Ermita, Manila, The Philippines). She is a physician/epidemiologist with a strong recent interest in epidemiological studies of diarrhoeal diseases.

I hope these ideas are useful. I am sure that other members of the Board will be suggesting many other names, some of them stronger candidates than the ones which I have mentioned. Let me know if you wish me to follow up with Sery.

Yours sincerely



Richard G Feachem
Head of Department

cc: Professor R Eeckels
Professor David Bell
Dr M H Merson

11/BT/JUNE.87

SELECTION OF CHAIRMAN OF THE BOARD

SELECTION OF CHAIRMAN OF BOARD

Previous Chairmen of the Board are as follows:-

Dr J. Sulianti Saroso	1979-80 and 1980-81
Prof. M.A. Matin	1981-82
Prof. D.J. Bradley	1982-83
Prof. J. Kostrzewski	1983-84
Dr I. Cornaz	1984-85
Prof. D. Bell	1985-86 and 1986-87

MEMBERSHIP OF COMMITTEE OF THE BOARD

MEMBERSHIP OF COMMITTEES OF BOARD

As per resolutions 21, 22 and 23/June 86, the present (1 July, 1986 to 30 June, 1987) membership of the Committee is as listed below. The Chairman of the Board and Director of the Centre are both ex officio members of all Committees.

Personnel & Selection Committee

Prof. D. Bell
Prof. R. Eeckels
Dr I. Cornaz
Dr M. Merson
Prof. V. Ramalingaswami
Prof. D. Rowley

Finance Committee

Prof. D. Bell
Prof. R. Eeckels
Prof. R. Feachem (Chairman of Cttee.)
Mr M.K. Anwar
Dr Nyi Nyi

Programme Committee

Prof. D. Bell
Prof. R. Eeckels
Prof. D. Rowley (Chairman of Cttee.)
Prof. L. Mata (Vice-Chairman of Cttee.)
Dr A.R. Al-Sweilem
Prof. J. Kostrzewski

All Board Members are encouraged to participate in all Committees, especially the Programme Committee.

Board Members appointed subsequent to above resolutions

Prof. D. Habte
Dr P. Sumbung
Dr K.A. Monsur
Mr K.G. Rahman

DATES OF NEXT BOARD MEETING

DATES OF NEXT MEETING

In November, 1986 it was decided that the tentative dates for the November, 1987 meeting would be Saturday, 21 to Thursday, 26 November inclusive. In accordance with usual practice, i.e. allowing 2 days for Committee meetings, 1 day for report writing and 3 days for the full Board Meeting, the November 1987 dates would be as follows:-

Saturday, 21 November and Sunday, 22 November	-	Committee Meetings
Monday, 23 November	-	Free for report writing
Tuesday, 24 November	-	Full Board Meeting commences
Wednesday, 25 November	-	Full Board Meeting continues (may need to work in the evening)
Thursday, 26 November	-	Full Board Meeting concludes

Tentative dates for June 1988 are:

Saturday, 11 June to Thursday, 16 June, 1988 inclusive

or

Saturday, 18 June to Thursday, 23 June, 1988 inclusive

MISCELLANEOUS

13/BT/JUNE.87

Director & Patron-in-Chief, ICDDR,B-SWA

President, SWA Matlab

April 21,1987

SWA Executive Committee Meeting with the Director and Patron-in-Chief, SWA

The members of the Executive Committees of Staff Welfare Association would like to have a meeting with you to discuss some of the matters related to general welfare of Centre's staff. We would appreciate if you would please make a convenient time and let us know well in advance so that we can coordinate with the Executive Committees from Matlab and Teknaf to get to-gether for the meeting.

We hope, you will favourably consider for discussion in the meeting the following agenda:

Agenda

1. Local Salary Increase - Revision 11 (GS) and Revision 4 (NO)
2. Salary increase to staff members whose salary is freezed at step-17 and meritorious step salary increase to employees who have completed 20 years and 25 years of service in the centre.
3. Better staff clinic facilities (staff physician and staff sick room)
4. Job status of CHWs
5. Miscellaneous

Thank you,

cc: Vice-President, SWA, Matlab
Vice-President, SWA, Teknaf

TED NATIONS CHILDREN'S FUND
OUSE NO. 52, ROAD NO. 4A, DHANMONDI R. A.
G. P. O. BOX 58, DHAKA, BANGLADESH
: 500181-6. Cable : UNICEF, DHAKA. Telex : 642471

UNICEF
ইউনিসেফ

জাতিসংঘ শিশু তহবিল
বাড়ী নং ৫২, সড়ক নং ৪এ, ধানমন্ডি আবাসিক এলাকা
জি. পি. ও. বক্স ৫৮, ঢাকা, বাংলাদেশ
টেলিঃ ৫০০১৮১-৬, তারঃ ইউনিসেফ, ঢাকা, টেলেক্স ৬৪২৪৭১

20 October 1986

. U Aung Myat
presentative
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BDADM/86/334(102.1)

ar Dr. Aung Myat,

BJECT: Local Salary Scale - Revision 11 (GS) and Revision 4 (NO)

As a result of the periodic salary survey which was undertaken rlier this year, we have been informed by the Salary Survey Steering mmittee in New York of the following increases effective December 1985:

GS 1 & 2	8.42%	8.42%
GS 3 - 5	10.66%	
GS 6	16.96%	
NO A - D	16.98%	

Copies of the salary scales will be distributed as soon as they available.

Please share this information with your staff.

Yours sincerely,

Anthony A. Kennedy
UNICEF Representative
in Bangladesh

W. H. O. DHAKA
WR | AO
AAM | AAS
20 OCT 1986
SD. | SB | SA

. to all CI staff
also PET

Salary Raise U.N.System

G.S. Level =	1 - 4	62 - 67%
Level -	5	50 - 55%
Level -	6	33 - 38%
N.O.	A - D	23 - 28%

with effect from January, 1967

Report of the Salary Survey Committee