INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

REPORT OF THE

BOARD OF TRUSTEES MEETING

NOVEMBER 25-27, 1988

PROGRAMME

BOARD OF TRUSTEE MEETING

NOVEMBER 22-27,1988

DRAFT PROGRAMME

BOARD OF TRUSTEES MEETING 22-27 NOVEMBER, 1988

Tuesday, 22 November

8.30 a.m. - 9.00 a.m.	Preliminary Board Meeting to decide procedures
9.00 a.m. - 10.30 a.m.	All Trustees available meet with Scientific External Reviewers
10.30 a.m. - 11.00 a.m.	TEA
11.00 a.m. - 12.30 p.m.	Personnel & Selection Committee Meeting
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 3.15 p.m.	Personnel & Selection Committee Meeting continues
3.15 p.m. - 3.30 p.m.	TEA
3.30 p.m. - 5.00 p.m.	Concluding Session of Personnel & Selection Committee Meeting

Wednesday, 23 November

9.00 a.m. - 3.15 p.m.	Finance Committee Meeting with LUNCH AND MORNING TEA breaks as for Tuesday
3.15 p.m. - 3.45 p.m.	TEA
4.00 p.m. - 5.00 p.m.	Joint Meeting of Programme Committee and Standing Committee of Programme Co-ordination Committee (SC/PCC)

Thursday, 24 November

9.00 a.m. - 12.30 p.m.	Programme Committee Meeting with MORNING TEA break as for Tuesday
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 3.30 p.m.	Informal discussions and TEA with scientific staff
3.30 p.m. - 5.00 p.m.	FREE for writing-up Committee Reports

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Friday, 25 November	-	Full Board Meeting
8.30 a.m. - 9.00 a.m.		Welcome, Approval of Agenda, Approval of May 1988 Draft Minutes
9.00 a.m. - 10.00 a.m.		Presentation and Discussion of Director's Report
10.00 a.m. - 10.15 a.m.		TEA
10.15 a.m. - 12 noon		Programme Committee Report & Resolutions (including External Scientific Review Report)
12 noon - 2.30 p.m.		LUNCH
2.30 p.m. - 3.30 p.m.		Presentation and Discussion of Finance Committee Report
3.30 p.m. - 3.45 p.m.		TEA
3.45 p.m. - 5.00 p.m.		Continue Finance Committee Report & Resolutions

Saturday, 26 November	
8.30 a.m. - 9.00 a.m.	Closed discussion and Resolutions on Programme Committee Report
9.00 a.m. - 10.15 a.m.	Closed Presentation and Discussion of Personnel & Selection Committee Report (including Election of Trustees)
10.15 a.m. - 10.30 a.m.	TEA
10.30 a.m. - 12 noon	Closed discussion and Resolutions Personnel & Selection Comittee Report
12 noon - 12.30 p.m.	Meet with SWA
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 3.30 p.m.	Discussion on Policy Matters
3.30 p.m. - 3.45 p.m.	TEA
3.45 p.m. - 5.00 p.m.	Conclude discussion on Policy Matters

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Sunday, 27 November

8.30 a.m. - 9.00 a.m.	Dates of Next Meeting
9.00 a.m. - 10.00 a.m.	Miscellaneous
10.00 a.m. - 10.15 a.m.	TEA
10.15 a.m. - 12 noon	Passage of all resolutions
12 noon	Closure of Meeting

30.10.88

AGENDA

BOARD OF TRUSTEE MEETING

NOVEMBER 25-27, 1988

AGENDA

Board of Trustees Meeting
25-27 November, 1988

1.	Approval of Agenda	-	1/BT/NOV.88
2.	Approval of Draft Minutes of Board Meeting, May 1988	-	2/BT/NOV.88
3.	Director's Report	-	3/BT/NOV.88
4.	Programme Committee Report	-	4/BT/NOV.88
	(a) Report on Scientific External Review		
	(b) New plans for hospital and report on implementation of interim improvements		
*	(c) Terms of reference of the Scientific Programme Committee (points 3 and 4 from last Programme Committee Report on this item)		
*	(d) Training at all levels (Dr Habte's paper)		
	(e) How should scientific review of the Centre be conducted in the future?		
5.	Personnel & Selection Committee Report	-	5/BT/NOV.88
	(a) Overview of staffing situation		
	(b) Staffing		
*	(c) Salary revision international professional staff		
*	(d) Report on reorganization of Resources Development Office		
6.	Finance Committee Report	-	6/BT/NOV.88
	(a) Resources Development Report		
	(b) 1988 Budget		
*	(c) 1989 Budget		
	(d) Further one-third of salary increase for NO and GS staff		
	(e) Report on status of banking arrangements		
* 7.	Selection of Trustees	-	7/BT/NOV.88

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* 8.	Dates of next meeting	- 8/BT/NOV.88
* 9.	Policy Matters	- 9/BT/NOV.88

(a) Conclusions of Donors' Meeting

(i) Relations between Donors and Board - a true consortium

(ii) Centre's essential activities vs its non-essential activities

(b) Fund raising and institutional linkages - involvement of some Board Members

(c) Any other topic mentioned in point 7 of Chairman's letter of 3 August, 1988

10. Miscellaneous - 10/bt?NOV.88

2.11.88

APPROVAL OF DRAFT

MINUTES OF MEETING, MAY, 1988

DRAFT

Minutes of the meeting of the Board of Trustees, ICDDR,B, held in Dhaka, Bangladesh, May 31 - June 2, 1988.

Members Present

Mr M.K. Anwar (agendas 1-4: agenda 6 for Wednesday morning session only; and Thursday morning session)
Dr D. Ashley
Prof. D. Bell - Chairman
Dr I. Cornaz
Prof. R. Eeckels - Secretary
Prof. R. Feachem
Prof. D. Habte
Prof. A. Lindberg
Prof. V.I. Mathan
Dr M. Merson
Dr K.A. Monsur
Mr T. Rahman
Dr V. Ramalingaswami
Prof. D. Rowley
Dr P. Sumbung
Prof. H. Tanaka

Member Absent

Dr A.R. Al-Sweilem

Invited Staff

Mr M.R. Bashir, Associate Director, Resources Development (Agendas 1-5, 7, 10)
Dr A. Briend, Acting Head, Community Medicine Divisision (Agendas 1-5, 7)
Dr I. Ciznar, Associate Director, Laboratory Sciences Division (Agendas 1-5, 7)
Mrs J. Chowdhury, Executive Assistant to the Director
Dr M. Badrud Duza, Associate Director, Population Sciences and Extension Division (Agendas 1-5, 7)
Mr M.A. Mahbub, Associate Director, Administration, Personnel and Finance (Agendas 1-7)
Dr D. Mahalanabis, Associate Director, Clinical Sciences Division (Agendas 1-5, 7)

Professor D. Bell, Chairman of the Board, opened the meeting at 9 a.m. on Tuesday, 31 May, 1988. He expressed a warm welcome to the new members of the Board, Dr D. Ashley from Jamaica and Prof. A. Lindberg from Sweden. Professor Bell said how happy he was to welcome back Dr V. Ramalingaswami who is rejoining the Board, this time as the UNICEF representative.

Agenda 1: Approval of Agenda

The agenda was accepted as presented.

Agenda 2: Draft Minutes of the Board Meeting, November 1987

The draft minutes of the Board of Trustees meeting held in Bangkok from 24-26 November, 1987 were approved without change.

Agenda 3: Director's Report (including 1987 Annual Report)

Professor Eeckels presented his report which is attached as annex 1. In his report Professor Eeckels mentioned that the draft 1987 Annual Report which appears in the Board folders is a sample of pages out of the Annual Report, which will be ready by the end of June.

Points, on events to date, highlighted by Professor Eeckels in his report included:-

(a) The financial situation at the end of 1985 ($2.8m debt) compared to the end of 1987, a year in which the Centre had a net cash surplus of $1.074m.

(b) The general loss of donors' confidence in 1985, against the fact that we now have new donors and some donors have increased their contributions - with the great assistance of Mr Bashir.

(c) Despite changes in staff, the Centre has continued to do important scientific work due to the enthusiasm and dedication of staff. A debt of gratitude is owed to the volunteers who participated in the oral cholera

vaccine trial and to the field workers, etc. The laboratories of the Laboratory Sciences Division have been completely renovated without using central funds.

(d) Since he joined Professor Eeckels has created the Population Sciences and Extension Division which carries out important work. The Community Medicine Division, despite not having a head, has continued to work and Prof. Eeckels thanked Dr Briend for taking over as Acting Head.

(e) The Clinical Sciences Division, without a head for two years, now has Dr Mahalanabis in place. The Dhaka Treatment Centre is now called the "Clinical Research Centre" as this better describes its activities. Prof. Eeckels said that he sees the DANIDA agreement as being very valuable.

(f) The Centre has been receiving increasing support from CDD/WHO with 8-10 protocols of our young staff members, mainly Bangladeshis, being supported.

For the future, Professor Eeckels stressed:-

(a) There is still a debt to be paid, even though this is 42% less than it was two years ago; there is only a small reserve fund, and no endowment fund so we have to be extremely careful with central funds.

(b) That we have not been able to spend all our research funds indicates the need for senior researchers. In the near future we are losing three more researchers. It is urgent that Dr Ciznar's replacement is appointed.

(c) The Centre should use WHO rules but not be stifled by them. In some cases they are inappropriate for the Centre, but the Board has full powers to adapt them.

(d) Secondments should not be excluded from senior positions -the basis should be loyalty and the quality of the person - otherwise we will lose valuable funded positions, e.g., WUSC appointing a Chief Finance Officer.

(e) The functioning of the Board; its powers, the duties of the Committees, number of meetings, etc. have to be further defined.

(f) There needs to be more intense interaction between the staff and Board scientists as regards the scientific activities of the Centre.

Professor Eeckels concluded by saying that there is still

very much to do. A lot of good things have been done and these are due to the Board and the hard work of the staff.

Professor Bell thanked the Director for his lucid and straightforward report. Some comments were made on agenda items which arise later on. Now it is appropriate to discuss the general comments made by the Director.

The Board, as a whole, congratulated the Director on his report but said that, in future, they would prefer a much more focussed report which provides details of what has been happening between the two Board Meetings. It was suggested that the Board would appreciate a written statement in advance on what has been happening during the last six months along with a list of current research projects (asterisk the new ones) and a list of staff (asterisk the new persons). For the oral presentation at the Board Meeting itself, the Director should then feel free to comment as he has done today.

It was queried why, if the Centre has unspent funds, the UNROB loan has not been returned to the Government of Bangladesh. It was explained that it is not a cash balance as such, but rather a carry over of funds which have been received but which must be spent on committed projects. Thus it remains true that the Centre's finances would not allow repayment of the UNROB loan at present.

The change of name of Dhaka Treatment Centre to Clinical Research Centre, as proposed by Dr Mahalanabis, was welcomed. This name signifies the nature and focus of the Centre and is fully consistent with the mandate of ICDDR,B. Agreement was expressed for the proposed new thrust on invasive diarrhoea and chronic diarrhoea.

Concern was expressed at the inability of the Centre to attract talented scientists and that a number of crucial positions are lying vacant. It was said that this is a point the Board should ponder, and which needs to be dealt with, otherwise raising funds will become a mockery. Ways must be found by which to promote creative interaction between the Board and staff of the Centre.

Dr Ramalingaswami said that there is admiration outside the Centre for the way in which the financial crisis was handled.

Professor Rowley expressed disappointment that his paper on the Board Procedures was the last agenda item as he felt it

required discussion; e.g., some points are discussed first by the Committee and re-discussed by the full Board, which should not happen. Also, the Board should give more guidelines to the Director.

It was queried how the Centre could be strengthened further, not only as an international Centre but as a Centre of reference. It was said that the Centre should support other developing countries; collaborations with developed countries are good but there should also be collaborations with developing countries. In this connection it was asked:- how does the Centre look at results of its research? how does the Centre work with the Ministry of Health? E.g., the Matlab MCH-FP project is excellent and not only of benefit to Bangladesh but other countries also - is it applicable to the government structure?

Professor Eeckels responded to the above saying that the Centre has been trying very hard to have linkages with institutions in developing countries and it is in the "Plans and Prospects" document where we have asked donors for funds for this. Success with linkages has been rather limited, and efforts in that direction must be continued. The SAARC fellowships have been disappointing. The Centre is trying to establish linkages with two institutes in the 3rd World and hopefully this will be achieved by the end of the year. Referring to linkages with the Government of Bangladesh and whether the Centre's activities are exportable, Professor Eeckels said that the MCH-FP project is not fully exportable at present. The Government of Bangladesh is interested in adapting this but money is needed.

The fact that the Centre is not able to attract staff was mentioned again and it was queried as to what efforts the Centre has made in this regard. It was agreed that the WHO rules should be applied with flexibility but solidarity must be there and the Centre needs to have an attitude of tolerance. Professor Eeckels assured the Board that the Centre has gone through enormous efforts in attempting to hire staff - the Search Committee for Dr Ciznar's position has been working for the last two and a half years via writing, telexing and personal contacts. In response to this, it was suggested that the Centre should avoid having pre-decided criteria and that the process should be transparent.

The role of training in the Centre was mentioned and it was said that this should be a major undertaking - the bulk of scientific work is in the hands of developed country scientists - the Centre should train scientists from developing countries in research planning. Professor Eeckels

responded saying that the Centre has been building up its capacity in research training. He noted the WHO protocols; the Centre has been extraordinarily successful in obtaining funds for protocols written by young researchers; these persons mainly coming from developing countries.

Professor Eeckels concluded by saying that the Board needs to decide what the Centre should be in 10-15 years. It is most important to define the goals of the Centre and to know what it should become. Professor Bell said that this is something to come back to at the appropriate place.

Agenda 4: Draft Papers for Donors' Meeting

Professor Bell opened the discussion saying that it had been possible for the Centre to accede to the Board's request, made at the November Board meeting, only in part. He said that agendas 4(i) and (ii) should be taken together with 5(b) but none of this is yet drafted as it should be presented to donors; for example, 5(b) is in parts and not connected to the budget. The basic need is to put together a more complete statement on the research plans and priorities of the Centre and relate that statement to a forward budget. Professor Bell said that he had three suggestions which are open for discussion:-

(i) ask the management of the Centre to prepare, by the end of June, a draft presentation which combines project elements and budget elements for 1989 in the form of Table 3a [under 4(ii)]. This requires the Director and Head of Finance to work out anticipated 1989 expenditures for the different areas. There needs to be a descriptive paragraph on each budget line item and included in this paragraph should be a mention of what the plans are for the future.

(ii) a small group of the Programme Committee, Professors Rowley, Mathan and Lindberg, are willing to come to Dhaka at the beginning of October and could help the Centre finalize the document for circulation to donors well in advance of the meeting in November.

(iii) Professor Habte will be remaining in Dhaka for a few days after this meeting and could work on the drafting of the training part of the document.

Professor Eeckels asked (i) how far in advance the document should be sent out; and (ii) how long it should be.

It was agreed that all documents should be sent out a minimum of six weeks before the meeting, i.e. by 8 October at the latest.

As to the length of the document, it was agreed that there should be an executive summary of not more than 15-20 pages (double spaced) but that the documentation has to be a little longer, i.e. add annexes, e.g. list of research being done at the Centre; statement of staffing situation and efforts made to reduce number of staff - an explanation on the relatively high proportion of administrative staff at the NO and GS levels is also required. The executive summary should contain:

- a statement of the research priorities (now, where headed and why);
- a statement of the funds and facilities needed for fulfilling the above (the connection between research and financial plans);
- a statement on the financial situation (statement re debt and balance sheet);
- what the Centre expects the support group to do (specific requests).

The extreme importance of these documents was stressed along with the fact that a positive basis for relationships with donors had been laid in 1987 and that this needs to be built on now with yearly meetings between the Centre and its donors. It is of utmost importance that the Centre be well prepared and a revised plan needs to be made. The Director, Finance staff and the Scientific Associate Directors need to get together and revise table 3a taking into account the comments of the Finance Committee. It was felt strongly that the budget table needs to be linked with the programme, each protocol does not need to be described, just the main headings, e.g. shigellosis. The budget may be used as a "table of contents".

In response to a query as to how many years of the budget should be shown, Professor Bell said that the crucial element is the presentation of the 1989 programme budget and the related statement. Beyond that, the trends should be indicated so far as we can see them; some are fairly firm for several years to come; some will depend on evolution. It was agreed that a full budget and description is needed for 1989, and for the period 1990-91, budget projections with paragraphs on the trends. It was emphasized that it is important for donors to see an increase in the different

lines and to know the content of these increases; why certain line items have stopped. Disease prevention (e.g. vaccination, sanitation, handwashing) was mentioned as a point in which donors are particularly interested.

The 50-50 document should be a separate paper.

The timetable agreed to for preparation of the documents is as follows:-

(1) Draft documents must be prepared and typed ready for sending out by the last week of July;

(2) End July DHL documents to Trustees with request to make comments;

(3) Trustees should send their comments to the Chairman of the Board by mid-August (copy to the Director);

(4) It was left to the Director and the new Board Chairman to decide how they wish to collate the Board comments; when the Trustee Committee should meet (agreed Dhaka was the best venue); and whom should be on the Committee. The Board group needs to meet with the Director and his staff as part of the process of approving the documents by the Board.

Professor Eeckels said how grateful he is that Prof. Habte is able to stay back and help with the training write-up and that he is looking forward to the help of the Committee in finalizing the documents.

Professor Eeckels requested that he be able to use consultants for the initial writing of the documents, e.g. Mr Wright is presently in the Centre and could be assigned to help with the Finance section. It was agreed that the Director should be free to obtain whatever consultant help he required and that this is a sound and strong idea. However, a donor should not pay for the consultants.

Mr Bashir said that in June 1987 the donors raised the question of a management review and asked if the matter is raised again, what should we do. As this matter is not mentioned in the Donors Meeting Summary it was agreed that it should be dropped and if it is raised again in November it can be attended to next meeting.

The meeting broke for lunch at this point.

Agenda 5: Programme Committee Report

Professor D. Rowley, Chairman of the Committee, presented the Committee's Report which is attached as annex 2.

(a) Scientific Presentations

The Board discussed the presentations of Dr Ciznar and Dr Silimperi. It was agreed that a new effort to recruit an immunologist should wait until after the arrival of Dr Tzipori.

(b) Hospital

In discussing the hospital plans, Dr Ramalingaswami noted that the Community Health Division wishes to work on the home treatment of shigella and the prevention of chronic diarrhoea. This has to be done through the Clinical Research Centre and as such the Clinical Sciences Divison has to have it in their protocols. Dr Ramalingaswami went on to say that he envisaged the development of technology under controlled conditions and passing it on to field conditions (Matlab). He said he welcomed this development and hoped that in writing-up the future plans these two major thrusts of diarrhoea research will be brought out as they come under clinical research and go down to preventive measures in the field.

It was suggested, and agreed to, that the "Community Medicine Division" should be renamed "Community Health Division (CHD)".

Professor Eeckels said that both Drs Rowland and Alam had tried to integrate the Dhaka and Matlab Clinical Research Centres; maybe it will be possible now. He said he accepted the Committee's recommendations that interim improvements in the hospital be taken up now and that new plans for the hospital be put before the Board in November.

(c) Safety Measures of the Centre

The Board accepted the "Safety Manual".

(d) External Scientific Review

It was noted that the reviewers will be here when the Donors' and Programme Committee meetings are on. This enables the reviewers to report to the Programme Committee. It was suggested that interested donors may wish to stay on an extra day to meet the reviewers.

(e) Terms of Reference of the Programme Committee

Professor Bell summarized discussions on how the Programme Committee of the Board can best assure highest quality scientific work of the Centre, including projects and not just persons, saying that items 1, 2 and 5 of the Programme Committee's suggestions were agreed to, while there were substantially differing views, with some narrowing towards a consensus, on how best to help the Centre with scientific projects/protocols. The Board requests the Director, in consultation with his colleagues, to give more detail as to what the Committee was trying to achieve in items 3 and 4. Professor Bell noted too the proposal of the Programme Committee to meet once a year for at least a week. Professor Lindberg said "yes" but provided some influence is given to the Programme Committee. If input is not wanted, there is no need to come. The Director and his colleagues should decide how this help may be given. Professor Bell reminded the Programme Committee of its responsibility to the Board as well as to the Director.

Professor Eeckels said that he is very happy about the Scientific Programme Committee. The Centre is trying to focus its research and research should be more competitive than it has been; it should be better planned and an area of concern is the multiplicity of protocols. The Board should give advice but not necessarily go through each protocol and approve it.

The following resolution was passed by the Board:-

Resolution 1/May 88 — To authorize the Director to continue the DSS activities at Teknaf for a maximum of 2 more years till 1989, while all attempts will be made to find alternative employment for existing staff. If a resident senior epidemiologist can be found within the two years the position of Teknaf can be reconsidered.

Agenda 6: Personnel & Selection Committee Report

Dr Cornaz, Chairman of the Committee, requested members to read the report of the Committee, which is attached as annex 3. Each point was then discussed.

(a) Overview of the Staffing Situation

The overview paper was appreciated by the Personnel & Selection Committee and it was requested that it be given regularly, not only to the Committee, but to the full Board too.

(b) Appointments

(i) Senior Scientist & Head, Laboratory Sciences Divison

The appointment of Dr S. Tzipori was approved with one abstention and one dissent. Dr Monsur said that the comments he made on Dr Tzipori in the Personnel & Selection Committee meeting stand.

(ii) Senior Scientist & Head, Community Medicine Division

The decision of the Director to appoint Dr A. Briend as Acting Head was welcomed. It was agreed that the search for a head should continue actively and possibilities for making the position more attractive were discussed, e.g., the post description needs to be changed by broadening the qualifications required for the position. A very sound epidemiological and public health background is needed along with publications and good international contacts, but not necessarily a medical degree.

(iii) Senior Scientist, Head, DSS

The recommendation of the Committee that Dr Michael A. Strong be appointed was accepted.

(iv) Research Pathologist

In accepting the recommendation of the Personnel & Selection Committee to appoint Dr Moyenul Islam to the postion of Research Pathologist, it was recognized that Dr Islam might not be doing much research. The job description should take note of this.

(v) Scientist/Senior Scientist Research Immunology

The research priorities of this area need to be defined before a candidate is chosen. Also, the type of immunologist required will depend on whether Dr Tzipori accepts his appointment or not.

(vi) Seconded Staff

The Board approved the appointments of the following seconded staff:

- DANIDA/Child Health Department including the Nutrition Rehabilitation Units

    * Poul-Eric Lund Kofoed, Head of Project
    * Shakuntala H. Thilsted, Nutrition Coordinator
    * Ninna Sorensen-Nielsen, Coordinator, Teaching

- CIDA

    * Dr Lokky Wai, Demographer, DSS

(c) Proposed adaptations of post grading

The Board approved the regrading of the 4 posts i.e. Head, Clincial Research Centre; CIS Manager; Systems Development Manager; and Head, Matlab MCH-FP; from P3 to P4 level and also approved the upgrading of the incumbents to these positions.

The Board recognized that the Director may have difficulty in recruiting a qualified Systems Development Manager at mid-P4 level and as such it agreed that the Director be allowed to go to the top of P4 level if needed for the new Manager.

(d) Renewal of Contracts

The contracts of Dr A.N. Alam, Mr Ashraf Hira and Dr V. Fauveau were approved for renewal and individual resolutions passed on each.

(e) Proposed Upgrading of Staff

Dr Ciznar's promotion to P6 Step 3 was approved from 1.6.88.

The Board approved the placing of Mr Mahbub at P6 Step 1 on completion of the first year of his contract.

(f) Salary Scale for International Level Staff

A resolution was passed on this as recommended by the Committee.

(g) Secondments

The Board agreed with the Committee on the question of secondments to the Centre and passed a resolution outlining the rules to be followed by the Centre.

Mr Rahman said that he still has reservations about the dropping of the rule that no head of division (or higher position) should be seconded. Dr Cornaz said that one reason for the 50-50 funding request is to enable the Centre to fund all key positions itself.

Professor Eeckels expressed his dissent to the second last rule (re reimbursable secondments) saying that he considers the rule ill-advised, as it has shown in the past to be costly to the Centre and will make collaborations almost impossible.

The meeting adjourned at 9.15 p.m., to be reconvened at 8.30 a.m. on Wednesday, 1 June, 1988.

The meeting reconvened at 8.30 a.m. on Wednesday, 1 June, 1988.

Agenda 6: Personnel & Selection Committee Report

(h) Recruitment Procedures

The Board passed a resolution modifying these procedures. However, the Board still expects to receive full documentation for all recruitments.

(i) Changes in Rules and Regulations Manual

A resolution was passed on this.

(j) Mr Bashir's Contract Renewal

"Report by the Chairman of the Personnel and Selection Committee and the Chairman of the Board:

The Director has proposed an extension of contract for three years from July 1, 1989, for M.R. Bashir, Associate Director for Resources Development. In discussion of this matter in the Personnel and Selection Committee, the Chairman of the Committee and the Chairman of the Board were asked to consult other members, and to report to the full Board.

Accordingly, we have discussed the proposal widely among Board members. We find, first, a strong and unanimous view that Mr Bashir has done excellent work for the Centre over many years. His dedicated and devoted efforts have resulted in raising large amounts of resources for the Centre, and his good advice to successive directors on fund-raising, relationships with the Government of Bangladesh, and many other matters has been of great value. In short, he has been a tireless worker and a key leader in the evolution of the ICDDR,B into a strong scientific organization.

At the same time, we found among many members of the Board great uncertainty about the desirable nature of the Centre's staff services for resource development over the next several years. At present, the Centre is seeking to establish a consortium of donors interested in ICDDR,B who will meet annually, consider the Centre's scientific programme and its

financial needs, and commit funds to its work. The Centre will clearly continue to need a small staff to provide systematic follow through with individual donors, to work out and negotiate detailed funding arrangements for Centre projects, to advise the Centre's scientific leaders in preparing funding proposals, and to provide continuing and careful liaison between the Centre and the donors. But many members of the Board question whether the Centre will continue to require a resource development officer of the seniority and status of an Associate Director to accomplish these tasks.

In view of these uncertainties, a substantial majority of the Board considers that it would be unwise to extend the position of Associate Director for Resources Development beyond June 30, 1989. Instead, they would suggest to the Director that a resource development staff consistent with the new relationship being developed with the donors, be put in place over the next year with the help of Mr Bashir, and possibly, if convenient to him, with consulting advice available from him after his present contract ends on June 30, 1989. A progress report on this matter should be made to the Board at the next meeting.

I. Cornaz
1 June, 1988 D. Bell"

The Board discussed this report at length, agreed with its conclusions, and an appropriate resolution was drafted. Prof. Monsur and Dr Eeckels expressed their dissent.

(k) Extension of Prof. Eeckels' Contract

The question of the extension of the Director's contract was discussed, and a resolution expressing the Board's conclusions was drafted.

The following resolutions were passed:-

Resolution 2/May 88 — That Dr S. Tzipori, an Australian citizen, be appointed as Senior Scientist & Head Laboratory Sciences Division at P6 level.

Resolution 3/May 88 — That Dr Michael A. Strong, a citizen of the United States, be appointed as Senior Scientist & Head, DSS at P5 level.

Resolution 4/May 88

That Dr Moyenul Islam, a Bangladeshi citizen, be appointed as Research Pathologist at P4 level.

Resolution 5/May 88

That the following 4 posts and their incumbents, presently at P3 level be upgraded to P4 level as from 1 July, 1988:

Head, Clinical Research Centre (Dr A.N. Alam)
Computer Information Service Manager (Mr A.H. Mostafa)
Systems Development Manager (Mr A.M. Hira)
Head, Matlab MCH-FP (Dr V. Fauveau).

Resolution 6/May 88

That the contract of Dr A.N. Alam, Head, Clinical Research Centre (appointed to P3 level from 1.7.86) be extended at his new P4 level for three years effective July 1, 1989.

Resolution 7/May 88

That the contract of Mr Ashraf M. Hira, Systems Development Manager (appointed to P3 level from 11.8.85) be extended at his new P4 level for three years effective August 11, 1988.

Resolution 8/May 88

That the contract of Dr V. Fauveau, Head, Matlab MCH-FP (appointed to P3 level from 1.1.86) be extended at his new P4 level for three years effective January 1, 1989.

Resolution 9/May 88

That Dr I. Ciznar, Associate Director, Laboratory Sciences Division, receive a promotion to P6, Step 3, from June 1, 1988.

Resolution 10/May 88

That Mr M.A. Mahbub, Associate Director, Administration, Personnel & Finance be placed at P6, Step 1 after completion of his first year of contract.

Resolution 11/May 88

That the Director is requested to prepare for consideration at the 1988 November Board Meeting, proposals for a general salary increase, with concrete proposals for the various grades of the WHO salary system, indicating also the financial implications for the Centre.

Resolution 12/May 88

That for Secondments the Centre should comply with the following rules:

- Any secondment should be consistent with the Centre's programme and scientific interests;

- The individual seconded must be qualified for the post and his/her appointment must have the Director's approval;

- Each seconded staff should be assigned a pay level grade;

- All seconded personnel should be responsible to the Director through their Department/Division Heads;

- Any agency seconding staff to the Centre on a reimbursable basis should be paid the amount which would have been given to the staff if he or she were employed by the Centre;

- The Board should be informed, as early as possbile, of all seconded appointments, including the qualifications of the individuals and the terms under which they are seconded.

Resolution 13/May 88

That for recruitment at level P1-P4 only final approval of the Board is needed; for level P5 and above the Board should be fully involved in the final selection and appointment.

Resolution 14/May 88

That the proposed changes in Rules and Regulations Manual of SR 560.3, M 5.370 and M 5.390 as spelled out in the Board of Trustees documents Agenda 7(b) May 1988 be approved.

Resolution 15/May 88

That in view of the new relationships being developed with the donors' consortium, the Centre will need to modify its staff arrangments for resources development. Accordingly the Board expresses its warm thanks and appreciation for the devoted, energetic, and effective efforts over many years made by Mr M.R. Bashir as Associate Director for Resources Development, and

decides that his position will not be necessary beyond June 30, 1989. The Director, with the advice and help of Mr Bashir, is requested to put in place suitably modified staff arrangements for resources development over the next year, including the possibility, if convenient, of consulting advice from Mr Bashir after his contract ends on June 30, 1989. The Board requests a progress report on this matter at its next meeting.

Resolution 16/May 88

That with respect to Resolution 11, November 1987, regarding the extension of Dr Eeckels' contract, the Board resolves

1. To repeat its offer to Dr Eeckels of a three-year extension of his present contract at ADG level.

2. If Dr Eeckels is unable to accept this offer:

   (i) to request Dr Eeckels to extend his contract until 31 March, 1989; an additional benefit of not more than $20,000 would be secured for him above his present remuneration for the period 1 April, 1988 to 31 March, 1989.

   (ii) to begin immediately the process of recruitment and selection for a new Director with the objective of completing it, if possible, by the November, 1988 Board Meeting. A selection committee would be constituted by the Chairman of the Board to make a final selection of three names in order of priority, for consideration by the Board.

3. In case the selection process is not completed at the November, 1988, Board meeting, the Board will then decide on an interim arrangement, taking account of seniority and other factors, to manage the Centre after Dr Eeckels leaves and until a new Director is in position.

From 3.20 p.m. on the afternoon of Wednesday, 1 June, the agenda continued with the Associate Directors present.

Agenda 7: Finance Committee Report

Professor Feachem, Chairman of the Committee, summarized the Finance Committee's Report, which is attached as annex 4, and points were discussed one by one.

(a) 1987 Financial Report

The Board noted the Committee's concern at the number of critical comments in the Auditors' Report. Although a response has been given to each point raised by the auditors and it was recognized that another audit will be done next year, the Board requested Mr Mahbub to prepare a summary report for the November 1988 Finance Committee meeting. This will enable the Committee to have a feel of the problem and to know what progress is being made.

The Board requests the Director to explore all possibilities to put the transformer costing US$ 24,926 into operation during 1988 as specified in the auditors management letter, failing which the subject should be brought before the November meeting.

(b) 1988 Budget

In noting the contributions of donors, it was suggested that the "in kind" contributions need to be accurately costed. This is especially important for the Donors' Meeting.

The Board advised that a more realistic 1988 budget should be prepared now. This should reflect the new surplus ($500,000 before depreciation) and salary increases. It can be prepared in final form in September ready for the Donors' Meeting. Also for the Donors' Meeting, any drastic changes in the budget from 1987 to 1988 should be explained. Donors should not have serious objections if main changes are salary increases. Also an increase in the number of employees should be acceptable so long as this is reflected in an increase in research activities. The concern is that there may be a tendency to be a bit "soft" to staff at the end of

projects and that they are not being released. The senior staff should ensure that they are doing the maximum possible in this connection when and starting new projects that they use to the maximum possible extent people already on the Centre staff.

As was emphasized in the Personnel and Selection Committee, the Board stressed that the Centre should have a pool of available staff and be strict with those on fixed term contracts if it is is unable to offer them further employment.

(c) Donors' Consortium Papers

The Board advised that the 1989 budget should be based on growth and decline of various areas of research and not just adding 15% across-the-board. $11 to $11.5 million should be worked towards as being a realistic budget.

The programme-based budget was appreciated and the management's attention drawn to the suggestions for its improvement made by the Finance Committee in its report (pages 7 and 8). Also Dhaka Treatment Centre should be shown as "Clinical Research Centre". Institutional collaborations, required by the Ordinance, should be emphasized in the explanatory material - they are not possible to be shown separately in the budget as they are going on under many headings.

Next, the 50-50 funding principle was discussed and the management's attention drawn to the two points mentioned in the Committee's report (i) that a clear statement of the nature and operation of the principle should be prepared, reviewed and finalised in time for the Donors' Consortium meeting; and (ii) that a report be produced which summarizes the level of agreement already achieved on the principle with each of the Centre's donors. Drs Cornaz and Merson agreed to help this week with the wording of point (i) and Mr Bashir is to prepare the summary mentioned under (ii). The donors should get the message that the Centre is behind the 50-50 funding principle and it is not just something that has been imposed on it. It was queried why 50-50 funding is proposed (and not 35-65 or 55-45) as there is no explanation in the budget to come to this figure. It was explained that the 50-50 principle is new (idea came originally from the TDR programme) and that it was not agreed to in principle until June 1987. As most contributions for 1988 are based on earlier agreements, changes in the budget won't be seen until 1989 and beyond.

(d) Banking Arrangements

The Board noted the Committee's concern that the Centre is not conforming to the letter of the Ordinance in that the Centre's banking is currently split between Agrani Bank and American Express Bank whereas "all funds of the Centre shall ordinarily be kept in any nationalized Banks or Banks in Bangladesh". Before further action can be taken, however, the Centre needs to be assured in writing that it will get the service it requires. The Centre should keep Mr Anwar informed on all developments and provide the Finance Committee with a status report at its next meeting, i.e. November 1988.

(e) Local Salaries

The recommendation of the Finance Committee that the remaining two-thirds salary increase, to bring the Centre into line with current UN standards, be given from 1 July, 1988, was discussed. This recommendation was given on the assumption that the $500,000 surplus could be reached even if the two-thirds increase was given. In this context it was pointed out that with the high levels of pay, the productivity of staff needs to be looked at. The Staff Welfare Association needs to help. With generous salaries, staff need to enhance their productivity and the number of staff needs to decline.

On the other hand, it was suggested that the Board should be more prudent and give only one-third of the increase now; the reasons being the inability at this stage of the year to make accurate financial predictions, and the fact that a phasing of the increase will allow for the additional surplus needed to build up the reserve fund. No assurance could be given that the $500,000 surplus the Board was requesting would be reached if the full two-thirds increase is given.

After discussion, it was agreed that the second one-third of the increase be paid to NO and GS staff from 1 July, 1988 and a resolution (No. 21/May 88) was passed to this effect. The question of the final one-third increase will be considered in November 1988 on the basis of figures presented then.

(f) International Level Post Adjustment

A resolution (No. 22/May 88) was passed on this.

(g) Approval of Research Projects

The specific suggestion was that the Programme Committee should ask scientists whether the process of preparing documents for donors is satisfactory, and, if not, how it could be improved. This should be discussed with scientists in November. The Finance Committee considered that any document that was going to donors for funding should go through the budget office to ensure that it was in order as regards finances.

(h) Appointment of Auditors

A resolution (No. 20/May 88) was passed on this.

(i) Consultancy Services

The Board approved this consultancy noting that it goes broadly across the Centre and is not just for the Urban Volunteers Programme. A resolution (No. 24/May 88) was passed on this.

(j) Documentation for the Finance Committee

The Board noted the comments of the Finance Committee and urged the management to continue the trend to improve its presentations. It is especially important that the big policy issues be discussed straight away.

(k) Resources Development

Professor Bell asked if any members had points they wished to discuss. The fact that the Centre hopes to obtain commitments of $ 10.4 million for 1988 was noted.

The following resolutions were passed on Thursday, 2 June:-

Resolution 17/May 88	That the Board accepts the auditors' report on the Centre's financial statements for 1987.
Resolution 18/May 88	That the Board accepts the Director's response to the auditors' management letter.
Resolution 19/May 88	That the Board authorizes the Director to write off the advances of US$ 5,174 as specified in the auditors' management letter.
Resolution 20/May 88	That the Board appoints Price Waterhouse, Calcutta and Hoda Vasi Chowdhury & Co., Dhaka as joint auditors for 1988 at a fee not exceeding US$ 10,000.
Resolution 21/May 88	That a further 1/3rd of the UN salary increase should be awarded to NO (Revision 5) and GS (Revision 12) level staff effective July 1, 1988.
Resolution 22/May 88	That the UN increase in the Post Adjustment Factor for international staff to plus three be implemented from July 1, 1988.
Resolution 23/May 88	The Board reviewed the Budget for 1988 and resolves that a new and more realistic budget be prepared which, notwithstanding the salary and other expenditure increases agreed, shows a surplus of at least $500,000 before depreciation.
Resolution 24/May 88	That the Board authorizes the Director to negotiate a contract for development of an improved financial and administration system to be funded by USAID as per the provisions of Urban Volunteers Programme cooperative agreement.

Resolution 25/May 88

That progress should continue towards the use of nationalized banks in Bangladesh for all banking requirements with the objective of coming fully into compliance with the Ordinance at the earliest possible time. The Board requests that a report be presented to its next meeting on progress towards this objective.

Agenda 10: Dates of Next Meeting

In discussing the dates of the next meeting, it was noted that the Donors' Meeting will immediately precede the Board Meetings. The Donors' Meeting will be held on 20 and 21 November, with the official meeting on 21 November and visits on 20 November. The donors should be advised accordingly; Mr Rothermel by telex.

It was agreed that the Committee meetings of the next Board Meeting should be held on 22, 23 and 24 November, 1988 in such order as the management wishes. Dr Ashley requested that, if possible, the Programme Committee meeting be held on 24 November. The full Board Meeting will be held from 25 to 27 November, finishing at 12 noon on 27 November.

The Board members were urged to go on field visits. Professor Eeckels requested those Board members who visited the field this meeting, to give a written report on the visits.

Agenda 11: Miscellaneous

(a) Board Procedures

Professor Rowley suggested that a small group, including the Director, should look at the paper presented and bring it back, with recommendations, to a future meeting of the Board. Professor Bell agreed to give his written comments/recommendations on Professor Rowley's paper. Professor Eeckels requested other Board members who wished to do so, to write something on this too.

The meeting adjourned to be reconvened at 8 a.m. on Thursday, 2 June, 1988.

The meeting reconvened at 8 a.m. on Thursday, 2 June, 1988.

The Board finalized discussions on the renewal of Prof. Eeckels' contract and the extension of Mr Bashir's contract (see P&S Committee agenda pages 16 and 18, respectively).

Agenda 8: Selection of Trustees

Professor D.A. Henderson was elected to replace Prof. David Bell. Professors R. Feachem and H. Tanaka were re-elected for a second term. The letter from Dr Mahler re-appointing Dr M. Merson for a second term was welcomed. The Government of Bangladesh and Mr Grant should be contacted regarding the re-appointment of Prof. Monsur and Prof. Ramalingaswami, respectively.

Agenda 9: Election of Chairman of the Board

Professor Derrick Rowley was unanimously elected as Chairman of the Board for 1988-1989 and a resolution (No. 27/May 88) was passed on this.

(a) Membership of Committees of the Board

Resolutions (Nos. 28, 29 and 30/May 88) were passed appointing Trustees to the P&S, Finance and Programme Committees. It was pointed out that all Trustees are most welcome to attend the meetings of all Committees even though they may not have been appointed as members of that particular committee.

Search Committee for post of Director

Prof. D. Rowley (Chairman), Mr T. Rahman (Chairman, Personnel and Selection Committee), Dr I. Cornaz and Prof. A. Lindberg were elected to this Committee. Nominations for the post should come from the Committee to the November 1988 meeting.

The following resolutions were passed:-

Resolution 26/May 88

The Board elects Prof. D.A. Henderson, a citizen of the United States and Dean of the School of Public Health, Johns Hopkins University, as a Trustee as from 1 July, 1988. The Board re-elects Prof. R. Feachem and Prof. H. Tanaka for second terms from July 1, 1988.

Resolution 27/May 88

The Board elects Prof. D. Rowley as Chairman of the Board for one year, effective July 1, 1988.

Resolution 28/May 88

The Board appoints to the Personnel & Selection Committee:

Mr T. Rahman, Chairman of the Committee
Dr D. Ashley
Dr I. Cornaz
Dr M. Merson
Prof. V. Ramalingaswami

Prof. D. Rowley, Ex Officio (Chairman of the Board)
Prof. R. Eeckels, Ex Officio (Director)

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The Board appoints to the Finance Committee:

Prof. R. Feachem, Chairman of the Committee
Mr M.K. Anwar
Dr P. Sumbung
Prof. H. Tanaka

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The Board appoints to the Programme Committee:

Prof. D. Habte, Chairman of the Committee
Prof. A. Lindberg, Deputy Chairman
Dr A.R. Al-Sweilem
Prof. V.I. Mathan
Prof. K.A. Monsur

Prof. D. Rowley, Ex Officio (Chairman of the Board)
Prof. R. Eeckels, Ex Officio (Director)

for one year effective July 1, 1988.

Resolutions

In passing the resolutions, the following observations were made:-

1. Mr Anwar said that he could not support the resolution appointing Dr Tzipori and wanted this to be recorded.

2. The Personnel & Selection Committee were requested, in future, to nominate alternate candidates for positions in the event that the first candidate is not able to accept.

At this point the meeting broke to meet with the representatives of the Staff Welfare Association.

Meeting with the Staff Welfare Association

Mr Shafiqul Islam, President of SWA, read out the SWA requests. Professor Bell thanked him and said how helpful it is to meet with the SWA. He expressed his gratitude for the understanding SWA had shown when the Board had to delay this meeting by one day.

In response to the SWA request that the remaining two-thirds of the salary increase be given and paid with effect from 1

January, 1988, Professor Bell said that the policy of the Board has been to put into effect UN regulations for salary provisions as soon as finances permitted. He said that all staff should be aware that they are, on the whole, supported by project budgets for which funds have already been received and it is not possible to ask donors for additional funds for retroactive pay rises. The Board was glad last November to authorize one-third of the increase - doesn't like to be behind - and likes to be regarded as a good employer. Additional increases are being considered this meeting and the results will be communicated by the Director after the meeting has concluded.

In response to the SWA's expression of concern that staff may be released at the conclusion of projects, Professor Bell said that it is important for staff to recognize that the Centre does have central positions which may expect to continue for a time, whereas for project employees no guarantee can be given for continued employement. What the Centre does is try to get staff transferred to other projects on completion of their employment on one project. It is necessary to end employment on completion of projects as funding stops, and it is not possible to employ staff without funds to support them. The Centre has great respect and sympathy for the problem and the Director, in particular, worries about the situation.

Professor Bell said that the Board noted the Benevolent Fund and said that it was most appropriate for SWA to call the Board's attention to its existence.

Professor Eeckels thanked the Board for continuing to meet with SWA. He noted that the question of 48 versus 40 hours for GS 1 and 2 staff continues to be a senstitive issue. As regards the local per diem, Professor Eeckels proposed to the Board and SWA that costing be done of this to see if it may be implemented. The Centre's local per diem is not "comparable" anymore.

Professor Rowley said that when he is Chairman he will try to respond to SWA requests as Professor Bell has done and will continue to have the meetings..

Professor Bell concluded by saying that the mutual objective is to get the Centre to be a good place to work in.

At this point the meeting broke for lunch and after lunch the Board continued with the resolutions.

The Board expressed their thanks to the management and support staff for their hard work in preparing for and during the meeting.

The Board thanked Professor Bell for his services and passed a resolution (No. 31/May 88) on this. Professor Bell thanked the Board, saying that he will carry the Centre in his heart and if he can lend a hand at any time the Centre has only to call on him.

The following resolution was passed:

Resolution 31/May 88

All members of the Board of Trustees of the International Centre for Diarrhoeal Disease Research, Bangladesh thank Prof. David Bell for his most competent service as a Trustee from 1982 to 1988 and as the Chairman of the Board for the last three years. The Board was fortunate to have his intelligence, his patience and his wisdom during a particularly difficult time. His fellow Trustees wish Prof. Bell and his wife good health, happiness and success in their undertakings.

DB:jc

22.8.88

RESOLUTIONS FROM THE

MAY, 1988 BOARD OF TRUSTEE MEETING

DRAFT

RESOLUTION
MAY, 1988

Resolution 1/May 88

Resolves : To authorize the Director to continue the DSS activities at Teknaf for a maximum of 2 more years till 1989, while all attempts will be made to find alternative employment for existing staff. If a resident senior epidemiologist can be found within the two years the position of Teknaf can be reconsidered.

Resolution 2/May 88

Resolves : That Dr S Tzipori, an Australian citizen, be appointed as Senior Scientist & Head Laboratory Sciences Division at P6 level.

Resolution 3/May 88

Resolves : That Dr Michael A. Strong, a citizen of the United States, be appointed as Senior Scientist & Head, DSS at P5 level.

Resolution 4/May 88

Resolves : That Dr Moyenul Islam, a Bangladeshi citizen, be appointed as Research Pathologist at P4 level.

Resolution 5/May 88

Resolves : That the following 4 posts and their incumbents, presently at P3 level be upgraded to P4 level as from 1 July, 1988:

Head, Clinical Research Centre (Dr A.N. Alam)
Computer Information Service Manager (Mr A.H. Mostafa)
Systems Development Manager (Mr A.M. Hira)
Head, Matlab MCH-FP (Dr V. Fauveau).

Resolution 6/May 88

Resolves : That the contract of Dr A.N. Alam, Head, Clinical Research Centre (appointed to P3 level from 1.7.86), be extended at his new P4 level for three years effective July 1, 1989.

Resolution 7/May 88

Resolves : That the contract of Mr Ashraf M. Hira, Systems Development Manager (appointed to P3 level from 11.8.85) be extended at his new P4 level for three years effective August 11, 1988.

Resolution 8/May 88

Resolves : That the contract of Dr V. Fauveau, Head, Matlab MCH-FP (appointed to P3 level from 1.1.86) be extended at his new P4 level for three years effective January 1, 1989.

Resolution 9/May 88

Resolves : That Dr I. Ciznar, Associate Director, Laboratory Sciences Division, receive a promotion to P6, Step 3, from June 1, 1988.

Resolution 10/May 88

Resolves : That Mr M.A. Mahbub, Associate Director, Administration, Personnel & Finance be placed at P6, Step 1 after completion of his first year of contract.

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Resolves : That the Director is requested to prepare for consideration at the 1988 November Board Meeting, proposals for a general salary increase, with concrete proposals for the various grades of the WHO salary system, indicating also the financial implications for the Centre.

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DB:jc
5.6.88

DIRECTOR'S REPORT

PROGRAMME COMMITTEE REPORT

Minutes of The Program Committee Meeting held on 24 November, 1988

Present:	D. Habte	Member & Chairman
	A. Lindberg,	Member and Deputy Chairman
	V.I. Mathan	Member
	K.A. Monsur	Member
	R. Eeckels	Member (ex-officio)
	D. Rowley	Member (ex-officio)
	D. Ashley	
	I. Cornaz	
	D.A. Henderson	
	M.H. Merson	
	T. Rahman	
	P. Sumbung	

Invited: A. Briend, Associate Director. Community Health Div.

Badrud Duza, Associate Director, Population Sciences Div.

D. Mahalanabis, Associate Director, Clinical Sciences Div.

S. Tzipori, Associate Director, Laboratory Sciences Div.

Absent: A.R. Al-Swailem, Member

I. Report of the External Review of the Clinical Sciences Division

Prof. Richard Hamilton on behalf of the review committee presented highlights of the report (enclosed).

While acknowledging strengths and achievements of the Clinical Sciences Division, particularly since the new Associate Director of the Division took over, the report indicated problems contributing to low research productivity and failure to function optimally. Problems mentioned included the following:

* overcrowded hospital facilities at the Dhaka Treatment Centre;
* lack of an adequate quality controlled microbiological diagnostic capacity;
* shortage of competent scientists at senior and mid-level;
* lack of opportunities for professional growth and career development of junior staff;
* unsatisfactory linkage agreements with external institutions, and absence of adequate safeguards to protect the interest of the Centre;
* lack of productive interactions between various disciplines, and amongst divisions in the Centre;

The reviewers also expressed their disappointment that no arrangements have been made for an opportunity to interview officers of the Board of Trustees. and the Director.

Recommendations were submitted in the broad areas of research programs, interdivisional collaboration, academic environment, professional career development and the future review process.

1) Research Programs:

The priority areas outlined by the Division (shigellosis, persistent diarrhoea and acute diarrhoea management) should be pursued with increased focussing to permit greater depth and to promote interdivisional collaboration.

The plan to improve facilities at the Dhaka Treatment centre should be implemented maintaining the current number of beds and therefore with no major consequent increment in the running expenses.

Close attention should be given to agreements with collaborating institutions to protect the interests of ICDDR,B while encouraging productive linkages.

2. Interdivisional Collaboration

Interdivisional collaborative research efforts be strengthened around specific research questions e.g. early home therapy of diarrhoea.

3. Academic Environment

A training programme for junior staff of the Centre leading to PhD and paediatric specialization in Bangladesh

should be developed with Board support and involvement. To this end a visiting professor should be appointed in the Division to coordinate educational activities, rounds and seminars be instituted and library be upgraded.

4. Professional Career Development and Staff Renewal

Procedures and policies should be instituted for career development of medical staff.

5. Future Review Process

Procedures should be instituted to ensure that the reviewers meet with Board Chairman, Chairmen of key committees and the Director of the Centre.

Action to be taken

Members of the Programme Committee were impressed by the presentation. Several aspects of the recommendations including improvement of hospital facilities, Centre involvement in training and in development of a system of professional career development met the concern of the Board and were included in the current agenda of the Programme Committee.

The Committee agreed that the Centre study ways and means of implementing recommendations including resolving implications for the Centre. The Director should make the

response known to the Board within a reasonable period of time.

The PC appreciated that the research programmes have been formulated after the arrival of the new division head. An indepth review of the science was therefore not feasible and the report was taken as a management review of the Division.

The extent of the circulation of the External Review was then taken up. Should it be restricted to the Centre or be made widely available to all interested groups involving donors ? After some discussion the following was agreed:

i. That the reviewers prepare a summary of the report for wide and unrestricted circulation.

ii. That the full report be made available to interested parties outside of the Centre on request only.

The Programme Committee endorsed fully the recommendation on future review process.

Prof. Hamilton, Prof. Bhan and Prof. Akbar were warmly thanked for their valuable contribution.

II. **News Plans for Hospital and Report on Implementing of Interim Improvements.**

The Centre management including the Associate director of the Clinical Sciences Division were congratulated on the measures taken to improve facilities at the Dhaka Treatment Centre in accordance with previous decisions of the Board. It was understood that these measures were being taken in phases and were dependent on the availability of funds.

III. **Terms of Reference of the Programme Committee**

This item referred to the role of the PC in auditing the quality and quantity of research being undertaken in the Centre. It was clarified at the outset that the PC has no intention nor does it have the capacity to review all protocols. The concern of the Centre staff that no action be taken to lengthen the already lengthy process of approval of research protocols was accepted as legitimate. However this clearly should not compromise the practice of independent review.

Division Heads have responsibilities for the resaerch, administrative and financial activities of their divisions.

To implement research of high scientific quality the divisions should:

a. formulate the scientific content of few programmes within the division and have these approved by the PC and Board. Each programme may be composed of several research protocols. These protocols have to be approved by external peer reviewers before being implemented (procedures to be agreed upon).

b. Each programme should annually present a progress report (composed of not more than 2 pages describing aims of project progress, staff and finances) to the PC in time for the Board of Trustees meeting.

c. Each programme should every two to three years be subject to a site visit by the PC plus (if necessary) additional coopted experts. Findings will be submitted to the Board of Trustees and subsequently the SG.

d) The division head should annually be awarded a sum of US$ 75-125000 to be used for:

i. hiring consultants/external scientific advisors
ii. start-up "pilot projects" (to be approved by division head review committee)
iii. seed money for young scientists
iv. short term hiring

The above were agreed in principle. Nos 3 & 4 of the last PC draft terms of reference will be replaced by the following:

Research programs shall be approved by the Programme Committee and the Board after formulation by Centre staff.

The Programme Committee shall develop a mechanism of auditing ongoing and finalised programs.

IV. Training in the Centre

The document on training submitted to the Programme Committee was found acceptable to allow the Director to submit a work plan for its implementation. The Committee recommends to the BOT that the Director be so instructed and present it in time for the next meeting of the BOT.

V. Scientific Review of the Centre

The Committee was advised by the Chairman of the Board of Trustees that this item was resolved and need not be taken up by the Programme Committee.

VI. Change in Organogram of the Laboratory Sciences Division

This was presented by the Director as information to the

Programme Committee. Some membeers expressed concern that changes in the organization of the division has taken place within such a short period, and the extent to which the organogram reflected the research programs of the division (yet to be formulated).

Setting-up a monkey colony

The Director informed the Committee that steps taken in the past to establish a monkey colony were now in progress. Several members expressed strong opposition to this development citing financial and scientific considerations. The Director was advised to take appropriate steps to heed to this advice.

DM:ls

REPORT OF SCIENTIFIC EXTERNAL REVIEW

Final Draft
24-11-88

A Review of the Activities of the Clinical Sciences Division of The International Centre for Diarrhoeal Disease Research, Bangladesh

Submitted to the Board of Trustees, ICDDR,B, November 24, 1988

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I. INTRODUCTION

From November 13 to November 24, 1988 our Committee reviewed the activities of the Clinical Sciences Division, ICDDR,B. During the first week we visited the Centre's facilities, including the Matlab Field Station, evaluated written reports and interviewed all medical staff of the division and senior administrative personnel (Appendix A). In the course of preparing this report during the second week, we met with groups of staff to discuss specific research priorities. Wherever possible, the valuable ideas arising from these latter discussions have been incorporated into this report.

We regret that we have not been provided with the opportunity to interview the Director, the Chairman of the Board and the members of key Board Committees. On November 24, we met with the Program Committee of the Board, after a draft of this report had been circulated to them.

The main focus of our evaluation has been the research activities of the Clinical Sciences Division. To a significant degree, the productivity of this research depends on the quality of the clinical care and educational activities in the division, and the quality of the work being done throughout the Centre. The scope of our report extends beyond the strict bounds of our mandate,therefore. We have commented on several issues and problems which, while falling outside the administrative definition of the Clinical Sciences Division, impact significantly on the productivity of

this research program.

We are extremely grateful to the Director, Professor Roger Eeckels, the Associate Director, Clinical Sciences Division, Dr. Dilip Mahalanbis and his secretary Ms. Loretta Saldanha for their warm welcome and for arranging the review process in such an efficient manner. We had ample opportunity for open discussions with all members of the staff and received frank, constructive comments from them.

2. Current Status of ICDDR,B — Its Strengths, its Weaknesses

A. The Centre as a whole:

i. Resources:

The Centre is emerging from severe financial constraints. New management procedures have been instituted with impressive results. Fortunately this financial crisis did not have a crippling impact on the physical resources of the Centre. A relatively new hospital is overcrowded but its facilities still allow for the efficient study of patients. The Matlab Station functions well and a new hospital building is under construction there. We were very impressed that the Matlab station represents a highly developed resource with which the Clinical Services group might seek increased interactions, the goal being to transfer lessons learned in clinical

management to the community.

A problem persists with the budgetary arrangements for the Centre in that most donations are received for specific projects and there is meagre backing for a core budget. Support for a core budget must not be so excessive as to lead to expenditures for research that are not rigourously reviewed and therefore likely to be mediocre. However, a core budget of sufficient size to permit some planning and to place modest contingency funds in the hands of the Associate Directors could be very productive.

The hospital wards are overcrowded and plans exist for expansion. There is a need for the addition of approximately 11,100 sq.ft of functioning space to the hospital facility, not to increase the number of beds, but to provide adequate space for the current establishment. This conclusion is based on the following points:

1. The current overcrowding is unacceptable for a unit dealing with children and their parents. The cross-infection rate, from the limited data available, is much too high. Many research protocols continue to be carried out but difficulties are being encountered in the Metabolic Unit where as many as 10 patients are being studied in a space of 875 sq.ft. The ratios of space/patient in the remaining wards (28-66 sq.ft/patient) are low. The average space/patient now is 37 sq.ft/patient. To achieve a

desirable ratio of 65 sq.ft/patient for the mean patient census of 234 requires an additional 6500 sq.ft. If peak loads (as many as 500 patients) and the need for patient segregation are considered, perhaps a total of 9,000 sq.ft is more realistic.

2. The only new space in the existing hospital that might be available for patients is a current laboratory area of approximately 2500 sq.ft. If this became available, space would have to be found elsewhere for the laboratory; the move would create its own problems.

3. Child Health Program. This important facility will be needed for the forseeable future and presently it functions with space that is inadequate for the delivery of care and for teaching of families and physicians. They require offices for 3 nurses and a physician, kitchen and waiting/teaching space for 10 patients and their families. The legitimate space requirements are for a minimum of 1800 sq.ft.

4. GI Unit. This need is outlined elsewhere but a space of approximately 300 sq.ft. is required.

Of immediate concern are a serious lack of an adequate quality controlled microbiological diagnostic capacity, and apparent inadequacies in the library. The current inability of the Centre to provide reliable diagnoses of several major enteric

pathogens (i.e. rotavirus, all subclasses of diarrhoeagenic E.coli, enteric parasites) is of deep concern to us and support must be provided to remedy this situation. A superficial evaluation of the library indicates an abundance of texts in some disciplines but a serious deficiency of modern paediatric and gastroenterological texts, particularly those dealing with modern physiological and pathophysiological issues. A modest sum could provide the needed books and journals. It would be desirable if, for clinical staff, library hours could be extended to 8 PM by reassigning staff.

B. Personnel

The outstanding resources of the Centre are its large patient clientel and its high standing in the community. The Director appears to have good insight into the problems and needs of the Centre and a sensitivity to the role of the Centre in Bangladesh.

The staff is developed mainly from recently graduated young Bangladeshi physicians few of whom go on to earn additional credentials either in clinical medicine or in research. It's not clear whether sufficient efforts have been made to recruit the "best and brightest" graduates and whether eforts are made to attract back to the Centre, able well trained Bangladeshis who have emigrated. A limited number of affiliations have been established with institutions

in other countries but the agreements reached for these interactions concern us. (See page 8).

Among the concerns expressed by the Bangladeshi physicians we met are their lack of opportunities for professional growth and career development. Many have experienced unsatisfactory relationships with expatriate physicians. An established system for staff evaluation should encourage advancement by rank and salary of those with merit while not reappointing those who are not productive. This process necessitates the institution of training programs both clinical and research, during the first two years for senior staff appointments. There is a need for definition of selection criteria, job descriptions and career planning for all staff. The Centre must be open to recruitment of talent at all staff levels. Some, recognition should be given to excellence in clinical care activities and teaching, while the assessment of research productivity must take into account much more than first authorship. Staff increasingly should have access to higher qualifications in clinical medicine and in research.

Expatriate researchers, have made major contributions to the productivity and stature of the Centre. They must continue to play important roles in the Centre but it seems they are viewed by some nationals as 'visitors' who use the Centre to produce research and advance their careers and contribute relatively little to the development of the Centre. There are

exceptions and of course there are two sides to this complex issue. A significant problem lies in the fact that their funding comes from donors who place on them their own demands. As a minimum, the Centre should establish guidelines which can be flexible but which should make expectations clear. We have seen the recent agreement signed with Tufts University and we have met with Dr. Kofoed the director of the Danish funded Child Health Programme.

Our reading of the Tufts agreement leads us to the general conclusion that, in reaching agreements with co-operating institutions the Centre must protect its right to determine the focus of research, its own research activities and the role of individuals in the system while at the same time recruiting expatriate scientists with special expertise.

In the second case, the Centre should negotiate carefully with those donors providing programs staffed by their own professionals, to ensure that long range needs of the Centre are met by these generous, well-intentioned contributions.

The best way to address the difficult issue of compatability within an international staff in the long run is to develop the academic strength and credibility of the national scientific staff so that an appropriately collegial relationship between nationals and expatriates will develop. Ways should be explored to attract more talented Bangladeshi

scientists now working abroad and expatriates from developing countries to the Centre. These efforts should not detract from the search for high quality expatriates throughout the world.

A large salary differential exists between nationals and expatriates. Most staff seem to understand the necessity for this policy. Less acceptable, if true is the lack of advancement in salary for national staff to the point that they are paid less than many of the administrative staff with lesser responsibilities and credentials.

C. Programs

We did not review all components of the Centre's research program beyond reading the recent Annual Reports. We were impressed by the multidisciplinary potential of the Centre's programs and particularly by the past productivity of its epidemiological research.

Many research institutes have problems with maintenance of productive interactions between their various disciplines and ICDDR,B is no exception. Some examples, that came to our attention are the following: a) there have been no mandatory regular seminars within the Centre as a whole to discuss research in progress or completed studies; b) the care of an infant with persisting diarrhoea seen in Matlab, was less than optimal perhaps because of

insufficient input from Clinical Services; c) epidemiological data on the impact, or lack of impact of ORS on diarrhoeal mortality from Matlab have not really infiltrated thinking and planning in Clinical Services. We believe that the vigorous new leadership in key posts in the Centre should help to dissipate barriers to communication within the Centre.

C. Organizational Structure:

The organogram provided to us is more complex than the reality - fortunately ! Clearly, the Associate Directors play key roles in leading research developments and the organizational structure appears to allow them to do so.

This system puts great pressure on finding Associate Directors of high quality with a leadership style that permits them to exercise quality control on the one hand while stimulating ideas and recognizing talent within "the ranks". The Centre must attend to strengthening mid-level staff who should be playing key roles as educators and supervisors in addition to their commitment to research. We are satisfied that institutional procedures as described in the Annual Report for scientific and ethical review of research are appropriate. We recognize the Board's responsibility to monitor and review the quantity and quality of research but as a rule the Board should

not involve itself in screening specific research protocols. Also there is a general feeling among the researchers that day to day administration of their research is inefficient and could be improved.

The Director has a difficult dual role - managing the institutionasl organization while providing scientific leadership. It is particularly important, in the current structure of the Centre that he carry out the latter role, so that integration of the efforts of the different divisions can occur. The addition of an Associate Director (Personnel and Administration) and a Chief Finance Officer, should assist him on the management side and allow him to exercise his role as Scientific Director.

3. Clinical Sciences Division

1) Resources:

As described above, the ICDDR,B wards provide a superb clinical laboratory as does the Matlab Centre with its close integration with community surveillance programs. The need to improve both facilities is recognized and construction is underway in Matlab. Office and conference room space is adequate.

Some proposed research will evaluate in detail different aspects of gastrointestinal function. There is a need for a facility to

permit efficient humane sampling and observation of the gut along with modern equipment for this purpose (endoscope, biopsy instruments; fluoroscopy).

ii. Personnel:

Dr. Mahalanabis has brought needed leadership to the group in the brief time he has been at ICDDR,B. His very positive impact was apparent in all our interviews with his staff. Our report should be interpreted as a message of strong support for his plans and his approach to leadership of the Division under difficult circumstances.

His large staff was selected by what we understand to have been a rigorous process. They impressed us as being intelligent and dedicated; none is functioning at the level of an internationally competetive investigator at present. Most have responsibilities in both, clinical care and research. Problems exist in each of these areas some of which they recognize, some of which they do not. Clinical duties in Dhaka and Matlab occupy them approximately 50 hours with one overnight call, per week. They feel that this is excessive and that it saps their enthusiasm for research. We cannot judge the merits of this argument since we do not have a measure of the extent of their work load but we

urge that it be evaluated. Once this evaluation is completed, the staffing needs should be evaluated with a view to determining the requirements for personnel to build the research effort. We are especially concerned about the lack of idea generation and initiative in developing research by junior staff. We see the need to create an environment in which learning and development of clinical and research skills are demanded of staff. In the current environment these goals are best achieved by directing staff into paths that will allow them to gain formal credentials, in clinical areas (paediatrics, nutrition and gastroenterology are major needs) and in research (PhD). At the divisional level there should be a new emphasis on education and enquiry among medical staff and paramedical groups, regular mandatory seminars, teaching ward rounds, acquisition of books and journals. These goals would be best met by the appointment of an individual as a director of educational activities. We do not think that there is a current member of the staff equipped for such a role and suggest that initially a well qualified paediatrician/educator be hired into this position for a limited term as a Visiting Professor until a local person can be groomed for the role. A series of such visitors might be needed over a 3-6 year period.

C. Programs

The clinical programs we have seen are in Dhaka and Matlab. They are effective and well run but we cannot judge their excellence. We do feel that they are in need of increased pediatric and gastroenterological expertise in addition to the facilities described above. Also it should be advantageous to integrate Matlab physicians into educational programs centred in Dhaka.

Since his arrival, Dr. Mahalanabis has established research priorities for his Division. We strongly support this initiative and the general directions proposed. Considerable additional focusing is needed so that the work proposed "fits" within the competence of the Centre to carry it out. The Associate Director is prepared to undertake this process which is a first step towards building greater depth and integration into the Centre's research programs. A more detailed discussion of actual priorities is found in Section 3.

D. Organization:

The current administrative structure of the Division seems to function well. Clinical services are delegated to Dr. A.N. Alam and research groups report directly to Dr. Mahalanabis. We support this arrangement with the proviso that an Assistant Director of education be inserted into the Clinical Services. We feel that Dr. Mahalanabis should be free

to devote most of his energies in the immediate future to stimulating, coordinating and leading research efforts. It is important that the financial affairs of the division be administered in an efficient fashion so that researchers can concentrate on their research.

3. RESEARCH: CLINICAL SCIENCES DIVISION

A. Productivity in the past 2 years:

The output as measured by completed projects and publications (Appendix B) has been low in relation to the past and certainly in relation to what we expect in the near future. (1986: 14 papers, 1987: 11 papers). A list of current protocols is enclosed also (Appendix C).

It is clear that a 2 year gap in leadership for the division, added to the funding crisis, was an important determinant of this drop in productivity. It is apparent, also, that in the absence of an appointed leader, no major initiatives or research leadership emerged from the group of junior scientists in the Division. This situation serves to emphasize the need for middle level staff strength.

B. Research Priorities

We have reviewed the priorities of the Clinical Sciences Division and agree with the current focus on the problems of shigellosis and on persistent diarrhoea in infants and children. Below, we have listed certain questions and

approaches that we feel would be appropriate for the Division to consider. All of these cannot be taken on at once; it will be up to the Division to focus its efforts. Further, in our opinion, there are gaps in knowledge regarding treatment of acute diarrhoea of all etiologies (ORT, nutrition) at the household level and at the level of the most peripherally located treatment facilities. This lack of information has seriously limited the ability of policy planners to design appropriate strategies for national diarrhoeal disease control programmes. Such research tends to be country specific, but, there are questions that can be answered by this Centre for which the information yielded may be generalizable to other countries. The ICDDR,B, with its treatment centre at Matlab in close proximity to the community and its multidisciplinary nature is uniquely placed to address such questions.

We suggest that the following specific issues receive particular emphasis within the defined priority areas.

A. Acute Shigellosis

1. Epidemiologal Studies:

* Risk factors for mortality and adverse nutritional outcome. These include:
a) duration of illness, b) associated pneumonia, c) electrolyte disturbances, d) bactermia with organisms other than Shigella, e) mild and severe forms of hemolytic -uremic syndrome, f) time of

initiation of treatment g) the nature of drugs used, h) hypoglycemia, and i) megacolon.

2. Pathophysiological Studies focused on determinants of mortality:

* Current efforts at developing the piglet animal model for shigellosis should be pursued further and consideration given to using this model for studies of the intestinal and systemic impact of Shigella infection.

* Levels of shiga toxin and endotoxin in relation to severity of disease.

* Pertubations in prostacyclins, interleukins and other cytokines in severe shigellosis including hemolytic-uremic syndrome.

* Pathophysiological determinants of severe anorexia associated with shigellosis.

3. Treatment

* Identification and evaluation of new antimicrobial agents effective against Shigella.

* Usefulness of hyperimmune colostrum.

* Usefulness of corticosteroids and 5-SASA as adjuncts to specific antishigella therapy in severe cases of colonic damage.

* Determine the levels of food intake achievable in acute shigellosis that will not cause discomfort to the patients or increase the severity of illness. Subsequently, the impact of such feeding on reducing adverse nutritional consequences will have to be determined.

B. Persistent Diarrhoea

Because of a lack of clear definitions of the problem and its mechanisms, progress in this area will be slow.

1. Epidemiological Studies

* Risk factors of Shigella and non-Shigella related prolonged diarrhoea: The potential risk factors to be examined include age,breastfeeding, food intake, deficiency of micronutrients (e.g., iron, folic acid, zinc), immune status, previous diarrhoeal and non-diarrhoeal morbidity, initial infection with established and potential enteric pathogens, dietary and drug treatment during the acute phase of the illness.

With regard to dietary risk factors, a possible role of feeding unmodified cows milk to infants needs to be examined.

* The search for microbial agents, apart from established pathogens should include potential pathogens such as adherent E.coli showing localised, diffuse or aggregative adherence, enterotoxigenic

bacteroides fragilis, cryptosporidium and viral agents other than rotavirus.

* Corelation between duration of diarrhoea and excretion of infectious agents.

2. Pathophysiology

* Initially studies might be focused on prolonged diarrhoea associated with specific pathogens if possible. Selection of relatively uniform patient groups is highly desirable and malnourished controls without diarrhoea will be needed.

* Promising areas for study include:

  - mechanisms of steatorrhea
  - small intestinal overgrowth
  - host resistance

If a large group of patients emerges whose diarrhoea can be attributed to another specific agent they could be studied at a later date.

3. Management

* Role of antibiotics in the treatment of persistent diarrhoea in relation to small bowel microflora and infection with specific pathogens.

* Several issues related to dietary management;

(a) Ways by which animal milk may be safely used

(b) Maximum amount of fat that can be used and the advantages of polyunsaturated fats or oils or medium chain triglycerides.

(c) Supplements with trace elements.

C. Management of acute watery diarrhoea

1. New Oral Rehydration Solutions

* Evaluation of new oral rehydration solutions fortified with alanine and glutamine. These studies should determine the minimal amount of aminoacids needed to achieve maximum efficacy at reduced costs.

2. Home Therapy

* We realize that the Clinical Services group would not carry out many of the studies but it is important that they participate in refining appropriate questions and outcome variables. We suggest that the following questions be considered.

a) Should home fluid therapy be initiated with ORS, with increased intake of all or any home available fluids or specific home solution ?

b) Are rice based solutions advantageous for early treatment in comparison with other alternative approaches ?

c) What is the optimal sodium concentration of solutions used for early home treatment of mild

diarrhoea ?

d) What are the appropriate components of diets, and when should they be given to children with diarrhoea in the community? In this area the value of germinated flour based and fermented foods may be of interest.

SUMMARY OF RECOMMENDATIONS

After a comparatively brief visit, we have attempted to identify the strengths and weaknesses of ICDDR,B and its Clinical Sciences Division. As with all institutions it has been relatively easy to identify problems. More challenging has been the task of making meaningful practical recommendations that might assist in solving some of these problems. Fortunately our Committee has been in close agreement in their perceptions of the Centre and in proposing the recommendations that follow. We submit these recommendations in several areas, all of which, we believe, relate to the primary focus of our review, the research activities of the Clinical Sciences Division of ICDDR,B.

1. Research Priorities

Research efforts should be focused in the three priority areas as outlined by the Associate Director - Shigellosis, Persistent Diarrhoea and Acute Diarrhoea Management. Increased focusing should permit greater depth in the research effort and allow for interdivisional collaboration. We endorse the proposal to expand the hospital while maintaining the current number of beds in order to facilitate research and teaching goals. Furthermore we have suggested that careful attention be given to agreements made with collaborating units in an effort to protect the interests of ICDDR,B while encouraging

productive linkages.

2. **Interdivisional Collaboration**

We recommend that interdivisional collaborative research efforts be strengthened around specific research questions. We have identified 2 such areas a) microbiology and the urgent need for expanded diagnostic capability and b) collaborative efforts with Community Services to address issues around home implementation of early fluid therapy for diarrhoea.

3. **Academic Environment**

We recommend that steps be taken to address a serious problem with the academic environment within the division. We propose i) that initiatives be taken with Board support and involvement to open up channels for PhD and pediatric training in Bangladesh for staff, ii) that a Visiting Professor be appointed in the division as a director and coordinator of educational activities, with the long range objective to groom a local physician to take the position of Assistant Director of Education., iii) that Centre-wide and Divisional rounds and seminars be instituted and iv) that the library be upgraded and its hours extended.

Furthermore, efforts should be made to disseminate information gained at ICDDR,B within Bangladesh through

publication in local journals, through presentations at meetings and closer relationships with national institutions.

4. **Professional Career Development and Staff Renewal**

We recommend that procedures and policies be instituted for career development of medical staff. This initiative should have several facets including clearly defined job descriptions and expectations,a review process for each member of staff at regular intervals and a defined system for promotion. To succeed, this system must have an agreed on process for termination of staff appointments, so as to allow for renewal and overall improvement of the quality of the staff. We suggest that all initial appointments of junior staff be for a probationary 3 year period during which time the Centre should not only define its expectations for each staff member but make available appropriate research and clinical teaching programs.

5. **Future Review Processes**

If there are to be future external reviews, we recommend that procedures be instituted to ensure that the reviewers meet with the Board Chairman, the Chairman of key committees and the Director of the Centre. A clear mandate should be given for the Committee to prepare a written report on a specific date and provisions made to discuss the final report with the Board or a sub-

committee of the Board.

We make these suggestions, not out of concern for issues of common courtesy but out of our conviction that the Board's responses to many issues raised by our report are of great importance to this unique Centre. A range of specific recommendations we have made require not just decisions around the board room table. They require the leadership, expertise and involvement of individual Trustees in matters of science, education, clinical care, governmental relations in Bangladesh and internationally, personnel management, staff recruitment and perhaps most important, human relations.

Conclusion:

The Committee has found the review process an interesting, challenging experience. We submit this report with the hope that our recommendations will be considered and acted on by the Board and staff of ICDDR,B. We are convinced that the Centre as a unique international research resource, has a crucial role to play, in developing innovative, effective new approaches, to the global control of diarrhoeal diseases.

M.S. Akbar

M.K. Bhan

J.R. Hamilton

November 24, 1988.

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Schedule - External Reviewers - November 13 - 25th.

Monday November 14

9.00 am	Hospital Visit (Dr. N. Alam)
10.00 am	Mr. M.R. Bashir Associate Director, Res. Dev.
11.00 am	Mr. M.A. Mahbub Associate Director, P&A
12.00 - 2.00	LUNCH
2.00	Dr Badrud Duza Associate Director, PSED
3.00 pm	Dr. S. Tzipori Associate Director, DLS
4.00 pm	Dr. N. Alam Head, Clinical Research Centre

Tuesday, November 15

9.30 am	Dr. M.R. Islam CRC Research Coordinator
10.30 am	Dr. M.A. Salam Chief Physician
11.30 am	Dr. S.K. Roy
12.30 - 2.00 pm	LUNCH
2.30 pm	Dr. I. Kabir
3.30 pm	Dr. P.K. Bardhan

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Annex I

Improvement of patient care facilities at Clinical Research Centre (CRC) of the International Centre for Diarrhoeal Disease Research, Bangladesh - a draft proposal (June 1988)

INTRODUCTION

During one year approximately 70,000 patients mostly from poor urban and semiurban slums, come to the hospital for treatment. A vast majority of them stay and receive treatment for a short period (i.e. less than 24 hours); approximately 6000 are admitted to the general ward, nutritional rehabilitation unit or to the intensive care unit. The proportion of sick patients admitted to the hospital has increased in recent years and the average stay of a patient in the hospital in 1986 was 5.5 days.

1. Improvement of general environment of treatment facilities

The present treatment area is unbearably hot and humid during the summer months causing a lot of suffering and discomfort to patients particularly to sick children and mothers. This is largely caused by inadequate ventilation and type of construction materials used for the building; the situation is largely due to the fact that the hospital building was originally designed, rather unrealistically, as the ground floor of a 7-storey building with central air-conditioning. The following renovations are proposed to improve the general environemnt:

a. Drop-ceiling for the whole treatment centre to reduce heat from above and to improve efficacy of airconditioning.
b. Installing a limited number of solit airconditioners to reduce, by a few degrees, the ambient temperature to a "bearable level" only.
c. Walls fans for gentle air circulation.
d. Exhaust fans to expel smell.

e. Tinted windows to reduce the radiant heat from outside.

f. Wire netting for windows to keep out flies and mosquitoes.

2. Improved beds for patients

The treatment centre is overcrowded most of the time with an overflow of patients on to the corridors. During outbreaks, temporary sheds become necessary to accommodate the huge influx of patients. It is not feasible to solve the problem of space per patient without extending the hospital building to another floor. The present plan, therefore, is confined to improvement of beds for patients and for mothers with small children. At presen the hospital uses folding canvas cots suitably modified to treat diarrhoea patients (i.e. cholera cots). Proper beds will be designed and installed in the treatment area; this will exclude the area for short-stay patients. When designing these beds, needs of mothers of small children will be taken into consideration.

3. Comfortable seats for attending mothers

Mothers or relatives usually take care of children admitted to the hospital. Their present seating arrangements are most inadequate. Better seating facilities (taking into consideration space constraints) will be provided for mothers.

4. Water points and toilets

Water points are needed for washing hands and clothes of mothers and children. The number of water points will be increased and existing ones will be improved both inside the hospital and in the courtyard.

Toilet facilities will be reorganised, improved and increased in number.

5. Budget constraints

A preliminary estimate indicates that approximately $300,000 is needed for the above renovations. This estimate is only tentative.

Annex II

Budget estimates for improvement of treatment facilities of the Clinical Research Centre, International Centre for Diarrhoeal Disease Resaerch, Bangladesh

	Budget Estimates
1. Airconditioning (A/C) to reduce temperatures to bearable level and also indirectly assist fly control. Drop-ceiling for efficient functioning of A/C. Fans/exhaust fans, lights, for circulation, removal of smell and for adequate lighting; and wire netting of windows to keep out flies and mosquitoes	$ 100,000
II. Beds for the comfort of patients and mothers, better patient management and better hygiene. Chairs for mothers: for rest and comfort of mothers (most of them undernourished and exhausted)	$ 90,000
III. Grief room for relatives of deceased patients. Prayer room for mothers and adult patients.	$ 10,000
IV. Waste treatment plant: a system is required to disinfect waste before they are discharged into the city's drainage system; for disinfecting syringes, needles and other articles used for patients before disposing, a separate system is required.	
Water treatment plant: water supply by the city system is often not of acceptable standard and therefore a chlorination plant is required for the water used in the hospital.	
water points in the courtyards,washing facilities and lines for drying clothes of babies and mothers is felt to be an essential facility.	
A deep tube well pump and water storage tank: water scarcity is a chronic problem which makes it impossible to run essential services and implement hygienic measures. Also at present, water storage at ground level is inadequate and hence one extra storage tank is needed.	$ 60,000

V. *A standby electric generator: the hospital needs a standby electric generator to maintain essential services during periods of power failure which is very frequent.

Sluice room construction/renovation: with the increasing pressure of patients it has become necessary to renovate and construct sluice rooms.

Storage facilities for articles used by patients and mothers: renovation and expansion of storage space is required for efficient functioning of treatment centre and better utilisation of space.

Kitchen renovation and installing a modern hygienic kitchen: the present kitchen is inadequate and requires improvement.

Laundry: the hospital lacks an efficient/modern laundry and one is essential for its efficient functioning. $ 20,000

VI. Public Address System: for efficient management and educational purposes, including health education.

Intercom for efficient hospital management of treatment centre $ 20,000

Total: $ 300,000

*not included in the present budget.

TERMS OF REFERENCE OF THE SCIENTIFIC PROGRAMME COMMITTEE.

TERMS OF REFERENCE OF THE PROGRAMME COMMITTEE

1. Background

Following are extracts from (a) the Programme Committee Report to the Board, May 1988 and (b) the Board of Trustees Minutes May-June, 1988:-

(a) "1. The Programme Committee should assist the Director and his senior scientific staff to define the scientific priorities of the Centre in Research, Training and Service.

2. The Programme Committee should review with the Director and Division Heads the implementation of the research priorities of the Institution particularly the larger research programmes and report the progress to the Board.

3. Donor initiated research projects should be approved by the Programme Committee before implementation.

4. All major scientific protocols to be implemented under central funds should be approved by the Programme Committee. Since the Programme Committee will meet

twice a year a time schedule for developing and evaluating protocols must be worked out by the Council of Associate Directors.

5. The Programme Committee should assist the Director in preparing the documents for the annual meeting of the Donor Consortium."

(b) "Professor Bell summarized discussions on how the Programme Committee of the Board can best assure highest quality scientific work of the Centre, including projects and not just persons, saying that items 1, 2 and 5 of the Programme Committee's suggestions were agreed to, while there were substantially differing views, with some narrowing towards a consensus, on how best to help the Centre with scientific projects/protocols. The Board requests the Director, in consultation with his colleagues, to give more detail as to what the Committee was trying to achieve in items 3 and 4. Professor Bell noted too the proposal of the Programme Committee to meet once a year for at least a week. Professor Lindberg said "yes" but provided some influence is given to the Programme Committee. If input is not wanted, there is no need to come. The Director and his colleagues should decide how this help may be given. Professor Bell reminded the Programme Committee of its responsibility to the Board as well as to the Director."

2. Consensus of the Centre's Senior Scientific Staff

(Drs Briend, Duza, Eeckels, Mahalanabis and Tzipori)

The Heads of the Scientific Divisions are eager to see the Centre profit from the Committee members' leadership in (1) defining and redefining the Centre's research priorities and (2) monitoring and evaluating the implementation of research priorities, and the quality of the final results.

2.1 The Centre's senior scientific staff is in full agreement with the suggestions Professor Derrick Rowley recently made.

2.1.1 The Programme Committee will help the Director and senior scientific staff recommend a programme of scientific priorities to the Board to be reviewed annually.

2.1.2 The Programme Committee Chairman will present these priorities to the annual donors meeting as a basis for future funding.

2.1.3 The Programme Committee will review progress in the major programme areas each year and present to the Board the scientific quality of the projects.

2.2 In addition, every two years a scientific division is reviewed by an External Scientific Review Committee which submits its report to the Board. The Programme Committee could interact with this External Review Committee and evaluate the scientific activities of the concerned division. The senior scientific staff members are also actively thinking of having Scientific Advisory or Working Groups (SWG) targetted to specific programmes. As examples, Dr Tzipori would like to have one on shigellosis, including vaccine development; Dr Mahalanabis would like to have one on persistent diarrhoea. Board members with specific expertise can assist with these SWG's; as an example, Professor Alf Lindberg could assist with the former and Professor Mathan with the latter.

2.3 The Centre would also greatly profit from other inputs from the Programme Committee. Some of them have already been discussed in the past, or do exist. They include

2.3.1 Scientific lectures (ICDDR,B campus, Dhaka University and BMRC).

2.3.2 Contacts with individual scientists.

2.3.3 Promote institutional linkages.

2.3.4 Foster contacts with donors.

3. Further Comments

3.1 Practically no "central funds" are being used for research. This policy will have to remain unchanged in the foreseeable future. Sources of research funding presently are

(1) UNDP ($300,000), mostly used for smaller protocols.

(2) USAID "Project Development Fund" ($500,000), intended to launch new relatively small initiatives.

(3) USAID "Targeted Research Fund" ($1,450,000), subject to prior approval by Drs K. Bart and C. Lin. Individual protocols are not considered, but rather areas of activity. These are presently the Oral Cholera Vaccine Trial and shigella research. Persistent diarrhoeas and viral causes of diarrhoea will probably be included.

(4) WHO-SWG. Individual protocols submitted to and approved by SWG. Funding is relatively modest ($30,000 - $50,000) per protocol but very valuable scientific input is received from SWG and technical/scientific support from CDD Secretariat.

(5) Other donors

- Scientists-initiated. Individual scientists while maintaining contact with Resources Development, approach a donor and obtain mostly small grants (e.g. FAO; Dr Henry; Ford Foundation, Dr Zeitlyn). Dr Fauveau obtained a sizeable Dutch Government grant for his ARI protocol ($240,000) thanks to his and Dr Van Loon's contacts with the Dutch Embassy. Some scientists come from abroad with their own money (e.g. Finnish Academy of Science, Dr Rautanen).

- Donor-initiated. Two important projects (UVP and MCH-FP Extension) have a substantial input from the donor (USAID, Dhaka). The Centre has relatively little leeway. This does not apply to another service-cum-research project, the Child Health Programme (DANIDA) based on a co-operative agreement initiated by the Centre.

3.2 Since "all major scientific programmes" will be developed with the guidance and help of the Programme Committee, donor-initiated projects [see 1, (a), 3] will obviously be included. There will, however, be time constraints in some instances. If a donor informs the Centre on September 3 that he has money available for a particular purpose and that the money must be

time to involve the Programme Committee. Late last year a project had to be developed at one week's notice ...

3.3 An issue of major importance is the development of protocols at ICDDR,B. For too long, I fear, protocols were developed in too great numbers by too many persons working individually. On the other hand, and not less importantly, the heads of the divisions have no own funds, which make it almost impossible for them to plan the activities of their divisions. One individual, principal investigator of a project (the money for which he may even not have raised himself) has far more discretionary powers in financial matters than as associate director or even the Board.

The situation has been improving recently, but much remains to be done in this area. I submit that 1989 and 1990 should be the years of

* Improved programming of the research, under the leadership of the associate directors.

* Less, but well-focussed protocols, run by teams, at a higher than the present speed, with quick output of the results.

* Financial decentralisations, with annual

* Financial decentralisations, with annual budgets put at the disposal of the associate directors.

* Administrative decentralisation, with less cumbersome procedures than those presently existing.

For realizing this, the help and advice of the Programme Committee will be invaluable.

RE:jc

Nov. 88

4.30 pm	Dr. N.H. Alam

Wednesday 16 November

M A T L A B V I S I T

Thursday November 17

9.30 am.	Dr. R.N. Majumder
10.30 am	Dr. R. Haider
11.30 am	Dr. F.C. Patra
12.30 - 2.00 pm	LUNCH
2.00 - 2.30 pm	Dr. ASG Faruque
2.30 pm	Dr. M. Shahrier
3.30 pm	Dr. V. Loon
4.30 pm	Dr. A.K. Mitra

Sunday November 20

Donor Consortium 9.30	
10.30	Dr. Tahmeed Ahmed
11.30	Dr. M.L. Bennish
12.30 - 2.00	LUNCH
2.00 - 4.30	Open discussion (ICDDR,B Associate Directors - Donor Consortium)

Monday, November 21

Donor Consortium closing session — Dr. Andre Briend, AD, CHD

9.15 am

11.00 am — Dr. P-E. Kofoed, Head, CHild Health Programme

12.30 — Mr. M.A. Mahbub

Reviewers to meet with members on 'on call' basis.

Tuesday, November 22

9.00 - 10.30 am

Reviewers to meet with Board

3.00 pm — Persistent Diarrhoea (Group Meeting)

REPORT WRITING

Tuesday noon
Wednesday
Thursday

Wednesday, 23, November

9.15 — Visit - Dhaka Shishu Hospital

2.00 — Shigellosis (Group Meeting)

Thursday, November 24

Meeting with Programme Committee of the Board

Final report preparation — Dr. D. Mahalanabis, Associate Director, CSd

YEAR-WISE PUBLICATIONS LIST OF THE CLINICAL SCIENCES DIVISION

1985

A INTERNAL PUBLICATION SERIES:

Annotated bibliography on nutrient absorption and diarrhoea-malnutrition cycle, compiled by M S I Khan, Iftekharul Islam, M A Matin and Mostaque A Chowdhury. Abstractor: Iftekharul Islam. Editor-in-Chief: Ayesha Molla. Scientific Editor: Naomi R Novak. Dec 1984. iv, 53 p.* (Specialized Bibliography Series no. 1)

Annotated bibliography on oral rehydration therapy, compiled by M S I Khan, Iftekharul Islam, M A Matin and M A Chowdhury. Abstractor: Iftekharul Islam. Editor-in-Chief: A M Molla. Scientific Editors: Naomi R Novak and Arifuzzaman Khan. Mar 1985. ii, 83 p. (Specialized Bibliography Series no. 2)

Annotated bibliography on composition of oral rehydration solutions, compiled by M S I Khan, Iftekharul Islam, M A Matin and M A Chowdhury. Abstractor: Iftekharul Islam. Editor-in-Chief: A M Molla. Scientific Editors: Naomi R Novak and Arifuzzaman Khan. Mar 1985. iii, 38 p. (Specialized Bibliography Series no. 3)

Annotated bibliography on dietary management of diarrhoeal diseases, compiled by M Shamsul Islam Khan, M Motasem Ali and Abdul Matin. Abstractor: Iftekharul Islam. Editor-in-Chief: Ayesha Molla. Scientific Editor: Arifuzzaman Khan. Dec 1985. iii, 91 p. (Specialized Bibliography Series no. 8)

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Sarker SA, Rahaman MM, Ali A, Hossain S, Alam AN. Prolonged depression of serum zinc concentrations in children following post-measles diarrhoea. Hum Nutr Clin Nutr 1985 Nov;39C(6):411-7

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Butler T, Knight J, Nath SK, Speelman P, Roy SK, Azad MAK. Typhoid fever complicated by intestinal perforation: a persisting fatal disease requiring surgical management. Rev Infect Dis 1985 Mar-Apr;7(2):244-56

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N=NEW
T=TERMINATED

LIST OF ICDDR,B ONGOING RESEARCH PROTOCOLS AS ON 31 OCT 1988
(P= Pilot Study)

NAME OF DIVISION :CLINICAL SCIENCE DIVISION (CSD)

Sl. No.	Divn.	Protocol Number	Title of the Protocol	Principal Investigator(s)	Starting Date	Completion Date	Remarks
01	CSD	84-042	Pathological Studies of Fatal Complication of childhood diarrhoeal disease.	Dr M M Islam	20.11.84	30.11.88	
02	"	84-049	Field Comparison between Glucose-ORS and Maize-ORS.	Dr P R Kenya	01.05.85	30.04.89	
03	"	85-034	Double Blind Randomized Trial of ciprofloxacin and ampicillin in the treatment of shigellosis.	Dr Abdus Salam	23.02.86	30.09.89	
04	"	85-038	Oral Rehydration Therapy with Alanine Glucose ORS:A Controlled Clinical Trial.	Dr F C Patra	15.01.86	31.01.89	
05	"	85-041	Comparison of Efficacy of bicarbonate versus citrate based glucose ORS in acute diarrhoea.	Dr R N Majumder Dr F C Patra	01.05.86	30.04.89	
06	"	85-042	Pancreatic exocrine function in acute diarrhoea caused by Vibrio cholera and shigella.	Dr P K Bardhan	15.03.87	31.03.89	
07	"	86-007	Vitamin A levels in breast milk following supplementation after delivery (A prospective cohort study).	Dr S K Roy	15.4.86	31.05.89	
08	"	86-009 (Revised)	A study on the impact of zinc therapy on intestinal permeability in malnourished Bangladeshi children with acute and persistent diarrhoea.	Dr S K Roy	18.03.87	31.03.89	
09	"	86-010	Enteric Protein Loss in Childhood Diarrhoea.	DR A N Alam	01.04.87	30.09.89	

10	"	86-016	Double Blind Controlled Trial of berberine sulphate in treating childhood diarrhoea.	Dr M Shahrier Prof. M S Akbar	26.06.86	28.02.89	Collaboration with Dhaka Shishu Hosp.
11	"	86-018	Does food potentiate the efficacy of ORS?	Dr N H Alam	23.06.86	31.12.88	
12	"	86-021	Giardia and persistent diarrhoea in rural Bangladeshi children:a study of food intake, gut permeability and growth.	Dr Andrew Hall	08.11.87	30.11.89	
13	"	86-033 (Revised)	Net Intake and Nutrient Absorption from Defined diets in Persistent Diarrhoea(Phase-I)	Dr S K Roy	01.04.87	31.03.89	Collaboration with Dhaka Shishu Hosp.
14	"	86-036 (Revised)	Sacolene in Cholera.	Dr F C Patra	01.01.88	31.12.88	
15	"	87-012 (Revised)	Nutritional Management of post-shigella growth faltering in children with a high protein diet.	Dr Iqbal Kabir	15.12.87	31.12.89	
16	"	87-014	Vitamin A supplementation and diarrhoeal morbidity.	Dr Beth Henning	12.07.87	31.10.89	
17	"	87-017 (Revised)	A Case Control Study of Risk Factors for dehydrating diarrhoea in children.	Dr ASG Faruque	01.06.88	31.05.89	
18	"	87-019	Management of Acute Diarrhoea in Diabetic patients.	Dr R Haider Dr A K Azad Khan	01.01.88	31.12.89	Collaboration with BIRDEM
19	"	87-020	SMS 201-995 and ICS 209-930 as anti-secretory agent in secretory diarrhoea: trials in animal models.	Dr P K Bardhan	10.04.88	30.04.89	
20	"	87-021	The role of endogenous prostaglandins in secretory diarrhoea.	Dr FPL Van Loon	20.10.87	30.04.89	
21	"	88-001 (Revised)	The role of cytokines in the pathogenesis of shigellosis.	Dr M Bennish	10.05.88	31.05.91	

22	"	88-009	The Oral Magnesium Breath Hydrogen test for measuring gastric acid output in convalescent cholera patients.	Dr FPL Van Loon	01.04.88	31.10.89	
23	(N)	88-010	Evaluation of the effect of alanine plus glucose and glutamine plus glucose on salt and water absorption in the jejunum in acute cholera in adults.	Dr FPL Van Loon	01.05.88	30.04.89	
24	(N)	88-011	Short course ciprofloxacin in the treatment of shigellosis.	Dr A Salam	30.08.88	31.08.91	
25	(N)	88-018	Comparative efficacy of pivmecillinam and oral gentamicin with nalidixic acid in the treatment of acute shigellosis in children.	Dr M R Islam Dr A N Alam	01.10.88	30.09.90	
26	(N)	88-019	Comparison of two L-alanine-glucose based oral rehydration solutions with the standard WHO-ORS formula in adults and children with acute watery diarrhoea.	Dr F C Patra	31.08.88	31.08.90	
27	(N)	88-021 (Revised)	Trial of coconut oil based comminuted chicken meat diet in persistent diarrhoea in children and evaluation of intestinal functions relevant to fat malabsorption.	Dr P K Bardhan	15.10.88	15.04.90	
28	(T)	86-040	Cholestyramine as an adjunct therapy of acute diarrhoea in children treated according to WHO guidelines.	Dr T Rautanen	01.02.87	31.07.88	
29	(T)	85-031	Single-dose Doxycycline in the treatment of cholera.	Dr A N Alam	01.05.87	31.08.88	
30	(T)	85-030	Effect of zinc supplementation on pregnancy, infant growth and infant morbidity.	Dr MQK Talukder Dr M Shahrier	15.12.85	30.06.88	Collaboration with IPGM&R

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NEW PLAN FOR HOSPITAL AND REPORT ON IMPLEMENTATION OF INTERIM IMPROVEMENTS.

New Plans for Treatment Facilities of Clinical Research Centre &
Report on Implementation of Interim Improvements

Since the last Board meeting a Committee was formed to plan and implement improvements of treatment facilities of the Clinical Research Centre. The Committee first met in June 1988 to discuss ways of improving the facilities provided by ICDDR,B to its patients. It proposed a draft plan of activities for the years 1988-89 (Annex-I). Since then the Committee met regularly to locate resources, review progress and implement planned activities. A draft plan with budget estimates was submitted to the Swiss Development Cooperation for funding in response to their willingness to assist in this matter (Annex-II).

A detailed plan and budget were prepared on each item as shown in Annex II. While awaiting approval of funding by the Swiss Development Cooperation a few selected activities from the plan were commenced with US$ 25,000 advanced by the Director so that work could continue.

Status of these activities as of November 1988 is as follows:

1. Grief room for relatives of deceased patients:
   This has been built.

2. Water Treatment Plant:
   A chlorination plant has been installed at the source of water system of the hospital.

..2..

3. Water points and washing facilities for mothers:
Six water points cum washing/bathing facilities as well as facilities for drying clothes in the hospital courtyard have been constructed; concrete, sheltered paths to these water points from the hospital have been constructed.

4. Improvement of general environment of the treatment facilities:

a) In order to bring the total hospital patient area under a cooling system (to reduce the unbearable heat in Summer) drop ceiling for all the relevant areas have been ordered.

b) Drop ceiling and split airconditioners have been installed in the Nutrition Rehabilitation Unit Ward.

c) Drop ceiling and split airconditioners for the Intensive Care Unit ward are in the process of installation.

d) Drawing, designing and planning for the renovation of the outpatient ward is complete; work will start in December 1988.

e) Improved beds for patients:
A model from a proposed design has been fabricated and has been placed in one ward for evaluation.

f) Wirenetting of windows to keep out flies and mosquitoes:
This has been installed in one window for evaluation.

Dr. D. Mahalanabis
Associate Director
Clinical Sciences Division

NOvember 1, 1988

TRAINING AT ALL LEVELS

(DR. HABTE'S REPORT)

Suggestions on Training Activities of ICDDR,B

1.0 BACKGROUND

Training in 'areas of the Centre's competence' is a stated aim and objective of ICDDR,B as per Ordinance, to be conducted 'in collaboration with national and international institutions'. The Centre is explicitly excluded from conferring academic degrees.

In line with these provisions, the Centre has offered in the past (and continues to do so) training courses for various cadres of health professionals from Bangladesh and outside. These consist of the following:

1.1 NATIONAL (20-40 per year)

1.1.1. Short (1-2 weeks) courses in clinical management of acute diarrhoeal diseases, field management of control of diarrhoeal diseases.

1.1.2. Orientation sessions (2-3 days) for medical students and other health professionals.

1.1.3. Fellowship to deserving medical doctors for periods of 2-3 years in which an unstructured 'research training' was provided. This has been discontinued since 1986.

..2..

1.1.4. Laboratory/field training of graduate students in Dhaka University working for their MSc, and recently clinical training as partial requirement for specialist qualification.

1.2. INTERNATIONAL (5-6 per year)

1.2.1. Short (2-3 weeks) courses in clinical management of diarrhoea (for doctors and senior nurses), laboratory diagnosis of common enteropathogens, field epidemiology, etc.

1.2.2. Fellowship for periods of 1-3 years in an unstructured program, of an on-the-job research training, mainly offered to junior developed country scientists who come with own funds, to conduct research under supervision.

1.2.3. SAARC fellowship, recently started, for a period of three months, and concentrating mainly in acquisition of clinical management skills with some exposure to research training.

Thus the major thrust in training of the Centre has been in clinical management of diarrhoeal diseases.

Apparently the Centre is the sole institution within Bangladesh that is offering such courses. Many countries in the Third World are developing several training centres in order to spread and expand competence in diarrhoea management. WHO/UNICEF have been active in providing support to establish training centres so as to develop capability in meeting the training needs of these countries.

..3..

1.3. STAFF DEVELOPMENT

In addition to the above, the Centre has an active programme os Staff Development. To date it has trained abroad 90 of its staff. Currently 10 are under training. Recently the Clinical Sciences Division has embarked on a commendable program of clinical research training of its junior staff at the Centre.

1.4. RESEARCH TRAINING

Shortage of trained manpower to perform health research is common to most developing countries and constitutes one of the major obstacles in research capcity building. Indeed difficulties in recruiting competent Third World scientists is a serious problem constantly faced by the Centre. The rationale for the development of research capacity building in all fields including health within the developing countries is self evident. These countries in the first place require expertise to be able to properly identify their own problems and then adapt existing health technologies to solve these problems. Secondly they have to be able to delve into 'frontier' research (or basic research) addressed to undefined or not understood health problems within their own region as well as to other problems common to the rest of the world.

The Centre is essentially a research institution and is most profittabl equipped to develop research training and thereby contribute to the development of badly needed health resaerch manpower, and to research capacity building.

..4..

2.0. SPECIFIC OBJECTIVES OF THE TRAINING PROGRAM OF THE CENTRE

The following are suggested as specific objectives in line with the goal of developing capability and self reliance:

2.1. To provide 'hands on' research training primarily to qualified graduates of the health or related profession from countries of the Third World.

2.2. To develop training capabilities in diarrhoeal disease control and management of relevant institutions in Bangladesh, and in selected countries of the region.

2.3. To provide facilities and opportunities to graduate students in the health profession from Universities in Bangladesh and in other Third World countries in order to conduct research as part of their requirement for a degree (PhD or MSc). Research topics will have to be within the priorities of the Centre.

3.0. STRATEGIES

3.1. In order to translate the objectives into action, the Centre requires the following:

* Linkage with universities and research institutions in order to develop the mechanisms for close collaboration
* Rapport with diarrhoeal disease control program managers in Bangladesh and countries of the region to identify their training needs
* Competent scientific staff to supervise trainees
* Funds to carry out the program

3.2. DIARRHOEA MANAGEMENT TRAINING

The Centre has a long history of providing training to medical doctors and other health auxilaries in diarrhoeal disease diagnosis, treatment and control. The noble objective of trying to disseminate knowledge and skill of diarrhoea management and control to all health workers in Bangladesh and the Third World demands that it adopts a different strategy and emphasis.

It should redirect all its efforts to the provision of training that will lead to the development of training centres at several places in Bangladesh and the Third World. Within Bangladesh, the Centre should actively seek with assistance from relevant bodies within the government the opening of diarrhoea training centres in all the medical schools. The responsibility to expand training centres in the rest of the Third World is probably best left to their governments and to WHO/UNICEF.

Once this objective has been attained the Centre can concentrate on the more ambitious undertaking of research training.

3.3. RESEARCH TRAINING

The Centre has potential capabilities to provide research training in the laboratory sciences (microbiology, immunology, parasitology) and in the clinical sciences.

The components of 'hands on' research training consist of:

1. Selection of research topics in consultation with Centre staff, and in line with set priorities.

..6..

2. Development of resaerch protocols addressed to a specific key problem mentioned in 1 above.

3. Conduct of the investigation and collection of data.

4. Analysis of data using appropriate tools including computers.

5. Write-up and publication.

The above will have to be supplemented with several short (2-4 weeks) courses given in the Centre in relevant subjects such as biostatistics, epidemiology, data analysis, etc.

The candidates will be under supervision by senior scientists of the Centre at all times. The program is expected to have a duration of 1-2 years, and has as its objective the completion of a research project that is publishable.

Candidates should be drawn from amongst junior academic staff in universities with established academic posts.

3.4. INSTITUTIONAL LINKAGE

Linkages between the Centre and Universities (particularly in the Third World) should be actively supported for several reasons one of which is to enable participation of the Centre in development of research manpower. As indicated earlier, the Centre has excellent facilities, although in a restricted field, that may be used by graduate students to conduct research as partial requirement for obtaining a degree. The Centre will of course ensure that the topics are within its priorities, and provide supervision during the conduct of the Centre. It may in fact be possible for the Centre, to assign topics in line

with a 'master plan' to solve a particular problem. Degrees will be awarded by the Universities.

The duration of such a training will be 2-3 years.

4. ADMINISTRATION, FINANCE

Funds are necessary to implement the above suggestions, and will have to be provided as earmarked for this purpose.

In addition to meeting the 'fellowship' expenses of candidates, funds will be necessary to conduct research of these students, and perhaps more signficantly to recruit senior additional staff to assist in the supervision of the students, and also to provide short courses.

The administrative aspect of all the training activities should be closely scrutinized. At least for research training, it will be necessary to create a semi-official academic body in which selected and competent Centre staff are involved.

June 7, 1988
ICDDR,B

DH:ls

HOW SHOULD SCIENTIFIC REVIEW OF THE CENTRE BE CONDUCTED IN THE FUTURE?

Ongoing Review of Scientific Priorities.

The present situation regarding the definition of and changes to the Centres priorities, is unsatisfactory, both to the Board and the Donors. Insufficient explanation is given for changes which appear in our priorities from year to year.

In the most general terms, our priorities remain the same, (as defined in the Ordinance) and are concerned with the study of diarrhoeal diseases in the community, in hospital and in our laboratories. But the specific approaches to these general problems change, and the reasons for changes should be debated at Board level and subsequently explained to our donors. As advances in medical and social sciences occur, which impinge on our interests, the scientists at the Centre may well wish to change the emphasis in one or more of our major priorities. Suggestions along these lines should be proposed and debated with the Scientific Programme Committee. When the reasons for any proposed changes have become clear, then the Board should be informed, and ultimately the donors.

Priorities should be dictated by the health needs of developing communities, the considered cost of the health benefit which might be achieved, together with the ability of the Centre, in terms of staff, facilities and resources, to tackle the problem.

The Board with its scientific advisors, should be in the best position to decide on the Centre's scientific programme, and should resist attempts made by any donor to persuade the Centre to deviate from its chosen priorities.

Appendix 6.

External Assessment of the Centre's Achievements.

Although it is mandatory under the terms of the Ordinance, to conduct an external review of one of the major divisions of the Centre each year, there are signs that the ICDDRB is being subjected to too much assessment and too many duplicating reviews.

It has become increasingly commonplace in the last few years that some donors like to carry out their own assessments; during the past year significant parts of the Centre have been reviewed ? times.

This becomes counter productive, since the scientists are deviated away from their real work so often, as to interfere with the very work which is being assessed.

It is desirable that the donors and the Board should agree on a sequence and frequency of reviews which is acceptable to all, and still satisfies the Ordinance. Once this has been agreed on, Donors should refrain from conducting their own reviews, but should rather ask the regular scientific monitoring system to comment specifically on any points they might wish to be examined.

No scientific group needs to be assessed and reviewed more than once a year and in the case of an interrelated Centre such as ICDDRB, it might be wise to consider a total review of the whole operation, every 5 years.

This has worked well in some very notable Institutes such as the Walter and Eliza Hall Institute in Melbourne and the Basel Institute of Immunology.

5/BT/NOV.88

PERSONNEL & SELECTION COMMITTEE

REPORT

Report of the Personnel & Selection Committee to the Board

1. The Personnel and Selection Committee met in Dhaka on Tuesday, 22 November, 1988.

2. Present:

2.1. The list is appended as annexure 'A'.

3. The agenda is appended as Annexure 'B'.

4. Discussion

4.1. Approval of the Agenda (Agenda Item 1)

The agenda was approved after inclusion of some new items at the request of the Chairman.

4.2. Overview of the staffing situation (Agenda item)

4.2.1. The Committee noted the number of staff as follows:

International:

(a) Regular 19

(b) Seconded 20

(c) Contractual

(d) General Services/National Officers:1221

4.2.2 The changes in the strength since the last Board meeting are as follows:

50: 27 new; 23 conversion from short term to regular contracts.

4.2.3. In course of general discussion the Committee sought information regarding:

1. action for grading the seconded staff and fixing their job description;
2. the origin of the designation 'International Research Associate';
3. mechanism of appointment of these staff; and
4. use of funds from drug company's for research e.g. SEARLE.

The Committee was told that:

1. the seconded staff were graded and had job descriptions, but such grading awaited full rationalisation till Ms. Flynn, the designated international expert from WHO, had an opportunity to review this on coming to Bangladesh, hopefully, in January 1989;

2. the designation of International Research Associate owed its origin to a decision of the Personnel Management Committee (a former entity of the P&S Committee) of November

1979 and the post had the equivalence to a University Instructor.

3. the mechanism of appointment of these staff was unspecified and follow usually the wishes of the donor, and

4. the use if drug company's money has already been approved as acceptable by the Board.

4.2.4. Clarification was sought regarding appointmemt of two scientists in regular international posts. These scientists were appointed as casual staff regularly renewing their contracts of appointment since some time past. It was observed that they were given regular appointments without making them go through standard selection procedure.

4.2.5. Committee also sought clarification on the appointment of a seconded staff as Division Head and designating him as an Associate Director. It transpired that the Board in the last meeting had agreed to allow him to act as the Division Head and wanted the Centre to carry on search for the position of Division Head.

4.2.6(i) In view of the Board's past decision, it was agreed that the Director continue to recruit for international positions upto level P4 and seek approval of the Board retroactively. The Board should continue to appoint all

international positions of level P5 and above. The Board should, however, be involved in the process of selection for all levels of international appointment. It was further agreed that the Director also seek prior approval of the Board in making temporary appointments as Division Head, changing designations or altering duties and position of the Division Heads and the staff beyond level P4 Division Heads. The Centre should continue its search for the Head of the Division as decided in the last Board meeting.

(ii) It was also agreed that appointment and selection procedures be streamlines by the Centre.

Senior Scientist/Head, Population Sciences Division

(a) The resignation tendered by Head, Population Sciences Division was noted. The contents of his letter addressed to Chairman, P&S Committee brought up some administrative lapses on the part of the Centre management. The Chairman, Board of Trustees, Chairman P&S Committee and Director of the Centre were requested to examine these issues and inform the P&S Committee.

(b) The Committee also requested the Chairman, Board of Trustees and the Director to speak with him and persuade him to withdraw his resignation.

(c) The Chairman of the Personnel & Selection Committee was requested to send an appropriate reply to Dr. Duza's letter.

4.2.7. Requirements of Fixed Term International Professional Staff (Operations Research Scientist) (Agenda Item No.)

The filling of the vacancy of the Operations Research Scientist MCH-FP Extension Project was discussed in reference to the letter of the Head, Population Sciences Division. It seemed that the first of the shortlisted candidates did not or couldnot respond to invitations for interview due to inappropriate handling of the matter to some extent. It was agreed to examine the situation in depth. Meanwhile it was also agreed to communicate with the candidate on this issue for his response while the Board was in session.

4.2.8. Information on Seconded Staff

The secondments of:

(A) Mr. John F. Winkelmann, Chief Finance Officer - seconded by World University Service Canada (WUSC);

(B) Mr. Anil Pabani, Grants ADministrator - seconded by WUSC;

(C) Dr. Kate Stewart, MCH-FP Physician/International Research Associate -

seconded by The Johns Hopkins University; and

(D) Ms Birthe Homegaard Nielsen, Child Health Programme - seconded through the DANIDA-ICDDR,B agreement

were all noted.

4.2.10. Contract Renewals

There were no contracts for renewal on this agenda. However the Committee reviewed the contract renewal of the Director. There seems to be a contradiction of terms in the exercise which needs to be corrected. It was reiterated, interalia, that no staff should receive any additional salary from the Centre funds without the approval of the Board. The Board may like to discuss this matter and adopt resolutions as per enclosed draft to set the procedure right.

4.2.11. Promotions/reclassifications

Reclassification of MCH-FP Project Director Position

The Committee recommended that the matter be kept pending till the next Board meeting and be considered with other such reclassification proposals.

4.2.12. New Positions

The proposal that the Immunologist (P5) position be split into two more junior (P-P3) positions of one microbiologist and one virologist was not discussed in great detail. This matter is referred to the full Board for consideration together with the input from the Programme Committee.

5. Working papers

5.1. Salary Revision International Professional Staff

It was indicated that this is a repetitive issue which required no discussion by the Committee.
This matter may be brought to the full Board if felt necessary by the Chairman of the Board and the Director.

5.2. Report on Re-organization of Resources Development Office

A proposal will be brought to the Board on how to re-organize the Resources Development Office.

5.3. Selection of Trustees

As per Board decision, the subcommittee appointed by it comprising chairmen of the three sub committees will

present a short-list of candidates for consideration and final selection by the Board.

6. Miscellaneous

6.1. Revision of salary re: NO/GS staff

The Committee would like to see the final one-third of the increase being granted, provided of course that funds are available. This and the question of a one-time bonus for flood relief were referred to the Finance Committee.

6.2. Revision of Post Adjustment

The Committee would like to see this implemented. As with point (1) above, this was referred to the Finance Committee.

6.3. Proposed amendments and revisions of Staff Rules and Regulations

Education Grant

It was agreed that the Education Grant should be re-instated in full.

'A'

ANNEXURE A

Draft - 24.11.88

Minutes of the meeting of the Personnel & Selection Committee held on 22 November, 1988.

The meeting of the Personnel & Selection Committee of the ICDDR,B Board of Trustees was convened at 11 a.m. on Tuesday, 22 November, 1988 in the Training Lecture Room.

Members Present	:	Dr I. Cornaz, Prof. R. Eeckels (Director), Dr M. Merson, Mr T. Rahman (Chairman of the Committee) and Prof. D. Rowley (Chairman of the Board).
Members Absent	:	Dr D. Ashley, Prof. V. Ramalingaswami.
Invited Trustees	:	Mr M.K. Anwar, Prof. D.A. Henderson, Prof. K.A. Monsur.
Invited Staff	:	Mrs J. Chowdhury, Mr M.A. Mahbub, Mr A. Pabani and Mr W. Ahmed (Zaman).

ANNEXURE B

B

PERSONNEL & SELECTION COMMITTEE MEETING

November 22, 1988

1. Approval of Agenda

2. Approval of Minutes of the last meeting

   2.1 Overview of the staffing situation

3. Staffing

   3.1 Recruitments of fixed term international professional staff

   3.2 Information on seconded staff

   3.3 Contract renewals

   3.4 Promotions/reclassifications

   3.5 New positions

4. Working papers

   4.1 Salary revision international professional staff

   4.2 Report on re-organization of Resources Development office

   4.3 Selection of Trustees

5. Miscellaneous

   5.1 Revision of salary re: NO/GS staff

   5.2 Revision of post adjustment

   5.3 Proposed amendments and revisions of Staff Rules & Regulations

OVERVIEW OF STAFFING SITUATION

STAFFING STATUS

CF = Centrally funded
PF = Project funded

Functional Area	1985 (Dec 31)	1986 (Dec 31)	1987 (Nov 01)	1988 (Apr 01)		1988 (Oct 31)	
International Professional Staff	34	19	11	16		19	
Seconded Staff	15	15	15	22		20	
National Staff							
-Research (Scientific & Support)	441	404	423	433	CF-307 PF-126	469	CF-319 PF-150
-Research (Administrative)	-	-	-	215	CF-159 PF- 56	211	CF-166 PF- 45
-Field	510	494	534	249	CF- 89 PF-160	262	CF- 83 PF-179
-Administration (Support Services)	459	435	443	236	CF-235 PF- 1	240	CF-238 PF- 2
TOTAL	1459*	1367*	1426*	1171**		1221**	

* Inclusive of short-term staff, Community Health Workers and Urban Volunteers.

** Excluding short-term staff, Community Health Workers and Urban Volunteers.

WZA:MAJ:au

Annex

Staff Increase

There was a net addition of 50 staff members during the period between April and October 1988. The major increase was due to recruitment for the various projects.

Redundancy & Reassignment of staff

During April - October 1988 the work of the following projects/ studies have either been completed or are nearing completion. The staff members who have been declared redundant were mostly absorbed in different projects and departments against vacancies. The breakdown is given below:

		Declared redundant
1.	Chandpur Project	13
2.	Mirzapur Handpump Project	22
3.	Gastric Acid as Determinant of Cholera Study	7
4.	Mirzapur/Zinzira Study	1
5.	V. Cholera Plankton & Water Chemistry	1
6.	Knowledge & Practice Related to ORT in Matlab (Partially completed)	9
7.	Vaccine Trial Project	6
		59

Current Status

-Number of staff absorbed	:	33
-Number of staff released	:	12
-Number of staff yet to be absorbed or released	:	14

Recruitment - Flood Emergency

In addition to the above, a total number of 137 temporary staff (NO 19 and GS 118) was hired to meet the emergency due to floods. Out of 137, 44 temporary staff (all GS level) have been released and the remaining 93 (NO & GS level) will be released as soon as their tenures are over.

WZA:MAJ:au

As per October 31, 1988, ICDDR,B has 39 employees at the International level. Nineteen are regular employees; 20 are seconded staff (as is well known, there are different types of secondment at the Centre). Regular and seconded staff are listed separately in the two attached tables.

Thirteen nationalities are represented with the following numbers of staff:

Australia	3	France	2
Bangaldesh	6	Guyana	1
Belgium	4	Holland	1
Canada	4	India	2
China	1	Pakistan	1
Denmark	4	U.K.	2
		U.S.A.	8

Contd..5(a)

INTERNATIONAL STAFFING STATUS
AS OF OCT 1988
REGULAR INTERNATIONAL PROFESSIONAL STAFF

SL. No.	Name	Nationality	Title	Pay Level	Contract Start date	Contract End date	Funding status and source
FIXED TERM							
1.	Alam, Dr. A. N.	Bangladesh	Head, Clinical Research Centre	P4	01.07.86	30.09.89	UNDP
2.	Ali, Mr. M. Iqbal	Bangladesh	Programme Officer	P1	16.06.85	16.06.91	Central Fund
3.	Ashraf, Mr. M. Hira	Canada	System Development Manager	P4	11.08.85	10.08.91	CIDA/DSS
4.	Bashir, Mr. M.R.	Bangladesh	Associate Director Resources Development	P6	01.07.87	30.06.89	Central Fund
5.	Chowdhury, Ms. Judy	Australia	Executive Assistant	P1	16.06.85	16.06.91	Central Fund
6.	Duza, Dr. Badrud	Bangladesh	Senior Scientist	P6	01.07.85	30.09.91	Central Fund/ USAID
7.	Eeckels, Prof. R.	Belgium	Director	ASG	01.04.85	31.03.91	Central Fund
8.	Fauveau, Dr. V.	France	MCH-FP Physician	P4	01.01.86	31.12.88	WUSC/NORAD
9.	Henry, Dr.Fitzroy	Guyana	International Research Associate	P3	01.01.84	31.12.89	USAID/UNDP
10.	Islam, Dr. M.Moyenul	Bangladesh	Research Pathologist	P4	01.08.88	31.07.91	USAID
11.	Kasatiya, Dr. Shanti S.	Canada	Head, DLS	P4	01.06.88	31.05.89	USAID

Contd.. Fixed Term

SL. No.	Name	Nationality	Title	Pay Level	Contract Start date	Contract End date	Funding status and source
12.	Mahbub, Mr. M.A.	Bangladesh	Associate Director, A&P	P5	01.07.87	30.06.90	Central Fund
13.	Mahalanabis, Dr. D.	India	Associate Director, CSD	P6	05.01.88	04.01.91	UNDP/WHO
14.	Mostafa, Mr. A.H.	Australia	Computer Information Services Manager	P4	24.01.88	23.01.91	Central Fund
15.	Patra, Dr. F.C.	India	Int. Research Fellow	P1	01.01.88	30.11.88	SARLE FRANCE/ WHO/PDF
16.	Strong, Dr. M. A.	USA	Sr.Scientist & Head,DSS	P5	01.09.88	31.08.91	CIDA
17.	Tzipori, Dr. Saul	Australia	Sr. Scientist & Associate Director,LSD	P6	10.08.88	09.08.90	USAID
18.	Van Loon, Dr. F.	Netherlands	Int.Research Associate	P4	24.07.84	31.07.89	USAID
19.	Wai, Dr. Lokky	Canada	Demographer	P4	15.04.88	14.04.89	CIDA

Contd..5(a)

SECONDED STAFF

Sl. No.	Name	Nationality	Status*	Title	Start Date	End Date	Funding Status and source
1.	Bingnan, Dr. Fu	China	TA(DA)	Visiting Scientist	11.04.88	Jan. 1989	AG Fund
2.	Bennish, Dr. M.	U.S.A.	DS(R)	Int. Research Associate	31.10.88	Open	CA/USAID IL/Tufts
3.	Briend, Dr. Andre	France	TA(DA)(FSS)	Associate Director, CHD	29.12.83	Open	IL/ORSTOM
4.	Felsenstein, Dr. A.	Belgium	TA(DA) (FSS)	Biologist	01.04.87	30.04.89	CA/BODC
5.	Hall, Dr. Andrew	U.K.	LA (FSS)	Scientist	09.05.84	28.02.89	IL/LSHTM
6.	Hlady, Dr. Gary	U.S.A.	DS(R)	Int.Research Associate	14.08.87	13.08.89	CA/USAID IL/JHU
7.	Koenig, Dr. Michael	U.S.A.	DS(DA/I)(FSS)	Scientist	17.02.84	Open	IL/Pop.Council
8.	Kofoed, Dr.Poul Erik	Denmark	TA(DA)(FSS)	Head, Child Health Programme	29.11.87	28.11.89	CA/DANIDA
9.	Lenders, Dr. Carine	Belgium	TA(DA)(FSS)	Physician	31.05.87	30.5.89	CA/BODC
10.	McElrath, Mr. Thomas	U.S.A.	DS(DA/I)	Fellow	11.04.88	Jan. 1989	CA/USAID

*TA : Technical Assistance; (DA) : paid by donor agency; (DA/C) : paid by donor agency via Centre;
(DA/I) : paid by donor agency via other Institution ; DS(R) : Deputed Staff (Reimbursable) ;
DS(NR) : Deputed Staff (Non reimbursable) ; LA(C) : Leave of Absence (Centre); JHU : Johns Hopkins University;
LA(PI) : Leave of Absence (Parent Institution) ; LA (FSS) : Leave of Absence (Full Salary Support).
CA : Cooperative Agreement; IL : Institutional Linkage ; AG : Arab Gulf Fund ; WUSC : World University Service of Canada
LSHTM : London School of Hygiene and Tropical Medicine ; BODC : Belgian Overseas Development Corporation
DANIDA : Danish International Development Agency ; USAID : United States Agency for International Development
Tufts : Tufts University; Pop Council : Population Council ; FF : Ford Foundation
LSE : London School of Economics ; ORSTOM : Institut Francais De Recherche Scientifique Pour Le Developpement En Cooperation

Contd... Seconded Staff

Sl. No.	Name	Nationality	Status*	Title	Start Date	End Date	Funding Status and source
11.	Nielsen, Ms. Birthe	Denmark	TA(DA)(FSS)	Immunization Coord.	18.08.88	--	CA/DANIDA
12.	Pabani, Mr. Anil	Canada	TA(DA)(FSS)	Grants Administrator	30.9.88	29.09.90	CA/WUSC
13.	Patterson, Dr. David	U.S.A.	TA(DA)(FSS)	Demographer	22.09.87	21.09.89	CA/USAID
14.	Ronsman, Dr. Carine	Belgium	TA(DA)(FSS)	Physician	30.08.87	29.08.89	CA/BODC
15.	Silimperi, Dr. Diana	U.S.A.	DS(NR)(FSS)	Project Director, UVP	20.04.87	19.04.90	CA/USAID IL/JHU
16.	Sorensen, Ms. Nina	Denmark	TA(DA)(FSS)	Teaching Coordinator	05.03.88	04.03.90	CA/DANIDA
17.	Stewart, Dr. Kate	U.S.A.	DS(R)	Int. Research Associate	Jan. 1988	Open	CA/Holland IL/JHU
18.	Thilsted, Dr. S.	Denmark	TA(DA)(FSS)	Nutrition Coordinator	05.03.88	04.03.90	CA/DANIDA
19.	Winkelmann, Mr. John	Canada	TA(DA)(FSS)	Chief Finance Officer	27.09.88	26.09.88	CA/WUSC
20.	Zeitlyn, Dr.Shushila	U.K.	TA(DA/C)	Int'l Res. Associate	Jan. 1988	Open	CA/FF LSE

*TA : Technical Assistance; (DA) : paid by donor agency; (DA/C) : paid by donor agency via Centre;
(DA/I) : paid by donor agency via other Institution ; DS(R) : Deputed Staff (Reimbursable) ;
DS(NR) : Deputed Staff (Non reimbursable) ; LA(C) : Leave of Absence (Centre); JHU : Johns Hopkins University;
LA(PI) : Leave of Absence (Parent Institution) ; LA (FSS) : Leave of Absence (Full Salary Support).
CA : Cooperative Agreement; IL : Institutional Linkage; AG : Arab Gulf Fund ; WUSC : World University Service of Canada
LSHTM : London School of Hygiene and Tropical Medicine ; BODC : Belgian Overseas Development Corporation
DANIDA : Danish International Development Agency ; USAID : United States Agency for International Development
Tufts : Tufts University; Pop Council : Population Council ; FF : Ford Foundation
LSE : London School of Economics ; ORSTOM : Institut Francais De Recherche Scientifique Pour Le Developpement En Cooperation

Staffing

5(b)(i)/BT/Nov.88

Operations Research Scientist
MCH-FP Extension Project

This position was readvertised in June, 1988 and the search for a suitable candidate continued. Meantime, 40 applications were received out of which two candidates (Dr. Atiqur Rahman Khan and Dr. Rushikesh Maru) were short-listed (copy of the minutes enclosed) for the interview in the first phase.

Accordingly, Dr. Atiqur Rahman Khan and Dr. Rushikesh Maru were telexed to let the Centre know about their possible dates of visit for interviews. Dr. Khan did not reply. Dr. Rushikesh Maru responded and his interview has been scheduled in the first week of November 1988.

WZA:mr

The recruitment committee for the position of Operations Research Scientist on the MCH-FP Extension Project met on Wednesday, 13 July, 1988 to finalize the shortlisting of candidates. The committee consisted of Drs Roger Eeckels, Badrud Duza and Michael Koenig of the ICDDR,B and Dr George Rubin of the Ford Foundation. Based upon the ranking of candidates, it was agreed that the following candidates should be included in the shortlist and invited for interviews:

1) Dr Atiqur Rahman Khan
2) Dr Rushikesh Maru

It was additionally agreed that, based upon the rankings, the following candidates be included on a primary panel, if the short-listed candidates decline:

1) Dr Rafique Huda Chaudhury
2) Dr Bhakta Gubhaju

It was also agreed that the following applicants be retained on a secondary panel, in case none of the above four candidates can be recruited:

1) Dr Barkat-E-Khuda
2) Dr A.T.S.A. Chowdhury

Finally, in view of the recent readvertisement of the position, and the fact that qualified candidates may still be applying, it was agreed that provision be made for including additional qualified applicants in the shortlist.

13/7/88. 19/7/88 14/7/88 14/7/88

Dr Roger Eeckels	Dr Badrud Duza	Dr Michael Koenig	Dr George Rubin
Director	Assoc. Director	Project Director	Programme Officer
ICDDR,B	PS&ED, ICDDR,B	MCH-FP Ext. Proj.	The Ford Foundation

ADVERTISEMENT

OPERATIONS RESEARCH SCIENTIST

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is a non-profit international medical research institution situated in Dhaka, Bangladesh. Its aims are to conduct research and training in diarrhoeal diseases and related subjects of nutrition and for control of diarrhoeal diseases in developing countries. It is also involved in major demographic surveys. There are four scientific divisions: Clinical Sciences, Laboratory Sciences, Community Medicine and Population Sciences. Salary scales, rules and regulations are similar to those followed by the UN. The 1,400 employees include 200 researchers coming from 11 countries. ICDDR,B is supported by 21 countries and international organizations, including WHO and UNICEF.

ICDDR,B seeks for immediate employment an Operations Research Scientist who will carry out operations research on various aspects of the national Maternal and Child Health - Family Planning (MCH-FP) programme in Bangladesh, within the framework of the MCH-FP Extension Project of ICDDR,B. This will involve design, execution, and evaluation of pertinent interventions in the field; testing new strategies in service delivery; conducting related research with emphasis upon qualitative studies; and supervision of scientific staff.

Requirements: Doctoral degree in management, social, or public health sciences with a strong background in operations research, practical field experience in MCH-FP programmes in a developing country, preferably in South Asia; post-doctoral research experience in reputed scientific institutions; and outstanding record of publications in peer reviewed international journals.

Appointment will be made for 3 years at UN salary level P-2 up to P-4 according to experience and qualifications. Reply with curriculum vitae and the names of three referees to : Mr. Aminul Huqu, Personnel Manager (Professional) ICDDR,B, G.P.O. Box 128, Dhaka-1000, Bangladesh.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

GPO BOX 128, Dhaka-1000, Bangladesh

Title: Operations Research Scientist
(MCH-FP) Extension Project; Population Sciences Division

Grade: P-2 - P4 (UN Scale)

Objectives: To conduct operations research on various aspects of the national Maternal and Child Health-Family Planning (MCH-FP) programme in Bangladesh within the framework of the MCH-FP Extension Project of ICDDR,B.

Duties:

- To conduct appropriate research on various aspects of MCH-FP
- To design, execute and evaluate the pertinent interventions in the field.
- To test new strategies in service delivery.
- To supervise scientific staff and extend scientific cooperation to ICDDR,B.

Qualifications :

Education : A Ph.D. or equivalent degree in Management, Social or Public Health Sciences with a strong background in operations research.

Experience: A minimum of 5/7 years practical field experience in MCH-FP programme in a developing country, preferably in South Asia; post doctoral research experience in reputed scientific institutions and outstanding record of publications in peer reviewed international journals.

contd../2

Language Skills: Excellent knowledge of spoken and written English.

Salary Range: US$ 22,675 to US$ 41,308 (with dependants) US$ 21,261 to US$ 38,101 (single status) depending on experience and qualifications. The above salaries are base salaries, added to these are the usual UN benefits and allowances.

Date of Joining: As soon as possible.

THE UNIVERSITY OF MICHIGAN

DEPARTMENT OF POPULATION PLANNING AND INTERNATIONAL HEALTH
SCHOOL OF PUBLIC HEALTH

ANN ARBOR, MICHIGAN 48109-2029
(313) 764-7516
CABLE: POPLANUM
TELEX: 4320815UOFM, UI

April 7, 1988

TO:

Dr. Roger Eckles
Director
International Center for Diarrhoeal
Disease Research, Bangladesh
G.P.O.Box 128
Dhaka-2
Bangladesh

Dear Dr. Eckles,

I am an Indian political scientist currently working as a Visiting Professor of Population Planning and International Health at the University of Michigan. Before joining the University in 1985, I worked as the Professor and Chairman of the Public Systems Group at the Indian Institute of Management, Ahmedabad, India from 1976 to 1985. I understand that the ICDDRB has recently advertised for a position of Operations Research Scientist for the MCH-FP Extension Project. I would like to be considered for this position. A detailed curriculum vitae is enclosed.

I have known about the activities of the project from various research publications and also through discussions with my colleague, Dr. Ruth Simmons.My own work in India and some other developing countries such as Egypt and Indonesia has focussed on management improvements and organizational change in large bureaucracies concerned with health and family planning programs.I am enclosing a paper which describes a five year management improvement project in Uttar Pradesh, India, in which I was involved both as an investigator and a coordinator of the project team. In India, I had opportunities to work closely with voluntary agencies in the health field. I have been on the Board of Trusties for two innovative health agencies. I coordinated a team effort to analyse management structure and processes in a variety of health voluntary organizations in India and also in the Asian region through the Asian Community Health Action Network(ACHAN). These experiences have helped me to understand both similarities and differences between government and voluntary sectors.

I understand that the MCH-FP Extension Project involves action research and intensive interfacing with the top and middle level bureaucrats in the government sector. As a Chairman of the Public Systems Group at the IIMA in India, I have extensive experience of managing large and complex research projects and interface with top and middle level government bureaucracies at the Central and State levels. I had a number of opportunities to interact with top program managers from other developing countries in consulting and advisory capacity through my involvement with the World Bank, UNFPA, WHO, and ICOMP. As the coordinator of the Management Institutes' Working Group on Social Development, I managed a network of third world management institutions from Asia, Africa and Latin America, involved in application of management science to social development programs. Given this background of national and international work, I am attracted to the idea of working in your organization in a project which is close to my interest in bureaucratic change.

My current appointment with the University of Michigan will continue until 30th April, 1989. However, it may be possible to leave earlier, if necessary. Meanwhile, I would appreciate if you could send me detailed information on the salary scale and other perquisites.

I would be happy to provide additional information if required. In fact, I am planning to visit India from 10th May to 7th June, 1988. If you need to reach me during May and early June, please contact me at the following address.

Rushikesh M. Maru
Care of Prof. J.K. Satia
Indian Institute of Management
Vastrapur
Ahmedabad- 380015, Gujarat, India
Telex 121 351 IIMA IN

Even if I am away from Ahmedabad, Prof. Satia would know where to reach me in India.

With regards.

Sincerely Yours,

R S Maru

Rushikesh M. Maru
Visiting Professor of Population
Planning and International Health

CC. Dr. Badru Dooza
Dr. Michael A. Koening

March 1988

CURRICULUM VITAE

Name: **Rushikesh Mukandrai Maru**

Date of Birth: August 28, 1941

Nationality: Indian

Title: Visiting Professor of Population Planning and International Health

Current Address: Department of Population Planning and International Health
School of Public Health
University of Michigan
Ann Arbor, MI 48109-2029, U.S.A.

Phone: Office (313) 763-4320
Department (313) 764-7516
Home (313) 665-4896

EDUCATION:

1976 Ph.D. Political Science, University of Michigan, Ann Arbor, MI, U.S.A.

Thesis Topic: "Birth Control and Health Manpower policies in India and Peoples Republic of China: A Comparative Analysis"

1961 M.A. Economics
M.S. University of Baroda, India

1959 B.A. Economics
Gujarat University, Ahmedabad, India

LANGUAGES:

English, Hindi, Gujarati (can fluently read, write and speak)

Studied Chinese (mandarin) for graduate research. (1970-1972)

RUSHIKESH M MARU

REFERENCES

1. Dr. Samuel Paul, Advisor
   Public Sector Management Department
   The World Bank
   1818 H. Street, N.W.
   Washington, D.C. 20433, U.S.A.

   Dr. Paul was the Director of the Indian Institute of Management, Ahmedabad.

2. Dr. Ruth Simmons
   Department of Population Planning and
   International Health
   School of Public Health
   University of Michigan
   Ann Arbor, Michigan 48109-2029, USA

3. Prof. J.K.Satia, Dean
   Indian Institute of Management
   Vastrapur
   Ahmedabad- 380015, Gujarat
   India

4. Dr. David Korten
   Advisor, Asia Region, Social Development Management
   United States Agency for International Development
   American Embassy
   Jakarta, Indonesia

CONSULTING EXPERIENCE:

1988 — International Council for the Management of Population Programs, Kuala Lumpur, Malaysia
Assistance in developing a design and guidelines for country case studies for the 1988 ICOMP Biennial Conference to be held in China (May 3-11, 1988)

1987-88 — MacArthur Foundation, Chicago
Consultation on development of the Foundation strategies and activities in the field of population policy and programs in developing countries. (December 1987 and February 1988)

1987 — The World Bank, Agriculture and Rural Development Dept, Washington, D.C.
Reviewed and commented on strategies, institutional development and design issues in agricultural projects in Sub-Saharan Africa. (one week in Nov. - Dec. 1987)

1986-87 — The World Bank, PHN Department, Washington, D.C.
The task was to prepare a review of the Bank's lending activities in the population sector for the period 1976-86. This involved extensive interviews with PHN staff members and division chiefs in Washington, D.C., review of sector reports, project documents, and other lending related data. Such analysis and data collection was complemented by field visits to project sites in India, Indonesia, Bangladesh, Nepal, Senegal, Kenya, and Malawi. A final report was prepared and submitted to the PHN in September, 1987.

1987 — The World Bank, Country Department (AS2)
Oraganizational Development Consultant, Project Identification Mission to Philippines. The task included a quick review of institutional development needs in the population, health and nutrition sector, and make recommendations for strengthening institutions, management, and for developing strong government-NGO linkages. (September 26 - November 12, 1987)

1986 — Management Sciences for Health, Boston
Provided technical assistance to design and deliver a one-week case method training program.

1986 — Center for Public Health Research, Ministry of Health,Mexico
Provided technical assistance for designing research and training activities and institutional development. (April 1986)

1984 — UNFPA-New York: Assistance to BKKBN, Indonesia
Provided technical assistance to the Chairman BKKBN, Indonesia and the Executive Director, UNFPA, in analysing management aspects of Indonesian family planning program and making recommendations for management development. (August - September 1984, 3 weeks)

1984 — International Committee for the Management of Population Programs, Kuala Lumpur, Malaysia
Developed a design and aide memoire for the 1986 ICOMP Biennial Conference on "Management of IEC" held at San Jose, Costa Rica. (November 1984)

1984 — Asian Community Health Action Network, Hong Kong
Invited to advise on their strategy and plan of activities for the years 1984-86. The consultation meeting held in Hong Kong. (April 25-29, 1984)

1984 — Aga Khan Foundation, Paris, France

Evaluation of a community based health project in Mehsana district of Gujarat State, India. Evaluated the project and suggested alternative strategies for providing low-cost health care to rural population in the project area.

1983-85 — Area Development Project, Department of Health, Government of Gujarat, India, and the USAID.

This consulting project involved the following tasks:

i. Strengthening management training capability at the Regional Health and Family Planning Training Center, Ahmedabad.

ii. Developing strategy for improving accceptance of non-terminal family planning methods.

1983-84 — World Health Organization, Geneva

Prepared a paper providing guidelines for health projects involving community participation. Included topics: strategies for participation, planning, monitoring and evaluation of participatory projects.

1983 — UNICEF, New York

Informal consultation on strengthening participatory project formulation, planning and monitoring process for UNICEF sponsored projects.

1982 — The World Bank, PHND

Mauritius Population Sector Review Mission, (Oct. 16 to Nov. 2, 1982 in the field and Nov. 22 to Dec. 2, 1982, at Washington, D.C.). Wrote sections on Management Information, Monitoring and Evaluation, Organizational Structure, and IEC.

1981 — The World Bank, Economic Development Institute

Consultant and Guest-Faculty for South Asian Regional Course on Population and Development, Colombo. (October 27 - November 20, 1981)

1980-84 — UNFPA - Rajasthan Area Development Project

A UNFPA aided project in the three districts of Rajasthan, India, to strengthen rural health services infrastructure and improve management of health services. Population covered: 5 million. Total projectbudget: US $15.5. Assignment included designing and conducting a management needs assessment study. Included diagnostic study of organizational structure, coordination with other development departments, community health worker scheme, and the development of training system. Conducted a project planning workshop and designed a program for developing management training capability in state training institutions. Also conducted a study in one project district to improve interdepartmental coordination. This consulting assignment was a part of the Indian Institute of Management's four year (1980-84) contract with the government of Rajasthan and the UNFPA.

1979-83 — India Population Project II

The government of India has undertaken an area development project in the six districts of Uttar Pradesh with the financial assistance of the World Bank. Helped the government of India in project preparation. (April 1978 to March 1979) Also a member of the Indian counterpart team during the World Bank Missions' visit to India.

Developed a project proposal for starting a management training cell at the Population Center, Lucknow. This involved designing its organizational structure, deciding on manpower requirements and qualifications, setting out mode of identifying faculty, laying out plan for training of trainers, identifying key functions, and working out set-up cost.

1976-80 India Population Project I

This experimental project sought to develop alternative service delivery systems for family planning in six districts of Uttar Pradesh, India. It was funded by the World Bank. As a leader of the IIMA team of consultants from 1977-80, had to coordinate all the consulting, training and research activities. Besides this general administrative function, also worked on restructuring of coordination committees at the district and block level, design and implementation of a three-tier management development training program for health officers, and evaluation design for the project.

1981 W.H.O., South Asian Regional Office, New Delhi

Designed and coordinated a three-week training seminar for W.H.O. Fellows from Bangladesh, Burma, and Maldives. (November 1981)

1979-80 Population and Development Project, Population and Family Planning Board, Egypt

The main objective of the project was to integrate population and health concern with the development projects at the village level. It covered nearly one-third of the total village councils in Egypt.

Led a team of 4 consultants to Cairo. (October 22 - November 10, 1979)

Helped define the scope and methodology of the consulting assignment, and conducted all negotiations with the government of Egypt. Asked to review the whole project and suggest changes and modifications in the strategy and operations of the project. Special emphasis was given on information and monitoring function, management of economic projects, concurrent project evaluation, and community involvement in project activities. Apart from overall coordination of the consulting team, specifically responsible for studying concurrent project evaluation and community participation. The latter included in-depth study of the functioning of project coordination committees which included community representatives. The extent and nature of community participation in economic and social projects was also studied.

Led another team of consultants to study the role and training requirements of the field level female family planning worker and her links with other health functionaries. (April - May 1980)

1979 International Institute for Applied System Analysis, Luxemberg, Austria

Worked with a group of international experts to advise IIASA for developing a research agenda in the field of low cost health delivery systems in developing countries. (July 1979)

1979 Ministry of Health, Government of India: Evaluation of the Community Health Volunteer Scheme

Helped design the study, developed questionnaire, developed tabulation plans, supervised field research in Western India , and wrote chapters dealing with role perceptions and community leaders' and a sample of community members' perception of the services rendered by the CHV. Explored community's role in monitoring and controlling the scheme. Also, worked on final draft of recommendation.

TEACHING EXPERIENCE:

A. Academic Teaching

1987-88 Visiting Professor of Population Planning and International Health, University of Michigan, Ann Arbor U.S.A.

- PPIH 662: Comparative International Health Care Systems
- PPIH/HPA 634: Administration of Health and Population Programs

1985-87 Visiting Professor of Political Science and Population Planning, University of Michigan, Ann Arbor, U.S.A.

- PS 457: Politics in South Asian Countries
- Public Policy 740: Public Management in Developing Countries
- PPIH/HPA 634: Administration of Health and Population Programs
- A module on "Policy Management" in a three-month training program on "Population and Development" for planners from developing countries

1976-85 Professor of Public Management and Organizational Behaviour, Indian Institute of Management, Ahmedabad, India

- Indian Social and Political Environment
- Management of Social Development Programs
- Public Management
- Development Planning (with special emphasis on political analysis)

1975 Guest Lecturer, Program on Asian Studies, University of Michigan, Ann Arbor, U.S.A.

1974 Lecturer, Department of Political Science, University of Michigan, Ann Arbor, U.S.A. (Winter, 1974)

1971-73 Teaching Assistant, Dept. of Political Science (1971-72) Dept. of Population Planning (1972-73), University of Michigan, Ann Arbor, U.S.A.

1962-63 Lecturer in Economics, M.S. University of Baroda, India (August 1962-September 1963)

B. Management Training

1983-85 Faculty Member, Regional Workshop for Asia and East Africa on Population Program Management. (April 2-14, 1983 and August 5-18, 1985 at Ahmedabad) Workshop was sponsored by the ICOMP, Kaula Lumpur.

1984 Faculty, Management Development Program for Social Services Managers - Health, Education, and Social Welfare. (3 weeks, 1984)

1983-84 Management Development Progam for IEC Managers from Population Programs of the Asia Pacific Region. (Invited Faculty in a Program organized by the Asia Pacific Institute of Broadcasting Development, Kuala Lumpur. Nov. 14-24, 1983 and Nov. 5-23, 1984)

1982-83 Coordinator, MDP for Senior Public Systems Managers from Central Government in India.

1978-83 Faculty member, several MDPs for district and state level health managers in India.

1978-80 Coordinator, MDPs for Medical Officers in charge of Primary Health Centers in Uttar Pradesh.

1977-79 "Program Implementation, Monitoring and Evaluation - Health and Family Welfare" - a 3 week management development program (MDP) for district and state level health officials from various states of India. Planned, coordinated, and taught in these programs held in 1977, 1978 and 1979.

1977-79 Faculty member, MDP for Senior Volunteers and Staff of Family Planning Association of India. (Three programs of one-week duration each in 1977, 1978 and 1979)

C. Teaching Materials

Developed 8 teaching cases and 8 technical notes.

D. Institution Building for Training

Designed and coordinated efforts to develop health and family planning management training capability in other training institutions. Some of the institutions worked with are the following:

- Regional Health and Family Welfare Training Centers in Gujarat and Rajasthan states of India.
- State Institute for Public Adminstration at Jaipur in Rajasthan State, India.
- Population Center at Locknow in Uttar Pradesh, India.
- Indian Institute of Health Management Research, Jaipur, India.
- Management Development Institute and Population and Family Planning Board in Egypt.
- National Institute of Public Administration and the BKKBN in Indonesia.

E. Areas of Management Training

The major areas of management training: policy formulaiton, strategic planning, political environment analysis, organizational structure and design, community participation, communication strategy formulation, IEC management, and community-based health services management.

RESEARCH EXPERIENCE:

1976-85	Research on management of health and family planning programs in India and other developing countries at the Indian Institute of Management, Ahmedabad.
1975-76	Visiting Faculty Associate, Dept. of Population Planning, University of Michigan, Ann Arbor, U.S.A. (January 1975 - February 1976)
1971-73	Research Assistant at University of Michigan in Population Planning and Political Science departments. (summers of 1971, 1972 and 1973)
1968-69	Senior Research Fellow, Research Policy Program, University of Lund, Sweden. (March 1968 - Sept. 1969)
1963-68	Research Associate, Center for the Study of Developing Societies, Delhi, India. (October 1963 - March 1968)
1965	Associate Editor (Research), China Report bi-monthy journal published by the China Study Center, New Delhi.
1961-62	Research Assistant, Department of Political Science, M.S. University of Baroda, India. (October 1961 - April 1962)

SCHOLARSHIPS, FELLOWSHIPS AND SPECIAL HONORS:

1974-75	Faculty Research Award of the Smithsonian Institution, Washington, D.C., under the International Program for Population Analysis, Interdisciplinary Communication Program. (December 1, 1974 - August 30, 1975)
1973-74	Graduate Fellowship, Department of Population Planning, University of Michigan, Ann Arbor, U.S.A. academic year 1973-74.
1970-71	Graduate Fellowship, Center for Chinese Studies, University of Michigan, Ann Arbor, U.S.A. (January - August 1970; academic year 1970-71)
1968-69	Senior Research Fellowship, Swedish International Development Authority (SIDA) Sweden. (March 1968 - September 1969)

ADMINISTRATION & COMMITTEE MEMBERSHIPS:

A: Institutional

1987-88	Member, Graduate Admissions and Curriculum Committee, Department of Population Planning and International Health, University of Michigan, Ann Arbor.
1983-85	Chairman, Public Systems Group, IIM, Ahmedabad.
1983-85	Member, Policy and Planning Committees, IIMA.
1981-85	Member, Editorial Board, Vikalpa: A Journal for Decision Makers.
1983-84	Member, Committee on Future Directions for the IIM, Ahmedabad.
1980-81	Chairman, Committee on Future Directions, Policy and Strategies for Public Systems Group, IIMA.
1978-82	Coordinator, various research projets including the Indian Population Project-I and National Evaluation of Community Health Volunteer Scheme.

B: National and State Level in India

1984-	Member, Managing Board and Governing Board of the Indian Institute of Health Management Research (IIHMR), Jaipur, India. (since November 1984)
1984-85	Member, Research Advisory Committee, Gujarat Institute of Area Planning, Ahmedabad, India.
1983-	Member, Board of Trustees, Rural Health Research and Action Project, Mangarole, district Bharuch, Gujarat. (since 1983)
1983-84	Member, Task Force on Information, Education and Communication (IEC), Department of Health, Government of Gujarat.
1983-84	Member, Task Force on Pre-Service and In-Service Training of Doctors, Government of Rajasthan, India.
1983	Member, Task Force on National Incentives and Disincentives Policy, Fmaily Planning Foundation of New Delhi, India.
1978-80	Member, Population Research Advisory Committee, Ministry of Health and Family Welfare, Government of India.
1978-79	Member, Indian Counterpart Team constituted by the government of India for negotiations with the World Bank, SIDA, and British government on the Second Indian Population Project.
1980-82	Member, Steering Committee, WHO - Government of India Project on strengthening of management component of health and family welfare training institutions in India.

C. International

1983-85 Member, Working Group on Population Program Effectiveness, Committee on Population, National Academy of Sciences, U.S.A. (November 1983 - October 1985)

1982-85 Coordinator, Management Institutes' Working Group on Social Development, Manila, Philippines.

1983-85 Associate Member, International Council on Management of Population Programs (ICOMP), Kuala Lumpur, Malaysia.

1984 Invited Member, Executive Committee, Asian Community Health Action Network, Hong Kong.

1982-83 Member, IEC Management Task Force, UNESCO, Paris and Asia-Pacific Institute of Broadcasting Development, Kuala Lumpur, Malaysia.

NATIONAL AND INTERNATIONAL CONFERENCES:

1986	International Biennial Conference of the International Council on Management of Population Programs (ICOMP), San Jose, Costa Rica. (May 1-4, 1986)
1985	Resource Person, International Symposium on Effectiveness of Rural Development Cooperation, Royal Tropical Institute, Amsterdam. (September 30 - October 4, 1985)
1984	Technical Group Meeting on Incentives and Disincentives in Family Planning, Policy division, UNFPA, New York. (September 24-26, 1984)
1984	Resource Person, Biennial International Conference of the International Committee on Management of Population Programs (ICOMP), Tunis, Tunisia. (May 15-17, 1984)
1984	Resource Person, A meeting to design cross-country comparative research project on NGO community health programs in selected Asian countries, Hong Kong. (April 25-29, 1984) The meeting was jointly sponsored by the IDRC and the Asian Community Health Action Network (ACHAN).
1983	Convener, National Workshop on Management Issues in Voluntary Health Services Organizations, Ahmedabad, India. (November 10-12, 1983)
1983	Convener, the 4th International Meeting of the Management Institutes' Working Group on Social Development, Ahmedabad, India. (January 22-28, 1983)
1982	Third International Meeting of the Management Institutes' Working Group on Social Development, Bellagio, Italy. (August 1982)
1982	International Biennial Conference of the International Council for the Management of Population Programs (ICOMP), Kuala Lumpur, Malaysia. (July 1982)
1982	Visited Sri Lanka in June 1982 to survey research and training in social development management. This was undertaken as part of my responsibility as coordinator for Asian and African region for the Management Institutes' Working Group on Social Development.
1982	Member, faculty group which organized a national workshop on "Public Policy and Policy Analysis in India". Actively participated in designing and organizing of the workshop. (April 5-9, 1982)
1981	Resource Person, Western Regional Workshop on the Opinion Leaders in Family Planning, jointly sponsored by the International Institute of Population Studies and Indian Council of Medical Research, Bombay. (August 3-4, 1981)
1981	The IUAES 1981 Symposium on "Anthropology and Primary Health Care" held at Amsterdam, Netherland. (April 23-25, 1981)
1981	Source Person, Technology and Culture Seminar, Research Policy Institute, University of Lund, Sweden. (April 27-30, 1981)
1980	International Workshop on Strengthening Management Development Efforts in National Population Programs, sponsored by University of North Carolina and the World Bank, Kuala Lumpur, Malaysia. (June 8-11, 1980)

1980 China Population Analysis Conference, East-West Population Institute, Honolulu, Hawaii. (May 18-23, 1980)

1979 Resource Person, the Sixth Annual Conference of ICOMP held at Nairobi. The theme of the Conference was "Managing Policy Support for Population Programs." (July 24-26, 1979)

1979 International meeting on Low-cost Primary Health Care in Developing Countries, International Institute of Applied Systems Analysis, Luxemberg, Austria. (July 2-5, 1979)

1979 Meeting of the Management Institutes' Working Group on Population and Social Development Management. Manila, Philippines. (January 31-February 3, 1979)

1978 Fifth Annual Conference of the ICOMP. Kuala Lumpur, Malaysia. (July 17-19, 1978)

1978 Participated in preparatory meeting for the annual conference of ICOMP. Manila, Philippines. (March 16-19, 1979)

PUBLICATIONS:

A. Books

Beyond Bureaucracy: Strategic Management of SocialDevelopment. West Hartford, Conn. Kumarian Press. 1987.

Public Policy and Policy Analysis in India. New Delhi, India. Sage Publications, Pvt. Ltd., 1985

B. Monographs

Population Sector Review. Washington, D.C. The World Bank. Population, Health and Nutrition Department. September 1987, 93pages. (Unpublished Report, coauthored with George B. Simmons).

"Strategy Formulation for Family Welfare Program in Gujarat," Ahmedabad, Public Systems Group, IIMA. April 1985, 207pages (co-author).

"Repeat Evaluation of the Community Health Volunteer Scheme-1979" Vol. I and II. (Co-author, New Delhi, National Institute of Health and Family Welfare, 1979).

"Population Policy Formulation and Implementation in India and the People's Republic of China", The Organization of Family Planning Programs: India, China, Costa Rica, Venezuela, Washington, D.C., Smithsonian Institution. December 1976, pp. 1-148.

"Multipurpose Worker Scheme: A Study of Pilot Implementation in Chhani Primary Health Center", (co-author) Ahmedabad. Public Systems Group Monograph Series No. 12. IIMA. Sept. 1976, 45 pages plus 22 page annexures.

"Managing Population and Development Linkages: The Egyptian Experience". (Co-author, Ahmedabad, Public Systems Group, IIMAA. 1980).

"Research and Development in India and China: A Comparative Analysis of Research Statistics and Research Effort". (Lund, Sweden. Research Policy Program, University of Lund, April 1969), 120pages.

C. Book Chapters, Papers and Reports

"Management Issues in Population Communication Programs", Population Manager: ICOMP Review, Vol. 1, No. 1, June 1987, pp.1-7.

"Incentives and Disincentives in the Indian Family Welfare Program", Studies in Family Planning, 17(3), May/June 1986, pp.136-145.

"Policy Analysis in Government: Some Observations", Economic and Political Weekly Vol. XIX, No. 47 (Review of Management), November 24, 1984, pp. m-147-148.

"Managing Community Involvement in Primary Health Care: A Review" (with Anil Bhatt) Community Involvement in Primary Health Care: The Indian Context, (ed. Anil Bhatt). Ahmedabad, PSG Monograph No. 53. Indian Institute of Management, 1984, pp.51-113. (A report for W.H.O., Geneva).

"A Report of the Workshop on Management Issues in Voluntary Organizations Held during November 10-12, 1983 at IIM Campus", Ahmedabad, Public Systems Group, IIMA, 1984, 41pages. (With Ashok Subramanian and Nirmala Murthy).

"Tata Chemicals Ltd., Mithapur", Family Planning Program in the Organized Sector: Case Studies, ed. Nirmala Murthy, New Delhi, India. Sterling Publishers. 1983, pp.87-100.

"Management Contributions to Population Programs: An Overview", Management Perspective, (eds. Ellen Sattar, Rita Raj Hashim), Kaula Lumpur, Malaysia. ICOMP, 1983, pp.144-179. Also reprinted in South Asian Focus, (ed. Ellen Sattar), Kuala Lumpur, Malaysia. ICOMP, 1983, pp.170-194. (With J.K. Satia).

"Management Interventions in Established Bureaucracies: A Case Study", Economic and Political Weekly (Review for Management) Vol. XVIII, No. 35, August 1983, M-98 to M-110. (Co-authored with J.K. Satia and Nirmala Murthy).

"The Community Health Volunteer Scheme in India: An Evaluation", Social Science and Medicine, Vol. 17, No. 19, pp.1477-1483. 1983.

"Organizing for Rural Health: The Indian Experience". David C. Korten and Felipe B. Alfonso (eds), Bureaucracy and the Poor: Closing the Gap, Singapore, Malaysia. McGraw Hill International. 1981, pp.33-44. Reprinted in paper back by Kumarian Press, West Hartford, Connecticut, 1983.

"Community Health Worker: National Experience", Health Care: Which Way to Go? (eds. Abhay Bang and Ashwin Patel). Pune, Medico Friend Circle, nd. pp.177-196.

"Socio-Economic Profile and Performance of CHVs in Gujarat: Implications for Selection and Support", Health and Population - Perspectives and Issues, 4(3), pp.181-198. (With Anil Bhatt, A.S. Prabhakar). 1981.

"Approaches to Management Development in National Population Programs", Management Development in Population Programs(eds. Sagar C. Jain, K. Kanagarathnam, John E. Paul). Chapel Hill, University of North Carolina, 1981, pp.342-352.

"Evolution of Family Planning Policy in India and China", paper presented at the China Population Analysis Conference, East - West Population Institute, Honolulu, Hawaii. May 18-23, 1980.

"Health Delivery Systems in Developing Countries: A Committee Report to IIASA by the participants in an informal Meeting, Luxemburg, Austria, July 2-5, 1979". (Co-authored with Bruce Johnston, Carl Taylor, Asish bose et. al.). Collaborative paper. Cp.-79-10. Luxemburg, Austria: International Institute for Applied Systems Analysis. July 1979, 20pages.

"Approaches to Community Participation in Population Programs in India and Egypt", Managing Community-Based Population Programs: Report of the 1978 ICOMP Annual Conference. (Kuala Lumpur: Malaysia. International Committee on the Management of Population Programs. July 1978), pp.23-42.

"Health Manpower Strategies for Rural Health Services in India and China: 1949-1975", Social Science and Medicine (London), Vol. II, No. 10. July 1977, pp.535-547.

"A Study of District and Block Level Committees of Family Planning", (with Ashok Kumar). Population Project Unit, Indian Institute of Management, Ahmedabad. December 1976, 25pages.

"Empirical Models of Political Development: A Critique", The Indian Journal of Political Science, Vol. XXXVII, No. I., Jan. March 1976, pp.30-40.

"Center-State relationship in the Indian Family Planning Program: A Preliminary Analysis", (memio: Ann Arbor, Dept. of Population Planning, University of Michigan, June 1974).

"Federating for Political Interests: The Kshatriyas of Gujarat", Caste in Indian Politics, (ed. Rajni Kothari, Orient Longaman, New Delhi, 1970), pp.70-101, (with Rajni Kothari)

"Planning for Failure in Agriculture", Economic and Political Weekly, Annual Number. January 1968, pp.77-86.

"India and China: Towards Self-Reliant Economies", China Report, Vol. 2, No. 1, December 1965 - January 1966.

"China's Strategy for Economic Development", China Report, Vol. 1, No. 6, October 1965.

"Fall of a Traditional Congress Stronghold", The Economic and Political Weekly, June 19, 1965. Reprinted in Election Studies and Party System, (New Delhi, Allied Publishers, 1967), pp.217-242.

"Caste and Secularism in India", Journal of Asian Studies, Vol. XXV, No. 1, 1965. Reprinted in Asia: Enduring Scholarship, Vol. 3: South and Southeast Asia (ed. John A. Harrison, The University of Arizona Press, Tucson, Arizona, 1972), pp.163-180.

Secondment

World University Service Canada (WUSC) has resumed and expanded its support to ICDDR,B. A substantial part of the MCH-FP activities in Matlab is now financed by WUSC.

In addition, WUSC seconds two key persons to the Centre, both are Canadian nationals. They joined in September 1988.

Mr. John F. Winkelmann, RIA, Chief Finance Officer

Mr. Anil Pabani, M.H.Sc., MBA CMA, Grants Administrator

Their curriculum vitae and the WUSC-ICDDR,B agreement are appended (Tags 1 and 2).

Dr. Kate Stewart, MD, MPH, has joined the Centre as MCH-FP Physician/International Research Associate. This is a project position, part of the ARI protocol funded by Holland. Dr. Stewart is on reimbursable secondment from Johns Hopkins University (Tag 3). The help of JHU was requested because the ARI protocol had to start without delay. Dr. Stewart is well known at the Centre where she has worked as deputed JHU staff.

Ms. Birthe Homegaard Nielsen, GN, GPHN, has joined the Danish team (Child Health Programme - Dhaka Clinical Research Centre). Her curriculum vitae and the Danida-ICDDR,B agreement (already submitted to the Board in June 1988) is appended (Tag 4).

JUN 04

Personal Record
of

John F. Winkelmann, R.I.A.
8160 Bowcock Rd.
Richmond, B.C., V6Y 1C2

Telephone - Home (604) 272-2119
Business (604) 666-4706

PERSONAL DATA

Age, 43; height, 5 ft. 6 ins.; weight, 145 lbs.; health, good married, 2 children, aged 22 and 20.

EDUCATION

Completed high school in 1961 in Edmonton, Alberta. Completed R.I.A. Course in 1968 in Calgary, Alberta. I have also attended numerous seminars and courses on management and accounting subjects.

EXPERIENCE

March, 1983 to present

Employed by the Government of Canada, Dept. of Indian and Northern Affairs in Vancouver, B.C. For the past year I have been the Manager of the Williams Lake Budget Centre, responsible for administering Departmental programs and budgets for 13 Indian Bands. This includes data base development for resourcing and allocating resources to the 13 ands for Government programs they administer, amounting to $10 million. I also supervise 8 professional and clerical staff and have frequent contact with elected Indian leaders and native administrative staff.

For 3 years I was employed as an Indian Band Financial Advisor. I provided financial and administrative advice to 14 Indian Bands. Activities included advising on preparing and interpreting financial records and statements. This included all areas of activity of an Indian Band including Government programs and co-operative and incorporated Indian organizations.

September, 1979 to Sept., 1982

Under contract to the Canadian International Development Agency (CIDA) working in Tanzania in Canada's technical aid program. As part of a four man team, I was the Budget and Planning Advisor to the Tanzania Railway Corporation. I provided advice on methods and procedures for improving the budgeting process, cash flow, and assisted in developing the accounting records of the corporation. I was also advising on organization and development of procedures for the Internal Audit Department.

August, 1978 to Sept., 1979

Employed by the City of Whitehorse, Whitehorse, Yukon, as City Treasurer. In this capacity I was responsible for all financial matters as they related to a City of 15,000 people and having a budget of $7,000,000. I was responsible for fiscal planning, budget preparation, accounting, purchasing and stores, property taxation, union negotiations, insurance, and liased with elected City Council members, Territorial Government officials and the general public in financial matters. I supervised 8 professional and clerical staff.

Personal Record of John F. Winkelmann (cont'd.)

June, 1971 to July, 1975 and September, 1977 to July, 1978	Employed by the Government of the Yukon Territory Whitehorse, Yukon and held the following positions:
	Director of Accounting Services responsible for all accounting functions of the Government including payroll, accounts payable, revenue, taxes, including cost sharing and grant programs with the Federal Government, preparation of Annual Public Accounts and dealing with the auditors at year end.
	Director of Budget and Systems responsible for co-ordination and compilation of the annual Operating and Capital Budget for presentation to the Territorial Legislative Assembly. Required knowledge of programs and services provided by the Government and liasing with various department heads. I was also responsible for the Yukon Small Business Loans Program and was the Government Tender Board Chairman.
	I was also appointed co-ordinator for the transfer of all hospitals, nursing stations and personnel from the Government of Canada to the Yukon Government. I was responsible for identifing the financial implications to the Government as well as the administrative procedures involved in the actual transfer of the facilities and personnel.
August, 1975 to August, 1977	During this time I was on secondment from the Government of the Yukon to the Canadian International Development Agency (CIDA) working in technical aid in Tanzania. I was a section supervisor in the Tanzania Audit Corporation, with 11 Tanzanian Nationals reporting to me. I was involved in the preparation of audit programs, the carrying out of the audits, preparation of detailed management reports as well as final financial accounts. This included discussions of audit findings with the management of the various clients, as well as providing suggestions for improving procedures, and internal control. I also lectured at a school of Management Development in Cost Accounting.
August, 1961 to June, 1971	I held various clerical and supervisory positions in the Chemical and Oil Industries in Alberta.

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Personal Record of John F. Winkelmann (cont'd.)

OTHER INFORMATION

I have been active in the Society of Management Accountants having served as a Director of the Calgary Chapter and was instrumental in establishing the Society of Management Accountants of the Yukon and am a Charter Member.

I am also a member of the Lions Club and have participated in Club activities in the Yukon and in Tanzania; and now in B.C.

REFERENCES

Mr. E.L. Evenson, C.A.,
P.O. Box 636,
Grande Cache, Alberta,
T0E 0Y0.

Telephone - (403) 827-5037.

Mr. D.R. Erickson,
179, 7456 - 138 st.,
Surrey, B.C.,
V3W 6G4.

Telephone - Home (604) 596-0322
Business (604) 591-4292

ANIL PABANI, CHE

Curriculum Vitae

Home Address:

545 Jupiter Court
Sudbury, Ontario
P3E 5N1

(705) 522-9592 (Res.)
(705) 522-2200 ext 2511 (Bus.)

Education

June 1986 — Completed the Dale Carnegie course in Public Speaking and Human Relations.

Jan 1985 — Certified Management Accountant (C.M.A.) with the Society of Management Accountants. Completed January 1985.

1980-82 — Masters Degree in Health Administration (M.H.Sc.) from the University of Toronto. Electives in Epidemiology and Management Science.

1977-79 — Masters Degree in Business Administration (M.B.A.) from McMaster University. Concentration in Systems and Management Science.

1971-75 — B.Sc. Honors Biology from the University of Guelph.

Career Objectives

To acquire a sound understanding of the Health Care System in Canada through participating in and administering its delivery at a senior level of responsibility in an organization.

Experience Summary

Through the past and present employments have acquired experience in working with medical staff, community groups and senior administrators, both directly and through committees.

Have been involved with policy formulation from strategic planning to actually developing and administering the operating policies and procedures.

Have had the opportunity of working in newly created positions and initiating new projects.

Been involved with program planning, fiscal planning, funding applications, staff recruitment and evaluations.

Employment History

March 1986 - Present

ADMINISTRATOR, The Northeastern Ontario Cancer Treatment Centre, Sudbury. With the Centre Director responsible for planning and construction of a $22 million cancer centre, a cancer lodge and an addition of 36 new oncology beds to the Laurentian (host) Hospital.

Together with the Centre Director:

- Been involved with the architects in planning for the centre currently under construction. Involved with the purchase of radiotherapy equipment and furnishings.

- Developed a 3 year operating plan with goals and objectives, manpower and financial requirements. Established a pre-construction operating budget and have recruited over 45 professional staff members.

- Implemented a medical oncology service, nursing, medical records, accounting and psychosocial departments. Implemented a computerized local area network currently considering interaction within a micro environment.

- Mobilized the community in developing a palliative care program and foundation which has now been incorporated.

- Involved with physician recruitment, media relations, and lectures on the progress of the centre.

- Current operating budget of $4.1 million dollars.

- Prepared a report on the changes to the financial reporting system for the Ontario Cancer Treatment and Research Foundation (OCTRF) on behalf of the centre administrators.

- Partake in Regional Oncology Advisory Committee, Sudbury Oncology Advisory Committee, Joint Hospital Administrators Committee (Sudbury) and various other committees of the OCTRF.

September 1982 - March 1986

ADMINISTRATOR, The Hamilton Health Sciences Laboratory Program (H.H.S.L.P.) reporting to Mr. R. C. Walker, Chairman of the Co-ordinating Committee.

The H.H.S.L.P. is the regionalized delivery of the laboratory sevices by the three teaching hospitals with an operating budget of over 30 million dollars, working in conjunction with the Public Health Laboratories and the Canadian Red Cross.

Through involvement with various committees consisting of Laboratory Directors, Pathologists and Scientists, Financial Officers and the

- Formulated the goals, objectives and the operating plans for immediate future of the Program.

- Set up policies and guidelines for the implementation of the above

- Successfully appealed the Ministry of Health for a significant adjustment to the Program base.

- Investigated the possibility of marketing some of the products and services of the Program.

- Set up an up-to-date workload and financial reporting system for the committee decisions.

- Planned and organized an International Symposium on the future of laboratory medicine.

Although th program was initiated in 1972, the Administrator position had been unfilled since 1977. Underwent a salary reclassification during the restraint year.

Jan.1982 - June 1982

ADMINISTRATIVE Resident, York Central Hospital, Richmond Hill.
Reported to Mr. J. Hepburn (Executive Director)

- Took part in all the Board and the M.A.C. Committee meetings. Took minutes of, chaired and reported on projects to some hospital committees.

- Initiated the design and implementation of a new hospital-wide employee appraisal system through the Department Head Committee.

- Designed, planned and conducted a management attitude survey to determine the level of autonomy desired by the Department Heads.

- Project work included working with hospital budgets (Finance). manpower planning (Personnel) and nursing administration.

- Developed the residency program at York Central (previously dormant).

May 1981 - Sept. 1981

Student Resident, Alberta Ministry of Health and Hospital Services.
Preceptor Dr. C. Meilckie (A.D.M.)

- Researched and participated in the preparation of a policy paper looking at alternate methods of hospital funding.

- Part of the team which negotiated the functional program for a 400 bed prototypical urban hospital.

- Involved in hospital problem solving with the Institutional Operations

Jan.1980 - Sept 1980 (and part-time thereafter)

Administrative Assistant, Ontario Association for Mentally Retarded (O.A.M.R.).
Reported to Mr. J. Haddad (Executive Director). Primarily responsible for Office Management.

- Adviser to the Board and the Executive Director regarding administrative matters of the local associations.
- Managed the office support staff consisting of 13 full-time people.
- Contract Procurement, purchasing and personnel matters.
- New position. Developed the position and continued working part-time during school year.

Other Experience

- Includes starting a new business in Guelph - Blue Jay's Smoke & Gift Shop in 1977 which is still in operation.
- ACCOUNTANT - Debro Industries, Downsview.
- FRACTURE ROOM ASSISTANT - Toronto General Hospital.
- CREDIT MANAGER - Household Finance Co. Inc.
- SHIPPING ROOM SUPERVISOR - J. Lorn Davidson, Toronto.
- AGRICULTURE ASSISTANT - Arkell Research Centre, Guelph.
- DIARY FARM HELPER - Shubanacadie, N.S.

Academic Awards

Received Teacher's Assistantship Award at McMaster University and tutored in computer and quantitative analysis.

Other Activities

Certified Member of the Canadian College of Health Service Executives.

Won intramural trophies in badminton and tabletennis for two years at Nova Scotia Agriculture College.

Played varsity soccer. Also play tennis and squash.

Personal Information

Date of Birth:	12th September 1951
Citizenship:	Canadian
Height:	5ft. 11in.
Weight:	150 lbs.

Willing to relocate.

References to be supplied upon request.

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE WORLD UNIVERSITY SERVICE OF CANADA

AND

THE INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

March 1988

MEMORANDUM OF UNDERSTANDING

BETWEEN:

THE WORLD UNIVERSITY SERVICE OF CANADA

HEREINAFTER CALLED WUSC

AND:

THE INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

HEREINAFTER CALLED THE ICDDR-B

WUSC wishes to respond to the request for technical assistance received from the ICDDR-B by providing aid in the recruitment and placement of specialized personnel. Accordingly, WUSC and the ICDDR-B agree to the following arrangements:

Article I

WUSC will do and perform those things referred to in the document that is attached hereto entitled "Responsibilities of the World University Service of Canada" and marked "Annex A" at the times and in the manner therein set out.

Article II

The ICDDR-B will do and perform those things referred to in the document that is attached hereto entitled "Responsibilities of the ICDDR-B" and marked "Annex B" at the times and in the manner therein set out.

Article III

The Articles of the present agreement and "Annex A" and "Annex B" all form an integral part of the present agreement.

Article IV

The present instrument is to be considered an administrative arrangement only and not a formal agreement binding in international or domestic law. Differences and disputes arising from the present instrument shall be settled by negotiation between WUSC and the ICDDR B.

Article V

Subsidiary agreements shall be considered to be administrative arrangements only and not binding in international or domestic law.

Article VI

Unless otherwise provided for in the present agreement or any subsequent amendment thereto, the ICDDR-B shall bear all costs for those items associated with WUSC personnel serving under the Technical Assistance Programme as listed in "Annex B, Responsibilities of the ICDDR-B".

Article VII

The ICDDR-B shall arrange to extend to WUSC personnel and their dependents, who are engaged in an approved ICDDR-B programme or project, the same immunities and privileges as accorded to ICDDR-B officers and staff under its Ordinance.

Article VIII

The ICDDR-B shall, under its Ordinance, arrange to provide the same exemption privileges of import, custom and other duties and taxes on professional, technical equipment and household and personal effects accompanying WUSC personnel and their dependents, subject to and as provided by laws and regulations of the Bangladesh Government.

Article IX

The ICDDR-B shall arrange to extend to WUSC personnel and their dependents the same repatriation facilities in time of international or domestic crisis as are accorded to other international ICDDR-B personnel.

Article X

WUSC personnel and their dependents will come under the same foreign exchange regulations as accorded to ICDDR-B officers and staff by Bangladesh Bank on such transactions.

Article XI

a) Subject to the terms of this agreement, WUSC personnel will be required to conform to the rules and regulations which govern the ICDDR-B.

b) The ICDDR-B shall have the right to request the recall of any WUSC personnel whose work or conduct is unsatisfactory in the

eyes of the ICDDR-B. In such a case, the ICDDR-B will inform WUSC with a view to arranging the repatriation of such personnel.

In witness whereof the ICDDR-B has duly executed these presents as of

ICDDR-B

March, 3, 1988.
Date

In witness whereof WUSC has duly executed these presents as of

WUSC

March 4/88
Date

ANNEX A

RESPONSIBILITIES OF
THE WORLD UNIVERSITY SERVICE OF CANADA (WUSC)

A) WUSC personnel shall be employees of the ICDDR-B for the duration of their service in Bangladesh and shall be subject to the rules of conduct and terms of service normally required of a contract service officer of comparable rank and seniority.

B) WUSC will provide and pay for:

1. the recruitment of four WUSC personnel as specified by the ICDDR-B;

2. the salaries and benefits for WUSC personnel as set forth in the terms of employment or in the terms of contract, whichever is applicable;

3. life and medical insurance based on the current WUSC rate for family coverage as set forth in the terms of employment or in the terms of contract, whichever is applicable;

4. the cost of travel for WUSC personnel and that of their dependents between their normal place of residence in Canada and the point of entry and departure in Bangladesh;

5. the cost of transporting between the normal place of residence of WUSC personnel in Canada and the respective points of arrival and departure in Bangladesh, personal effects of WUSC personnel and their dependents;

6. a limited baggage allowance for WUSC personnel as set forth in the terms of employment or in the terms of the contract, whichever is applicable;

7. briefing sessions and orientations in Canada and Bangladesh for WUSC personnel;

8. a housing allowance as set forth in the terms of employment or in the terms of the contract, whichever is applicable;

9. school fees for WUSC personnel who have children;

C) WUSC will provide up to 50% of total costs of the Matlab MCH-FP project to a maximum of $294,500 Cdn. in year I, $306,400 Cdn. in year II and $315,400 Cdn. in year III. The funds will be paid by bank transfer on a monthly basis upon receipt of monthly financial reports.

D) WUSC will provide the overhead cost of the Matlab MCH-FP project at a rate of 12.5% of total costs up to a maximum of $73,625 Cdn. in year I, $76,600 Cdn. in year II and $78,850 Cdn. in year III.

E) WUSC will provide up to 100% of total costs of the Matlab Treatment Centre to a maximum of $417,800 Cdn. in year I, $434,490 Cdn in year II and $447,600 Cdn. in year III. The funds will be paid by bank transfer on a monthly basis upon receipt of monthly financial reports.

F) WUSC will provide the overhead cost of the Matlab Treatment Centre at a rate of 25% of total costs up to a maximum of $104,450 Cdn. in year I, $108,623 Cdn. in year II and $111,900 Cdn. in year III.

ANNEX B

RESPONSIBILITIES OF THE ICDDR-B

The ICDDR-B will:

1. provide WUSC personnel with hard furnishings, including air conditioners, at the normal rental fee, in Bangladesh for the period of their posting;

2. provide reasonable accommodation, including meals, for WUSC personnel and their dependents in cases where, through no fault of the said personnel, permanent accommodation is not available;

3. provide transportation between points of entry and departure and the duty station for WUSC personnel and their dependents at the commencement of and upon the completion of an assignment;

4. provide transportation for all official journeys undertaken by WUSC personnel at the request of the ICDDR-B or its official representative(s);

5. provide all WUSC personnel with leave of a maximum period of four weeks per annum, which shall be taken in accordance with ICDDR-B leave regulations, whether inside or outside of Bangladesh, at a time or times to be arranged in consultation with the appropriate ICDDR-B authorities;

6. arrange all working permits, customs passbooks and import privileges for all WUSC personnel; and

7. provide the capital levy certificate as required by the American International School, Dhaka, for children of WUSC personnel assigned to ICDDR-B;

8. provide WUSC with monthly financial reports, the format of which will be determined by CIDA reporting requirements. These reports may be subject to audit;

9. provide WUSC with verbal reports every six months;

10. identify counterparts to work with the Grants Administrator, Nurse Trainer and Health Educator.

11. contribute physical facilities and capital equipment to the project.

MARY KATHRYN STEWART, M.D., M.P.H.

Current Address:
ICDDR,B
GPO Box 128
Dhaka-2, Bangladesh

Permanent Address:
57 Ardale Street, No. 1
Roslindale, MA 02131
(617)-327-5679

EDUCATION:

Master of Public Health, 1987, Johns Hopkins University School of Hygiene and Public Health, Baltimore, Maryland. Department of International Health.

Doctor of Medicine, 1984, University of Arkansas for Medical Sciences, Little Rock, Arkansas.

Bachelor of Science, 1980, Abilene Christian University, Abilene, Texas. Major: Biology.

PROFESSIONAL TRAINING:

RESIDENT
Preventive Medicine Program, Johns Hopkins University School of Hygiene and Public Health, Baltimore, Maryland, expected date of completion: June 1988.

Research Assistant
Dhaka and Matlab, Bangladesh- International Centre for Diarrhoeal Disease Research (ICDDR,B), January - June 1988.
Clinical Trial: Currently running the rural component of a hospital-based clinical trial of Vitamin A for acute watery diarrhea in children. Activities include staff supervision and training, management of logistics, and patient care.

MCH/FP Program Consultant
Maternal/Child Health and Family Planning Health Services Program in Matlab, January - June 1988.
Current projects include:
-Evaluation of side effects and reasons for switching or dropping contraceptive use for IUDs, injectable and oral contraceptives.
-Assessment of need to introduce low-dose oral contraceptives into the current Community Health Worker distribution program.

Research Assistant
Pneumococcal Vaccine Evaluation, Baltimore, MD. Conducted field survey with other members of research team and assisted in study design, November 1987.

Resident Seminar
Organized noon seminar series on Family Planning focused on adolescent fertility and issues of availability. Presented first seminar of series entitled, "The Effects of Policy on Adolescent Pregnancy," October 1987.

Research Assistant
Study - "Tests for Rapid Detection of Group A Streptococcus: Feasibility in Developing Countries," Baltimore, MD. Co-authored background paper and proposal for study and assisted in implementation of pilot study at Johns Hopkins Medical Center, July 1987-October 1987.

Medical Officer
Occupational Safety and Health Administration, Office of Occupational

Medicine, Washington, D.C. Evaluated the implementation of medical surveillance guidelines for Federal Lead Standard through on-site inspection of lead company, worker interviews, review of OSHA files, and background research. Submitted final report of findings. Prepared responses to formal inquiries on specific occupational hazards, August - September 1987.

Medical Officer
Vaccine Development and Health Research PASA, Fogarty International Center, National Institutes of Health, Bethesda, MD. Prepared interim report compiling results of all PASA research activities to date and describing future projects for AID evaluation, June-July 1987.

FAMILY PRACTICE INTERN: POST-GRADUATE CLINICAL TRAINING
Truman Medical Center, University of Missouri in Kansas City, Kansas City, Missouri, July 1984-June 1985.

OTHER INTERNATIONAL EXPERIENCE:

Student Intern in West Africa
Worked 3 months with American physician in mobile health clinic in Cameroon. Organized and participated in immunization campaigns in rural areas. Provided information on nutrition and preventive health care, in addition to well-baby, prenatal, and basic curative care services. May-August 1981.

Delegate
1986 LINKS Health Study Tour. Participated in a tour of the Nicaraguan health care system with health professionals from the U.S. and other countries.

Language Study
Two month intensive study of Spanish, Quezaltenango, Guatemala, C.A. During stay, participated in knowledge, attitude, and practice survey conducted by Guatemalan health workers among Quiche community. April - May 1986.

OTHER ACTIVITIES:

Health Rights Advocacy
Worked on Committee for Health and Human Rights in Southern Africa and Committee for Health Rights in Central America, 1986-1987.

Lab Instructor and Tutor
Prepared and delivered brief lectures, supervised zoology lab, and tutored students in biology, 1979-1980.

LICENSES:

Arkansas State Medical License, 1984
Missouri State Medical License, 1984
Massachusetts State Medical License, 1986

BOARD CERTIFICATION:

Federal Licensing Examination, 1984

PROFESSIONAL AFFILIATIONS:

American Public Health Association
National Council for International Health
Women's International Public Health Network
American Medical Women's Association
Physicians for Social Responsibility

References available upon request

SECUNDMENT AGREEMENT

The Johns Hopkins University
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Maryland 21205

This Agreement constitutes the written record of the obligations and responsibilities of the parties to a secundment of Dr. Mary K. Stewart in the Department of International Health of this School.

Dr. Stewart will perform services for the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B) as a physician in the Matlab MCH-FP Programme.

The period of the assignment is from 09/01/88 through August 31, 1989.

Dr. Stewart will remain on the University payroll, but will be permitted to devote to this assignment 100% of the time for the period 09/01/88 through 08/31/89 for which she is compensated by the University.

ICDDR,B shall forward to the University an amount equal to 100% of Dr. Stewart's personnel costs for the period 09/01/88 through 08/31/89 which are in the amount of $40,303. The University will bill the ICDDR,B for reimbursement. Checks shall be made payable to the Johns Hopkins University and shall be forwarded to: Dr. R. Bradley Sack, Director, Division of Geographic Medicine, Department of International Health, The Johns Hopkins University, School of Hygiene and Public Health, 615 North Wolfe Street, Baltimore, Maryland 21205, USA.

The total personnel costs are subject to an increase on July 1 of each year. This salary increase will be determined by The Johns Hopkins University, according to its policies.

The Johns Hopkins University shall not be responsible for any additional expenses related to this secundment. Dr. Stewart shall not use the facilities nor the services of the University to perform services for ICDDR,B without reimbursing the University for the expenses.

It is agreed that ICDDR,B shall be responsible for its own actions and those of Dr. Stewart while she provides personal services to ICDDR,B under this agreement and for any liabilities to third parties created thereby during performance under this agreement.

Dr. Stewart is subject to the Conflict of Interest Policy of The University (ATTACHMENT 1) and agrees to disclose to his Department Chairman any arrangement for work which might pose a conflict with the University's interests.

In signing this Agreement, we certify that we understand and agree to the above terms of this Agreement:

Signature of Secunded Employee

Mary K. Stewart, M.D.

Signature of Approving Chairman

Robert E. Black, M.D., MPH

Signatures of Authorizing Officers:

For The Johns Hopkins University

Alan Goldberg, Ph.D.
Associate Dean for Research
or
Andrew A. Sorensen, Ph.D.
Associate Dean for Academic Affairs

For The International Centre for Diarrheal Disease Research, Bangladesh

5/7/88.

Professor Roger Eeckels
Director

MS. BIRTHE HOMEGAARD NIELSEN

CURRICULUM VITAE

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Educational background	page 1
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PERSONAL DATA

Name	:	Birthe Homegaard Nielsen
Date of birth	:	May 15, 1955
Address	:	House no. 87A, Road no. 26 Gulshan, Dhaka
Permanent address	:	Rolighedsstraedet 14, st. tv. 4300 Holbaek, Denmark

EDUCATIONAL QUALIFICATION

August 1977	:	Graduated in Nursing from the School of Nursing at Holbaek, Denmark
June 1984	:	Graduated in Public Health Nursing at the Post-Graduate School of Nursing at Aarhus University

POSITIONS HELD

1. September 01, 1977 - February 28, 1978: Intensive Care Unit, Hospital of Hvidovre

2. March 01, 1978 - December 31, 1978: Intensive Care Unit, Hospital of Holbaek

3. January 01, 1979 - May 31, 1980: Department of Paediatrics, Hospital of Holbaek

4. June 01, 1980 - January 31, 1981: Nursing home for elderly people, Nursehome of Faarvejle

5. February 03, 1981 - August 02, 1981: Department of Infectious Diseases, Hospital of Lillehammer, Norway

6. August 29, 1981 - March 31, 1984: Homa Hill's Health Centre, Norwegian Save the Children, Kenya

7. April 24, 1984 - August 31, 1984: Department of Home Visiting Nursing, Municipality of Hvidovre

8. June 06, 1985 - November 22, 1985: Public Health Nurse, Municipality of Thundholm

9. November 22, 1985 - May 31, 1988: Public Health Nurse, Municipality of Jernlose

10. Since 13 August 1988: Immunization Coordinator, Child Health Programme, ICDDR,B

COURSES ATTENDED

1. August 03 - August 28, 1981: International Medicine (Tropical Medicine and Hygiene), University of Copenhagen, Copenhagen

2. June 10 - June 16, 1983: Management of Drugs, Essential Drugs Supply, Mombassa, Kenya

3. September 29 - October 10, 1986: Primary Health, WHO's declaration 'Health for all year 2000', Danish Nursing Counsil, Tune, Denmark

4. April 05 - April 08, 1988: 'Briefing course in EPI', WHO HQ, Geneva

TEACHING EXPERIENCE

August 1986: Tutor at the Course in International Medicine (Tropical Medicine and Hygiene), University of Cophenhagen

Since January 1986: Teaching how travellers can prevent and handle infections and tropical diseases in developing countries, Danish Volunteer Service, Copenhagen

Agreement Between Danida and ICDDR,B

Regarding financial and technical support to the International Center for Diarrhoeal Disease Research, Bangladesh.

Danida and ICDDR,B have agreed as follows:

ARTICLE I

Scope of the Agreement

Danida will support ICDDR,B, financially and technically, in organizing and operating a Child Health Programme.

As the center operates as an entity, the support will not only be limited to one component, but will include other units at the center, in accordance with the project document (annex 1) and the budget in this agreement. The support to these units will put special emphasis on preventive child health, allowing ICDDR,B to continue to develop and expand activities in this area.

ARTICLE II

The Commitments of Danida

1) to finance on a grant basis activities according to the project documents (annex 1) within an amount of 10,8 million Danish Kroner (outside the country frame for Bangladesh). These activities comprise support of:

The ICDDR,B Dhaka Treatment Centre

- *The Child Health Department including the Nutrition Rehabilitation Units and related activities.*
- *In-patient and out-patient units.*
- *Clinical Research Center.*

The ICDDR,B Rural Treatment Centres.

The budget set aside for the in-patient and out-patient units, and the Clinical Research Center, will be equally shared between these units.

2) to second a Head for the Child Health Programme and up to four other professional support staff.
The seconded personal will be financed over and above the 10,8 million Danish Kroner. This financing will include not only salary support, but logistic support, such as assistance with housing, shipment of personal effects, health insurance and schooling for children. The ICDDR,B will provide support for obtaining visas and other documents required for residence and employment in Bangladesh.

The person seconded to head the Child Health Programme will be appointed Head of the Child Health Department, Clinical Science Division and will report directly to the head of the Division or his delegate authority.
The Head of the Child Health Programme will be responsible for the Nutrition Rehabilitation Unit and nutrition services of the Treatment Center, as well as the other child health activities outlined in annex 1. These include the immunization programme, education and training of patients, family and medical personnel other than physicians, and coordinating continuing care with the Urban Volunteer Program.

ARTICLE III

The commitments of ICDDR,B

1)
to submit audited accounts of the Center to Danida at the end of each fiscal year, normaly by April of the following year. Financial Reports showing the utilization of the Danida funds, including detailed statements specifying the allocations for the receiving units, will be prepared annually by the Center and forwarded by 28 February each year.
Danish auditors shall be allowed to study reports, accounts, inventory lists and other pertinent material in order to evaluate the implementation of the activities in terms of the agreement.

2) to submit a detailed budget for the coming fiscal year, on basis of which Danida will transfer 50 pct. of the budgeted amount. The remaining 50 pct. will be transferred on receipt of the audited accounts from the previous year. For 1987, 50 pct. of the budgeted amount will be transferred upon signing of the agreement 1987 and the rest on the 1 April 1987.

3) to submit yearly reports and make available all relevant information to Danida as described in Article IV.

4) to pay all customs duties and taxes or arrange for exemption for all equipment imported under the project.

5) to participate in Project Reviews.

ARTICLE IV

Project Monitoring, Reviews, Evaluation and Information

1) Danida is entitled to monitor, and evaluate the project. ICDDR,B will be informed well in advance of reviews and evaluations.
The first review is envisaged to take place in the beginning of 1988.

2) ICDDR,B shall furnish Danida with such relevant reports, accounts, records, statements, documents and other information as may be requested by Danida concerning the Project and its execution.

3) Reports, accounts etc. are to be submitted through the Danida Mission, Dhaka.

ARTICLE V

Suspension or termination of Assistance

Danida or ICDDR,B may, by written notice, suspend or terminate the assistance to the project, if in the judgement of Danida or ICDDR,B any circumstance arises which interferes with or threatens to interfere with the successful completion of the project or the accomplishment of its objectives. Danida or ICDDR,B may, in the same or a subsequent written notice, indicate the conditions under which they are prepared to resume the assistance to the project.

ARTICLE VI

General Provisions

1) This agreement may be modified by a written agreement between the parties.

2) The obligations assumed by ICDDR,B under Article IV, concerning Monitoring, Reviews, Evaluation and information, shall extend beyond the expiry or termination of this Agreement.

3) The obligations of ICDDR,B under this agreement shall not be affected by any arrangements it may enter into with other agencies.

4) Any change in the utilization of funds stated in the budget and the project documents or any re-allocations of funds between the supported units will need the approval of Danida.

ARTICLE VII

Entry into force and termination

This agreement shall come into force upon signature, with effect from the 1 January 1987 and shall remain valid for three years, unless terminated earlier by either party by six months written notice.

SUMMARY BUDGET

CHILD HEALTH PROGRAMME

Items	Danish Kroner	$U.S.
TOTAL DONATION 1987:	3,400,000	492,753
Child Health Department	874,000	126,666
Inpatient Unit, Dhaka Treatment Centre	690,000	100,000
Outpatient Unit, Dhaka Treatment Centre	690,000	100,000
Clinical Research Department	320,000	46,377
Rural Treatment Centres	326,000	47,246
Indirect	500,000	72,463

Below are the budgets for 1988 and 1989. The distribution between units will be approximately the same. The kroner figures have not been converted into $U.S. as the $ amount will depend on the exchange rate in force the time of the transfer of funds.

TOTAL DONATION 1988	3,600,000
TOTAL DONATION 1989	3,800,000

Under the terms of the contract, for 1987 half of the funds will be transferred upon signing of the agreement, and the other half on April 1, 1987. In subsequent years half of the funds will be transferred to the ICDDR,B on presentation to Danida of a detailed budget for that year, and the remainder will be transferred when Danida receives audited accounts of the previous year's expenditures.

For calculations an exchange rate of 6.90 D.kr. = 1 U.S.$ have been used.

Done in duplicate in the English language at Dhaka this 23rd March 1987

On behalf of ICDDR,B

Dr. Roger Eeckels
Director
ICDDR,B

On behalf of Danida

Poul H. Nyborg
Counsellor
Head of Danida Mission, Dhaka

Promotions/reclassifications

(a) Reclassification of MCH-FP Project Director Position

The post description for the abovementioned position has been reviewed by Mr Patrick Hennessy, Acting Head, Classification Administration at WHO in Geneva. Mr Hennessy has classified the post as being at the P5 level.

It is requested that the post be upgraded to P5 as recommended by Mr Hennessy.

A copy of the post description and of Mr Hennessy's evaluation are attached. The staff member presently in-charge is Dr Vincent Fauveau.

WORLD HEALTH ORGANIZATION	PROFESSIONAL CATEGORY POINT RATING WORKSHEET	DATE Nov. 88
POST NUMBER 1CDDR	CCOG	PRESENT LEVEL P4
		OFFICER P. Hennessy

APPROVED TITLE

MCH - FP Project Director

FACTORS		RATING	POINTS
Knowledge	I.H	3	
	V	D	
	3rd	1	450
Difficulty	II.H	6	
	V	J	420
Independence	III.H	12	
	V	P	410
Contacts	IV.		
	Inside H	17	
	V	2	145
	Outside H	18	
	V	3	270
Supervision	V.H	25	
	V	N	100
Impact	VI.H	33	
	V	d	290

TOTAL POINTS SCORE 2085

RECOMMENDED CLASSIFICATION LEVEL P5

- [x] UPGRADE
- [ ] DOWNGRADE
- [ ] CONFIRMED

REPORT:

→ Doctorate degree or MD

→ National and international experience

(2)

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

POST DESCRIPTION FOR PROFESSIONAL POSTS

FOR USE OF PER ONLY

1. Present Title of Post	2. Post Number(s)	Effective date:
MCH-FP PROJECT DIRECTOR	1	
3. STATUS [x] NEW — to be established attach ICDDR, B-#9 [ ] VACANT — for issuance of a vacancy notice, attach ICDDR, B [ ] OCCUPIED — revised duties [ ] OCCUPIED — proposed change in grade, attach ICDDR, B-#8 [ ] OTHER — explain	4. Present Grade	Approved Title
	5. Division/Programme: Community Health Division (CHD)	CCOG / Classified grade
	6. Unit/Office/ Field Activity: Matlab MCH-FP Project	Comments:
	7. Official Station and Country: Dhaka, Bangladesh	Authorized by Title / Date

8. ORGANIZATIONAL SETTING: Attach the current organizational chart which clearly shows the overall structure of the programme, division, unit, or field activity, as appropriate. Identify each post by title, post number and classified grade.

9. Identify the objectives of the programme, and of the immediate unit or field activity as appropriate.

The Matlab MCH-FP Programme aims at developing, implementing and evaluating a set of Maternal and Child Health and Family Planning services by which a decline in fertility and mortality can be achieved and sustained in a rural Bangladeshi community.

10. Summarize the assigned responsibilities.

The selected individual will be responsible for the administration and functioning of the Matlab MCH-FP project which currently has an annual budget of approximately US $600,000. This involves designing, implementating, monitoring and evaluating selected primary health care activities and associated research. This also includes developing linkages with national institutions, NGOs and particularly the health programme of the Government of Bangladesh, through the MCH-FP Extension project.

11. Indicate	Essential minimum qualifications required to perform the work	Additional desirable qualifications
a) Knowledge, abilities & skills, including personal qualities & human relationships	Must be able to administer a large project team (150 professionals and 1400 volunteers) including budget, planning and relation with donors. Must have experience in Social Sciences and in Management.	Knowledge and practice in • Communication. . Report writing. . Organization of training programmes
b) Level & field of study and extent of specialization	MD with specialisation in Paediatrics, Tropical Medicine, and/or Gyn/Obstetrics. Post graduate diploma in Public Health, MPH or PhD.	. Experience in teaching.
c) Length & nature of practical experience at the national and/or international level	- Minimum 5 years clinical experience. - At least eight years of field experience in primary health care in developing countries. - Research experience in community based studies.	. Experience in the South Asia region preferred. . Publications in peer review journals.
d) Languages required and the level & nature of their use	English •basic knowledge of Bangali highly recommended.	Knowledge of other European languages.

12. Identify the main objectives of the work (usually 4-8 reasons why the post exists). Within each objective, identify the duties which are performed to achieve the objective. Objectives should be presented in order of importance with an indication of the percentage of time of the annual workload required for each objective.

Description of functions:	%
1. Performs epidemiological studies such as mortality, morbidity and cause of death for assessing the magnitude of selected public health problems in the project area.	
2. Designs and implements selected MCH-FP interventions to be delivered mostly on an outreach basis by community health workers.	
3. Monitors and evaluates new interventions, as well as already existing ones, trying to sort out their interrelations and their relative impact on maternal and child health and fertility.	
4. Supervises and ensures the quality of the data collected through the project's record keeping system.	
5. Supervises and ensures the quality of the primary health services delivered in the project.	
6. Organises the training of field staff and supervisors for new activities as well as refresher training.	
7. Performs administrative tasks related to the operation of 130 project staff, and related needs.	
8. Prepares annual activity report and ensures donor's reporting.	
9. Monitors the annual budget and develops proposals for fund raising as required.	
10. Liaises with other divisions within the Centre, particularly with the MCH-FP extension project, with other institutions governmental, non governmental and international.	

13. Indicate the guidelines which are available (for example the decisions of legislative bodies, publications, policies, regulations, known precedents, accepted practices, research techniques, project documents, etc.).

- Research priorities established by the ICDDR,B, particularly those established by the Community Health Division.
- Rules and regulations of the ICDDR,B Scientific Committees: Research Review Committee (RRC) and Ethical Review Committee (ERC).
- ICDDR,B's staff rules, financial rules.

Describe the interpretation and/or deviation permitted, and the authority to establish new guidelines.

- Deviations are permitted on sound scientific rationale subject to approval by the RRC and ERC.

14. Describe:

- the type and extent of the supervision given to the post:

Overall scientific and administrative supervision is provided by the Associate Director, Community Health Division. Particular supervision for budget and finance, personnel management, relation with donors, is ensured by relevant department heads.

- how assignments are given:

Mostly verbally (through discussions) and occasionally in writing: reports of scientific meetings, office memoranda.

- the guidance and assistance provided by the supervisor and/or others:

Mostly through direct discussions, or through office memos for administrative questions.

- the review and verification of the work while in progress or on completion:

Through monthly divisional meetings, annual report and occasional project reviews.

Performance depends mostly on the successful completion of the projected/targeted achievements to be assessed by the Director, and on publications.

15. Indicate the typical contacts required outside the immediate work unit. Explain the purpose of the contacts as clearly as possible, e.g. to obtain information on ..., to represent the Organization at ..., to provide advice on ... etc.

a) Inside the Organization

Title & level	Purpose
- Director	For broad policy issues.
- Associate Director, Community Health Div.	For scientific and administrative clearance.
- Other members, Community Health Div.	For scientific review, discussions, & advice.
- Associate Director, Admin. Pers. Fin.	For administrative and financial support.
- Associate Director, Resources Dev.	For relation with donors.
- Project staff	For training, quality service, quality of research work.
- Personnel Branch	For relevant needs.
- Supply Branch	
- Finance	
- Library, transport, maintenence	

b) Outside the Organization

Title & level	Purpose
- Primary Health Care, Government of Bangladesh Ministry of Health and Family Planning	For participation in workshops, advice, presentations, dissemination of research findings.
- Other NGOs	For sharing experience, visit of projects, meetings.
- Donors	For activity reports and new activity development.
- Training institutions (national & international)	For staff development.

16. a) Professional posts DIRECTLY supervised:

Title	Classified Level	Post Number(s)
MCH-FP Physician	P3	1
Nurse Trainer	P	1
Manager Health Services	NOB	1
Medical Officer	NOA	2
Senior Statistical Officer	GS6	1
Secretary	GS6	1
Senior Field Supervisors	GS5-6	6
Mid level supervisors	GS4	18

b) Total number of professional posts supervised directly and through subordinate supervisors: 5

c) Total number of general service posts supervised directly and through subordinate supervisors: 150 (+ 1400 Volunteers)

d) Title, classified grade and post number of supervisor's post: Associate Director, P-6, Community Health Division

17. Describe the most important decisions that the incumbent is authorized to take

. Implementation of new service interventions

. Design of new research activities

. Recruitment of new staff/termination of staff in case of recognized fault

. Promotion of staff on merit

. Organisation of workshops, seminars, training sessions

. Contacts with donors for funding new activities

18. Describe the most important recommendations expected of the incumbent

. Scientific results of studies conducted may serve as a basis for Centre's recommendation to other NGOs programmes and to Government of Bangladesh National Health Polich, i.e. replication of interventions tested in Matlab

. Recommendations for embarking in new directions of research or/operational research

. Recommendations to colleagues at division or institution level for standardizing research methods, definitions, analysis

. Recommendations for promotion of meritorious staff or for purchase of new equipment

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section 5, on the Organization, and on the immediate unit.

- Mismanagement of patients by health team resulting in complication and loss of confidence from Community

- Mismanagement of data collection, or data processing, resulting in wrong interpretation of scientific findings and loss of reputation for the Centre

- Lack of attention to financial procedures, budget regulations, excess expenditures leading to loss of confidence from donors

- Lack of attention to staff requests, leading to dissatisfaction and/or social unrest

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities.

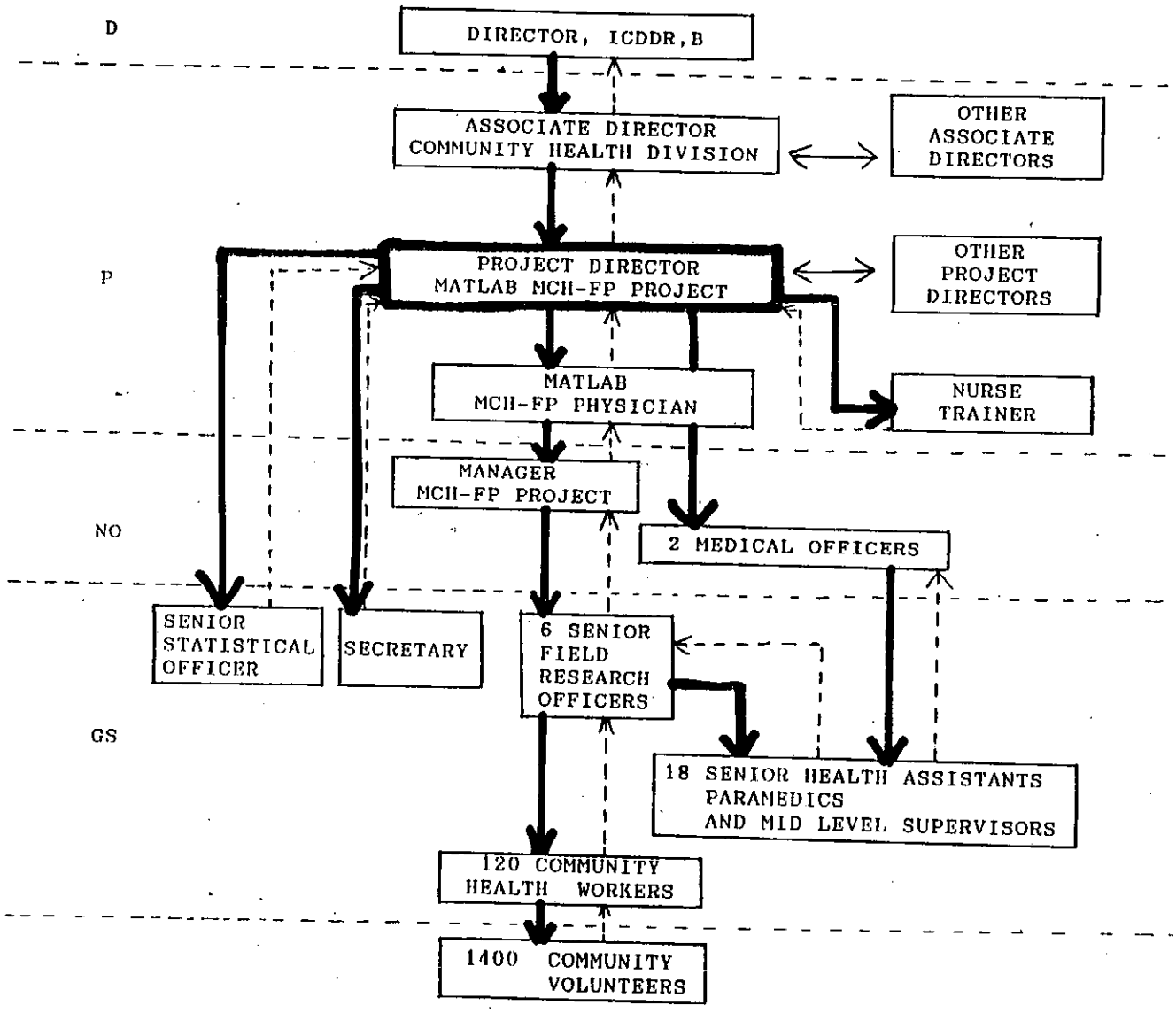
NA - this is a new post description

21. Certified as an accurate description of the work assigned (and performed if the post is occupied): Post No. .....

First level supervisor	Head, Community Health Division (Name)	Dr. A. Briend (Signature)	22nd June 1988 (Date)
Second level supervisor, or Chief of Unit	NA (Name)	(Signature)	(Date)
Regional or Divisional Director Programme Manager	Director, ICDDR,B (name)	Pr. R.E. Eeckels (signature)	23.6.1988 (Date)

Also, please certify the organizational chart as correct by signing and indicating the effective date.

ORGANIZATIONAL CHART
MCH-FP PROJECT DIRECTOR MATLAB PROJECT



. ASSOCIATE DIRECTOR, COMMUNITY HEALTH DIVISION

. DIRECTOR, ICDDR,B

23. 6. 1988.

New Positions

In June 1988 the Board decided to suspend decisions regarding the vacant Immunologist (P5) position until after the arrival of the new Head, Laboratory Sciences Divison (LSD).

As part of his plans for the scientific acitivities of the LSD, Dr. Saul Tzipori has proposed to split the P5 Immunologist position into two more junior positions (P1-P3): one microbiologist and one virologist. These positions have been advertised. The Board's post-factum approval is requested.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

VACANCIES

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), is a non-profit international medical research institution situated in Dhaka, Bangladesh. Its aims are to conduct research and training in diarrhoeal diseases and related subjects of nutrition and fertility, and to develop improved health programmes for control of diarrhoeal diseases in developing countries. It is also involved in major demographic surveys. There are four scientific divisions: Clinical Sciences, Laboratory Sciences, Community Health and Population Sciences.

Salary scales, rules and regulations are similar to those followed by the UN. The 1,400 employees include 200 researchers coming from 11 countries. ICCDR,B is supported by 21 countries and international organizations, including WHO and UNICEF.

1. MICROBIOLOGIST

The ICDDR,B seeks an Assistant Scientist for immediate appointment to help establish the E. coli Diarrhoea Unit in the Department of Research and Development in the Division of Laboratory Sciences. The main objectives of the Department are to conduct research on the aetiology of diarrhoeal disease with a view to develop measures for prevention and treatment.

Requirements: PhD, preferably with post doctoral experience, but must have research experience as demonstrated by publications in international scientific journals. The appointed person is expected to train and supervise staff in bacterial genetic and DNA hybridization relevant to enteric bacteria and virsuses including phages; to participate and initiate research projects related to diarrhoeagenic bacteria; and to assist in the development of rapid diagnostic tests. The position is in the Division of Laboratory Sciences which is headed by Dr. S. Tzipori to whom inquiries may be directed.

2. VIROLOGIST

The ICDDR,B also seeks an Assistant Scientist for immediate appointment to help establish the Virology & Cell Culture Unit in the Department of Research and Development in the Division of Laboratory Sciences. The main objectives of the department are to conduct research on diarrhoeal diseases with a view to develop measures for prevention and control.

Requirements: PhD, preferably with post doctoral experience, but must have research experience as demonstrated by publications in international scientific journals. The appointed person will be expected to train and supervise staff in basic virological and related seological techniques (neutralization, ELISA, Immunofluorescence).

development and maintenance of monoclonal antibody, gelelectrophoresis, western blot and electron microscopy. Experience with DNA hybridization will be an advantage. The appointed person will be expected to take part and initiate research projects related to viral gastroenteritis, and assist with development of rapid diagnostic tests. This position is also in the Division of Laboratory Sciences which is headed by Dr. S. Tzipori to whom inquires may be directed.

The appointment to these positions will be made for two to three years at UN salary level P-1 up to P-3 according to experience and qualifications.

Applications for the above positions with a detailed curriculum vitae, together with names and addresses of three referees should be sent to the Personnel Manager(Professional), ICDDR,B, GPO Box 128, Dhaka-1000, Bangladesh. A detailed job description will be provided on request.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

GPO BOX 128, DHAKA-1000, BANGLADESH

Title: Assistant Scientist - Microbiologist

Date of Joining: As soon as possible.

(Department of Research and Development, Laboratory Sciences Division)

Grade: P1 - P3 (UN scale)

Objectives: To help determine the relative contribution of diarrhoea E. coli to diarrhoeal diseases in the region.

Duties:

- To help establish the E. coli Diarrhoea Unit in the Department of Research and Development.
- To train and supervise staff in bacterial genetic and DNA hybridization relevant to enteric bacteria and viruses including phages.
- To participate and initiate research projects related to diarrhoeagenic bacteria.
- To assist in the development of rapid diagnostic tests.

Qualifications:

Education: PhD, preferably with post doctoral experience.

Experience: Must have research experience as demonstrated by publications in international journals.

Language skills: Excellent knowledge of spoken and written English.

Salary range:	US$ 17,936 to US$ 30,309 (with dependents) US$ 16,900 to US$ 28,200 (single status) depending on experience and qualifications. The above salaries are base salaries, added to this are the usual UN benefits and allowances.
Date of Joining:	As soon as possible.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

GPO BOX 128, DHAKA - 1000, BANGLADESH

Title: Assistant Scientist - Virologist

(Dept. of Research and Development, Laboratory Sciences Division)

Grade: P1 - P3 (UN Scale)

Objectives: To help determine the relative contributions of enteric viruses to diarrhoeal disease in the region.

Duties:

- To help establish the Virology and Cell Culture Unit in the Department of Research and Development.
- To train and supervise staff in basic virological and related serological techniques (neutralization, ELISA, Immunofluorescence), development and maintenance of monoclonal antibody, gelelectrophoresis, western blot and electron microscopy.
- To take part and initiate research projects related to viral gastroenteritis.
- To assist with development of rapid diagnostic tests.

Qualifications:

Education: PhD, preferably with post doctoral experience.

Experience: Must have research experience as demonstrated by publications in international journals. Experience with DNA hybridization will be an advantage.

Language skills:	Excellent knowledge of spoken and written English.
Salary range:	US$ 17,963 to US$ 30,309 (with dependents) US$ 16,900 to US$ 28,200 (single status) The above salaries are base salaries, added to this are the usual UN benefits and allowances.
Date of Joining:	As soon as possible.

SALARY REVISION INTERNATIONAL

PROFESSIONAL STAFF

SALARIES OF INTERNATIONAL LEVEL STAFF MEMBERS AT ICDDR,B

1. The international salaries at ICDDR,B are presently too low to attract or retain staff from high-wage/high-cost countries. Several factors are involved.

1.1 Short career track

In contrast with what happens in UN agencies, international staff are not supposed to make their full career at ICDDR,B. The expatriates amongst them have ongoing financial obligations in their respective home countries. Usually, these obligations increase with seniority and age. Loss of social advantages, career opportunities and, quite frequently, loss of a spouse's income compound the problems.

1.2 Drop in the value of the US$

People from outside the dollar-zone calculate their income in the currency of their home country and especially so if they have obligations there. As is well known, the US$ has lost up to 50% of its value against the Western European and

Japanese currencies in less than 3 years, and remains a "fragile" currency.

1.3 Salary increases in the countries of origin

If the devaluation of the $ especially affects Western Europeans and Japanese, salaries offered by the Centre have remained unchanged whereas they have risen considerably in North America, together with lower taxes.

1.4 Low post-classifications

At ICDDR,B many posts seem to have been classified at a rather low P-level. Examples are those of the P.I., Cholera Vaccine Trial (P4), Head, Matlab MCH Programme (P4), Head, Dhaka Treatment Centre (P4), and Senior Computer Staff (both at P4).

2. The UN bodies have similar difficulties in recruiting the type of staff mentioned under paragraph 1. The International Civil Servants Committee has stressed the negative impact of this situation, but the size of the problem, affecting all UN bodies, make solutions difficult. This contrasts with ICDDR,B where the number of staff is very limited. Also, the Board of Trustees can act quickly, whereas the UN General Assembly cannot do so.

2.1 The Centre has presently 17 regular international level staff members on its own payroll.

2.2 The 17 staff members represent 9 nationalities. They are given here, with the post adjustment factor for each country (see below for the definition of the post adjustment factor).

Australia	3	(+16)
Bangladesh	6	(+3*)
Belgium	1	(+86.4)
Canada	2	(+18)
France	1	(+73.2)
Guyana	1	(+1)
India	1	(+2)
Pakistan	1	(+5)
USA	1	(+43)

* The UN has announced a post adjustment factor change for Bangladesh for +3 to +8 in October 1988.

3. All consultants on personnel matters, e.g., Rahn, Hiscock and Gormbley have indicated that they consider the ICDDR,B international salary structure as unsatisfactory. Yet, as submitted to the Board in November 1987, the Centre's management considers as not practicable to devise our own salary structure or to

adopt that of the International Agricultural Research Centres.

4. A solution has, however, to be found. ICDDR,B is indeed no longer able to recruit on a truly international basis, and the present situation is unfair.

4.1 An adaptation of the post-adjustment factor (PAF) might offer such a solution. As used in the UN system, and adopted by ICDDR,B the PAF serves to equalize salaries by increasing or decreasing the net base salary according to the cost of living in the duty station. In doing so, it takes into account, among other factors, the exchange rates of the US$. The PAF is determined by the UN Controller.

4.2 Although not meant to be used in such a way within the UN system, the PAF could serve to solve the issue at hand. Staff members would receive a reasonable proportion of the PAF of their country of permanent residence (CPR), and the remaining part as computed for their duty station (DS), i.e. Dhaka. It should be obvious that the CPR coincides with the DS for Bangladeshi staff

members. Also, if the PAF of the CPR is below that of Dhaka, the system would not apply.

4.3 It must also be said that the proposed system, elaborated below, would only partially compensate for the devaluation of the US$ or for the increase of USA salaries.

5. Reasonable proportions according to the salary levels could be set as follows

	Post Adjustment Factor	
	CPR	DS
P1 - P2	50%	50%
P3 - P4	60%	40%
> P5	70%	30%

6. Presently, this arrangement would apply to 9 of the 17 professional staff.

Name	Level	CPR	PAF	Salary Incr.	% Incr.
S. Tzipori	P6	Australia	16	$ 3,593	7
J. Chowdhury	P1	Australia	16	1,142	6
A. Mustafa	P4	Australia	16	2,286	7
R. Eeckels	DO4	Belgium	86.4	28,510	41
L. Wai	P4	Canada	18	2,638	8
S. Kasatiya	P4	Canada	18	2,257	8
H. Ashraf	P4	Pakistan	5	382	3
V. Fauveau	P4	France	73.2	14,379	35
M. Strong	P5	USA	43	9,257	21
				64,443	

The figures are on an annual basis, in US$. They have been computed on the basis of a PAF for Dhaka of three (3).

7. Advantages of the system: reasonably fair, in keeping with the Ordinance, PAF established by an independent UN Agency.

Disadvantages: PAF is not meant to be used that way, at least not in the UN system.

RE/JFW/jc

Nov. 1988

REPORT ON REORGANIZATION OF RESOURCES DEVELOPMENT OFFICE

REPORT ON REORGANIZATION OF RESOURCES DEVELOPMENT OFFICE

1. INTRODUCTION

1.1 I have been requested to submit to the Board a report on the reorganisation of the Resources Development Office in the light of the BOT resolution quoted under 2.2. It implies the Associate Director, Resources Development leaving by July, 1989.

1.2 I ask for the Board's understanding for not having addressed myself to the question "How should fund-raising at ICDDR,B be organized without the person who has played, and is still playing, such an important role in an area so vital to the Centre". The appended flow chart illustrates, be it imperfectly, the complexity of our fund-raising. The following paragraphs explain once more why I believe it would be advisable not to deprive the Centre of a person that has given such eminent services to ICDDR,B. I submit that only after that particularly important issue has been resolved the questions raised by the Board can be given an answer.

2. BACKGROUND

2.1 Over the past years, the Board of Trustees has been divided on the issue of the Resources Development Office and its Associate Director, Mr M.R. Bashir. In June 1986, the Board decided to extend Mr Bashir's contract for only one year, despite the strong opposition of several Board Members, including the Director. The decision was reversed in November 1986, and called "ill-advised" by the then Chairman of the Board in a letter addressed to Mr Bashir.

2.2 In June 1988, the Board reversed its position again. The following resolution was adopted:

"That in view of the new relationships being developed with the donors' consortium, the Centre will need to modify its staff arrangements for resources development. Accordingly the Board expresses its warm thanks and appreciation for the devoted, energetic, and effective efforts over many years made by Mr M.R. Bashir as Associate Director for Resources Development, and decides that his position will not be necessary beyond June 30, 1989. The Director, with the advice and help of Mr Bashir, is requested to put in place suitably modified staff arrangements for resources development over the next year, including the possibility, if convenient, of consulting advice from

Mr Bashir after his contract ends on June 30, 1989. The Board requests a progress report on this matter at its next meeting.".

Once more this resolution was passed despite a sizeable minority of the Board pleading not to endanger the administrative stability of the Centre, and to agree to a normal contract renewal.

2.3 Several points should be made - or rather restated - here:

2.3.1 - The Board has repeatedly and clearly recognized Mr Bashir's achievements as a fund-raiser. To mention only the recent past: difficult and lengthy negotiations with CIDA were successfully concluded for the renewal of the DSS contract, and very favourable co-operative agreements were signed, or are about to be signed, with the World University Service Canada and the Swiss Development Co-operationa. In all these, Mr Bashir played a key role.

- Outside the field of Resources Development proper, Mr Bashir has also been of great help to the Director in many general administrative matters. As the seniormost

Associate Director, Mr Bashir knows the Centre and its donors better than anyone else. He also has easy access to the government of our host country.

2.3.2 - The decisions taken since June 1986 regarding Resources Development could not but create feelings of uneasiness and insecurity which reverberate throughout the Centre, confuse the donors, and make the work of the Centre's senior management unnecessarily difficult.

2.3.3 - Some Board Members have said that fund-raising for ICDDR,B ought to be easy, and could be left to the senior scientific staff. I beg to disagree categorically.

3. FUND-RAISING AT ICDDR,B

3.1 While it exists since less than a decade, ICDDR,B has seen its funding mechanism change considerably. Fund-raising has become more complex and more difficult. Initially receiving mostly institutional support, the Centre has been forced to adapt itself to 85% of its total budget coming from projects. Instead of a few donors, we now have many, each with own rules, regulations and requirements. Negotiations are time-

consuming, and require, at least with some donors, frequent travels to their headquarters. Matching the donors' regulations and expectations with the Centre's needs and capabilities asks for skills not easily acquired.

3.2 Appended is a flow chart that attempts to identify the steps involved in fund-raising. The Senior Resources Development Officer is involved, to a greater or lesser degree, in 19 of the 24 steps; travel abroad may be required in 10 of them. Clearly, fund-raising, while necessarily requiring close collaboration between senior scientific and administrative staff, cannot be successful without a Resources Development Office headed by a senior and experienced administrative staff member.

4. REQUIREMENTS

To fulfil his task, the above mentioned senior and experienced administrative staff member must meet a number of non-easily found requirements. They include:

- Knowledge of the Centre and its priorities, capabilities and limitations;

- Experience with donors, understanding of their priorities, administrative systems and regulations, and

a personal relationship with their key officials. This applies to both the donors' representatives in Dhaka and their respective headquarters;

- First-hand knowledge of, and personal contacts with, the Bangladeshi Ministries and, more particularly, their senior civil servants;

- Excellent writing and analytical skills;

- Sound knowledge of financial matters;

- Team-spirit, and ability and willingness to travel at short notice, even if this interferes with personal and family matters.

5. CONCLUSION

Time and time again, I have expressed my conviction that ICDDR,B is fortunate in having in its present Associate Director, Resources Development, a person meeting all the above requirements - and many more.

Once more I urge the Board to consider whether it wants to deprive the Centre's director of one of his most senior and closest collaborators.

RE:jc

Nov. 1988

Fund-Raising - Flow Chart

"Senior management" includes the senior scientists, the senior administrative officers and the grants administrator. The asterisk shows which steps require the input of the Head, Resources Development, singly or together with other persons. (T) indicates that travel abroad can be necessary.

(1)	Set Centre's priorities in science, training and service.	Board Senior Management	*
(2)	Obtain input, approval and support from the donor community.	- do -	*
(3)	Define overall staffing and infrastructural requirements to fulfil the priorities.	- do -	*
(4)	Set overall time-frames and plans of operation.	Senior scientists	
(5)	Evaluates overall financial requirements.	Senior scientists - Finance, Administration and Personnel, Resources Development	*

(6)	Obtain Board's approval of (4) and (5).	Senior Management	*
(6')	Possibly redraft (4) and (5).		
(7)	Identify individual donors most likely interested in particular activities and obtain a favourable response.	Resources Development Senior scientists	(T) *
(8)	Draw up individual proposals with specific budgets, time-frames and plans of operation.	Senior scientists Finance, Grants Administration, Resources Development	*
(9)	Obtain Board's approval.	- do -	*
(10)	Submit proposals to donors.	Resources Development Senior scientists	(T) *
(11)	Discuss, clarify and amend proposals.	- do -	(T) *
(12)	Redraft proposals, finalize budgets, time-frame and plan of operation.	See (8)	(T) *
(12')	Possibly back to (9).		

(13)	Obtain donor's approval, scrutinize co-operative agreement (CA).	Resources Development	(T) *
(14)	Sign Agreement.	Resources Development Chairman of Board, Director	(T) *
(15)	Notify Board.	Resources Development/ Director	(T) *
(16)	Implement.	Senior scientists	
(17)	Monitor progress, Redress deficiencies.	{Senior scientists { {Grants Administrator { {Finance	
(18)	Request and obtain disbursement of funds.	Resources Development Finance	(T) *
(19)	Submit interim report to donor and Board.	{Senior scientists, { {Finance, Grants { {Administration, { {Resources Development, { {Director	(T) *
(20)	Further implement agreement.	See (16) and (17)	

(21)	Request new CA or Identify new donor(s) for ongoing activities.	Resume (7) to (20)	(T) *
(22)	Submit final report to donor and Board.	See (19)	*
(23)	Perform internal audit.	See (19)	*

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(24)	External evaluation or audits to be expected at any time from (7) through (22).	See (19)	*

FINANCE COMMITTEE REPORT

FINANCE COMMITTEE: BOARD RESOLUTIONS

1. The Board of Trustees Resolves that the 1989 ICDDR,B budget be accepted as presented with the provision that there be a surplus of $500,000 at year end, notwithstanding the salary increases and other measures approved at the Board Meeting.

2. The Board of Trustees resolves that the balance of 1/3rd of the 1986 UN salary increases for NO (Revision 5) and GS (Revision 12) staff be implemented, effective January 1, 1989.

3. The Board of Trustees resolves that the employers share of pension fund contributions be increased to 14.8% from 14.0%, effective January 1, 1989, in line with the UN increase.

4. The Board of Trustees resolves that the post adjustment multiplier for international staff be increased from plus 3 to plus 8, effective January 1, 1989, in line with the announced post adjustment factor for UN international staff.

5. The Board of Trustees resolves that the trustees honorarium be restored to its stipulated full amount of $150 per day, effective January 1, 1989.

6. The Board of Trustees resolves that the position of Chief Financial Officer be included as a Cheque Signatory of the Centre.

7. The Board of Trustees resolves that the Director, following appropriate enquiries, should prepare a report on the operations and plans of the International Child Health Foundation, for discussion at the next Board Meeting. This report should contain policy options and recommendations on the Centre's future relationships with the ICHF.

8. The Board of Trustees resolves that the Director shall prepare, and present for discussion at the next Board Meeting, a survey of selective comparators for both NO and GS staff salaries in Bangladesh, and for international staff salaries at selected comparable public health research institutions in various countries.

REPORT OF THE FINANCE COMMITTEE MEETING OF THE BOARD OF TRUSTEES HELD ON NOVEMBER 23, 1988

Present:	Mr. M.K. Anwar Dr. R. Eeckels Prof. R. Feachem, Chairman Finance Committee Dr. D.A. Henderson Dr. K.A. Monsur Dr. M.H. Merson Dr. P. Sumbung Prof. D. Rowley, Ex-Officio (Chairman of the Board)
Absent:	Prof. H. Tanaka
Invited Staff:	Mr. M.R. Bashir Mr. M.A. Mahbub Mr. J.F. Winkelmann, Secretary Finance Committee Mr. M.R. Khalili Mr. A. Pabani Ms. L. Saldanha

Prof. Feachem welcomed Mr. John F. Winkelmann, Chief Finance Officer and Mr. Anil Pabani, Grants Administrator to the Centre and to the meeting of the Committee.

1. Approval of Agenda

The agenda was approved.

2. Approval of the Minutes

The minutes of the Finance Committee meeting of May 30, 1988 were approved.

3. 1988 Budget

3.1 Contribution from Donors

Anticipated contributions from donors for 1988 are shown in Annexure "A". , A total of 19 donors are expected to contribute $ 10.4 million. This compares with contributions of $ 10.1 million from 21 donors in 1987.

Contributions in kind received in 1988 amounted to $ 1.8 million from the following countries: Belgium $ 290,000, France $ 50,000, Denmark $ 130,000, Canada $ 110,000 and Bangladesh Government $ 1,258,000.

Additional contributions for flood relief, as a result of the devastating floods this year, amounting to $ 1.4 million were received, of which $ .6 million was received in cash and $ .8 million in medical supplies and equipment.

3.2 Income

A detailed analysis of the 1988 budget, as revised in August 1988, for Income and Expenditures, compared to the 1987 actual figures is contained in Tables 1,2 & 3. The budget, as revised in August, does not include subsequent

donor commitments for flood relief activities (see 3.1). There is also an expected commitment of $350,000 from SDC for hospital renovations and training.

Total income for 1988 is estimated at $11,207,000 as compared to $8,798,000 in 1987. The increase in central funds is $315,000, and in project funds is $2,094,000.

Increase in the central funds results from increased donor contributions from Australia $120,000 (partly because of the change in their accounting year from July/June to January/December), United Kingdon $26,000, Switzerland $144,000, and United States $ 25,000.

Project funds increased primarily due to increased revenue from the Urban Volunteer Programme (USAID), Child Health Programme (DANIDA), MCH-FP (USAID/NORAD/WUSC), and Shigella Project (USAID/WHO).

3.3 Expenditure

Total expenditure for 1988 are estimated to be $10,717,000 as against $7,724,000, in 1987. The increases are in

local staff salaries $1,750,000, international staff salaries & consultants $291,000, and other cost $952,000.

Local staff have been awarded an average pay increase of 32% during the year, in line with the Boards decisions to award parts of UN salary awards on a very delayed basis and without retroactivity. This, plus 4% normal step increase within grade, upgrading/promotions (29), and new recruitment in the areas of Administration (13), Hospital (9), Child Health Programme (5), Shigella Project (46), UVP (53), and temporary staff in different areas (87) have contributed to the total salary increase of $1,750,000 during the year.

International staff increases during 1988 include two new Associate Directors and several new consultant contracts for UVP and institutional collaboration. There was also a 10.5% salary increase due to the change in post adjustment factor. Several international staff have also been upgraded/promoted during the year, in keeping with the Boards decisions.

Other cost increases ($952,000) include: increase in Board of Trustees travel, honorarium and per diem, 10% increase in international air ticket cost, and general cost increases due to the increased level of activities of the

Urban Volunteer Programme, MCH-FP Matlab and Extension Programmes and Shigella Project.

3.4 Surplus

The cash surplus (estimated in August) for 1988 is $490,000. The reduction in the cash surplus of $594,000 from the previous year is mainly caused by salary increases and their effects on the centrally funded expenditures.

The actual cash surplus, before depreciation, may turn out to be around $600,000 as a result contributions received for flood relief which result in additional savings in core expenditures.

3.5 Overview

The Committee noted the substantial increase (35%) in expenditure between 1987 and 1988. The Committee considers that this reflects the severe constraints imposed on Centre activity by the Board and the Director as a response to the 1985 financial crisis. In 1988, project activity increased greatly and, from here on more modest annual rates of budget growth may be expected.

The Committee requested management to prepare a simple financial information package on the 1988 results to be provided to all donors as early as possible in 1989 with February set as a target date.

4. 1989 Budget

4.1 Contribution from Donors

Anticipated contributions from donors in 1989 are shown in Annexure "B". A total of 18 donors are expected to contribute $10.1 million dollars. Of this total, the Centre has received firm commitments of $6.0 million.

4.2 Income

A detailed analysis of the Income and Expenditures budget for 1989, compared to the 1988 budget is contained in Table 4,5 &·6.

Projected income for the year is $12,225,000 - a net increase of $1,018,000 over 1988. This increase is partly due to the carryover of 1988 unspent commitments of USAID ($1,646,000) for funded Targetted Research, UVP and MCH-FP projects to the 1989 budget. Increased contributions are also expected from Japan, SDC and CIDA, amounting to

$800,000 more than in the previous year.

4.3 Expenditure

Total projected cash expenditure (without depreciation) is $11,949,000 as against $10,717,000 projected for 1988. The projected increase of $1,232,000 includes a provision for the balance of the UN salary increase of approximately $650,000. In 1988, activities of the Saudi Project and Mirzapur Hand Pump Project were completed and the work of Vaccine Trial Project reduced substantially. However, there are increased activities in UVP, MCH-FP, Child Health Programme and Shigella Projects, Budget provision has been made in 1989 for these increased activities.

4.4 Surplus

Projected cash surplus during the year 1989 is $276,000 - a reduction of $214,000 from 1988. This is mainly due to salary increases which will effect the centrally funded expenditure by $203,000.

4.5 Accumulated Cash Deficit

By the end of 1988, if a $490,000 surplus is achieved, the accumulated deficit will be reduced to $1,130,000. The

1989 projection shows a surplus of $276,000 - which would see the deficit reduced to $854,000. Graph 1 shows the cumulative deficit, actual and projected, during 1983 to 1989.

The actual cumulative deficit at the end of 1989 will be only $520,000, if the 1988 cash surplus turns out to be $600,000 (see 3.4) and if the 1989 cash surplus is $500,000 (see 4.7). This holds out the prospect of eliminating the Centre's cumulative deficit in 1990. Continued firm progress towards this goal, achieved through good management of all contributions to the Centre, is of the utmost importance to the medium-term financial stability of the Centre.

4.6 Bank Balance

Table 7 shows a cash flow analysis for 1989 and Graphs 2 and 3 show estimated bank balance/overdraft for the years 1988 and 1989.

It is estimated that by the end of 1988 there will be a overdraft of approximately $229,000 which may at one point, increase in 1989 to $766,000. However, it is anticipated that for most of 1989 there will be a positive

balance, as in 1988. It is assumed that net carryover of donor advances (funds received for expenditures not yet incurred) will be reduced from $1,444,000 in 1988 to $635,000 in 1989.

4.7 Overview

The Committee noted that expenditures were projected to increase by 11% over 1988 and observed that this reflected a realistic increase in relation to increased cost and activities of the Centre.

The increase of 21% in supplies and materials is attributable to the increased activity in the UVP project and the MCH-FP Extension Project.

The cash surplus before depreciation of $276,000 was viewed as being inadequate and management is requested to achieve a minimum surplus of $500,000.

The Committee recommends acceptance of the 1989 budget with the provision that, not withstanding other decisions, a cash surplus of at least $500,000 be achieved.

5. International Child Health Foundation

The relationships of ICDDR,B with the International Child Health Foundation, set up in the USA to receive contributions from organizations on a tax exempt basis, was discussed. It was noted that ICDDR,B had received no benefit from this organzation to date, that information on their operations was not available to the Board, and that a sum of money was owed by the Foundation to the Centre.

The Committee requested management to prepare a position paper setting out the facts surrounding the Foundation, to be received by Board members prior to the next Board meeting at which time it will be discussed as an agenda item. The Committee further requested that the Director write to the Foundation requesting information on its activities and future plans. Dr. Henderson kindly agreed to make informal contact with the Foundation in order to learn more about its activities.

6. Salary increases

6.1 Local staff salaries

The UN salary increase, implemented by the UN in August 1986 has not, as yet, been fully implemented by ICDDR,B. The remaining increases, ranging from 9% to 22%, if implemented on January 1, 1989 will cost $650,000. Approximately $203,000 would be required from central funds, with the remainder being provided by project funds.

The Committee recommends that the balance of 1/3 of the 1986 U.N. salary increase be implemented on January 1, 1989. The effect on the 1989 budget of this increase is included within Tables 4-6.

In view of the concerns expressed by donors regarding the salaries paid to the Centre staff, the Committee requested management to carry out a survey of salaries paid in various sectors of the economy of Bangladesh to be compared to ICDDR,B salaries. This information is to be provided to Board members prior to the next Board meeting.

6.2 Pension fund contribution

The UN has increased the employers share of employees pension fund contribution to 14.8% from 14%. ICDDR,B currently pays 14.0%. If implemented from January 1, 1989, this will cost $35,000 for all staff (local and international) of which $14,000 will be required from central funds.

The Committee recommends that employers share of pension fund contributions be increased to 14.8% from 14.0% effective January 1, 1989 in line with the UN increase. The effect on the 1989 budget of this increase is included within Tables 4-6.

6.3 International staff salaries

The UN has increased the post adjustment multiplier for international staff from plus 3 to plus 8. This will increase the international staff salaries by $30,000 per annum. Provision has not been made for this in 1989 budget in Tables 4-6.

The Committee recommends that the post adjustment multiplier for international staff be increased from plus 3 to plus 8, effective January 1, 1989.

In order to permit a further consideration of the Centre's ability to attract international staff, the Director is requested to prepare a review of appropriate comparators for consideration at the next Board Meeting.

6.4 Board members' honorarium

Currently Board Members are receiving 2/3 of the stipulated honararium. The Board had previously agreed that full honararium would not be paid until such time as the full U.N. salary increase was implemented for the staff. As this is being recommended for implementation on January 1, 1989, it is recommended that the full honararium of $150 per day be paid effective January 1, 1989.

7. Summary report on auditor's comments and action taken

7.1 Fixed Assets

The fixed assets register has now been computerised and a physical inventory of fixed assets was completed in August 1988. The reconciliation of the physical inventory to the computerised register is currently in progress and is expected to be completed by December 31, 1988.

The situation with regard to making the transformer operational was reviewed. The problem is with obtaining the required oil for the transformer which contains PCB's. It was noted that the oil is still used in Bangladesh and may be available locally.

The committee recommends that management continue to pursue the issue with the manufacturer as well as seeking the required authority from the Bangladesh Government to obtain the oil within the country. If necessary, a consultant may be obtained to assess the potential risk to the Centre for use in obtaining the required authority from the Government.

Insurance coverage has been obtained for the main computer instalation and central stores.

A policy is being developed to deal with equipment that is no longer required where a project has been completed or the objective achieved. It is planned to have this policy implemented by December 31, 1988.

7.2 Stocks and Stores

Computerisation of purchase and stocks and stores is in progress and is planned for completion by March 31, 1989. This system will make purchasing, receiving and issuing of materials and the maintenance of stock records more efficient and timely.

7.3. General

Proposals have been received from international accounting firms to assist in developing improved accounting and administrative procedures. This will improve financial controls and management information systems including concerns raised by the auditors. It is expected that the Consultants report will be received by June 30, 1989.

The Committee accepted the updated report on the auditor's comments and urged management to continue pursuing the auditor's recommendations for improved accounting and financial controls at the Centre.

8. Report on status of banking arrangements

The Committee expressed continuing concern over the status of banking arrangements and requested senior management to review this matter and provide a report to the Finance Committee Chairman before the next meeting.

Mr. Anwar requested that the following statement be noted in the report: "The statements made in the paper regarding alleged difficulties conforming to the Ordinance in respect of banking arrangements are not corroborative by any evidence and are not as such accepted. It is unfortunate to find that the Centre has consistently avoided observing the provision of the Ordinance over a long period of time on various pretexts and without any reasonable cause. It appears that the Centre has least respect for the laws by which it was created."

9. Irregular remunerations

The Committee considered briefly the continued but erratic progress made since 1985 on the full regularization of all payments made by the Centre to staff members. Following the Committee meeting the Chairman of the Committee has drafted the following statement which may be used to guide current and future practice.

Two fundamental principles should govern remuneration of Centre staff by the Centre.

First, all payments from the Centre to a staff member should be as specified in the contract between the Centre and the staff member.

Second, except in exceptional circumstances and following an explicit resolution from the Board, contracts should specify only remuneration which is fully consistent with current rules and regulations of the Centre.

All payments from the Centre, whatever their source or historical origins, which are in contravention with these two principles should cease and no infringements should be permitted in the future.

10. Miscellaneous

10.1 Cheque Signatory

The Committee recommends that the Board approve the addition of the Chief Finance Officer as a Cheque Signatory for the Centre.

10.2 Overdraft limit

American Express has agreed to renew the OD limit up to $3.0 million for another year. The Committee felt that the $3.0 million overdraft is no longer required by the Centre and requested senior management to reduce the limit to more closely reflect the needs of the Centre in the next year.

TABLE 1

INCOME AND EXPENDITURE FOR 1987 AND 1988

	Actual 1987		Budget 1988		Increase %
A. Income	(In thousand US Dollar)				
Central Funds	18%	1,611	17%	1,926	20%
Project Funds (Direct Cost)	69%	6,088	71%	7,959	31%
Project Funds (Indirect Cost)	12%	1,099	12%	1,322	20%
Total Income	100%	8,798	100%	11,207	27%
B. Expenditure					
Local salaries	43%	3,718	47%	5,468	47%
Inter'l salaries	14%	1,233	15%	1,738	41%
Consultants	4%	368	4%	454	23%
Mandatory committees	1%	99	1%	161	63%
Travel	4%	357	4%	442	24%
Supply and materials	13%	1,107	11%	1,302	18%
Other contractual service	10%	890	8%	900	1%
Interdepartmental services	14%	1,229	13%	1,534	25%
Depreciation	11%	953	9%	1,000	5%
Total Operating	115%	9,954	111%	12,999	31%
Less:Recovery	19%	1,656	15%	1,748	6%
Net Operating	96%	8,298	96%	11,251	36%
Add:Capital expenditure	4%	379	4%	466	23%
Total Expenditure	100%	8,677	100%	11,717	35%
C. Surplus/(deficit)		121		(510)	

TABLE 2

INCOME AND EXPENDITURE FOR 1987 & 1988

	Actual 1987			Budget 1988		
	(In thousand US Dollar)					
A. Income	CENTRAL	PROJ.	TOTAL	CENTRAL	PROJ.	TOTAL
Central Funds	1,611		1,611	1,926		1,926
Project Funds(Direct Cost)	907	5,181	6,088	600	7,359	7,959
Project Funds (Indirect)	1,099		1,099	1,322		1,322
Total Income	3,617	5,181	8,798	3,848	7,359	11,207
B. Expenditure						
Local salaries	1,756	1,962	3,718	2,587	2,881	5,468
Inter'l salaries	419	814	1,233	424	1,314	1,738
Consultants	82	286	368	59	395	454
Mandatory committees	98	1	99	161		161
Travel	68	289	357	96	346	442
Supply and materials	670	437	1,107	596	706	1,302
Other contractual services	501	389	890	500	400	900
Interdepartmental services	503	726	1,229	620	914	1,534
Depreciation	953		953	1,000		1,000
Total Operating	5,050	4,904	9,954	6,043	6,956	12,999
Less:Recovery	1,650	4	1,656	1,739	9	1,748
Net Operating	3,398	4,900	8,298	4,304	6,947	11,251
Add:Capital expenditure	98	281	379	54	412	466
Total Expenditure	3,496	5,181	8,677	4,358	7,359	11,717
C. Surplus/(deficit)	121	0	121	(510)	0	(510)

TABLE 3

ACTUAL EXPENDITURE FOR 1987 AND REVISED BUDGET FOR 1988
(In thousand US Dollar)

Activity	1987				1988			
		Total	Funding Source			Total	Funding Source	
			Central	Project			Central	Project
CLINICAL RESEARCH:								
CSD Scientific Management	0.8%	61		61	1.5%	161		161
Invasive Diarrhoeas	2.3%	174		174	1.1%	122		122
Watery Diarrhoeas	0.7%	52		52	0.8%	81		81
Persistent/Prolonged Diarrhoeas	0.4%	28		28	0.2%	25		25
Nutritional Management	0.7%	52		52	1.0%	111		111
Child Survival	0.8%	64		64	1.4%	153		153
Clinical Research Support and Development	2.7%	209	163	46	3.3%	356	318	38
SUB TOTAL	8.3%	640	163	477	9.4%	1,011	318	691
MICROBIOLOGY AND IMMUNOLOGY:								
LSD Scientific Management	3.9%	302	22	280	2.2%	241	28	213
Invasive Diarrhoeas	3.5%	271		271	3.9%	418		418
Watery Diarrhoeas (Oral Vaccine Trial)	6.4%	498		498	6.9%	743		743
Persistent/Prolonged Diarrhoeas	0.1%	5		5	0.0%	1		1
Viral Diarrhoeas	0.1%	4		4	0.1%	14		14
Simple Diagnostic Tests	1.0%	80		80	0.3%	29		29
Microbial Ecology	0.6%	48		48	0.7%	72		72
Laboratory Research and Development	1.6%	127	27	100	0.7%	76	(19)	95
Miscellaneous Research	0.3%	22		22	0.5%	53		53
SUB TOTAL	17.6%	1,357	49	1,308	15.4%	1,647	9	1,638
EPIDEMIOLOGY AND DISEASE PREVENTION:								
CMD Scientific Management	1.5%	113	110	3	0.9%	94	79	15
Invasive Diarrhoeas	0.0%			0	0.1%	13		13
Watery Diarrhoeas	0.8%	61		61	0.3%	29		29
Persistent/Prolonged Diarrhoea	0.9%	71		71	1.8%	196		196
Malnutrition and Diarrhoea	0.1%	5		5	0.3%	28		28
Maternal Health and Child Survival	5.2%	403		403	4.2%	445		445
Diarrhoea Preventive Intervention	2.1%	160		160	1.3%	140		140
Miscellaneous Epidemiological Research	0.0%			0	0.3%	28		28
SUB TOTAL	10.5%	813	110	703	9.1%	976	79	896
POPULTAION STUDIES:								
PSED Scientific Management	1.2%	92	10	82	1.0%	108	8	100
Matlab Demographic Surveillance	6.5%	502		502	5.8%	627		627
Teknaf Demographic Surveillance	1.5%	118		118	1.3%	137		137
MCH-FP Extension Project	9.9%	767		767	9.3%	1,014		1,014
SUB TOTAL	19.1%	1,477	10	1,467	17.6%	1,886	8	1,878

HEALTH CARE OPERATIONS RESEARCH:								
Urban Volunteer Programme	3.8%	295		295	7.1%	757		757
Epidemic Control Preparedness Programme	0.9%	72	11	61	0.9%	96		96
SUB TOTAL	4.8%	367	11	356	8.0%	853	0	853
HEALTH CARE SERVICES:								
Health Care Services Management	1.4%	110	110		1.2%	124	124	
Dhaka Treatment Facilities and Suveillance	8.0%	618	618		8.3%	890	890	
Matlab Treatment Facilities and Suveillance	1.7%	133	121	12	2.1%	220	4	216
Teknaf Treatment Facilities and Suveillance	0.5%	37	0	37	0.4%	45		45
SUB TOTAL	11.8%	898	849	49	11.9%	1,278	1,018	261
COMPUTER INFORMATION SERVICES	-1.1%	(88)	(88)					
TRAINING AND DISSEMINATION:								
Training and Dissemination Management	0.7%	51		51	1.0%	102	1	101
National Courses	0.1%	6		6	0.0%	5		5
International Courses	1.1%	85		85	0.4%	45		45
Institutional Collaboration	0.4%	32	4	28	4.9%	523		523
Staff Development	0.2%	14	2	12	0.1%	15	15	
Technical Assistance	6.5%	505		505	2.9%	308		308
Library and Dissemination	2.4%	187	116	71	1.3%	141	113	28
SUB TOTAL	11.4%	880	122	758	10.6%	1,140	129	1,010
CENTRAL MANAGEMENT AND SUPPORT SERVICES:								
Board of Trustees	1.1%	83	83		1.1%	118		
Programme Co-ordination Committee	0.1%	6	6		0.1%	13		
Central Scientific Management and Direction	3.3%	253	193	60	3.8%	412	362	50
Other Scientific Committees	0.1%	10	10		0.3%	30	30	
Resources Development	2.1%	164	164		1.8%	195	191	4
Administration	6.0%	460	460		6.4%	688	688	
Personnel	2.7%	210	210		1.9%	200	200	
Finance	2.5%	194	191	3	2.5%	269	193	76
SUB TOTAL	17.8%	1,380	1,317	63	18.0%	1,927	1,797	130
TOTAL ICDDR,B CENTRE	100.0%	7,724	2,543	5,181	100.0%	10,717	3,358	7,359

TABLE 4

INCOME AND EXPENDITURE FOR 1988 AND 1989

	Actual 1988		Budget 1989		Increase %
A. Income	(In thousand US Dollar)				
Central Funds	17%	1,926	16%	1,895	-2%
Project Funds (Direct Cost)	71%	7,959	73%	8,940	12%
Project Funds (Indirect Cost)	12%	1,322	11%	1,390	5%
Total Income	100%	11,207	100%	12,225	9%
B. Expenditure					
Local salaries	47%	5,468	46%	6,202	13%
Inter'l salaries	15%	1,738	12%	1,576	-9%
Consultants	4%	454	4%	454	0%
Mandatory committees	1%	161	1%	178	11%
Travel	4%	442	4%	501	13%
Supply and materials	11%	1,302	12%	1,572	21%
Other contractual service	8%	900	8%	1,000	11%
Interdepartmental services	13%	1,534	13%	1,631	6%
Depreciation	9%	1,000	8%	1,000	0%
Total Operating	111%	12,999	109%	14,114	9%
Less:Recovery	15%	1,748	13%	1,643	-6%
Net Operating	96%	11,251	96%	12,471	11%
Add:Capital expenditure	4%	466	4%	478	3%
Total Expenditure	100%	11,717	100%	12,949	11%
C. Surplus/(deficit)		(510)		(724)	

TABLE 5

INCOME AND EXPENDITURE FOR 1988 & 1989

	Actual 1988			Budget 1989		
	(In thousand US Dollar)					
	CENTRAL	PROJ.	TOTAL	CENTRAL	PROJ.	TOTAL
A. Income						
Central Funds	1,926		1,926	1,895		1,895
Project Funds(Direct Cost)	600	7,359	7,959	853	8,087	8,940
Project Funds (Indirect)	1,322		1,322	1,390		1,390
Total Income	3,848	7,359	11,207	4,138	8,087	12,225
B. Expenditure						
Local salaries	2,587	2,881	5,468	2,790	3,412	6,202
Interl salaries	424	1,314	1,738	434	1,142	1,576
Consultants	59	395	454	59	395	454
Mandatory committees	161		161	178		178
Travel	96	346	442	133	368	501
Supply and materials	596	706	1,302	578	994	1,572
Other contractual services	500	400	900	550	450	1,000
Interdepartmental services	620	914	1,534	633	998	1,631
Depreciation	1,000		1,000	1,000		1,000
Total Operating	6,043	6,956	12,999	6,355	7,759	14,114
Less:Recovery	1,739	9	1,748	1,617	26	1,643
Net Operating	4,304	6,947	11,251	4,738	7,733	12,471
Add:Capital expenditure	54	412	466	124	354	478
Total Expenditure	4,358	7,359	11,717	4,862	8,087	12,949
C. Surplus/(deficit)	(510)	0	(510)	(724)	0	(724)

TABLE 6
BUDGET ALLOCATION FOR 1988 AND 1989
(In thousand US Dollar)

Activity	1988				1989			
		Total	Funding Source			Total	Funding Source	
			Central	Project			Central	Project
CLINICAL RESEARCH:								
CSD Scientific Management	1.5%	161		161	1.5%	179		179
Invasive Diarrhoeas	1.1%	122		122	1.6%	195		195
Watery Diarrhoeas	0.8%	81		81	1.3%	158		158
Persistent/Prolonged Diarrhoeas	0.2%	25		25	0.3%	40		40
Nutritional Management	1.0%	111		111	1.4%	162		162
Child Survival	1.4%	153		153	1.8%	220		220
Clinical Research Support and Development	3.3%	356	318	38	3.3%	397	355	42
SUB TOTAL	9.4%	1,011	318	691	11.3%	1,349	355	995
MICROBIOLOGY AND IMMUNOLOGY:								
LSD Scientific Management	2.2%	241	28	213	2.3%	271	33	238
Invasive Diarrhoeas	3.9%	418		418	4.3%	510		510
Watery Diarrhoeas (Oral Vaccine Trial)	6.9%	743		743	3.2%	382		382
Persistent/Prolonged Diarrhoeas	0.0%	1		1	0.0%	0		0
Viral Diarrhoeas	0.1%	14		14	0.1%	11		11
Simple Diagnostic Tests	0.3%	29		29	0.0%	0		0
Microbial Ecology	0.7%	72		72	0.7%	85		85
Laboratory Research and Development	0.7%	76	(19)	95	1.9%	223	32	191
Miscellaneous Research	0.5%	53		53	0.0%	5		5
SUB TOTAL	15.4%	1,647	9	1,638	12.5%	1,489	65	1,424
EPIDEMIOLOGY AND DISEASE PREVENTION:								
CMD Scientific Management	0.9%	94	79	15	1.0%	116	91	25
Invasive Diarrhoeas	0.1%	13		13	0.1%	16		16
Watery Diarrhoeas	0.3%	29		29	0.0%	4		4
Persistent/Prolonged Diarrhoea	1.8%	196		196	1.8%	219		219
Malnutrition and Diarrhoea	0.3%	28		28	0.1%	17		17
Maternal Health and Child Survival	4.2%	449		449	5.2%	617		617
Diarrhoea Preventive Intervention	1.3%	140		140	0.1%	11		11
Miscellaneous Epidemiological Research	0.3%	28		28	0.3%	34		34
SUB TOTAL	9.1%	976	79	898	8.8%	1,034	91	943
POPULTAION STUDIES:								
PSED Scientific Management	1.0%	108	8	100	1.0%	121	10	111
Matlab Demographic Surveillance	5.8%	627		627	7.7%	913		913
Teknaf Demographic Surveillance	1.3%	137		137	1.4%	162		162
MCH-FP Extension Project	9.5%	1,014		1,014	9.7%	1,155		1,155
SUB TOTAL	17.6%	1,886	8	1,878	19.7%	2,350	10	2,340

HEALTH CARE OPERATIONS RESEARCH:								
Urban Volunteer Programme	7.1%	757		757	8.4%	1,008		1,008
Epidemic Control Preparedness Programme	0.9%	96		96	1.0%	115		115
SUB TOTAL	8.0%	853	0	853	9.4%	1,123	0	1,123
HEALTH CARE SERVICES:								
Health Care Services Management	1.2%	124	124		1.2%	140	140	
Dhaka Treatment Facilities and Suveillance	8.3%	890	890		8.1%	963	963	
Matlab Treatment Facilities and Suveillance	2.1%	220	4	216	2.1%	254	5	249
Teknaf Treatment Facilities and Suveillance	0.4%	45		45	0.4%	52		52
SUB TOTAL	11.9%	1,279	1,018	261	11.8%	1,410	1,108	301
TRAINING AND DISSEMINATION:								
Training and Dissemination Management	1.0%	102	1	101	1.0%	116	1	115
National Courses	0.0%	5		5	0.1%	17		17
International Courses	0.4%	45		45	0.4%	50		50
Institutional Collaboration	4.9%	523		523	4.9%	581		581
Staff Development	0.1%	15	15		0.8%	90	90	0
Technical Assistance	2.9%	308		308	0.4%	50		50
Library and Dissemination	1.3%	141	113	28	1.4%	164	132	32
SUB TOTAL	10.6%	1,140	129	1,010	8.9%	1,067	223	844
CENTRAL MANAGEMENT AND SUPPORT SERVICES:								
Board of Trustees	1.1%	118	118		1.3%	150	150	
Programme Co-ordination Committee	0.1%	13	13		0.1%	16	16	
Central Scientific Management and Direction	3.8%	412	362	50	3.9%	460	404	56
Other Scientific Committees	0.3%	30	30		0.1%	12	12	
Resources Development	1.8%	195	191	4	1.8%	214	214	
Administration	6.4%	688	688		6.4%	765	765	
Personnel	1.9%	200	200		1.9%	228	228	
Finance	2.5%	269	193	76	2.3%	277	220	57
SUB TOTAL	18.0%	1,927	1,797	130	17.8%	2,123	2,010	113
TOTAL ICDDR,B CENTRE	100.0%	10,717	3,358	7,359	100.0%	11,949	3,862	8,087

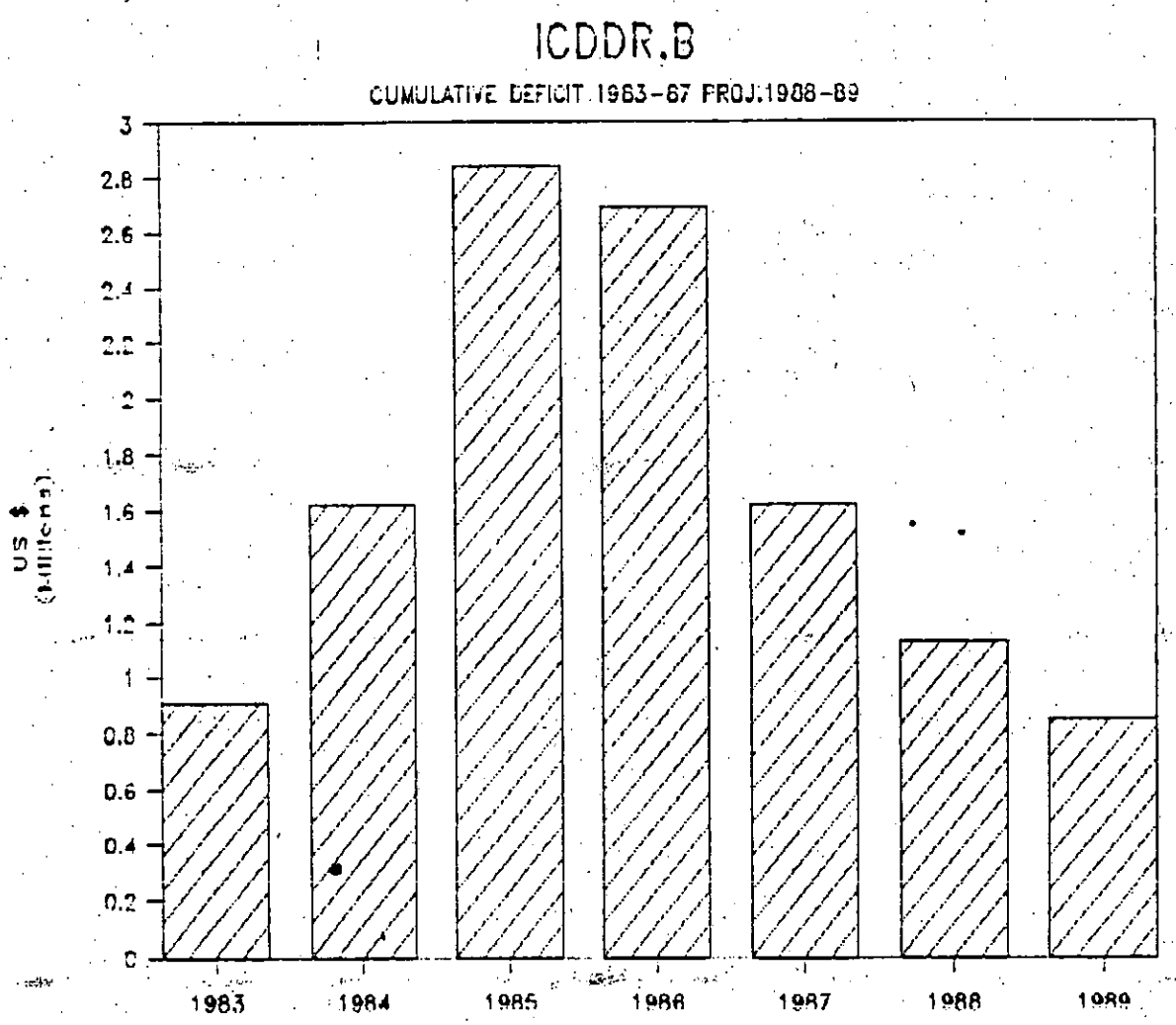
TABLE 7

PROJECTED MONTHLY CASH FLOW 1989

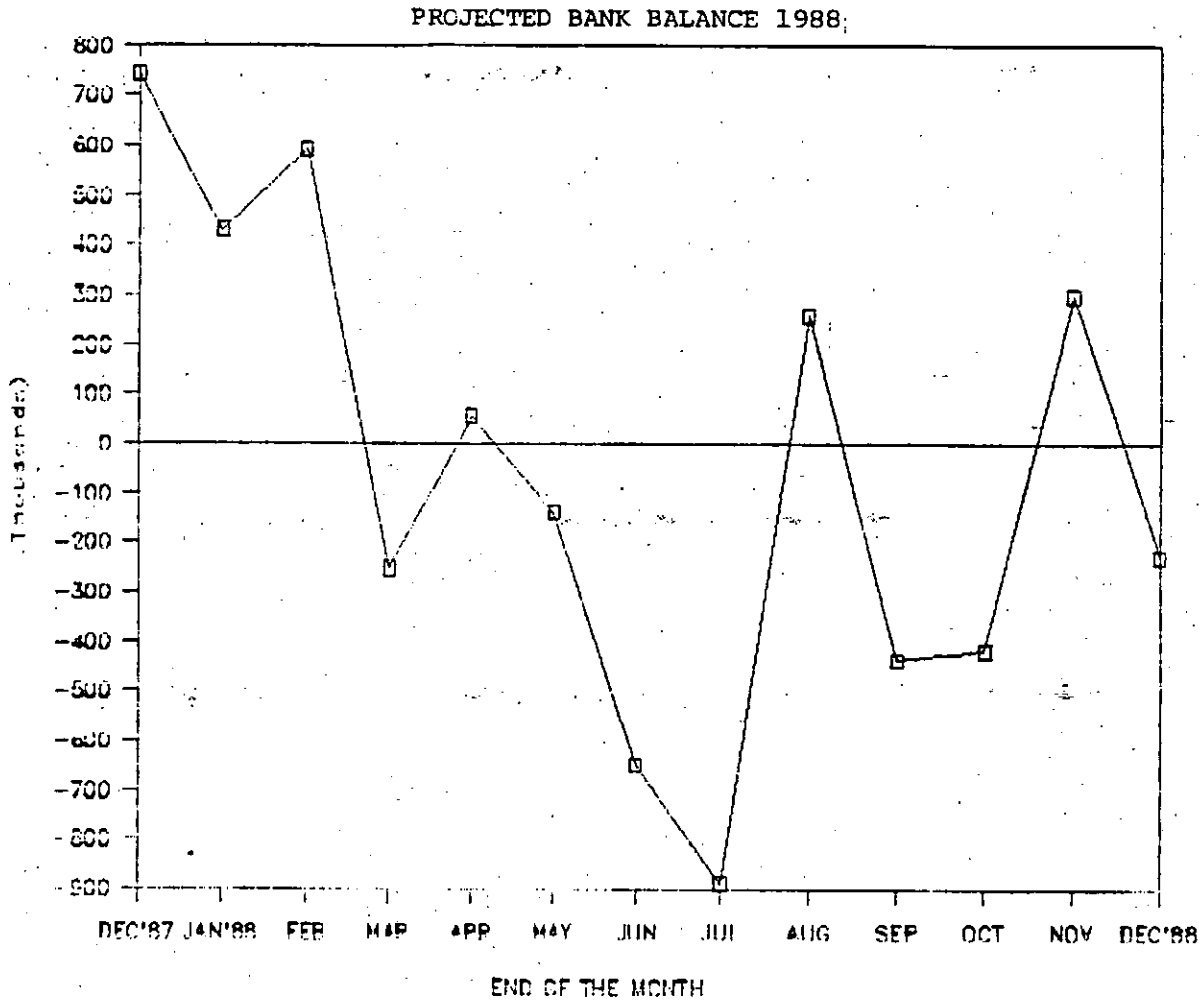
(In thousand US Dollars)

	Receipts	Payments	Balance
Opening bank balance as at January 1, 1989			(229)
January	1,394	800	365
February	842	800	407
March	575	1,000	(18)
April	1,205	800	387
May	349	900	(164)
June	1,420	1,050	206
July	784	950	40
August	1,115	950	205
September	1,655	1,100	760
October	648	1,100	308
November	471	1,250	(471)
December	955	1,250	(766)
Total	11,413	11,950	
Closing bank balance as at December 31, 1989			(766)

GRAPH 1

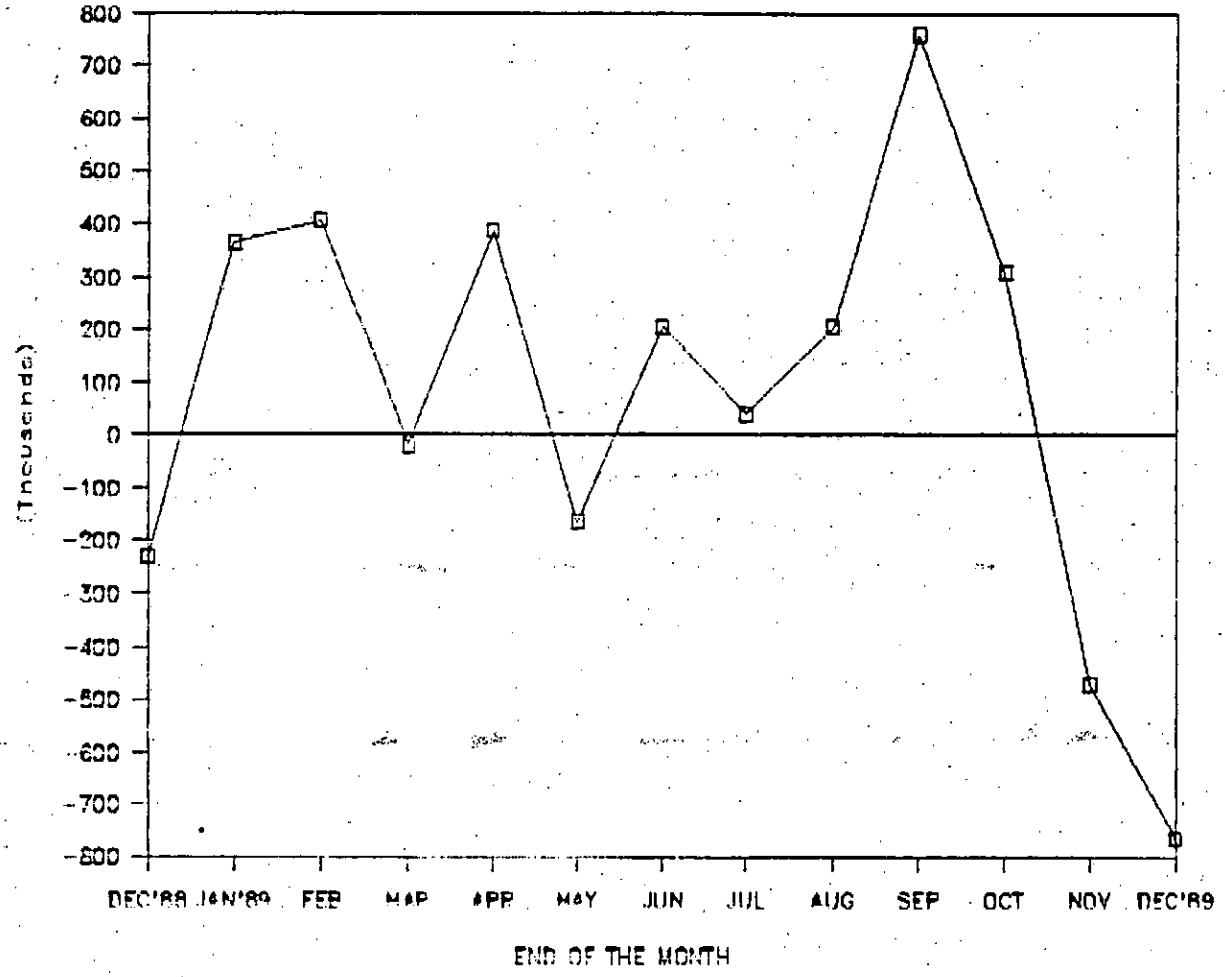

ICDDR,B
CUMULATIVE DEFICIT 1983-87 PROJ.1988-89
US $
(Millions)
3
2.8
2.6
1.8
1.6
1.4
1
0.8
0.6
0.4
0.2
0
1983
1984
1985
1986
1987
1988
1989

GRAPH 2


PROJECTED BANK BALANCE 1988
800
700
600
500
400
300
200
100
0
-100
-200
-300
-400
-500
-600
-700
-800
-900
DEC'87
JAN'88
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC'88
END OF THE MONTH

GRAPH 3

PROJECTED BANK BALANCE 1989



Annexure - "A"

ICDDR,B DONORS 1988 PROJECTIONS
(In US dollars)

A. Core (Central)

	Donors	Committed	Estimated	Total
1.	Australia/ADAB	180,000	-	180,000
2.	Bangladesh	34,000	-	34,000
3.	Saudi Arabia	70,000	-	70,000
4.	Switzerland	801,000	-	801,000
5.	UK/ODA	260,000	-	260,000
6.	UNICEF	250,000	-	250,000
7.	USAID	275,000	-	275,000
	SUB-TOTAL	1,870,000	-	1,870,000

B. Programme (Restricted-Core)

	Donors	Committed	Estimated	Total
8	1. CIDA/DSS	750,000	-	750,000
9	2. DANIDA	500,000	-	500,000
10	3. Japan	310,000	-	310,000
11	4. UNDP/Cl. Res.	300,000	-	300,000
	5. USAID (Wash)	2,100,000	-	2,100,000
17	6. WUSC:Matlab TC	417,800	-	417,800
	SUB-TOTAL	4,377,800	-	4,377,800

1988 PROJECTIONS

C. Projects

	Donors	Committed	Estimated	Total
13	1. Aga Khan Fndn.	150,000	-	150,000
14	2. Belgium	200,000	-	200,000
15	3. Ford Foundation/ Child Feeding	28,900	-	28,900
	4. Ford Foundation/ ECPP	200,000	-	200,000
16	5. Netherlands/ ARI Matlab	53,000	-	53,000
17	6. NORAD/MCH	358,000	-	358,000
	7. Saudi Arabia/ Dammam/Riyadh	350,000	-	350,000
	8. Switzerland	-	350,000	350,000
18	9. WHO	75,600	-	75,600
19	10. World Bank/ Mirzapur	138,000	-	138,000
	11. USAID/MCH-FP Ext.	1,160,000	-	1,160,000
	12. USAID/UVP	750,000	-	750,000
	13. WUSC/MCH	294,500	-	294,500
	SUB-TOTAL	3,758,000	350,000	4,108,000

1989 PROJECTIONS

C. Restricted-Projects

Donors	Committed	Estimated	Total
1. Aga Khan Fdn /China/Kenya	115,000	-	115,000
2. Belgium	-	200,000	200,000
3. Ford Foundation /Child Feed/Rural Midwife Care	64,000	-	64,000
4. Netherlands ARI/Matlab	127,000	-	127,000
5. Switzerland	-	350,000	350,000
6. WHO	-	70,000	70,000
7. USAID/MCH-FP Ext	1,160,000	-	1,160,000
8. USAID/UVP	750,000	-	750,000
9. WUSC/MCH	306,500	-	306,500
SUB-TOTAL :	2,522,500	620,000	3,142,500

1989 PROJECTIONS

	COMMITTED	ESTIMATED	TOTAL
A. Unrestricted-Core	300,000	1,595,000	1,895,000
B. Restricted-Core	3,184,500	1,900,000	5,084,500
C. Restricted-Projects	2,522,500	620,000	3,142,500
GRAND-TOTAL :	6,007,000	4,115,000	10,122,000

	COMMITTED	ESTIMATED	TOTAL
A.	1,870,000	-	1,870,000
B.	4,377,800	-	4,377,800
C.	3,758,000	350,000	4,108,000
GRAND TOTAL :	10,005,800	350,000	10,355,800

Annexure – "B"

ICDDR,B DONORS 1989 PROJECTIONS
(In US dollars)

A. Unrestricted-Core

Donors	Committed	Estimated	Total
1. Australia/ADAB	–	180,000	180,000
2. Bangladesh	–	34,000	34,000
3. Saudi Arabia	–	70,000	70,000
4. Switzerland	–	801,000	801,000
5. UK/ODA	–	260,000	260,000
6. UNICEF	–	250,000	250,000
7. USAID	300,000	–	300,000
SUB-TOTAL	300,000	1,595,000	1,895,000

1989 PROJECTIONS

B. Restricted-Core

Donors	Committed	Estimated	Total
1. CIDA/DSS	-	1,100,000	1,100,000
2. DANIDA	550,000	-	550,000
3. Japan		500,000	500,000
4. UNDP/Cl.Res.		300,000	300,000
5. USAID (Wash)	2,200,000	-	2,200,000
6. WUSC/Matlab TC	434,500	-	434,500
SUB-TOTAL :	3,184,500	1,900,000	5,084,500

RESOURCES DEVELOPMENT REPORT

Resources Development Report to the ICDDR,B Board of Trustees November, 1988

International Centre for Diarrhoeal Disease Research, Bangladesh is about to complete 10 years of existence as an international organisation. We are pleased to report that during these years, the Resources Development Division has successfully organised the financial and political support that was necessary to sustain the Centre and help it grow to its current position of financial stability.

Our experience however shows that the dynamics of donor behaviour does not allow any complacence. There are constant shifts in the donor perceptions to aid caused by their changing research priorities, and changing importance of geographical areas in the donors' scheme of thinking, and also if there is a change in the individual who make the decision. To secure funds the Resources Development Division has to judge these factors carefully so as to choose the opportune time for matching the Centre's requirements with the donors' aid strategies.

To assume that renewal of grants by donors on completion of present commitments will be forthcoming may not be very prudent. Thus the number of donors is always fluctuating making long term planning for the Centre very tentative at best. Unlike US universities or research institutions which fall back on

endowment funds in case of emergencies, the Centre is left unsupported in such crisis. To counter this, the Resources Development Division has to be on the alert and constant liaison has to be maintained with donors to monitor changes that may affect the Centre.

We hope the forthcoming Donors' Meeting will address the Centre's need for institutional (core) support. The financial part of the Donors' document has been prepared accordingly. The Board will, by the time it meets, know the outcome of the Donors' Meeting. We sincerely hope that the donors will come forward in a positive way to help the Centre fulfil its mandate.

The Donors' Meeting is not an end in itself. Bringing the donors together once a year will have very little relevance to the Centre if it fails to produce the results for which it was convened. Success of the Donors' Consortium depends largely on prolonged contacts with the donors to convince them of our needs and negotiating with them to enable them to announce their pledges at the meeting. Donors do not usually take on the spot decisions at Donors' Meetings. Almost always the actual amount of support is decided in follow up negotiations. Furthermore, once the pledges are announced, these have to be followed up to convert them into realities.

Resources Development Division has been able to increase the quantum of donor support to ICDDR,B from $ 1.7 million in 1978 to $ 10.4 million in 1988, a more than six-fold increase.

Similarly, there has been a significant increase in the number of donors also.

Efforts of the Resources Development Division in 1988 were focused mainly on securing support, particularly, to the Centre's core fund. Increased support to the core fund, both direct and indirect, is the only solution to the Centre's financial deficit problem, other than a specific grant to the Reserve Fund which at the moment is unlikely to be forthcoming.

In May, 1988 the Resources Development Division had reported to the Board that the Centre had already received donor commitments in the amount of $ 10.25 million for 1988. An additional commitment of $ 0.35 million is still expected for application against 1988 expenditures. Negotiations with the donor have been completed and an agreement will be signed soon. This will bring the total amount of funds available to ICDDR,B for 1988 to $ 10.4 million.

The Annual Co-operative Agreement with USAID/Washington was negotiated and signed. This agreement was divided in two parts, one for 10 months and the other for 2 months. Advance given in 1988 for ADDR Collaboration (with the Johns Hopkins and Tufts Universities) was adjusted and signed and new collaborative agreements were negotiated and signed.

The Second Phase of the CIDA grant to ICDDR,B for DSS activities (1989-91) was negotiated. An amount of Cdn $ 4.8 million has been approved for this activitiy.

Negotiations were also held with Japan for their core and programme support.

The Clinical Research grant was negotiated with UNDP. This grant is now expected to be disbursed directly to ICDDR,B.

The Belgian Government increased their contribution from BF 6.0 million to BF 7.0 million in 1988.

The Netherlands Government has approved a grant for ARI research activities at ICDDR,B. This grant is worth $ 254,000 and is for a period of 2 years.

The World Bank and the Saudi projects at ICDDR,B have been successfully completed.

A major activity during the current reporting period was to organise donor support for the ICDDR,B Emergency Relief activities. The unprecedented floods in Bangladesh in September, 1988 caused an increase in the number of patient visits to the Centre's diarrhoea treatment facilities. The highest ever number of patient visits per day to the Centre, was recorded during this period. The Centre's normal resources were clearly not enough to meet the emergency requirements and additional support, both cash and kind, was sought from the donors.

The response from the donors was both prompt and encouraging. Our appeal resulted in commitments, cash and kind, amounting to $ 1.4 million. DANIDA and Belgium were the first to respond. They were followed by CIDA (IHA), the

Netherlands, Australia, American Express, France and the European Economic Commission (EEC). It may be mentioned here that the Associate Director, Resources Development Division, who was then on an official trip to Canada, negotiated successfully with CIDA and on return to New York, with the American Express to obtain a total of more than $ 225,000. An important feature of the CIDA and American Express grants is that both are 'free' monies and can be used to build the Centre's disaster response capability.

The Emergency Relief activities have been beneficial to the Centre. It has enabled us to build up a buffer stock of medicines and supplies, strengthen our land and water transport fleets and also procure some laboratory equipment. Above all, the expense of running the treatment centres, other than personnel, were covered by the emergency relief fund.

The status of the UNROB loan to ICDDR,B is still undecided. We have not received any response from the Government of Bangladesh to our latest request to convert the loan into a grant.

In addition to the cash grants that the Centre received this year, the host country, Bangladesh, provided in-kind support of approximately $ 1.2 million. This amount represents the rent for housing the offices and laboratories of the Centre, taxes and utilities which were not charged.

Belgium continued to provide the Centre with the services of three scientific personnel, financial support for them and

commodities. The Centre also receives in-kind support in the form of personnel secondment from DANIDA, CIDA/WUSC and France. The in-kind contribution of the above donors amounting to US dollars 580,000.

Two CIDA/WUSC personnel, the Chief Finance Officer and the Grant Administrator, have joined the ICDDR,B during the current reporting period, on secondment. Both of them have assumed their responsibilities at the Centre.

CAPITAL DEVELOPMENT

Construction of the new Matlab treatment centre, which is being undertaken with the financial assistance of the UNCDF is expected to be completedby the middle of 1989.

The project grant that is being negotiated with the Swiss Development Co-operation includes funds for the renovation of the Dhaka clinical research centre. Once completed it will streamline and improve the activities of the CRC.

1989 INCOME PROJECTIONS

The income of the Centre for 1989 has been estimated at $ 10.1 million. Details are provided in "Annexure B" attached to this report. We have alerady received commitments in the amount of $ 6.0 million. As we have said in the past, the projections presented are tentative figures and are subject to changes during the year.

Annexure-B

ICDDR,B DONORS 1989 PROJECTIONS
(In US dollars)

A. Unrestricted-Core

Donors	Committed	Estimated	Total
1. Australia/ADAB	-	180,000	180,000
2. Bangladesh	-	34,000	34,000
3. Saudi Arabia	-	70,000	70,000
4. Switzerland	-	801,000	801,000
5. UK/ODA	-	260,000	260,000
6. UNICEF	-	250,000	250,000
7. USAID	300,000	-	300,000
SUB-TOTAL	300,000	1,595,000	1,895,000

1989 PROJECTIONS

B. Restricted-Core

Donors	Committed	Estimated	Total
1. CIDA/DSS	-	1,100,000	1,100,000
2. DANIDA	550,000	-	550,000
3. Japan		500,000	500,000
4. UNDP/Cl.Res.		300,000	300,000
5. USAID (Wash)	2,200,000	-	2,200,000
6. WUSC/Matlab TC	434,500	-	434,500
SUB-TOTAL :	3,184,500	1,900,000	5,084,500

1989 PROJECTIONS

C. Restricted-Projects

Donors	Committed	Estimated	Total
1. Aga Khan Fdn /China/Kenya	115,000	-	115,000
2. Belgium	-	200,000	200,000
3. Ford Foundation /Child Feed/Rural Midwife Care	64,000	-	64,000
4. Netherlands ARI/Matlab	127,000	-	127,000
5. Switzerland	-	350,000	350,000
6. WHO	-	70,000	70,000
7. USAID/MCH-FP Ext	1,160,000	-	1,160,000
8. USAID/UVP	750,000	-	750,000
9. WUSC/MCH	306,500	-	306,500
SUB-TOTAL :	2.522,500	620,000	3,142,500

1989 PROJECTIONS

	COMMITTED	ESTIMATED	TOTAL
A. Unrestricted-Core	300,000	1,595,000	1,895,000
B. Restricted-Core	3.184,500	1,900,000	5,084,500
C. Restricted-Projects	2.522,500	620,000	3,142,500
GRAND-TOTAL :	6.007,000	4,115,000	10,122,000

Annexure-A

ICDDR,B DONORS 1988 PROJECTIONS
(In US dollars)

A. Core (Central)

	Donors	Committed	Estimated	Total
1.	Australia/ADAB	180,000	-	180,000
2.	Bangladesh	34,000	-	34,000
3.	Saudi Arabia	70,000	-	70,000
4.	Switzerland	801,000	-	801,000
5.	UK/ODA	260,000	-	260,000
6.	UNICEF	250,000	-	250,000
7.	USAID	275,000	-	275,000
	SUB-TOTAL	1,870,000	-	1,870,000

B. Programme (Restricted-Core)

	Donors	Committed	Estimated	Total
1.	CIDA/DSS	750,000	-	750,000
2.	DANIDA	500,000	-	500,000
3.	Japan	310,000	-	310,000
4.	UNDP/Cl. Res.	300,000	-	300,000
5.	USAID (Wash)	2,100,000	-	2,100,000
6.	WUSC:Matlab TC	417,800	-	417,800
	SUB-TOTAL	4,377,800	-	4,377,800

1988 PROJECTIONS

C. Projects

	Donors	Committed	Estimated	Total
1.	Aga Khan Fndn.	150,000	-	150,000
2.	Belgium	200,000	-	200,000
3.	Ford Foundation/ Child Feeding	28,900	-	28,900
4.	Ford Foundation/ ECPP	200,000	-	200,000
5.	Netherlands/ ARI Matlab	53,000	-	53,000
6.	NORAD/MCH	358,000	-	358,000
7.	Saudi Arabia/ Dammam/Riyadh	350,000	-	350,000
8.	Switzerland	-	350,000	350,000
9.	WHO	75,600	-	75,600
10.	World Bank/ Mirzapur	138,000	-	138,000
11.	USAID/MCH-FP Ext.	1,160,000	-	1,160,000
12.	USAID/UVP	750,000	-	750,000
13.	WUSC/MCH	294,500	-	294,500
	SUB-TOTAL	3,758,000	350,000	4,108,000

	COMMITTED	ESTIMATED	TOTAL
A.	1,870,000	-	1,870,000
B.	4,377,800	-	4,377,800
C.	3,758,000	350,000	4,108,000
GRAND TOTAL :	10,005,800	350,000	10,355,800

1988 BUDGET

1988 Budget

A detailed analysis of the 1988 budget, as revised in August 1988, for Income and Expenditures, compared to the 1987 actual figures is continued in Table 1,2 & 3. The budget, as revised in August, does not include subsequent donor commitments for flood relief activities amounting to approximately $ 600,000 in cash and $ 800,000 in kind. There is also an expected commitment of $ 350,000 from SDC for hospital renovations and training.

Income - Total income for 1988 is estimated at $ 11,207,000 as compared to $ 8,798,000 in 1987. The increases in Central Funds is $ 315,000 and in Project Funds is $ 2,094,000.

Increase in the Central Funds results from increased donor contributions from Australia $ 120,000, (partly because of changing of accounting year from July/June to January/December) United Kingdon $ 26,000, Switzerland $ 144,000 and United States $ 25,000.

Project Funds increased primarily due to increase of revenue from the Urban Volunteer Programme (USAID), Child Health Programme (DANIDA), MCH-FP (USAID/NORAD/WUSC) Shigella Project (USAID/WHO).

Expenditure - Total expenditure for 1988 are estimated to be $ 10,717,000 as against $ 7,724,000 in 1987. The increases are in local staff salaries $ 1,750,000, international staff salaries & consultants $ 291,000 and other cost $ 952,000.

Local staffs have been awarded an average pay increase of 32% during the year. This, plus 4% normal step increase within grade, upgrading/promotions (29), and new recruitment in the areas of Administration (13), Hospital (9), Child Health Programme (5), and Shigella Project (46) UVP (53) and temporary staff of different areas (87) have contributed to the total salary increase of $ 1,750,000 during the year.

Two new Associate Directors for vacant positions and several new consultant contracts for UVP and Institutional Collaboration have been added in the year 1988. There is also a 10.5% salary increase due to the post adjustment factor change, for the international staff during 1988. Several international staff have also been upgraded/promoted during the year, in keeping with the Boards decisions.

Other cost increase ($ 952,000) includes: increase in Board of Trustees travel, honorarium and per diem, 10% increase in international air ticket cost and general cost increase due to increased level of activities of Urban Volunteer Programme, MCH-FP Matlab and the Extension Programmes and Shigella Project.

Surplus - The estimated cash surplus for 1988 is $ 490,000. The reduction in the cash surplus from the previous year of $ 594,000 is mainly because of salary increase and its effect on the centrally funded expenditures.

1989 BUDGET

1989 Budget

A detailed analysis of the Income and Expenditures budget for 1989, compared to the 1988 budget is contained in Table 4,5 & 6.

Income - Projected income for the year is $ 12,225,000 - a net increase of $ 1,018,000 over 1988. This increase is partly due to the carryover of 1988 unspent commitments of USAID ($ 1,646,000) funded Targetted Research, UVP and MCH-FP projects to 1989 budget. Increased contributions are also expected from Japan, SDC and CIDA amounting to $ 800,000 more than in the previous year.

Expenditure - Total projected cash expenditure (without depreciation) is $ 11,949,000 as against $ 10,717,000 projected for 1988. Projected increase of $ 1,232,000 includes a provision for the balance one third UN salary increase of approxinmately $ 650,000. In 1988, activities of the Saudi Project and Mirzapur Hand Pump Project were completed and the work of Vaccine Trial Project reduced substantially. However, there are increased activities in UVP, MCH-FP, Child Health Programme and Shigella Projects in 1988 which are expected to further increase in 1989. Budget provision has been made in 1989 for these increased activities.

Surplus - Projected cash surplus during the year 1989 is $ 276,000 - a reduction of $ 214,000 from 1988. This is mainly due to salary increase which will effect the centrally funded expenditure by $ 203,000.

Accumulated Cash Deficit - By the end of 1988, if a $ 490,000 surplus is achieved, the accumulated deficit will be reduced to $ 1,130,000. The 1989 projection shows a surplus of $ 276,000 - which would see the deficit reduced to $ 854,000.

Bank Balance - Table 7 shows a cash flow analysis for 1989 and Graph 2 and 3 shows estimated bank balance/overdraft for the years 1988 and 1989.

It is estimated that by the end of 1988 there will be a overdraft of approximately $ 229,000 which may at one point, increase in 1989 to $ 766,000. However, it is anticipated that for most of 1989 there will be a positive balance as in 1988. It is assumed that net carryover of donor advances (funds received for expenditures not yet incurred) will be reduced from $ 1,444,000 in 1988 to $ 635,000 in 1989. Therefore, the overdraft position may vary according to the receipt of advance payments from donors.

TABLE 1

INCOME AND EXPENDITURE FOR 1987 AND 1988

	Actual 1987		Budget 1988		Increase %
A. Income	(In thousand US Dollar)				
Central Funds	18%	1,611	17%	1,926	20%
Project Funds (Direct Cost)	69%	6,088	71%	7,959	31%
Project Funds (Indirect Cost)	12%	1,099	12%	1,322	20%
Total Income	100%	8,798	100%	11,207	27%
B. Expenditure					
Local salaries	43%	3,718	47%	5,468	47%
Inter'l salaries	14%	1,233	15%	1,738	41%
Consultants	4%	368	4%	454	23%
Mandatory committees	1%	99	1%	161	63%
Travel	4%	357	4%	442	24%
Supply and materials	13%	1,107	11%	1,302	18%
Other contractual service	10%	890	8%	900	1%
Interdepartmental services	14%	1,229	13%	1,534	25%
Depreciation	11%	953	9%	1,000	5%
Total Operating	115%	9,954	111%	12,999	31%
Less:Recovery	19%	1,656	15%	1,748	6%
Net Operating	96%	8,298	96%	11,251	36%
Add:Capital expenditure	4%	379	4%	466	23%
Total Expenditure	100%	8,677	100%	11,717	35%
C. Surplus/(deficit)		121		(510)	

TABLE 2

INCOME AND EXPENDITURE FOR 1987 & 1988

		Actual 1987			Budget 1988		
		(In thousand US Dollar)					
A.	Income	CENTRAL	PROJ.	TOTAL	CENTRAL	PROJ.	TOTAL
	Central Funds	1,611		1,611	1,926		1,926
	Project Funds(Direct Cost)	907	5,181	6,088	600	7,359	7,959
	Project Funds (Indirect)	1,099		1,099	1,322		1,322
Total	Income	3,617	5,181	8,798	3,848	7,359	11,207
B.	Expenditure						
	Local salaries	1,756	1,962	3,718	2,587	2,881	5,468
	Inter'l salaries	419	814	1,233	424	1,314	1,738
	Consultants	82	286	368	59	395	454
	Mandatory committees	98	1	99	161		161
	Travel	68	289	357	96	346	442
	Supply and materials	670	437	1,107	596	706	1,302
	Other contractual services	501	389	890	500	400	900
	Interdepartmental services	503	726	1,229	620	914	1,534
	Depreciation	953		953	1,000		1,000
Total	Operating	5,050	4,904	9,954	6,043	6,956	12,999
	Less:Recovery	1,650	4	1,656	1,739	9	1,748
Net	Operating	3,398	4,900	8,298	4,304	6,947	11,251
	Add:Capital expenditure	98	281	379	54	412	466
Total	Expenditure	3,496	5,181	8,677	4,358	7,359	11,717
C.	Surplus/(deficit)	121	0	121	(510)	0	(510)

TABLE 3

ACTUAL EXPENDITURE FOR 1987 AND REVISED BUDGET FOR 1988

(In thousand US Dollar)

Activity	1987				1988			
		Total	Funding Source			Total	Funding Source	
			Central	Project			Central	Project
CLINICAL RESEARCH:								
CSD Scientific Management	0.8%	61		61	1.5%	161		161
Invasive Diarrhoeas	2.3%	174		174	1.1%	122		122
Watery Diarrhoeas	0.7%	52		52	0.8%	81		81
Persistent/Prolonged Diarrhoeas	0.4%	28		28	0.2%	25		25
Nutritional Management	0.7%	52		52	1.0%	111		111
Child Survival	0.8%	64		64	1.4%	153		153
Clinical Research Support and Development	2.7%	209	163	46	3.3%	356	318	38
SUB TOTAL	8.3%	640	163	477	9.4%	1,011	318	691
MICROBIOLOGY AND IMMUNOLOGY:								
LSD Scientific Management	3.9%	302	22	280	2.2%	241	28	213
Invasive Diarrhoeas	3.5%	271		271	3.9%	418		418
Watery Diarrhoeas (Oral Vaccine Trial)	6.4%	498		498	6.9%	743		743
Persistent/Prolonged Diarrhoeas	0.1%	5		5	0.0%	1		1
Viral Diarrhoeas	0.1%	4		4	0.1%	14		14
Simple Diagnostic Tests	1.0%	80		80	0.3%	29		29
Microbial Ecology	0.6%	48		48	0.7%	72		72
Laboratory Research and Development	1.6%	127	27	100	0.7%	76	(19)	95
Miscellaneous Research	0.3%	22		22	0.5%	53		53
SUB TOTAL	17.6%	1,357	49	1,308	15.4%	1,647	9	1,638
EPIDEMIOLOGY AND DISEASE PREVENTION:								
CMD Scientific Management	1.5%	113	110	3	0.9%	94	79	15
Invasive Diarrhoeas	0.0%			0	0.1%	13		13
Watery Diarrhoeas	0.8%	61		61	0.3%	29		29
Persistent/Prolonged Diarrhoea	0.9%	71		71	1.8%	196		196
Malnutrition and Diarrhoea	0.1%	5		5	0.3%	28		28
Maternal Health and Child Survival	5.2%	403		403	4.2%	449		449
Diarrhoea Preventive Intervention	2.1%	160		160	1.3%	140		140
Miscellaneous Epidemiological Research	0.0%			0	0.3%	28		28
SUB TOTAL	10.5%	813	110	703	9.1%	976	79	898
POPULTAION STUDIES:								
PSED Scientific Management	1.2%	92	10	82	1.0%	108	8	100
Matlab Demographic Surveillance	6.5%	502		502	5.8%	627		627
Teknaf Demographic Surveillance	1.5%	116		116	1.3%	137		137
MCH-FP Extension Project	9.9%	767		767	9.5%	1,014		1,014
SUB TOTAL	19.1%	1,477	10	1,467	17.6%	1,885	8	1,878

HEALTH CARE OPERATIONS RESEARCH:								
Urban Volunteer Programme	3.8%	295		295	7.1%	757		757
Epidemic Control Preparedness Programme	0.9%	72	11	61	0.9%	96		96
SUB TOTAL	4.8%	367	11	356	8.0%	853	0	853
HEALTH CARE SERVICES:								
Health Care Services Management	1.4%	110	110		1.2%	124	124	
Dhaka Treatment Facilities and Suveillance	8.0%	618	618		8.3%	890	890	
Matlab Treatment Facilities and Suveillance	1.7%	133	121	12	2.1%	220	4	216
Teknaf Treatment Facilities and Suveillance	0.5%	37	0	37	0.4%	45		45
SUB TOTAL	11.6%	898	849	49	11.9%	1,279	1,018	261
COMPUTER INFORMATION SERVICES	-1.1%	(88)	(88)					
TRAINING AND DISSEMINATION:								
Training and Dissemination Management	0.7%	51		51	1.0%	102	1	101
National Courses	0.1%	6		6	0.0%	5		5
International Courses	1.1%	85		85	0.4%	45		45
Institutional Collaboration	0.4%	32	4	28	4.9%	523		523
Staff Development	0.2%	14	2	12	0.1%	15	15	
Technical Assistance	6.5%	505		505	2.9%	308		308
Library and Dissemination	2.4%	187	116	71	1.3%	141	113	28
SUB TOTAL	11.4%	880	122	758	10.6%	1,140	129	1,010
CENTRAL MANAGEMENT AND SUPPORT SERVICES:								
Board of Trustees	1.1%	83	83		1.1%	118	118	
Programme Co-ordination Committee	0.1%	6	6		0.1%	13	13	
Central Scientific Management and Direction	3.3%	253	193	60	3.8%	412	362	50
Other Scientific Committees	0.1%	10	10		0.3%	30	30	
Resources Development	2.1%	164	164		1.8%	195	191	4
Administration	6.0%	460	460		6.4%	688	688	
Personnel	2.7%	210	210		1.9%	200	200	
Finance	2.5%	194	191	3	2.5%	269	193	76
SUB TOTAL	17.9%	1,380	1,317	63	18.0%	1,927	1,797	130
TOTAL ICDDR,B CENTRE	100.0%	7,724	2,543	5,181	100.0%	10,717	3,358	7,359

TABLE 4

INCOME AND EXPENDITURE FOR 1988 AND 1989

		Actual - 1988		Budget 1989		Increase %
A.	Income	(In thousand US Dollar)				
	Central Funds	17%	1,926	16%	1,895	-2%
	Project Funds (Direct Cost)	71%	7,959	73%	8,940	12%
	Project Funds (Indirect Cost)	12%	1,322	11%	1,390	5%
Total	Income	100%	11,207	100%	12,225	9%
B.	Expenditure					
	Local salaries	47%	5,468	48%	6,202	13%
	Inter'l salaries	15%	1,738	12%	1,576	-9%
	Consultants	4%	454	4%	454	0%
	Mandatory committees	1%	161	1%	178	11%
	Travel	4%	442	4%	501	13%
	Supply and materials	11%	1,302	12%	1,572	21%
	Other contractual service	8%	900	8%	1,000	11%
	Interdepartmental services	13%	1,534	13%	1,631	6%
	Depreciation	9%	1,000	8%	1,000	0%
Total	Operating	111%	12,999	109%	14,114	9%
	Less:Recovery	15%	1,748	13%	1,643	-6%
Net	Operating	96%	11,251	96%	12,471	11%
	Add:Capital expenditure	4%	466	4%	478	3%
Total	Expenditure	100%	11,717	100%	12,949	11%
C.	Surplus/(deficit)		(510)		(724)	

TABLE 5

INCOME AND EXPENDITURE FOR 1988 & 1989

	Actual 1988			Budget 1989		
	(In thousand US Dollar)					
A. Income	CENTRAL	PROJ.	TOTAL	CENTRAL	PROJ.	TOTAL
Central Funds	1,926		1,926	1,895		1,895
Project Funds(Direct Cost)	600	7,359	7,959	853	8,087	8,940
Project Funds (Indirect)	1,322		1,322	1,390		1,390
Total Income	3,848	7,359	11,207	4,138	8,087	12,225
B. Expenditure						
Local salaries	2,587	2,881	5,468	2,790	3,412	6,202
Inter'l salaries	424	1,314	1,738	434	1,142	1,576
Consultants	59	395	454	59	395	454
Mandatory committees	161		161	178		178
Travel	96	346	442	133	368	501
Supply and materials	596	706	1,302	578	994	1,572
Other contractual services	500	400	900	550	450	1,000
Interdepartmental services	620	914	1,534	633	998	1,631
Depreciation	1,000		1,000	1,000		1,000
Total Operating	6,043	6,956	12,999	6,355	7,759	14,114
Less:Recovery	1,739	9	1,748	1,617	26	1,643
Net Operating	4,304	6,947	11,251	4,738	7,733	12,471
Add:Capital expenditure	54	412	466	124	354	478
Total Expenditure	4,358	7,359	11,717	4,862	8,087	12,949
C. Surplus/(deficit)	(510)	0	(510)	(724)	0	(724)

TABLE 6
BUDGET ALLOCATION FOR 1988 AND 1989
(In thousand US Dollar)

Activity	1988				1989			
			Funding Source				Funding Source	
		Total	Central	Project		Total	Central	Project
CLINICAL RESEARCH:								
CSD Scientific Management	1.5%	161		161	1.5%	179		179
Invasive Diarrhoeas	1.1%	122		122	1.6%	195		195
Watery Diarrhoeas	0.8%	81		81	1.3%	158		158
Persistent/Prolonged Diarrhoeas	0.2%	25		25	0.3%	40		40
Nutritional Management	1.0%	111		111	1.4%	162		162
Child Survival	1.4%	153		153	1.8%	220		220
Clinical Research Support and Development	3.3%	356	318	38	3.3%	397	355	42
SUB TOTAL	9.4%	1,011	318	691	11.3%	1,349	355	995
MICROBIOLOGY AND IMMUNOLOGY:								
LSD Scientific Management	2.2%	241	28	213	2.3%	271	33	238
Invasive Diarrhoeas	3.9%	418		418	4.3%	510		510
Watery Diarrhoeas (Oral Vaccine Trial)	6.9%	743		743	3.2%	382		382
Persistent/Prolonged Diarrhoeas	0.0%	1		1	0.0%	0		0
Viral Diarrhoeas	0.1%	14		14	0.1%	11		11
Simple Diagnostic Tests	0.3%	29		29	0.0%	0		0
Microbial Ecology	0.7%	72		72	0.7%	85		85
Laboratory Research and Development	0.7%	76	(19)	95	1.9%	223	32	191
Miscellaneous Research	0.5%	53		53	0.0%	5		5
SUB TOTAL	15.4%	1,647	9	1,638	12.5%	1,489	65	1,424
EPIDEMIOLOGY AND DISEASE PREVENTION:								
CND Scientific Management	0.9%	94	79	15	1.0%	116	91	25
Invasive Diarrhoeas	0.1%	13		13	0.1%	16		16
Watery Diarrhoeas	0.3%	29		29	0.0%	4		4
Persistent/Prolonged Diarrhoea	1.8%	196		196	1.8%	219		219
Malnutrition and Diarrhoea	0.3%	28		28	0.1%	17		17
Maternal Health and Child Survival	4.2%	449		449	5.2%	617		617
Diarrhoea Preventive Intervention	1.3%	140		140	0.1%	11		11
Miscellaneous Epidemiological Research	0.3%	28		28	0.3%	34		34
SUB TOTAL	9.1%	976	79	898	8.6%	1,034	91	943
POPULTAION STUDIES:								
PSED Scientific Management	1.0%	108	8	100	1.0%	121	10	111
Matlab Demographic Surveillance	5.8%	627		627	7.7%	918		918
Teknaf Demographic Surveillance	1.3%	137		137	1.4%	162		162
MCH-FP Extension Project	9.5%	1,014		1,014	9.7%	1,155		1,155
SUB TOTAL	17.6%	1,885	8	1,878	19.7%	2,356	10	2,346

HEALTH CARE OPERATIONS RESEARCH:								
Urban Volunteer Programme	7.1%	757		757	8.4%	1,008		1,008
Epidemic Control Preparedness Programme	0.9%	96		96	1.0%	115		115
SUB TOTAL	8.0%	853	0	853	9.4%	1,123	0	1,123
HEALTH CARE SERVICES:								
Health Care Services Management	1.2%	124	124		1.2%	140	140	
Dhaka Treatment Facilities and Suveillance	8.3%	890	890		8.1%	963	963	
Matlab Treatment Facilities and Suveillance	2.1%	220	4	216	2.1%	254	5	249
Teknaf Treatment Facilities and Suveillance	0.4%	45		45	0.4%	52		52
SUB TOTAL	11.9%	1,279	1,018	261	11.8%	1,410	1,108	301
TRAINING AND DISSEMINATION:								
Training and Dissemination Management	1.0%	102	1	101	1.0%	116	1	115
National Courses	0.0%	5		5	0.1%	17		17
International Courses	0.4%	45		45	0.4%	50		50
Institutional Collaboration	4.9%	523		523	4.9%	581		581
Staff Development	0.1%	15	15		0.8%	90	90	0
Technical Assistance	2.9%	308		308	0.4%	50		50
Library and Dissemination	1.3%	141	113	28	1.4%	164	132	32
SUB TOTAL	10.6%	1,140	129	1,010	8.9%	1,067	223	844
CENTRAL MANAGEMENT AND SUPPORT SERVICES:								
Board of Trustees	1.1%	118	118		1.3%	150	150	
Programme Co-ordination Committee	0.1%	13	13		0.1%	16	16	
Central Scientific Management and Direction	3.8%	412	362	50	3.9%	460	404	56
Other Scientific Committees	0.3%	30	30		0.1%	12	12	
Resources Development	1.8%	195	191	4	1.8%	214	214	
Administration	6.4%	688	688		6.4%	765	765	
Personnel	1.9%	200	200		1.9%	228	228	
Finance	2.5%	269	193	76	2.3%	277	220	57
SUB TOTAL	18.0%	1,927	1,797	130	17.8%	2,123	2,010	113
TOTAL ICDDR,B CENTRE	100.0%	10,717	3,358	7,359	100.0%	11,949	3,862	8,087

TABLE 7

PROJECTED MONTHLY CASH FLOW 1989

(In thousand US Dollars)

	Receipts	Payments	Balance
Opening bank balance as at January 1, 1989			(229)
January	1,394	800	365
February	842	800	407
March	575	1,000	(18)
April	1,205	800	387
May	349	900	(164)
June	1,420	1,050	206
July	784	950	40
August	1,115	950	205
September	1,655	1,100	760
October	648	1,100	308
November	471	1,250	(471)
December	955	1,250	(766)
Total	11,413	11,950	
Closing bank balance as at December 31, 1989			(766)

TABLE 8

PROJECTED MONTHLY CASH RECEIPTS 1989

(In thousand US Dollars)

DONOR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
AUSTRALIA									180				180
BANGLADESH	7.6		7.6			7.6				7.6			30.4
SAUDI ARABIA				70									70
UNITED STATES - AID								300					300
SWITZERLAND	801												801
UNITED KINGDOM									260				260
UNICEF			250										250
AGA KHAN FOUNDATION											115		115
BELGIUM		200											200
CIDA - DSS	300			300			300			300			1200
DANIDA				550									550
FRANCE			12										12
FORD FOUNDATION					64								64
HOLLAND						127							127
JAPAN								500					500
NESTLE		7.5											7.5
NORAD/WUSC	80	60	60	60	60	60	80	80	80	80	80	80	840
SDC		350											350
SEARLE - FRANCE							24						24
UNDP/WHO									300				300
COOPERATIVE						1000			600			600	2200
UVP	100	100	100	100	100	100	110	110	110	110	110	125	1275
MCH FP	125	125	125	125	125	125	125	125	125	150	150	150	1575
WELCOME TRUST			20										20
WHO							145						145
OTHERS											16		16
TOTAL	1393.6	842.5	574.6	1205	349	1419.6	784	1115	1655	647.6	471	955	11411.9

Table 9

REVENUE ESTIMATES FOR 1988 AND 1989
(In thousand US Dollar)

DONOR NAME :	1987	1988			1889		
	Carry Over*	Receipts	Income	Carry Over*	Receipts	Income	Carry Over*
CENTRAL FUNDS:							
AUSTRALIA	(45)	217	262		180	180	
BANGLADESH	15	38	31	8	30	34	11
SAUDI ARABIA	70	70	70	70	70	70	70
UNITED STATES - AID		275	275		300	300	
SWITZERLAND		793	793		801	801	
UNITED KINGDOM	(115)	260	245	(130)	260	260	(130)
UNICEF		250	250		250	250	
TOTAL	(75)	1,903	1,926	(52)	1,895	1,895	(52)
PROJECT FUNDS:							
AGA KHAN FOUNDATI	(47)	156	66	(137)	115	84	(168)
ARAB GULF FUND	202	235	17	(16)		19	3
AUSTRALIA	(1)		1	(0)			(0)
BELGIUM**	(113)	168	280	(1)	200	200	(1)
BOSTID	(8)	36	42				
CIDA - TRAINING	(170)	16	86	(100)		91	(8)
CIDA - DSS	(349)	778	954	(173)	1,200	1,350	(23)
IDRC	18	49	32	1			1
IDRC - INFANT	1			1			1
ICHF		9		(9)			(9)
CWR UNVERSITY	8	8	0				
DANIDA**		512	512	(0)	550	550	(0)
FRANCE	(30)		17	(13)	12	25	1
FORD FOUNDATION	9	319	156	(154)	64	158	(60)
HOLLAND	(5)	53	28	(30)	127	150	(7)
IBRD/WORLD BANK	59	230	171	0			0
JAPAN**		310	221	(89)	500	417	(172)
MILES PHARMA	(13)		12	(1)			(1)
NESTLE	(1)	5	6	(0)	8	8	(0)
NORAD/WUSC	(178)	570	749	0	840	868	28
NE PHARMACEUTICAL	(5)		0	(5)			(5)
SDC - RELIEF	(5)			(5)			(5)
SDC **	15			15	350	254	(82)
SAUDI ARABIA	124	435	314	3			3
SEARLE - FRANCE		15	22	7	24	17	0
UNDP/WHO	(284)	300	370	(194)	300	443	(51)
UNICEF	25	58	37	5			5
UNITED STATES:							
COOPERATIVE	(794)	2,303	2,665	(432)	2,200	2,593	(39)
UVP	100	1,052	952	0	1,275	1,281	6
MCH FP	154	1,546	1,392	0	1,575	1,582	7
WELCOME TRUST	(3)	34	37	0	20	20	(0)
WHO	(58)	137	138	(57)	145	203	1
OTHERS	(7)	5	5	(7)	16	17	(7)

TOTAL	(1,332)	9,340	9,281	(1,392)	9,521	10,330	(583)
GRAND TOTAL	(1,408)	11,243	11,207	(1,444)	11,416	12,225	(635)

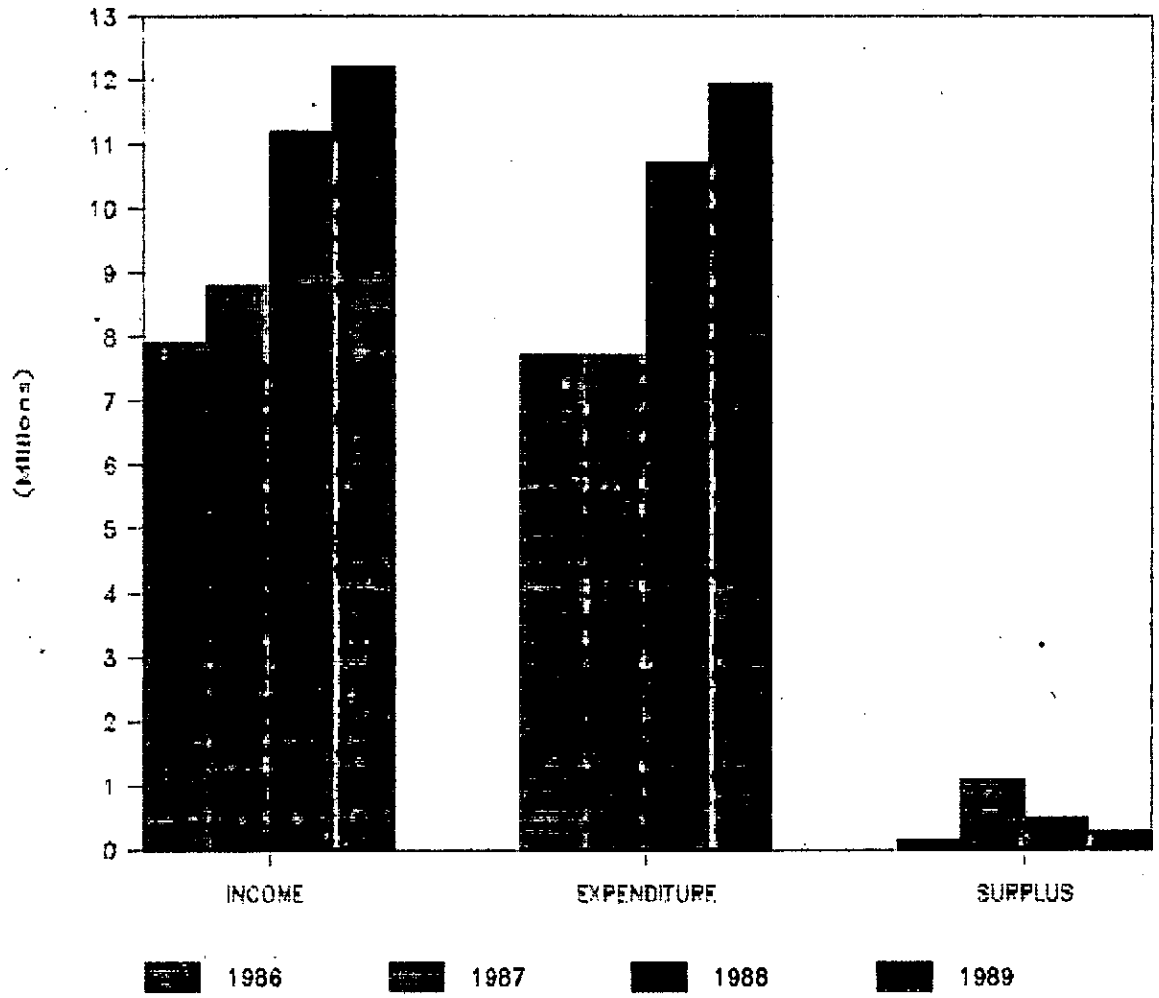
*Figures in the bracket indicates Advance received and figures without bracket indicates Receivables.

**Includes Project Funded Central Expenditure:

	1988	1989
- Belgium	180	100
- DANIDA	320	285
- Japan	100	250
- SDC		218
	600	853

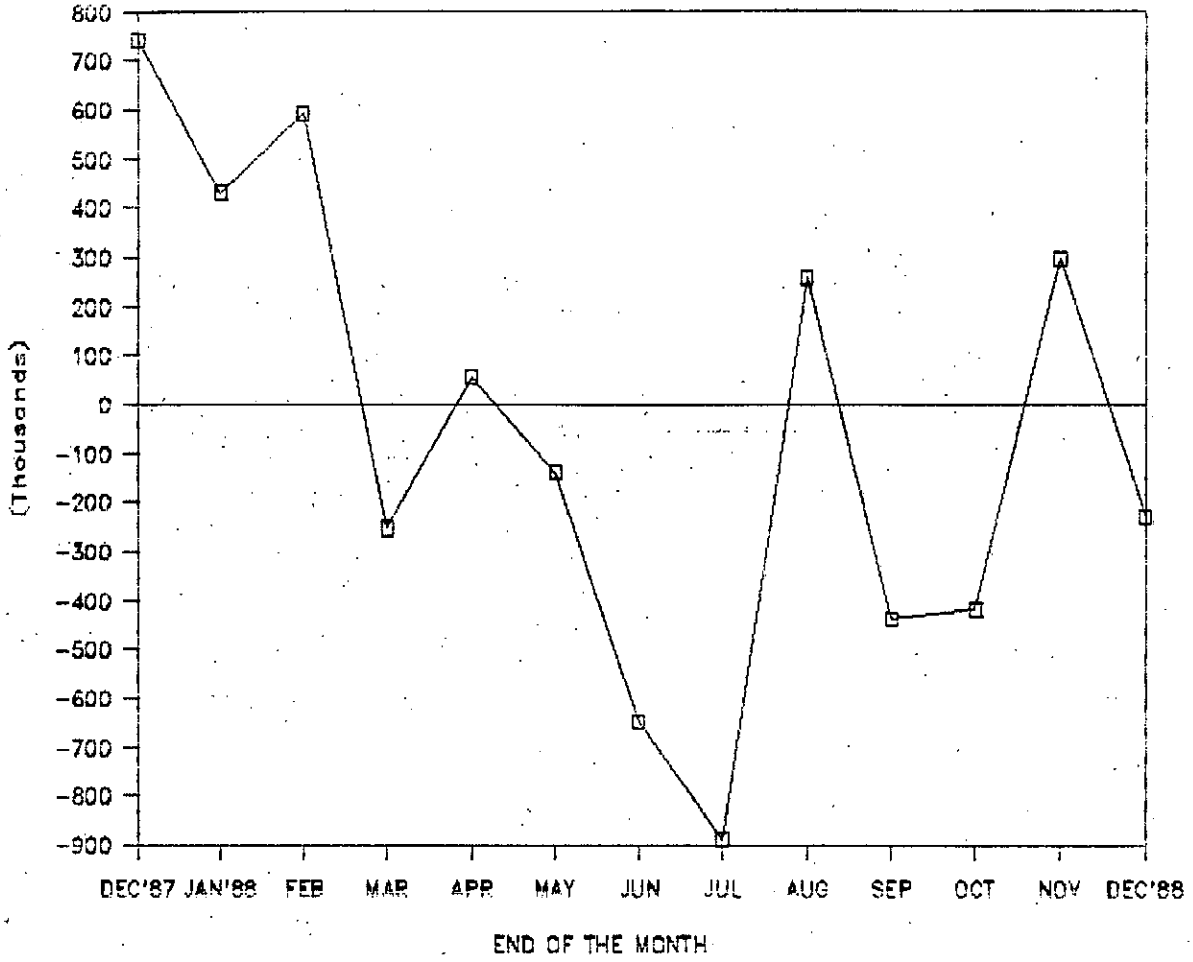
GRAPH 1

INCOME AND EXPENDITURE FOR 1986 TO 1989



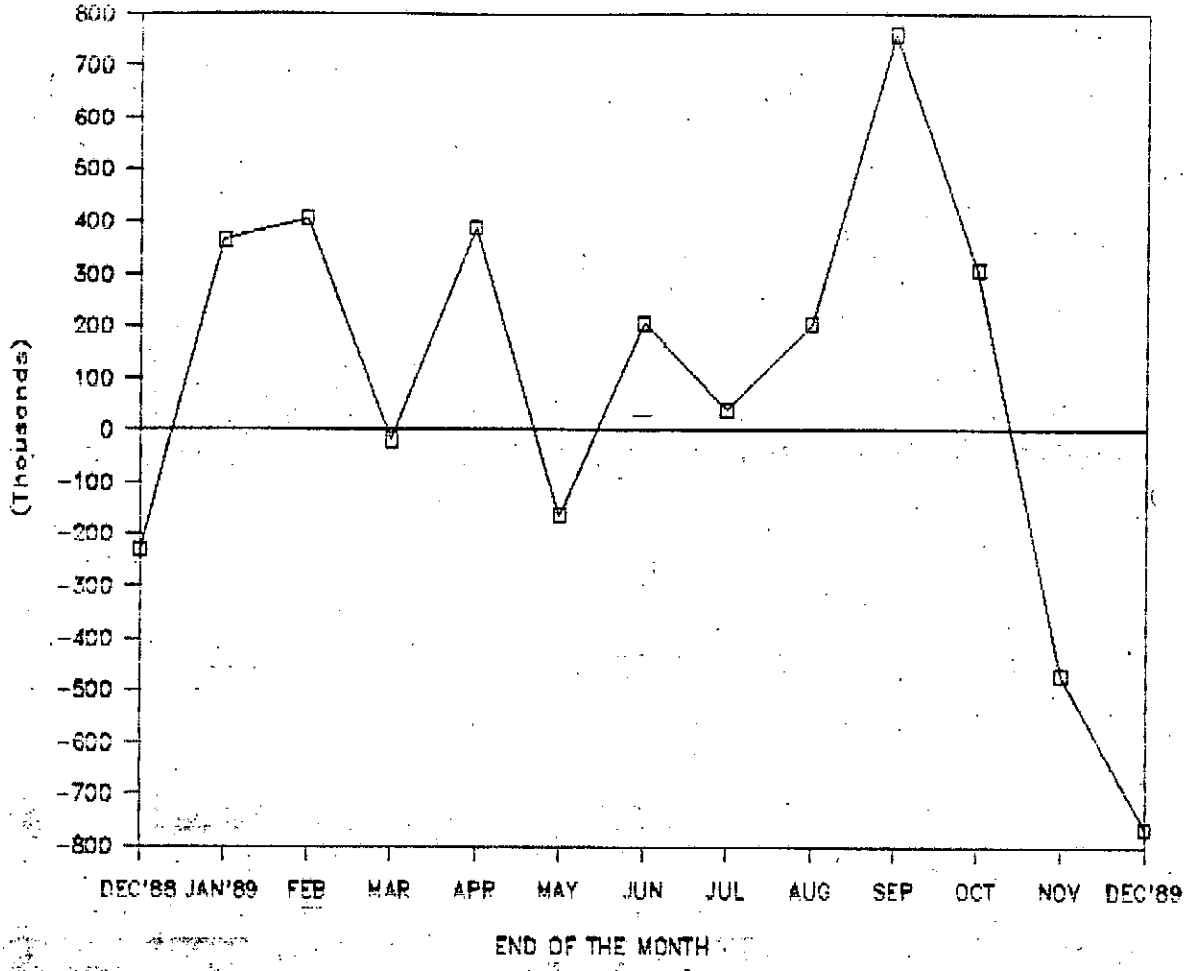
GRAPH 2

PROJECTED BANK BALANCE 1988



GRAPH 3

PROJECTED BANK BALANCE 1989



1989 Budget

A detailed analysis of the Income and Expenditures budget for 1989, compared to the 1988 budget is contained in Table 4,5 & 6.

Income - Projected income for the year is $ 12,225,000 - a net increase of $ 1,018,000 over 1988. This increase is partly due to the carryover of 1988 unspent commitments of USAID ($ 1,646,000) funded Targetted Research, UVP and MCH-FP projects to 1989 budget. Increased contributions are also expected from Japan, SDC and CIDA amounting to $ 800,000 more than in the previous year.

Expenditure - Total projected cash expenditure (without depreciation) is $ 11,949,000 as against $ 10,717,000 projected for 1988. Projected increase of $ 1,232,000 includes a provision for the balance one third UN salary increase of approxinmately $ 650,000. In 1988, activities of the Saudi Project and Mirzapur Hand Pump Project were completed and the work of Vaccine Trial Project reduced substantially. However, there are increased activities in UVP, MCH-FP, Child Health Programme and Shigella Projects in 1988 which are expected to further increase in 1989. Budget provision has been made in 1989 for these increased activities.

Surplus - Projected cash surplus during the year 1989 is $ 276,000 - a reduction of $ 214,000 from 1988. This is mainly due to salary increase which will effect the centrally funded expenditure by $ 203,000.

Accumulated Cash Deficit - By the end of 1988, if a $ 490,000 surplus is achieved, the accumulated deficit will be reduced to $ 1,130,000. The 1989 projection shows a surplus of $ 276,000 - which would see the deficit reduced to $ 854,000.

Bank Balance - Table 7 shows a cash flow analysis for 1989 and Graph 2 and 3 shows estimated bank balance/overdraft for the years 1988 and 1989.

It is estimated that by the end of 1988 there will be a overdraft of approximately $ 229,000 which may at one point, increase in 1989 to $ 766,000. However, it is anticipated that for most of 1989 there will be a positive balance as in 1988. It is assumed that net carryover of donor advances (funds received for expenditures not yet incurred) will be reduced from $ 1,444,000 in 1988 to $ 635,000 in 1989. Therefore, the overdraft position may vary according to the receipt of advance payments from donors.

FURTHER ONE-THIRD OF SALARY INCREASE

FOR NO AND GS STAFF

3. Salary increase

The UN salary increase, implemented by the UN in August 1986 has not, as yet, been fully implemented by ICDDR,B. The remaining increase, ranging from 9% to 22%, if implemented on January 1, 1989 will cost $ 650,000. Approximately $ 203,000 would be required from the central fund, with the remainder being provided by project funds.

The UN has increased the employers share of employees pension fund contribution to 14.8% from 14%. ICDDR,B currently pays 14.0%. If implemented from January 1, 1989 this will cost $ 35,000 for all staff (Local and International) of which $ 14,000 will be required from the Central Fund.

Necessary provision for these increases have been made in the budget.

The UN has increased post adjustment multiplier for international staff salary from plus 3 to plus 8. This will increase the international staff salary by $ 30,000 per annum. Provision has not been made for this in 1989 budget.

REPORT ON STATUS OF BANKING ARRANGEMENTS

Report on status of banking arrangements

Negotiations are continuing with two nationalized banks of Bangladesh, the Sonali Bank and Agrani Bank to meet the foreign currency requirements of ICDDR,B. While we have not yet received a final written report on these services from the banks, it is our understanding that because the nationalized banks of Bangladesh do not have their own branches in New York, foreign currency services if they can be provided, would be carried out through American Express. Therefore, practically we cannot avoid transactions with a foreign bank and cannot rely soley on the nationalized banks for foreign currency transactions.

Apart from operational delays, the cost of banking operations will be increased considerably if we have to go through a nationalized bank for services that they would then have to aquire from American Express.

The following are typical examples of such incremental costs:

- Letter of Credit (L/C) reconfirmation charges by foreign banks as L/C of our nationalized banks are not accepted by banks in other countries without being reconfirmed by American Express.

- Demand Draft charges for all foreign currency payments as foreign suppliers do not accept cheques drawn against our nationalized banks.

- Overdraft interest rates in London for US dollars are higher than in New York (Sonali Bank can only provide overdraft in London).

The services of Agrani Bank shall continue to be utilized to the extent possible.

SELECTION OF TRUSTEES

SELECTION OF TRUSTEES

According to the suggestion made in November 1987 that election procedures commence one year beforehand (June) and, if anyhow possible, finalize the choice at the November meeting, I have listed below those members who will complete their terms on 30 June, 1989 for decision this meeting.

The following notations are used to explain the status of appointment of certain Trustees:

* Not eligible for reappointment after completion of current term without a break.

\+ Please note the following [Ordinance Section 8(6)] "Vacancies in seats of members at large shall be filled by the Board. A member appointed to a vacancy arising from a cause other than the normal expiration of a term shall serve for the remainder of the term of the member being replaced. No member may serve more than two consecutive three-year terms or portion thereof, ...".

Outgoing Board Members June 1989

* Dr A.R. Al-Sweilem

* Dr I. Cornaz

* Prof. D. Rowley

Dr P. Sumbung

\+ Mr T. Rahman (completed Messrs K.G. Rahman, Late S.A. Rahman and Mr Manzoor ul Karim's term)

../2.

List of Board Members as at November 1988

	Joined Board	End of Term
Dr A.R. Al-Sweilem	1 July 1983	30 June 1989*
Mr M.K. Anwar (completing Mr A.K. Chowdhury's term)	9 Sept 1987	30 June 1990
Dr D. Ashley	1 July 1987	30 June 1990
Dr I. Cornaz	1 July 1983	30 June 1989*
Prof. R. Eeckels (Director)	1 July 1985	30 June 1991*
Prof. R. Feachem	1 July 1985	30 June 1991*
Prof. D. Habte (completed Dr Sebina's term)	1 July 1986	30 June 1990*
Prof. D.A. Henderson	1 July 1988	30 June 1991
Prof. A. Lindberg	1 July 1987	30 June 1990
Prof. V.I. Mathan	1 July 1987	30 June 1990
Dr M.H. Merson (WHO)	1 July 1985	30 June 1991*
Dr K.A. Monsur (completed Maj.Gen. Huq's term - GOB)	12 Nov 1986	30 June 1991*
Mr T. Rahman (completing Mr Karim's term - GOB)	8 June 1987	30 June 1989
Prof. V. Ramalingaswami (completed Dr Nyi Nyi and Dr Joseph's term - UN)	March 1988	30 June 1991*
Prof. D. Rowley	1 July 1983	30 June 1989*
Dr P. Sumbung	1 July 1986	30 June 1989
Prof. H. Tanaka (completed Prof. Y. Takeda's term)	1 July 1987	30 June 1991*

../3.

Board of Trustees - Terms

3 years from July 1983

Dr A.R. Al-Sweilem
Mr A.B.M. Ghulam Mostafa (Mr Manzoor ul Karim)
Dr I. Cornaz
Prof. D. Rowley

3 years from July 1984

Mr Munir-uz-Zaman (Mr M.K. Anwar/Mr A.K. Chowdhury)
Dr D. Sebina (Prof. D. Habte)

3 years then 3 years from July 1985

Prof. D. Bell*
Maj. Gen. M.S. Huq (Dr K.A. Monsur from Nov. '86)
Dr Y. Takeda (Prof. H. Tanaka from July '87)

3 years from July 1985

Dr M.H. Merson
Prof. R. Feachem
Dr S. Joseph (Dr Nyi Nyi from April '86/Prof. V. Ramalingaswami from March '88)
Prof. R. Eeckels

3 years then 3 years from July 1986

Dr A.R. Al-Sweilem*
Mr Manzoor ul Karim (Messrs S.A. & K.G. Rahman/T. Rahman from June '87)
Dr I. Cornaz*
Prof. D. Rowley*

3 years from July 1986

Dr P. Sumbung

3 years then 3 years from July 1987

Mr A.K. Chowdhury (Mr M.K. Anwar from Sept. '87)
Prof. D. Habte* - completed Dr Sebina's term

3 years from July 1987

Dr D. Ashley
Prof. A. Lindberg
Prof. V.I. Mathan

3 years then 3 years from July 1988

Prof. R. Eeckels*
Prof. R. Feachem*
Dr M.H. Merson*
Dr K.A. Monsur* - completed Maj. Gen. Huq's term
Prof. V. Ramalingaswami* - completed Drs Joseph & Nyi Nyi's term
Dr H. Tanaka* - completed Dr Y. Takeda's term

3 years from July 1988

Prof. D.A. Henderson

../4.

List of Board Members Remaining

Name	Country	Discipline	Joined Board/ End Date
Mr M.K. Anwar	Bangladesh	Civil Servant	1987/1990
Dr D. Ashley	Jamaica	Pub Hlth/MCH-FP	1987/1990
Prof. R. Eeckels	Belgium	Paediatrician	1985/1991
Prof. R. Feachem	U.K.	Environmental Public Health/Epidemiology	1985/1991
Prof. D. Habte	Ethiopia	Paediatrician	1986/1990
Prof. D.A. Henderson	U.S.A.	Public Health	1988/1991
Prof. A. Lindberg	Sweden	Immunology	1987/1990
Prof. V.I. Mathan	India	Gastroenterologist	1987/1990
Dr M.H. Merson	WHO	Scientific Admin.	1985/1991
Dr K.A. Monsur	Bangladesh	Microbiology	1986/1991
Prof. V. Ramalingaswami	UNICEF	Pathobiology/ Scientific Admin.	1988/1991
Prof. H. Tanaka	Japan	Parasitology	1987/1991

List of Outgoing Board Members

Dr A.R. Al-Sweilem*	Saudi Arabia	Paediatrician	1983/1989
Dr I. Cornaz*	Switzerland	Social Sciences	1983/1989
Mr T. Rahman	Bangladesh	Civil Servant	1987/1989
Prof. D. Rowley*	Australia	Immunology	1983/1989
Dr P. Sumbung	Indonesia	Public Health	1986/1989

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List of Nominations

Name	Date of Birth & Nationality	Discipline	Current Occupation	Nominated By
Prof. J.R. Hamilton	- Canadian	Paediatrician	Chairman, Dept. of Paediatrics, Montreal Children's Hospital	Prof. R. Eeckels

Annex

LIST OF NOMINATIONS MADE IN PREVIOUS YEARS

Name	Date of Birth & Nationality	Area of Expertise	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, Tropical Commun-icable Med.	Postgraduate School of Med., Prague	Prof. R. Feachem
Dr Vedmina	- Russia	Nutrition/ Microbiology	-	USSR Foreign Ministry
Dr Z. Bencic	Yugoslavia	Epidemiologist	-	ICDDR,B/WHO
Europe West				
Alex S. Muller	- Netherlands	Epidemiology	Director, Dept. Trop. Hyg., Royal Trop. Institute, Amsterdam	Dr M.H. Merson
Prof. J. Waterlow	- U.K.	Nutrition	-	British H.Cr.
Dr Sune Bergstrom		Clinical Science		Mr Mashler UNDP
Dr John A. Walker-Smith				Dr M. Rowland

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Name	Date of Birth & Nationality	Area of Expertise	Current Occupation	Nominated by
Pacific & East Asia				
Jane Baltazar		Physician/ Epidemiologist (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. Paediatrics, Coll. of Med., Uni. of Plilip-pines, Manila	Dr M.H. Merson
Nath Bhamara-prauati	- Thailand	Research Management	Director, Mahidol Univ. Bangkok	Dr M.H. Merson
Chie Nakane	- Japan	Sociology	Prof. of Sociology, Univ. of Tokyo	Prof. D. Bell
Mercedes B. Conception		Chemistry/ Sociology	Prof. of Demo-graphy, Pop. Inst. Univ. of Philippines	Dr K.A. Monsur
Dr Pornchai Matangkasombut	- Thailand	Microbiology/ Teach. & Res.		Dr A. Zahra
Dr Prakorb Boonthai	- Thailand			Govt. of Thailand
Dr Bai Zhisheng	- China	Virologist	-	Prof. D. Rowley
Dr Jesus Azurin	- Philip-pines	Epidemiologist		Dr J.Sulianti/ Govt. of Philippines

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Name	Date of Birth & Nationality	Area of Expertise	Current Occupation	Nominated by
Asia				
M.D. Afzal	- Pakistan	Public Admin.	Rector, International Islamic Univ. Islamabad	Dr K.A. Monsur
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 Paed. The Medical Centre, Islamabad	Dr M.H. Merson
Dr Aung Than Batu		Research Admin./ diar. diseases		Dr Z. Sestak
Dr Indra B. Khatri		Pub. Health Admin.		Dept. Health Nepal
Dr Manindar R. Baral		Paediatrician		Dept. Health Nepal
Dr Dhiman Barua	- India	Microbiology/ Epidemiology	WHO	Dr A. Zahra
Africa				
Dr O. Ransome-Kuti				Dr M. Rowland
Dr P.R. Kenya	- Kenya	Epidemiologist		Dr M.K. Were

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Name	Date of Birth & Nationality	Area of Expertise	Current Occupation	Nominated by
North America				
Dr Jay S. Keystone				Dr O. Solandt
Dr Leslie Spence				Dr O. Solandt
Dr Carl Taylor	U.S.A	Public Health Policy & Plng.		UNFRA Coordinator
Dr Jon Rohde	U.S.A.	Public Hlth Plng./ Diar. Disease		Ken Warren Rockefeller
Dr G.T. Keusch	U.S.A.	Clinical Research	Tufts Univ.	Ken Warren Rockefeller
Dr R. Guerrant	U.S.A.	Clinical Research		Ken Warren Rockefeller
Latin America				
Carmen A. Miro	1919 Panama	Demographic Social Sc.		
Oscar Brunser	- Chile	Paediatrician/ Micr. Gastro.	Prof. of Paed. Head Gast Unit Inst. Nutrition Techolgia de los Anmentos, Univ. de Chile	Prof. R. Feachem Dr M.H. Merson
Dr D. Picou	- Trinidad	Nutrition Res.		Late Dr F. Assaad

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Name	Date of Birth & Nationality	Area of Expetise	Current Occupation	Nominated by
Latin America (cont'd)				
Dr L. Trabulsi	- Brazil	Microbiology		Dr Y. Takeda
Dr J.M. Borgono	- Chile			Late Dr F. Assaad
Middle East				
Abdel-Rahim Omran	- Egypt	Epidemiology	Director, Pop. Hlth & Dev Prog. Cent Int Dev Uni of Maryland	Dr K.A. Monsur
Dr A. Al-Mehedib				Saudi Arabia Ministry
Dr A. Al-Baqui				Saudi Arabia Ministry
Dr Ali Al-Saif				Saudi Arabia Ministry

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Name	Date of Birth & Country	Area of Expertise	Current Occupation	Nominated by
Country not given with nomination				
Dr Fernando M. Barros				Clifford A. Pease
Dr Jose E.D. de Oliveira				Clifford A. Pease
Dr David Bersch				Dr A. Zahra
Dr (Mrs) A. Mangay-Angara				Dr A. Zahra
Dr B.K. Adadevoh				Dr A. Zahra
Dr Aziz El Kholi				Dr A. Zahra
Dr Gauri S. Lall Das				UNFPA Coordinator
Dr Joaquin Cravioto		Nutrition		Clifford A. Pease
Dr Jose O. More				Clifford A. Pease

POSITION PAPER.

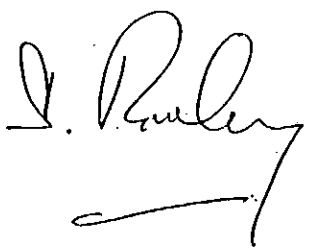
Election of Trustees.

I suggest that the Chairperson of the Personnel and Selection Committee in consultation with the Director, should be responsible for drawing up the list of possible candidates and issuing an introductory statement about the election of Trustees. This statement should cover the considerations of national or regional requirements for the candidates as well as their fields of expertise and their strengths. Any Board member may, at any time, nominate a potential Trustee to the Chair of the P.and S. committee and this should be accompanied by a short and relevant C.V. of the person.

At the end of each November Board meeting, the election of new Trustees should take place and should be decided by a written ballot in which all candidates are given a number from 1 - N and the person with the lowest aggregate number is elected.

Election of Board Chairman.

I suggest that this post be restricted to members of more than two years standing. Two Board members should nominate a candidate in writing and the nominee should sign to indicate consent. If there are more that one nominee, a written ballot should be conducted, as for Trustees. I also suggest that a Chairman may be re-elected once only.



IV. Elections

26. As per Resolution 16/November 81 the Board agreed that the following procedure shall replace that of Resolution 7/June 81. Procedure for electing the Chairman of the Board of Trustees.

(a) Each member of the Board proposes one name only by secret ballot. The name obtaining a simple majority of votes has been elected Chairman.

(b) If the candidate elected is unable or unwilling to serve the procedure shall be repeated in full.

(c) If there is no majority the two names with the highest number of votes will be regarded as candidates.

(d) Each member of the Board will elect one candidate only by secret ballot. A simple majority of members present and voting will elect the candidate.

(e) A ballot with two names is regarded as void.

(f) Should a tie vote occur the incumbent Chairman will not vote.

27. As per Resolution 8/June 81 the Board agreed to the procedure below for holding elections in seats of members at large and that it should become a By-Law.

1. For the purpose of holding elections to fill in vacancies in

seats of members at large as specified in Sec. 8(1)(d), the Director of the Centre by a notification shall invite nominations from the following:

(a) Members of the Board of Trustees.

(b) The Countries and Agencies who have signed the Memorandum of Understanding.

(c) The six regional offices of the World Health Organization.

(d) The Countries who have demonstrated their interest in the functioning of the Centre.

(e) Relevant Research Institutions.

2. All nominations must be received within the last date specified in the notice.

3. The nominated individuals shall be persons qualified to serve by reason of scientific, research and administrative or other appropriate experience and the nomination should be accompanied by a statement of facts to that effect.

4. All such nominations received shall be scrutinized by the Selection Subcommittee of the Board who will make recommendations to the Board keeping in view the following:

(a) Requirement under Sec. 8(3) of the Ordinance regarding membership from developed and developing countries.

(b) Equitable geographical distribution.

(c) Balance of different disciplines represented in the Board.

5. The Board by secret ballot will decide acceptance or rejection

of the recommendations of the Selection Subcommittee.

6. In case of a negative decision by the Board in the election under rule 5 above the Board by secret ballot will elect the requisite number of trustees from amongst all the validly nominated candidates.

7. When only one member is to be elected, the person obtaining largest number of votes shall be declared elected. In case of equality of votes between two or more candidates obtaining largest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided in the second ballot, it shall be decided by drawing lots.

8. If two elective places are to be filled at one time candidates obtaining the highest and second highest number of votes shall be declared elected. In case of equality of votes between two candidates obtaining highest number of votes, both of them shall be declared elected. In case of equality of votes between persons obtaining second highest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided it shall be decided by drawing of lots. A similar procedure will be followed in case more than two elective places are to be filled at one time.

9. Decision will be on the basis of the votes of members present and voting.

10. The Board will select one of the trustees who is not a candidate for election to preside over the meeting in case the Chairman is a candidate for re-election as a trustee.

V. Retirement Fund

28. As provided by Resolutions 9/Dec. 83 and 5/June 84 the Retirement Fund for the Centre's staff has been established. This fund does not constitute an asset of the Centre and as such is not governed by Article 32(2) of the Centre's Ordinance.

DATE OF NEXT MEETING

DATES OF NEXT MEETING

The following is a suggested timetable for the May/June 1989 Board of Trustees meeting.

Friday, 26 May	-	Trustees arrive
Saturday, 27 May	-	Personnel & Selection Committee/Meet with Programme Coordination Committee
Sunday, 28 May	-	Finance Committee
Monday, 29 May	-	Programme Committee
Tuesday, 30 May	-	Free for report writing/Meet with scientific staff
Wednesday, 31 May to Friday, 2 June	-	Full Board Meeting

November 1989 Meeting

Assuming there will be a Donors' Meeting in Dhaka just before the Board Meeting, the following are tentative dates for the November 1989 Board Meeting:

Tuesday, 21 November - Sunday, 26 November

This leaves no free time for report writing, as has been the case for the November 1988 meeting.

RELATION BETWEEN DONORS AND BOARD

The Relationship between Board/Staff and Donors.

From time to time the feeling has been expressed by some staff and some donors that they are not kept informed of the decisions of the Board, and indeed that they have little opportunity to influence decisions by the Board which may be of concern to them.

Staff naturally tend toward the view that the Board should raise money and make a few rules about the conduct of the Centre which ensure that its scientists can have freedom to work with the minimum of interference. Donors on the other hand may expect the Board to make rules so that the Centre can run with great efficiency, at a minimum of cost, with the best scientists recruited from anywhere in the world.

Both staff and donors are essentially correct and it is the task of the Board to bring together these two views of non-interference on the one hand and accountability on the other, in such a way as to lead to a happy, thriving and efficient Institute,

The basic problem with staff is communication and unfortunately the Board in its biennial meetings has had little time to relate to staff. It is hoped that the Board will agree to delegating more authority to its three major sub-committees - Finance, Personnel and Scientific Programme, so as to free more time for Board members to have discussions with the staff. The ambition is to enable each Board member to spend at least two full days each meeting, visiting field sites and laboratories with staff members.

We also hope that communication with staff and their ignorance of Board activities will be removed by opening the Board meetings to staff members more than has been the case in the past. Every encouragement should be given to the staff of the Centre to arrange evening meetings with Board members, perhaps over a meal, so as to maximise contacts between them at all levels. It should not be thought that this is lobbying and therefore reprehensible.

As to the Donors, this annual meeting gives us all a splendid opportunity to discuss any mutual problems.

Following my letter to all donors, several of them wished to raise issues for discussion.These are listed below and senior staff will be asked to comment on each of these at the donors meeting.

A ICDDRB's nutrient based O.R.T. research results to date and future work along this line.

B Technical assistance to and collaboration with Institutions in Asia and Africa.

C Collaboration with other Institutions in Bangladesh - the role of the Programme Coordinating Committee.

D Training of Bangladeshi researchers.

E Training for ICDDRB staff in social science disciplines.

There should be ample time for discussion of these and any other items which donors might like to raise.

FUND RAISING SYSTEM

Position paper.

Fund Raising Systems.

The ICDDRB is an automomous non-profit making, international research organisation, without any assured funding from its donors. It is entirely dependent on an annual pledging of funds, which obviously depends to a large extent on how favourably potential donors view the scientific activities of the Centre. In its early years, the Centre communicated and negotiated individually with its Donors. This was a less than ideal situation, since the individual donors were not given the opportunity to judge the ICDDRB whilst it was being subjected to general constructive criticism. We have moved closer to a position of collective accountability, by the establishment of these annual donor consortia, the purpose of which is to enable the Centre to present its work and its problems (financial and others), to the donors for their comments, approval or criticism. We are in the process of developing a more open relationship, and with good management this could incorporate the vital ingredient of continuity before long.

To plan the development of any scientific research institution well, needs some degree of assurance that funding will continue and will not fall beneath a certain agreed minimum. Violent fluctuations in funding, whether these be up or down, make efficient planning extremely hazardous. It would be too much to expect that a guarantee of to-day's level of funding would continue with an inflation factor built in, since many of the donor agencies themselves do not enjoy that degree of security. Is it not possible however, that a group of donors could offer a guarantee that funding will continue, that the level will depend on perceived performance in the past and on the quality of the projects offered by the Centre, and that under no circumstances will funding fall to less than 90% of that of the previous year?

If this annual Donor Consortium could become rather more formalised and develop into a really meaningful interaction, with the responsibilities of accountability being offered by both sides, then the whole funding arrangements for the Centre could change. The Resources and Development Division which currently exists to interest our donors in the work and needs of the Centre could be gradually diminished in importance, as the Donor Consortium took over responsibility. This suggestion is put forward for debate by the Donors.

THE DEVELOPMENT OF INSTITUTIONAL LINKAGES

Appendix 2

The Development of Institutional Linkages

In the document entitled 'Plans and Prospects', which was sent to donors in March 1987, the concept of institutional linkages between ICDDR,B and other leading research centres was explored. The consortium of donors, meeting in Dhaka later, approved of this in principle as follows:-

> 'The Consortium recognised the importance of institutional linkages between ICDDR,B and university departments or research institutions both in donors' countries and in developing countries. Specific funding for these linkages should, wherever possible, be part of the support given to ICDDR,B.'

Many of the present contacts which exist between scientists at ICDDR,B and others elsewhere in the world, are quite informal and range from occasional correspondence to regular exchange of information. Whilst this is an important part of any scientist's 'network', more formal connections are required to maximise the benefits to ICDDR,B. The first step should be to identify a person, group or department whose interests and skills complement those at the Centre, such that a formal arrangement could be naturally beneficial.

At this stage the leader of the group should be appointed as

a scientific advisor to ICDDR,B without pay but with the following agreed obligations:-

1. To visit ICDDR,B once a year for a period of at least two weeks and in that time to hold discussions on the field of mutual interest. In this way the person will monitor and encourage some of the work being done at the Centre. This will inevitably lead to some collaboration.

2. To give 2-3 lectures to the staff of the Centre and of any other local institutions during his visit.

3. To provide a report to the Board via the Programme Committee, on the progress of work in the area involved, together with criticisms and suggestions.

Though not an obligation, it could be anticipated that some of the adivsors would occasionally spend a longer period at the Centre, on sabattical leave and that they would encourage collaboration between members of their own team and people in the Centre. These junior members could also visit the ICDDR,B occasionally, either to teach some new technique or to acquire 'hands-on' experience of third-world medical or scientific problems in the field.

Each of the four divisions and the main groups within them, should be encouraged to develop connections which could lead (through the Director and the Board) to the appointment of

scientific advisors. For a body of scientists at large as that at ICDDR,B, it would be reasonable to have as many as twelve scientific advisors in all. It would be sensible for some of these advisors to have linkages also with other institutions in Bangladesh, represented on the Programme Coordinating Committee.

The direct costs of establishing a pool of scientific advisors would not be great, perhaps $10,000/year per person for travel and perdiem costs. In addition a sum of money would need to be at the disposal of the Director to cover occasional costs of sending a Centre scientist for training abroad to teach a technique at the Centre. A relatively modest sum of about $50,000/year should suffice for this.

It seems probable that for an outlay of approximately $200,000 per year, an Institutional strengtheneing programme via formal linkages could be put in place, which would add enormously to both the execution and the monitoring of the Centre's projects.

Additional to this but with the same general aims, the Centre could establish a regular conference on some important aspect of diarrhoeal disease, to be held each year in Bangladesh, preferably at the Centre. These meetings should be limited in size, an optimal number of 50 participants could be considered, of whom perhaps 20 would be invited from

overseas. Local observers should be invited to attend but not to participate in the discussions. The proceedings should be published in a similar style to the Shigellosis meeting held at Cox's Bazaar a few years ago.

Such meetings, to be known as the ICDDR,B SYMPOSIA would greatly help institutional linkages and could eventually add enormously to the lustre of ICDDR,B.

These symposia if run modestly, at least initially, could probably be conducted for about $150,000 each time, which would include providing expenses for a high proportion of the 20 overseas contributors.

INSTITUTIONAL LINKAGES

	Common Research	Visiting Scientists	Deputed Staff	Training Positions	Research Support
AFRICA					
Kenyan MRC # *	+	+	-	-	+
ASIA					
Bangladesh MRC	+	-	-	-	+
Dhaka Univ.	+	+	-	+	+
IPH, Dhaka	+	-	+	-	+
Afrims, Bangkok	-	-	-	+	+
AIT, Bangkok	(+)	+	-	-	+
DDCC, Henan # *	-	-	+	-	+
N-AMERICA					
Buffalo Univ. #	-	-	-	+	-
Johns Hopkins Univ. # *	-	+	+	-	-
Maryland Univ.	(+)	+	-	-	+
Pennsylvania Univ. # *	-	+	-	-	+
Population Council #*	+	+	+	-	-
Tufts Univ. #	+	+	+	+	+
WUSC, Ottawa #	-	-	+	-	+
AUSTRALIA					
Aust. Nat. Univ. #	-	(+)	-	+	+
Adelaide Univ. #	-	(+)	-	+	+
EUROPE					
Acad. Sc. Helsinki #	+	-	+	-	+
Basel Univ. # *	+	+	(+)	+	+
Brussels Univ. # *	-	-	-	+	-
(DANIDA) #	-	-	+	-	+
INSERM, Paris #	+	+	-	+	+
LSHTM, London #	+	+	+	+	+
ORSTOM, Paris # *	-	-	+	-	-
WHO, Geneva #	+	+	-	-	+

( ) Planned, or as yet limited activity
* Specific funding for Inst. linkages
\# Funded by donor or country or foundation

../2.

Acronyms

AFRIMS	:	Armed Forces Research Institute for Medical Sciences
AIT	:	Asian Institute of Technology
DANIDA	:	Danish International Development Agency
DDCC	:	Diarrhoeal Diseases Control Centre, Henan Province, China
INSERM	:	Institut National de la Santé et de la Researche Médicale
IPH	:	Institute of Public Health
LSHTM	:	London School of Hygiene and Tropical Medicine
ORSTOM	:	Institut Français de Recherche Scientifique pour le Développement en Coopération
WUSC	:	World University Service, Canada

THE POSITION OF THE CENTRE IN 10-15 YEAR TIME

The Position of the Centre in 10-15 years time.

In the Directors report in the June '88 meeting, he suggested that in order to formulate policies for the next few years at the Centre, it is desirable that we should have some idea of what we believe the Centre should be like in 10 years time. This is a feeble attempt to respond to this challenge, in order to stimulate discussion on this important topic.

The answer to this question will involve decisions on the following:-

a) Is there an optimal staff size for the Centre?

b) Are the disciplines now being covered, sufficiently diverse or should they be extended?

c) Can the centre hope to achieve a quantum jump in funding from its donors?

Even looking ahead 10 years, I cannot visualise anything more than a steady improvement in the quantity of financial support we get from our donors, if this is so, it would be imprudent to try to extend the range of disciplines covered, except in minor ways. Again I believe that there is an optimal size for any institute run by a Director and it is somewhat smaller than our present one. I would suggest as a 10 year goal that we should endeavour not to increase staff beyond a total of 1,400 These are all negative and restrictive forecasts, so one might look for positive goals for the Centre, I can suggest a few:-

1) To integrate the new Matlab Treatment Centre into the community, so as to serve as an example to the G.O.B. for other primary health care community centres.

2) To try to persuade the G.O.B. to incoporate the Dhaka treatment centre and its major service running costs, into the G.O.B. health system.

3) To be providing through our training programmes, some leaders to Bangladesh and other developing countries, in the fields of health and social services.

4) To have established another field study area, comparable to Matlab, to replace Teknaf. This must therefore be accessible to Dhaka.

5) To have a well-organised hierarchical command structure in place for the Centre, involving the Director, a research Director, a deputy Director and well qualified Associate Directors.

6) To have in place an effective Donor Consortium, whose major members give a rolling 3 year guarantee of financial support.

7) To have achieved an Endowment Fund of approx. $10M to be invested under the advice of investment trustees.

8) To have a clearly written set of rules governing all aspects of the Centre's operations, including:-

a) Staff appointment, dismissal and conditions of service.

b) Staff promotion.

c) Fund raising from international bodies by centre scientists - rules of expenditure etc.

d) Negotiations with N.O. and G.S. staff about pay and conditions.

e) Secondment rules for international staff.

One of the major problems with the Centre at the moment, is the instability of government. This is practically ensured by the Ordinance which stipulates rules for turnover of Board members and of the Director, both of whom should be expected to formulate plans for the future. I cannot think of any great scientific intitute where such instability operates, I believe the Centre will never be a great institution until this can change.

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

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 good post- graduate degree or advanced diploma in an appropriate speciality	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	

MISCELLANEOUS