INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH,

BANGLADESH

REPORT OF THE

BOARD OF TRUSTEE MEETING

JUNE 14-17,1989

1/BT/JUNE.'89

AGENDA FOR BOARD OF TRUSTEE MEETING

JUNE 14-17, 1989

Suggestions for Board Agenda for June

Wednesday June 14th — Board Meeting to commence. Open to Donors.

Items

Agenda 1 - Approval of Agenda

Agenda 2 - Director's Report

Agenda 3 - The present position of the Centre - paper from the Chairman

Agenda 4 - Report of the G.O.P.P. meeting in Dhaka

Thursday June 15th — Finance Committee

Programme Committee

Personnel Committee

Friday June 16th — Report Writing

Saturday June 17th — Resume Board Meeting

Items

Agenda 5 - Approval of Draft Minutes of Board Meeting, November 1988

Agenda 6 - Programme Committee Report

(a) Response to CSD Review
(b) Report of March Extraordinary Meeting (including LSD Review)
(c) Report on CHD Review
(d) Training - Plan of action

Agenda 7 - Finance Committee Report

(a) Resources Development Report
    (i) International Child Health Foundation
(b) 1989 Budget
(c) 1990 Preliminary Budget
(d) Salary Survey NO & GS Staff
(e) Salary Survey Int. level Staff

Agenda 8 - Personnel & Selection Committee Report

(a) Overview of staffing situation
(b) Staffing
    (i) Recruitment
    (ii) Seconded Staff
    (iii) Contracts
    (iv) New positions

(c) Education Grant and other allowances - international level staff
(d) Appointment procedures of P5 persons and above, including composition of Selection Committee

Agenda 9 - Election of Trustees & New Chairman

(a) Selection of Trustees
(b) Election of Chairman of the Board
(c) Membership of Committees of the Board

Agenda 10 - A.O.B.

(a) Policy Matters
    (i) Position paper on longer term stability - what can be done?
(b) Dates of Next Meeting
(c) Passage of all resolutions

Notes: There will be a meeting with the Staff Welfare Association at 3 pm on Tuesday, June 13th.

If the Board so decides the meeting may continue until 12 noon on Sunday, 18 June, which may indeed be necessary.

15.5.89

2/BT/JUNE.. '89.

DIRECTOR'S REPORT

DIRECTOR'S REPORT

The Board of Trustees of the ICDDR,B, its members selected by the Interim Internationalization Committee, met for the first time from 25 to 30 June, 1979. The present meeting of the Board, its 20th, thus signals the tenth anniversary of the Centre. This would call for some appropriate festivities before the end of 1989, but time and money, always in short supply at ICDDR,B might not make this possible. A decision will have to be taken by the Board before the end of the week.

Of these 20 Board Meetings, I have been present at ten. I hope you will allow me to first look back, especially at the last 4 years, i.e. since I became the chief executive of ICDDR,B. I then will discuss some of the major problems the Centre is presently facing, and, thirdly, I'd like to share with you some of our recent research activities.

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LOOKING BACK

In April 1985, when I joined, the Centre was in serious financial difficulties. In its first six years, ICDDR,B had

gone through a quick expansion. This led to deficit spending, and in June 1984, my predecessor, Dr Greenough, addresing a Donors' Meeting in Geneva, said about the Centre's Reserve Fund and cash-flow problems, I quote. "... since I am responsible for sometimes forcing the maintenance of programmes in the field at the cost of what might be called 'fiscal wisdom', I find it very difficult to think that for a temporary problem you would truncate many of the things that are going on in either service, training or research which are on our doorstep." End of quote. Having to meet so many needs, the position taken was understandable, to say the least. Five years ago the hopes might have been justified. The reality, however, proved to be quite different.

By mid-1985, ICDDR,B was on the verge of financial collapse. Not only had it accumulated a considerable debt, but it was spending, at an accelerating rate, more than what it was earning. In May 1985, the overdraft facility had to be increased from $ 2.5 million to $ 3.0 million, a ceiling which was nearly reached at the end of December 1985, despite stringent economy measures applied throughout the second half of the year. In November 1985, the Board had to decide to terminate or not to renew the contracts of many of our international staff members. For most of these individuals the decision took effect on July 1, 1986.

In these days, nobody yet talked about strategic plans, GOPP or ZOPP - I'll come back to these later - and I set myself two main objectives:

- Repay the debt as quickly as possible.

- Maintain the integrity of the Centre and of its component parts.

Obviously these two objectives were contradictory: to repay the debt as quickly as possible, would have asked for a scaling down of our activities and closing some of our activities. This approach seemed neither proper nor productive. Not a proper approach it one considered, as I did, the configuration of the Centre as the expression of the wishes of both Donors and Board, and also as necessary to fulfil our mandate. Not a productive one because about 75% of our funds came from projects, and could not contribute to the required surplus budgeting.

While, clearly, striking a rather delicate balance was called for, there were many limiting factors that had to be taken into account. Most were of financial nature. They do still exist, their impact has become not less severe, they are to a large extent outside the Board's or the management's control, and there are no easy and quick solutions in sight.

- The inappropriate proportion between institutional support and project funds has already been mentioned. In 1988, central funds were only 16% of our budget; we

could obtain no more than an average of 13% overhead on projects, the latter is direct costs accounting for 71% of our income. In 1987, our Donor Group decided that the proper proportion should be at least 50/50, but it is clearly difficult to implement this concept, however indispensable it might be for the Centre's financial health and for building it into a real international institution, and not just a number of activities or programmes. One could not enough insist on this issue. Like the Dutch say - and aren't they good businessmen? - "De kost gaat voor de baat uit", in English "Nothing ventured, nothing gained" or invest first, benefit later.

- The small endowment fund of the ICDDR,B. It now stands at $ 1.7 million and should have to rise by a factor three to five. Only then could it - and only very cautiously - be used for other purposes than its present one, namely an indispensable guarantee against our overdraft capacity.

- The fluctuations of the US $ against other major currencies. This has severely affected our capacity to recruit international level scientists, especially from Western Europe.

- The very considerable increase in the cost of living in Bangladesh while, rather paradoxically, the value of the taka against the dollar has remained stable.

Hence, the increases in local UN salaries, however necessary to maintain the living standard of our local staff, have become a staggering financial burden to ICDDR,B.

- The very limited job opportunities in our host country's labour market. Laying off an employee means all too frequently utter financial ruin for that individual. This, and the Centre's very structure make it not possible to quickly expand or contract our workforce.

- The poor physical facilities of the Centre. It has been one of our main concerns to upgrade the Centre's physical facilities and its equipment. While much has been improved, our needs are still considerable, mainly in the hospital and the laboratories. Again: "Invest not, gain not".

- The instability of the senior international staff. When in a fortnight from now, I'll begin my fifth year as director of the Centre, none of the seven associate directors who were here in April 1985 will have remained, and two more have come and gone; I will also have worked with three chief personnel officers and four chief finance officers. As to this last issue I should add that the two present incumbents are as good, if not better, than any director could wish. Still, instability at the senior staff level cannot but

contribute to institutional instability.

- The unpredictable nature of the Centre's income and expenses. Over the last four years, only one donor stopped his support to the Centre; he probably will resume funding this year. As all of you know, another donor has temporarily suspended his contribution; I hope this issue will be resolved after this present Board Meeting. Another major donor has decided to discontinue funding beyond 1989 because of an important reduction in his own budgets, and has done his very best to cushion the impact of the decision. Still, all this does not make for good financial planning, especially if important and unforeseeable salary increases, decided by an outside body, compound the problem.

  It must be gratefully acknowledged, however, that several new donors came to our help, and that others considerably increased their support.

I'd like to end this first part of this report by trying to evaluate to what extent the goals set in 1985 were reached.

- Sixty-six per cent of our debt has been repaid. The years 1986, 1987 and 1988 showed a cash surplus before depreciation. The 1989 budget would have continued this so much required trend were it not for the recent, considerable and unexpected changes in some donors'

commitments.

- Institutional strengthening has been pursued as vigorously as possible, despite very limited means. The salary structure of our national-level scientists has been improved, creating what should become at least reasonably attractive career opportunities. Staff development is continuing unabated. More than ever scientists from this region, most of them Bangladeshi, are in charge of important research activities yielding exciting results. I gratefully acknowledge the considerable help we have received from WHO and USAID in this respect.

- Since 1986, the ICDDR,B has tried to more and more clearly define its research priorities, its financial needs, and to submit these to its donors. This has led to three Donors' Meetings, the first one in March 1987. The dialogue between the Donors and the Centre has received a new impetus by the creation, in November 1988, of our local Donors' Support Group. Since January the Support Group has met four times with the Centre's staff, and another meeting, this time of the Group and the Board, is scheduled for later this week. We now know how to proceed with the formulation of the Centre's strategic plan. Thanks to financial support from the Governments of Australia and the USA, twenty Centre's staff and several donors' representatives had

a very well conducted Goal Oriented Programme Planning (GOPP) exercise from 21 to 25 May. We have made a good start with our strategic plan and submitted a number of suggestions to our donors for a comprehensive external review of the Centre. The strategic planning will continue starting next Monday, 19 June.

To summarize, first, we are - I do hope that next week I'll not have to say "we were" - well on our way to financial health. Second, the Centre's integrity has indeed be maintained. Of special importance is that our research priorities are being further defined, a process in which the Board's scientific Programme Committee is playing an increasingly important role, vide its review of the Laboratory Sciences Division in March and of the Community Health Division these past days. Closer contacts with the donor community is yielding results in areas of strategic planning and the Centre's external review. It would seem that, despite our constraints, we are on the right track. Speaking for myself, looking back at more than four years of very hard work, one might feel moderately satisfied. But is that justified? Let us now look at some of our problems.

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PRESENT PROBLEMS

There are three main problems I have to put before the Board. One has been with us for a long time, but its impact has now become so severe that action is required. Two are recent and unexpected.

1. The Centre's Salary Structure

1.1 NATIONAL

Article 14 (2) of the Centre's Ordinance reads as follows: "Salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations Organizations in Bangladesh."

The local UN salaries have been revised 7 times since 1982. The revisions come at irregular intervals and with considerable retroactive effect. The ICDDR,B has not paid retroactively, and has adopted the policy of delaying implementation of any salary increase until, after inclusion in the budget, a positive balance before depreciation could still be achieved. For the General Services staff, the delay in implementation adds up to 122 months over 5 years. Still, the impact of successive increases has indeed been considerable, despite the fact that, since 1985, our salaries have never been higher than 84% of the UN figures, and at

times as low as 51% (Table 1). Yet, annual salary increases averaging 22% or 18.5% (bottom row of Table 1) are untenable for any organization outside the U.N. system.

Table 1: Evolution of salaries for GS national staff

(U.N. 1.1.1982 = 100%)

	Increase %	U.N.	ICDDR,B	in % of UN
1982	38	100-138	-	-
1983	9	150	138	92
1984	10.8	150-167	150	100-90
1985	10	183	150	82
1986	8.42/ 66	200-330	167	84-51
1987	-	330	183-200	55-61
1988	20.6	330-398	243-386	73-72
1989	-	398	330	72
Average % increase per year (1983-1989)		22	18.5	80

The increase in the total amounts of salaries paid by the Centre to its national staff has been especially

high since 1986 (Table 2) while there has been no significant increase in staff numbers. The proportion of our expenses for salaries over our total expenses has gone up from 62% in 1986 to 70% in 1989 (projected). At least as disturbing is that the proportion of our international level staff salaries has declined from 25% (1987) to 17% (1989) of our total salaries. Even very well funded projects such as the

Table 2

Staff Expenses

(in US $ thousands)

	1986	1987	1988	1989
National	2,965	3,760	5,363	6,633
		+0.795	+2.398	+3.668
	(100%)	(+27%)	(+81%)	(+124%)
International	1,819	1,227	1,319	1,357
		-0.592	-0.500	-0.462
	(100%)	(-32%)	(-28%)	(-25%)
Total	4,784	4,987	6,682	7,990
		+0.203	+1.898	+3.206
	(100%)	(+4%)	(+40%)	(+67%)

Urban Volunteers and the MCH-FP Extension will have serious problems absorbing the impact of the last salary rises, let alone of new ones. And what to say about the Centre's activities funded out of institutional moneys?

Despite the prudence used and the considerable delays in implementing the UN salary increases, we now have to devise another system that should (i) keep in line with the Ordinance, (ii) make the salary increases predictable, and (iii) as far as possible maintain the purchasing power of our staff. Proposals to that effect will be put before the Board, with the request to consider the issue as one of grave importance and a matter of great urgency. It must be said, however, that our problems in this area are compounded by the sudden cuts in our projected income, announced after the first quarter of our fiscal year. I'll address myself to that issue in a few minutes.

1.2 INTERNATIONAL LEVEL STAFF

The Board has acknowledged since quite some time that, especially for senior scientists, the WHO-based ICDDR,B salaries are not competitive. A new salary survey which will be put before the Board again confirms this: our emoluments are much lower than those paid by e.g. a

private USA-based research organization, two Western European universities and one American one. Compensation for the costs related to expatriation seem to be one of the particularly critical issues. To attract first-rate scientists from industrialized countries we should pay them more, but our financial means do not allow us to do so. This is clearly one of the important factors contributing to the lack of stability of our expatriate senior staff. There are different solutions possible, but each of them will require support from our donors.

2. Budgetary Problems

As approved by the Board of Trustees last November, our 1989 budget showed a modest positive balance before depreciation. As always, the budget was based on a number of assumptions. For the first time since four years, these assumptions were shown to be incorrect.

2.1 CIDA

The Canadian International Development Agency (CIDA) has supported the Centre's Demographic Surveillance System (DSS) from 1984 to 1988. A commitment for a new co-operative agreement for 1989 through 1991 was received at the end of last year. In November 1988, a CIDA consultant came to make a detailed plan of

operation, and the DSS has continued its activities according to this plan. In April of this year, however, a CIDA representative came to inform the Centre that CIDA's own means were about to be severely cut, and that this would negatively influence its funding capabilities, and reduce its possibilities to fund DSS, both in terms of duration of its support and amounts to be put at our disposal. Close contact was maintained between the local CIDA representative and the Centre. The DSS budget for this year was adapted downwards by 16%. Last week, we were informed that CIDA would offer a credit of Canadian $ 1.25 million, i.e. the amount of the revised budget, as a bridge-financing to allow the DSS to continue its operations and give the Centre the opportunity to identify a new donor; this will not be an easy task taking into account the limited time available. We are grateful, however, to CIDA for having warned us as soon as possible, for having discussed the matters with the Centre, and for its help in taking preliminary steps to identify other donors. Still, it is a severe blow: the DSS is one of the Centre's essential components that, besides conducting its own scientific activities, supports those of other parts of the Centre. Moreover, the DSS activities are very important to understanding the population problems facing Bangladesh and the rest of the Third World.

2.3 USAID

The members of the Board and many donors are aware of the issues that arose out of the letter dated April 13 from USAID Washington to me and the subsequent contacts between USAID officials, the chairman of the Board, several Board members and myself. Table 3 summarizes our budgetary expectations and the present financial situation related to the USAID funding.

Table 3: USAID Co-operative agreement 1986-1989

	Commited funds as per intitial agreement *	Conditionally commited funds as per May, 1989
Total	9,000,000 **	8,396,000
Expenditures 86-88	6,206,761	6,206,761
Available for 1989	2,793,239	2,189,239
Budget 1989	2,794,151 **	2,794,151
Balance	-912	-604,912

* Subject to availability of funds and Congressional approval.

** Since 1987, the Centre had understood that this ceiling could be raised by $ 920,000. Therefore, the 1989 budget was only for ongoing activities. New activities had been planned taking into account the increased ceiling, but had not yet been budgeted for.

The situation is obviously a very grave one. The suspension of USAID's funding, if maintained, would create a huge deficit, even if the Centre stopped a sizeable part of its research activities tomorrow. Even if the funding is resumed, the lowered ceiling would still force us to prematurely terminate important ongoing research and to forego any of the existing new research activities we had planned. The present uncertainty surrounding this crucial issue has made the revised 1989 budget to be submitted to theBoard at best a tentative one. I trust, however, that after the Board will have addressed itself to the problem, the Centre will again be able to count on USAID's full support. In any case, I am of the opinion that ICDDR,B cannot and should not go back to any form of deficit spending.

3. Relations with the Government of Bangladesh

I do believe that the Government of Bangladesh does appreciate the work done by the institution it has created. The support and the appreciation we receive is clear proof of this.

3.1 REVISION OF THE ORDINANCE

The ICDDR,B has had to face and resolve all but too

many problems during the first ten years of its existence; the Centre came to life as a financially very vulnerable and fragile institution, and this has had its impact. Difficult decisions had to be taken which, inevitably have created feelings of uneasiness. Moreover, one would surely not consider it unusual to critically review the Ordinance now that the first decennium of the Centre's existence is behind us.

I understand that, as one would expect, the Government has been holding consultations with our donors about possible changes to the Ordinance. I'm sure this Board will formally express its wish to be involved. The Ordinance is, I have always thought, a very well-written document, but improving it further is certainly possible. May I submit that changes should, ideally, require the input of all parties concerned.

3.2 NEW VISA REGULATIONS

Until recently, the Centre had a privileged position regarding the issuance of visas to the many persons who come to ICDDR,B as trustees, students, short- and long-term employees, visiting scientists, health professionals and policy makers.

As the Board members know, new far more restrictive

regulations have been issued by the Government. While, at our request, some amendments have been made to the first circular that was issued, we still are facing grave practical difficulties. A few days ago, we were about to lose the help of two nurses funded by WUSC. The delay in the issuance of their visas, which have been obtained last Sunday, almost led to the cancellation of their contracts. We still have difficulties with the visas for several staff members and for their relatives. All this is causing hardship to many people and much extra work for our staff.

We have had many contacts with the authorities about this issue. There is good hope that the procedures now in force could be either further amended or applied more smoothly; the Centre also has had to learn how to fully and efficiently comply with the new rules.

Still, I do believe the former situation is the only one fully in keeping with the Centre's international status and with its needs. The Board has been requested to formally address itself to this issue, and to communicate its viewpoint to the Government.

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RESEARCH, TRAINING AND HEALTH CARE

As I already stated, the Centre is still a fragile and vulnerable institution. It has its ample share of problems. Still, I would like to stress that it also is a vital and vibrant institution where a lot of good and even exciting research is being done, good training is given, and health care services are being given to many people. I'll give some details about the ongoing re-organization of the Laboratory Sciences Division which, I believe, hold great promises for the future. Then I'll present some of our recent research findings, in the form of short scientific statements, chosen at random from our work during the past year. But let me first very briefly come back to our tenth anniversary and, to say something about our service activities, give some figures about the ICDDR,B flood relief work.

1. ICDDR,B 1979-1989

I hope the following figures will give some idea about the activities of the Centre over the past 10 years.

- 700 articles, reviews, books, monographs and collected papers

  534 original articles, reviews or editorials in major international journals

- 11.000 trainees

262 training fellowships to people from 28 countries

107 Centre staff sent abroad of which 23 gained an MSc or MPH and 13 a PhD

- 785,000 patients treated in the Dhaka Clinical Research Centre, of which 550,000 children and 235,000 adults.

2. The 1988 Flood Relief Activities

The ICDDR,B has been very much involved in the flood relief activities. Several donors extended generous support. Help was given from September 1988 through March 1989 to not less than 570,000 persons.

- **56,689 persons** cared for in Dhaka and Matlab Treatment Centres
- 114,030 cared for in the field, either in their homes, temporary shelters or in makeshift hospitals
- 400,000 **Dhaka slum dwellers** given emergency help through the Urban Volunteers system

An interim report has been sent to all Trustees and to our donors, and the final report has just been finished. I'd like to repeat here the closing sentences of this report: "Floods, cyclones, epidemics, are part of life in Bangladesh. When they occur, ICDDR,B, with its expertise, facilities and

staff, has always felt obliged to give all help it could muster to the affected people. The question has to be asked, however, whether such help can be provided, time and time again, on an exclusively ad hoc basis, by an institution that, by its mandate, is a research organization and not a relief agency. As much as ICDDR,B needs an endowment fund, it also might need a disaster relief fund.".

3. In March 1989 The Laboratory Sciences Division (LSD) was reviewed by the Scientific Committee of the Board. The report of the Committee, which has been circulated among the Board members, will be discussed during this meeting. Pending the full Board's approval, the following are some of the major points of our present plans.

3.1 MAJOR GOALS

Four major goals have been defined for the division:

- Identify and address applied scientific questions in microbiology, immunology and pathogenesis of diarrhoea which can only be addressed in an endemic or epidemic areas.

- Provide scientific expertise to assist in planning and execution of all research projects requiring laboratory support.

- Provide high quality diagnostic services.

- Maintain high standard of training programmes on diagnostic microbiology and research methodology.

3.2 MAIN ACTIVITIES

Three existing activities were consolidated, and eight new research activities are now being developed.

- Identification and characterization of shigella virulence factors including outer membrane proteins and shiga toxin.

- Development of attenuated mutants of shigella for vaccine development.

- Pathological and microbiological studies on fatal cases of diarrhoeal illness.

- Establishment and application of virological techniques to study enteric viruses causing diarrhoea in rural and urban Bangladesh.

- Establishment and application of methods for the detection of invasive Entamoeba histolytica and other protozoa in clinical and epidemiological investigations.

- Establishment and application of DNA hybridization for the detection of enteric bacteria and viruses in epidemiological

investigations.

- Establishment of a new surveillance system for major field studies starting with (i) cohort study on heterotypic and homotypic cross-protection amongst rotavirus serotypes and shigella serotypes, (ii) testing the reactogenicity and immunogenicity of new or improved vaccines (cholera, ETEC, shigella and rotavirus).

- Establishment and application of immune function tests to investigate the role of immune mechanisms in patients with malnutrition, persistent diarrhoea and shigellosis.

- Studies on shigellosis relating to the host (subdivided into 11 interlinked projects).

- Studies on the role and characteristics of diarrhoeagenic E. coli and other enteric microorganisms, including anaerobic bacteria, in clinical and epidemiological investigations.

- Studies on the aetiology and consequences of childhood respiratory tract infection in urban Bangladesh.

Most of these studies will be done in close collaboration with the three other Scientific

divisions of the Centre.

3.3 PERSONNEL

Four new research disciplines have been established. They include: Virology, DNA hybridization, immunology and parasitology. Monoclonal antibody production as a research and diagnostic facility was also established.

Two international scientists have been recruited, one a competent virologist and the second a most experienced senior microbiologist. A most able immunologist and an experienced molecular biologist were also recruited from within Bangladesh.

It is proposed to convert the position of the former head of Diagnostic Services Department (P4) into a short appointment (up to two years) with no administrative responsibilities for a senior research scientist with a view to introducing to the Centre new areas of inquiries or scientific skills.

Four postgraduate training slots for higher degrees have been created for junior national staff, two at the Karolinska Institute in Sweden, and two at Melbourne University in Australia. An agreement has been reached with these organizations that the students spend at least half of their time at the Centre to carry out

research as part of their training.

Three collaborations were established which include the Karolinska Institute (immunity to shigellosis), and Goteborg University (testing of ETEC and an improved cholera vaccine), both from Sweden, and with the London School of Hygiene (invasive amoebiasis).

4. Scientific Findings

A lot of scientific research is going on at ICDDR,B. All of it is in keeping with the Centre's scientific priorities. Collaboration between scientists and between divisions is increasing. So is the help and guidance given by the scientific associate directors and other senior scientists to their younger colleagues.

The following scientific "highlights" are chosen at random and have purposely not been grouped by topic or discipline. I hope they will allow the reader to share the excitement of the researchers.

* The Mirzapur Study shows that a well-conducted handpump and sanitation intervention reduces the incidence of diarroea in children by 25 per cent. Yet, this is not associated with improved nutrition. (Aziz et al.)

* Glucose-alanine ORS is more efficacious than glucose

ORS. (Patra et al.)

* An oral Mg-H breath test adapted to field conditions confirms that low gastric acidity predisposes to clinical cholera. (Van Loon et al.)

* The identification of shigella haemagglutimins, which might be important virulence factors, will have to be taken into account when constructing a shigella vaccine. (Quadri et al.)

* Preliminary evidence suggests that lactation is significantly more prolonged in mothers who receive Depo-Provera than in those who take the pill. This might be of special importance in mothers with malnourished children. (Fauveau et al.)

* Small amounts of germinated wheat liquifies rice porridge and allows the preparation of ORS with 100g of rice per litre and of energy dense weaning foods. (Mahalanabis et al.).

* Measles immunization is associated with 40-45 per cent reduction in mortality in children aged 9-60 months. The lower risk of dying lasts for at least three and a half years. (Koenig et al.).

* For the first time, the occurence of multiple drug resistant classical V. cholerae in the community has been described. Moreover, during the past winter season, outbreaks of both classical and El Tor V.

cholerae showing contrasting drug resistance have been found. (Siddique et al.).

* Since the start of the Maternity Care Programme (April 1987) in Matlab, obstestrical mortality has been significantly reduced by more than two thirds. (Fauveau et al.).

* Glucose ORS with early ad lib. feeding is not as efficacious as rice ORS. (N.H. Alam).

* A single 300 mg dose of doxcycline is a suitable alternative to multiple-dose tetracycline for treating cholera. (A.N. Alam et al.).

* It has been confirmed that susceptibility to cholera is influenced by the patient's blood group (O > A or B > AB). This, however, only applies to V. cholerae El Tor, not to classical cholera. (Clemens et al.).

* The excess mortality of female children in Matlab has been considerably reduced ($p = 0.2$) in the MCH-FP intervention area since 1984. This has coincided with more comprehensive health care, given at home or in decentralized MCH clinics. (Fauveau et al.).

* Ciprofloxacin d.i.d. is an effective alternative to ampicillin q.i.d. in shigellosis. (Bennish et al.).

* Streptococcus faecium (Bioflorin ^{R}) is of no value in adults with cholera or severe ETEC diarrhoea. (Mitra

et al.).

* Preliminary testing in monkeys of non pathogenic Shigella mutants developed at ICDDR,B have shown very promising results. (Z.U. Ahmed et al.).

* Whereas malnutrition is associated with an increased prevalence of diarrhoea, diarrhoea has been shown not to be associated with malnutrition amongst Mirzapur children. The existence of the diarrhoea-malnutrition cycle should be questioned. (Briend et al.).

* A careful study in Teknaf of the accuracy of mothers' recall of the diarrhoea episodes of their children showed that standard recall surveys underestimate severe diarrhoea by about 20 per cent and less severe cases by more than 40 per cent. (Nurul Alam et al.).

* In 1988 ICDDR,B in collaboration with several NGOs started a Nutritional Surveillance System (NSS) which included all the districts of Bangladesh. Four 3-monthly surveys have now been completed and the results show dramatic increases in malnutrition in October i.e. during and after the floods. Children in most areas showed catch-up growth by January. However, in April, the nutritional status in several areas again deteriorated - this time from drought. This surveillance has further revealed that some regions are particularly prone to both floods and drought while

others are unaffected. The NSS enables policy-makers, Government and other agencies to identify the vulnerable regions and take corrective action. (Henry et al.).

* The natural fertility rate in Teknaf is higher than in Matlab. Most of the variation is explained by the longer duration of breast-feeding in Matlab (median 30 months vs 22 months in Teknaf). Prolonged breast-feeding may be as important a factor contributing to the relatively low fertility in Matlab as contraception. (M. Rahman & J.E. Philips).

* In the Matlab area, when children have bloody diarrhoea, help is usually sought from one of the many local practitioners. The patients usually receive one allopathic drug, all too frequently an inappropriate one and for too short a period. Home treatment with nalidixic acid by supervised CHW's seems fully justified. (Ronsmans et al.).

* Using anthropometric data collected every six months between 1981 and 1985 from children in Teknaf, it was found that arm circumference and arm-circumference-for-age are the best predictors of subsequent mortality in terms of sensitivity and specificity. (N. Alam et al.).

* Twins have a higher neonatal mortality than singletons. In Matlab, it is as high as 350 per 1,000 births. This

higher mortality may persist into the second year of life. (M. Chowdhury). The twinning rate in Matlab is low: between 1/91 and 1/141. (A. Razzaque). Twin pregnancies may be underreported.

* As has been found in Africa and South America, children breast-fed for more than one year have lower anthropometric indices than fully weaned children. Yet, if malnourished, breast-fed children have a far lower risk of dying. [RR 6] (Briend et al.).

Whether stemming from work in the field, in the laboratories or in the hospital, all these findings have practical implications for either further research or health interventions and health policy. The above "highlights" are only a sample of our activities. The productive interaction between the Scientific Programme Committee of the Board and the Centre's staff has yielded plans for new and still more focused research activities that only need funding to start.

To end, let me quote Mr W.T. Mashler, formerly from UNDP, one of the spiritual fathers of ICDDR,B. What he said five years ago is still fully applicable today: "The question of funding for medical research is a perennially a bad one. Medical research has always been underfunded internationally, certainly ... In the development field, particularly in the developing countries, the issue of health needs to be raised to the level of other issues because if health is not

addressed, ... the whole issue is going to be lost. ... Here we have a Centre ... which has the tool to do a lot more than it can, and it cannot be done because of lack of adequate funding.".

Representatives of the Government of Bangladesh and of our other donors, you have created a unique institution which, Members of the Board, you have steered through its first ten years of existence. We are facing special problems right now, but we have to overcome them. This institution has achieved much. With the growing cohesion between Donors and Centre and with your increased support, it can do still more and better and further grow into a truly international medical research instituion, located in the Third World and working for its people.

R. Eeckels

13.6.89

3/BT/JUNE.'89

THE PRESENT POSITION OF THE CENTRE-

BOARD/DONOR PROBLEMS

The Present Position of the Centre - Board/donor problems

The letter from Mr Tim Rothermel of UNDP, the Chairman of our Support Group, to Donors, makes it clear that there is unease with some of our donors about the performance of the Centre. In April I tried to define what was the basis for these feelings and wrote to all trustees and to Mr Rothermel for comments. The feelings of dissatisfaction rapidly increased in association with such events as the possible rewriting of the ordinance, the imposed visa changes and the talk of calling in the UNROB loan. Moreover a financial crisis developed due, partly to U.S. A.I.D. holding back funds until after this June meeting - see letter from Dr Bart. It seemed urgently necessary to defuse this crisis and I met in New York with several trustees and with Dr Bart and Mr Rothermel and later with the Director for this purpose.

As far as I can define it, the dissatisfaction is based on what is perceived to be poor governance of the Centre. It seems to be generally felt that this is far from optimal and recent events have intensified this critical feeling.

I must remind the Board that the Director himself has several times in the past drawn attention to some of our short comings - e.g. in his June 88 report to the Board - 'The functioning of the Board, its powers, the duties of the committees etc. have to be further defined' and 'Ways must be found by which to promote creative interaction between the Board and the staff of the Centre' and 'Board needs to decide what the Centre should be in 10-15 years time - it is most important to define the goals of the Centre.'

The definition of the scientific goals of this Centre has been a personal ambition of mine (so far unfulfilled) ever since the programme committee was formed at my request four or five years ago.

Recently, in my opinion, the energies of the Board have been too much occupied by problems of management and as a result relationships between Director and Board have lost the harmony which previously existed. In November last I was reluctantly impelled as chairman to write a very strong letter to Dr Eeckels which included the sentence "I regard it is essential for the stability of the Centre and for the restoration of a good working relationship between the Board and yourself that ...". It was clearly implied that relations were not good.

The Support Group in their document of Nov 88 also wished to examine the effectiveness of Board procedures and of management and asked among other things that there be an urgent comprehensive External Review of the Centre to which the Board has agreed.

It would be fair to conclude that at the end of 1988 there was a feeling shared by the Director and me, together with some of the trustees and some donors that action was called for concerning the governance of the Centre and the interactions between Board/Director/Donors and the Government of Bangladesh.

On this latter point we must recognise the different perceptions of our Bangladeshi trustees (representing the Government of Bangladesh) and the rest of the Board in so far as the employment of senior Bangladeshis is concerned. The feeling of distrust which is apparent on the part of senior Bangladeshi personel and trustees is entirely understandable in the aftermath of the 1985 financial crisis. At that time the numbers of Bangladeshi scientists at the Centre were decimated and in contrast to the fate of other expatriates they were not reinstated. When we have found a good scientist like Dr Badrud Duza he has found conditions intolerable and resigned due to his belief that his legitimate authority as associate director was undermined by interference from outside

forces. The perception exists that there are rules for Bangladeshi's and differently applied rules for others. The need to begin to remove this distrust is in my opinion the single most important task for this Board to do, in order to set the Centre on a better path.

All these factors have contributed to our present problems, plus recent escalation involving:

a) The imposition of special via restrictions on Centre staff and consultants.

b) The unfortunate publicity in the local press at the time of Dr Tziporis arrival, some of which probably originated from within the Centre.

c) The intimation to me and Dr Eeckels by Ministers that the ordinance was being rewritten, without at that time any guarantee that donors or Board would be consulted.

d) The extraordinary delay in beginning recruitment procedures for a new External Resources Officer after the Board decision in June 1988.

None of the above four factors are by themselves crucial but they are symptomatic of the malaise which affects us.

Now we have been asked to indicate what steps we propose to take in order to indicate that there is real resolve on the part of this Board to put our ship in order. If we are able to do this then the flow of money will resume and the financial crisis will certainly diminish.

It is of course for the Board to decide if any actions need to be taken, but I would be failing in my duties as Chairman if I did not draw your attention to what I believe are serious problems at the Centre. This will be the first decision for the Board to make. In the event that action is called for I suggest the following items for discussion and decision:

1. **There must be a presentation of a good strategic plan to the Support Group in December**

   Lately, under the leadership of the new programme committee we begin to see one forming shape, but there is still a long way to go since the plan must cover scientific priorities, distribution of resources, management, accountability etc.

   The G.O.P.P. meeting in May should help define certain aspects of these but the Board will be under-represented due to the short notice. Therefore the Board should plan for the future evolution of the strategic plan between now and December.

2. **The Board should endeavour to define more precisely the respective roles** of the Board and its committees/the Director/the Donors and the Government of Bangladesh, in order to inhibit the trespassing of one on the territory of the other.

3. **In conjunction with the donor support group the Director and some Board Members should seek a meeting with the President** to discuss some of the major issues which have troubled relations between the Board and his government in the past. Papers for this meeting should be well prepared.

4. **The Board should establish a search committee for a new Director to replace Dr Eeckels in due course.**

5. **Consideration should be given to recruiting senior Bangladeshi's to the two posts of Resources Development and Associate Director. Demography (vice Dr B Duza).**

There may well be other items which Trustees would like to add to our agenda. These should be given in writing to Professor Eeckels as soon as possible.

Regards,

Derrick Rowley

4/BT/JUNE.'89

REPORT OF THE GOPP MEETING IN DHAKA

4/BT/June '89

REPORT OF THE GOPP MEETING IN DHAKA

Three reports are attached (1) Ms Rice's report to the Local Support Group, (2) Mr Hamilton's report on the GOPP Workshop and (3) Ms Rice's report to the Local Support Group on the GOPP Workshop.

It was as a result of Ms Rice's report (attachment 1) that the GOPP Workshop was planned. This went ahead as scheduled from 21-25 May, 1989 with the first 3 days dedicated to work on the strategic plan and the last two days for the terms of reference of the external review.

Work on the strategic plan could not be completed so in his report (attachment 2) Mr Hamilton, the moderator, recommended that there be a second phase. This was planned for 7-10 June but unfortunately, at the last moment, Mr Hamilton was unable to come to Dhaka. The Local Support Group was advised of this as its meeting on 7 June and its recommendation was that, if no moderator was available locally, the Centre should wait until Mr Hamilton is able to come.* Mr Hamilton has been contacted and he is expected to conduct phase II from 19-22 June. Phase II should result in a draft strategic plan.

Both Mr Hamilton's and Ms Rice's (attachment 3) reports give the terms of reference for the external review. Ms Rice has summarised Mr Hamilton's tables, etc. The Local Support Group was reluctant to discuss the terms of reference at its meeting on 7 June as feedback from their headquarters is needed. However, it was recognized that these are comprehensive and have been prepared through a process in which the donors participated. As such, they will recommend to their headquarters that the terms of reference be agreed to. The Local Support Group wishes to meet with the full Board to discuss the terms of reference. This meeting is being arranged.

:jc
8.6.89

* The final decision, however, was left to the Centre.

CONSULTANCY

TERMS OF REFERENCE - ICDDR,B EXTERNAL REVIEW

It was agreed at the November 1988 Donors Consortium meeting that a comprehensive external review of ICDDR,B would take place mid-1989. Draft terms of reference for discussion were presented at this time by USAID, with comments requested from all donors by February 15, 1989.

UNDP agreed to provide a local consultant to refine the terms of reference and to present them to the second Local Support Group meeting in March 1989. The scope of work for the consultant included the following activities: compile written comments, consult all agencies, revise and circulate draft, follow-up/consult with all participating agencies, prepare final draft and submit to UNDP.

The work entailed interviews and telephone conversations with local donors and with ICDDR,B senior management staff. The following report presents the background, findings, conclusions and recommendations of this assignment.

Carol Rice, MPH
Consultant
Dhaka, March 9, 1989

CONCEPT PAPER

TERMS OF REFERENCE - ICDDR,B EXTERNAL REVIEW
March 8, 1989

Introduction

From 27 February to 4 March I spoke with the Director and Associate Directors of ICDDR,B and with local representatives from the ICDDR,B donor community regarding the draft terms of reference (TOR) and the proposed external review. These interviews and documentation provided by ICDDR,B provided the background information for this paper.

Findings

I found agreement on the basic issues of concern regarding ICDDR,B; however, I also found significant differences of perspective regarding the need for and desired outcome of the review, differences that the planned review, in its present formative stage, might not resolve.

The following sample of comments points out the dilemma in determining acceptable terms of reference that will satisfy such a variety of interest groups. Some say the questions are much too detailed, others want the detail and do not want the review to be "diluted" in any way. Some object to what they consider the "punitive" tone of the draft TOR and want no part in such an exercise. Others do not feel the need for such a review so are relatively indifferent to the TOR. The Centre staff admits to feeling somewhat threatened by the approach and concerned that important issues from their point of view will not be addressed or resolved. Still others say that the review should be postponed until after a strategic plan is formulated. Few believe that the review will eliminate the all-too-frequent individual donor ad hoc reviews, a major purpose of the proposed exercise.

There was basic consensus among the donors and ICCDR,B that the following issues need to be addressed and resolved:

* ICCDR,B is operating without a strategic plan. It is donor and project-driven rather than plan-driven, which tends to inhibit creative scientific research.

* Lack of understanding of/agreement with Centre mandate, the needs of a scientific research institution and individual donor requirements interferes with the Centre's ability to conduct quality research.

* Management problems are detracting from and interfering with the scientific work. This and salary constraints are

making it increasingly difficult to attract top level scientists.

* There is a general lack of knowledge/understanding of the broad scope and breadth of Centre actitivies, including its role/responsibility nationally and internationally.

The key issue above, for the majority of donors, is the need for a strategic plan, to know what the Centre is doing and where it is heading. While most donors admitted a bias toward funding specific projects of interest rather than providing institutional support, most also indicated a flexibility and willingness to contribute to such support, as long as they can first see a coherent and realistic plan.

What the Centre wishes to come out of a review is stability for the institution. The financial crisis of 1985 and the subsequent reduction of institutional funding has given management and staff a sense of insecurity. Senior management feel that they operate at a distinct disadvantage as a research institution since they must accept projects donors are willing to fund, even though those projects may not be complementary to or consistent with research already underway. They question the validity of preparing a strategic plan, since they believe donors fund according to their own needs and interests, therefore funding would not be available for much of what ICDDR,B would propose. This is a Catch-22 situation and is a key issue that needs to be addressed. The Centre welcomes a review, but wishes a functional one that will provide them the assistance they require to do the work of a research institution.

In addition to the discussions held, I reviewed many Centre documents, including the Ordinance, Plans and Prospects 1987, recommendations from the March 1987 Donor Consortium meeting, and several recent external reviews, including that of Clinical Sciences Division (November 1988). The following reviews are built into the ICDDR system and are taking place regularly:

1. External review of scientific programme every other year. Mandatory by Ordinance.

2. Annual external audit and management review. Mandatory by Ordinance.

3. Programme Coordinating Committee of Board carries out its own reviews. The following Division reviews are scheduled: March 1989 - Laboratory Sciences; June 1989 - Community Health; and November 1989 - Population Sciences.

The question of overlap arises. The external review currently planned might duplicate much of the above; in fact numbers 1 and 3 may already be duplicative. Also the recently completed review of

Clinical Sciences Division (November 1988) addressed many of the issues covered in the TOR under discussion, including staff development needs, recruitment, interdivisional collaboration, research priorities and the necessary requirements for the day-to-day operation of a research institution. It examined the strengths and weaknesses of the Centre as a whole, as well as those of the Division.

Recommendations from the March 1987 Donors Consortium meeting also echo areas of concern relevant today. These include the need for a strategic plan; clarification of the Centre's role in international research and training; guidelines on the appropriate mix of basic, applied and operational research; and the relative importance of research, training and services. Apparently these recommendations have not been acted upon to the satisfaction of donors, since they are still on the agenda today.

Conclusions

After reviewing in depth all the above information, it became clear rather quickly that consensus on the TOR would not be reached. It also became clear that the type of external review planned might be premature and would not resolve the basic issues. The overlapping nature of the problems, the differing perspectives, and the fact that the same problems continue to exist over time indicate that a different approach might be more beneficial.

The ICDDR is entering the eleventh year of a 25 year mandate. It is a complex organization that has expanded dramatically since its inception in 1978. It seems particularly appropriate at this juncture to analyze in depth what the institution has achieved, to examine its strengths and weaknesses, and to determine realistic priorities and programmes for the next decade.

What is needed is an approach that will satisfy all concerned to the extent that that is possible, and most important, that will set the stage for positive and productive future collaboration. What seems practical at this point in time is a participatory planning exercise where both strategic planning and institution building develop simultaneously. Such an approach is described below.

Recommendations

Several donors, in the discussions held, suggested that "goal-oriented project planning" (GOPP), a participatory approach to strategic project planning, might very well meet the needs of the ICDDR,B and donor communities. The advantage to this approach is that all interested parties take part in the planning process. The Centre in particular feels this is essential, since they feel only in this way will a realistic fundable plan be developed.

I have selected this as a viable option for several reasons. First, it is a participatory and team building approach where project staff and partner organizations develop a mutually agreed upon feasible plan of action. Second, by the end of 5-6 days a detailed project planning matrix is developed, from which the strategic plan is derived. Third, most of the questions contained in the draft TOR would automatically be raised. Fourth, the methodology is able to address the complexity and constraints of an institution like ICCDR,B, with its multiple donors, projects and programmes. Appendix II, pages 7 and 8, illustrate applicability to the ICDDR,B setting.

GOPP sessions run for one week and are led by a professional moderator. A group consists of 7 to 12 persons. If several problem areas exist, several groups can be run simultaneously, each with its own leader, meeting together for an extra 1 or 2 days at the end to coordinate the operational plan. For example, in the case of ICDDR,B sessions could focus on research, training, recruitment and service programmes.

For ICDDR,B and donor purposes, the GOPP objectives would be:

* to define realistic and clear objectives sustainable in the long-term
* to improve communication and cooperation between Centre, donors, GOB and other counterpart organizations by means of joint planning and clearly defining goals
* to clarify the scope of responsibility of project teams (Divisions, research stations, extension project, etc.)
* to provide indicators as a basis for monitoring and evaluation

The GOPP methodology follows to some extent the "logical framework" method, also used in program planning. GOPP is the method utilized by the German technical assistance group (GTZ) in all of their development planning. The reason this methodology has been selected for discussion here is that numerous GOPP training sessions have been given recently in Bangladesh (August 1988 through February 1989), generating great enthusiasm and requests from other agencies to hold similar planning sessions. Annex I lists these recent sessions. The local GTZ office would arrange for obtaining workshop moderators and would provide assistance as needed.

A major outcome of GOPP is the sense of teamwork resulting from joint participation in the planning process. The methodology forces analysis, emphazises the interlinked and interdependent nature of all aspects of programme planning and results in clearly defined statements of goals, objectives, indicators and means of verification. Evaluation is built into the system and becomes part of the planning process. ICDDR,B and donor cooperation and understanding could only be enhanced by participating in such a process.

(Appendix III contains two other options considered and rejected)

Appendix I

Goal-Oriented Project Planning workshops have been held recently for the following groups/institutions:

* Ministry of Health and Family Planning - a workshop was held to train MOHFP officials in the GOPP training technique

* Mushiganj Follow-up Project - to plan the next project phase

* Bangladesh Women's Health Coalition - strategic planning

* World Bank - plans to use the GOPP methodology for its next annual Review Mission (April 1989) and also in partnership with the GOB in developing the next country five year plan

APPENDIX II

6. MAIN STEPS OF GOPP

I. Steps of Analysis

- * Participation Analysis
- * Problem Analysis
- * Objectives Analysis
- * Alternatives Analysis

II. Project Planning Matrix

- * Objectives / Activities
- * Important Assumptions
- * Objectively Verifiable Indicators
- * Means of Verification

7. PARTICIPATION ANALYSIS

- Gives an overview of all persons, groups, organisations and institutions connected with the project in any way

- Incorporates the interests and expectations of persons and groups significant to the project

HOW TO DO IT:

a) Write down all persons and groups connected with or influenced by the project

b) categorize them (e.g. beneficiaries, target-groups, actors etc.)

c) characterize and analyse

d) identify consequences for the project work (e.g. reactions of project)

8. DETAILED PARTICIPATION ANALYSIS

c.1 Characteristics of the group

- social characteristics (members, social background, religion, cultural aspects)
- status of the group (formal, informal or other)
- structure (organisation, leaders, etc.)
- situation and problems - group's point of view

c.2 Interests, motives, attitudes

- Needs and wishes
- Interests (openly expressed, hidden, vested)
- Motives (hopes, expectations, fears)
- Attitudes (friendly/neutral/hostile attitude towards implementing agencies and other groups)

c.3 Potentials

- strengths of the group (resources, rights, monopolies etc.)
- weaknesses and shortcomings
- what could the group contribute to or withhold from the project

d. Implications for the project planning

- In which way should the group be considered?
- which actions should be taken (in regard to the group)?
- how should the project react towards the group?

Appendix III

Other Options

One of the options considered in the early stages of this assignment was a management consultancy, consisting of a high powered team that could examine the ICDDR,B institutional structure, work with relevant staff and make recommendations to resolve the primary issues. Selected team members would return to assist in initial implementation, making periodic return visits to monitor/adjust the plan as necessary. This again was seen as an alternative or prerequisite to the originally planned external review.

I discarded this option because I did not think all the issues would be covered and also that the ICDDR,B staff would not be sufficiently involved. It seemed too passive by nature, in that an outsider would come in and develop a plan, which would then be presented to ICDDR,B. There would be minimal donor involvement and little group process, and many of the problem areas would continue to exist.

A model briefly considered was the BRAC' strategic planning exercise. This has been underway for nearly two years, which is why it did not seem feasible for ICDDR,B. It is apparently, however, an interesting and sucessful example of group process. BRAC requested that everyone involved in their programme submit a brief concept paper, outlining from their perspective what BRAC had accomplished, looking at constraints, strengths and weaknesses, giving their assessment of the direction and priorities BRAC should take. BRAC then went through a lengthy period of internal assessment, debating, discussing and finally developing a plan for the decade of the nineties.

The GOPP methodology basically incorporates what BRAC did, but in a very short time frame and in a very structured and functional manner. Considering what the donors and ICDDR,B want in terms of a strategic plan and a review of the institution, the GOPP seems the most comprehensive technique available.

Appendix IV

TERMS OF REFERENCE - ICDDR,B EXTERNAL REVIEW

The subject content of any review or participatory exercise will examine the issues listed below. As mentioned in the report, these issues would be naturally included in the goal-oriented planning process. For an external review, while recognizing the overlapping nature of many of the concerns, two teams have been suggested to more effectively address the issues. The terms of reference content below are divided accordingly into science and management.

Several suggestions have been put forth as to the technical expertise required for an external review. For the scientific team a senior population expert, a senior research scientist, and a social scientist with expertise in child survival technology could be considered. An appropriate balance for the management team might include management specialists with individual expertise in science, fiscal responsibility, and management of a research institution or department. Teams of three experts have been suggested, with one member on each team from a developing country. Donors will be requested to submit names of possible candidates for the review teams.

The terms of reference below are brief statements of content, which would be examined functionally from all aspects.

Revised Terms of Reference

Scientific Issues

Scientific Research

Research review process - determination of research priorities, strategic plan
Appropriateness/relevance of research nationally, internationally
Comparative advantage of Centre in selected research/ service programmes
Quality and relevance of output
Management/implementation/design of research programs
Adequacy/sharing/cost effectiveness of support functions - interdivisional, service programmes
Interdivisional collaboration, information sharing
Availability/suitability of equipment-laboratory, hospital
Staffing requirements - skills, numbers (too many, too few)
Linkages to other institutions - national/international

training, research, medical, nursing
Transfer of information - dissemination/application of research findings nationally, internationally
Information exchange opportunities within Centre
Assessment of contributions of field stations - Matlab, Teknaf, other extension projects
Access of scientists to Centre management, Board

Management Issues

Centre Management

Effectiveness of current organizational structure, managerially and financially
Senior management
Mid-level management
Divisions
Service programmes
Division of responsibility/delegation of authority - senior management, Associate and Project Directors
Clarity of procedures, plans
Appropriate balance of research, service
Personnel issues - training, staff development for local mid-level management/scientists
Funding accountability/reporting to donors
Financial accountability - equitable assessment of charges against Divisions, individual programmes/projects
Recruitment of top-level scientists - timeliness, salary issues, personal and professional support
Internal consistency of administrative/financial procedures

Board of Trustees

Composition/selection relative to needs of Centre
Role and function
Accountability to/communication with donors, Centre
Function/effectiveness of working groups, committees

Institutional mandate

Ability of mandate to reflect changing needs
Relevance of research, service programmes to mandate
Consonance of strategic plan with mandate
Extent to which mandate is fulfilled

ICDDR,B

STRATEGIC PLANNING

AND

EXTERNAL REVIEW -- TERMS OF REFERENCE WORKSHOPS

MAY 21-25, 1989

FINAL REPORT

prepared by

Dennis Hamilton, Lead Facilitator

and

Sombat Jengsuebsant, Co-facilitator

TRAINING ASSOCIATES COMPANY, LIMITED

Bangkok, Thailand

Introduction

This report summarizes the activities that took place during the ICDDR,B Strategic Planning and External Review -- Terms of Reference Workshops conducted May 21-25, 1989 at the Sonargoan Hotel in Dhaka, Bangledesh.

The body of the report contains brief descriptions of the daily workshop activities and the moderator's conclusions and recommendations. The appendix contains copies of all of the documents or outputs produced during the workshop.

Strategic Planning Workshop -- Day One

Opening Remarks -- Dr. Eeckles

Workshop Introduction -- Brief explanation of the GOPP process.

Participant Expectations.

The Moderator introduced the "card and chart "visualization technique that would be used throughout the workshop. As a means of providing the participants with an opportunity to begin using the method, each person was asked to write one expectation he/she had of the workshop. These were collected, reviewed and displayed on a chart.

Characteristics of an Effective Meeting

Next, as a means as establishing norms for the workshop, the participants were each asked to write one characteristic of an effective meeting. These were collected and reviewed and posted on a chart. The moderator suggested that, in this workshop, we should try to adhere to these characteristics, in order for our workshop to be effective. The moderator also stressed the importance of being open and frank in our exploration of problems and solutions. The two senior persons in attendance were asked to openly express their sincere interest in having all the participants speak frankly during the workshop.

General Discussion about Workshop Objectives

The moderator presented the two main objectives of the next five days. These are:

1. To begin a strategic planning exercise and establish broad objectives that will serve as a basis for this plan.

2. To develop a draft Terms of Reference for the proposed external review of the Centre to be conducted by the donors.

Participants discussed the purpose of the workshop and had several suggestions about what we should be doing. There was an interest expressed in establishing the research priorities of the institute as a starting point, but the moderator indicated that these priorities had been discussed before and that the more important task facing us was to decide how the institution was going to improve it's function in order to achieve whatever the priorities of the institute might be.

Problem Analysis

The moderator introduced the several steps involved in the GOPP methodology. It was specifically mentioned that in an abbreviated process such as this must be, given the time constraints, some of the steps of the process may not be possible to do.

Next, the moderator introduced the specific steps to be followed in conducting a problem analysis. The participants, using the cards, which are part of the GOPP vizualizaion methodology, listed the problems that are currently facing the Centre. These problems were reviewed one by one and placed on a large chart at the front of the meeting room.

Since there were a large number of cards, this process consumed the remaining time available on the first day. The moderator reviewed the activities of the day and the session was adjourned.

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strategic Planning Workshop -- Day Two

During the evening following the first day, the problems that had been identified were clustered into categories. AT the beginning of the day, the participants were divided into three groups. Each group took several categories of problems and worked together to arrange them into cause-effect relationships. When this activity was completed, the participants returned to a plenary session and the problem hierarchies they had developed in small groups were reviewed and discussed. This was a time consuming process, because the problems have to be clearly stated in order for objectives to be developed in the next step.

Once the problems had been reviewed and agreement reached, the moderator introduced the steps involved in developing strategic planning objectives. The participants were once again divided into three small groups and these groups converted the problem statements into objectives and arranged them in a hierarchy: The groups worked until after 7:00 PM and then the moderators developed a draft objective tree.

Strategic Planning Workshop -- Day Three

As the first activity of the morning, the moderator presented the draft strategic planning objectives tree, which contained the main objectives that must be pursued in developing a comprehensive strategic plan. The moderator explained that all of the sub-objectives, which had been developed by the participants must be considered when developing the plan, but for this initial exercise, we would confine our attention to the main objectives.

The moderator then introduced the Project Planning Matrix (PPM) and explained the 4 main components of the matrix (narrative summary, objectively verifiable indicators, means of verification and important assumptions) as well as the horizontal and vertical logic concepts inherent in it. The moderator then facilitated a process in which the participants completed the PPM.

This activity was completed at 3:00 PM. At this time representatives of the donor agencies arrived and a briefing was conducted on the strategic planning activities that had been accomplished and the various outputs that had been developed. The moderator reviewed the process and the steps that had been followed and a representative of the Centre, Dr. Mike Strong, presented the main outputs, which were the tree of main objectives and the PPM.

Donors were then asked for their comments on the planning process and the outputs. Following their comments, a joint discussion was held in which relevant issues were clarified.

External Review / Terms of Reference Workshop -- Day One

This workshop had a somewhat different purpose from the strategic planning workshop. The workshop began at 10:00 AM with an initial attempt by the participants to clarify what an external review is and to examine the purpose of the proposed external review of ICDDR,B. After getting more clarity on the purpose of the review, the discussion turned to the Terms of Reference of the potential reviewers. A list of possible characteristics of the TOR for the external review was developed. There was a great deal of discussion of these two topics among the participants.

Following lunch the moderator conducted a role reversal exercise. The purpose of this exercise was to give donors and Centre management an opportunity to look at the external review from the other's perspective. Donors, role playing top Centre management personnel, discussed concerns about the upcoming external review. At the same time, the Centre management staff, role playing donor representatives discussed their concerns about the external review. Each group produced a list of concerns. The two groups were joined again and the results of their respective discussions were shared. It was clear that each group had a good understanding of soem of the major concerns for the other. The sharing of these two sets of concerns about the external review led to further discussion among the group. There were two main points that arose. One was that there seemed to be a consensus among the donors that an external review would be useful. It is fair to say that the Centre management felt that a comprehensive review would be valuable. The second point was that the donors were not in agreement about when the external review should take place. The key issue seems to be the strategic planning process and whether the external review should take place soon, while the plan is still being developed or after the planning process is completed and the Centre has had an opportunity to begin implementing the plan. A clear agreement was not reached on this issue.

The moderator next facilitated a discussion which led to the development of priority areas that should be covered in the external review. More than 30 different areas were identified.

The session was adjourned at 5:00 PM. Following the end of the session, the moderators arranged the priority areas into 4 categories. These were:

Management priorities	Overall Objectives
Programme priorities	Linkages

External Review / Terms of Reference Workshop -- Day Two

The final day of the workshop focussed on the Terms of Reference. The first activity was to discuss and reach agreement on broad definitions of the purpose of the external review and of the terms of reference.

Next, each of the items listed the previous day in the external review priority areas exercise was placed in a matrix. For each priority area, approaches that reviewers might use to learn more about the area were listed as well as suggested resources that the reviewers migh utilize. This exercise took all morning and an additional hour after lunch.

At 3:00 PM a few donor representatives arrived. The output of the TOR sessions was presented. Then the whole group discussed the areas of expetise that the external reviewers should possess. 8 areas of expertise were identified and the general characteristics that the reviewers should possess were listed. No specific or maximum number of reviewers was determined.

The final activity of the workshop was to discuss a time line and "next steps" for the external review. Several key activities and the dates during which they would occur were identified. Several key issues related to the timing of the external review in relation to other activities were discussed. No agreement was reached on a specific time for the external review to take place, although there was general agreement that the actual review process should last between 3 to 5 weeks.

As the meeting was coming to a conclusion, the senior management staff of the Centre and the moderator held a very quick meeting. Based on the level of interest that had been demonstrated during the week, it was agreed that the strategic planning process would be resumed on June 8.

The workshop was concluded at 4:45 PM.

Conclusions and Recommendations

The Strategic Plan

As has been mentioned previously, the size and complexity and of ICDDR,B makes the development of a strategic plan a challenging task. It was not possible to develop a comprehensive plan in a 2 1/2 day long workshop. However, a great deal of progress was made during the week. The level of interest and commitment among the participants was very high throughout. It is important to note that on a number of occasions, the participants, some of whom have been associated with the Centre for many years, remarked that this was the first time that such a meeting of the Centre personnel had taken place. The discussion was very frank, and as can be seen from reviewing the list of problems that were generated during the planning process, much needs to be done to improve the Centre's operations. The planning process is only the beginning.

Recommendations

1. Clearly, the strategic planning will be continued. I can see no more important activity that the Centre can engage in over the next few weeks. Advantage must be taken of the start that has been made.

2. In order for the next planning steps to be as fruitful as possible, and to enhance the likelihood that the objectives that have been set will be implemented, a broader representation of planners needs to be involved in subsequent stages. The mid-level personnel in the divisions, administrative and programme should be included. Their input is valuable for a number of reasons. Most importantly, their perspectives are different and may shed more light on the avenues to be pursued in plan implementation and these same mid-level personnel will, to a large degree, be the implementors. My experience indicates that the level of genuine (and not imposed) commitment to carrying out agreed upon tasks is dramatically increased when personnel believe they are carrying "their" plan. Whatever steps that can be taken to increase the "ownership" of the plan should be taken.

3. Subsequent planning efforts should be as practical and realistic as possible. Not everything that needs to be done can be done immediately. Once the Centre's overall priorities are established, strategic planning objectives to facilitate the movement toward these priorities will be more easily identified and sequenced.

4. Recent Centre achievements should be analyzed as part of the planning exercise. Achievements, if properly assessed, point to a number of potential objectives.

5. Finally, the organizational structure must be consdiered in any planning process. A number of people in the workshop expressed the desire to develop an organigram. My professional opinion is that traditional hierachical organigrams do more harm than good. They set up barriers to effective communication and interaction. They show who reports to whom, who is responsible to whom and where the seats of power are. They do not indicate how the organization does or should function. Since an improvment in the functioning of the Centre is one of the main objectives cited in the planning workshop, a "functional organigram" is much more important to develop than a status setting organigram.

The External Review

As a newcomer to the ICDDR,B scene, the notion that an external review should be conducted seems appropriate to me. I believe that the work that was done by the participants in the workshops this past week to give some definition to the external review and terms of reference for the reviewers was very valuable. In the first place, it is rare that an institution has the opportunity to participate in this kind of activity in advance of such a review. The output of the process will also be useful in the strategic planning process. In addition, the discussions that took place served to enhance the level of understanding among the Centre staff and donors of some important issues.

It is also patently clear to me that the donors do not speak with one voice about this proposed review. There is a wide difference of opinion about the urgency of the review and the related time-frame by which it should be accomplished.

Recommendations

6. The timing of the external review is a major question. If it can be arranged this year, I will be surprised. In order to insure that a review as important as this one is likely to be is done correctly, it must not be rushed. Rushed here has two contexts. Efforts to arrange it (before November) should not be so rushed that less than adequately qualified reviewers are appointed. The review must also not be rushed in terms of the amount of time allowed for ti to be carried out once it has begun. I agree with several participants at the final workshop meeting that 4-5 weeks is probably needed to do the review correctly. To squeeze the time frame into a shorter period in the interest of expediancy would surely reduce the quality of the results. In my opinion, serious consideration should be given to early 1990, as the most realistic target.

7. The review team should have one person who is designated as the team leader.

8. I strongly recommend, as I mentioned in the final workshop discussion, that the reviwers must work together as a team. USAID has developed a process called a Team Planning Meeting (TPM), which I think should be used to prepare the review team for this review. Briefly, a TPM would be arranged at the beginning of the review effort. A moderator or facilitator would be contracted to prepare and conduct the TPM. All reviewers would arrive in country and be prepared to spend a minimum of two full days in the TPM. The main purposes of the TPM include, but are not limited to the following:

   - To provide the team with and opportunity to jointly clarify the review task;
   - To clarify working styles and preferences of the individual members;
   - To identify key review issues and develop team stategies to address these issues;
   - To develop an overall plan and schedule for the review, which includes logistical requirements, regular team meetings, briefings with concerned parties, etc;
   - To agree on a report production process which will integrate the components of the review report into a cohesive and internally consistent document; and,
   - To agree on specific roles and responsibilities.

THE PURPOSE OF THE "EXTERNAL REVIEW"

THIS EXTERNAL REVIEW OF ICDDR,B IS AN ASSESSMENT WHICH SHOULD LOOK AT THE OVERALL OPERATION AND CONSTRAINTS OF THE CENTRE; ITS NEEDS, FUNDING SOURCES AND FINANCIAL SITUATION; THE CURRENT INSTITUTIONAL STRUCTURE; THE CENTRE'S PROGRAMMES; THE RELATIONSHIPS AMONG STAFF; AND THE RELATIONSHIPS WITH THE HOST COUNTRY, DONORS AND INSTITUTIONAL LINKAGES. THE PROCESS SHOULD RESULT IN RECOMMENDATIONS TO STRENGTHEN THE CENTRE AND ENHANCE ITS GROWTH AND DEVELOPMENT.

WHAT SHOULD BE THE TERMS OF REFERENCE FOR THE EXTERNAL REVIEW?

THE TOR SHOULD BE A DOCUMENT WHICH PROVIDES GUIDELINES FOR REVIEWERS. THE GUIDELINES SHOULD SPECIFIC ENOUGH TO PROVIDE REVIEWER OBJECITVITY AND YET ALLOW ENOUGH FLEXIBILITY FOR REVIEWERS TO PURSUE ISSUES THAT ARISE SPONTANEOUSLY DURING THE PROCESS. IT SHOULD CONTAIN SPECIFIC REFERENCE TO THE FOLLOWING:

- O THE OVERALL AIM OF THE REVIEW;
- O THE REVIEWERS' TASKS, INCLUDING INTITIAL BRIEFINGS, SPECIFIC PROBLEMS AREAS OF FOCUS;
- O THE AUTHORITY OF THE REVIEWERS;
- O THE ACCOUNTABILITY OF THE REVIEWERS, INCLUDING REPORTS OR DRAFT REPORTS, THEIR DISTRIBUTION, AND THE NECESSITY FOR PRE-DEPARTURE BREIFINGS WITH CONCERNED PARTIES;
- O THE OVERALL REVIEW SCHEDULE; AND,
- O THE CONFIDENTIALITY OF DOCUMENTS AND DISCUSSIONS.

PRIORITY AREAS FOR EXPLORATION DURING THE EXTERNAL REVIEW	POTENTIAL APPROACHES REVIEWERS MAY UTILIZE TO ASSESS PRIORITY AREAS	POSSIBLE SOURCES OF DATA AND INFORMATION ABOUT PRIORITY AREAS
1. SUCCESS OF DEVELOPING RESEARCH CAPABILITIES OF DEVELOPING COUNTRY SCIENTISTS	IDENTIFY AREAS OF TRAINING INTERVIEW / CONTACT SCIENTISTS FROM DEVELOPING COUNTRIES IDENTIFY CAPABILITIES OF THE RESEARCH INSTITUTIONS OF DEVELOPING COUNTRIES	LIST OF TRAINEES, THEIR PUBLICATIONS, & CURRENT ACTIVITIES QUANTUM OF TRAINING RESEARCH METHODS FOR DEVELOPING COUNTRY SCIENTISTS
2. UTILIZATION OF RESEARCH RESULTS IN BANGLEDESH AND INTERNATIONALLY; DISEMMINATION OF RESEARCH FINDINGS	FIND OUT WHETHER ANY PROBLEM HAS BEEN DEVELOPED BY BANGLEDESH OR OTHER COUNTRIES REVIEW USE OF HAND WASHING TO CONTROL DIARRHEOA INTERVIEW NGOs AND GOV'T MINISTRIES WHO HAVE UTILIZED RESEARCH FINDINGS FOR ORS: REVIEW ANNUAL REPORTS FO WHO. GLOBAL AMD CDD PROGRAMMES	LIST OF PUBLICATIONS, SPEAKERS/CONFERENCES TRAINING ACTIVITIES AND PROGRAMMES
3. QUALITY OF RESEARCH	REVIEW THE CENTRE'S BIBLIOGRAPHY (SELECTED) EXAMINE RESEARCH PROJECTS	CENTRE PUBLICATIONS REVIEW THE COUNTRY PLANNING DOCUMENTS
4. RESEARCH REQUIREMENTS	REVIEW PROGRAMME PRIORITIES AND FUNDING INTERVIEW SCIENTISTS EVALUATE RESEACH FACILITIES AT THE CENTRE ENQUIRE ABOUT RESEARCH PROJECTS WHICH COULD NOT BE DONE	THE STRATEGIC PLAN INSPECT RESEACH FACILITIES STAFF NUMBER AND QUALIFICATIONS
5. BALANCE BETWEEN RESEARCH, SERVICE AND TRAINING	REVIEW TRAINING, RESEARCH, AMD SERVICE ACTIVITIES RELATE CURRENT ACTIVITIES	THE STRATEGIC PLAN CENTRE REPORTS

	TO THE STRATEGIC PLAN REVIEW TRAINING POTENTIAL, SKILLS, AND FACILITIES EXAMINE THE INTERACTIONS BETWEEN RESEARCH, TRAINING AND SERVICE	
6. STAFFING REQUIREMENTS STRENGTHS AND WEAKNESSES OF STAFFING PATTERN	EXAMINE THE RATIO BETWEEN SENIOR SCIENTISTS AND SCIENTISTS WHO NEED EXTENSIVE SUPPORT EVALUATE AVAILABLE STAFF AND STAFFING NEEDS FOR INDIVIDUAL PROGRAMMES AND RELATED COSTS	STAFF LIST IN THE PERSONNEL OFFICE LIST OF ACTIVITIES STRATEGIC PLAN ORGANIGRAMS
7. USEFULNESS OF THE CENTRES'S ACTIVITIES FOR THE PEOPLE	REVIEW QUALITY AND QUANTITY AND SERVICE RENDERED REVIEW QUANTITY AND QUALITY OF TRAINING PROVIDED TO HEALTH PROFESSIONALS, MOTHERS AND PATIENTS INTERVIEW GOB FOR ITS PERCEPTION OF SERVICES RENDERED	CENTRE'S REPORTS HOSPITAL STATISTICS
8. COST EFFECTIVENESS OF THE CENTRE'S PROGRAMMES	EVALUATE THE COST EFFECTIVENESS OF PUBLICATIONS / PROJECT EVALUATE THE COST PER TRAINEE EVALUATE THE COST PER PATIENT	PUBLICATIONS REPORTS COST REPORTS CENTRE'S FINANCIAL
9. IMPACT OF DONOR DRIVEN PROJECTS ON THE CENTRE'S RESEARCH ACTIVITIES	COMPARE THE COST EFFECTIVENESS OF DONOR DRIVEN PROJECTS VERSUS OTHER PROGRAMMES EVALUATE THE MANAGEMENT OF DONOR DRIVEN PROJECTS EVALUATE THE DONOR DRIVEN PROJECTS -- COST VS. RELEVANCE	PROJECT DOCUMENTS CONTRACTS W/ DONORS
10. PRODUCTIVITY OF SCIENTISTS	LIST OF THREE BEST PUBLICATIONS IN THE LAST FIVE YEARS REVIEW CONTRIBUTION OF THE PROFESSIONAL STAFF TOWARD SERVICE AND TRAINING EXAMINE PRESENT ACTIVITIES OF CENTRE SCIENTISTS	LIST OF SCIENTISTS LIST OF PUBLICATIONS

11. COMPARATIVE ADVANTAGES	ASSESS THE CENTRE'S ACTIVITIES VIS A VIS ITS STRENGTHS, ESPERTISE AND FACILITIES VISIT, INTERVIEW STAFF AND ASSESS LABS, HOSPITAL, FIELD STATIONS, LIBRARY ETC.	EXISTING FACILITIES HOSPITAL, LABS, LIBRARY, FIELD STATION COMPUTER CENTRE, ETC
12. REVIEW TRAINING NEEDS, THE CENTRE'S POTENTIAL FOR PROVIDING TRAINING (FACILTIES FOR TRAINING IN AREAS OF COMPETENCE	ASSESS THE CENTRE'S ACTIVITIES VIS A VIS ITS STRENGTHS, ESPERTISE AND FACILITIES VISIT, INTERVIEW STAFF AND ASSESS LABS, HOSPITAL, FIELD STATIONS, LIBRARY ETC.	
MANAGEMENT PRIORITIES		
13. STAFFING REQUIREMENTS	EVALUATE THE NUMBER OF STAFF PER AREA OF SERVICE EXAMINE THE RATIO BETWEEN SENIOR SCIENTISTS AND SCIENTISTS WHO NEED EXTENSIVE SUPPORT EVALUATE AVAILABLE STAFF AND STAFFING NEEDS FOR INDIVIDUAL PROGRAMMES AND RELATED COSTS	STAFF LIST IN THE PERSONNEL OFFICE LIST OF ACTIVITIES STRATEGIC PLAN ORGANIGRAMS
14. EFFECTIVENESS OF CURRENT INSTITUTIONAL STRUCTURE AND MANAGEMENT IN TERMS OF FULFILLING THE CENTRE'S SCIENTIFIC MANDATE	REVIEW THE CURRENT STATUS OF THE STRATEGIC PLAN DEVELOPMENT AND IMPLEMENTATION PROCESS EVALUATE THE COST EFFECTIVENESS OF ADMINISTRATIVE AND SUPPORT SERVICES	STRATEGIC PLAN CENTRE RECORDS
15. DIVISION AND DELEGATION OF AUTHORITY - BOARD, MID-MANAGEMENT, SCIENTISTS. IS THE CURRENT LEVEL OF CENTRALIZATION / DECENTRALIZATION CONDUCIVE TO GOOD SCIENCE	STUDY THE SPEED OF DECISION MAKING AND IMPLEMENTATION REVIEW EXISTING ORGANIZATIONAL STRUCTURE AMD ASSESS HOW THE BOARD OF TRUSTEES AND PERSONNEL IN EACH AREA VIEW THEIR PLACE IN THE CENTRE'S FUNCTIONING	ORGANIZATIONAL MGMT STRUCTURE AND PLAN
16. PHYSICAL PLANT AND FACILITIES AND SAFETY REQUIREMENTS	ARE THE BUILDINGS ADEQUATE AND OF AN ACCEPTABLE STANDARD TO HOUSE LABS, OFFICES, AND SERVICE FACILITIES ARE SAFETY MEASURES INSTALLED	PHYSICAL PLANT SAFETY MANUAL

	AND UNDERSTOOD BY STAFF	
17. PERSONNEL POLICIES AND PROCEDURES	EVALUATE APPROPRIATENESS OF RULES AND REGULATIONS IN VIEW OF THE MANDATE INTERVIEW SELECTED STAFF AND PERSONNEL BRANCH PERSONNEL	STAFF RULES AND MANUAL WHO STAFF MANUAL
18. RELEVANCE OF SALARY STRUCTURES	COMPARE ALL SALARIES WITH EQUIVALENT SITUATIONS BOTH IN AND OUTSIDE BANGLEDESH ASSESS THE SALARY STRUCTURE AND LOCAL FACILITIES VIS A VIS THE CENTRE'S CAPACITY TO ATTRACT TOP SCIENTISTS	FINANCE DEPARTMENT & PERSONNEL FILES
19. ASSESS THE CURRENT STATUS OF THE STRATEGIC PLAN AND ITS FEASIBILITY	EVALUATE RESOURCES, EXPERTISE, FACILITIES VIS A VIS THE STRATEGIC PLAN	THE STRATEGIC PLAN
20. FINANCIAL NEEDS OF THE CENTRE RELATED TO LONG-TERM STRATEGIC PLAN	EVALUATE RESOURCES, EXPERTISE, FACILITIES VIS A VIS THE STRATEGIC PLAN	THE STRATEGIC PLAN
OVERALL OBJECTIVES		
21. REQUIREMENTS FOR THE VIABILITY OF ONE INTERNATIONAL THIRD WORLD MEDICAL RESEARCH CENTRE	ASSESS THE LONG-TERM FUNDING POTENTIAL ASSESS THJE ORGANIZATIONAL CLIMATE TO ATTRACT/RETAIN GOOD SCIENTISTS	DONORS / POTENTIAL DONORS
22. OVERALL STRENGTHS AND WEAKNESSES OF THE CENTRE	COMPARE THE CENTRE WITH OTHER INTERNATIONAL INSTITUTIONS	SCIENTIFIC PUBLICATIONS
	ASSESS THE CENTRE'S ACHIEVEMENTS	CENTRE REPORTS
23. REVIEW GOALS & OBJECTIVES AGAINST THE TERMS OF THE MANDATE	REVIEW OUTPUT OF THE CENTRE ASSESS THE RELEVANCE OF RESEARCH / SERVICE ACTIVITIES OF THE CENTRE COMPARED TO THE MANDATE	STRATEGIC PLAN 1978 ORDINANCE
24. REVIEW THE ORDINANCE FOR SUITABILITY IN TODAY'S ENVIRONMENT	INTERACTIONS WITH THE DONORS, BOARD OF TRUSTEE, MANAGEMENT AND GOB	ORDINANCE CHARTER OF OTHER
LINKAGES		
25. NATIONAL, REGIONAL	ASSESSMENT OF THE CURRENT	CENTRE REPORTS

	AND INTERNATIONAL AFFILIATIONS	AND POTENTIAL RESOURCES AND EXCHANGE OF MANPOWER	TRAINING REPORTS
26.	COLLABORATION INTERDIVISIONAL, NATIONAL INTERNATIONAL	REVIEW JOINT PROTOCOLS AND PUBLICATIONS	PROTOCOLS AND CENTRE REPORTS

ICDDR,B STRATEGIC PLANNING WORKSHOP
PROJECT PLANNING MATRIX

OBJECTIVES	INDICATORS	MEANS O'VERIFICATION
GOAL: ICDDR,B IS A LEADING INTERNATIONAL SCIENTIFIC RESEARCH CENTRE (TO FULFILL OBJECTIVES OF THE 1978 ORDINANCE).		
PURPOSE: ICDDR,B, THE HOST COUNTRY AND OTHER DONORS HAVE A SHARED COMMITMENT TO INSTITUTIONAL OBJECTIVES WHICH ARE BASED ON CLEARLY STATED PRIORITIES	2/3 OF DONORS' COMMITMENTS ARE FOR 3 OR MORE YEARS	ANNUAL REPORTS
	CORE / PROJECT FUNDING RATIO IS 50/50	ANNUAL REPORTS
OUTPUTS: 1. FINANCIAL STATUS OF ICDDR,B IS STABILIZED	BY eo 1992, CURRENT DEBT IS ELIMINATED	AUDITED CENTRE ACCOUNTS
	ENDOWMENT FUND OF $5 MILLION BY eo 1995	"
	ANNUAL BUDGETARY SURPLUS AFTER ALLOWFOR DEPRECIATION	"
2. CENTRE SCIENTIFIC ACTIVITIES ARE OPTIMALLY PRODUCTIVE AND ARE FOCUSSED ON ESTABLISHED PRIORITIES	PRIORITIES, INCLUDING TRAINING ARE ANNUALLY UPDATED	ANNUAL REPORTS
	PUBLICATIONS IN PEER REVIEWED JOURNALS ->AT LEAST 75/YEAR BY 1995	PUBLICATIONS
	BETWEEN 1990-1993 10% INCREASE IN COMPETIVE RESEARCH	INDIVIDUAL SCIENTISTS AWARDED GRANTS

	GRANT AWARDS	
	CENTRE PROVIDES RESEARCH TRAINING TO 10 BANGLEDESHI POST-GRADUATE STUDENTS ANNULLY	ANNUAL REPORTS
	ANNUAL TRAINING OF 12 LAB MANAGERS FROM BANGLEDESH AND OTHER DEVELOPING COUNTRIES	ANNUAL REPORTS
	10 SCIENTISTS FROM DEVELOPING COUNTRIES ARE TRAINED ANNUALLY IN RESEARCH METHODS	ANNUAL REPORTS
	SPECIFIC SUBJECT MATTER TRAINING FOR 20 DOCTORS FROM BANGLEDESH AND OTHER DEVELOPING COUNTRIES	ANNUAL REPORTS
INPUTS / MAIN ACTIVITIES: 1.1 DONOR RELATIONSHIPS AND DONOR SUPPORT OF ICDDR,B IS IMPROVED	ANNUAL DONOR SUPPORT IS TIMELY AND ADEQUATE	AUDITED ACCOUNTS AND ANNUAL REPORTS
	DONORS INCREASE CORE SUPPORT TO 50% BY 1992	AUDITED ACCOUNTS AND ANNUAL REPORTS
1.1.1/1.2.1 INCREASED UNDERSTANDING AND AGREEMENT BETWEEN CENTRE AND DONORS	ANNUAL DONOR SUPPORT IS TIMELY AND ADEQUATE	AUDITED ACCOUNTS AND ANNUAL REPORTS
	DONORS INCREASE CORE SUPPORT TO 50% BY 1992	AUDITED ACCOUNTS AND ANNUAL REPORTS
1.2 HOST COUNTRY SUPPORT FOR ICDDR,B IS INCREASED	BY AUGUST 1, 1989, VISA PROVISIONS ARE RESTORED	GOB CIRCULAR
	$1.2 MILLION UNROB LOAN IS CONVERTED INTO A GRANT BY eo 1990	LETTER FROM GOB
1.2.2 IMPROVED RELATIONSHIP IS DEVELOPED	INCREASED NUMBER OF COLLABORATIVE	ANNUAL REPORT

:AND MAINTAINED BE-	:ACTIVITIES BY EARLY	:
:TWEEN GOB & ICDDR,B	:1990	:
:	:	:
:	:$1.2 MILLION UNROB	:LETTER FROM GOB
:	:LOAN IS CONVERTED	:
:	:INTO A GRANT BY	:
:	:eo 1990	:
:	:	:
:1.3/2.1	:	:
:LONG-TERM STRATEGIC	:FINAL DRAFT OF A	:STRATEGIC PLAN
:PLAN IS DEVELOPED	:LONG-TERM STRATEGIC	:PUBLISHED AND
:AND IMPLEMENTED	:PLAN IS COMPLETED BY:	:CIRCULATED
:	:OCTOBER 1, 1989	:
:	:	:
:	:RESEARCH AND OTHER	:STRATEGIC PLAN
:	:PRIORITIES ARE UP-	:
:	:DATED BY 1 AUGUST,	:
:	:1989	:
:	:	:
:1.3.1/2.1.1	:	:
:FULL UNDERSTANDING	:BEGINNING IN JUNE,	:BOARD MINUTES
:AND POSITIVE INTER-	:1989, BOT ACCEPTS	:
:ACTION BETWEEN BOT	:90% OF TOP MANAGE-	:
:AND TOP MANAGEMENT	:MENT PROPOSALS	:
:	:	:
:	:BY NOVEMBER, 1989,	:DONOR REVIEWS
:	:SEMIOR MANAGEMENT	:
:	:STAFF WILL ACTIVELY	:
:	:PARTICIPATE IN	:
:	:BOARD MEETINGS	:
:	:	:
:1.4./2.2	:	:
:OVERALL MANAGEMENT	:ORGANIGRAM IS UPDA-	:PERSONNEL OFFICE
:SYSTEM IS DEVELOPED	:TED AND COMPLETED BY:	:RECORDS
:AND MANAGEMENT	:1 SEPTEMBER, 1989.	:
:FUNCTIONING ARE IM-	:	:
:PROVED	:BY eo 1990, ALL	:ANNUAL PERSONNEL
:	:CENTRE STAFF HAVE	:EVALUATIONS
:	:JOB DESCRIPTIONS	:
:	:	:
:2.3	:	:
:CENTRE'S MANAGEMENT	:PROTOCOLS ARE	:PUBLICATION LISTS
:SYSTEM IS CONDUCIVE	:COMPLETED WITHIN THE:	
:TO OPTIMAL SCIENTI-	:SPECIFIED TIME	:
:FIC OUTPUT	:	:
:	:ALL SCIENTISTS ARE	:ANNUAL PERSONNEL
:	:ACTIVELY INVOLVED IN:	:EVALUATIONS
:	:RESEARCH	:
:	:	:PUBLICATIONS LISTS
:	:	:
:1.3.2/2.1.2/1.4.1/	:	:
:2.2.1	:	:
:AN ADEQUATE STAFF	:BY THE END OF 1989,	:
:STRUCTURE IS	:THE OPTIMUM RATIO	:
:DEVELOPED	:OF SCIENTIFIC AND	:
:	:SUPPORT STAFF WILL	:

	BE DETERMINED	
EFFECTIVE COMMUNICATION AT ALL LEVELS	80% OF SCIENTIFIC STAFF ATTEND SCIENTIFIC MEETINGS	MEETING MINUTES
	BY eo 1990, ALL STAFF HAVE JOB DESCRIPTIONS	PERSONNEL OFFICE RECORDS
	BY eo 1989, EXTENDED MANAGEMENT STAFF MEETINGS ARE HELD QUARTERLY	MEETING MINUTES
BENEFITS RECEIVED BY EXPAT, INTERNATIONAL AND NATIONAL STAFF ARE ADEQUATE, MORE FULLY UNDERSTOOD AND ACCEPTED	P.M.B. REGULARLY MEETS WITH STAFF, SWA, AND FIELD STATION PERSONNEL	SCHEDULE PUBLISHED AND MET EACH QUARTER PERSONNEL OFFICE RECORDS

ATTACHMENT. 3

ICDDR,B

GOAL ORIENTED PROJECT PLANNING WORKSHOP

MAY 21 - 25, 1989

CONSULTANT REPORT

Prepared by

Carol Rice, MPH
Dhaka,Bangladesh
May 31, 1989

ICDDR,B
GOAL ORIENTED-PROJECT PLANNING WORKSHOP
May 21-25, 1989

INTRODUCTION

The ICDDR,B Goal Oriented Project Planning (GOPP) Workshop was held May 21-25 at the Sonargaon Hotel in Dhaka. This strategic planning workshop was recommended in March 1989 as a result of a consultancy designed to develop a terms of reference (TOR) for a donor-sponsored external review. Although consensus could not be reached at that time on the expectations and timing of such a review, a clear consensus existed that the Centre was long overdue in developing a strategic plan.

As a result it was recommended that the Centre participate in a GOPP workshop to begin the process of developing a long-term strategic plan, after which the external review would take place. The GOPP was approved by the donor Local Support Group (LSG) at their meeting on March 15, 1989. In the pre-workshop planning stages an additional task was added to the original strategic planning agenda. The donors requested that the participants begin the strategic planning process and also that they develop a terms of reference for the external review. The GOPP was planned accordingly and held May 21-25.

FINDINGS

Strategic Plan

The GOPP workshop has been a major success in providing a forum where ICDDR,B senior management staff could engage in open dialogue to tackle some difficult issues. This was the first time the group had met together, and by the second day they articulated their appreciation of this opportunity and their wish to carry out such planning/assessment meetings quarterly. By the end of the workshop, they requested that the moderator return the week-end of June 8-9 to assist them in finalizing and developing their strategic plan, which will then be submitted to the Board of Directors at their June meeting. The level of interest and commitment among the participants was impressive.

Terms of Reference

The participants had the opportunity halfway through the workshop to meet with the Local Support Group to share progress in developing the strategic plan. Three donor representatives (Australia, Switzerland and the United States) attended the first TOR development sessions the following day, and some valuable interchanges took place. Although the participants were initially reluctant to shift gears and work on the TOR, which they considered a donor issue,

the moderator turned this into a positive exercise by suggesting that the Centre had a unique opportunity, rarely given to an instituition, to define the content of their own external review. A role reversal exercise, with donors playing the role of Centre management and management playing the role of donors, showed that the concerns on both sides are mutual and well understood. This served to enhance the understandings between Centre staff and donors on some important issues.

It was interesting to note that in defining the terms of reference the participants actually re-defined the issues they had previously addressed in the strategic planning, again emphasizing the commonality of concerns relating to both this plan and the external review, also reinforcing one of the primary reasons the GOPP was recommeded in March.

The participants spent two days working on the terms of reference. Their definition of purpose for the TOR is in Appendix I. The terms of reference in Appendix II reflects the thinking of the participants, combined with some additions from the revised TOR submitted to the donors in March, 1989. The Centre TOR also includes possible approaches to obtain the information desired and possible data sources. A comparison of the basic content of the Centre and the March TORs and of the forthcoming strategic plan will show striking similarities.

Composition of Review Team

The participants discussed in some detail the types of expertise required to evaluate the Centre programmes and projects. Initial discussions by donors in March suggested two teams of three, one to address scientific issues, the other to address management concerns, each team to have at least one member from a developing country. The expertise suggested for the scientific team included a senior population expert, a senior research scientist, and a social scientist with expertise in child survival technologies. For the management team, management specialists with individual expertise in science, fiscal responsibility, and management of a research institution or department were suggested.

The GOPP participants also feel the need for a combination of expertise, but with some additions. The following expertise, in whatever combination available, is suggested: financial, management, public health, laboratory, population, health education, social science and a clinician/M.D.

Other important characteristics to be considered that are not mentioned above are the following:

* all should have developing country experience

* all should have prior evaluation experience

* one should have report production experience

* one should be the team leader

* one should have demographic analysis experience

* all should be independent from current ICDDR,B activities

The group felt it best not to limit the number of team members, that it is more important for the appropriate areas of expertise to be represented. Knowing that a quality review will depend on the right combination of expertise, they expressed concern that if the review takes place too soon, there may not be sufficient time to locate and organize a fully qualified team.

The time frame suggested for conducting the review ranged from 3 to 5 weeks, with most agreeing that the maximum time would be more realistic, especially if a draft report is produced to be submitted at the final briefing. They firmly agreed that the group should work as a team and be present together for the entire review.

Working together as a functional team usually requires a team building exercise. USAID has developed a process called a Team Planning Meeting (TPM) which the moderator suggested be used to prepare the team. This meeting would be held in Dhaka, with all team members present, for a minimum of two days. A moderator or facilitator would conduct the TPM. The main purposes of the TPM include, but are not limited to the following:

* To provide the team with the opportunity to jointly clarify the review task

* To clarify individual working styles and preferences

* To identify key review issues and develop team strategies to address these issues

* To agree on specific roles and responsibilities

* To develop an overall plan and schedule for the review, including logistical requirements, regular team meetings and briefings with concerned parties, etc.

* To agree on a report production process which will integrate the components of the review into a cohesive and internally consistent document

The participants discussed developing scopes of work for the team but decided this effort would be premature. With such varying and specific skills and expertise required, they felt it best for the donors to collect and circulate the CVs of prominent individuals.

When the appropriate combinations of skills are met, more realistic scopes of work can be developed. Actual responsibilities will be fleshed out at the TPM. The Centre staff felt that team selection should be the responsibility of the donors, but if requested they will be able to offer names of individuals.

CONCLUSION AND RECOMMENDATIONS

The GOPP was recommended in March as a collaborative and participatory approach to address major Centre and donor issues. Because of the heavy time commitment required, there was risk in suggesting this exercise. Those unfamiliar with the methodology felt nothing would come of it, that it would be a waste of time. Nevertheless the commitment was made, and it is gratifying to report that the hoped for outcomes have occurred or are in process.

One major outcome is the sense of teamwork resulting from joint participation in the planning process. Lines of communication have opened within the Centre, and between the Centre and donors. Greater understandings have been reached about the mutuality of concerns and constraints between Centre and donors.

The methodology proved flexible enough to be able to address the complexities of an institution such as ICDDR,B. All of the issues in the revised March TOR were natural outcomes of the discussions held; nothing was left out. While there was not time to fully develop the strategic plan, substantial progress was made and the process will continue June 8-9. The internal Centre commitment has clearly been made, and the planning process will continue.

As the moderator has stated in his report, the planning process is only the beginning; implementation must result from the process. It is clear that some difficult decisions will need to be made to improve Centre operations and that communications at all levels will be crucial to effective Centre operation.

In this regard, the quarterly or bi-annual meetings suggested by the participants should be carried out. It is recommended that continued outside facilitation be made available for these initial meetings. The non-directive facilitation approach of the workshop succeeded in forging a sense of unity of purpose within the Centre staff present. This will need periodic reinforcing and will contribute to more effective discussion and decision making in the future.

One final point should be mentioned. It was clearly evident that the LSG is not an entity in collective agreement, that in fact, as stated by one donor, the donors have different and sometimes conflicting expectations of the Centre. Similar differences exist within the Centre, so the participants were able to better understand the nature of the LSG. While this does not make the tasks ahead easier, a framework for better communication has been achieved which should benefit all parties over the long-term.

APPENDIX I

GOAL ORIENTED PROJECT PLANNING WORKSHOP

STATEMENT OF PURPOSE OF EXTERNAL REVIEW

THE EXTERNAL REVIEW OF ICDDR,B IS AN ASSESSMENT THAT SHOULD EXAMINE THE OVERALL OPERATION AND CONSTRAINTS OF THE CENTRE; ITS NEEDS, FUNDING SOURCES AND FINANCIAL SITUATION; THE CURRENT INSTITUTIONAL STRUCTURE; THE CENTRES' PROGRAMMES; THE RELATIONSHIPS AMONG STAFF; AND THE RELATIONSHIPS WITH THE HOST COUNTRY, DONORS AND INSTITUTIONAL LINKAGES. THE PROCESS SHOULD RESULT IN RECOMMENDATIONS FOR DONORS AND CENTRE MANAGEMENT TO STRENGTHEN THE CENTRE AND ENHANCE ITS GROWTH AND DEVELOPMENT.

APPENDIX II

TERMS OF REFERENCE FOR EXTERNAL REVIEW OF ICDDR,B

Developed by Donors, March 1989 and

ICDDR,B, May 1989

APPENDIX II

Terms of Reference for External Review of ICDDR,B
Developed by Donors, March 1989 and
ICDDR,B, May 1989

PRIORITY AREAS FOR EVALUATION	APPROACHES REVIEW TEAM MAY UTILIZE TO ASSESS PRIORITY AREAS	POSSIBLE DATA SOURCES/INFORMATION FOR PRIORITY AREAS
SCIENTIFIC ISSUES		
1. Comparative advantage of Centre	Review Centre activities relative to strengths, expertise and facilities	Existing facilities, personnel
	Interview staff, visit hospital, labs, field stations, library, etc.	-do-
	Compare Centre with other research institutions	Reports/publications from other institutions
	Assess Centre's achievements	Centre reports, publications
2. Status and feasibility of strategic plan in relation to Centre mandate	Assess available expertise, resources, facilities relative to strategic plan	Strategic plan
	Assess relevance of research, service and training activities in relation to mandate	Ordinance
3. Research requirements	Review programme priorities and funding availability	Strategic and financial plans
	Examine available scientific expertise and staffing needs for priority and proposed future research	Personnel office: status of recruitment process for required expertise
	Evaluate Centre research facilities	Inspect facilities
	Inquire about research projects that could not be initiated	Scientific staff

4. Quality/relevance of research	Determine acceptance, utilization of findings nationally/internationally Determine appropriateness of research, nationally/internationally	Publications, citation list, programmes/projects initiated WHO/CDD documents, policy statements
5. Productivity of scientists	List of 3 best publications in last five years Review contribution of professional staff toward service and training Review current activities of Centre scientists	List of scientists Publications Training/service contribution Division/programme descriptions
6. Physical plant, support facilities and safety requirements	Examine adequacy of safety standards and requirements to carry out current research Examine staff understandings of and compliance with safety procedures	Physical plant, related facilities Staff, number/frequency of staff trainings Safety manuals
7. Balance between research, service and training	Review research, training and service activities Relate current activities to strategic plan Examine coordination/liaison/integration of activities between research, training and service	Current activity schedules Strategic plan Centre reports
8. Centre training potential, skills available, facilities	Review training activities relative to Centre strengths, expertise, facilities Visit facilities, interview staff Identify training capabilities of other research institutions, national, regional and international	Training activity schedule Facilities, personnel Training methodologies, curricula

9. Success in developing research capabilities of developing country scientists	Identify areas of past training Interview/contact Centre-sponsored scientists	List of scientists trained Current position/affiliation, publications, contributions to science Letter/questionnaire
10. National, regional and international affiliations	Assess current/potential resources and exchange of manpower	Centre reports Training reports
11. Utilization/dissemination of Centre research findings-Bangladesh and internationally	Review ORS and related program interventions in developing countries Interview local NGOs and Government ministries who have utilized findings/developed programmes	WHO/CDD annual reports Programme reports/descriptions
12. Contribution and relevance of Centre activities nationally	Review quantity and quality of services rendered Review effectiveness of training of health professionals, mothers and patients Interview appropriate GOB officials for perception of services offered	Service statistics Evaluation reports Hospital/field station statistics Annual reports GOB officials
13. Collaboration: interdivisional, national, international	Review joint protocols and publications	Centre reports, protocols
MANAGEMENT ISSUES		
14. Staffing requirements	Examine staffing needs based on programme/project requirements Evaluate number of current staff to area of service Evaluate available staff, staffing needs and related costs for individual programmes/projects Examine the support staffing ratio between senior scientists and scientists who need extensive support	Strategic plan Personnel office staff lists Staff lists, division/programme budgets, financial plan Individual programmes, division activities

15. Personnel policies and procedure	Evaluate appropriateness in relation to mandate and strategic plan Interview selected staff	Strategic plan, ordinance Staff regulations, manuals Personnel office
16. Effectiveness of current institutional structure and management in fulfilling scientific mandate of Centre	Review current status of strategic plan development and implementation process Assess cost-effectiveness of administration and support services	Strategic plan Centre records Financial/project records
17. Division and delegation of authority: Board, Director, scientists, senior and mid-level management	Review current level of centralization/decentralization relative to whether it is conducive to producing good science Review existing organizational structure and assess how the Board of Trustees and key personnel in each area view their place in the overall Center plan Examine timeliness of decision making and implementation Assess access and flow of communication between all levels	Organizational management structure and plan Selected Board members, personnel Centre records Staff
18. Financial needs of Centre related to long-term strategic plan	Evaluate resources, expertise, facilities relative to strategic plan	Strategic plan
19. Requirements for long-term viability of Centre	Assess long-term funding potential, willingness of donors to support strategic plan Assess organizational climate relative to ability to attract/retain top scientists	Donors

20. Relevance of current salary structure	Compare salaries and benefits with equivalent situations within Bangladesh Review salary structure and support facilities relative to Centre's ability to attract top scientists	Finance department Personnel office
21. Cost effectiveness of Centre programmes/projects	Evaluate cost effectiveness of publications relative to project costs Evaluate cost per patient and cost per trainee Review assessment of charges against divisions, programmes and projects Examine internal consistency of administrative/financial procedures	Publication reports, costs Hospital and training reports Financial reports, budgets
22. Impact of donor-driven projects on Centre research activities and priorities	Compare cost effectiveness of donor driven projects relative to other Centre programmes Evaluate management of donor-driven projects Evaluate cost versus relevance of donor-driven projects	Contracts with donors Project documents Staffing plans, budgets Budgets, Centre priority plans
23. Relevance of mandate	Assess ability of mandate to reflect changing needs	Ordinance
24. Role of Board of Trustees	Assess composition/selection relative to needs of Centre Evaluate current role and function Accountability to/communication with donors, Centre management Examine function/effectiveness of working groups, committees	Strategic plan/individual bio-data Board/Management perceptions Board meeting attendance, Centre correspondence Centre records

5/BT/JUNE.89

APPROVAL OF THE DRAFT MINUTES OF MEETING

NOVEMBER 25-26, 1988

DRAFT - 6.12.88

Minutes of the meeting of the Board of Trustees, ICDDR,B, held in Dhaka, Bangladesh, November 25 and 26, 1988.

Members Present

Mr M.K. Anwar
Dr D. Ashley
Dr I. Cornaz
Prof. R. Eeckels - Secretary
Prof. R. Feachem
Prof. D. Habte
Dr D.A. Henderson
Prof. A. Lindberg
Prof. V.I. Mathan
Dr M. Merson
Dr K.A. Monsur
Mr T. Rahman
Dr V. Ramalingaswami
Prof. D. Rowley - Chairman
Dr P. Sumbung

Members Absent

Dr A.R. Al-Sweilem
Prof. H. Tanaka

Invited Staff

Mr M.R. Bashir, Associate Director, Resources Development
Dr A. Briend, Associate Director, Community Health Division
Mrs J. Chowdhury, Executive Assistant to the Director
Dr M. Badrud Duza, Associate Director, Population Sciences Division
Dr D. Mahalanabis, Associate Director, Clinical Sciences Division
Mr M.A. Mahbub, Associate Director, Administration and Personnel
Dr S. Tzipori, Associate Director, Laboratory Sciences Division
Mr A. Pabani, Grants Administrator
Mr J. Winkelmann, Chief Finance Officer

Note: Associate Directors attend the first day of the meeting (Agendas 1-4 and 6) with Mrs J. Chowdhury and Mr A. Pabani attending both days.

The Chairman opened the meeting at 8.30 a.m. on Friday, 25 November welcoming the new member, Dr D.A. Henderson, to the Board.

Agenda 1: Approval of Agenda

The agenda was accepted with the insertion of an agenda 3', ICDDR,B Support Group Report.

Agenda 2: Approval of Draft Minutes of Board Meeting May, 1988

The draft minutes of the Board of Trustees meeting held in Dhaka from May 31 to June 2, 1988 were approved with two changes:

- Page 5, 2nd last paragraph, last sentence should be deleted and replaced by "It is suggested that Centre's process should be transparent.".
- Point 1 under "Resolutions" on page 27 should be removed and placed beneath resolution 2/May 88 on page 15.

Agenda 3: Director's Report

The Director highlighted general financial and personnel matters, the scientific training and service activities

having been discussed at the Donors' and Programme Committee Meetings. He said that the Centre's debt will be reduced to $1.2m by the end of this year, despite increases in national staff (mainly project) and their salary scales and further improvements of the Centre's physical facilities. The Director pointed out that although there is a full complement of staff at the senior management level at present, it is unlikely to remain so for long. The main problem facing the Centre is how to give it more stability; the need for a reserve fund and how to slow the rapid turnover of staff at the senior level.

The Board responded to the Director's report as follows:

- appreciation for the role the Centre played in assisting the Government of Bangladesh in the recent floods;
- congratulations to the Director and his staff for the increasingly favourable financial situation;
- welcoming of the movement towards a package of health care research interventions at the community level;
- concern about the whole area of nutrition; what is the focus?
- issue of longer term stability - what can be done? (In this connection a Trustee was informed that a position paper from him would be welcome for next meeting.)
- the need for a written report from the Director was

emphasized and a resolution passed to this effect.

Resolution 1/Nov. 88 — The Board resolves that the Director be requested to produce before each Board meeting, a written report reviewing the activities of the Centre. The Board places immense importance on this report.

Agenda 3': ICDDR,B Support Group Report

The document entitled "ICDDR,B Support Group (SG)* Meeting", which is the donors' response to the meeting held on 20 and 21 November, 1988, was considered. It was advised that a final copy of the document and a list of participants will be forwarded shortly by Mr Tim Rothermel, the Chairman of the Donors' Meeting.

The Board decided that:

- the donors would be welcome as observers in the full Board Meetings for presentation and discussion of the Director's, Programme Committee and Finance Committee Reports;
- the minutes of the Board of Trustees meetings would, in future, be available to donors on request;
- in noting the wish of the donors for one periodic external review every 3-5 years, it (the Board) will choose a panel of reviewers and outline the terms of reference for these reviews. These will be given to

donors for comment;

- the Director and his staff are requested to prepare a draft donors' document (strategic plan) and pre-circulate this to Trustees in March. After discussion in the Programme Committee Meeting and with input from Trustees, this will form the basis of the document for the next Donors' Meeting;
- it (the Board) shares many of the concerns of the donors and is dealing with these matters. As time passes donors will be kept informed;
- it (the Board) is happy with the last three points of the document. In this connection the Director is requested to seek donor support for a "Scientific Writer" or similar position as he deems appropriate;
- it (the Board) is concerned by the undue interference by some donors in the day-to-day work and responsibilities of scientists;
- the above points will be conveyed to the donors in a letter to the Chairman of the Donors' Meeting from the Chairman of the Board.

One member of the Board wished to express his disagreement with a number of the Board's decisions in response to the Donor Support Group. In his view it was of prime importance to provide the donor community an opportunity to conduct an independent review of the Centre as well as all information it requested on matters of importance, while at the same time not obstructing the specific work of the Board. Accordingly, he felt it would be best to:-

(a) retain the current procedures for participation in Board Meetings and distribution of minutes of these meetings;

(b) ask the Donor Support Group to decide on a terms of reference and select membership for a 5-year external review of the Centre;

(c) provide the Donor Support Group with the paper it requested on the Centre's personnel and salary structure, as soon as possible.

The important issue with regard to transparency was to provide the donors all the information they need to understand and evaluate the Centre, and not to impede the function of the Board.

Agenda 4: Programme Committee Report

The Programme Committee's report was accepted and the Chairman of the Committee (Prof. D. Habte) highlighted it as follows:-

(a) Report on Scientific External Review

While acknowledging strengths and achievements of the Clinical Sciences Division, particularly since the new Associate Director of the Division took over, the report indicated some remaining problems contributing to low research productivity and failure to function optimally in the broad areas of research programmes, interdivisional collaboration, academic environment, professional career development and the future review process. The report and recommendations were referred to the Director for a response and a resolution was passed to this effect.

(b) New plans for hospital and report on implementation of interim improvements

The measures taken, in accordance with the Board's previous decision, were noted and the management, including the Associate Director, Clinical Sciences Division, congratulated. It was understood that improvements were being carried out in phases as work is dependent on availability of funds.

(c) Terms of Reference of the Programme Committee

The Board agreed to the proposed terms of reference of the Programme Committee and passed a resolution to this effect.

These terms are:-

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

4. The Programme Committee shall develop a mechanism of auditing ongoing and finalized programmes 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 Donors Consortium.

(d) Training

A resolution was passed requesting the Director to prepare a plan of action to implement the suggestions made in the Training documents presented to the Committee and the Board.

(e) Extraordinary Meeting of the Programme Committee

A document about this meeting was handed out and, although it was not discussed, there was a general agreement that there should be an extraordinary meeting of the Programme Committee in Dhaka from March 13-18, 1989 and that additional persons may be co-opted for this meeting. The terms of reference, as set out in the document, are as follows:-

General : To contribute to the development of an institutional strategic plan for the research programme of the Centre.

Specific :

1. To review the activities of the relevant division;

2. To assist Centre scientists in the formulation of focussed research goals and programmes to be undertaken by the Centre (for each division), and to outline research strategies for implementation of the research programmes;

3. To advise on optimal staffing patterns and resource requirements and to develop an organizational structure to respond to the formulated research programmes;

4. To indicate the approximate financial needs for the conduct of the research goals;

5. To suggest ways of facilitating inter-divisional and inter-disciplinary collaboration.

6. To submit a report covering the subjects raised above.

Finally, it was noted that additional funds will be required for:

- the recommendation that a certain sum be awarded annually to division heads for scientific activities, e.g. hiring external scientific advisors, seed money for young scientists;
- the expanded training programme; and
- the extraordinary Programme Committee Meeting.

The following resolutions were passed:-

Resolution 2/Nov. 88	The Board resolves that the Director be requested to prepare before the next Programme Committee meeting, a plan of action in response to the report and recommendations of the External Reviewers of the Clinical Sciences Division including resource implications for the Centre.
Resolution 3/Nov. 88	The Board resolves that the attached Terms of Reference of the Programme Committee be adopted.
Resolution 4/Nov. 88	The Board resolves that the Director be requested to present to the next Board of Trustees meeting, a plan of action to implement expeditiously the suggestions on training and career development at the Centre, along the lines described in the training document.

Agenda 5: Personnel & Selection Comittee Report

The Chairman of the above Committee (Mr T. Rahman) read his report, highlighting the following points.

(a) Overview of staffing situation

The numbers of staff at the different levels was noted. A resolution was passed clarifying the involvement of the Board in selection and changes in duties of staff at P5 level and above (or changes that would bring a staff member up to that level).

There was discussion on the appointment procedures of P5 persons and above, including the composition of the Selection Committee, and it was decided that the Personnel & Selection Committee should come back to the Board next meeting with proposals.

(b) Staffing

(i) The Board approved the secondments of:-

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

Mr Anil Pabani, Grants Administrator - seconded by WUSC;

Dr Kate Stewart, MCH-FP Physician/International Research Associate - seconded by The Johns Hopkins University; and

Ms Birthe Homegaard Nielsen, Child Health Programme - seconded through DANIDA-ICDDR,B agreement.

(ii) There were no contract renewals. However, there was discussion on the recent renewal of one staff member's contract. In this connection a resolution was passed concerning the question of supplementary remuneration ("topping-up").

(iii) It was decided to postpone a decision on the upgrading of the MCH-FP Project Director (Matlab) position until next meeting when it is expected that other positions will be submitted for reclassification. If in the meantime this position becomes vacant the Director is authorized to re-advertise it.

(iv) It was agreed that the Immunologist (P5) position may be split into two more junior posts of one Microbiologist (P1-P3) and one Virologist (P1-P3).

(c) Salary Revision International Professional Staff

Discussion on this is postponed until the Board has more data. Information already collected will be sent to Professor Henderson.

(d) Report on re-organization of Resources Development Office

At the Board's request, a draft job description and profile, which also defined the level and age of the person sought, was submitted by the Director and his senior colleagues for consideration by the Board. The draft was discussed. It needs further drafting and the terms of reference for this position also needs to be submitted to the members of the Board. It was noted that the incumbent will have no line authority and will report to the Director, being a part of his office. An advertisement needs to be prepared for circulation to donors and to the members of the Board. The Board agreed that the position of "External Relations Officer" should be at the P5 level but no resolution was passed to create this position.

As the External Relations Officer needs to be in place as quickly as possible, it was discussed that an Executive Comittee of the Board should meet in March 1989 to conduct interviews and make an appointment to this position. The Director pointed out that a resolution is needed setting-up

this Executive Committee Meeting with its terms of reference. However, no formal resolution was passed.

(e) Miscellaneous - Education Grant

In connection with the question of fully re-instating the WHO Education Grant rule, one Board member made the following statement:-

> "Section 14 of the Ordinance creating the Centre makes it mandatory to pay the same pay and privileges to persons appointed in equivalent international positions irrespective of nationality. Decision not to pay Education Grant to Bangladeshi nationals appointed to international level positions is a discriminating action and is a clear violation of the provision of the Charter. I am therefore unable to support any proposal in contravention of the provision of the Ordinance. If the Board, inspite of the clear provision to the contrary in the Ordinance, make such discrimination against the Bangladeshi staff, it will be another instance of lack of adequate respect for rules and fairplay on the part of the Centre."

In view of the above, it was decided to postpone a decision until next meeting and the Director was requested to respond with a position paper elaborating on this. The position paper should also include other allowances not given to Bangladeshis at the international level, the number of persons involved, the cost should the allowances be granted to Bangladeshis, along with a recommendation as to what should be done.

The following resolutions were passed:-

Resolution 5/Nov. 88

The Board resolves that it be fully involved in the process of selection of any international position above the level of P4 and that any changes of duties, functions and designations involving changes in the status or basic job description of the position above level P4 require prior approval of the Board.

The Board further resolves that it will be involved in changing the duties and function of any international staff and their redesignation.

Resolution 6/Nov. 88

The Board resolves that no staff may receive any remuneration supplementing the salary levels of the Centre from any funds which have been paid to or through the Centre and any such situations be corrected immediately.

Agenda 6: Finance Committee Report

The Chairman of the Finance Comittee (Prof. R. Feachem) presented his report, highlighting the following points.

(a) Resources Development Report

A total of 19 donors are expected to contribute $10.4 million in 1988. 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 folowing countries: the Bangladesh Government, Belgium, Canada, Denmark and France.

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.

A total of 18 donors are expected to contribute $10.1 million in 1989. Of this total, the Centre has received firm commitments of $6.0 million.

(b) 1988 Budget

The substantial increase (35%) in expenditure between 1987 and 1988 was noted. It was considered 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.

It is expected that the cash surplus, before depreciation, may be around $600,000.

(c) 1989 Budget

It was 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 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 recommendation that the 1989 budget be accepted, with the provision that, notwithstanding other decisions, a cash surplus of at least $500,000 be achieved was agreed to and a resolution to this effect passed.

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 and if the 1989 cash surplus is $500,000. This holds out the prospect of eliminating the Centre's cumulative deficit in 1990.

Professor Feachem stressed the fact that only some "unrestricted institutional support" funds and overhead money are used to create a cash surplus. Restricted institutional support, earmarked by the donor for research, service or training is fully used as prescribed.

(d) Salary Increase

(i) Further one-third of salary increase for NO & GS Staff

It was agreed that the balance of one-third of the 1986 UN salary increase be implemented from 1 January, 1989 and a resolution to this effect was passed.

As regards flood relief assistance, it was agreed that repayment of the flood relief advances to staff should be delayed until January 1989 to coincide with the salary rise.

The matter of a flood relief grant was reconsidered, in response to a renewed plea from the Staff Welfare Association (see agenda 10). It was agreed that a one-time flood relief grant of Tk.1500 should be made to each full-time NO and GS staff member and a resolution was passed accordingly.

(ii) Pension Fund Contribution

The recommendation that employer's share of pension fund contributions be increased to 14.8% from 14.0% effective January 1, 1989 in line with the UN increase was agreed to and a resolution passed on this.

(iii) International Staff Salaries

It was agreed that the post adjustment multiplier for international staff be increased from plus 3 to plus 8, effective January 1, 1989 and a resolution passed to this effect.

(iv) Board Members' Honorarium

The Board had previously agreed that full honorarium would not be paid to them until such time as the full 1986 UN increase had been implemented for staff. As this will be done from 1 January, 1989 it was agreed that the Trustees would be paid full honorarium from 1 January, 1989 and a resolution was passed accordingly.

(v) General

While recognizing that the Ordinance requires the Centre to pay its non-international staff salaries comparable to those paid by the UN agencies, but in view of the steadily increasing financial burden and concerns expressed by donors regarding the salaries paid to the Centre's NO & GS level staff, it was requested that management carry out a survey of salaries paid in the various sectors of the economy in Bangladesh to be compared to ICDDR,B salaries.

Also, 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.

Both these surveys should be available for consideration next Board meeting and a resolution to this effect was passed.

(e) Report on status of banking arrangements

This matter is to be reviewed further by the management and a report provided to the Finance Committee Chairman before next meeting. One member requested that the following statement be included in the minutes:-

> "The statements made in the paper regarding alleged difficulties in conforming to the Ordinance in respect of banking arrangement are not corroborated by any evidence and are not as such acceptable. 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."

(f) Miscellaneous

(i) <u>International Child Health Foundation</u>

A resolution was passed requesting a report from the Director on the Foundation for discussion next meeting. In addition, one Board Member agreed to look into the matter informally.

(ii) <u>Cheque Signatory</u>

A resolution was passed authorizing the Chief Finance Officer to be a cheque signatory.

The following resolutions were passed:-

Resolution 7/Nov. 88	The Board 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 by the Board.
Resolution 8/Nov. 88	The Board resolves that the balance of one-third of the 1986 UN salary increases for NO (Revision 5) and GS (Revision 12) staff be implemented effective January 1, 1989.
Resolution 9/Nov. 88	The Board resolves that all full-time National level and General Service level staff be granted a one-time sum of Taka 1500 to compensate for the hardships suffered during the recent floods.
Resolution 10/Nov. 88	The Board 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.
Resolution 11/Nov. 88	The Board 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 post adjustment factor for UN international staff.
Resolution 12/Nov. 88	The Board resolves that the position of Chief Financial Officer be included as a Cheque Signatory of the Centre.
Resolution 13/Nov. 88	The Board resolves that the Trustees honorarium be restored to its stipulated full amount of $150 per day, effective January 1, 1989.
Resolution 14/Nov. 88	The Board 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 including emoluments paid by other UN agencies in Bangladesh and for international and professional staff salaries at selected comparable public health research institutions and universities in various countries including Bangladesh.

Resolution 15/Nov. 88	The Board 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 relationship with the ICHF.

Agenda 7: Selection of Trustees

The By-laws of the Centre, outlining the procedures for selection, should be followed and a panel of names brought to the Board next meeting for a decision.

Agenda 8: Dates of Next Meeting

It was agreed that the next meeting will be held from 14 to 18 June, 1989 inclusive. One full day will be set aside for the Personnel & Selection Comittee; one half-day each for the Programme and Finance Comittees; and two and a half days for the full Board Meeting.

Agenda 9: Policy Matters

(a) Conclusions of Donors' Meeting

See agenda 3' - ICDDR,B Support Group Report.

Agenda 10: Miscellaneous

(a) Meeting with the Staff Welfare Association

As has been the recent practise, the Board met with the Executive Committee of the Staff Welfare Association (SWA) and heard the address of the President, SWA. The President brought the following points to the Board's attention:

- remainder of expected salary increase; flood grant; security for core staff; upgrading system based on performance; local per diem; hours of work of GSI and II staff.

Each of these points was responded to by the Chairman of the Board or the Director.

The SWA was advised to, in future, present its list of claims to the Board, through the Director, in sufficient time to enable it to be circulated to Trustees with other Board papers.

The meeting closed on at 4.30 p.m. on Saturday, November 26, 1988, with thanks to the Chair.

:jc

RESOLUTIONS

NOVEMBER 25-26, 1989

RESOLUTIONS

November 25-26, 1988

Resolution 1

The Board resolves that the Director be requested to produce before each Board meeting, a written report reviewing the activities of the Centre. The Board places immense importance on this report.

Resolution 2

The Board resolves that the Director be requested to prepare before the next Programme Committee meeting, a plan of action in response to the report and recommendations of the External Reviewers of the Clinical Sciences Division including resource implications for the Centre.

Resolution 3

The Board resolves that the attached Terms of Reference of the Programme Committee be adopted.

Resolution 4

The Board resolves that the Director be requested to present to the next Board of Trustees meeting, a plan of action to implement expeditiously the suggestions on training and career development at the Centre, along the lines described in the training document.

Resolution 5

The Board resolves that it be fully involved in the process of selection of any international position above the level of P4 and that any changes of duties functions and designations involving changes in the status or basic job description of the position above level P4 require prior approval of the Board.

The Board further resolves that it will be involved in changing the duties and function of any international staff and their redesignation.

Resolution 6

The Board resolves that no staff may receive any remuneration supplementing the salary levels of the Centre from any funds which have been paid to or through the Centre and any such situations be corrected immediately,.

Resolution 7

The Board 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.

Resolution 8

The Board 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.

Resolution 9

The Board resolves that all full time National level and General Service level staff volunteers be granted a one-time sum of Taka 1500 to compensate for the hardships suffered during the recent floods.

Resolution 10

The Board 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.

Resolution 11

The Board 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 post adjustment factor for UN international staff.

Resolution 12

The Board resolves that the position of Chief Financial Officer be included as a Cheque Signatory of the Centre.

Resolution 13

The Board resolves that the Trustees honorarium be restored to its stipulated full amount of $150 per day, effective January 1, 1989.

Resolution 14

The Board 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 including emoluments paid by other UN agencies in Bangladesh and for international and professional staff salaries at selected comparable public health research institutions and universities in various countries including Bangladesh.

Resolution 15

The Board 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.

6/BT/JUNE.'89

MINUTES OF THE MEETING OF THE SCIENTIFIC PROGRAMME COMMITTEE HELD ON JUNE 14-15, 1989

Minutes of the Meeting of the Scientific Program Committee Held on June 14th & 15th, 1989 at 3.15 pm

Present:

Demissie Habte - Chairman & Member
Alf Lindberg - Member
K.A. Monsur - Member
Al Sweilem - Member
V. Ramalingaswami - Member
D. Rowley - Member
D. Ashley - Board of Trustees
D. Mahalanabis - Associate Director, CSD
S. Tzipori - Associate Director, LSD
A. Briend - Associate Director, CHD

1. The draft agenda was approved without modification.

2. Response to the CSD review:

The Chairman noted that the response of the CSD was in the files and then invited Dr. Dilip Mahalanabis to highlight the main points.

Dr. Mahalanabis prefaced his remarks by pointing out the statement of the External Reviewers that the range of specific recommendations made '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'. He then presented the responses undertaken to the specific recommendations:

2.1. Research priorities stated, i.e. shigellosis, persistent diarrhoea and acute diarrhoea management, are being pursued.

2.2 Three informal research teams have been formed that meet regularly to review progress of ongoing research, consider projects under development, and actions to be taken.

2.3. Plans for the improvement and expansion of the Clinical Research Centre have been finalized, and a planned improvement of the existing facilities initiated with funds from the Swiss Development Cooperation. However the anticipated grant from the Government of Italy for expansion of the HRC is now no more available as it has been included as part of a bilateral grant to GOB.

2.4. Regular meetings of the scientific associate directors has already been established and will enhance interdivisional collaboration.

2.5. Efforts to strengthen/create an academic environment include:

- Appointment of two professors of national institutions (Professors Akbar & Prof. M.R. Khan) as consultants to the CRC.
- Reinstating of centre-wide seminars
- Divisional clinical rounds at CRC

- Extension of library hours

Plans for further training of national staff members of the Centre, development of collaboration with a few selected institutions for both training and joint research, appointment of a visiting professor to coordinate educational activities all require funds for implementation, and have to await identificationn of sources of funds.

Similarly in order to attract promising young Bangladeshi and other Third World citizens, it will be necessary to have funds for a limited number of career positions for research at ICDDR,B. An endowment fund was recommended for this.

2.b. The recent practice of having external reviews in association with meetings of the Board of Trustees and Donors Support Group should be changed as it left too little time for interaction amongst External Reviewers, Board members and Centre staff. The possibility of having a scientific advisory team for each division (along the lines of Steering Committees of WHO SWG) should be considered.

Actions to be taken by BOT

1. Further effort will be necessary to secure funds for the planned hospital expansion. It is recommended that:

a) The GOB be approached to release part of the bilateral grant from the Government of Italy meant to be used for the hospital expansion at ICDDR,B or

b) The Resource Development Office makes extra efforts to identify other sources of funding for the same purpose.

2. The Centre should study the merits and financial implications of having a scientific advisory team (3-4 members) for each division to act as a steering committee in lieu of occasional external reviewers.

3. The scientific programme review of the Laboratory Sciences Division, conducted 13-18 March 1989, was summarized by A.A. Lindberg. The pertinent points of the review are as follows:

3.1. the LSD should be reorganized avoiding unnecessary duplication of activities and staff, including bringing clinical services and research into the same department.

3.2. research quality and productivity would be increased by focussing on projects in line with the strategic goals of the ICDDR,B

- acute watery diarrhoea
- shigellosis
- persistent diarrhoea

The research priorities should fall within a Centre-wide inter-divisional effort.

3.3. support for research activities should be competetive grant applications with internal and international peer review.

3.4. support for diagnostic patient-related services should be separated from research and funded on a long-term basis.

3.5. a continuous programme of training and career development should be introduced

3.6. the division head should have proper control over all finances, scientific activities and personnel of the division. The division head should be provided with a research development fund of at least $50,000 per annum.

The review has not yet been formally adopted by the Board of Trustees, and hence no reactions from the division or the management of the ICDDR,B were available.

Action to be taken

The review should be accepted by the Board of Trustees, and the division and management of ICDDR,B asked to respond to the recommendations.

4. Report on Community Health Division review

Drs. Shanti Ghosh, H. Akhter and B. Kirkwood were warmly welcomed and then asked to present their findings. Drs. S. Ghosh, Chairperson of the External Review Committee, started by stating that the three will share presentations as follows:

Dr. Akhter - organization of CHD
Dr. Ghosh - urban volunteer programme
Dr. Kirkwood - recommended research priorities

The following pertinent points were raised:

1) The Division is the largest in the Centre and is made up of several units, viz. Urban Volunteer Program, Epidemic Control Preparedness Program, Family Planning - MCH at Matlab and CHD proper. These units appear to operate independently under no unified division leadership. As a result there is little coordination. The units are also donor driven.

2) There is insufficient leadership skills that will be accentuated by the imminent departure of Drs. Briend and Fauveau. There is also clear evidence of a dearth of research expertise in epidemiology, biostatistics and anthropology within the Division.

3) The Division appears to have no defined overall perspective on research or clear priorities. Little interdisciplinary research is undertaken and the research

output to-date is of inferior quality.

4) The UVP is primarily a service organization trying to provide community health service (PHC) to a large population of urban dwellers (900,000). The reviewers questioned whether such an activity is within the mandate of ICDDR,B. The research activity seems to be carried out on an ad-hoc basis with little long term planning and little discussion within the CHD. There is also a transparent weakness of skills in research epidemiology at UVP. It is concluded that the broad goal of the project, namely to develop and evaluate a community based health system model, cannot be achieved under the present system. It is suggested that a limited population of around 30,000 be selected for this purpose.

5) Research priorities for the Division were identified as follows:

i) Intervention-related research aimed at prevention of diarrhoeal diseases and improvement of nutritional status. Initial areas of focus should be:

   a. improvement of infant feeding practices/nutrition education interventions
   b. improvement of hygiene practices
   c. persistent diarrhoea
   d. dysentery

ii) Implementatio-related research to determine optimum strategies for delivery of interventions and identifying constraints.

iii)Research should be focussed on urban slum populations as well as on rural populations.

In addition, when the division has been strengthened

iv) Intervention related research aimed at other important causes of child morbidity and mortality (such as acute respiratory infections).

v) Maternal health including its relationship to child health.

6. Recommendations aimed at removing the observed obstacles of the Division were made by the reviewers.

Actions to be taken

The Board after due consideration of the report should pass it to the Centre management for response and possible action.

5. Support Group

The programme committee noted with satisfaction that the goal-oriented programme planning (GOPP) workshop, May 21-

25, 1989 had succeeded in getting some 20 of the senior officers of the ICDDR,B to discuss the strategic plan and the terms of reference for the planned donor-required external review. The first workshop had succeeded in establishing broad objectives for the strategic plan, although limited to management problems. The workshop was successful in generating in the staff both an interest in and a commitment to produce a strategic plan.

The scientific priorities developed during the reviews (internal and external) of the clinical and laboratory sciences division and the community health division will be incorporated during a second workshop due to start on June 19.

The programme committee considered it imperative that it should be involved in the formulation of the objectives and goals of the ICDDR,B and the strategies required to fulfill these goals. It was agreed upon that the associate directors and director would write the strategic plan document, and discuss it with the Scientific Programme Committee before October 10.

The terms of reference for the external review were considered to be adequate.

Action to be taken

A document for the strategic plan to be produced before September 15, 1989 and to be discussed with the Scientific Programme Committee before October 10. A final document should then be circulated to the Board of Trustees and the donors no later than November 1.

6. The response of the Centre management to Training at ICDDR,B were found to be generally in line with the proposal of the Board of Trustees but too vague to be directly acted upon. The following were noted:

6.1. CDD program trainers' should refer to trainers of clinical management courses who will be primarily paediatricians.

6.2. The laboratory course should dwell primarily on identification of entero-pathogens. Clinical pathology and biochemistry should be excluded.

6.3. The component of research training for junior academic staff in universities with established academic posts was not considered in the response. It was agreed that the Centre will incorporate this.

The administration of the training programs should come directly under the Director's Office. A committee made up of competent senior staff with teaching experience chaired by a coordinator should be made immediately responsible for the formulation conduct of the detailed programs.

Action to be taken

The Board of Trustees are requested to approve the outline programme and give priority to providing funding when a detailed programme of training is developed and implemented. this program and Centre management implement the proposal.

RESPONSE TO CSD REVIEW

SUMMARY OF RECOMMENDATIONS

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.

Response to CSD External Review

We are pleased to note that the reviewers are in broad general agreement with the research priorities of the Clinical Sciences Division. We thank the reviewers for their suggestions and for further defining the research questions on the priority topics..

This response to the recommendations by the external review should be interpreted in light of the statement in the last paragraph of the summary recommendations of their report i.e. "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".

Responses to specific recommendations as indicated in the summary recommendations of the report (pages1-5) are as follows:

1. Research:

Efforts are now focussed in the priority areas i.e. shigellosis, persistent diarrhoea, and acute diarrhoea management.

Action:

Three informal research teams of investigators have been formed which regularly meet to review progress, discuss projects under development, and actions to be taken.

Action:

The hospital expansion programme (first floor) is being pursued with a clear mandate that the number of beds will not be increased. With assistance from the Swiss Development Cooperation we have initiated a planned improvement programme of the existing patient care facilities.

Potential donors for building the second floor to improve patient care (particularly bed space) and clinical research facilities have been sought. The Government of Italy have shown active interest in funding.

Action:

A short document has been prepared for consideration by the Board. It summarises our approach to building the second floor of the Clinical Research Centre taking into account that the number of beds will remain the same and personnel requirement will be kept within reasonable limits. It also contains a costing analysis.

Existing agreements with collaborating institutions are under constant review. It may be noted that the ongoing collaboration with Tufts University contains built-in administrative safeguards. As was done in the past, all future collaborating agreements will be drawn up explicitly keeping in view the interests of ICDDR,B and at the same time encouraging productive linkages.

Action:

The ICDDR,B-Tufts agreement - which we still do find a good one - will be submitted to the Board's scrutiny at its June 1989 meeting (attached).

2 <u>Interdivisional Collaboration:</u>

We are taking steps to further strengthen interdivisional collaborative research efforts. One mechanism for such strengthening efforts has already been established i.e. regular meetings of the scientific Associate Directors. Areas

of collaboration will be identified in these meetings and follow-up actions will be taken. The collaboration between the scientific Associate Directors is excellent.

3. Academic Environment

1. Ph.D - at present staff members at their own initiative try to enrol themselves for Ph.D at various universities in the developing countries. However, availability of funds is the major constraint in pursuing their aims. We propose the following steps:

i) we should locate funds for training staff members (difficult because bilateral funds are not available to national staff members of the Centre).

ii) expand collaboration with a few selected institutions for both training and joint research e.g. London School of Hygiene and Tropical Medicine, Karolinska Institute, Johns Hopkins University, Tufts University, Kantonosspital Liestal (Basel), and INSERM, France.

iii) some bright young staff members have successfully competed for commonwealth scholarships for Ph.D. they have been allowed leave without pay. This mechanism will be pursued.

iv) Ph.D registration with national universities: at present the regulations are uncertain as to the eligibility of our medical staff members for registration at the national institutions for Ph.D. The Clinical Research Centre is recognized for training for DCH Diploma for six months only. At present two professors of the national institutions are consultants at CRC (Professors Akbar and MR Khan). We propose that we further explore the feasibility of our staff members enrolling for Ph.D while doing their research work at the Centre.

v) Visiting Professor to coordinate educational activities: We propose that this be pursued using the mechanisms of consultants. However funds need to be identified for this purpose.

vi) The Centre-wide seminars which had been somewhat neglected have been reinstituted. Divisional rounds at the CRC have been started.

vii) Library: For acquisition of additional books and journals particularly related to gastroenterology, nutrition and paediatrics, we have invited suggestions from a selected group of experts including the honorable members of the external review

committee. Action will be taken on the basis of their suggestions. Concerning extension of the Library hours we have taken steps to identify funds needed for keeping the Library open for longer hours. The funds include the costs for transportation of the staff.

4. Professional Career Development and Staff Renewal:

A formal process for termination of staff appointment, although desirable, is difficult to implement. This is particularly so, in light of the fact that the best and the brightest graduates do take up positions at the CRC but leave after a short stay with scholarships abroad. To attract the best and the brightest graduates to stay at the Centre we need a stable career structure for a selected number of research positions. Even then, the attraction of foreign countries still remain.

To be able to attract promising Bangladeshi and other Third-World clinical investigators, it is necessary to have established career structure for them. For this purpose we propose that an endowment be established for a limited number of career positions for research at ICDDR,B for Bangladeshi investigators. Income from such endowments should then be able to sustain stable career structure for these investigators.

5. Future Review Process:

From 1982 onward, the external reviewers came outside of Board meetings and reported to the Director who submitted the written report, with his comments, to the Board. For the 1986 external review of the Population Sciences Division (Drs. S. Ghosh and J. Ross), it was considered useful to have the reviewers interact with the Board. This worked out quite well. Yet, in 1988, the combination of Donor's Meeting, Board Meeting and scientific review left too little time for interaction between the external reviewers, the Board and the Centre's senior staff. It might be necessary to revert to the former mechanism. On the other hand, setting up a Scientific Advisory Group per division would ensure a more frequent and regular review process.

We agree with the proposal that a clear mandate be given to the External Review Committee to prepare a written report on a specific date and that, if possible, provisions be made to discuss the final report with the Board or a sub-committee of the Board or the senior management. We suggest that the Board advise us as to how this should be done.

Dr. D. Mahalanabis
Associate Director
Clinical Sciences Division

REQUIREMENT OF PHYSICIANS AT DIFFERENT UNITS OF CRC

GROUP	DURING USUAL PATIENT LOAD					DURING USUSUAL PATIENT LOAD				
	MORNING		NIGHT		TOTAL	MORNING		NIGHT		TOTAL
	#	Hr	#	Hr	HOURS	#	Hr	#	Hr	HOURS
OPD	3	24				4	32			
CHRONIC	2	16				2	16			
INVASIVE	2	16	3	48		3	24	4	64	
WATERY	3	24				4	32			
ICU	2	16				3	24			
TOTAL	12	96	3	48	144	16	128	4	64	192

A. CALCULATIONS:

1. Yearly holidays = 52x2(Week-ends) + 11(Centre holidays) + 30(Annual leave)= 145 days

2. Total working days in a year : 365 - 145 = 220 days
(without sick and maternity leaves)

3. Total working hours in a year: 220 x 8 = 1760 hours

4. Total physicians working hours required in a year:
   a. During usual patient load period = 144 x 365 = 52,560
   b. During unusual patient load (epidemics/outbreaks)= 192 x 365 = 70,080.

6. No. of physicians required
   a. During usual patient load period = 52,560/ 1760 = 29.9 i.e. 30
   b. During unusual patient load period = 70,080/ 1760= 39.8 i.e. 40

Note: Appx. 9 months in a year would have peak periods, and the rest 3 months relatively lean period. We can, therefore, take the average of these two figures i.e., 37.5 or 38 as the number of Physicians that would be required for optimal patient care. It should be remembered however, that a proportion of the time of many of these physicians would be required for research activities

either as Principal or as Co-Investigators.

REQUIREMENT OF PHYSICIANS AT DIFFERENT UNITS OF CRC WITH EXTENDED FLOOR

Area	Morning Shift 08:30-17:00 hrs	Night Shift 16:30-08:30 hrs
1. Out-patient Department	4	1
2. Inrensive care Unit	3	3
3. Watery Diarrhoea Ward	3	
4. Invasive Diarrhoea Ward	3	
5. Persistent Diarrhoea Ward	3	
Total	16	4

CALCULATIONS:

Physicians required/ day = 16+4 = 20

Physicians hour required/day= (16x8)= 128 hrs + (4x16)= 64 hrs

Physicians hour required/year= (128x365)= 46,720 hrs + (64x365)= 23,360 hrs
= 70,080 hrs

Duty hours performed by one physician/year = 1,760 hrs

Total number of physicians required = 70,080/1,760 = 39.8 i.e 40

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESAERCH, BANGLADESH
CLINICAL RESAERCH CENTRE(CRC)

STATEMENT ON AREA-WISE PLACEMENT OF NURSES AT THE CRC

Area	Morning shift 06:00-14:00 hrs	Evening shift 14:00-22:00 hrs	Night shift 22:00-06:00 hrs	Total
Out-patient Department	8	8	6	22
General Ward (In-patient)	4	4	4	12
Intensive Care Unit	2	2	2	6
Research Wards	2	2	2	6
Total	16	16	14	46

CALCULATIONS:

Hours/ shift = 8 hours

Nurse required / day to maintain shift duties = 46

Nurses hour required/day to maintain shift duties = 46 x 8 = 368 hours

Nurses hour required/year to maintain shift duties = 368 x 365=134,320 hours

Yearly holidays = 52x2(Week-ends) + 11(Centre holidays) +
30(Annual leave)= 145 days

Total working days in a year : 365 - 145 = 220 days
(without sick and maternity leaves)

Total working hours in a year: 220 x 8 = 1760 hours

Total number of Nurses required = 134,320 / 1760 = 76.3 i.e., 77

ADDITIONAL REQUIREMENT FOR CRC WITH EXTENDED FLOOR:

4 Senior Nurses for supervision
Total Nurse required with extended facility = 77+4 = 81

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
NUMBER OF NUTRITION HEALTH ASSISTANT (NHA) REQUIRED AT THE CRC

	Shifts			
	Morning	Evening	Night	Total
Number	1	1	1	3
Hours	8	8	8	24

CALCULATIONS:

NHA required / day to maintain shift duties = 3

NHA hours required/day to maintain shift duties = 3 x 8 = 24 hours

NHA hours required/year to maintain shift duties = 24 x 365=8,760 hours

Yearly holidays = 52x2(Week-ends) + 11(Centre holidays) +
30(Annual leave)= 145 days

Total working days in a year : 365 - 145 = 220 days
(without sick and maternity leaves)

Total working hours in a year: 220 x 8 = 1760 hours

Total number of NHA required = 8,760 / 1760 = 4.97 i.e., 5

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
NUMBER OF WARD ATTENDANTS REQUIRED AT THE CRC

Area	Shifts							
	Morning		Evening		Night		Total	
	No	Hrs	No	Hrs	No	Hrs	No	Hrs
Out-patient	1	8	1	8	1	8	3	24
In-patient	1	8	1	8	1	8	3	24
Total	2	16	2	16	2	16	6	48

CALCULATIONS:

Ward Attendants required / day to maintain shift duties = 6

Ward Attendants hour required/day to maintain shift duties = 6x8 = 48 hours

Ward Attendants hour required/year to maintain shift duties = 48x365
=17,520 hours

Yearly holidays = 52(Week-ends) + 11(Centre holidays) +
30(Annual leave)= 93 days

Total working days in a year : 365 - 93 = 272 days
(without sick and maternity leaves)

Total working hours in a year: 272 x 8 = 2,176 hours

Total number of NHA required = 17,520 /2,176 = 8.05 i.e., 8

REQUIREMENT OF CLEANERS FOR THE CRC (EXISTING)

A. Outpatient Department

Area	Morning shift 06:00 -14:00 hrs	Evening shift 14:00-22:00 hrs	Night shift 22:00-06:00 hrs
ORS pavillion + Registration & Screening area	1	1	
Observation Ward Children side + Wash	2	2	--> 2
Observation Ward Female side +	1	1	
Wash	2	2	1
Observation Ward Male side + Pharmacy + Hall	1	1	
Observation Ward Corridor + Office + Store	1	1	-> 1
Total	8	8	4

B. Study Wards & Nutrition Rehabilitation Unit

Area	Morning shift 06:00-14:00 hrs	Evening shift 14:00-22:00 hrs	Night shift 22:00-06:00 hrs
Nutrition Rehabilitation Unit+ Corridor	1	1	
Clinical Study Ward	1	1	->1
Metabolic Study Ward	1	1	
Total	3	3	1

REQUIREMENT OF CLEANERS FOR THE CRC (EXISTING)

C. Offices + Kitchen

Area	Morning shift 06:00-14:00 hrs	Evening shift 14:00-22:00 hrs	Night shift 22:00-06:00 hrs
All Offices + Kitchen	1	1	0
Total	1	1	0

D. In-patient department

Area	Morning shift 06:00-14:00 hrs	Evening shift 14:00-22:00 hrs	Night shift 22:00-06:00 hrs
Watery Diarrhoea+ Persistent Diarrhoea Side	1	1	
Invasive Diarrhoea Side	1	1	-> 1
Intensive Care Unit	1	1	1
Corridor + Cl. laboratory	1	1	
Wash room	1	1	-> 1
Total	5	5	3

REQUIREMENT OF CLEANERS FOR THE CRC (EXISTING)

CALCULATIONS:

1. Cleaners required/day to perform shift duties (Total of A+B+C+D): 42

2. Total Cleaners hour required/day 42x8=336 hrs

3. Total Cleaners hour required/year 336x365=122,640 hrs

4. Total working days in a year = 365-11(Centre holidays) -30(Annual leave)-52 (Week-ends) days = 272 days

5. Total duty hours performed by one Cleaner/year(Without sick & other leaves)= 2176 hours

6. Cleaners required to perform 122,640 man hours of duties/year = 122,640/2176= 56.36 i.e., 57

REQUIREMENT OF CLEANERS FOR THE CRC (EXPANDED)
(Please see lay-out)

Area	Morning shift 06:00-14:00 hrs	Evening shift 14:00-22:00 hrs	Night shift 22:00-06:00 hrs
1. Oral rehydration triage + Screening + Registration	1	1	0
2. Children short stay(North)	1	1	1
3. Children short stay (South)	1	1	1
4. Female short stay	1	1	1
5. Intensive care unit	1	1	1
6. Offices + Kitchen	1	1	0
7. Adult male short stay	1	1	1
8. Wash (Ground floor)	2	2	1
9. Water diarrhoea area (In-patient)	1	1	1
10. Invasive+adult male	1	1	1
11. Demonstration kitchen NRU + Nurses office	1	1	0
12. Research office+lab+ Immunization + Follow-up areas	1	1	0
13. Clinial study Ward	1	1 ----------\	
		¦->	1
14. Metabolic study Ward	1	1 ----------/	
15. Persistent diarrhoea Ward	1	1	1
16. Immunization + Follow-up + Research Office & Lab.	1	1	0
17. Wash (First floor)	2	2	1
Total	19	19	11

CALCULATIONS:

1. Cleaners required/day to perform shift duties = 49

2. Cleaners hour required/day 49x8=392 hrs

3. Cleaners hour required/year 392x365=143,080 hrs

4. Total working days in a year = 365-11(Centre holidays) -30(Annual leave)-52 (Week-ends) days = 272 days

5. Total duty hours performed by one Cleaner/year(Without sick & other leaves)= 2176 hours

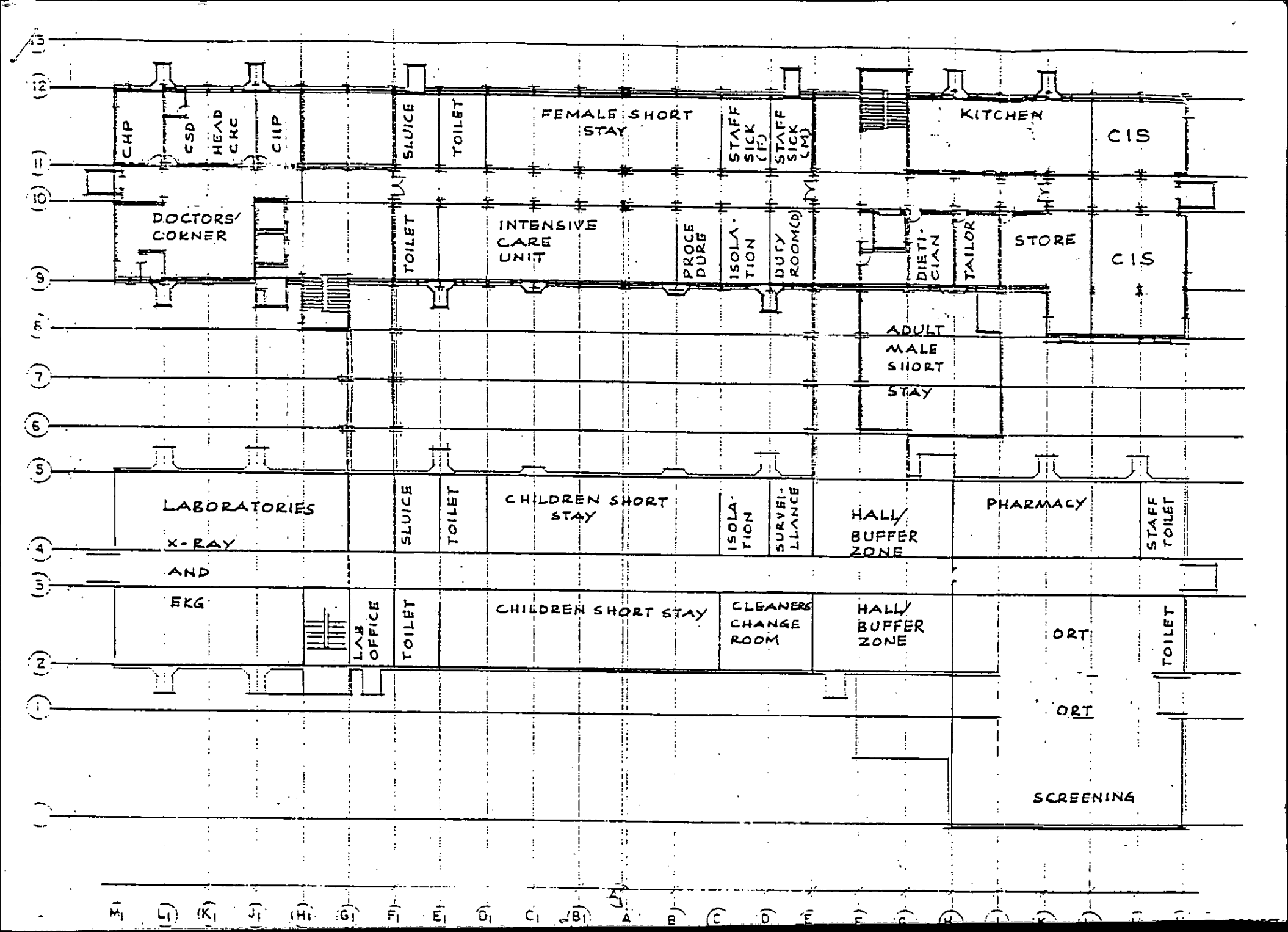
6. Cleaners required to perform 143,080 hours of duties/year = 143,080/2176= 65.7 i.e., 66

JUSTIFICATION FOR INCREASE IN NUMBER OF CLEANERS:

1. For the additional floor space of 38,000 sq. feet

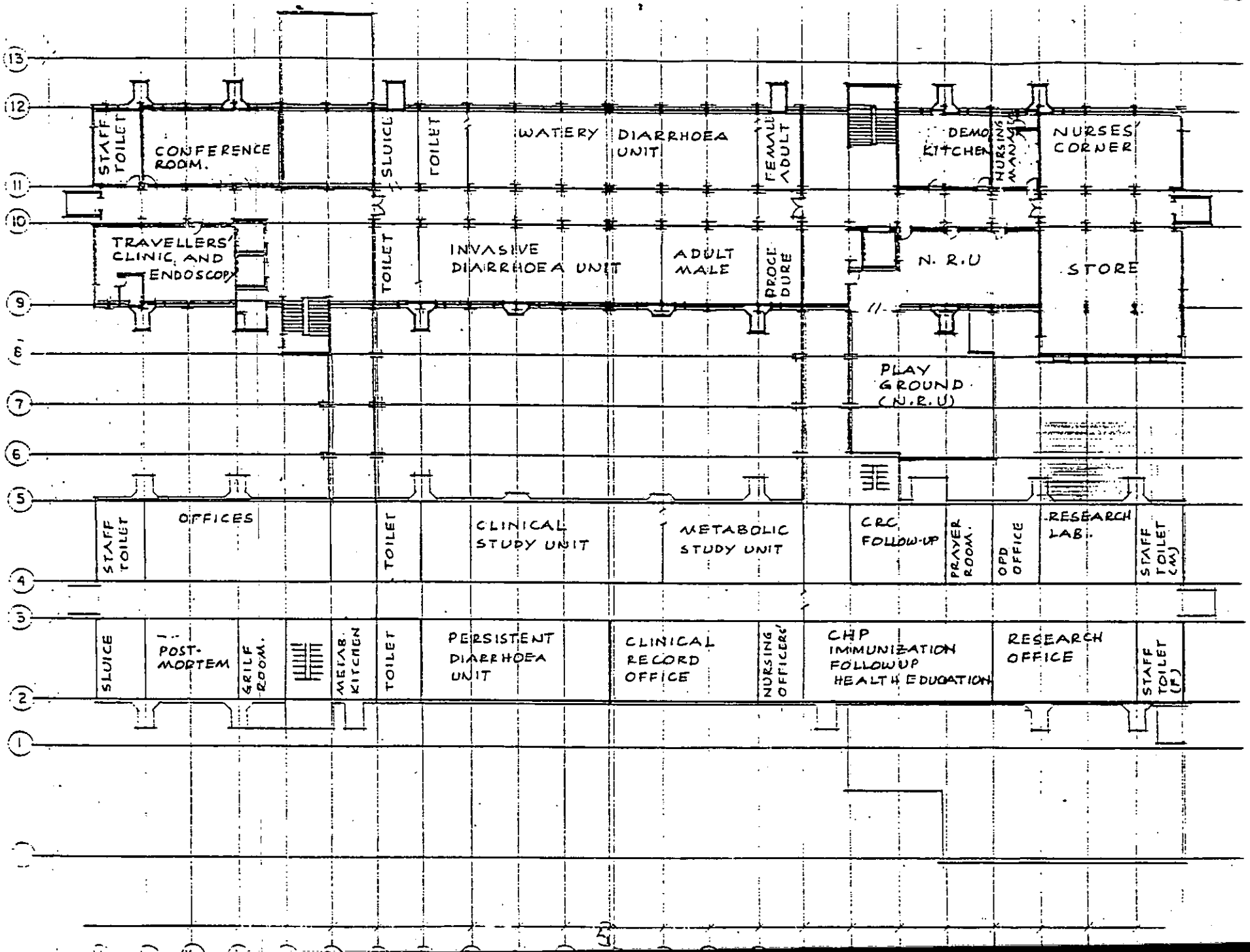
2. Additional two wash rooms

3. Toilets, Bathrooms, and Wash basins whose numbers at present are 33, 7 and 40 respectively will substantially increase after the expansion.


CHP
CSD
HEAD CRC
CHP
SLUICE
TOILET
FEMALE SHORT STAY
STAFF SICK (F)
STAFF SICK (M)
KITCHEN
CIS
DOCTORS' CORNER
TOILET
INTENSIVE CARE UNIT
PROCE DURE
ISOLA-TION
DUTY ROOM(D)
DIETI-CIAN
TAILOR
STORE
CIS
ADULT MALE SHORT STAY
LABORATORIES
X-RAY AND EKG
SLUICE
TOILET
CHILDREN SHORT STAY
ISOLA-TION
SURVEI-LLANCE
HALL/ BUFFER ZONE
PHARMACY
STAFF TOILET
LAB OFFICE
TOILET
CHILDREN SHORT STAY
CLEANERS CHANGE ROOM
HALL/ BUFFER ZONE
ORT
TOILET
ORT
SCREENING

OCTOBER 1988

Revised



MEMORANDUM OF UNDERSTANDING BETWEEN THE INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH CLINICAL SCIENCES DIVISION (CSD) DHAKA, BANGLADESH

AND

NEW ENGLAND MEDICAL CENTRE, TUFTS UNIVERSITY SCHOOL OF MEDICINE, DIVISION OF GEOGRAPHIC MEDICINE AND INFECTIOUS DISEASES (GMID) BOSTON, MASSACHUSETTS.

This memorandum summarises the nature of the collaborative scientific programme being established by the two institutions and provide a framework for developing research protocols and their conduct. The impetus for this effort is the recognition that institutional collaborations are mutually beneficial by joining resources and experience and by providing opportunities for younger research scientists from both groups.

PURPOSE

The purpose is to foster and develop clinical research investigations on shigellosis through active collaborative efforts between investigators from CSD and GMID. This research will focus on pathogenic, and clinical and laboratory aspects of shigellosis and its complications, including such poorly understood lethal ones as leukaemoid reactions, HUS and toxic megacolon and on host immune and non-immune responses that may predict risk, response to or efficacy of treatment. These studies will largely be carried out within the context of an active clinical setting.

MECHANISM

The mechanism to initiate this bilateral collaboration is the shigellosis targeted research project grant from USAID to the ICDDR,B. By means of a subcontract to GMID, funds are provided by ICDDR,B to support travel to work at ICDDR,B for the following staff of New England Medical Centre, TUFTS Medical School: Dr. Gerald T. Keusch, Professor of Medicine and Chief GMID (1 month), Dr. Michael Bennish, Assistant Professor, GMID

and Paediatric Infectious Diseases (8 months), and for a post-doctoral fellow or other personnel as dictated by project activities. The above GMID staff members' salaries are also being paid through this mechanism for the period they are assigned to ICDDR,B.

The Scope of Work as defined by the Director of ICDDR,B and Dr. G. Keusch and agreed upon by USAID/ST/H is for GMID personnel to participate with ICDDR,B in the design and implementation of research related to the shigellosis targeted research project. Dr. Dilip Mahalanabis, Associate Director, Clinical Sciences Division (CSD), ICDDR,B and Dr. Gerald T. Keusch will be the Senior Co-Directors of the collaboration, responsible for its overall direction and evaluation of its activity. The programme will function through the ICDDR,B mechanism of specific and approved collaborative research projects. These projects will complement the ongoing and future research agenda of the CSD. The day-to-day responsibility for the programme will be delegated to two Programme Coordinators, Dr. Michael Bennish from GMID and a local ICDDR,B scientist to be assigned by the Associate Director, CSD. Dr. Bennish will work as a deputed staff from GMID to ICDDR,B and work according to the rules of ICDDR,B. Junior research staff assigned to approved collaborative projects will be supervised by the two coordinators of the programme and in turn will report directly to Drs. Mahalanabis and Keusch. A working group will be formed by the Associate Director of CSD at ICDDR,B to include research workers from GMID and CSD and other interested ICDDR,B staff members. This group will hold regular research meetings and review progress as work begins on approved protocols. New collaborative research protocols will be developed on the basis of research outlines fully reviewed by Drs. Mahalanabis and Keusch and only after full agreement between these two; decision will largely be based on scientific merit, research priorities of ICDDR,B and complementarity to ongoing and future research of CSD.

Initial funding will come from the ICDDR,B shigellosis targetted research project. However, the investigators will seek external funding subject to approval by Drs. Dilip Mahalanabis and Gerald Keusch.

RESOURCES NEEDED

Office space will be provided within the constraints of the Centre for Dr. Bennish, GMID Fellow and Medical Officers, and other supporting staff as needed by the ongoing approved projects.

Laboratory space will also be found according to the need of the approved projects. Dr. Keusch during his visits will be provided with office space within the Centre's space constraints.

PERSONNEL

Personnel in addition to the ones mentioned above will be assigned or recruited based on specific needs of the approved projects. These needs will be defined by Drs. Mahalanabis and Keusch in consultation with the two programme coordinators.

BUDGET

The GMID component will be funded by the mechanism established by the Director ICDDR,B and USAID SD/H/W, via a subcontract from the applied diarrhoeal disease research project at Harvard Institute for International Development, Cambridge, Massachusetts unless more simple mechanisms can be found.

Local personnel and research supplies will be supported by ICDDR,B funds from the shigellosis targetted research project or other sources as

available and designated by the Director ICDDR,B. The programme coordinators will be responsible for requesting supplies and maintaining accounting and will have the authority to order and purchase such supplies in accordance with the approved budget and the procedures at ICDDR,B. Funds will be set aside for purchases in the USA as needed and GMID will act on behalf of the project in effecting these purchases. A mechanism to transfer funds to GMID will be established by the ICDDR,B. All purchases will be monitored by Drs. Mahalanabis and Keusch and the budget will be reviewed six-monthly during visits by Dr. Keusch to Dhaka.

CLINICAL ACTIVITIES

Apart from evaluating patients entered into specific approved research projects research investigators may participate in patient care through specific mechanisms which is being arranged by Dr. Mahalanabis in agreement with Dr. Keusch. This may include participation in routine clinical rounds and for example on the invasive diarrhoea service and in the intensive care unit. Individual research workers with special expertise and training will be available as consultants to the Treatment Centre as desired; they will also be willing to supervise activities of medical students and post-graduate trainees from Bangladesh and other countries as approved by Dr. Mahalanabis. These activities will be coordinated in consultation with the Head of the Dhaka Treatment Centre.

TRAINING OPPORTUNITIES

Training opportunities will be available through a) clinical conferences organized by the working group of the programme,b) on-the-job training of research fellows from GMID, c) exchange visits and fellowships.

TIMETABLE

The GMID component of this collaboration formally began on October 1.

During the first three months Drs. Keusch and Bennish of GMID worked on and finalised the first proposal for submission to the research and ethical committees of ICDDR,B. It should be noted that this was accepted by ICDDR,B as a special case and in future all research proposals will be jointly developed by GMID and ICDDR,B scientists. Dr. Bennish joined ICDDR,B under this arrangement as a staff member in early January 1988. Dr. Judith Norad the first fellow also joined at the same time. In the meantime the first project has been approved by RRC and ERC. Space requirements for Dr. Bennish, part-time Secretary and Data Entry technician and for the Research Fellow have been met. Laboratory space for sample processing and related activities have also been arranged. Initial pilot laboratory studies have commenced in April and enrolment of patients are likely to start sometime in June or July. Dr. Keusch will visit ICDDR,B again before the end of the year.

Signed:

New England Medical Centre,
Tufts University of Medicine
Division of Geographic Medicine and
Infectious Diseases (GMID)

Date: 5-7-88

Signed:

Director
International Centre for Diarrhoeal
Disease Research, Bangladesh

Date: 12. 5. 88.

DM:RE:ls

REPORT OF MARCH EXTRORDINARY MEETING

(INCLUDING LSD REVIEW)

6(b)/BT/JUNE.89

ICDDR,B BOARD OF TRUSTEES

PROGRAMME COMMITTEE REVIEW

OF

THE LABORATORY SCIENCES DIVISION

Dhaka, Bangladesh

13-18 March, 1989

REVIEWERS

Prof. A.A. Lindberg,
Member, ICDDR,B Programme
Committee, and
Chairman, Dept. of
Clinical Bacteriology,
Karolinska Institute,
Huddinge, Sweden.

Prof. D. Habte,
Chairman, ICDDR,B Programme
Committee, and
Dean & Professor of
Paediatrics & Child Health,
Addis Ababa University,
Ethiopia.

Prof. D. Rowley,
Chairman, ICDDR,B Board
of Trustees, and
Research Director,
Enterovax Ltd,
Adelaide,
Australia.

Prof. V.I. Mathan,
Member, ICDDR,B Programme
Committee, and
Head, Wellcome Res. Unit &
Dept. Gastroenterology,
Christian Med. Coll. Hosp.,
Vellore, India.

Prof. K.A. Monsur,
Member, ICDDR,B Programme
Committee,
Dhaka, Bangladesh.

Dr J.P. Ackers,
Co-opted Member,
and Senior Lecturer,
Dept. Med. Protozoology,
London School of Hygiene
& Tropical Medicine,
London, U.K.

Dr R. Glass,
Co-opted Member,
and Chief,
Viral Gastroenteritis Unit,
Centers for Disease
Control,
Atlanta, U.S.A.

SUMMARY

1. The Laboratory Sciences Division (LSD) is one of the larger divisions of ICDDR,B with a staff of approximately 250 and a budget of approximately $1,700,000 in 1988. As presently organized the Division is divided into two Departments concentrating respectively on clinical services and research. This structure leads to duplication of activities and staff and consequently not cost-effective.

2. To achieve efficient laboratory services for the whole Centre the three subject areas (microbiology, clinical chemistry, pathology) and research and diagnostic activities should be combined and not duplicated.

3. A review of 23 ongoing research projects within LSD showed a varying quality. Some were of high standard and within priority areas, but several could have been improved and a few should not have been started. A majority of the projects (19/23) will be completed during 1989.

We were impressed by the quality of many of the existing staff, by equipment standards and laboratory space. Given these standards the output of approximately 15 papers in peer-reviewed journals

annually between 1984-1988 must be regarded as insufficient.

4. To improve the quality and productivity of research in LSD we recommend

(i) that research projects should be in areas in line with the strategic goals of ICDDR,B:

- acute watery diarrhoea
- shigellosis
- persistent diarrhoea

These research priorities within a strategic plan should form part of a Centre-wide inter-divisional effort, of which an ongoing surveillance study of diarrhoeal diseases should be a key component.

(ii) support for research activities should be by competitive grant application with internal and international peer review.

(iii) the Associate Director of LSD should be provided with a fund of $50,000 per annum to support new projects until they can compete for funding.

(iv) support for diagnostic patient-related services should be separated from research, and funded on a long-term basis.

5. We attach great importance to the introduction of a continuous programme of training and career development

for all staff in the Division.

6. The financial problems of the Centre - a combination of United Nations salary scales and what appears to be a considerable overstaffing has led to the costs of research being uncompetitively high. Although outside the remit of the Review Committee, this is a fundamental problem which must be addressed by the Board of Trustees and the Donors. Except in the most exceptional circumstances no new staff should be hired, and new initiatives requiring staff must be met by retraining existing personnel.

II. INTRODUCTION

The ultimate goal of the ICDDR,B is to design and carry out appropriate research directed towards the reduction of morbidity and mortality due to diarrhoea. Very significant contributions have already been made, for example oral rehydration therapy.

A. Background

A major concern of several groups interested in the welfare of the Centre, including the donors, is that the Centre does not have a coherent strategic plan that outlines its goals and objectives and how these are to be achieved. The continued lack of such an institutional plan is widely perceived as damaging to ICDDR,B.

The Centre has an inbuilt mechanism for periodic external reviews of its various activities. These reviews have generally made recommendations for the Division studied and not infrequently indicated the need to see the Centre as one whole.

In November 1988, a meeting of the Donor Support Group strongly reiterated the desirability of an institutional strategic plan for the Centre, to be prepared by the Board of Trustees with the Centre's scientists; and indeed made it a

precondition for further financial assistance. In response to this challenge, the Programme Committee of the Board of Trustees planned to review, together with Centre scientists and international experts, most of the divisions of the Centre and draw up a strategic plan before the next Board meeting. However, the Programme Committee was informed by the Centre management that it would not be able to accommodate reviewers of three divisions in March 1989. Accordingly only this review of the Laboratory Sciences Division (LSD) could be made in March 1989.

The terms of reference (appendix A) include a review of the activities, formulation of focused research goals and programmes, advice on structure and staffing of the division, financial needs and the relationship with other divisions.

B. Methods

The review committee met between March 13-17. The full team had discussions with the scientific staff of the LSD as a group on two occasions. Each of the current protocols of the LSD was reviewed by the team with the principal investigators. Individual discussions were conducted with all senior staff and the laboratories were visited. The Associate Director was present for all interviews with staff and other necessary discussions. Preliminary documentation for this exercise were prepared by the Associate Director and

his staff and sent in advance to all members of the group. All of the necessary materials were made available and the group appreciated the timeliness and adequacy of the documentation.

III. DESCRIPTION OF THE LABORATORY SCIENCES DIVISION

The LSD is composed of 252 people including 5 scientists at the P level and 32 at the National Officer level.

The laboratories of the Division are scattered over the 3 floors of the IPH building, and in the clinical treatment and research centres in Dhaka, Matlab and Teknaf. Because of still existing uncertainties about the disbursements of some important donors' commitments it was not possible to ascertain the LSD budget for 1989. This is a major administrative handicap and a consequence of the unhealthy disproportion between project money and institutional support.

We were favourably impressed by the laboratory facilities present at ICDDR,B. They show a great improvement compared with a few years ago and are spacious, clean, well organized and equipped to support excellent work in enteric diseases. The facilities were generallly not crowded and could support even greater activity.

A. Organization

The Division was subject to a reorganization in 1988 (see appendix B). There are two departments

- Department of Research and Development (headed by Dr S. Tzipori, Division Head and Associate Director)
- Department of Diagnostic Services (headed by Dr. S. Kasatiya, who will leave in April 1989).

The Department of Research and Development has a staff of 61 persons in 9 separate units. Within these units are found not only research and development activities, but also service functions. The research protocols were discussed with investigators and evaluated by the Committee (appendix C).

The Department of Diagnostic Services has two branches, the Clinical Laboratory and the Reference Laboratory. The Clinical Laboratory provides service to the hospitals and also to various research projects and handles specimens of 3 categories

- bacteriology : 26,154 specimens/1988
- biochemistry : 22,444 specimens/1988
  (= clinical chemistry)
- pathology : 37,594 specimens/1988
  (= hematology plus histopathology services)

The Reference Laboratory also provides a service by analysing specimens from patients and by assisting in research protocols. In 1988, 10,700 specimens were processed. In addition the Reference Laboratory produces media for the

microbiological diagnostic services (5,688 litres in 1988) and intravenous fluids (more than 30,000 bottles in 1988).

The diagnostic/reference/research services of the reference laboratory are carried out at the Centre headquarters in Dhaka and at Matlab (staff 10 persons, 9,433 specimens in 1988) and Teknaf (staff 4 persons, 3,061 specimens in 1988).

B. Research within LSD

In the 5 year period 1984 through 1988, the Division has had about 72 articles published in international peer reviewed journals (~ 15/year).

The quality of ongoing research projects within LSD was assessed by the committee (see appendix C). The committee noted a varied quality but was pleased to see projects with high relevance for the Centre showing good progress. However, the group also noted that several projects would probably have been either redesigned or not been started at all had external reviewers been used before the projects were approved. Of the 23 projects 19 will terminate during 1989. The committee in its review felt that most of these should not receive additional funding. Therefore the LSD is in an excellent position to initiate new research projects in line with the suggested priorities of the Centre.

The Associate Director also submitted his suggestions for new initiatives in the Division. Those involving surveillance, virology, parasitology and training are in line with proposed priority areas. The others require further consideration.

IV. ORGANIZATION OF LSD

A. General Organization

The organization of the LSD still appears to be less than optimal. After the reorganization in 1988 the two departments created - Department of Research and Development and Department of Diagnostic Services - still have overlapping activities. Also the organization within the Department of Diagnostic Services with a clinical and a reference laboratory contains units which handle clinical specimens in parallel. These redundant units with their independent staffing undoubtedly adversely affect the efficiency and productivity of the LSD. The LSD is generously staffed and the present workload in routine and research could be handled by a significantly smaller staff or alternatively handle a substantially increased number of clinical and research activities.

In order to manage the LSD in a cost-efficient way, the Division should be organized so that functional units will handle both service and research. The main disciplines should be limited to:
Microbiology (including bacteriology, immunology, parasitology, virology, and the media unit), Clinical Chemistry and Pathology.

The Division should have a continuing budget to run the basic diagnostic services for the hospitals and community health activities. For research support, the scientists in the Division should apply for project money (grants) in a competitive manner.

The staff should have enough mobility so that it can be assigned to different tasks in different locations.

B. Virology

A virology unit using simple diagnostic methods will fuel both clinical and epidemologic research and provide improved support for planned or ongoing studies in the aetiology of acute and persistent diarrhoeas, the incidence of viral diarrhoeas and their importance in hospitalized patients. Such a unit could be inexpensive and use existing staff retrained in immunodiagnostic and other methods and a scientist with a basic knowledge of virology. Appropriate tissue culture capability should be developed.

C. Parasitology

The ICDDR,B needs an adequate capability in parasitology. The first and fundamental requirement is for an accurate diagnostic service. The need is for one skilled and

experienced senior parasitologist to set up the unit, train existing staff and, above all, institute effective and continuous quality control. The major priority would appear to be amebiasis since 16% of patients who died at the Clinical Research Centre, ICDDR,B despite rehydration were shown to have amebic colitis at post-mortem.

D. Electronmicroscopy

Detailed investigation in the pathogenesis of diarrhoea involves examination of normal and pathologic tissues from humans and experimental animals. The information available from detailed ultrstructural studies of such tissues has already proven its worth in other centres. An electron microscope with adequate support facilities, would also augment the capabilities for virological studies and would appear to be an essential piece of equipment which is not available at the Centre.

IV. STRATEGIC PLAN - RECOMMENDATIONS FOR 1989-94

The preceding sections have described the existing structures, plans and priorities of the Division. It is clear to the group that there are several constraints on the development of research to the point where it can contribute significantly to the reduction of morbidity and mortality due to diarrhoea. The Laboratory Sciences Division has a key role to play in achieving this ultimate goal.

Identified constraints

1. As has been pointed out in at least three previous external reviews (1982, 1984 and 1988), goals for projects and protocols are determined by two forces:

   (a) Priorities of donors who may be too much influenced by their own agenda and goals.

   (b) The generation of protocols by scientific staff primarily to get funds, but without a centralized concept of how these protocols will contribute to the overall goals of the Centre.

2. The Centre is divided into 4 major scientific divisions. Several large projects are apparently

attached to divisions for administrative convenience but, although using facilities in these divisions, they do not always interact in any scientific sense with the division to which they have been attached. In any integrated, multi-disciplinary institution, the lines of administrative command and financial control have to be clearly identified. It is inevitable that the person who controls the budget will also have the loyalty of the staff and will form a power-centre. In several instances the Associate Directors and even the Director appear to have no or little control over several of the donor-driven larger projects. It is our consensus that this has lead to administrative difficulties and the development of isolated power-cells which is disruptive to the Centre.

3. The Division of Laboratory Sciences is divided into two departments and many small and apparently independent "cells". Several of these duplicate skills and facilities, and the scientists work only on protocols which they initiate. There are no teams with multi-skilled professionals who both carry out the day-to-day activity of the Division, and also undertake research. The committee was impressed by the intellectual and technical abilities of several of the senior staff. However, some of them are being utilized for only 30% to 40% of their time, because that is all

that it takes for them to work on their protocol. It was also a matter of concern that several scientists, in spite of many years service in the Centre, and in some cases training at other laboratories, have not shown an appropriate growth in their productivity.

4. While many of the senior scientists we met are well-motivated, they appear to be misinformed about what goes on in other parts of the Division let alone in other Divisions. There is no informal get-together of staff to chat about their work during tea, etc. This is an essential activity that is necessary for intellectual cross-fertilization in any academic setting and to ensure that a cohesive division can develop.

5. The total staff of the Division numbers over 250. There is under-utilization and major difficulties in transferring one person from one small "cell" to another. The administrative actions necessary to correct this have to be urgently initiated. It is our feeling that at the junior professional, and technical level there is a surplus of staff. Therefore recruitment, if any, has to be very strongly justified and should be confined to senior professional levels.

6. The previous external reviews identified many similar problems at the Centre and suggested remedial action. Unfortunately this does not appear to have been taken. The Centre management, the Board and the Donors share the responsibility for this. If this situation is allowed to continue the Centre is unlikely to have a long-term future.

Suggested strategic plan of action

The Laboratory Sciences Division (LSD) should be a scientific facility that provides necesary laboratory services and technical and scientific inputs for projects and protocols which will be run in collaboration with all the divisions of the Centre. Therefore, in making a strategic plan for the LSD, a clear concept of the strategic plan for the Centre is necessary. The following suggestions are based on the ultimate goal outlined in the Introduction.

1. The LSD should provide state-of-the-art diagnostic facilities for diarrhoeal diseases.

2. The LSD should provide appropriate laboratory expertise to assist in the planning and execution of all research projects and protocols which need laboratory support.

3. The LSD should be the focal point for framing basic scientific questions in microbiology and pathogenesis which can only be addressed in areas where diarrhoea is endemic and epidemic.

To fulfill the above goals, the following strategies are necessary.

1. To bring together a core of senior scientists with a diversity of expertise, to assist the Associate Director, to ensure adequate cross-fertilization of ideas in a multi-disciplinary fashion and to train. It will be necessary to involve all scientists. A specified duty of any senior staff in the LSD would be to spend one-third to half their time in training younger colleagues.

2. To ensure that the scientific staff continuously upgrade their scientific knowledge, competence and technical proficiency. It will be essential that such people develop expertise in more than one area as part of a planned career development and training programme.

3. To integrate groups which are performing similar functions, with easy transfer of members of staff from one area to another.

4. To increase cost-effectiveness by, if necessary, reducing staff numbers by means of a "no hire no fire" policy.

5. To provide, as has already been done in 1988, a research development fund of at least $50,000 per annum directly to the Associate Director to use as an initiative fund for bringing new ideas to the stage they can compete for resources.

6. To ensure that the Associate Directors, who are divisional heads, have proper control over all finances, scientific activities and personnel that are part of their divisions.

The outcome of these strategies should be that LSD becomes a dynamic part of an integrated Centre. We would suggest that continuous surveillance of defined populations would be an ideal strategy by which the LSD, the Clinical Sciences Division, and the Community Health Division can together advance the goal of the Centre. This would be a useful way in which the laboratory, clinical and epidemiologic expertise can best be put together at the Centre. These strategies have as their aim the consolidation of the LSD as a viable, healthy and cost-effective part of this Centre. It is

essential that an active research programme is carried out by the division while these strategies are implemented.

Research Objectives

The research objectives for the next 3-5 years can be broadly grouped:

1. To use the surveillance system and clinical specimens to identify and characterize the full spectrum of agents of

   acute watery diarrhoea,

   dysentery, and

   persistent diarrhoea.

2. To develop and evaluate improved diagnostic methods to detect enteric pathogens including the use of immune assays, probes, rapid diagnostic tests, and other techniques.

3. To examine pathogenic and immune mechanisms of diarrhoeal illnesses with particular emphasis on those agents for which vaccines may soon become available.

V. COSTING AND FINANCE

Internationally, there is widespred perception that research costs at ICDDR,B are too high. Several interwoven factors appear to be responsible for this:

1. The U.N. based salaries without a built-in system to meet their frequent and considerable increases.

2. Fairly heavy over-manning and the considerable difficulties which appear to exist in reducing staff.

3. The lack of institutional funds leading to excessive cost-recovery from the projects.

We recommend the Board of Trustees and the Donors to urgently address themselves to these problems.

VI. PERSONNEL

There is a general impression that the Centre is over-staffed, especially at the lower level. This will be especially so after the cholera vaccine trial is over. It is imperative that a strong staffing policy is drawn up so that staff are fully engaged. The present policy of avoiding new recruitment and filling up incidental vacancies by reallocation of unattached staff should be pursued as vigorously as possible.

Duties and responsibilities

Scientists engaged in research may have little to do between the completion of a protocol and the start of a new one. It is undesirable that staff should have no identifiable responsibility for a period and tasks should be so allocated that everyone is reasonably engaged, especially when they are not fully involved in research.

Training

The Karolinska Institute's offer to train 2 ICDDR,B staff in immunology (using the sandwich model), is warmly welcomed. The same goes for the generous offer to train two staff in virology and bacteriology at the University of Melbourne.

The training programme recommended will form part and parcel of the overall programme of continuous training and career development, already mentioned, to be adopted soon by the Centre.

APPENDIX-A

EXTRAORDINARY MEETING OF THE PROGRAMME COMMITTEE WITH CO-OPTED MEMBERS. MARCH 88.

Terms of Reference

General: To contribute to the development of an institutional strategic plan for the research programme of the Centre.

Specific: 1. To review the activities of the relevant division:

2. To assist Centre scientists in the formulation of focussed research goals and programmes to be undertaken by the Centre (for each division), and to outline research strategies for implementation of the research programmes:

3. To advise on optimal staffing patterns and resource requirements and to develop an organizational structure to respond to the formulated research programmes:

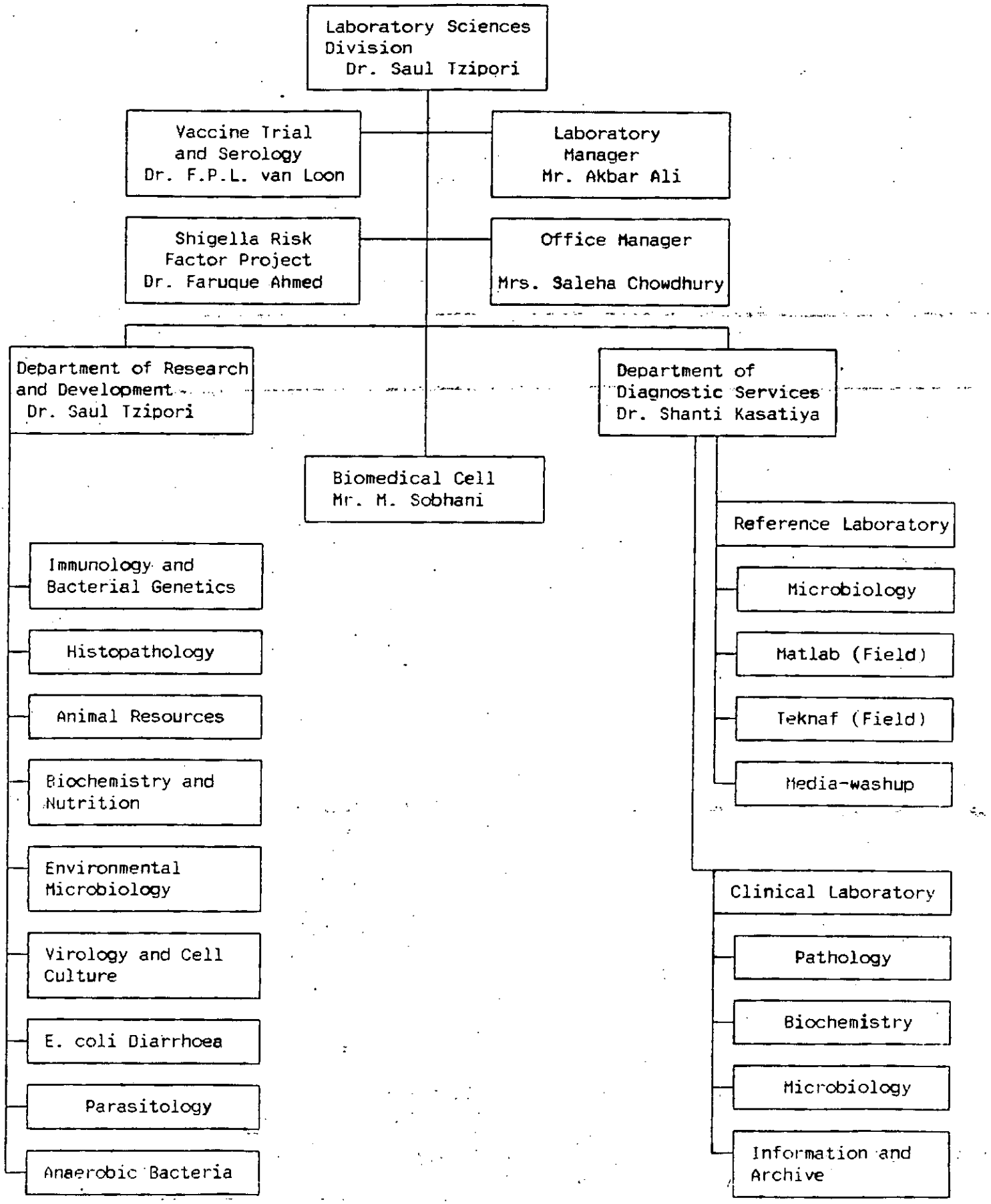
4. To indicate the approximate financial needs for the conduct of the research goals:

5. To suggest ways of facilitating inter-divisional and inter-disciplinary collaboration.

6. To submit a report covering the subjects raised above.

LABORATORY SCIENCES DIVISION

ORGANOGRAM



STAFF POSITION OF LABORATORY SCIENCES DIVISION

Name of Office	Name of Head	Total Staff
Division Office	Dr. S. Tzipori	11
Bacterial Genetics	Dr. Zia U. Ahmed	7
Immunology	Dr. F. Qadri	9
Histopathology	Dr. Md. Moyenul Islam	6
Animal Resources	Dr. K.A. Al-Mahmood	17
Biochemistry & Nutrition	Mr. M.A. Wahed	7
Environmental Microbiology	Dr. Anwarul Huq	8
Virology & Cell Culture	To be Appointed	4
E. coli Diarrhoea	To be appointed	5
Parasitology	Dr. Andrew Hall	6
Anaerobic Bacteria	Dr. S.Q. Akhtar	4
Vaccine Trial Project	Dr. FPL Van Loon	33
Serology Laboratory	Mr. Md. Shamsul Huq	8
Shigella Project	Dr. Faruque Ahmad	22
Bio-Medical Engineering	Mr. M. Sobhani	5
Department Office	Dr. Shanti S. Kasatiya	2
Reference Laboratory Branch	Mr. Q. Shafi Ahmed	16
Matlab Field Laboratory	Mr. Rezaur Rahman (Act)	12
Teknaf Field Laboratory	To be named	4
Media/Wash-up Section	Mr. Nurul Islam	14
Clinical Laboratory Branch	Dr. Anowar Hossain (Act)	3
Pathology Section	To be named	11
Biochemistry Section	Mr. Ashish K. Chowdhury	14
Microbiology Section	Mr. Khorshed Alam	19
Information & Archive	Mr. Emarat Hossain	5

Summary of the LSD Staff Position

Division Office	11
Department of Research & Development	141
Department of Diagnostic Services	100
Total :	252

Grade-wise Staff Position of LSD

P	=	5
NO.E	=	1
NO.C	=	7
NO.B	=	10
NO.A	=	14
GS.6	=	20
GS.5	=	34
GS.4	=	46
GS.3	=	58
GS.2	=	16
GS.1	=	25
Consultant	=	2
Visit. Sci	=	1
Student	=	12
		252

APPENDIX C

Scientific Review of the Activities of the Laboratory Science Division

	Protocol No.	Title	Principal Investigator	Starting/ Completion Date	Budget US$
1.	84-001 (revised)	Field trial of oral B subunit/ whole cell cholera vaccine	Dr. F.P.L. Van Loon	July 01,84 June 30,89	1,220,956

Progress to date

The field trial of the oral B subunit-whole cell cholera vaccine has been the most productive diarrhoeal disease study at the Centre in recent years. The investigators have identified the oral vaccine to be protective against cholera in children and adults, to sustain protection in adults for at least 3 years, to provide short term protection against ETEC diarrhoea. Data analysis is still continuing even though all of the major expatriate investigators involved have left the Centre.

Evaluation

This project has advanced our understanding of cholera, cholera vaccines and mainly to cholera and is a major contribution to the field.

In view of the less than complete efficacy of the vaccine in children and issues of formulation and delivery, the vaccine is not considered to be well suited for broader public health use.

Recommendation

Continued support of analysis for this study is warranted. Additional extensions and field work needs to be evaluated individually in view

of their benefits and costs. The trial has created staffing problems that need accommodation back to prevaccine levels.

	Protocol No.	Title	PI	Starting/ Completion date	Budget US$
2.	85-010	The role of the acquatic flora on the long term survival of Vibrio Cholerae in the environment, a mechanism for maintenance of endemic cholera.	Dr.M.S.Islam	July 01,85 April 30,89	18,697

Progress to date

Water, water plants, plankton and sediment from ponds in Dhaka city had been collected and cultured to detect Vibrio species. V.cholerae 01 was only found during the epidemic season, the others all year round.

Evaluation

A potentially important study flawed by poor design and execution. The results cannot yet be regarded as definitive. The total volume of work carried out would have occupied 25% of the time of the investigator. However, the division head reports that he is an extremely valuable person in terms of his willingness to do any work that is assigned to him.

Recommendation

Two essential pieces of work must be carried out before the project ends: 1) the (maximum) sensitivity of the culture method used must be assessed by seeding sterile samples with cultured vibrios: 2) a search using FAT must be made for non-cultivable V.cholerae 01 on samples taken during the non-epidemic season; 3) this study should be closely integrated into the other study in the same section.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
3.	85-044	Gastric acid as a determinant in population immunized with oral cholera vaccine and as an interactive risk factor for clinical and asymptomatic cholera in an un-vaccinated population.	Dr.FPL van Loon	June 01,86 June 30,1989	191,722

(project Completed)

Progress to date

The study investigated the possibility that hypochlorhydria contributes significantly to vaccine failure among persons receiving 3 doses of oral cholera vaccine. Gastric acid output was studied by magnesium induced breath hydrogen output increases after pentagastrin stimulation.

Evaluation

1. The possibility that in low gastric acid output individuals the vaccine may have a better take was not investigated.

2. The method of estimating gentric acid has apparently been validated but no data is available. The PI was unable to give any data on the study.

3. The possibility that low acid output is a result of the infection since it was studied posthoc has not been considered.

4. The budget appears rather excessive for such a simple study where the surveillance mechanism was part of the vaccine trial.

Recommendation

The study needs to be analysed and written up.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
4.	86-028	The identification and characterization of strains of Giardia Intestinalis	Dr. A. Hall	Nov.01,87 June 30,89	15,800

Progress to date

Seven isolates of G.lamblia (four from London) have been studied and three cloned. Thirty four enzymes have been examined by cellulose-acetate electrophoresis of which only four have shown usefui polymorphisms.

Evaluation

The project has proceeded very slowly and has been completely overtaken by work done elsewhere. No useful results have been obtained.

Recommendation

The study is due to end in 3 months. When completed, the study should be analysed and written up.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
5.	86-035	Is there evidence for a predisposition to Ascaris	Dr. A. Hall	July 30,88 Jan.31,1990	69,400

Progress to date

1821 people were successfully dewormed in the initial 6-month period. As expected worm burden was skewed with 39% heavily infected. A second round of deworming is about to begin.

Evaluation

The satisfactory completion of this study depends on the nutritional study and the search for risk factors for heavy infection. These risk factors should be assessed prospectively (i.e. before completion of the study) and retrospectively after the study is completed. Otherwise this study will not yield anything new.

Recommendation

Study should be completed and data analysed.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
6.	87-002	Prospective study of risk factors for the occurrence and clinical sequalae of shigellosis in rural Bangladeshi children.	Dr. Faruque Ahmed	June 24,87 Dec.31.89	239,767

Progress to date

This study uses a family study design to evaluate several risk factors for symptomatic Shigella infection and several possible prognostic factors for nutritional decline and persistent diarrhoea after Shigella infection among children under 5 years of age. Risk factors include level of Vitamin A, breastfeeding, weaning, nutritional status, recent measles, personal hygiene of the child and mother, food handling practices of the family, and water supply and storage practices of the family. As of February 1, 1989, 1250 children were enrolled in the study of which 6.5% have developed shigellosis. Despite an incidence which is half of that expected, the investigator has found many alleged relationships that might have been anticipated.

Evaluation

Three experienced expatriate co-investigators all of whom have left the Centre have left the study with an inexperienced investigator. The

design of the study raises questions of whether the risk factor (eg. behaviour) can be adequately assessed during the home visits.

The cost of the proposal is grossly inflated and unjustified.

Recommendation

Current data should be completely analysed now before continuing the study. The project needs more continuous input from an experienced epidemiologist. Local investigator would be a good candidate for further training in epidemiology. The one-day observation data of behaviour has to be validated against a thorough observation of behaviour among a randonly sampled group of families.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
7.	87-001	Isolation of attenuated mutants of Shigella and evaluation of their safety and their ability to stimulate immune protection in rabbits and monkeys.	Dr.Ziauddin Ahmed	July 01,87 June 30,90	222,948

Progress to date

Thyamine requiring (thyA) and double (thyA, TS-) mutants of Shigella flexneri have been obtained and in preliminary tests shown reduced lethality and some protective ability in a rabbit model.

Evaluation

It is possible that a potential vaccine strain has been discovered, but much more data from in vitro and in vivo assays is needed to establish this.

Recommendation

Using the already-arranged primate facilities in India the LD_{50} and protective potency of the strain should be established. Using

repeated rabbit passage the reversion rate should be measured. If these results are encouraging the mutation should be characterized and if necessary replaced by a deletion. If not the project should be terminated.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
8.	87-022	Association of extra-cellular hydrolytic enzymes with virulence of Shigellae	Dr. Khaleda Haider	Dec.20,87 Oct.31,89	25,286

Progress to date

25 pairs of virulent and avirulant strains of Shigella species have been compared for their production of fifteen different extracellular hydrolytic enzymes. No differences were found except an anomalous results with mucinase.

Evaluation

It was felt that the study had been completely carried out: but that the original concept was flawed and unlikely to yield interesting results.

Recommendation

The existing study seems unlikely to yield useful results if pursued. The plasmid work might be worth pursuing during the remaining 6 months.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
9.	88-006	Haemagglutination ability and adhesiveness of Shigella dysenteriae type 1.	Dr. F. Qadri	April 01,88 March 31,90	93,330

Progress to date

Fresh isolates of Shigella dysenteriae type 1 when cultured in casamino acids - yeast extract + 1mM CaCl agglutinate red blood cells in

a fashion inhibitable by N-acetyl neuraminic acid, N-acetyl neuramin-

lactose and - glyco-protein. The adhesion, not yet purified and/or characterized, differs from that seen in S.flexneri. The S. dys type 1 adhesin could be an important colonization factor, and thus of significance for virulence and in a future vaccine.

Evaluation

A well designed study executed by a group well versed in protein biochemistry. The prospect of identification of the adhesion appears to be good. It would be advisable to extend/improve the protocol on a few points:

i. to study if S. dysenteriae type 1 strains isolated in the longitudinal study in Matlab from patients with dysentery and asymptomatic carriers express (or not) the adhesin;

ii. to interact with the bacterial genetics group to see if mutants which are non-invasive but adhesive can be obtained - this would facilitate isolation of the adhesive molecule.

Recommendation

This well designed project should receive full support. The study has a high priority.

Productivity is good.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
10.	88-013	Secretory IgA antibody in saliva of children with shigellosis	Ms. C. Schultsz (Dr.Qadri acting PI)	June 01,88 Dec. 31,89	13,400

Progress to date

Objective is to collect saliva from 10 patients 9 children) with culture proven dysentery and from 10 healthy control children to study the sIgA response against outer membrane proteins, O-antigen (Lipopolysacchiaride) and Shiga Toxin in ELISA. The sIgA response, if sensitive and specific, should be developed into an assay to study

immune response after infection/vaccination. So far saliva from a few children have been collected and a doubling, or so, of the titre seen in an open study.

Evaluation

The study is still in its infancy. However, the review group noted some severe deficiencies in the study design:

i. only saliva is studied - hence no correlation with a serum antibody or fecal antibody response can be obtained.

ii. the study should be blinded.

iii. the control group of only 10 individuals is probably too small. The staff appears to be too large for the size of the project.

Recommendation

The study is seen as a pilot study. The critical points raised above should be taken into consideration. There is still time to complete the study within 1989 the data analysed and written up.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
11.	87-018	Detecting metabolites of *Ascaris* in urine.	Dr. A. Hall	May 24, 88 Feb. 24, 89	

Progress to date

The concentration of two metabolites of *Ascaris lumbricoides* in the urine of 35 infected subjects has been measured and shown to correlate with the number of worms present. The metabolities have been chemically characterized. The project has been completed, the results have been written up and submitted for publication.

Evaluation

In its present form, the technique, involving gas-liquid chromatography, is not practically useful. It might be possible to develop a

calorimetric dip test for heavy infection but the need for this would

require careful evaluation first.

Recommendation

None.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
12.	88-005	Isolation of campylo-bacters from domestic animals.	Dr. S.Q. Akhter	June 1988 Feb. 1989	

Progress to date

The objective is to isolate Campylobacter species from domestic animals and birds to examine any possible correlation of the prevalence of these organisms and the occurrence of diarrhoeal illness in animals and birds and to investigate the resevoirs for transmission of Campylobacter enteritis to man. 410 specimens were examined of which 149 (36%) had C.jejuni. Animals and birds may play a significant role in the transmission of Campylobacter infection.

Evaluation

This project served as research for a Masters thesis supervised by the PI. There was no sampling frame for collection of specimens or correlation of infection with disease. The study involved little more than culturing animals for Camplylobacter and reporting cases of isolation.

Recommendation

The study has been completed. The results should be analysed and written up.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
13.	88-016	DNA probe analysis of selected Bangladeshi paediatric diarrhoeal patients for five	Dr. N. Strockbine (CDC),Atlanta	March 88 Dec. 1988	5,330

virulence-associated characteristics of E.coli

Progress to date

This study has not yet been started. Dr. Strockbine is expected to visit ICDDR,B in November 1989 to do the outlined study which will test E.coli isolates using DNA probes for (i) localized adherence (EPEC), (ii) diffused adherence, (iii) enteroinvasiveness, (iv) shiga-like toxin 1 (= Verotoxin 1), and (v) shiga-like toxin 2 (= Verotoxin 2).

Recommendation

This is a well designed study and should be done. The DNA-probe assay should be established at the ICDDR,B. The results of the DNA-probe assay should be compared to those of bioassays (Dr. C. Wanke) when feasible, and either one be established as the "gold standard" at ICDDR,B.

	Protocol No	Title	PI	Starting/ Completion Date	Budget US$
14.	88-014	Formulation and evaluation of improved isolation medium for Aeromonas	Dr. Z. Rahim	Aug.88 Apr.89	4,378

Progress to date

A new selective and differentiating medium for the improved isolation of Aeromonas. The medium in laboratory tests is superior to blood agar + ampicillin which is commonly used for isolation of Aeromonas.

Evaluation

The project has evolved according to plans.

Recommendation

With our present knowledge isolation and characterization of Aeromonas with our present knowledge hasf low priority. The medium should be tested in routine diagnostic services, the results analysed and written-up.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
15.	88-022	Characterization of adherence traits of E.coli and their association with diarrhoeal illness in Bangladesh	Dr. C. Wanke	Sept.88 Sept.89	12,220

Progress to date

Bioassays to study the adherence patterns of E.coli isolated from patients with diarrhoeal disease have been set up using HEp-2 tissue culture cells. The technique has been firmly established and the assay is being tested in a blinded study using E.coli from ongoing trials at ICDDR,B (F. Henry, AH Baqui, Dr. Mahalanabis)

Evaluation

Progress has been very good. Autoaggregative strains have been collected from the small intestine of infants with persistent diarrhoea. The adherence bioassay has been established at ICDDR,B and 150 clinical isolates are being processed every week.

Recommendation

The project should be given high priority. The bioassay should be an established technique at ICDDR,B. Strains bioassayed for their adherence properties should, when feasible, be tested in DNA probe analysis to be established at the Centre by N. Strockbine (project no. 88-016).

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
16.	88-017	Evaluation of finger-prick blood for Salmonella typhi isolated from suspected patients	Dr. Anwarul Huq	Oct. 1.88 Oct. 31.89	6,360

Progress to date

The rate of isolation of S.typhi from 0.2 ml samples of venous blood after enrichment have been compared to standard venous blood cultures. To date seven patients have been evaluated and only one had a positive culture.

Evaluation

The study has low priority.

Recommendation

The study may be completed.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
17.	84-046	Cause of acute lower respiratory tract infection in children of Bangladesh	Dr.M. Rahman	Jan.1,85 Feb.28,89	

Progress to date

The study has been completed and a draft of the paper has been finished.

Evaluation

The study involves the determination of the etiologic agents of 401 hospitalized children <5 yrs with a clinical diagnosis of ALRI and diarhoea (374 pneumonia, 12 bronchiolitis and 11 tracheo-bronchitis). A respiratory pathogen was identified in 30% of the patients (including 19% viral, 15% bacterial and 4% mixed). A diarrhoeal pathogen was detected in 34% of patients (Shigella spp. 73%, V.Cholerae 29%). Both respiratory and diarrhoeal pathogens were isolated in 12% of cases and neither in 48%. Rotavirus was not looked for.

Recommendation

None.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
18.	86-027	Study of the seasonal distribution of Vibrio Cholerae plankton and water chemistry in natural waters in Matlab, Bangladesh	Dr. Anwarul Huq	Oct.19,86 Oct.31.89	78,780

Progress to date

Samples have been collected from water sources at Matlab and Vibrio Cholerae has been searched for by immunoflourescence and culture technique. Uncultivable vibrio can be demonstrated throughout the year with increasing numbers prior to the cholera season when vibrios can be cultured from the water.

Evaluation

An interesting project which was intefered with by the floods last year. The PI is planning to leave on a sabbatical.

Recommendation

The project needs to be integrated with an almost identical project (protocol No. 2, M.S. Islam) run in the same section. The data should be analysed and written up.

	Protocol No.	Title	PI	Starting/ Completion Date	Budget US$
19.		Incidence of diarrhoea due to Escherichia coli.	Dr. K.A. Monsur	June 1988 June 1990	71,870

Progress to Date

A large collection of phages has been obtained through isolation from sewage and their usefulness in typing of E.coli assessed. So far a specific pattern has been demonstrated only for some ETEC strains of O group 78.

Evaluation

With the exception of the correlation of some ETEC strains of O group 78 with a specific phage pattern no evidence has been obtained that phage sensitivity correlates with pathogenecity. Hence, the practical usefulness of phage typing as a virulence marker remains doubtful. However, isolated phages may become useful research tools.

Recommendation

The study should be completed and published.

REPORT ON CHD REVIEW

Report of the External Review Team On the

Community Health Division

ICDDR,B

Dhaka, Bangladesh
10-15 June, 1989

Contents

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Terms of Reference

General: To contribute to the development of an institutional strategic plan for the research programme of the Centre.

Specific:

1. To review the activities of the relevant division;
2. To assist Centre scientists in the formulation of focussed research goals and programmes to be undertaken by the Centre (for each division), and to outline research strategies for implementation of the research programmes;
3. To advise on optimal staffing patterns and resource requirements and to develop an organizational structure to respond to the formulated research programmes;
4. To indicate the approximate financial needs for the conduct of the research goals;
5. To suggest ways of facilitating inter-divisional and inter-disciplinary collaboration;
6. To submit a report covering the subjects raised above.

Review Methods

The external review of the Community Health Division was carried out from June 10-15, 1989.

The review team had detailed discussions with the Associate Director of CHD who had prepared a background document presenting an overview of the Community Health Division and highlighting its strengths and weaknesses. The team was also provided with considerable material including reports, publications, protocols, and future research priorities.

Discussions were also held with the majority of scientific staff of the division as detailed in Appendices I and II. Since the Urban Volunteer Programme is the biggest programme within the Division, a whole a day was allocated for its evaluation and a field visit was also carried out.

In addition, the team had the benefit of discussions with Professor D. Habte and Dr. D. Ashley, members of the Programme Committee of the ICDDR,B Board of Trustees, who also participated in some of the review sessions, and with Dr. D. Mahalanabis, Associate Director, Clinical Sciences Division and Dr. S. Tzipori, Associate Director, Laboratory Sciences Division.

The review team acknowledge with thanks the asistance provided by the staff of ICDDR,B. Special mention must be made to Ms. Loretta Saldanha who was of invaluable help throughout the review.

Organization of Community Health Division

A. General Organization:

Community Health Division (CHD) is the largest division of the ICDDR,B with a staff of approximately 700. It has three large projects and one Epidemiology Department. It has seven international staff, two being seconded, and three consultants. Over 300 of the total 700 staff are field workers in two major projects under the division.

The Community Health Division (previously Community medicine Division) was founded in 1985 after the Community Services Research Working group (CSRWG) was split into two divisions viz. CHD and PSE&D (Population Sciences and Extension Division).

The major strength of the division is its access to major field research areas under demographic surveillance, which gives a potential for research difficult to find elsewhere.

Dr. Mike Rowland, a Paediatrician, was nominated Head of the CSRWG and later was head of the CHD. After he left the Centre, the division had no Associate Director for about a year. Dr. Andre Briend a mid-level scientist from the CHD was made Acting Associate Director of the Division. This decision was initially made as an interim measure but subsequently was confirmed.

The Associate Directors play key roles in leading research developments in their divisions. The organizational structure and the responsibilities require the Associate Director to have qualities of leadership that permit him to exercise quality control on the one hand while stimulating ideas, recognising talents within different levels of staff and supporting their development of capabilities to match the requirements of the division.

In CHD, Dr. Briend's position has been a difficult one having been selected to head the division from a mid-level position, he had to face much resistance from the other staff members expecting to take the position. He also seems to lack in initiative and communication skills to overcome these problems which increased the gap among members of the division so that communication almost broke down.

B. Field Research areas: The three big project research areas the division has are Matlab MCH-FP Project, Urban Volunteer Program (UVP) and the Mirzapur Project, where testing handpump intervention has come to an end, but it is proposed to retain the area for several follow-up studies and for initiating new studies.

C. Epidemiology department including a large Epidemic Control Preparedness Program to train government personnel to control epidemic of Diarrhoeal Diseases and provide services as a part

training. The ECPP project will end in August 1989.

Constraints

It is clear to the review team that there are multiple constraints in the organization of CHD.

1. Several empires operating independently within the division with no overall leadership. There is lack of line of authority within the project managers, the department heads and the Associate Director. The Associate Directors appears to have no control over the Urban Volunteer program. The Epidemiology Department has no communication with the Associate Director.

2. It became apparent that there is lack of coordination and communication gaps within the division. There is a tension in the division. Staff members seem to suffer from lack of confidence in sharing research. It was felt that there is a concern among the staff members that adequate credit is not always given. Because of fear of criticism staff seem to be unwilling to discuss any research findings let alone their own research or publications.

3. Very poor coordination with other divisions. Although intellectual and technical abilities exist in other divisions

the staff do not utilize these skills appropriately, although there are a few exceptions.

4. There are operational constraints in ready access to Matlab database. This was also discussed with the associate director of PSED. He considers that the most expeditious way is for scientists to access the database themselves to extract data. The review team, however, is of the opinion that this is a service that should be provided by PSED, as PSED staff know all the intricacies of the database. An inexperienced user could all too easily make errors in extracting data and be unaware of them. This does not mean that scientific staff with the necessary expertise should be denied access.

The team agrees with the associate director of PSED that projects using the Matlab database should contribute to its maintenance. We advise, however, that this should not be seen as paying for data. Once data are collected it should be available; the appearance of unwillingness to give data away for free is inappropriate and appears to conflict with a major objective for the database, which is to enhance research potential of other protocols. The recommended approach is instead to require research projects to include a small percentage in their budgets as overheads for the Matlab database maintenance. Different contributions should be required, depending on whether access rto the database is a

major or minor part of the project.

5. Irrespective of the historical background of the evolution of the division and changes in leadership, the review team observed a lack of leadership skills in the division both on the scientific and management considerations. There will be additional gaps with the departure of Drs. Briend and Fauveau.

6. There is a lack of overall perspective on research or clear priorities for the division as a whole. There is no document specifying general and specific goals and objectives of the division both for the long term and short term. This lead to lack of team effort to achieve these objectives or to formulate plans for the division. There is also a lack of sense of direction for research.

7. From the presentations, discussions and review of scientific materials the lack of research skills in the division became very apparent. This is discussed in more detail in the research section of this report.

8. A lack of interdisciplinary research was also observed which is discussed in the research section of this report.

9. A large number of personnel exist with inappropriate skills both in scientific as well as in field/project areas. Some staff recruited at certain stages of projects under

certain conditions have become obsolete and cannot be properly utilized under current requirements. Among the scientific staff only a few are currently able to do a literature review, formulate research, hypotheses, develop a sound protocol, conduct the research, analyse the results and write scientific papers without external help. Capable senior scientists are overcommitted and less experienced staff are underemployed.

10. Lack of independent budget. There is no divisional control over budget nor sharing of resources between the projects. Some projects use funds inappropriately, whereas a good data set cannot be obtained or analyzed because of lack of availability of a few hundred dollars under the discretion of the division head.

11. The inflated charging of services from other divisions, namely microbiological analysis and use of Matlab database discourages researchers to conduct research involving these resources.

Matlab MCH-FP Project

Matlab Station is the oldest field station in ICDDR,B and was initially chosen to test cholera vaccines. The Community Health Division (CHD) was founded in 1985 after the Community Services Research Working Group was split into 2 divisions viz, CHD and PSE&D (Population Sciences and Extension Division). When the MCH-FP project was started in Matlab in 1978, its main activity was family planning. The MCH component of the project really started at the end of 1985 to upgrade the community services in Matlab, and there was little evidence of any MCH services at the time of the last review in November 1986. From the reports available and after discussion with various investigators and members of the division it is clear that several research activities have taken place in the last 3 years for implementation and evaluation of the MCH component of the programme, mainly to reduce mortality. Nutritional cut off points beyond which there is increased risk of mortality have been studied. Causes of death among women and infants have been studied to identify strategies for reduction of mortality rates. Mortality data have been put to good use to study causes of perinatal and neonatal mortality as well as the impact of immunization.

The ill-adapted staff structure of the Matlab Station is a cause of concern for future development and research. Many male staff

who were recruited for the cholera vaccine trial are redundant now, as for various MCH inputs women workers are needed. Many staff members who were recruited for record keeping are also relatively idle because of the introduction of computer technology. Their maintenance is expensive, and not very productive, but there are no easy solutions to deal with it. Lack of experienced female investigators who could help in areas of research concerned with contraceptives, breast feeding, weaning practices, etc., is also a problem.

Future planned research priorities include studies on dysentery, persistent diarrhoea, maternal and child health with particular emphasis on community based interventions, monitoring of nutritional status and home management of severe malnutrition, impact of nutrition education and various aspects of lactation. Several aspects of nutritional management including food supplements, improved weaning practices, role of mineral composition of diet in growth and risk of diarrhoea are planned for the coming years.

Pursuing through the present activities and the activities planned, there does not seem to be sufficient emphasis on maternal health. The data on maternal mortality is clear on the main causes of death, most of them preventable. There is some evidence of reduction of maternal mortality in relation to reduction of fertility,but further reduction can only come about with inputs

in maternal health. Maternal mortality has implications also for infant and childhood mortality as well as for child health.

The Community Health Worker, after suitable training, could well be involved in various aspects of maternal health such as antenatal care, assessment of high risk pregnancies (for which local criteria will have to be developed), management of deliveries and care of the newborn, breast feeding and weaning etc.. She could provide the necessary support and supervision to the traditional dais who would need to be appropriately trained.

While various aspects of severe malnutrition and risk of death have been studied, there seems very little emphasis at present on the preventive aspects. That severe malnutrition contributes to death is well known. The incline, however, is gradual, and goes on rising with increasing malnutrition; early intervention can prevent children from reaching this critical stage. The role of Nutrition Rehabilitation Centres is limited and even questionable. Strategies such as growth monitoring which necessarily must include involvement of the mother, awareness creation and nutrition education could well be tested under controlled conditions. Nutrition education implies a knowledge and understanding of traditional beliefs and feeding behaviour. No doubt, help of a social scientist/anthropologist would be crucial to such studies. The study conducted by Shushila Zeitlyn could provide many leads.

The Urban Volunteer Programme (UVP)

The Urban Volunteer Programme covers around 500,000 persons, approximately half the population of Dhaka urban slums The target population is women (particularly mothers and women of child bearing age), as well as children less than 5 years of age. The project has a broad goal to develop and evaluate a community based urban health system model. It was established in 1981 in response to a recognition that existing health facilities could not adequately reach the poorer sections of Dhaka city. About 1500 locally recruited volunteers are the mainstay of the project - they work in pairs, each pair looking after a population of 500 or 100 families. Each volunteer is visited by a supervisor every two weeks. These in turn are supervised by a Community Health Service Coordinator (CHSC) and Field Research Officer. Each Field Supervisor supervises and provides support to 40 volunteers; their performance is reviewed by the CHSC twice a year.

All volunteers receive 10 days' of training focussing on four preventive health strategies i.e. diarrhoea/hygiene, nutrition, immunization and family planning. There are some retraining sessions also.

The project initiated in 1987 has a 5 year grant ($1,000,000 per year) funded by USAID with secondary contributions from the

Belgian Administration and Development Cooperation and the French Government. The project has a broad goal to develop and evaluate a volunteer, community based urban health model. Within this system it also aims to develop an inner-city research infrastructure to gather epidemiologic information, perform disease surveillance and collect morbidity and mortality information in order to develop and evaluate child and maternal health intervention strategies in the targeted slum population.

Health indicators to be studied include: diarrhoeal diseases, nutrition, breast feeding practices, weaning practices, frequency of night blindness and signs of vitamin A deficiency, frequency of roof top gardens, immunization and EPI preventable diseases, family planning, hygiene status.

During 1988, approximately 380 individuals were involved in UVP, in addition to the nearly 1500 volunteers. The UVP's central staff numbers 57 with an additional 140 special level staff. International staff have been utilized in special projects, protocols or as consultants.

Looking at the service statistics the number of ORS packets distributed has gone up to 904,487 - indicating a packet increase of nearly four fold over a three years. This is interpreted as an increase in the outreach of volunteers rather than an increase in diarrhoeal disease (there is no data to support it).

However, distribution of packets does not necessarily represent their use in diarrhoeal episodes.

Through the pilot immunization referral project, approximately 1250 children and 1255 mothers were referred and received immunization. Another approximately 3800 women and children were referred through the general volunteer system. About 350 patients were treated in the UVP nutrition rehabilitation centres, with another 200 malnourished children participating in a supplemental food programme linked with maternal education. Other services provided are bars of soap for cases of scabies and vitamin A capsules.

During the 1988 flood, the UVP mounted a major flood relief intervention which provided outreach to nearly 75,000 families during the 4 months period following the flood which received much recognition. UVP plans to develop a formal flood emergency relief plan which will be shared with other agencies.

Research activities include surveillance data on anthropometry, selected disease morbidity in the under 5 year olds, demographic and socio-economic indicators in 70 UVP research clusters. Additional research activities include planning of the urban surveillance system and work on the verbal autopsy validation study.

A variety of new inputs are planned for the coming years

including better nutrition education messages, development of 2-3 diarrhoeal treatment centres, establishment of 2 additional NRCS, update of slum mapping, cluster surveys including development of improved income-generating and literacy building network.

Study protocols developed:

Three study protocols have been developed.

1. - maternal education (meaning formal education) and child care
2. - risk factors for breast feeding cessation
3. - a targeted intervention for preventing malnutrition in slum children.

Number one does not fit into the considered priority areas of research of the division, since it would not directly lead to an intervention. Attempting to improve levels of formal education is not a feasible strategy within the context of UVP. A study aimed at understanding mothers' perceptions of appropriate child care, their constraints and their behaviour would be a different matter.

Number two should be implemented with the help and support of an anthropologist.

Number three as currently planned is not considered suitable. the aim should be to develop strategies to prevent malnutrition including nutrition education, home based family food rather than making the community dependent on a special food handed out as supplements.

Two other protocols awaiting approval are:

- effectiveness of oral polio vaccine in children with acute enteritis
- conjunctival impression cytology and its response to vitamin A.

These do not fit into the research priorities of the project or the division. They would be more appropriately based in other divisions. Besides the protocol on Vitamin A would have to have many other inputs.

Publications:

A paper entitled parasitic bacterial and viral pathogens isolated from diarrhoeal and routine stool specimens in urban Bangladeshi children was published in the Journal of Tropical Medicine and Hygiene in 1988. A few more are in preparation.

Evaluation:

The review team had several hours of discussion with the Director, Dr. Diana Silimperi and briefly with some of her staff. The team visited one slum area, saw one NRC and talked to some of the volunteers and other staff. There is no doubt that urban slums and the health problems of inner cities have been neglected so far, and the major portion of attention of NGOs and the funding agencies has been focussed on the rural areas. In many ways the

problems of urban slum dwellers are even worse. The UVP aims to provide some of the much needed services and use the opportunity to do some operational research and provide some guidelines for action for the future. However, the reviewers have reservations on several scores:

- While the urban slums desperately need some health inputs, it is not the mandate of ICDDR,B to attempt to provide health services to the whole city. The mandate is clearly to do research and disseminate knowledge in diarrhoeal diseases and directly related subjects and to provide service conditions to achieve this objective.

- If the aim is to carry out some operational research in the context of urban slums, is it necessary or indeed practical to cover such a large population. Is the project answering the main objective of evaluating an urban service delivery model ?

- One of the main objective of any new field intervention strategy should be to test its replicability and cost-effectiveness so that in time GOB could take it over. Is this possible, or is it even the objective of the project ?

A project of this size needs a tremendous amount of hard work, management skills, rapport with the staff as well as the community. We have no doubt that Dr. Diana Silimperi, the Project

Director, has these qualities in large measure. But these qualities do not necessarily contribute to research. In a project spread widely over most of Dhaka, it would be difficult enough to keep track of the service components, training, supervision etc., and the research component would get a back seat. Much of the research activity, whatever it is, seems to be on an ad-hoc basis, with very little long term planning, and very little discussion within the Community Health Division. Collaboration with other divisions and persons for research objectives is also on a ad-hoc basis, as is the visit of several consultants (list attached) to develop protocols, develop a calendar of events, mapping of slum areas, nutrition education etc. Much of this could have been done with local expertise available. For a project of this dimension, there needs to be much more sustained discussion within the division and other supporting or collaborating Divisions. We feel that research objectives will be impossible to achieve unless there is a strong support within the project from a person well-versed in epidemiology and research methodology, and there is a limitation of the study area to a smaller size population which would be valid for achieving the research objectives. Furthermore, we believe that the intervention strategy would benefit from a review to assess the appropriateness of the various components to the local situation.

The broad goal of the project - to develop and evaluate a community based health system model, in our view cannot be achieved as the project is currently operating.

Recommendations

1. The research activities of the programme should focus on restricted areas of the slum population, in order to focus on the evaluation of the model. This area should of course include both intervention and control areas (as already planned). The service component that is already in place in the rest of the slums should be handed over to an NGO. UVP should work in collaboration with the NGO to pass on lessons learnt from the research project.

2. The various components of the intervention model should be briefly reviewed in order to increase their appropriateness to the local situation and in order to make them more focussed.

3. An additional position should be created for a person well versed in epidemiology and research methodology. Considerable inputs are also required from an anthropologist.

Epidemiology Department

In September 1987, the Epidemiology Department was formed to give a separate visibility to epidemiology discipline and to separate it out from the Laboratory Sciences Division. It was transferred to the Community Health Division with a very clear mandate described in the "Epidemiology department Position paper", approved on 27 April 1988. The position paper includes broad objectives of this department, priority areas of research, including an organogram with a clear line of authority.

According to the organogram the expectation of the department is to recruit three epidemiologists - one international level, one mid-level and one junior epidemiologist. Three existing staff are currently deputed to other divisions. One staff is completing his Dr. PH at Johns Hopkins, International Health Department.

The main objective of the department is to provide expertise in the methods and application of epidemiology. The department is expected to be a resource for other researchers at the Centre and is supposed to collaborate with them regarding epidemiological aspects of the project design, implementation and analysis. Unless new epidemiologists are hired and until Dr. Baqui returns from the Johns Hopkins University, the skeleton staff including the current Head of the department are not in a position to fulfil this main objective.

Another objective is to conduct community based research with an emphasis on developing effective prevention strategies. Additional emphasis will be on epidemiological field work as well as hospital based epidemiological studies. The department staff do not seem to possess the expertise to conduct research in the priority areas (such as shigellosis, persistent diarrhoea, prevention of diarrhoea) identified by the department as listed in the position paper.

The third objective is to provide training to Bangladeshi nationals and others in collaboration with national and international institutions. Since staff experienced in providing training have been moved to other divisions - this department needs major assistance from other divisions including the training department to conduct training for GOB nationals. However, the need for specialized epidemiology training as recognized by the GOB cannot be imparted by the department as a lone effort.

The review team observed a lack of planning in efforts to obtain additional projects for the department. As of January 1989 there is no protocol developed for submission to the donors. When the Epidemic Control Preparedness Program ends in August 89, the department will be left with no projects in hand except for analysing the data collected earlier.

The study was supported by CIDA, UNDP, World Bank and ICDDR,B. A detailed draft report has been prepared for the donors. The project had significant effect on people's behaviour. Its impact on the changes in choice of water source and of defecation site was more than could be expected to result from the provision of handpumps and latrines alone; the hygiene education programme also played a role. It also appears to have had a major impact on childhood diarrhoea. The incidence in the intervention area fell to three quarters of that in the control area. This reduction was apparent within one year of intervention activities and did not increase over time; this immediate impact is somewhat surprising and its interpretation warrants attention. The project also had a dramatic impact on the proportion of days during which the average child suffered from diarrhoea with a 50% reduction observed during the last two years. Within the intervention area, the impact on diarrhoeal morbidity showed a clear relationship with distance of the household from the handpump. The project failed, however, to demonstrate a significant impact on nutritional status.

This is a commendable project and it is imperative that its results are disseminated into scientific papers. The project no longer has any funding. It is vital that this does not inhibit adequate analysis of this important project and its large database.

Mirzapur Handpump Project

The Mirzapur Handpump Project began in 1984, to evaluate an intervention package consisting of water supply (through a newly developed handpump - the Tara pump), sanitation (through the construction of double-pit water sealed latrines), and health and hygiene education (through project staff and the training of women volunteers in the community). The package was implemented in two villages, composed of approximately 800 households and 4800 people, in the Mirzapur Upazila (sub-district). This is in the delta region of Bangladesh, and is located 60 km north of Dhaka. Three villages, composed of approximately 750 household and 4600 people, acted as a control area.

A census was conducted in January 1984 and a demographic database compiled which was updated at monthly intervals. Diarrhoeal morbidity information was collected weekly from March 1984 to December 1987. An anthropometric survey was conducted in October 1984 and repeated at three-monthly intervals. In March 1987 a detailed observational study was conducted of 138 of the Tara handpumps to assess the quality of daily tubewell water consumption per family and its determinants.

Two papers showing the impact of the project on childhood diarrhoea and nutritional status are currently under internal review. Two papers directly relating to the study are in press, one on tubewell water consumption and one on the epidemiology of persistent diarrhoea. Another on the effect of the 1987 flood on the use and condition of pit latrines has been prepared.

Two additional papers arising indirectly from analyses of the Mirzapur database are in press, one looking at the impact of diarrhoea on nutritional status and the other comparing different anthropometric indices for measuring change in nutritional status. The first purports to show that diarrhoea has no impact on nutritional status and that children catch up on any growth deficits that occur during an episode. This is in conflict with results from many studies from many countries. Although this paper has been accepted by the Lancet the review team consider that inadequate analysis has been carried out and the results do not justify the conclusions being drawn.

Other major projects

Two major nutrition projects are being carried out in the Division. The first is a detailed longitudinal study of malnutrition and diarrhoeal diseases morbidity which followed an average of 500 children below 4 years of age for two years. The study started in March 1987 with funding from FAO and PDF. It was carried out in two separate areas, one rural and one urban. The rural site was in the Mirzapur Upazila and near but not the same as that used for the Mirzapur handpump project. The urban site was in Zinzira slum in Dhaka. Morbidity information was collected weekly as was breastfeeding status, and nutritional status was measured monthly. In addition a daily surveillance system operating 5 days a week was instituted to obtain rectal swab on day 1 from over 1300 episodes of diarrhoea. Rectal swabs were also taken on day 14 if diarrhoea persisted. Over 200 persistent cases were identified. Analysis has started on this large data set, which will provide invaluable information. An overall strategy has been devised and 22 papers planned. We await the results with interest.

The second project is a nutritional surveillance system which has been established on a minimal budget to collect data using a standardised methodology on a 3-monthly basis from ten different areas. Four of these are areas where other CHD research studies are being conducted. Data from the other areas are being

collected in coordination with the NGO's operating there. Information is entered into a microcomputer and summary results are produced by area within one month. The system is operating well and there is no doubt that it is providing a useful service enabling NGO's to monitor progress and changes. We do not consider, however, that this should be a priority research activity of the division and therefore do not recommend its planned expansion.

A third major study which deserves mention is that on the epidemiology of persistent diarrhoea conducted in Matlab. This is a carefully planned and executed study in a high priority research area, both within Bangladesh and more globally. The results are awaited with interest.

Quality of research

The overall quality of the research of the division is disappointing, although there are a few notable exceptions, as detailed above. Protocols have been developed in an ad-hoc manner, with no overall perspective or clear priorities. The scientific value of several studies in progress or planned is questionnable. There has been a regrettable lack of interdisciplinary research.

The output and quality of scientific papers is below the standard

that should be expected from such a Division in such a Centre. Since 1986, less than 25 papers have appeared in scientific journals; 15 more are in press. Furthermore, the recent increase has to some extent been achieved by submitting similar papers containing minor variations to different journals.

The Division suffers (as does the Centre) from a lack of adequate research skills in epidemiology, statistics and anthropology. As already discussed appropriate epidemiological expertise does not exist within the subgroup of the division called the Epidemiology Department. However, the review team are pleased to report that they did identify a small core of junior level Bangladeshi scientists with the potential to develop into first-rate researchers, given the necessary encouragement and training.

The recent creation of the Centre Statistics Cell with two members of staff providing an advisory clinic for 3 hours a week is neither appropriate nor adequate.

Some anthropological work has been carried out within the division. Unfortunately this has not been well integrated with the epidemiological research. There has been a tendency for the epidemiologists to do epidemiological studies and for the anthropologists to do anthropological ones. Furthermore, although an excellent child care and infant feeding practices has been carried out by a consultant, findings have not been integrated into the planning of current protocols. Indeed, in

some cases advice has even been ignored. It is surprising that the skills of this consultant, who is resident in Dhaka, have not been utilised more and that she has not been incorporated as a co-principal investigator on major projects.

Recommended research priorities

To date the emphasis has been largely on descriptive research studies, although there have been some notable exceptions such as the Mirzapur handpump, sanitation and hygiene education intervention study. This is no longer appropriate. The preventive aspects of diarrhoeal diseases and malnutrition, including social and infrastructural prevention, personal and environmental hygiene, hand washing, nutrition education etc. need to be studied in greater depth. Community action is of particular importance since diarrhoeal diseases are to a very large extent linked with the socio-economic situation of the people. Research should look into the constraints and the factors - social, cultural, economic, institutional and methodological, which have a positive or negative impact. Here again the help of a social scientist/anthropologist would be invaluable. A major change in focus is therefore recommended towards to intervention-related research, with the introduction of implementation-related research. We distinguish intervention-related and implementation-related research as follows. Intervention related research is research that is necessary to develop appropriate interventions

and to evaluate them. The starting point of implementation research, however, is a known efficacious intervention. The aim is to determine the optimum strategy for its delivery and adoption. For example, rice-ORS is known to be effective. What are the constraints in promoting its adoption in a community ? What is the optimum strategy to maximize the percentage of episodes of acute watery diarrhoea in which it is used ?

We endorse the recent expansion of research activities to include the health of urban slum communities, which has globally been relatively neglected. This should continue. We similarly endorse the increased research activities relating to the problems of persistent diarrhoea and dysentery.

In principle, we do not consider that it is appropriate for all research to be restricted to diarrhoeal diseases, despite the title of the Centre. Other major public health problems, such as acute respiratory infections and maternal morbidity and mortality should not be ignored. However, the division needs considerable strengthening. We therefore recommend that in the short-term research is focussed in the area of diarrhoeal diseases. We also recommend that the selection of appropriate field sites for future work be carefully reviewed. This review should include an appraisal of the appropriate role of the Matlab field area and data base within the research of CHD.

Priority research areas can be broadly grouped as follows:

1. Intervention-related research aimed at prevention of diarrhoeal diseases and improvement of nutritional status initially focussing on

   a. promotion of improved of infant feeding practice
   b. promotion of improvemed hygiene practices
   c. persistent diarrhoea
   d. dysentery

2. Implementation-related research to determine optimum strategies for delivery of interventions and identifying constraints.

3. Research should be focussed on urban slum populations as well as on rural population.

In addition, when the division has been strengthened

4. Intervention related research aimed at other important causes of child morbidity abd mortality (such as acute respiratory infections)
5. Maternal health including its relationship to child health.

Recommended strategies to improve research

1. Clear research priorities must be established and implemented. These should not be donor driven but should be decided within the context of the Centre.

2. Research protocols should not be developed on an ad-hoc basis but planned and coordinated within the stated priorities.

3. All currently planned research proposals should be reviewed as many do not fit within the recommended priorities, and scientific value of some is questionable.

   Support is however recommended for the following proposals:

   a. development of a handwashing intervention
   b. evaluation of the impact of water supply and sanitation on diarrhoeal disease mortality.
   c. risk factors for breast feeding cessation.
   d. relationship between contraceptive method and duration of breast feeding.

4. Steps must be taken to remedy the major deficiencies in expertise in epidemiology, statistics and anthropology. The existing small core of junior level Bangladeshi scientists with good research potential must be given the necessary encouragement and training. In addition, new staff should be recruited both at the senior and junior levels. For the latter the criterion for selection should be potential rather than paper qualificiations obtained.

5. More interdisciplinary research is needed to tackle many of the priority issues, with staff working as an

interdisciplinary team rather than as isolated individuals working on projects within the framework of their own discipline. A project team should not only include disciplines within the division, but should also include members of other divisions where appropriate.

6. A review of appropriate field sites, including an appraisal of the role of Matlab should be conducted. Coordination with the PSED division should be reviewed.

7. For each research project, a coordinated list of publications should be planned. Duplication of similar results in separate papers should be avoided.

8. Guidelines for deciding appropriate authorship of papers should be developed and implemented.

Recommended Strategies to improve organization

1. A new Associate Director should be appointed with leadership qualities.

2. It must be ensured that the Associate Directors, who are divisional heads, have proper control over all finances, scientific activities and personnel that are part of their divisions. Major project/activity and financial planning should be made in discussion with the divisional head keeping divisional mandate and interest in perspective.

3. The epidemiology department should cease to exist as a separate entity. Existing staff within it should be integrated into the research activities of the division. Major project/activity and financial planning should be made in discussion with the divisional head keeping divisional mandate and interest in perspective.

4. A research development fund of at least $50,000 per annum should be provided directly to the Associate Director to use as an initiative fund for bringing new ideas to the stage they can compete for resources.

5. The lack of research skills should be addressed through training and recruitment of appropriate staff. In the interim links should be established with other research institutions.

6. There is a need for definition of selection criteria, job descriptions and career planning for all staff. A mechanism should be developed to help the staff develop their scientific knowledge, skill and overall capability to conduct research.

7. A staff appraisal system should be instituted with an annual review to assess progress, strengths and weaknesses of individual staff and make specific recommendations for training and skill development based on the assessment of their potential for growth. In close discussion with the staff and the supervisor objectives should be set for the next year. It is necessary that a significant proportion of senior scientists time should be devoted in training the younger staff.

8. All new appointments should have a probation period. For good staff, long-term security should be offered after a maximum of 2-3 year contracts. The Centre in coordination with the division head should keep provisions for job continuation for capable and skilled staff.

9. To encourage exchange of ideas, to generate multidisciplinary research projects, both formal and informal meetings of senior scientific staff should be planned. Lunchtime seminars should be actively encouraged. It should be made clear to all staff that they have a responsibility both to attend and present scientific and their job related work. Interdivisional

research meetings should also be organised. Social get togethers will improve communication level among the staff and develop a sense of belongingness in a team.

10. Expatriate scientists attached to the Centre should be required to contribute to the training of Bangladeshi staff and the strengthening of the research capacity of the Centre as well as conducting their own research. Appropriate job assignment as well as supportive supervision is to be ensured.

11. A staff with very low productivity as well as potential should be managed based on the resources of the division.

12. Charging procedures for access to the Matlab database should be reviewed similarly the LSD charging system reviews.

13. Steps must be taken to improve coordination with other Divisions. The Director and the division head should need to plan to improve upon the collaborative efforts of the divisions. The Director should also keep the division heads aware of the major management related events which are related to the development of each division and seek their advise as and when necessary.

Appendix I

Community Health Division

Dr. Andre Briend
Head, Community Health Division

Scientific staff

a) International staff: 9 scientists
Scientific Management

1) Dr. Andre Briend, Head, MD, Nutritionist, Seconded by ORSTOM, Institute Francais de Recherche Scientifique pour le Developpement en Cooperation.

Matlab MCH-FP project

1) Dr.Vincent Fauveau, Paediatrician, MD, MPH, Co-PI
2) Dr. Kate Stewart, MD, MPH, Co-PI
3) Dr. Carine Ronsmans, MD

Urban Volunteer Programme

1) Dr. Diana Silimperi, MD, Paediatrician, PI
2) Dr. Carine Lenders, MD

*

Nutrition Surveillance System (NSS)

1) Dr. F. Henry, PhD, PI

Epidemiology Department

1) Dr. Gary Hlady, MD, Epidemiologist (left June 1989)

Anthropologist

1) Dr. Shushila Zeitlin, PhD

*protocol submitted for external funding

b) National scientists:

Matlab Station

1) Dr. Md. Yunus, MBBS, MSc, Coordinator

*

Mirzapur Handpump Project

1) Dr. KMA Aziz, PhD, Anthropologist
2) Dr. Bilquis Hoque, Water and Sanitation Engineer
3) Dr. Kh Zahid Hassan, MBBS, MPH

Epidemiology Department

1) Dr. AKM Siddique, MBBS, MPH, Head
2) Dr. A Eusof, MBBS, EIO (CDC)
3) Dr. A Hai, MBBS, MPH

Persistent diarrhoea protocol, Matlab

1) Dr. AH Baqui, MBBS, MPH

Protocol on ORT use in Matlab

1) Mr. Shafiqul Islam, MA

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Rice ORS protocol

1) Dr. A Bari, MBBS
2) Dr. Mizanur Rahman, MBBS, MPH

Teknaf Station

1) Dr. Munshi, MBBS, MPH

UVP

1) Dr. Mizan Siddique, MBBS

*Closed protocol/study

Appendix II

Agenda for the review of the Community Health Division

June 1989

Saturday 10th

8.30 - 8.45	Presentation of the Division (Dr. A. Briend)
9.00 - 12.00	Presentation of the Matlab MCH-FP project (Dr. Fauveau, Dr. K. Stewart, Dr. Md Yunus, Dr. M. Koenig, J. Chakraborty, Dr. Ronsmans, Dr. Shameem Akhtar, Dr. Helena Begum)
14.00 - 17.00	Continuation of the morning session Presentation of research protocols taking place in Matlab (Dr. A. Baqui, Mr. Shafiqul Islam, Mrs Stark)

Sunday 11th

8.30 - 12.30	Urban Volunteer Programme (Dr. Diana Silimperi)
10.30 - 12.00	Presentation of research protocols taking place within UVP Dr. C. Lenders, Mrs. C. Fauveau, UVP Consultants)
14.00 - 16.00	UVP

Monday 12th

9.00 - 11.00	Field Trip: UVP
11.00 - 13.00	Mirzapur Handpump Project: Presentation of results and plans for future research (Dr. Bilquis Hoque, Dr. Kh Zahid Hassan, Mr. Y. Patwary)
14.00 - 16.00	Epidemiology Department (Dr. AKM Siddique, Dr. Bari, Dr. Mizanur Rahman, Dr. Hai)

Tuesday 13th

9.00 - 11.00	Nutrition Surveillance System (Dr. F. Henry, Mr. Y. Patwary)
11.00 - 13.00	Anthropological studies (Dr. Shushila Zeitlin, Dr. Aziz) Presentation of Teknaf Station (Dr. Munshi) Ascaris protocol (Dr. A. Hall)

Wednesday 14th

Further discussion with individual scientists and the Division Head.

Final report writing.

Thursday 15th

Presentation of the review to the Board of Trustees.

Prepared: November, 1988

Revised: 12-June-89

URBAN VOLUNTEER PROGRAM

l #	Name	Designation	Joining Date	Expiry Date
resent Short-term Project Development Staff and Consultants:				
1.	Ms. Kathy Mcnamara	Community Health Service - Serial contacts with different project development objectives focusing on development of field supervisory infrastructure, training and quality assurance	24-02-88 24-08-88 18-01-89	23-08-88 17-01-89 17-06-89
2.	Mr.H.Daniel Thompson	Training - development of family planning curriculum, water & sanitation curriculum - development of basic training messages and visuals	01-08-88 01-02-89 01-06-89	31-01-89 29-02-89 ≈01-09-89
3.	Mr. Charles Simons	Computer Specialist - development of PTS data base for UVP	01-08-88 01-02-89	31-01-89 31-07-89
.	Dr. Boris Loushniak	Epidemiologist - development of flood surveillance system	27-04-89	30-06-89
st Short-term Project Development Staff and Consultants:				
	Dr. C. Larson Kjolhede	Consultant Vit. A - Conjunctival Impression Cytology Specialist	31/05/88	14/06/88
	Ms. Sharon Huttly	Consultant-Statistician-Research cluster data-initial analysis	25/04/88 (Dhaka) 25/05/88 (London)	24/05/88 23/06/88
	Mr. Alan Sunter	Demographic Survey Consultant - analysis of UVP research data system and surveillance base - development of urban slum sampling frame surveillance system and	12/04/88 (Dhaka) 18/04/88 (Ottowa) 23/04/89 (Dhaka) 14/05/89 (Ottowa)	16/04/88 25/04/88 11/05/89 27/05/890

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*4.	Ms. Nancy Hughart	Immun. Project Expert	21/09/86	21/03/87
		Immun. Consultant - development of immunization pilot project and curriculum	01/05/87	30/01/88
			31/01/88	31/03/88
5.	Dr. Shakuntala H. Thilsted	Nutrition Coordinator	21/06/87	30/08/87
		Short-term hire for coverage during Nutrition Coordinator's absence	31/08/87	13/08/87
		Nutrition Consultant-NRC recipe review	14/09/87	31/12/87
6.	Dr. Barbara Parker	Anthropologist - assisted in development of maternal education and volunteer perception studies	03/05/88	02/12/88
*7.	Mrs. Claire F. Fauveau	Nutrition Coordinator-serial contacts for development of NRCs and women's empowerment income-generating pilot project development	22/10/86	21/04/87
			22/04/87	21/09/87
			22/09/87	21/01/88
			22/01/88	21/04/88
			22/04/88	21/10/88
			22/10/88	31/12/88

* Initially hired prior to Dr. Silimperi's arrival

TRAINING-PLAN OF ACTION

Training

The Management proposes to the Board the following training activities for the Centre:

1. CDD programme trainers

   Fully in line with the WHO courses, in co-ordination with WHO/CDD and, possibly other agencies (UNICEF, USAID).

   Target Group: CDD trainers proposed through WHO by government and agencies.

   Duration: 1 week

   Problem: Follow-up Frequency: to be determined

2. Medical Professors

   Round-tables about teaching the subject of diarrhoea in medical schools and setting up diarrhoea treatment units in university hospitals.

   Target group: Medical teachers designated by GOB.

   Duration: maximum 1 week

   Problem: Follow-up - implementation of DTU

   Frequency: to be determined by GOB

3. Mid-level DTU doctors and nurses - DCH students

To teach proper diagnosis and treatment of diarrhoeal diseases; to teach setting up a DTU. To discuss practical problems.

Target group: As stated above; nominated by GOB

4. Heads, managers, and senior technicians from hospitals - or Public Health laboratories

To give intensive training for three months in clinical pathology, biochemistry and microbiology. To discuss needs and constraints.

Target group: As stated above; to be nominated by GOB.

Duration: 3 months

Problem: Follow-up; availability of equipment and supplies.

Frequency: 3 times/year

5. ICDDR,B and GOB doctors/students

To give on-going clinical training in diarrhoeal diseases and paediatrics through regular ward rounds, case presentations, and special assignments.

Faculty: Prof. MR Khan
Prof. MS Akbar
Dr. D. Mahalanabis
Dr. R. Eeckels

Duration: Ongoing

Professors Khan and Akbar are visiting professors at ICDDR,B.

6. MSc, M.Phil and PhD Studies

To allow students from Bangladeshi and other countries' universities to do their thesis work at ICDDR,B and their supervision.

Target group: Candidates proposed by their respective institutions.

Duration: Variable; about 1 year

Problem: Funding

This training is ongoing, is successful and is being expanded.

7. Research Methodology Workshops

To train in clinical and epidemiological research design and content. To practice data management and analysis.

Target group: Researchers from within and outside ICDDR,B. The outside ones to be nominated through WHO.

Duration: 14 days

Problem: Follow-up, implementation of research protocols and funding.

To be held in collaboration with WHO. Outside consultants utilised.

(Note: see background papers attached)

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 of 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 profittably 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

..5..

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.

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

TRAINING PROGRAMMES AT THE CENTRE

In the past eight years or so the training branch at the Centre has concentrated on running short courses for people from developing countries, aimed at giving them a good understanding of diarrhoeal disease control. The Centre has responded to requests from many Asian, Pacific and African countries, to conduct training courses in the English language for health professionals. Feed-back from the participants indicates that these courses have been well appreciated and subsequently useful. The training courses have been at various levels, from medical professionals to urban volunteers. More than 90% of the total of 10,000 trainees have come from Bangladesh. In this way the Centre has made real contributions to the strengthening of diarrhoeal disease control capabilities in the region and has adequately responded to that part of the Ordinance which directs it to 'provide facilities for training to Bangladeshi and other nationals in areas of the Centre's competence.'

In these intervening years since the foundation of ICDDR,B there have been great global and regional changes in attitudes towards diarrhoeal diseases. Their importance has been brought into global focus by the creation of the Diarrhoeal Disease Control division of the WHO and most if

not all countries as a result now have their own CDD programmes. Training courses for health professionals are now being conducted in many countries with the support of WHO and it is appropriate therefore to reassess the most fruitful way in which the Centre can contribute to this continuing global and regional need without duplication.

In addition to the need to satisfy the requirements for health professionals trained in diarrhoeal disease management, the Centre should look at its own institutional needs for well-trained, experienced senior staff. In this regard it is salutory to note that many of the world leaders in international public health research institutions are alumni of this Centre and have worked here for several years during their training. Unfortunately, Bangladeshis are not well represented in the group of internationally known senior scientists and the Centre should plan to correct this deficiency.

Accordingly it is considered timely to re-orient training at the Centre so as to take account of both the changing circumstances and the need to produce senior scientific research staff, some of whom must be from developing countries.

Three specific objectives can be seen for future training programmes:-

1. To educate trainers in diarrhoeal disease control who will return to their country, Bangladesh or elsewhere, and conduct the primary training courses for health professionals. The Centre should redirect its efforts to the provision of training, leading to the development of training centres at several places in Bangladesh and other countries in the region. The Centre should cooperate with the relevant GOB ministry to establish training centres in all the medical schools. Similar collaborations could be visualised with other neighbouring developed countries.

2. To provide 'hands on' research training to qualified graduates and technicians from the health professions of Third World countries.

3. To provide facilities for advanced research training to University graduates from any country who may wish to conduct part or all of an MSc or Ph.D degree course on projects which are of interest to them and to the Centre. The degrees would be awarded by their parent University.

1. Courses for Trainers

These would be of relatively short duration, e.g. about ten weeks and should cater for about ten students at a time. Potential students should have a B.Sc or MBBS and be carefully selected to ensure that they are suited to be teachers and that they will be given the facilities to be

trainers after completion of the course.

A short series of lectures should aim at familiarising them with most aspects of diarrhoeal disease at a reasonably applied level. Tropics to be covered would include:-

(a) Microbial pathogens of the gut.

(b) Physiology of fluid balance in the gut.

(c) Simple nutrition principles.

(d) Risk factors in various diarrhoeal syndromes.

(e) Simple epidemiology.

(f) Sewage disposal and water purification in the field.

(g) Recruitment and training of community health workers.

(h) Rehydration methods and other treatments for diarrhoea.

(i) Vaccines and simple principles of immunity.

(j) Epidemic preparedness and action.

(k) Collecting and checking data in the field.

To supplement the lectures, there should be an exposure to practical experience in the microbiology laboratory, the nutritional ward, the rehydration facility in out-patients and in the field, where they should gain experience in data collection, in supervision of toilet and water supply facilities, as well as in the recruitment and training of the elementary field health workers on whom data collection often

depends.

Various problem solving exercises should be set and students should have at least 1 1/2 days/week of free time for these and for library work. The course should end with an examination.

2. Research Training

The ICDDR,B has considerable strengths in a number of areas, including clinical epidemiology and clinical trials, pathogenesis and risk factors, community-based research and epidemiology, socio-economic and behavioural work looking at non-biological controls of disease and their modification. All of these areas represent ones in which there is a shortage of skills in developing countries and therefore ICDDR,B could make a real contribution by giving graduates and technicians a year or two of research experience in any of these topics.

This research experience would be of an apprenticeship nature in which the trainee joined in and became involved with an ongoing research topic at the Centre. In addition to the research experience itself, the candidates would participate in seminars and would be tutored in the design of experiments and the analysis of data. They would of course participate in any publications arising from the collaborative work and should gain experience in the writing up of data for

publication.

3. Advanced Research for a higher degree

The rules for these candidates will be determined by the home University from which the graduates come and to which they would remain attached usually via a joint supervisor in the relevant parent university department. The degree would be awarded by the University and the Centre would merely provide good facilities and an environment for candidates to pursue a Ph.D programme under supervision, in fields where the Centre had the necessary expertise and interest.

There should also be opportunities for occasional post-doctoral fellowships to be given to candidates of distinction. These could be in the nature of career development awards, rather well paid and attractive, with the possibility of spending one year out of the 3-5 year tenure at an overseas centre. During the year overseas the fellow would receive a salary appropriate to his level of attainment in that country. These few gifted people, mostly from developing countries would provide a pool from which senior staff would eventually arise and it would be up to the ICDDR,B to attract them and appoint them to suitable positions at the end of their awards.

It is likely that candidates for higher degrees would only come to the Centre if this had linkages with universities in

Bangladesh and elsewhere in both developing and developed countries. University professors can only be expected to encourage their brightest people to work for a few years in the Centre if there are strong links between their departments and the Centre. This will be elaborated further under appendix 2.

Administration and Finance

Each of these levels of training will cost money, both for the living expenses of the candidates and for the running expenses of the training courses or of the research training. It is estimated that the Centre could accommodate, teach and train the following numbers of individuals each year utilizing its present staff.

1.	Trainers	Three courses with ten in each	30
2.	Research experience		6
3a	M.Sc or Ph.D students		6
3b	Post doctoral career-development awards		3

The annual cost of 1. will remain static whilst the numbers are stable, but costs under 2 and 3 will double in the second year of the scheme and costs under 3. will rise again in the third year as all these will be awards of at least three years duration. Details of these costs will be given in the financial section of this document.

One of the key elements in the research training schemes 2. and 3. above would obviously be the provision and selection of the candidates for approved research projects. The Programme Coordinating Committee consisting of institutional leaders and heads of scientific divisions in Bangladesh could play a key role in this selection and should certainly be involved.

7/BT/JUNE.'89

REPORT OF THE FINANCE COMMITTEE MEETING OF THE BOARD OF TRUSTEE HELD ON JUNE 14-15, 1989

REPORT OF THE FINANCE COMMITTEE MEETING OF THE BOARD OF TRUSTEES HELD ON JUNE 14-15, 1989

Present: Prof. E.G. Feachem, Chairman, Finance Committee
Prof. E. Eeckels
Dr. P. Sumbung
Dr. M.E. Merson
Mr. J.F. Winkelmann, Secretary, Finance Committee

Absent: Mr. M.E. Anwar
Prof. E. Tanaka

Invited Staff: Mr. M.E. Bashir
Mr. M.E. Khalili

Prof. Feachem, in opening the meeting, remarked on the contribution that Prof. Eeckels has made to the Centre in successfully returning it to a financially viable institution. He pointed out that this was clearly demonstrated by the dramatic improvement in the annual financial position of the Centre in the past 3 years.

1. Approval of Agenda

The agenda was approved.

2. International Child Foundation (ICHF)

The Committee reiterated that the Centre should not become further involved with ICHF and that only core funds should be accepted from it. In addition, money owed to the Centre, by ICHF, should be pursued.

3. 1989 Budget

3.1 Contributions from Donors

Anticipated contributions from donors for 1989 are shown in Annexure "A". A total of 17 donors are expected to contribute $9.4 million. This is the same amount as the Centre received in contribution in 1988. The Committee was informed that the Centre had recently received information that Canadian CIDA would provide $1.0 million in 1989 for the DSS project, however due to their budgetary constraints, they would no longer fund DSS after 1989. The Committee was also informed that USAID had advised that only an additional $1.5 million, as opposed to $2.1 expected by the Centre under the Cooperative Agreement, would be provided for 1989. This issue will be the subject of a meeting with USAID, Board Members and staff on June 16, 1989.

Contributions in kind, by way of services and facilities, from the Government of Bangladesh, amounting to $1.2 million, and seconded personnel from Belgium, DANIDA, France and WUSC, amounting to $.4 million would continue in 1989.

3.2 Income

A detailed analysis of the 1989 budget for Income and Expenditure, as compared to the 1988 actual figures, is contained in Tables 1,2,3 & 4 .

Total income for 1989 is estimated at $12.3 million as compared to $11.0 million in 1988. However, the Centre has recently been advised that USAID would provide $.6 million less than anticipated. This reduction and the consequent effects on the Centre's finances have not been incorporated in the budget.

Increase in Central funds results from a commitment from SAREC of $150,000. The increase in project funds is primarily due to increased revenue from the Urban Volunteer Programme (USAID), and funding for Training, Library Information System, and improvements to the Clinical Research Centre (SDC).

3.3 Expenditure

Total projected cash expenditures (without depreciation) is $12,971,000 as compared to $11,909,000 in 1988. The projected increase of $1,062,000 includes provision for the salary increase implemented in January 1, 1989 and the full year effect of the salary increase implemented in July 1, 1988. Increase in "other contractual services" provides for an accounting system review (USAID-UVP), staff developments and library information system (SDC) and increases in food, utilities, rentals and transport and other costs.

3.4 Deficit

The projected cash deficit for the year is $64,000, as opposed to a surplus of $565,000 in 1988. This is primarily due to the increases in salaries in centrally funded expenditures. Graph 1 shows the annual surplus/deficit, actual and projected, from 1985 to 1989.

3.5 Bank Balance

Graph 2 shows the actual maximum bank overdraft from January 1, 1988 to May 31, 1989. The uncertainity of when the funds from CIDA and USAID will be received could cause the overdraft to increase further during the latter part of this year.

3.6 Overview

The Committee noted that expenditures were projected to increase by 18% over 1988. The major increases were in local salaries which increased by 24%, due primarily to salary increases effected in July 1988 and January 1989 and other contractual services which increased by 32% for reasons previously noted.

The deficit of $64,000 before depreciation, was viewed as being unacceptable. The Committee requested management to take steps to curtail core expenditures to achieve a minimum surplus of $200,000 and maintain the Centres past 3 year record of achieving an annual surplus.

The Committee recommends acceptance of the 1989 budget with the provision that a surplus of at least $200,000 be achieved.

4. 1988 Audit

Income and Expenditure Statement

The audited 1988 Income and Expenditure Statement is attached as Annexure "B".

The cash surplus for 1988 was $565,000, which exceeded the target set by the Board. The cumulative cash deficit of the Centre is now reduced to $1,055,000.

Revenue increased over 1987 by $2.2 million with project revenue increasing by $2.1 million and Core revenue increasing $.1 million. The expenditures increased by $2.5 million, with the major increase being for local salaries of $1.6 million. The other major increase $.6 million, was for supplies and materials, primarily due to the 1988 floods.

The bank overdraft as at December 31, 1988 was $1.2 million as opposed to $.1 million in 1987. This resulted primarily from a decrease in advance payments received from donors together with an increase in amounts due from donors for activities carried out during the year.

The major areas of concern pointed out in the Auditor's management letter to the Centre deal with Purchasing, Stores, and Fixed Assets.

The Committee advised Management to pursue these areas of concern to ensure that adequate controls and procedures are implemented to minimize any risk to the Centre and thereby reducing the concerns expressed by the Auditor.

5. Salary Increase

5.1 **Local staff salaries**

The U.N. has implemented salary increases, retroactive to April 1988, of 20.7% for GS categories and 14.6% for NO categories.

5.2 **International salaries**

The U.N. has increased the post adjustment factor for international employees from +8 to +15.

The Committee recommends that no changes to salaries, emoluments or benefits paid to employees, be considered at this time due to the financial position of the Centre.

The Committee discussed the serious financial effect on the Centre, of the continued large increases in salaries that are being implemented by the U.N.

The Committee recommends that management pursue the concept of developing a salary structure that would maintain the U.N. system but would set a maximum comparable salary, and, set a maximum annual increase, that would be provided if resources permitted, to maintain this comparibility. The system should allow for the continued use of the U.N. classification and salary categories and other provisions of personnel administration.

6. Appointment of Auditors for 1989

Price Waterhouse of Calcutta have been one the auditors for the past 3 years. Hoda Vasi Chowdhury & Co., Dhaka have been the other Auditor for 1 year. The Centre's policy is to maintain an audit firm for a maximum of 3 years. In keeping with this policy the Committee recommends the appointment of Deloitte Haskins and Sells, Calcutta and Hoda Vasi Chowdhury & Co., Dhaka as auditors for the Centre for the year 1989 at a fee not to exceed $11,000.

7. Miscellaneous

7.1 Deletion of Old Outstanding Accounts

The Centre has an amount $9,503 on its books as outstanding advances to suppliers and amounts receivable from former employees dating back to 1982. As these amounts are not likely to be collected the Committee recommends they be deleted from the financial records of the Centre.

7.2 Bank Overdraft

The Centre's bank overdraft facility requires renewal in August 1989. The Bank overdraft was $950,000 at the end of May. With the uncertainity of when funds will be received from CIDA and USAID, the bank overdraft will likely increase in future months.

The Committee recommends that the current bank overdraft of $3.0 million at American Express Bank be renewed for another year.

7.3 Office Space

Currently a portion of Finance Office is accommodated in space rented from the Bangladesh Medical Research Council (BMRC). The Centre has, in the past six months received several letters from BMRC to vacate the leased premises as they urgently require the

space for their own use. No additional space is available within the Centre's premises. To alleviate this problem, discussion have been held with the Agrani Bank which is also in need of additional space. The Board of Directors of Agrani Bank and the Bangladesh Bank have given the Agrani Bank authority to enter into a 10 year lease with ICDDR,B for the Personnel building which is approximately 3,000 sq. ft. They approved payment of the rent at Tk. 6.00/sq. ft. per month for 10 years in advance. This would amount to $67,500. It is the intention of Management to construct a portion of an additional floor over the library building which would provide 4,800 sq. ft. of floor space. With the existing floor space Finance now occupies, and the additional space to be constructed, adequate space for finance staff and staff currently located in the Personnel building would be available. The construction cost would require approximately $20,000 in addition to the funds received from the lease payment of $67,500.

The Committee recommends that Management be given the authority to enter into a 10 year lease with Agrani Bank for the Personnel Building.

FINANCE COMMITTEE: BOARD RESOLUTIONS

JUNE 14--15, 1989

Resolution 1 The Board resolves that the 1989 ICDDR,B budget be accepted, as presented, with the provision that there be a surplus of not less than $200,000 before depreciation at year end.

Resolution 2 The Board resolves that the audited 1988 financial statements of the Centre be accepted.

Resolution 3 The Board resolves that the audit firms, Deloitte Haskins and Sells, Calcutta, and Hoda Vasi Chowdhury & Co., Dhaka, be appointed auditors of the Centre for 1989 at a fee not to exceed $11,000.

Resolution 4 The Board resolves that the amount of $9,503, being old outstanding advances, be deleted from the financial records of the Centre.

Resolution 5 The Board resolves that the Bank overdraft facility of $3.0 million, with American Express, be renewed for one year.

Resolution 6 The Board resolves that the ICDDR,B may enter into a 10 year lease with the Agrani Bank for the Personnel building at a rate of Tk. 6.00/sq./ft./month with the full lease paid in advance.

TABLE 1

INCOME AND EXPENDITURE FOR 1988 & 1989

	Actual 1988		Budget 1989		Increase Over 1988	Actual for Jan - Apr 1989 Compared to Total Budget	
A. Income			(In thousand US Dollars)				
Central Funds	16%	1,752	16%	1,907	9%	33%	636
Project Funds (Direct Cost)	71%	7,813	73%	8,923	14%	32%	2,815
Project Funds (Indirect Cost)	13%	1,450	12%	1,450	0%	32%	457
Total Income	100%	11,015	100%	12,280	11%	32%	3,908
B. Expenditure							
Local salaries	47%	5,363	50%	6,633	24%	34%	2,243
International salaries	12%	1,320	10%	1,357	3%	38%	511
Consultants	3%	378	2%	323	-15%	25%	82
Mandatory committees	1%	113	1%	116	3%	15%	17
Travel	4%	430	2%	318	-26%	24%	77
Supply and materials	14%	1,570	9%	1,254	-20%	33%	409
Other contractual services	10%	1,143	11%	1,506	32%	19%	281
Interdepartmental services	14%	1,592	11%	1,464	-8%	38%	561
Depreciation	8%	562	7%	1,000	16%	33%	333
Total Operating	13%	12,771	105%	13,971	9%	32%	4,514
Less:Recovery	18%	2,089	12%	1,629	-22%	43%	695
Net Operating	4%	10,682	92%	12,342	16%	31%	3,819
Add:Capital expenditure	6%	630	8%	1,002	59%	29%	289
Total Expenditure	100%	11,312	100%	13,344	18%	31%	4,108
C. Surplus/(deficit)		(297)		(1,064)		19%	(200)

TABLE 2

INCOME AND EXPENDITURE FOR 1988 & 1989

	Actual 1988			Budget 1989			Actual Jan - Apr 1989			Actual for Jan - Apr '89 as Percentage of Total Budget		
A. Income				(In thousand US Dollars)								
	Central	Project	Total	Central	Project	Total	Central	Project	Total	Central	Project	Total
Central Funds	1,752	0	1,752	1,907	0	1,907	636	0	636	33%		33%
Project Funds (Direct)	605	7,208	7,813	149	8,774	8,923	0	2,815	2,815	0%	32%	32%
Project Funds (Indirect)	1,450	0	1,450	1,450	0	1,450	457	0	457	32%		32%
Total Income	3,807	7,208	11,015	3,506	8,774	12,280	1,093	2,815	3,908	31%	32%	32%
B. Expenditure												
Local salaries	2,581	2,782	5,363	2,348	3,785	6,633	958	1,285	2,243	34%	34%	34%
International salaries	390	930	1,320	392	965	1,357	131	380	511	33%	39%	38%
Consultants	16	362	378	8	315	323	8	74	82	100%	23%	25%
Mandatory committees	112	1	113	116	0	116	17	0	17	15%		15%
Travel	64	366	430	85	233	318	7	70	77	8%	30%	24%
Supply and materials	750	820	1,570	512	742	1,254	144	265	409	28%	36%	33%
Other contractual services	528	615	1,143	450	1,056	1,506	111	170	281	25%	16%	19%
Interdepartmental services	722	870	1,592	612	852	1,464	249	312	561	41%	37%	38%
Depreciation	862	0	862	1,000	0	1,000	333	0	333	33%		33%
Total Operating	6,025	6,746	12,771	6,023	7,948	13,971	1,958	2,556	4,514	33%	32%	32%
Less:Recovery	2,082	7	2,089	1,628	1	1,629	694	1	695	43%	100%	43%
Net Operating	3,943	6,739	10,682	4,395	7,947	12,342	1,264	2,555	3,819	29%	32%	31%
Add:Capital expenditure	161	469	630	175	827	1,002	29	260	289	17%	31%	29%
Total Expenditure	4,104	7,208	11,312	4,570	8,774	13,344	1,293	2,815	4,108	28%	32%	31%
C. Surplus/(deficit)	(297)	0	(297)	(1,064)	0	(1,064)	(200)	0	(200)	19%		19%

TABLE 3

ACTUAL FOR 1988 AND REVISED BUDGET FOR 1989
(In thousand US Dollar)

Activity	1988			1989			Actual Jan - Apr 1989			Actual Jan - Apr 1989 as a Percentage of Total Budget		
		Funding Source:			Funding Source:			Funding Source:			Funding Sources	
	Total	Central	Project	Total	Central	Project	Total	Central	Project	Total	Central	Project
CLINICAL SCIENCE												
CSD Scientific Management	1.9%	202		202	1.9%	230		230	2.1%	79		79	34%		34%
Invasive Diarrhoea	1.3%	132		132	2.1%	265		265	1.7%	65		65	25%		25%
Watery Diarrhoea	1.7%	173		173	1.6%	195		195	2.0%	77		77	39%		39%
Persistent/Prolonged Diar.	0.0%	2		2	0.3%	40		40	0.0%	1		1	3%		3%
Nutritional Management	0.3%	30		30	1.0%	128		128	0.5%	18		18	14%		14%
Child Survival	1.0%	106		106	2.5%	310		310	1.9%	73		73	24%		24%
Clinical Research Support	4.5%	472	362	110	3.8%	468	360	107	3.9%	147	115	32	31%	32%	30%
Total Clinical Science	10.7%	1,117	362	755	13.3%	1,636	360	1,275	12.2%	460	115	345	28%	32%	27%
LAB SCIENCES															
LSD Scientific Management	2.4%	251	(3)	254	4.2%	523	5	518	6.2%	234	1	233	45%	20%	45%
Invasive Diarrhoea	3.6%	376		376	2.8%	342		342	2.9%	111		111	32%		32%
Watery Diarrhoea(CVT)	7.2%	754		754	2.5%	303		303	3.0%	112		112	37%		37%
Persistent/Prolonged Diar.	0.0%	1		1	0.2%	20		20	0.0%	0		0	0%		0%
Viral Diarrhoea	0.2%	26		26	0.7%	89		89	0.6%	23		23	26%		26%
Simple Diagnostic Test	0.2%	22		22	0.2%	26		26	0.1%	3		3	12%		12%
Microbial Ecology	0.7%	68		68	0.7%	84		84	0.5%	20		20	24%		24%
Laboratory Research and Devel.	0.2%	17	(64)	81	3.2%	389	167	222	3.0%	113	17	96	29%	10%	43%
Miscellaneous Research	0.3%	31		31	0.3%	31		31	0.5%	19		19	61%		61%
Total Lab Sciences	14.8%	1,546	(67)	1,613	14.6%	1,807	172	1,635	16.8%	635	18	617	35%	10%	38%
COMMUNITY HEALTH															
CHD Scientific Management	1.1%	113	65	48	1.1%	135	6	129	1.8%	69	2	67	51%	33%	52%
Invasive Diarrhoea	0.0%	0		0	0.0%	0		0	0.0%	0		0			
Watery Diarrhoea	0.3%	30		30	0.0%	3		3	0.1%	3		3	100%		100%
Persistent/Prolonged Diarrhoea	1.8%	190		190	1.0%	127		127	1.6%	62		62	49%		49%
Malnutritiol and Diarrhoea	0.3%	30		30	0.1%	15		15	0.2%	8		8	53%		53%
Maternal Health and Child Survival	4.5%	470		470	5.6%	691		691	5.4%	203		203	29%		29%
Diarrhoea Preventive Intervention	1.2%	122		122	0.1%	14		14	0.2%	6		6	43%		43%
Miscellaneous Epid. Research	0.4%	37		37	0.4%	47		47	0.3%	12		12	26%		26%
Total Community Health	9.5%	992	65	927	8.4%	1,032	6	1,026	9.6%	363	2	361	35%	33%	35%
POPULATION STUDIES															
PSD Scientific Management	1.2%	125	8	117	0.8%	97	27	70	0.8%	29	5	24	30%	19%	34%

Matlab Demographic Surveillance	7.1%	747		747	8.8%	691		691	7.2%	272		272	37%		39%
Teknaf Demographic Surveillance	1.4%	146		146	1.4%	174		174	1.6%	59		59	34%		34%
MCH-FP Extention Project	8.5%	884		884	9.1%	1,129		1,129	9.2%	346		346	31%		31%
Total Population Studies	18.2%	1,902	8	1,894	16.9%	2,091	27	2,064	18.7%	706	5	701	34%	19%	34%
HEALTH CARE OPERATIONS RESEARCH															
Urban Volunteer Programme	6.6%	685		685	8.3%	1,030		1,030	8.9%	336		336	33%		33%
Epidemic Control Preparedness Prog.	1.6%	162		162	1.0%	129		129	2.3%	86		86	67%		67%
Total Health Care Oper.Research	8.1%	847	0	847	9.4%	1,159	0	1,159	11.2%	422	0	422	36%		36%
HEALTH CARE SERVICES															
Health Care Services Management	0.6%	66	66		0.7%	92	92		0.8%	31	31	0	34%	34%	
Dhaka Treatment Facilities	7.9%	826	744	82	7.8%	957	723	234	7.4%	280	240	40	29%	33%	17%
Matlab Treatment Facilities	3.0%	311	289	22	4.7%	579	169	410	4.3%	164	35	129	28%	21%	31%
Teknaf Treatment Facilities	0.5%	51		51	0.4%	52		52	0.4%	15		15	29%		29%
Total Health Care Services	12.0%	1,254	1,099	155	13.6%	1,680	984	696	13.0%	490	306	184	29%	31%	26%
COMPUTER INFORMATION SERVICES	-0.5%	(50)	(128)	78	-0.2%	(20)	(20)		-1.5%	(55)	(55)	0	275%	275%	
TRAINING AND DISSEMINATION															
Training and Disses. Management	0.8%	84	1	83	0.7%	92		92	0.8%	32	1	31	35%		34%
National Courses	0.0%	4		4	0.0%	1		1	0.0%	1		1	100%		100%
International Courses	0.7%	69		69	0.7%	84		84	1.0%	36		36	43%		43%
Institutional Collaboration	1.8%	191		191	0.2%	22		22	0.2%	6		6	27%		27%
Staff Development	0.1%	8	3	5	0.8%	97		97	0.0%	1		1	1%		1%
Technical Assistance	4.4%	460		460	1.7%	213		213	1.9%	71		71	33%		33%
Library and Dissemination	2.1%	216	150	66	3.3%	412	156	256	1.5%	58	51	7	14%	33%	3%
Total Training and Dissemination	9.9%	1,032	154	878	7.5%	921	156	765	5.4%	205	52	153	22%	33%	20%
CENTRAL MANAGT AND SUPPORT SERVICES															
Board of Trustees	1.1%	120	120		1.2%	146	146		0.6%	21	21	0	14%	14%	
Programme Co-ordination Committee	0.1%	9	9		0.1%	9	9		0.1%	3	3	0	33%	33%	
Central Scientific Management	4.1%	426	374	52	2.7%	338	338		2.9%	109	80	29	32%	24%	
Other scientific Committees	0.2%	21	21		0.2%	21	21		0.1%	5	5	0	24%	24%	
Resources Development	1.8%	186	182	4	1.5%	182	182		1.5%	57	57	0	31%	31%	
Administration	5.9%	617	617		5.6%	694	694		5.3%	201	201	0	29%	29%	
Personnel	2.2%	233	233		2.1%	255	255		2.1%	80	80	0	31%	31%	
Finance	1.9%	198	193	5	3.2%	393	240	153	1.9%	73	70	3	19%	29%	2%
Total Central Management	17.3%	1,810	1,749	61	16.5%	2,038	1,885	153	14.5%	549	517	32	27%	27%	21%
TOTAL ICDDR,B-CENTRE	100.0%	10,450	3,242	7,208	100.0%	12,344	3,570	8,773	100.0%	3,775	960	2,815	31%	27%	32%

SALARY COMPARISON : INTERNATIONAL PROFESSIONAL STAFF

Table-I

EMPLOYER	ASG		P6/P5		P5/P4		P4/P3		P3/P2		P2/P1		Remarks
	min	max	min	max	min	max	min	max	min	max	min	max	
The Population Council	-	-	$ 52000(2)	$ 85700(3)	$ 38450(4)	$ 63500(2)	$ 31000(4)	$ 46550(4)	$ 28750(3)	$ 40750(3)	$ 25000(1)	$ 35000(2)	
London School of Hygiene & Tropical Medicine	-	-	$ 47919(3)	$ 61403(6)	$ 47228(2)	$ 51944(6)	$ 36786(1)	$ 42356(5)	$ 30288(2)	$ 39794(4)	$ 22704(2)	$ 28906(4)	
Switzerland	-		$ 93474(1)	$145642(1)	$ 85697(1)	$133516(1)	$ 73769(1)	$113813(1)	$ 62860(1)	$ 96635(1)	-	-	
Institute of Medical Science, University of Tokyo	$ 60865(1)	$138631(1)	$ 37167(5)	$ 66367(5)	$ 28997(5)	$ 56329(4)	$ 24892(5)	$ 51920(3)	$ 18196(5)	$ 44906(2)	$ 14816(4)	$ 38209(1)	
Johns Hopkins University	-	-	-	$ 88708(2) $ 71707(4)	-	$ 61047(3) $ 53319(5)	-	$ 52848(2) $ 40364(7)	-	-	-	-	Physicians salary Non-Physicians salary Mean salary figures are shown.
AIT Bangkok	-	-	$ 24854(6)	$ 31384(8)	$ 18957(6)	$ 28436(8)	$ 14744(6)	$ 20726(8)	$ 10837(6)	$ 14744(6)	$ 6740(5) $ 5266(6)	$ 9900(5) $ 6740(6)	
MRC, U.K.	Similar to LSH&TM with additional allowances (see Table - II)												
	ASG		6		P5		P4		P3		P2		P1	
	min	max	min	max	min	max	min	max	min	max	min	max	min	max
ICDDR,B	$ 59693(2)	$ 59693(2)	$ 43461(4)	$ 49287(7)	$ 39290(3)	$ 46340(7)	$ 32605(3)	$ 41308(6)	$ 27294(4)	$ 35997(5)	$ 22675(3)	$ 29124(3)	$ 17936	$ 23458

Figures are shown on an annual basis in US $.
( ) Ranking within each level.

AH:au(SAL.DAT)
12.06.89

ALLOWANCES AND BENEFITS COMPARISON
(INTERNATIONAL STAFF)

Table - II

Benefits	Pop Council	LSH&TM	Medical * Research Council,UK	Medical ** Research Council,UK	Switzer-land	Instt of Med Science Univ. Tokyo	J H U	AIT Bangkok	ICDDR,B
Post Adjustment / Location allowance	X			$ 2772					X
Dependent Allowance				$ 1577(Ist) $935(subsequent)		$ 2256/person			$ 700
Installation/Settlement allowance	1.5 months salary							10 %	X
Assignment allowance/ Cost of living allowance	X			$703-2839(S) $2412-3259(M)					$ 3600 $ 2400
Pension/Retirement	X	26 % including insurance			20 %		12 %	10 %	14.8 %
Travel/Recruitment/ Repatriation	X		X					X	X
Education Allowance	X	$ 15161/ child		$6325(Ist&2nd) $7509 (3rd) $7812(4th&subsequent)			Univr. Tuition only	$ 1517 (max)	upto $ 4500/child/yr upto Secnd. education
Education Travel	X								X
Home Leave travel	X								X
Shipping of baggage	X		X						X
Automobile	X		Loan Available			Train pass			on rental
Housing	X		X			$ 1895 (max)	X	20 %	
Utilities	X								on rental
Repatriation/Resettlement Allowance	X							X	X
Insurance		X				X	X		
Income Tax		From 2nd year	X		35 %	$ 2256/person	X	Thai income tax only	where applicable
Gratuity			25% at end of contract						
Kit & Trunk allowance			$ 504	$ 311 (S) $ 445 (M)					
Difficult post supplement				$1858 (S) $3717 (M)					
Non duty free Subsidy(Petrol+Commission)				$ 369					

* Non UK nationals
** UK nationals

S = Single
M = Married
X = Indicates applicability

AH:meh (SAL.DAT)
13-06-1989

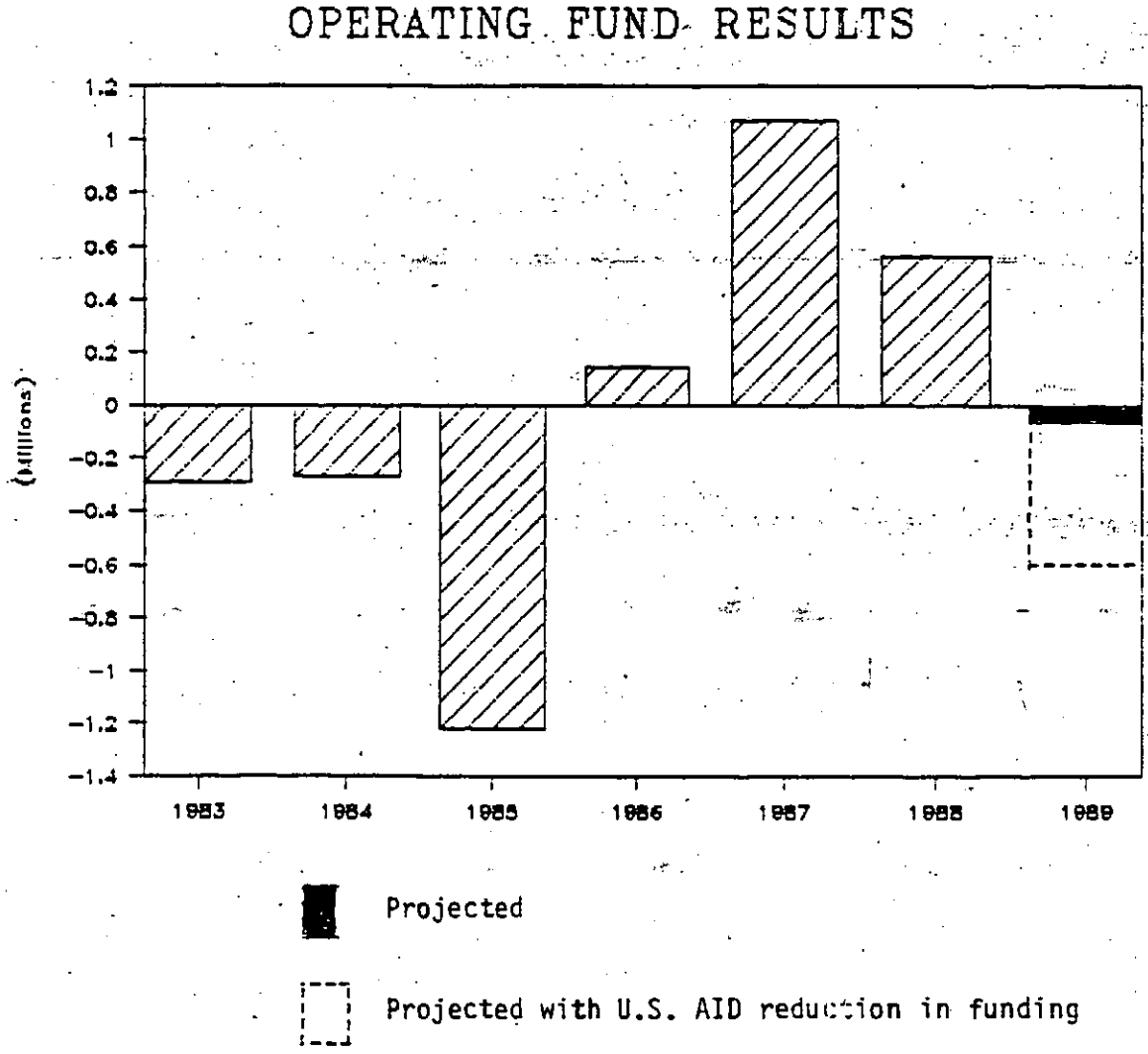
TABLE 4

REVENUE ESTIMATES FOR 1989

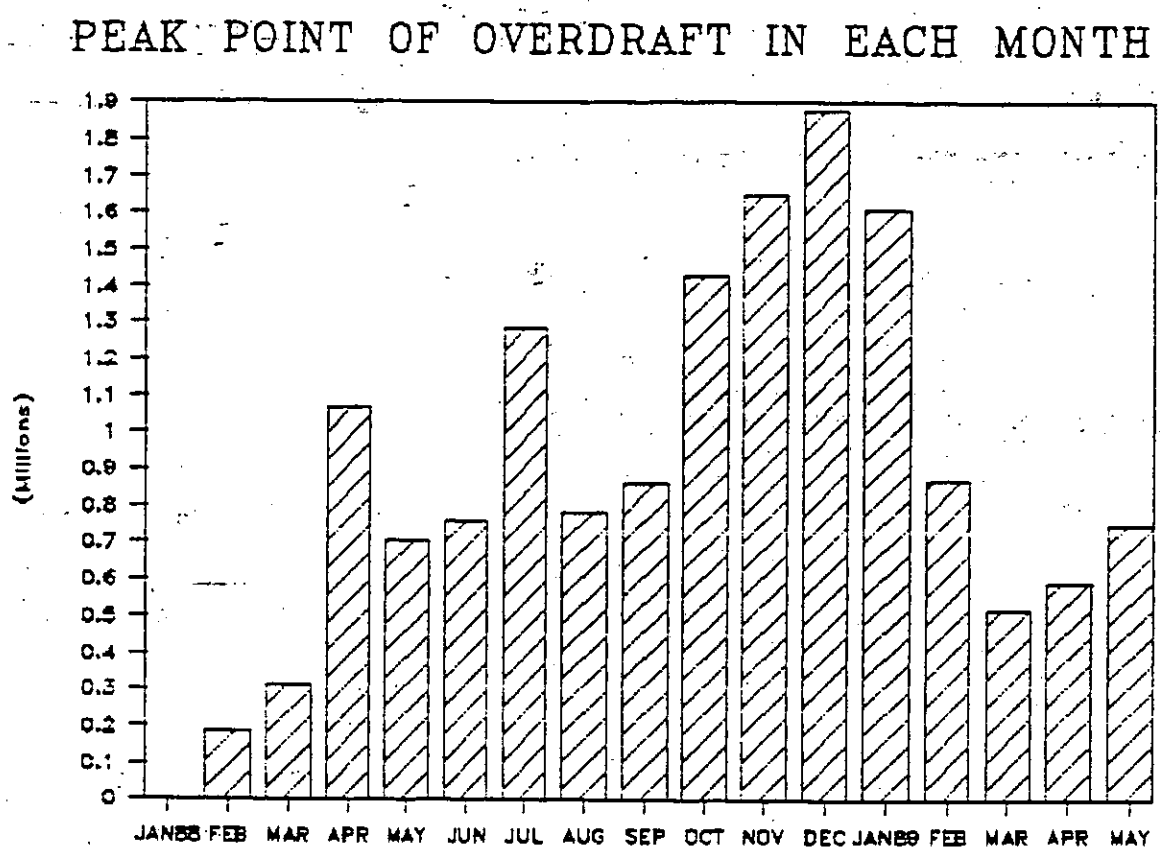
DONOR NAME	Receivable/(Adv) C/O from 1988	Est.Receipt 1989	Est.Income 1989	(Receivable)/Adv C/O to 1990
CENTRAL FUNDS:				
AUSTRALIA		180,000	180,000	0
BANGLADESH	7,450	32,000	32,000	(7,450)
BELGIUM	24,045	26,000	26,000	(24,045)
SAUDI ARABIA				0
UNITED STATES - AID		300,000	300,000	0
SWITZERLAND		709,000	709,000	0
SWEDEN - SAREC		150,000	150,000	0
UNITED KINGDOM - ODA		260,000	260,000	0
UNICEF		250,000	250,000	0
TOTAL	31,495	1,907,000	1,907,000	(31,495)
PROJECT FUNDS:				
AGA KHAN FOUNDATION	(133,439)	104,000	193,531	43,908
ARAB GULF FUND	235,440	235,440		0
AUSTRALIA	(190)	27,000	39	27,151
BELGIUM	(158,931)	155,000	285,214	28,717
BOSTID	12,771	23,000	9,497	732
BRAC		3,751	3,751	0
CIDA - TRAINING	(138,162)	51,000	80,326	108,836
CIDA - DSS	228,633	1,167,000	1,081,583	(143,216)
IDRC	9,606	33,000		23,394
IDRC - INFANT MORTALITY	851	5,000		4,149
ICHF				0
CWR UNIVERSITY	7,871			(7,871)
DANIDA		515,000	515,000	0
FRANCE	(14,964)	12,500	21,496	5,968
FORD FOUNDATION	(133,894)	64,000	150,707	47,187
IBRD/WORLD BANK	19,701	24,268	4,567	0
JAPAN	(95,088)	300,000	271,450	113,638
BAYER AG		70,000	70,000	0
NORAD	(214,842)	38,304	253,146	0
NW PHARMACEUTICAL	(4,930)			4,930
NETHERLANDS - ARI	(31,199)	127,000	123,660	34,539
ODA - UK		10,250	10,250	0
SDC - TRAINING	14,579	14,579		0
SDC - DISC & OTHERS	46,577	659,063	612,486	0

DONOR NAME	Receivable/(Adv) C/O from 1988	Est.Receipt 1989	Est.Income 1989	(Receivable)/Adv C/O to 1990
SAUDI ARABIA	406,300	406,300		0
SANDOZ LTD.	(4,000)	9,038	13,038	0
SEARL - FRANCE	7,209	30,000	14,129	8,662
SWITZERLAND - BASEL UNIVERSITY	(2,000)			2,000
SCF	(252)	166	418	0
UNDP/WHO	229,374	600,000	324,350	46,276
UNESCO		2,500	1,340	1,160
UNICEF	(383)		94	289
UNICEF - BEIJING		6,000	1,527	4,473
UNITED STATES:				0
COOPERATIVE	(67,152)	2,502,000	2,388,482	200,700
UVP	(232,061)	871,347	1,103,408	0
MCH-FP	322,290	1,826,187	1,503,897	0
WELCOME TRUST	5,491		15,425	(20,916)
WUSC	27,114	823,756	796,642	0
WHO	(94,009)	147,135	241,144	0
OTHERS	(100,583)	181,777	282,360	0
TOTAL	137,698	11,045,361	10,372,957	534,706
GRAND TOTAL	169,193	12,952,361	12,279,957	503,211

GRAPH 1


OPERATING FUND RESULTS
(Millions)
1.2
1
0.8
0.6
0.4
0.2
0
-0.2
-0.4
-0.6
-0.8
-1
-1.2
-1.4
1983
1984
1985
1986
1987
1988
1989
Projected
Projected with U.S. AID reduction in funding

GRAPH 2


PEAK POINT OF OVERDRAFT IN EACH MONTH
(Millions)
1.9
1.8
1.7
1.6
1.5
1.4
1.3
1.2
1.1
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
JAN88 FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC JAN89 FEB MAR APR MAY

Annexure - "A"

ICDDR,B DONORS 1989 PROJECTIONS (IN US DOLLARS)

A. Unrestricted-Core

	Donors	Committed	Estimated	Total
1.	Australia	-	180,000	180,000
2.	Bangladesh	-	34,000	34,000
3.	SAREC/Sweden	-	150,000	150,000
4.	Switzerland	701,450	-	701,450
5.	UK/ODA	-	260,000	260,000
6.	UNICEF	-	250,000	250,000
7.	USAID	-	300,000	300,000
	Sub-Total :	701,450	1,174,000	1,875,450

ICDDR,B DONORS 1989 PROJECTIONS

B. Restricted-Core

	Donors	Committed	Estimated	Total
1.	CIDA/DSS	-	900,000	900,000
2.	DANIDA	515,000	-	515,000
3.	Japan	-	300,000	300,000
4.	UNDP/Cl Res	-	300,000	300,000
5.	USAID (Washington)	-	1,900,000	1,900,000
6.	WUSC/Matlab TC	434,500	-	434,500
	Sub-Total :	949,500	3,400,000	4,349,500

ICDDR,B DONORS 1989 PROJECTIONS

C. Restricted-Projects

	Donors	Committed	Estimated	Total
1.	Aga Khan Foundation China/Kenya	104,000	-	104,000
2.	Belgium	-	200,000	200,000
3.	Ford Foundation/ Child Health/Rural Midwife Care	64,000	-	64,000
4.	Netherlands/ ARI-Matlab	127,000	-	127,000
5.	Switzerland	344,000	-	344,000
6.	WHC	120,000	-	120,000
7.	USAID/MCH-FP Ext	1,167,000	-	1,167,000
8.	USAID/UVP	750,000	-	750,000
9.	WUSC/MCH	306,500	-	306,500
	Sub-Total :	2,982,500	200,000	3,182,500

GRAND TOTAL

	Committed	Estimated	Total
A.	701,450	1,174,000	1,875,450
B.	949,500	3,400,000	4,349,500
C.	2,982,500	200,000	3,182,500
Grand Total :	4,633,450	4,774,000	9,407,450

Annexure -"E"

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

STATEMENT OF INCOME AND EXPENDITURE (OPERATING FUND) FOR THE YEAR ENDED DECEMBER 31, 1988

	NOTES	1988	1987
INCOME			
Contributions	(5)	11,015,367	8,798,060
LESS:			
Transferred to Capital Development Fund to the extent of capital expenditure	(11)	629,690	378,539
		10,385,677	8,419,521
ADD:			
Exchange gains		61,294	40,672
Other receipts		435,146	345,011
		10,882,117	8,805,204
EXPENDITURE			
Personnel salaries & benefits - local		5,362,859	3,759,879
Personnel salaries & benefits - international		1,319,442	1,226,565
Consultancy - Local & International		377,898	367,117
Mandatory Committee Meetings		75,371	26,034
Travel		468,148	429,951
Supplies and materials		1,569,688	1,103,584
Repairs and maintenance		100,406	96,338
Rent, communication & public utilities		288,837	239,469
Printing and publications		166,219	112,776
Other contractual services		588,015	368,763
Depreciation		862,159	953,479
		11,179,042	8,683,955
(DEFICIT)/SURPLUS OF INCOME OVER EXPENDITURE	US$	(296,925)	121,249

THE ATTACHED NOTES CONSTITUTE AN INTEGRAL PART OF THESE ACCOUNTS

Director
ICDDR,B

Chairman
Board of Trustees

This is the Statement of Income and Expenditure referred to in our report of same date.

HODA VASI CHOWDHURY & CO.
Chartered Accountants

PRICE WATERHOUSE
Chartered Accountants

Dhaka, March 16, 1989

RESOURCES DEVELOPMENT REPORT

RESOURCES DEVELOPMENT REPORT

June, 1989

At the November 1988 meeting of the ICDDR,B Board of Trustees the Resources Development Division had projected an income of US$ 10,122,000 for the year 1989. The current status of the Centre's income for 1989 is that we have received firm commitments from the donors in the amount of US$ 4,633,450 and expect to receive further commitments during the year in the amount of US$ 4,774,000. This will bring the total of funds that the Centre can expect to receive in 1989 to US$ 9,407,450.

Unrestricted-Core

In 1989 ICDDR,B will receive unrestricted core contributions from Australia/ADAB, Bangladesh, Switzerland, U.K./ODA, UNICEF and USAID/Washington. Of these donors, commitments have already been received from Switzerland and USAID, Australia, Bangladesh and ODA/U.K. make routine annual renewals and we hope that UNICEF will also renew its commitment to the ICDDR,B core fund this year. All USAID/Washington grants are subject to signing of the 1989 Agreement. Negotiations are in progress with SAREC/Sweden for renewal of their support to ICDDR,B after a lapse of three years.

Restricted-Core

The second phase of CIDA grant for the ICDDR,B DSS programme has not yet been finalised and there is a likelihood that the CIDA support may be scaled down in 1989. It is also unlikely that CIDA is going to renew their commitment beyond this year.

The DANIDA grant continues in 1989. According to the Agreement this is the last year of the three-year grant.

The Japanese grant to ICDDR,B has not yet been confirmed. We however expect that this grant, which has already been discussed between Japan and the Centre, will be renewed by the middle of the year.

The UNDP clinical research grant has not yet been announced.

The WUSC grant to the Matlab activities continues in 1989.

Restricted-Projects

The Aga Khan Foundation is continuing to extend its support to the Centre's collaborative activities in the management of diarrhoeal diseases in China and Kenya.

The Belgian contribution to ICDDR,B for 1989 has not yet been finalised.

The Ford Foundation is continuing its support to two Centre projects in 1989.

NORAD has made a no-cost extension of its grant for the Matlab MCH activities in 1989. This project is being co-funded by WUSC.

Switzerland is continuing its support to the Centre's Library and Publication activities, renovation of the Dhaka Diarrhoea Treatment Centre and the Staff Development programme this year.

The World Health Organisation has approved its support to two ICDDR,B research protocols in 1989.

The USAID/Dhaka office is continuing its support to the MCH-FP project and the Urban Volunteer Programme in 1989.

In-Kind Support

In addition to the cash grants, ICDDR,B received in-kind support from Bangladesh, Belgium, DANIDA, France and WUSC. The Bangladesh in-kind support during 1989 is estimated at US$ 1,200,000. This support comprise facilities provided by the Bangladesh Government for which no charge is made to the Centre. These are free accommodation at Dhaka and Matlab, telephone, taxes, duties and utilities. Belgium, DANIDA, France and WUSC have seconded personnel to ICDDR,B. The approximate U.S. dollar value of the seconded personnel is U.S. $ 420,000.

ICDDR,B DONORS 1989 PROJECTIONS
(IN US DOLLARS)

A. Unrestricted-Core

	Donors	Committed	Estimated	Total
1.	Australia	-	180,000	180,000
2.	Bangladesh	-	34,000	34,000
3.	SAREC/Sweden	-	150,000	150,000
4.	Switzerland	701,450	-	701,450
5.	UK/ODA	-	260,000	260,000
6.	UNICEF	-	250,000	250,000
7.	USAID	-	300,000	300,000
	Sub-Total :	701,450	1,174,000	1,875,450

ICDDR,B DONORS 1989 PROJECTIONS

B. Restricted-Core

	Donors	Committed	Estimated	Total
1.	CIDA/DSS	-	900,000	900,000
2.	DANIDA	515,000	-	515,000
3.	Japan	-	300,000	300,000
4.	UNDP/Cl Res	-	300,000	300,000
5.	USAID (Washington)	-	1,900,000	1,900,000
6.	WUSC/Matlab TC	434,500	-	434,500
	Sub-Total :	949,500	3,400,000	4,349,500

ICDDR,B DONORS 1989 PROJECTIONS

C. Restricted-Projects

	Donors	Committed	Estimated	Total
1.	Aga Khan Foundation China/Kenya	104,000	-	104,000
2.	Belgium	-	200,000	200,000
3.	Ford Foundation/ Child Health/Rural Midwife Care	64,000	-	64,000
4.	Netherlands/ ARI-Matlab	127,000	-	127,000
5.	Switzerland	344,000	-	344,000
6.	WHO	120,000	-	120,000
7.	USAID/MCH-FP Ext	1,167,000	-	1,167,000
8.	USAID/UVP	750,000	-	750,000
9.	WUSC/MCH	306,500	-	306,500
	Sub-Total :	2,982,500	200,000	3,182,500

GRAND TOTAL

	Committed	Estimated	Total
A.	701,450	1,174,000	1,875,450
B.	949,500	3,400,000	4,349,500
C.	2,982,500	200,000	3,182,500
Grand Total :-	4,633,450	4,774,000	9,407,450

INTERNATIONAL CHILD HEALTH FOUNDATION

The Chairman of the Board will make a verbal report on this item.

1989 BUDGET

1989 Budget

A detailed analysis of the revised Income and Expenditure budget for 1989, compared to the actuals for 1988 is contained in Table 1 to 6.

Income - Income projected for the year is $12,280,000 which includes USAID (cooperative) and Canadian CIDA grants of $2,104,000 and $1,082,000 respectively. However, these 2 donors have not at this time, confirmed the level of support which will be received in 1989. Any significant reduction in the level of funding by either of these donors will have an impact on the centres finances. Activities in DSS, funded by CIDA, and research projects funded from US/AID Agreement are continuing, and any major cuts if required, will take time to implement. Indeed, they would necessitate, amongst other measures, a reduction in staff, as 62% of expenditures are for staff salaries. Core income projections have been reduced by $212,000 from our November estimate because of the elimination of the Saudi Government contribution of $70,000, a reduction of $200,000 from Japan and $92,000 (partly due to exchange rate) from Switzerland, partly offset by an estimated contribution of $150,000 from SAREC.

Expenditure - Total expenditures are estimated to be $12,344,000, of which $3,570,000 is in core and $8,774,000 for projects. Core expenditure includes an additional commitment of $129,000 for completion of the New Matlab Hospital Complex, bringing the total commitment of the Centre to US$ 234,000 for this project. UNCDF has committed $809,000 for this construction project and a further commitment of $148,000 is expected from UNCDF to complete this project.

Deficit - In November 1988, a cash surplus of $276,000 for 1989 was estimated. With the reduction in core revenue our current estimate is a deficit of $64,000 for 1989. In the absence of any new donors or additional core contributions, or a significant reduction of Centre's activities, the Boards previous goal of a cash surplus of $500,000 for 1989 will not be achieved. It has to be stressed that, if USAID would not resume funding for this year and if, added to that, the CIDA contribution would be substantially reduced, a considerable deficit will not be preventable.

TABLE 1

INCOME AND EXPENDITURE FOR 1988 & 1989

	Actual 1988		Budget 1989		Increase Over 1988	Actual for Jan - Apr 1989 Compared to Total Budget	
A. Income		(In thousand US Dollars)					
Central Funds	16%	1,752	16%	1,907	9%	33%	636
Project Funds (Direct Cost)	71%	7,813	73%	8,923	14%	32%	2,815
Project Funds (Indirect Cost)	13%	1,450	12%	1,450	0%	32%	457
Total Income	100%	11,015	100%	12,280	11%	32%	3,908
B. Expenditure							
Local salaries	47%	5,363	50%	6,633	24%	34%	2,243
International salaries	12%	1,320	10%	1,357	3%	38%	511
Consultants	3%	378	2%	323	-15%	25%	82
Mandatory committees	1%	113	1%	116	3%	15%	17
Travel	4%	430	2%	318	-26%	24%	77
Supply and materials	14%	1,570	9%	1,254	-20%	33%	409
Other contractual services	10%	1,143	11%	1,506	32%	19%	291
Interdepartmental services	14%	1,592	11%	1,464	-8%	38%	561
Depreciation	8%	862	7%	1,000	16%	33%	333
Total Operating	13%	12,771	105%	13,971	9%	32%	4,514
Less:Recovery	18%	2,089	12%	1,629	-22%	43%	695
Net Operating	4%	10,682	92%	12,342	16%	31%	3,819
Add:Capital expenditure	6%	630	8%	1,002	59%	29%	289
Total Expenditure	100%	11,312	100%	13,344	18%	31%	4,108
C. Surplus/(deficit)		(297)		(1,064)		19%	(200)

TABLE 2

INCOME AND EXPENDITURE FOR 1988 & 1989

	Actual 1988			Budget 1989			Actual Jan - Apr 1989			Actual for Jan - Apr '89 as Percentage of Total Budget		
A. Income	(In thousand US Dollars)											
	Central	Project	Total	Central	Project	Total	Central	Project	Total	Central	Project	Total
Central Funds	1,752	0	1,752	1,907	0	1,907	636	0	636	33%		33%
Project Funds (Direct)	605	7,208	7,813	149	8,774	8,923	0	2,815	2,815	0%	32%	32%
Project Funds (Indirect)	1,450	0	1,450	1,450	0	1,450	457	0	457	32%		32%
Total income	3,807	7,208	11,015	3,506	8,774	12,280	1,093	2,815	3,908	31%	32%	32%
B. Expenditure												
Local salaries	2,581	2,782	5,363	2,848	3,785	6,633	958	1,285	2,243	34%	34%	34%
International salaries	390	930	1,320	392	965	1,357	131	380	511	33%	39%	38%
Consultants	16	362	378	8	315	323	8	74	82	100%	23%	25%
Mandatory committees	112	1	113	116	0	116	17	0	17	15%		15%
Travel	64	366	430	85	233	318	7	70	77	8%	30%	24%
Supply and materials	750	820	1,570	512	742	1,254	144	265	409	28%	36%	33%
Other contractual services	528	615	1,143	456	1,056	1,506	111	170	281	25%	16%	19%
Interdepartmental services	722	870	1,592	612	852	1,464	249	312	561	41%	37%	38%
Depreciation	362	0	862	1,000	0	1,000	333	0	333	33%		33%
Total Operating	6,025	6,746	12,771	6,023	7,948	13,971	1,958	2,556	4,514	33%	32%	32%
Less:Recovery	2,082	7	2,089	1,628	1	1,629	694	1	695	43%	100%	43%
Net Operating	3,943	6,739	10,682	4,395	7,947	12,342	1,264	2,555	3,819	29%	32%	31%
Add:Capital expenditure	161	469	630	175	827	1,002	29	260	289	17%	31%	29%
Total Expenditure	4,104	7,208	11,312	4,570	8,774	13,344	1,293	2,815	4,108	28%	32%	31%
C. Surplus/(deficit)	(297)	0	(297)	(1,064)	0	(1,064)	(200)	0	(200)	19%		19%

TABLE 3

ACTUAL FOR 1988 AND REVISED BUDGET FOR 1989
(In thousand US Dollar)

Activity	1988				1989				Actual Jan - Apr 1989				Actual Jan - Apr 1989 as a Percentage of Total Budget		
		Funding Source:				Funding Source:				Funding Source:				Funding Sources	
	Total	Central	Project:		Total	Central	Project:		Total	Central	Project:		Total	Central	Project
CLINICAL SCIENCE															
CSD Scientific Management	1.9%	202		202	1.9%	230		230	2.1%	79		79	34%		34%
Invasive Diarrhoea	1.3%	132		132	2.1%	265		265	1.7%	65		65	25%		25%
Watery Diarrhoea	1.7%	173		173	1.6%	195		195	2.0%	77		77	39%		39%
Persistent/Prolonged Diar.	0.0%	2		2	0.3%	40		40	0.0%	1		1	3%		3%
Nutritional Management	0.3%	30		30	1.0%	128		128	0.5%	18		18	14%		14%
Child Survival	1.0%	106		106	2.5%	310		310	1.9%	73		73	24%		24%
Clinical Research Support	4.5%	472	362	110	3.8%	468	360	107	3.9%	147	115	32	31%	32%	30%
Total Clinical Science	10.7%	1,117	362	755	13.3%	1,636	360	1,275	12.2%	460	115	345	28%	32%	27%
LAB SCIENCES															
LSD Scientific Management	2.4%	251	(3)	254	4.2%	523	5	518	6.2%	234	1	233	45%	20%	45%
Invasive Diarrhoea	3.6%	376		376	2.8%	342		342	2.9%	111		111	32%		32%
Watery Diarrhoea(CVT)	7.2%	754		754	2.5%	303		303	3.0%	112		112	37%		37%
Persistent/Prolonged Diar.	0.0%	1		1	0.2%	20		20	0.0%	0		0	0%		0%
Viral Diarrhoea	0.2%	26		26	0.7%	89		89	0.6%	23		23	26%		26%
Simple Diagnostic Test	0.2%	22		22	0.2%	26		26	0.1%	3		3	12%		12%
Microbial Ecology	0.7%	68		68	0.7%	84		84	0.5%	20		20	24%		24%
Laboratory Research and Devel.	0.2%	17	(64)	81	3.2%	389	167	222	3.0%	113	17	96	29%	10%	43%
Miscellaneous Research	0.3%	31		31	0.3%	31		31	0.5%	19		19	61%		61%
Total Lab Sciences	14.8%	1,546	(67)	1,613	14.6%	1,807	172	1,635	16.8%	635	18	617	35%	10%	38%
COMMUNITY HEALTH															
CHD Scientific Management	1.1%	113	65	48	1.1%	135	6	129	1.8%	69	2	67	51%	33%	52%
Invasive Diarrhoea	0.0%	0		0	0.0%	0		0	0.0%	0		0			
Watery Diarrhoea	0.3%	30		30	0.0%	3		3	0.1%	3		3	100%		100%
Persistent/Prolonged Diarrhoea	1.8%	190		190	1.0%	127		127	1.6%	62		62	49%		49%
Malnutritiol and Diarrhoea	0.3%	30		30	0.1%	15		15	0.2%	8		8	53%		53%
Maternal Health and Child Survival	4.5%	470		470	5.6%	691		691	5.4%	203		203	29%		29%
Diarrhoea Preventive Intervention	1.2%	122		122	0.1%	14		14	0.2%	6		6	43%		43%
Miscellaneous Epid. Research	0.4%	37		37	0.4%	47		47	0.3%	12		12	26%		26%
Total Community Health	9.5%	992	65	927	8.4%	1,032	6	1,026	9.6%	363	2	361	35%	33%	35%
POPULATION STUDIES															
PSD Scientific Management	1.2%	125	8	117	0.8%	97	27	70	0.8%	29	5	24	30%	19%	34%

Matlab Demographic Surveillance	7.1%	747		747	5.6%	691		691	7.2%	272		272	39%		39%
Teknaf Demographic Surveillance	1.4%	146		146	1.4%	174		174	1.6%	59		59	34%		34%
MCH-FP Extention Project	8.5%	884		884	9.1%	1,129		1,129	9.2%	346		346	31%		31%
Total Population Studies	18.2%	1,902	8	1,894	16.9%	2,091	27	2,064	18.7%	706	5	701	34%	19%	34%
HEALTH CARE OPERATIONS RESEARCH															
Urban Volunteer Programme	6.6%	685		685	8.3%	1,030		1,030	8.9%	336		336	33%		33%
Epidemic Control Preparedness Prog.	1.6%	162		162	1.0%	129		129	2.3%	86		86	67%		67%
Total Health Care Oper.Research	8.1%	847	0	847	9.4%	1,159	0	1,159	11.2%	422	0	422	36%		36%
HEALTH CARE SERVICES															
Health Care Services Management	0.6%	66	66		0.7%	92	92		0.8%	31	31	0	34%	34%	
Dhaka Treatment Facilities	7.9%	826	744	82	7.8%	957	723	234	7.4%	280	240	40	29%	33%	17%
Matlab Treatment Facilities	3.0%	311	289	22	4.7%	579	169	410	4.3%	164	35	129	28%	21%	31%
Teknaf Treatment Facilities	0.5%	51		51	0.4%	52		52	0.4%	15		15	29%		29%
Total Health Care Services	12.0%	1,254	1,099	155	13.6%	1,680	984	696	13.0%	490	306	184	29%	31%	26%
COMPUTER INFORMATION SERVICES	-0.5%	(50)	(128)	78	-0.2%	(20)	(20)		-1.5%	(55)	(55)	0	275%	275%	
TRAINING AND DISSEMINATION															
Training and Dissem. Management	0.8%	84	1	83	0.7%	92		92	0.8%	32	1	31	35%		34%
National Courses	0.0%	4		4	0.0%	1		1	0.0%	1		1	100%		100%
International Courses	0.7%	69		69	0.7%	84		84	1.0%	36		36	43%		43%
Institutional Collaboration	1.8%	191		191	0.2%	22		22	0.2%	6		6	27%		27%
Staff Development	0.1%	8	3	5	0.8%	97		97	0.0%	1		1	1%		1%
Technical Assistance	4.4%	460		460	1.7%	213		213	1.9%	71		71	33%		33%
Library and Dissemination	2.1%	216	150	66	3.3%	412	156	256	1.5%	58	51	7	14%	33%	3%
Total Training and Dissemination	9.9%	1,032	154	878	7.5%	921	156	765	5.4%	205	52	153	22%	33%	20%
CENTRAL MANAGT AND SUPPORT SERVICES															
Board of Trustees	1.1%	120	120		1.2%	146	146		0.6%	21	21	0	14%	14%	
Programme Co-ordination Committee	0.1%	9	9		0.1%	9	9		0.1%	3	3	0	33%	33%	
Central Scientific Management	4.1%	426	374	52	2.7%	338	338		2.9%	109	80	29	32%	24%	
Other scientific Committees	0.2%	21	21		0.2%	21	21		0.1%	5	5	0	24%	24%	
Resources Development	1.8%	186	182	4	1.5%	182	182		1.5%	57	57	0	31%	31%	
Administration	5.9%	617	617		5.6%	694	694		5.3%	201	201	0	29%	29%	
Personnel	2.2%	233	233		2.1%	255	255		2.1%	80	80	0	31%	31%	
Finance	1.9%	198	193	5	3.2%	393	240	153	1.9%	73	70	3	19%	29%	2%
Total Central Management	17.3%	1,810	1,749	61	16.5%	2,038	1,885	153	14.5%	549	517	32	27%	27%	21%
TOTAL ICDDR,B CENTRE	100.0%	10,450	3,242	7,208	100.0%	12,344	3,570	8,773	100.0%	3,775	960	2,815	31%	27%	32%

TABLE 4

REVENUE ESTIMATES FOR 1989

DONOR NAME	Receivable/(Adv) C/O from 1988	Est.Receipt 1989	Est.Income 1989	(Receivable)/Adv C/O to 1990
CENTRAL FUNDS:				
AUSTRALIA		180,000	180,000	0
BANGLADESH	7,450	32,000	32,000	(7,450)
BELGIUM	24,045	26,000	26,000	(24,045)
SAUDI ARABIA				0
UNITED STATES - AID		300,000	300,000	0
SWITZERLAND		709,000	709,000	0
SWEDEN - SAREC		150,000	150,000	0
UNITED KINGDOM - ODA		260,000	260,000	0
UNICEF		250,000	250,000	0
TOTAL	31,495	1,907,000	1,907,000	(31,495)
PROJECT FUNDS:				
AGA KHAN FOUNDATION	(133,439)	104,000	193,531	43,908
ARAB GULF FUND	235,440	235,440		0
AUSTRALIA	(190)	27,000	39	27,151
BELGIUM	(158,931)	155,000	285,214	28,717
BOSTID	12,771	23,000	9,497	732
BRAC		3,751	3,751	0
CIDA - TRAINING	(138,162)	51,000	80,326	108,836
CIDA - DSS	228,633	1,167,000	1,081,583	(143,216)
IDRC	9,606	33,000		23,394
IDRC - INFANT MORTALITY	851	5,000		4,149
ICHF				0
CWR UNIVERSITY	7,871			(7,871)
DANIDA		515,000	515,000	0
FRANCE	(14,964)	12,500	21,496	5,968
FORD FOUNDATION	(133,894)	64,000	150,707	47,187
IBRD/WORLD BANK	19,701	24,268	4,567	0
JAPAN	(85,088)	300,000	271,450	113,638
BAYER AG		70,000	70,000	0
NORAD	(214,842)	38,304	253,146	0
NW PHARMACEUTICAL	(4,930)			4,930
NETHERLANDS - ARI	(31,199)	127,000	123,660	34,539
ODA - UK		10,250	10,250	0
SDC - TRAINING	14,579	14,579		0
SDC - DISC & OTHERS	46,577	659,063	612,486	0

Contd...2

DONOR NAME	Receivable/(Adv) C/O from 1988	Est.Receipt 1989	Est.Income 1989	(Receivable)/Adv C/O to 1990
SAUDI ARABIA	406,300	406,300		0
SANDOZ LTD.	(4,000)	9,038	13,038	0
SEARL - FRANCE	7,209	30,000	14,129	8,662
SWITZERLAND - BASEL UNIVERSITY	(2,000)			2,000
SCF	(252)	166	418	0
UNDP/WHO	229,374	600,000	324,350	46,276
UNESCO		2,500	1,340	1,160
UNICEF	(383)		94	289
UNICEF - BEIJING		6,000	1,527	4,473
UNITED STATES:				0
COOPERATIVE	(87,182)	2,502,000	2,388,482	200,700
UVP	(232,061)	871,347	1,103,408	0
MCH-FP	322,290	1,826,187	1,503,897	0
WELCOME TRUST	5,491		15,425	(20,916)
WUSC	27,114	823,756	796,642	0
WHO	(94,009)	147,135	241,144	0
OTHERS	(100,583)	181,777	282,360	0
TOTAL	137,698	11,045,361	10,372,957	534,706
GRAND TOTAL	169,193	12,952,361	12,279,957	503,211

TABLE 5

ANALYSIS OF MONTHLY RECEIPTS FOR 1989

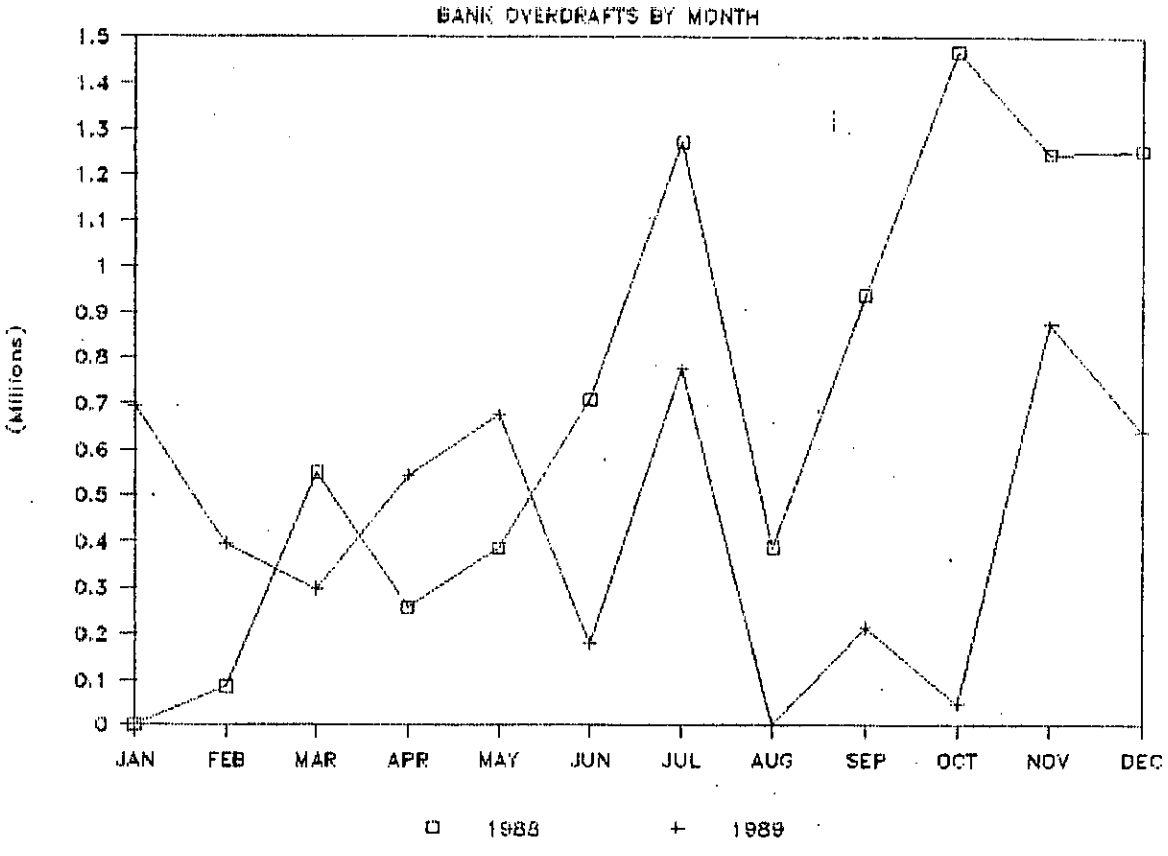
DONOR NAME	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
CENTRAL FUNDS:													
AUSTRALIA						180							180
BANGLADESH			7			8				8		9	32
BELGIUM		26											26
UNITED STATES - AID								300					300
SWITZERLAND	709												709
SWEDEN - SAREC								150					150
UNITED KINGDOM - ODA				260									260
UNICEF					250								250
TOTAL	709	26	7	260	250	188	0	450	0	8	0	9	1,907
PROJECT FUNDS:													
AGA KHAN FOUNDATION							104						104
ARAB GULF FUND						235							235
AUSTRALIAN HIGH COMM.				27									27
BELGIUM		155											155
BOSTID		23											23
BRAC												4	4
CIDA - TRAINING						51							51
CIDA - OSS					267				600			300	1,167
IDRC - SISC						33							33
IDRC - INFANT MORTALITY	5												5
DANIDA						515							515
FRANCE						13							13
FORD FOUNDATION			13					51					64
IBRD/WORLD BANK						24							24
JAPAN								300					300
BAYER AG	70												70
NORAD												38	38
NETHERLANDS - ARI							127						127
ODA - UK							10						10
SDC - TRAINING							15						15
SDC - DISC & OTHERS	232									210		217	659
SAUDI ARABIA		406											406
SANDOZ LTD.											9		9
SEARL - FRANCE	15										15		30
UNDP/WHO		300								300			600
UNESCO	2												2
UNICEF - BEIJING				6									6
UNITED STATES:													
COOPERATIVE			602					908		500		492	2,502
UVP		37	30	47	90	90	90	90	97	100	100	100	871
MCH-FP			495		180	150	150	150	150	175	176	200	1,826
WUSC	59	75	55	63	70	70	70	70	70	72	75	75	824
WHO		62		58				27					147
OTHERS	43				13	126							182
TOTAL	426	1,058	1,195	201	620	1,307	566	1,596	917	1,357	375	1,426	11,044
GRAND TOTAL	1,135	1,084	1,202	461	870	1,495	566	2,046	917	1,365	375	1,435	12,951

TABLE 6

CASH FLOW ANALYSIS FOR 1989
(In thousand US Dollars)

MONTHS	RECEIPTS	PAYMENTS	BALANCE
Opening Balance at 1 January 1989			(1,245)
January	1,135	585	(695)
February	1,084	785	(396)
March	1,202	1,103	(297)
April	461	709	(545)
May	870	1,000	(675)
June	1,495	1,000	(180)
July	566	1,162	(776)
August	2,046	1,200	70
September	917	1,200	(213)
October	1,365	1,200	(48)
November	375	1,200	(873)
December	1,435	1,200	(638)
Closing Balance at 31 December 1989			(638)
Total	12,951	12,344	

GRAPH 1


BANK OVERDRAFTS BY MONTH
(Millions)
1.5
1.4
1.3
1.2
1.1
1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0
JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
1988
1989

SALARY SURVEY NO 6 GS STAFF

SALARY SURVEY - GS AND NO STAFF

As per the decisions of the BOT meeting held in November, 1988 a salary comparison was done with various comparators of the local UN salary system with that of the existing ICDDR,B salary. A comparative analysis is presented in attached tables (Table I & II). Since ICDDR,B has adopted the WHO/UN local salary structure for its NO and GS staff, comparisons were made with the local comparators of the UN. The fundamental principle underlying the setting of salaries and determination of conditions of service for the NO and GS staff of the UN has traditionally been that they should be based on the best prevailing conditions found locally for similar work. The raw data that has been enclosed are based on a survey to make interim adjustment to salaries. A more detailed comprehensive survey is however conducted at intervals of not more than 5 years.

Following steps have been followed to arrive at a recommendation for a revision in salary:

a) Basic gross salary is determined,

b) Work week adjustment is done for each job and employer,

c) Actual taxable allowances granted by each employer is added to obtain gross annual income,

d) Applicable local taxes on gross income for each job/ employer is determined to arrive at an annual net income,

Contd../2

e) Annual value of all other non taxable allowances are added to the annual net income to arrive at the adjusted total net income,

f) Comparison is made amongst the adjusted total net income of similar jobs to arrive at a conclusion.

ICDDR,B figures including income tax has been shown separately on Table I & II.

AH:meh/slsurvey
June 12, 1989

SALARY DATA OBTAINED FROM VARIOUS COMPARATORS OF THE UN SALARY SYSTEM IN DHAKA AND EXISTING ICDDR,B SALARY.
(FIGURES ARE SHOWN ON AN ANNUAL BASIS EXPRESSED IN TK)
(NATIONAL OFFICER)

TABLE I

	NOA		NOB		NOC		NOD	
	min	max	min	max	min	max	min	max
EMPLOYER I	238146(1)	270971(2)	303454(2)	341692(2)	394545(1)	445640(2)	614193(1)	670950(2)
EMPLOYER II			NO COMPARABLE JOBS					
EMPLOYER III			NO COMPARABLE JOBS					
EMPLOYER IV	161348(6)	211225(7)	314462(1)	377889(1)	392392(2)	469136(1)	NO COMPARABLE JOBS	
EMPLOYER V	98808(8)	196257(8)	184925(8)	314259(5)	248002(6)	367972(6)	401546(3)	718327(1)
EMPLOYER VI	185217(3)	240620(5)	226178(3)	295110(6)	348528(3)	432032(3)	448797(2)	549309(4)
EMPLOYER VII	151112(7)	220831(6)	199930(6)	277872(8)	208209(8)	292359(8)	NO COMPARABLE JOBS	
ICDDR,B	164390(5)	243350(4)	197330(7)	292010(7)	246600(7)	364920(7)	317350(6)	469750(6)
UN	188400(2)	278880(1)	226150(4)	334630(3)	282600(5)	418200(5)	363710(5)	538310(5)

Note: Figures indicate total net income without tax.

* ICDDR,B	180745(4)	267979(3)	223029(5)	330823(4)	289062(4)	429136(4)	382505(4)	568609(3)

* Figures include income tax.
( ) indicates ranking within the level

AH:au/DATA.SAL
10.06.89

SALARY DATA OBTAINED FROM VARIOUS COMPARATORS OF THE UN SALARY SYSTEM IN DHAKA AND EXISTING ICDDR,B SALARY
(FIGURES ARE SHOWN ON AN ANNUAL BASIS EXPRESSED IN TK)
(GENERAL SERVICE)

TABLE II

	GS - 1		GS - 2		GS - 3		GS - 4		GS - 5		GS - 6	
	min	max	min	max	min	max	min	max	min	max	min	max
EMPLOYER I	39785(8)	49604(8)	39029(8)	60616(8)	45917(7)	60338(7)	45917(8)	149926(3)	46659(8)	162963(4)	134780(4)	162963(7)
EMPLOYER II	82477(2)	92982(2)	88020(2)	95893(4)	NO COMPARABLE JOBS		101722(2)	114617(6)	101632(5)	123792(8)	NO COMPARABLE JOBS	
EMPLOYER III	88741(1)	138612(1)	104210(1)	138612(1)	104210(1)	138612(1)	114438(1)	157961(2)	123242(1)	193681(1)	128014(7)	233276(2)
EMPLOYER IV	NO COMPARABLE JOBS											
EMPLOYER V	NO COMPARABLE JOBS											
EMPLOYER VI	53613(4)	85282(4)	56308(5)	92227(5)	56854(6)	97354(5)	60120(7)	165146(1)	60120(7)	165148(3)	130118(5)	240620(1)
EMPLOYER VII	50345(5)	92642(3)	62468(4)	104656(2)	66726(3)	101520(3)	74145(6)	112091(8)	108650(3)	160333(5)	136793(3)	196851(5)
ICDDR,B	47010(7)	70170(7)	53560(7)	79960(7)	64320(5)	96120(6)	78420(5)	117060(7)	98810(6)	147530(7)	129400(6)	193240(6)
UN	56740(3)	84700(5)	64620(3)	96540(3)	77630(2)	116030(2)	94630(3)	141310(4)	119270(2)	178070(2)	156190(1)	233230(3)

Note: Figures indicate total net income after tax.

* ICDDR,B	48645(6)	72458(6)	55741(6)	83039(6)	66651(4)	99532(4)	82168(4)	122601(5)	105823(4)	158027(6)	141653(2)	211812(4)

* Figures include income tax.
( ) indicates ranking within the level.

AH:au/DATA.SAL
10.06.89

VARIOUS JOB TITLES

NOA

Accounts Manager
Medical Officer
Office Manager
Statistician
Supervisor, Field Research Activities

NOB

Analyst Programmer
Assistant Scientist
Demographer
Head, Budget Accounting
Personnel Manager

NOC

Associate Scientist
Associate Scientist/Senior Medical Officer, Gr.I
Coordinator, National FWA Recruitment
Executive Secretary
Nursing Manager

NOD

Budget & Finance Officer
Dissemination Scientist
Public Relation & Informations Officer
Scientist
Training Coordinator

NOE

Head, Epidemiology Department
Head, Library & Publication Branch
Senior Scientist

VARIOUS JOB TITLES

GS-1	GS-2
1. Laboratory Attendant	1. Senior Laboratory Attendant
2. Ward Attendant	2. Driver (Auto)
3. Animal Attendant	3. Assistant Mechanic
4. Security Guard	4. Carpenter
5. Cleaner	5. Clerk, Grade-II

GS-3	GS-4
1. Aid Nurse	1. Administrative Assistant
2. Health Assistant	2. Senior Health Assistant
3. Coding Assistant	3. Assistant Staff Nurse
4. Laboratory Technician	4. Data Processing Assistant
5. Mechanic	5. Senior Laboratory Technician

GS-5	GS-6
1. Senior Staff Nurse	1. Senior Coordination Officer
2. Field Research Officer	2. Senior Accounts Officer
3. Data Management Officer	3. Senior Field Research Officer
4. Computer Operator	4. Senior Data Management Officer
5. Secretary, Grade-II	5. Secretary, Grade-I

SALARY SURVEY INTERNATIONAL LEVEL STAFF

Resolution 12/May 88

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

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

- 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 secunding 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 possible, of all seconded appointments, including the qualifications of the individuals and the terms under which they are seconded;

Resolution 13/May 88

Resolves : That for the 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

Resolves : 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.

pleased.

The appointment of Albert has always been supported by me and by Mathan. He is a good, reliable and honest scientist and will be good value to the Centre. I hear good reports from Ruth Bishop about Miss Unicombe and I would entirely approve of her appointment as a consultant in the first instance.

Regards

Derrick Rowley

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

Ref: DO/LSD/96/89

Memorandum

TO : Chief Personnel Officer DATE: 2.2.89

FROM : Director

SUBJECT : LABORATORY SCIENCES DIVISION VACANT POSITIONS

Please proceed with the apppointment of Dr John Albert and Ms Leanne Unicombe to positions of research microbiologist (P3) and research virologist (P2), respectively. They are the only two shortlisted candidates, so that interviews are not required. Both have already been at the Centre, and Dr Albert has, in the past, been interviewed for the position of Head, Laboratory Services Department.

... I enclose for your files the biodata of both
... individuals and the report of the ranking committee.

Please arrange further details with the office of Dr Tzipori.

Thank you.

8/BT/JUNE.'89

REPORT OF THE PERSONNEL & SELECTION COMMITTEE MEETING HELD ON 15 JUNE,.1989

REPORT OF THE PERSONNEL & SELECTION COMMITTEE MEETING HELD ON 15 JUNE, 1989

1. Overview of the staffing situation

1.1 After discussion, it was agreed to recommended to the Board that

(a) The management should ensure that no position is created, no new hand appointed - except in the case of relief work, for which it is expected that donors will provide the additional funds.

(b) Recruitment to replace someone going on study leave, etc. may continue in a very prudent manner on condition that the replacement would be terminated on the return of the staff member.

(c) Some arrangement should be made by the Board to evaluate the staffing situation.

(d) On the basis of a review of the staffing pattern the P&S Committee will determine further actions.

2. Staffing

2.1 Recruitment of international professional staff

(a) MICROBIOLOGIST - P3

It is recommended to the Board that the

appointment of Dr John Albert as Microbiologist (P3) be approved.

(b) **VIROLOGIST - P2**

It is recommended to the Board that the appointment of Ms Leanne Unicomb as Virologist (P2) be approved.

(c) **EXTERNAL RELATIONS OFFICER - P5**

The Committee noted the short-list provided and requested the management to begin the process of screening. Chairman P&S Committee may then in consultation with the Director proceed with the interview and seek approval of their selection from an Executive Committee of the Board to be convened in the interim. It was thus agreed to request the Board to constitute an Executive Committee to transact this business among others.

(d) **SENIOR SCIENTIST, PSD - P6**

Advertisement of the position of Senior Scientist, PSD should be held until funds are available, from UNFPA or any other source.

(e) **SENIOR SCIENTIST, HEAD COMMUNITY HEALTH DIVISION - P6**

It was agreed to recommend to the Board that this position be advertised immediately and an agressive search mounted in addition to the

advertisement.

(f) **MCH-FP PHYSICIAN (PROJECT DIRECTOR, MATLAB MCH-FP PROJECT - P5**

It was agreed to recommend to the Board that this position be advertised immediately.

(g) **APPOINTMENT OF NEW DIRECTOR**

It was agreed that a Search Committee as per the following be appointed immediately by the Board to seek a new Director

- Mr T. Rahman (Convenor)
- Prof. D.A. Henderson
- Prof. V.I. Mathan
- Dr M. Merson
- The Director

The proposal that Dr Dilip Mahalanabis cover the period between Professor Eeckels' departure and the arrival of the interim Director was accepted. The Board may appoint an interim Director immediately.

2.2 **Information on Seconded Staff**

(a) **OPERATIONS RESEARCH SCIENTIST - P4**

It was agreed to recommend to the Board that the appointment of Dr R. Maru be accepted.

2.3 Contracts

(a) **EXTENSION OF ASSOCIATE DIRECTOR, A&P - P6**

It is recommended to the Board that an extension

of contract for one year until 30 June, 1991 be given. The matter will be considered in June 1990.

(b) **RE-ADVERTISEMENT - NUTRITONIST/EPIDEMIOLOGIST - P3**

It was agreed to recommend to the Board that this post be advertised.

2.4 New Positions

(a) **VISITING SCIENTIST - UP TO P6**

It was agreed to recommend to the Board that the proposal that such positions be kept open and filled by researchers willing to join the Centre on sabbatical, for 6-12 months, for all Scientific Divisions. Such positions may be filled up only when outside funding is available.

3. Working Papers

3.1 Selection of Trustees

3.1.1 It is recommended to the Board that Dr P. Sumbung be elected for a second term of three years from 1 July, 1989.

3.1.2 It is also recommended that the following nominations be put up for election by the Board

A. Developing Countries

(a) Middle East - to replace Dr Al-Swailem,

Kingdom of Saudi Arabia (KSA)

- Dr Yagob Yousef Al-Mazrou, KSA
- Prof. Mamdouh Gabr, Egypt

B. Developed Countries

(a) Europe & North America - to replace Dr I. Cornaz, Switzerland

- Prof. J.R. Hamilton, Canada

(b) Australia - to replace Prof. D. Rowley, Australia

- Dr Ruth Bishop, Australia
- Prof. John Caldwell, Australia

3.1.3 The following vacancies may be filled up as proposed:

(a) To replace Prof. D. Habte, Ethiopia

It was suggested that his replacement come from Africa. However, it is recommended that a decision be deferred until next meeting when it is expected that additional names will be available.

(b) To replace Mr T. Rahman, Bangladesh

The nomination of the Government of Bangladesh should be awaited.

Full discussions on these and other items are recorded in the minutes of the meeting.

16.6.89

OVERVIEW OF STAFFING SITUATION

Agenda 8(a)/BT/June'89

INTERNATIONAL STAFFING STATUS
AS OF MAY 1989
REGULAR INTERNATIONAL PROFESSIONAL STAFF

Sl. No.	Name	Nationality	Title	Pay Level	Contract Start date	Contract End date	Remarks
FIXED TERM							
1.	Alam, Dr. A. N.	Bangladesh	Head, Clinical Research Centre	P4	01.07.86	30.09.92	
2.	Albert, Dr. John	India	Research Microbiologist	P3	04.05.89	03.05.92	
3.	Ali, Mr. M. Iqbal	Bangladesh	Programme Officer	P1	16.06.85	16.06.91	
4.	Ashraf, Mr. M. Hira	Canada	System Development Manager	P4	11.08.85	31.05.89	Position Collapsed
5.	Bashir, Mr. M.R.	Bangladesh	Associate Director Resources Development	P6	01.07.87	30.06.89	Position will collapse
6.	Chowdhury, Ms.Judith A.	Australia	Executive Assistant	P1	16.06.85	16.06.91	
7.	Eeckels, Prof. R.	Belgium	Director	ASG	01.04.85	31.03.91	
8.	Fauveau, Dr. V.	France	MCH-FP Physician	P4	01.01.86	31.12.92	
9.	Henry, Dr.Fitzroy	Guyana	Nutritionist/ Epidemiologist	P3	01.01.84	31.12.89	
10.	Islam, Dr. M.Moyenul	Bangladesh	Research Pathologist	P4	01.08.88	31.07.91	
11.	Kasatiya, Dr. Shanti S.	Canada	Head, DLS	P4	01.06.88	31.05.89	Position Collapsed

Contd.. Fixed Term

SL. No.	Name	Nationality	Title	Pay Level	Contract Start date	Contract End date	Remarks
12.	Mahbub, Mr. M.A.	Bangladesh	Associate Director, A&P	P6	01.07.87	30.06.90	
13.	Mahalanabis, Dr. D.	India	Senior Scientist & Associate Director, CSD	P6	05.01.88	04.01.91	
14.	Mostafa, Mr. A.H.	Australia	Computer Information Services Manager	P4	24.01.88	23.01.91	
15.	Patra, Dr. F.C.	India	Assistant Scientist	P1	01.02.89	31.12.89	
16.	Strong, Dr. M. A.	USA	Sr.Scientist & Head, DSS	P5	01.09.88	31.08.91	
17.	Tzipori, Dr. Saul	Australia	Sr. Scientist & Associate Director, LSD	P6	10.08.88	09.08.90	
18.	Van Loon, Dr. F.	Netherlands	Scientist	P4	24.07.84	31.07.89	
19.	Wai, Dr. Lokky	Canada	Scientist	P4	15.04.88	18.04.91	
SHORT-TERM							
1.	Bairagi, Dr. R.	Bangladesh	Senior Scientist	P5	15.01.89	14.12.89	
2.	Unicomb, Ms. Leanne	Australia	Research Virologist	P3	20.03.89	19.02.90	

SECONDED STAFF

Sl. No.	Name	Nationality	Title	Start Date	End Date
1.	Bingnan, Dr. Fu	China	Visiting Scientist	11.04.88	March 1989
2.	Bennish, Dr. M.	U.S.A.	Scientist	31.10.88	Open
3.	Besser, Dr. Richard	U.S.A.	Associate Scientist	04.05.89	03.05.90
4.	Briend, Dr. Andre	France	Associate Director, CHD	29.12.83	Open
5.	Felsenstein, Dr. A.	Belgium	Biologist/Scientist	01.04.87	30.04.89
6.	Griffiths, Dr. Jeffry	U.S.A.	Assistant Scientist	13.12.88	12.08.89
7.	Hall, Dr. Andrew	U.K.	Scientist	09.05.84	28.02.89
8.	Hlady, Dr. Gary	U.S.A.	Associate Scientist	14.08.87	13.08.89
9.	Koenig, Dr. Michael	U.S.A.	Scientist	17.02.84	Open
10.	Kofoed, Dr.Poul Erik	Denmark	Scientist & Head, Child Health Programme	29.11.87	28.11.89
11.	Lenders, Dr. Carine	Belgium	Assistant Scientist	31.05.87	30.5.89

Contd... Seconded Staff

Sl. No.	Name	Nationality	Title	Start Date	End Date
12.	Nielsen, Ms. Birthe	Denmark	Immunization Coord.	18.08.88	--
13.	Pabani, Mr. Anil	Canada	Grants Administrator	30.9.88	29.09.91
14.	Patterson, Dr. David	U.S.A.	Research Fellow	22.09.87	21.09.89
15.	Ronsman, Dr. Carine	Belgium	Physician	30.08.87	29.08.89
16.	Silimperi, Dr. Diana	U.S.A.	Project Director, UVP	20.04.87	19.04.90
17.	Sorensen, Ms. Nina	Denmark	Teaching Coordinator	05.03.88	04.03.90
18.	Stark, Ms. Nancy	U.S.A.	Fellow	16.03.89	15.03.90
19.	Stewart, Dr. Kate	U.S.A.	Associate Scientist	Jan. 1988	Open
20.	Thilsted, Dr. S.	Denmark	Nutrition Coordinator	05.03.88	04.03.90
21.	Winkelmann, Mr. John	Canada	Chief Finance Officer	27.09.88	26.09.91

RECRUITMENT

Microbiologist

This position was advertised internationally. Based on the review of the applications Dr. John Albert was found to be the most suitable candidate. Prof. Derrick Rowley's recommendations also helped in making the selection.

Accordingly Dr. Albert was offerred the position of Research Microbiologist at P3 step 10. He has accepted the offer and has joined the Centre on May 04, 1989.

It may be mentioned that as per resolution 13 of May, 1988 the recruitment up to P4 needs final approval of the BOT. Accordingly Dr. John Albert,s appointment may be approved.

Agenda 3.1

Virologist

This position was advertised internationally. Based on the review of the applications Ms. Leanne Unicomb was identified to be the most suitable candidate. Though she has appropriate experience required for the job, she was lacking in the educational requirement (Ph.D.). Hence on the basis of the reviewers' comments and Prof. Derrick Rowley's recommendation she was offerred the position on a Short Term basis for 11 months. She has joined the Centre on March 20, 1989.

From: S. Tzipori S. Tzipori Jan 29 1989

Subject: International Positions for virologist and microbiologist

Further to my earlier memo to you dated Nov 20 regarding the above matter, The Centre has recieved two additional applications which I consider to be very suitable. Both have visited ICDDR,B and have met with several of the staff, therefore know exactly what is being offered. During my recent visit to Australia I have interviewed them both and now I am certain that they are most appropriate as candidates for the above positions.

The applicants were ranked by three independent assessors (Dr Van Loon, Dr Kasatiya and myself). There was a general agreement in the overall assignment of applicants to the 5 rancking order.

Microbiologist

1. Dr John Albert (Indian residing in Australian)- 2 assessors assigned him 5 (highly recommended) and one assigned him 4 (recommended). 14

2. Dr Musaddeq Hussain (Bangladesi residing in New Jursy)- 3 assigned him 4, 12

3. Dr Ziauddin Ahmed (Bangladeshi employed at ICDDR,B)- 2 assigned him 4 and one assigned 3. 11

The remaining applicants scored below 4.

<u>Virologist</u>

No suitable applicants were identified that met the criteria as prescribed in the advertisment. However Ms Unicombe, while has no postgraduate degree has a vast experience in virology and possesses the very same skills we wish to introduce at ICDDR,B. She has spent 3 weeks during October as consultant and her skills were highly appreciated by the staff. I therefore recomend that she be invited on a short term contract as a virologist, and that her appointment be reviewed in 12 months in accordence with the needs of the Centre.

Enclosed are the three rancking sheets for your information.

I look forward to your recomendation as soon as possible

MICROBIOLOGIST

5. John Albert
4. Mussadeq Hussain, Zia U. Ahmed
3. Haseena Khan, Mustafizur Rahman
   Muzahed Uddin Ahmed
2. Rehana Begum, Md. Golam Rabbani
   Md. Afzal Hussain Miah
1. S.I. Shelley

VIROLOGIST

5.
4. Habibur Siddique, M.M. Rehman
3. Md. Afzal Hussaon Miah
   Abu Md. Ishaque, Henry A Subosinghe
   Md. Mizanur Rahman, G. Butchaiah
2. Md. Hussain, Md. Rafiqul Islam
1. Al Saadi

S. REPORT
30/1/89

VIROLOGIST

4. Mizanur Rahman, G. Butchaiah
3. H. Siddique, M.R. Islam
2. H.A. Subasinghe, J. Meanger(But no Ph.D)
   Mostafizur Rahman
1. M.A. Hossain Miah, A.M. Ishaque

MICROBIOLOGIST

4. John Albert, Zia Uddin Ahmed, M. Hossain
3. M.U. Ahmed
2. Mrs. H. Khan, M.A. Hossain Miah
1. Mrs. R. Begum, Mr. G. Rabbani
   M.A. Hossain, S.I. Shelley

87/01/30

MICROBIOLOGIST

5. John Albert
4. Mussadeq Hussain, Zia U. Ahmed
3. Haseena Khan, Mustafizur Rahman
   Muzahed Uddin Ahmed
2. Rehana Begum, Md. Golam Rabbani
   Md. Afzal Hussain Miah
1. S.I. Shelley

VIROLOGIST

5.
4. Habibur Siddique, M.M. Rehman
3. Md. Afzal Hussaon Miah
   Abu Md. Ishaque, Henry A Subosinghe
   Md. Mizanur Rahman, G. Butchaiah
2. Md. Hussain, Md. Rafiqul Islam
1. Al Saadi

20/1/89

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

GPO BOX 128, DHAKA - 1000, BANGLADESH

Title: Assistant Scientist - Microbiologist

(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.

18 November 1988

Dr. M. John Albert
Pathology Laboratory
Alice Springs Hospital
P.O. Box 2234
Alice Springs, NT 0871
AUSTRALIA

Tel. (089) 502358

The Personnel Manager (Professional)
ICDDR, B
GPO Box 128
Dhaka-1000
Bangladesh

Dear sir:

Please refer to your advertisement in the Australian Microbiologist of November 1988, for the positions of Microbiologist and Virologist, and I wish to apply for both these positions. My C.V. is enclosed.

I would appreciate receiving details of job descriptions, responsibilities and salaries for these positions.

Thanking you

Yours sincerely

M. John Albert
Research Microbiologist

M. JOHN ALBERT

Curriculum Vitae

1. Personal data

Date of birth	28-5-1950
Sex	Male
Marital Status	Married with one child

2. Academic Qualifications

1968-1970	B.Sc. (First Class), University of Madurai, Christian College, Martandam, India.
1970-1973	M.Sc. (First Class, First Rank), University of Madras, Jawaharlal Institute of Post-graduate Medical Education and Research, Pondicherry, India.
1974-1978	Ph.D., University of Madras, Christian Medical College Hospital, Vellore, India.

3. Professional Societies

Member of the American Society of Microbiology
Member of the Australian Society of Microbiology

4. Honours and Prizes

1966	Gold medal - Secondary School Leaving Certificate (top student)
1967	Cash Prize - Pre-University Certificate (top student)
1970	Book Prize - Bachelor of Science Degree (top student)
1973	- Master of Science Degree (top student)

5. Participation in recombinant DNA technology course

I participated in the above course organized by Microbiology Department, Monash University, Victoria, Australia, February 7-12, 1988.

6. Scholarships and Fellowships

1974-1978: National Scholarship by the Council of Scientific and Industrial Research, Government of India, to pursue doctoral studies.

1980-1981: Post-doctoral Fellowship by the University of Missouri, Columbia, MO, USA, to work in the Department of Microbiology with Professor R.A. Finkelstein.

1981-1983: Post-doctoral Fellowship by the University of Melbourne, Melbourne, Australia, to work in the Department of Gastroenterology, Royal Children's Hospital on rotavirus diarrhoea.

Ph.D. degree examinership

Examiner for Ph.D. theses in Microbiology for the University of Madras.

Patent granted

In newborn nurseries of Melbourne hospitals, unique strains of rotaviruses cause asymptomatic infection which protect them in the post-neonatal period against severe rotavirus diarrhoea. I have isolated one neonatal strain in tissue culture for use as a live oral vaccine strain and have obtained an international patent.

Positions held

1. Research Fellow, Wellcome Research Unit, Christian Medical College Hospital (CMCH), Vellore, India (Jan 1974-May 1979). I was in charge of the Microbiology Laboratory and carried out research on diarrhoea, tropical sprue and nutritional aspects of intestinal bacteria.

2. Junior Lecturer in Microbiology at the Wellcome Research Unit, CMCH, Vellore (June 1979-August 1980). I taught Microbiology for medical students and post-graduate science students.

3. Post-doctoral Fellow, Department of Microbiology, School of Medicine, University of Missouri, Columbia, MO, USA (Oct 1980-May 1981). I worked with Professor R.A. Finkelstein on the antibacterial action of lactoferrin, and taught practical Microbiology for nursing students.

4. Post-doctoral Fellow, University of Melbourne, Melbourne, Australia (July 1981-June 1983). I worked with Dr. Ruth Bishop at the Royal Children's Hospital, on the epidemiology of rotavirus diarrhoea, cultural aspects of rotavirus and immune response of children to rotavirus infection.

5. Senor Lecturer in Microbiology, Wellcome Research Unit, CMCH, Vellore, India (July 1983-Dec 1983). I taught Microbiology for medical students and post-graduate science students.

6. Research Officer, Department of Gastroenterology, Adelaide Children's Hospital, Adelaide, South Australia (March 1984-March 1985). I worked with Dr. G.P. Davidson, on serum and secretory antibody responses of Aboriginal children to rotavirus infection.

7. Senior Research Officer, Royal Children's Hospital, Melbourne, Australia (March 1985-Jan 1987). I worked with Dr. R.F. Bishop on cultural and antigenic aspects of rotaviruses and vaccine development against rotavirus diarrhoea.

8. Research Fellow, Department of Microbiology, University of Melbourne, Melbourne, Australia (Jan 1987-Dec 1987). I worked with Dr. I.H. Holmes and Dr. M. Dyall-Smith, making reassortant rotaviruses.

9. Research Microbiologist, Alice Springs Hospital, Alice Springs , Australia, and Honorary Senior Lecturer, Menzies School of Health Research, Darwin, and University of Sydney, Australia (Feb 1988-Present). I do research on the epidemiology of viral, bacterial and parasitic diarrhoea and strategies for prevention of diarrhoea in Aboriginal settlements in Central Australia, and teach Microbiology for post-graduate medical trainees, nursing students and technical staff.

Award of Research Grants

I have held grants singly or jointly with others, from various granting bodies such as Melbourne Royal Children's Hospital Research Foundation, Adelaide Children's Hospital Research Foundation, Adelaide Queen Victoria Hospital Neonatal Trust, and Adelaide Channel 10 Children's Research Foundation, all in Australia.

Experience in supervising junior staff

1. While working at the Wellcome Research Unit, CMCH, Vellore, India, I was in charge of 8 research and technical staff, supervising their work.

2. I directed the works of research assistants while working at the Melbourne Royal Children's Hospital and Adelaide Children's Hospital, Australia.

3. In the present job, I am in charge of the laboratory, and supervise a research assistant.

Experience in setting up new techniques and laboratories

In, all the jobs I held, I set up new techniques.

1. In the Department of Gastroenterology of Royal Children's Hospital, Melbourne, Australia, I set up all the tissue culture techniques, for the study of rotaviruses.

2. In the present job, I have set up the Research Laboratory from scrach. The laboratory is capable of carrying out virological, bacteriological and parasitological techniques, related to diarrhoeal disease research.

Experience in national and international collaborative work

As the list of publications suggests, I have collaborated with numerous scientists. In the present job, I have collaborative programmes with scientists from the USA - University of Massachusetts Medical Centre, Massachusetts and University of Texas Medical Centre, Houston, Texas - and scientists within Australia - University of Adelaide, Adelaide, South Australian Institute of Technology, Adelaide, University of Melbourne, Melbourne, and Royal Children's Hospital, Melbourne.

Research Publications

1. Madhavan HN, Albert MJ and Agarwal SC (1973). Aserological survey of adenovirus infection in Pondicherry.
Indian Journal of Medical Research 61: 525-527

2. Holmes IH, Mathan M, Bhat P, Albert MJ and Baker SJ (1974). Orbiviruses and gastroenteritis.
Lancet 2: 658

3. Albert MJ, Daniel J and Bhat P (1975). One tube method for detection of oxidation-fermentation reactions.
Indian Journal of Medical Research 63: 1309-1313.

4. Maiya PP, Pereira SM, Mathan M, Bhat P, Albert MJ and Baker SJ (1977). Aetiology of acute gastroenteritis in infancy and early childhood in southern India.
Archives of Disease in Childhood 52: 482-485

5. Hellier MD, Bhat P, Albert MJ and Baker SJ (1977). Intestinal perfusion studies in tropical sprue. 2. Movement of water and electrolytes.
Gut 18: 480-483.

6. Albert MJ, Bhat P, Rajan D, Maiya PP, Mathan M and Baker SJ (1978). Faecal flora of south Indian children in health and with acute gastroenteritis.
Journal of Medical Microbiology 11: 137-143

7. Albert MJ, Bhat P, Rajan D, Maiya PP, Mathan M and Baker SJ (1978). Jejunal microbial flora of south Indian infants in health and with acute gastroenteritis.
Journal of Medical Microbiology 11: 433-440

8. Albert MJ, Mathan VI and Baker SJ (1980). Vitamin B12 synthesis by human small intestinal bacteria.
Nature 283: 781-782

9. Bhat P, Albert MJ, Rajan D, Ponniah J, Mathan VI and Baker SJ (1980). Bacterial flora of the jejunum - a comparison of the luminal aspirate and mucosal biopsy.
Journal of Medical Microbiology 13: 247-256

10. Albert MJ, Soenarto Y and Bishop RF (1982). Epidemiology of rotavirus diarrhoea in Yogyakarta, Indonesia, as revealed by electrophoresis of genome RNA.
Journal of Clinical Microbiology 16: 731-733

11. Albert MJ, Bishop RF and Shann FA (1983). Epidemiology of rotavirus diarrhoea in the Highlands of Papua New Guinea, in 1979, as revealed by electrophoresis of genome RNA.
Journal of Clinical Microbiology 17: 162-164

12. Albert MJ and Bishop RF (1984). Cultivation of human rotaviruses in cell culture.
Journal of Medical Virology 13: 377-383

13. Albert MJ, Rajan D and Mathan VI (1984). In vitro susceptibility of intestinal bacteria isolated from tropical sprue patients to metronidazole.
Indian Journal of Medical Research 79: 333-336

14. Albert MJ (1984). Enterotoxigenic Campylobacter jejuni among children in south India (letter).
Lancet 2: 1336

15. Maiya PP, Jadhav M, Albert MJ and Mathan M (1985). Transitional diarrhoea in newborn infants.
Annals of Tropical Paediatrics 5: 11-14

16. Albert MJ (1985). Multiresistant Shigella dysenteriae type 1 (letter).
Lancet 2: 948-949

17. Albert MJ (1985). Detection of human rotaviruses with a 'super-short' RNA pattern.
Acta Paediatrica Scandinavica 74: 975-976

18. Albert MJ (1985). Roataviruses and immunobiologic failures (letter).
Journal of Infectious Diseases 152: 1354-1355

19. Albert MJ (1986). Significance of Cryptosporidium and other enteric pathogens in developing countries (letter).
Lancet 1: 921-922

20. Bishop RF, Tzipori S, Coulson B, Unicomb L, Albert MJ and Barnes GL (1986). Heterologous protection against rotavirus-induced disease in gnotobiotic piglets.
Journal of Clinical Microbiology 24: 1023-1028

21. Albert MJ, Unicomb L and Bishop RF (1987). Cultivation and Characterization of human rotaviruses with 'super-short' RNA patterns.
Journal of Clinical Microbiology 25: 183-185

22. Albert MJ, Unicomb L, Tzipori S and Bishop RF (1987). Isolation and serotyping of animal rotaviruses and antigenic comparison with human rotaviruses.
Archives of Virology 93: 123-130

23. Albert MJ (1987). Failure of live oral virus vaccines in developing countries (letter).
Journal of Infectious Diseases 155: 1350

24. Albert MJ, Unicomb L, Barnes GL and Bishop RF (1987). Cultivation and characterization of rotavirus strains infecting newborn babies in Melbourne, Australia (1975-79).
Journal of Clinical Microbiology 25: 1635-1640

25. Tursi JM, Albert MJ and Bishop RF (1987). Production and characterization of a neutralising monoclonal antibody to human rotaviruses with "super-short" RNA patterns.
Journal of Clinical Microbiology 25: 2426-2427

26. Ringerbergs M, Albert MJ, Davidson GP, Goldsworthy W and Haslam R (1988). Serotype specific antibodies to rotavirus in human colostrum and breast milk and in maternal and cord blood.
Journal of Infectious Diseases 158: 477-480

27. Albert MJ and Leach A. Lack of correlation between Congo red binding and enteroinvasiveness in Escherichia coli.
Submitted for publication

Review article

1. Albert MJ (1986). Enteric adenoviruses: brief review. Archives of Virology 88: 1-17

Chapter

1. Mathan VI, Kurian G, Rajan DP and Albert MJ (1982). Shigella dysenteriae type 1 infection in southern India during the 1970s. In: Rahaman MM, Aziz KMS and Rahaman S (eds). Proceedings of the first Asian Conference on Diarrhoeal Diseases, ICDDR, B, Dhaka, Bangladesh pp 28-36

2. Albert MJ. Epidemiology of rotavirus infection in children in Indonesia. In: Kurstak E and Thongcharoen P (eds). Proceedings of the first international conference on The Impact of Viral Diseases on the Development of Asian Countries, Bangkok, Thailand (In press)

Thesis

1. Albert MJ (1978). Microflora of human intestinal tract in health and disease. Ph.D. thesis, University of Madras

References

1. Professor D. Rowley
Enterovax Limited
P.O. Box 149
Rundle Mall
Adelaide, SA 5000
Australia

2. Professor V.I. Mathan
Wellcome Research Unit
C.M.C. Hospital
Vellore-4
Tamil Nadu
India 632004

3. Dr. I.H. Holmes
Department of Microbiology
University of Melbourne
Parkville
Victoria 3052
Australia

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 - 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.

7 Coronet Street
FLEMINGTON, 3031
Victoria
Australia.

6th January, 1989.

Personnel Manager (Professional)
ICDDR,B
G.P.O. BOX 128
Dhaka 1000
Bangladesh

Dear Sir/Madam,

I wish to apply for the position of Virologist, as advertised in the 'Australian Microbiologist'.

I have spent the last six years working at the Royal Children's Hospital, Melbourne, Victoria, Australia, as a virologist, working on Rotavirus. In October of last year I spent 3 weeks as a consultant at ICDDR,B, teaching some virology techniques to staff at the Centre.

Please consider my application for the position. My Curriculum Vitae is enclosed.

Yours sincerely,

Leanne Unicomb

Leanne UNICOMB.

CURRICULUM VITAE

NAME: Leanne Elizabeth UNICOMB

HOME ADDRESS: 7 Coronet St.,
Flemington. 3031.
Victoria. AUSTRALIA

TELEPHONE: (H)-(03) 376 8745 (B)-(03) 345 5069

DATE OF BIRTH: April 3rd, 1960

EDUCATION:

1977 Higher School Certificate at Templestowe High School, Templestowe, Victoria.

1978-1981 Bachelor of Science at La Trobe University, Victoria, majoring in biochemistry and microbiology.

1982 Bachelor of Science (Honours degree) in Biochemistry, La Trobe University.
Awarded Second Class Honours, category A.

1984 Molecular Genetics course, Faculty of Medicine, University of Melbourne.

1987 Laboratory Safety Certificate course, R.M.I.T. Technical College.

RESEARCH EXPERIENCE:

1982 B.Sc. (Hons.) degree was awarded for a one year research project in the laboratory of Dr. Nick Hoogenraad, Department of Biochemistry, La Trobe University. Thesis was entitled : Production of Monoclonal Antibodies directed Against Immunoglobulins. This work involved rat immunization, purification of immunoglobulins, cell culture, Enzyme Immunoassay (EIA), polyacrylamide gel electrophoresis and Western blotting.

1983-1986 Graduate Research Assistant under Dr. Ruth Bishop, Principal Research Fellow, Department of Gastroenterology, Royal Children's Hospital, Melbourne. My major research projects were seroepidemiology of Rotavirus infections of a cohort recruited from a major neonatal nursery- a longitudinal study; electropherotyping of Rotavirus isolates from R.C.H. inpatients.

Techniques used include:

Development of serum neutralizing antibody assay by fluorescent focus reduction, performance of serum antirotavirus IgG EIA, production and purification of cell culture Rotavirus isolates, immunization of laboratory animals for the production of hyperimmune sera to Rotavirus, RNA extraction and polyacrylamide gel electrophoresis of Rotavirus strains from faecal and cell culture specimens and preparation of

electron microscope grids for Rotavirus screening of faecal and cell culture specimens.

1986- Research Officer, Department of Gastroenterology, R.C.H. Continuation of the above research projects. Further projects and duties are:
Rotavirus protection studies using gnotobiotic piglets, serotyping faecal Rotaviruses using a direct EIA, development of microcarrier cell culture method for cultivation of Rotaviruses amd characterization by cross - neutralization studies of animal and human rotaviruses.
Additional duties include:
Supervision of graduate staff, supervision and maintenance of the research laboratories, liasing with laboratory manager and sales representatives, ordering of laboratory supplies, preparation of laboratory equipment submissions and preparation of reports for overseas collaborators.

Gastroenterology weekly research meeting convenor: Organization of talks given by members within and outside the department; sending of memos to speakers etc..

SEMINAR PRESENTATIONS:

Study of Rotavirus Serotypes in Australian Cities.
L.E. Unicomb and R.F. Bishop
Australian Society for Microbiology,
Canberra, May 1988.

Rotavirus Serotypes in Australian Cities.
L.E. Unicomb and R.F. Bishop
Paediatric Research Society of Australia,
Sydney, May 1988.

An EIA for Serotyping Rotaviruses in Faecal Specimens.
L.E. Unicomb, B.S. Coulson and R.F. Bishop.
Paediatric Research Society of Australia
R.C.H. Melbourne, May 1987.

Gnotobiotic Piglets as a Model for Assessing
Protection Against Diarrhoea due to Rotavirus.
L.E. Unicomb, R.F. Bishop, S. Tzipori and G.L. Barnes.
Combined Meeting of Australian and New Zealand
Microbiological Societies.
Auckland, New Zealand, May 1987.

Serum Neutralizing Antibodies in Primary and
Secondary Rotavirus Infections.
L.E. Unicomb, R.F. Bishop, G.L. Barnes and J.S. Lund.
Australian Society for Microbiology,
Melbourne, May 1986.

Poster Presentation:

Propagation of High Titre Rotavirus using the Microcarrier Cell Culture System.

T. Greco and L.E. Unicomb.

Australian Society for Microbiology.

Melbourne, May 1986.

Rapid Viral Diagnosis SIG:

A Modified EIA Method for Detecting IgG Class Antibody to Rotavirus.

L.E. Unicomb, L. Cipriani and R.F. Bishop.

Australian Society for Microbiology

Perth, May 1985.

PUBLICATIONS:

Heterologous Protection against Rotavirus-induced Disease in Gnotobiotic piglets. (1986)

R.F. Bishop, S.R. Tzipori, B.S. Coulson, L.E. Unicomb, M.J. Albert and G.L. Barnes.

J. Clin. Micro 24: 1023-1028

Isolation and Serotyping of Animal Rotaviruses and Antigenic Comparison with Human Rotaviruses (1987).

M.J. Albert, L.E. Unicomb, S.R. Tzipori and R.F. Bishop.

Arch. Virol. 93: 123-130

Cultivation and Characterization of Rotavirus Strains Infecting Newborn Babies in Melbourne, Australia From 1975-1979. (1987)

M.J. Albert, L.E. Unicomb, G.L.Barnes and R.F.Bishop.

J.Clin. Micro 25: 1635-1640

Cultivation and Characterization of Human Rotaviruses with "Super-short" RNA Patterns. (1987)

M.J. Albert, L.E. Unicomb and R.F. Bishop.

J.Clin. Micro. 25: 183-185

Simple and Specific Enzyme Immunoassay using Monoclonal Antibodies for Serotyping Human Rotaviruses. (1987)

B.S. Coulson, L.E. Unicomb, G.A. Pitson and R.F. Bishop.

J. Clin. Micro. 25: 509-515

Solid Phase Immune Electron Microscopy and Enzyme Linked Immunosorbent Assay for Typing of Human Rotavirus Strains Using Monoclonal Antibodies : A Comparative Study.

G. Gerna, N. Passarani, L.E. Unicomb, M. Parea, A. Sarasini, M. Battaglia and R.F. Bishop.

J. Infectious Diseases, in press.

Experience with an Enzyme Immunoassay for Serotyping Human Group A Rotaviruses.

L.E. Unicomb, B.S. Coulson and R.F. Bishop.

J. Clin. Micro., in press.

Epidemiology of Rotavirus Strains Infecting Children Throughout Australia During 1986-1987: A Study Of Serotype And RNA Electropherotype.

L.E. Unicomb and R.F. Bishop.

Manuscript in preparation.

Epidemiology Of Rotavirus Serotypes in Melbourne, Australia, 1973-1988.

R.F. Bishop, L.E. Unicomb and G.L. Barnes.

Manuscript in preparation.

SOCIETY MEMBERSHIPS:

1986-

Associate Member

Australian Society for Microbiology.

1986-

Member

Victorian Soc. of Pathology and Experimental Medicine.

(V.S.P.E.M.)

1987

Committee Member

V.S.P.E.M.

1988

Assistant Secretary

V.S.P.E.M.

PERSONAL INTERESTS: Gardening, Classical Music, minor home renovations, camping and walking.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

8(b.i)/BT/June'89

ADVERTISEMENT

External Relations Officer

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 13 countries. ICDDR,B is supported by 21 countries and international organizations, including WHO and UNICEF.

The ICDDR,B seeks for immediate appointment an External Relations Officer whose primary responsibilities will be fund procurement and external relations. These include: organizing and co-ordinating the fund raising activities of the Centre; planning and forecasting donor contributions annually; arranging commitments from donors to meet the Centre's resource requirements; maintaining liaison with and providing information to current donors and other organizations and agencies, and establish contacts with prospective donors; advising scientists in formulating proposals for presentation to donors for funding, etc.

Requirements: The ideal candidate will be mature, with previous senior level experience in research organization and proven skill in international fund raising, in dealing with Donor Governments and/or funding organizations. He/she will be willing to travel and have a sound knowledge of financial matters.

The appointment will be made for three years at UN salary level up to P-5 according to experience and qualifications; applicants should send their curriculum vitae and the names of three referees to: The Chief Personnel Officer, ICDDR,B, GPO Box 128, Dhaka-1000, Bangladesh.

Position Title : External Relations Officer

Level : Up to P5

Age : Mid-30's and above

Responsibilities : Reporting to the Director of the Centre with no line responsibility, but with primary responsibilities for fund procurement and external relations.

The officer will have the following duties:

- Organize and co-ordinate the fund-raising activities of the Centre.
- Plan and forecast donor contributions annually.
- Arrange commitments from donors to meet the Centre's resource requirements.
- Maintain liaison with and provide information to current Donors and other organizations and agencies, and establish contacts with prospective Donors.
- Advise scientists in formulating proposals for presentation to donors for funding.
- Develop agreements/contracts in close collaboration with the Associate Director, Administration and Personnel, Grants Administrator, and the Chief Finance Officer, for presentation to the Director and the Trustees.
- Co-ordinate with Grants Administrator and Chief Finance Officer for submission of progress and financial reports.
- Prepare reports for presentation to individual Donors and at the Donors' annual meetings.

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- Assist with planning and organizing Donors' meetings.
- Establish and maintain good communications with the Host Government.
- Maintain liaison with all relevant embassies and Donor missions in Dhaka to promote ICDDR,B's interest.
- To promote ICDDR,B's public relations and insure public image of the Centre both within Bangladesh and abroad.

Incumbent Profile:

The ideal candidate will be mature with previous senior level experience in dealing with Donor Governments and/or funding organizations.

He/she will be willing to travel.

He/she will have

i) senior level experience in research organization and proven skill in international fund raising;

ii) sound knowledge of financial matters;

iii) good verbal and written communication skills;

iv) excellent knowledge of oral and written English. Additional languages would be desirable;

v) proven organizational skills;

vi) post-graduate training in related field with a science background would be a definite asset.

8(b.i)/BT/June'89

Senior Scientist, Population Sciences Division

While interviewing Short Listed candidates for the position of Head, DSS, Dr. R. Bairagi was identified as one of the potential candidates. The minutes of the P&S Committee meeting held in May 1988 requested the Director to look for a suitable position for Dr. R. Bairagi. With the departure of Dr. Duza the Centre needs to have the services of a Demographer. Hence it is proposed to create a position of Senior Scientist in PSD (P5) and appoint Dr. Bairagi to that position. Since he has already been interviewed by a Selection panel including Board members, no further interview will be required.

It is informed that as an interim measure Dr. Bairagi has been appointed on a Short Term basis (11 months) effective January 15, 1989.

His CV and other relevant documents are enclosed for reference.

BOT/AG3-89/AH:meh

The Population, Extension & Training Division

The associate Director, reporting to the Director, will be responsible for administering the Division. In close collaboration with the Director, other Associate Directors and senior staff of the Division the Associate Directors will :

1. Formulate appropriate policy guidelines for the projects in the Division, keeping in view the ICDDR,B's mandate and priorities.

2. Develop and stimulate activities of the project within the division and foster collaboration with other scientific divisions and appropriate scientific bodies.

3. In conjunction with the projects' staff, and where necessary Government of Bangladesh and major donors, disseminate the findings of the projects to scientists, planners and programme managers in GOB and other institutions, within as well as outside Bangladesh, through appropriate media and mechanisms.

4. Stimulate and direct the exchange of views and information amongst the projects and the collaborating and supporting agencies.

5. More particularly where the MCH-FP Extension Project is concerned, maintain and continue to develop close liaison with GOB and supporting donor and collaborating agencies. In close collaboration with senior project staff and other Associate Directors continue to design and appraise interventions in the context of MCH-FP strategies and programmes of the GOB.

6. Promote training activities and staff development within the Division.

7. Carry out other roles and functions as may be assigned by the Director.

Minutes of IC P&S committee meeting. MAY. 1988.

continue. In the meantime, Professor Eeckels was congratulated on temporarily solving the problem by appointing Dr Briend as Acting Head.

(c) Senior Scientist, Head, DSS

After discussion, the interview committee's recommendation that Dr Michael A. Strong be appointed was accepted and will be forwarded

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to the full Board. The Director was requested to see if he could find a position for the other candidate, Dr R. Bairagi - who was not considered suitable for this position: it was felt he would be an asset for the Centre.

(d) Scientist/Senior Scientist (Research Immunology)

The Centre does not wish to fill this position now. The job description and advertisement should be re-advertised after the arrival of Dr Tzipori.

(e) Scientist (Operations Research - MCH-FP Extension Project)

The shortlisting in process shows two possible good candidates. The information on these two candidates should be circulated to Committee members.

(f) Research Pathologist

It was recognized that the Centre would have great difficulty in obtaining the services of a qualified "research" pathologist but that the Centre does need the services of a pathologist (Prof. Eeckels originally asked for a "Clinical Pathologist"). In view of this it was decided to recommend to the Board that Dr Moyenul Islam, although without research experience, be appointed and that

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Phone: 8C0171-79
Telex: 65612 ICDD BJ
Cable: Cholera Dhaka
G P O Box 128 Dhaka 1000
Bangladesh

December 11, 1988

Dr. Radheshym Bairagi
Population Studies Unit
India Statistical Institute
203 B.T. Road
Calcutta 700 035
India

Dear Dr. Bairagi,

In order to bring your Short-Term employment contract with the WHO, the following ammendment is hereby incorporated at Clause I of the Salary and Benefit paragraph.

I. You will be paid a monthly salary of US $3274. In addition you will receive US $228 per month as Post Adjustment allowance.

All other terms and conditions of your contract remain unchanged.

Thank you.

Sincerely yours,

Roger Eeckels, M.D., D.T.M.
Director

RE:AH:nj

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Phone: 600171-78
Telex:65612 ICDD BJ
Cable: Cholera Dhaka
G.P.O Box 128 Dhaka 1000
Bangladesh.

December 04, 1988

Dr. Radheshyam Bairagi
Population Studies Unit
Indian Statistical Institute
203 B.T. Road
Calcutta 700 035
India

SHORT-TERM APPOINTMENT

Dear Dr. Bairagi,

We are pleased to offer you a Short-Term Contract as a Senior Scientist with the Centre.

1. Job Description : Attached.

2. Area of Work : Population Sciences & Extension Division

3. Reporting Supervisor : Associate Director, PS&ED

PERIOD OF SERVICE

11 (eleven) months from January 15, 1989 and thus automatically terminate on December 14, 1989.

SALARY AND BENEFIT

1. You will be paid a monthly salary of US$ 3274. In addition you will receive $15 as per diem (60% of the standard rate).

2. You will be entitled to annual leave at the rate of two and a half working days for each calender month (or fraction of a month pro-rata). On the termination of your contract you will be paid for the unavailed accumulated leave up to a maximum of 15 days. Holidays will be determined by the Centre.

3. You may be granted sick leave with full pay provided that the total of all absence on account of sick leave shall not exceed the accrued leave @15 hours per month. Sick leave is not paid at the time of separation.

4. Insurance : 50% paid by the ICDDR,B, 50% by staff member (accident and illness) for self only. Family insurance may be available at your own cost.

Contd../2

(Contd.. Dr. Radheshyam Bairagi)

CONDITION OF SERVICE

This contract may be determined by either party giving 30 calender days notice. Other terms and conditions of this contract will be subject to the provisions of ICDDR,B Staff Manual Section 11 "Short-Term Staff" currently in force, and which may be in force in future.

Date: 4/12/88.

Signature : _____
Director

==========

TO : Director, ICDDR,B

I hereby accept the offer with the terms and conditions specified above. I have been made acquainted with conditions of the service.

Date: December 4, 1988

Signature : _____
Dr. R. Bairagi

cc : Associate Director, PS&ED
Associate Director, A&P
Chief Finance Officer
Chief Personnel Officer

RE:AH:rcp

INDIAN STATISTICAL INSTITUTE

Telegram : STATISTICA, CALCUTTA 700 035
Telephones : 52-0594 (5 lines); 52-7694 (4 lines)
52-8595 (8 lines)
TELEX : 21-2210 STAT IN

203 BARRACKPORE TRUNK ROAD
CALCUTTA 700 035

No.DEMO/RSB/8513

Demography Research Unit
May 20, 1987

Personnel Manager (International)
ICDDR,B, GPO Box-128
Dhaka-1000, Bangladesh.

Dear Sir;

I am responding to your announcement of a Scientist/Senior Scientist, Population Studies position in The Bangladesh Observer, May 9, 1987. I would like to be a candidate for this position.

I have a master's degree in statistics from the University of Dhaka, Bangladesh, and a master's degree and doctoral degree in demography with a minor in biostatistics from the Johns Hopkins University, USA.

I have more than twelve years of teaching experience(including thesis supervision) at the Institute of Statistical Research and Training (ISRT), University of Dhaka. My courses included substantive demography, demographic methods including indirect estimation techniques, statistical methods, regression analysis, and survey-sampling methods.

I was associated with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) as consultant and collaborative scientist for more than ten years, the Companiganj Health Project as a consultant for more than four years, and the Bangladesh Fertility Research Programme (BFRP) as a collaborative investigator for more than two years. These associations gave me an excellent opportunity for developing and conducting several population, health and family planning studies. I spent considerable time in rural areas including Matlab and Tekmaf with my students and co-workers in data collection, field supervision, and editing.

From October 1982 to October 1986, I was in the United States at Cornell University, the Johns Hopkins University , and the University of North Carolina at Chapel Hill engaged in population, public health and biostatistical research. Now I am holding a visiting position(teaching and research in population sciences) at the Indian Statistical Institute and looking for a position in which I can use my training and experience productivity. Joining ICDDR,B will give me an excellent opportunity for my career aspirations. I believe my practical experience in Bangladesh and India and research experience in the three universities in the United States have made me a very suitable candidate for the position you advertised.

I am enclosing a copy of my curriculum vitae for your examination. On the last page of my c.v. are names and addresses of five references. You are welcome to contact them about my work and accomplishments. Most of my publications are available at ISRT and ICDDR,B. However, I am enclosing a sample of three papers in the area of population, biostatistics, and public health. I believe there are the areas in which the candidate for this position is expected to make contributions. I would be happy to provide any other materials, if needed.

I look forward to hearing from you,

Yours sincerely,

R. Bairagi

(Radheshyam Bairagi)
Visiting Scientist

CURRICULUM VITAE

RADHESHYAM BAIRAGI

ADDRESS Population Studies Unit
Indian Statistical Institute
203 B.T. Road
Calcutta - 700 035, India.

NATIONALITY Bangladeshi

DATE OF BIRTH April 20, 1940.

FORMAL EDUCATION

1981	Doctor of Science, The Johns Hopkins University, USA. Major: Demography.
1978	Master of Science, The Johns Hopkins University, USA. Major: Demography.
1962	Master of Science, The University of Dhaka, Bangladesh. Major: Statistics.

WORK EXPERIENCE

1986- to date	Visiting Scientist, Population Studies Unit, Indian Statistical Institute, India.
1983-1986	Visiting Scholar, Carolina Population Center, University of North Carolina at Chapel Hill, USA.
1983-1983	Research Associate, Department of Population Dynamics, The Johns Hopkins University, USA.
1982-1983	Visiting Fellow, International Population Program and Postdoctoral Associate, Division of Nutritional Sciences, Cornell University, USA.
1970-1982	Assistant Professor/Associate Professor, Institute of Statistical Research and Training (ISRT), University of Dhaka, Bangladesh.
1976-1977	Teaching and Research Assistant, Department of Population Dynamics and Department of International Health, The Johns Hopkins University, USA.
1967-1970	Statistician, Pak-SEATO Cholera Research Laboratory (presently ICDDR,B), East Pakistan.

1972-1974 & 1978-1982	Consultant, International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR,B).
1978-1982	Consultant, Companiganj Health Project, Christian Commission for Development in Bangladesh (CCDB).
1973-1974	Guest Lecturer in Biostatistics, Institute of Post-Graduate Medicine and Research, Bangladesh.

ADMINISTRATIVE EXPERIENCE

1972-1974	Housetutor, Jagannath Hall, University of Dhaka. (Supervised living, academic, and extracurricular activities of about 450 university students)

EDITOR

1982	Managing Editor of Rural Demography.
1978-1982	Associate Editor of The Dakter, Dhaka.

COUNTRIES VISITED

USA, Canada, UK, Switzerland, Italy, India, Thailand, Philippines.

LANGUAGE PROFICIENCY

Good knowledge of Bengali and English and working knowledge of French.

PROFICIENCY IN COMPUTER SCIENCE

Good knowledge of SAS and SPSS.

FELLOWSHIP

1985	The Population Council.
1974-1976	The Ford Foundation.

MEMBERSHIP

Bangladesh Statistical Association; Bangladesh Population Association; Bangladesh Association of Promotion for One Child Family; Dhaka University Centre for Population Management; Program for Introduction and Adaptation of Contraceptive Technology (PIACT); Population Association of America; American Public Health Association; American Statistical Association; International Union for the Scientific Study of Population (IUSSP).

PUBLICATIONS

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Bairagi, R., and A.U. Rahman: Age reporting in rural Bangladesh. Rural Demography 1: 65-89, 1974.

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Bairagi, R., B. Edmonston, and A. Hye: The influence of nutritional status on age misstatement for young children in rural Bangladesh. Working Paper No. 27. Division of Nutritional Sciences, Cornell University, Ithaca, New York 14853, 1983.

BOOKS

Edmonston, B., and R. Bairagi (Editors): Infant and Child Mortality in Bangladesh. Institute of Statistical Research and Training, University of Dhaka, 1982.

Bairagi, R., A. Razzaque, A.R. Measham, and A.R. Khan: Oral Contraceptive in Rural Bangladesh: A Comparative Study of Two Types of Pills. Institute of Statistical Research and Training, University of Dhaka, 1980.

PROCEEDINGS AND ABSTRACTS

Bairagi, R., and C.M. Suchindran: A graphic estimator of the cut off point at which the sum of sensitivity and specificity is maximum. Presented at the annual meeting of the American Statistical Association, 1986, Chicago, Illinois, August 18-21, 1986.

Bairagi, R., and R. Langsten: Son preference and fertility in rural Bangladesh. Presented at the XXth General Conference of the International Union for the Scientific Study of Population, Florence, Italy, June 5-12, 1985.

Bairagi, R., M.K. Chowdhury, and J.F. Phillips: A multivariate logistic regression analysis of childhood survival: The interaction of household economic status and nutritional status with sex of child. In Infant and Child Mortality in Bangladesh. Institute of Statistical Research and Training, University of Dhaka, Dhaka-2, Bangladesh, 1982.

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Bairagi, R., M.M. Rahman, and D.M. Mackay: Weight gain from birth to 4.5 years of life in a Sylhet-Tea Garden Population. Proceedings of the 16th Annual Conference of Pakistan Medical Association, 1969.

COMMUNICATIONS

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Bairagi, R.: Muktijuddhe bharate asrita bangaleeder kayekti dik - ekti parisankhyan samiksha (Some aspects of the Bangalee refugees in India during the war of liberation - a statistical analysis). The Sangbad, Dhaka, Bangladesh, September 17, October 1, 8, 22, 1972.

REFERENCES

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University of North Carolina at Chapel Hill
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Health Advisor
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The World Bank
1818 H. Street, N.W.
Washington, DC 20433
Phone: (202) 676-1573

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Associate Professor
Department of Population Dynamics
Johns Hopkins University
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Baltimore, MD 21205
Phone: (301) 955-3260

Dr. Barry Edmonston
17 Arvine Place
Manchester, CT 06040
Phone: (203) 677-0033

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

POST DESCRIPTION FOR PROFESSIONAL POSTS

FOR USE OF PER ONLY

1. Present Title of Post: Senior Scientist	2. Post Number(s)	Effective date:
3. STATUS ☐ NEW - to be established attach ICDDR,B-#9 ☐ VACANT - for issuance of a vacancy notice, attach ICDDR,B -#8 ☐ OCCUPIED - revised duties ☐ OCCUPIED - proposed change in grade, attach ICDDR,B-#8 ☐ OTHER - explain	4. Present Grade: P-5 5. Division/Programme: Population Science & Extension Div. (PSED) 6. Unit/Office/ Field Activity: Demographic Surveillance System (DSS) & MCH-FP 7. Official Station and Country: Dhaka, Bangladesh	Approved Title CCCS / Classified grade Comments: 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.

To undertake and conduct demographic and family planning studies and to collaborate with other units of the ICDDR,B for different health and epidemiological studies by maintaining and supplying demographic data and by offering statistical advice.

10. Summarize the assigned responsibilities.

To conduct and direct demographic and family planning studies, to collaborate with professionals of different units of the ICDDR,B and of other national institutions for demographic studies, to promote training activities and staff development of different units particularly of DSS and MCH-FP.

11. Indicate	Essential minimum qualifications required to perform the work	Additional desirable qualifications
a) Knowledge, abilities & skills, including personal qualities & human relationships	Good knowledge of population and public health particularly diarrhoeal disease of the developing world. Desire and ability to work with others and in institutions in developing countries.	
b) Level & field of study and extent of specialization	Ph.D. or equivalent in demography with strong background in statistics.	Advanced training in research methodology of public health research
c) Length & nature of practical experience at the national and/or international level	15 years research experience in population and public health.	Work experience in developing countries.
d) Languages required and the level & nature of their use	Good knowledge of English.	Working knowledge of Bangli.

12. Identify the main objectives of the work (usually 4-6 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.

	%
ICDDR,B has the largest and longest longitudinal vitae registration data in the developing world. Today hardly any demographic and epidemiological issues of the developing countries are discussed without referring to DSS and MCH-FP programmes of ICDDR,B. However, the vast population data that have been accumulated and the excellent setting that has been established for population and related studies over the years at ICDDR,B need the skill and expertise of several senior population scientists for their proper utilization. The incumbent is expected ~~to give leadership~~ to conduct and analyze population studies, and to disseminate the results, home and abroad, through publications, and personal and institutional contacts.	

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.)

Recommendations by reviewers and review committees for having a senior population scientist with strong background in statistics and experience in public health research are expected to be available in some ICDDR,B papers.

Describe the interpretation and/or deviation permitted, and the authority to establish new guidelines.

The incumbent is authroized to undertake new research and to contact other institutions, national and interantional, for that purpose within the guidelines of the ICDDR,B.

14. Describe:

- the type and extent of the supervision given to the post:

  All these are yet to be established. The incumbent joined the ICDDR,B only a week ago.

- how assignments are given:

  These questions are not relevant to a senior researcher like Dr Bairagi. MS.

- the guidance and assistance provided by the supervisor and/or others:

- the review and verification of the work while in progress or on completion:

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
Professionals of all other units	Advice for study design and statistical analysis. Mainly for DSS, MCH-FP and CHD. MS.

b) Outside the Organization

Title & level	Purpose
Universities, research institutions and funding agencies, national and international.	To collaborate with national institutions for institutional development by undertaking joint projects on financial assistance from funding agencies. To collaborate with universities and research institutions abroad. MS

16. a) Professional posts DIRECTLY supervised:

Title	Classified Level	Post Number(s)
These are yet to be established	Again irrelevant for this research position without like authority MS	

b) Total number of professional posts supervised directly and through subordinate supervisors: _____

c) Total number of general service posts supervised directly and through subordinate supervisors: _____

d) Title, classified grade and post number of supervisor's post: _____

17. Describe the most important decisions that the incumbent is authorized to take

To make a list of research topics that should be undertaken by DSS and MCH-FP.

18. Describe the most important recommendations expected of the incumbent

To prepare a list of population researchers in Bangladesh for collaboration work with ICDDR,B.

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section ... on the Organization, and on the immediate unit.

No such error was done so far.

Again, items 17 - 19 cannot be answered in this particular case, and for researchers in general as.

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities.

Does not arise.

21. Certified as an accurate description of the work assigned (and performed if the post is occupied): Post No. .....

	Name	Signature	Date
First level supervisor	.....	.....	.....
Second level supervisor, or Chief of Unit	.....	.....	.....
~~Regional or Divisional~~ Director ~~Programme Manager~~	EECKELS		4/2/87

Also, please certify the organizational charges correct by signing and indicating the effective date.

Dr. Bairagi has been left the choice whether he wants to belong to CHD or PSD. 4/2/87

SECONDED STAFF

8(b.ii)/BT/June'89

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 Population Council

PERSONAL AND CONFIDENTIAL

January 3, 1989

TO: Dr. Roger Eeckels
Director, ICDDR,B

FROM: Barnett F. Baron BFB
Senior Associate, The Population Council

SUBJECT: Interviews of Candidates for the Operations Research Scientist Position (MCH/FP Extension Project)

Enclosed are the completed Interview Rating Sheets for Dr. Rushikesh Maru and Dr. Atiqur Rahman Khan, both candidates for the post of Operations Research Scientist in the MCH/FP Extension Project. The Centre is indeed fortunate in being able to select from among two such attractive candidates.

On balance, I strongly recommend that Dr. Maru be offered the position. He is exceptionally well-qualified by virtue of his education, experience, and familiarity with South Asian public health systems. He has conducted relevant research in India, has taught relevant courses in India and at the University of Michigan, and has a strong professional interest in the utilization of research for policy-making and program implementation purposes. Moreover, he is somewhat familiar with the MCH/FP Extension Project and the ICDDR,B and is looking forward to a minimum of two years in Dhaka. I think he would work well with Project staff at all levels, and is aware of the expectation that he would assume increasing levels of administrative responsibility within the Project over time.

Dr. Khan is a well-known MCH/FP specialist both within Bangladesh and internationally. With respect to the position of Operations Research Scientist, however, it must be noted that his experience is more clinically-oriented than qualitative in nature. He has not conducted programmatically-oriented "operations research" of the kind on which the Extension Project is based, nor has he had data collection experience at the field level of the kind required. On the merits, I find him to be a less well-qualified candidate than Dr. Maru <u>for the post advertised</u>. There is a practical difficulty as well. Dr. Khan currently holds a P-5 rank within the UN system, whereas the Operations Research Scientist post has a P-2 to P-4 ranking. Given Dr. Khan's previous senior position in the Bangladesh Planning Commission and his current P-5 post at UNFPA, it would be awkward at best-- for him and for other Bangladeshi staff at ICDDR,B-- for Dr. Khan to be in a position subordinate to that of the present Project Director. Nor would he be the appropriate

person to relieve the present Project Director of day-to-day administrative responsibilities.

Should there be an opening in due course at the Associate Director level, to replace Dr. Duza, I think Dr. Khan would be an excellent candidate. He has the broad experience required, familiarity with current scientific literature and needs within the population field, an excellent publications record in his own area of specialization, and an earned international reputation.

As you requested, I sent telex and fax messages to two of Dr. Maru's referees, Professor J.K. Satia and Dr. David Korten, requesting written recommendations. I received the following reply from Dr. Satia today, which is a copy of his earlier letter sent to Dr. Duza on December 21. I have not yet heard from Dr. Korten.

INDIAN INSTITUTE OF MANAGEMENT
Vastrapur, Ahmedabad-380 015
Gram : INDINMAN Telex : 121 6351 IIMA IN Phone : 407241

Dr. J.K. Satia
Dean

December 21, 1988

BY AIR MAIL

Dr. Barnett Baron,
The Population Council,
New York
USA

Dear Dr. Baron,

I am pleased to learn that Dr. R.M. Maru is being considered for Operations Research Scientist position at ICDDRB. I have written to Dr. M. Badrud Duza and I am sending a copy to you.

I had also sent you a telex today as follows: "REFERENCE LETTER FOR PROF MARU FOR POSITION AT ICDDRB MAILED TODAY(.) SEASONS GREETINGS". I do hope delay in writing this letter did not cause any serious inconvenience.

Seasons Greetings. My best regards for the New Year.

Yours sincerely,

J.K. Satia

Encl:

INDIAN INSTITUTE OF MANAGEMENT
Vastrapur, Ahmedabad-380 015
Gram : INDINMAN Telex : 121 6351 IIMA IN. Phone : 407241

December 21, 1988

Dr. J.K. Satia
Dean

Dr. M. Badrud Duza,
Associate Director and Head
Population Science and Extension Division,
G.P.O. Box 128,
Dhaka-2
Bangladesh

Dear Dr. Duza,

I am sorry that I have been considerably delayed in my reply to your letter of October 19, 1988.

I am pleased to learn that you are considering Dr. Rushikesh Maru for the international position of Operations Research Scientist for the MCH-FP Extension Project. Professor Maru was our colleague at the Institute for several years and during his tenure here we had an opportunity to work together on several projects.

He has considerable experience, both Indian and international, in the health-population field and has worked on a large range of issues - policies, strategies, organizational structures, service delivery systems, communication, human resources development, inter-agency coordination, incentives and disincentives, and interface with politics. He has been involved in research, teaching and consulting on almost all these topics. He has also published in many reputed journals and as these are sufficiently well known, I will not elaborate on them. Therefore, I believe he will add considerable strength to the MCH-FP extension Project.

As a person I found in Professor Maru a warm hearted colleague who was always willing to share his time. Discussions with him, almost always, threw light on an issue in a manner I had not seen that issue before. This was both because of his keen intellectual insight and creative abilities. Many of the field projects of the institute required working in close collaboration with interdisciplinary teams over a long period of time and Professor Maru's participation helped in smooth functioning of these teams and in reconciling, often integrating diverse points of views.

..2..

INDIAN INSTITUTE OF MANAGEMENT
Vastrapur, Ahmedabad-380 015
Gram : INDINMAN Telex : IIMA IN Phone : 407241
121 6351

In view of his academic background and work experience, my personal experience of collaboration with him and what I know of the MCH-FP Extension Project, I would strongly recommend him for this position. Please do let me know if you need any further information from me.

Once again my apologies for the delay in reply. I hope it has not resulted in any serious inconvenience.

Hope your part of South Asia study is proceeding well.

With kind regards,

Yours sincerely,

J.K. Satia

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

\pril 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.

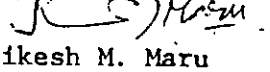
I would be happy to provide additional information if required. In fact, I am planning to visit India from 10th May to 7th June, 1988. If you need to reach me during May and early June, please contact me at the following address.

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,



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

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

RUSHIKESH M MARU

REFERENCES

1. Dr. Samuel Paul, Advisor
   Public Sector Management epartment
   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

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)

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.

CONTRACTS

8(b.iii)/BT/June '89

Contracts : Readvertisement Nutritionist/Epidemiologist
(after completion of 6 years)

The position of Nutritionist/Epidemiologist (P3) is being held by Dr. Fitzroy Henry. He will complete his six years' tenure in this International Professional position on December 31, 1989. Scientific priorities of the Centre require continuation of the position beyond 6 years.

BOT Resolution 16 of June, 1987 restricts renewal of contract after 6 years. This resolution further stipulates that "If the post is to be continued, it must be advertised internationally, and the incumbent of the post can apply".

Dr. Fitzroy Henry has expressed his willingness to compete for the position. Meanwhile a scientific review of the work performance of Dr. Henry was conducted. The reviewers were Dr. Michael Golden, Prof. J. C. Waterlow, Prof. W. B. Greenough III. Their findings/comments are annexed for reference.

Approval is, therefore, solicited to continue this position for another 6 years and to advertise the position internationally.

BOT/AG3-89/AH:meh

NEW POSITIONS

8(b.iv)/BT/June'89

New Positions : Visiting Scientist P2-P4(P6)

After the departure of Dr. S. Kasatya, a total reorganization has been implemented in the Laboratory Sciences Division. The new organizational structure withdraws the administrative responsibilities from the position of Head, Department of Diagnostic Services (Position held by Dr. Kasatya) and has been conceived as a research position. The position will thus be filled with researchers willing to join the Centre on sabbatical leave. This will allow infusion of new talent into the stream, and will attract Scientists/Researchers who are willing to contribute new thoughts and ideas in the field of Diarrhoeal Disease Research and will be available for a short period. Based on the individuals' credentials the position may be in the range of pay level upto P4. In exceptional cases this may go upto P6.

Anticipating Boards' concurrence, the position has been advertised internationally.

A formal approval may be accorded to this proposal.

BOT/AG3-89/AH:meh

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memor

TO Director

FROM Dr. Saul Tzipori
Associate Director, LSD

SUBJECT Advertisement for one to two years Study Leave

The Division of Laboratory Sciences is offering up to two year contract to a senior scientist (suitable for a sabbatical leave) who wishes to carry out research on diarrhoeal disease at this Centre. The person will have no administrative responsibilities and will be provided with technical staff and a grant to conduct research in an area mutually agreed upon, and which falls within the research priorities of the Centre. It is expected that the investigation should broadly be on either clinical, epidemiological or laboratory aspect relevant to invasive, persistent or watery diarrhoea.

Request your approval to advertise as P1-P4 in Science, Nature, Lancet, New England Journal of Medicine, ASM-Australia, ASM-USA.

ST:pm

Approved,

15.04.89

EDUCATION GRANT AND OTHER ALLOWANCES-

INTERNATIONAL LEVEL STAFF

Agenda 8(c)/BT/June'89

International Professional Staff Education Grant and other allowances

As per the UN/WHO rules an internationally recruited staff is eligible to receive following allowances/financial benefits in addition to the net base salary :

a) Installation Allowance
b) Post Adjustment
c) Dependency Benefits
d) Assignment Allowance
e) Education Grant
f) Repatriation Grant

a, d, e and f are allowed to those staff members whose country of residence and the duty station are not the same, keeping in view clause 14 I of the ICDDR,B ordinance, the BOT authorised a departure from the staff rule to provide education grant to Bangladeshi International Professional Staff also (1982) even when they are posted within Bangladesh. The Board discontinued this departure effective June 30, 1986 (allowing education grant to expatriate staff only upto the end of child's secondary education. During the Nov.88 BOT meeting one of the BOT members, viewed this decision as a discrimination. The matter is, therefore, placed again for Board's guidance. Details of the provisions of various allowances are presented in the enclosed background paper.

BOT/AG4-89/All:meh

In order to assist the BOT the following options are presented :

a) Stay with the current system
(Education grant allowed to expatriate only up to child's, secondary education)

b) Allow all staff up to child's Secondary education

c) Allow all staff up to child's 21 years of age

Table I shows those who are currently receiving the benefit as well as those eligible if option b and c are introduced. Table II shows the financial implication.

As per the Staff Rule 350.2, 350.2.2 and 820.2.4 (copy enclosed), education grant may be paid for education of the child in the country of residence or outside the country of the duty station. Yet, the child's travel allowance is restricted to the cost of travelling to the parents, country of duty station an amount equal to that of the travel from the duty station to the country of residence. As such, in the event options b or c are introduced, Bangladeshi Staff members would be eligible for the grant and not for the travel allowance because in their cases the duty station and the country of residence are the same.

BOT/AG4-89/AH:meh

Addendum to Agenda 8(c)

International Professional Staff : Education Grant and other Allowances

Education Grant:

Education Grant is one of the elements of entitlement of the UN Salary package. As per the UN/WHO rules Education Grant is payable to internationally recruited staff members residing outside their home country and is intended to cover a part of the education cost of their children in full time attendance at school or a University either at the duty station or outside.

In December of 1982 the BOT resolved the following:

> "In recognition of clause 14 (1) of the Ordinance the Board approves the departure from WHO Rules and Regulations, and allows the Education Grant to be enjoyed by both expatriate and local incumbents in international level positions".

Accordingly all the fixed term International Professional staff members (both Bangladeshis and expatriates) of the Centre enjoyed this benefit until June 30, 1986 when the board rescinded the above resolution (BOT/P&S/May85). This action was taken to bring the staff rules in line with the UN/WHO as well as a measure of expenditure reduction following serious financial constraints of the Centre. As a financial measure the BOT restricted education

grant up to the child's secondary education of expatriate Staff members. As such Education grant was thus totally discontinued for the Bangladeshi International Professional staff effective June 30, 1986. The normal provision of the Education Grant is :

SR 350.1 "An internationally recruited staff member (non-Bangladeshi) shall be entitled to an education grant, except as indicated in Rule 350.3. The amount of the grant payable under this Rule shall be 75% of the education expenses actually incurred and admissible under Rule 350.2, not to exceed a total payment of US$ 4500 per child per year. The rate of exchange to be applied for computing the amount to be reimbursed for expenses incurred in a currency other than the US dollar shall be the rate in force at 1 March 1983 or that in force at the date when the reimbursement is made, whichever is higher".

SR 350.1.1 "The education grant shall be paid for each child as defined under Rule 310.6.2, except that the entitlement to the grant in respect of such a child shall not extend beyond the end of child's secondary education, but not later than when he reaches the age of 21".

During Nov. 88 BOT meeting one of the BOT members expressed his concern about the discontinuation of the Education grant to the Bangladeshi International Professional staff members.

BOT-89/ED-ALLWN/AH:meh

This background information is placed before the BOT for further review and consideration in light of the statement made by the BOT member.

Following are the details of various other allowances paid to staff members. It may be noted that some are applicable to all staff and some for the expatriates only.

Allowances allowed to all staff :

a) Post Adjustment: The post adjustment is a measurement of the living costs of international staff members in the Professional and higher categories, compared with those costs in New York at a specified date. The measurement is made by means of a variety of surveys which identify not only the expenditure pattern of staff, but also those items to be priced for comparison purposes. Once the pattern of expenditure has been established, a set of specifications is used to price some 700 items. This number therefore, change from time to time.

b) Dependency benefits: Dependency benefits are provided in the form of higher net salaries and allowances for staff with dependents as compared to staff with no dependents and a flat rate of $ 700 per child per year. Where there is no primary dependent, a secondary dependent's allowance is payable for either a dependent parent, brother or sister. A staff member does not concurrently receive more than one secondary dependent allowance. The allowance is $ 300 per year for secondary dependents.

BOT-89/ED-ALLWN/AH:meh

Allowances benefits granted to expatriate staff only

a) Assignment Allowance

An expatriate staff member is eligible for this allowance at the following rates. This allowance is designed to compensate for the dislocation factors resulting from the nature of assignment.

The rates of this allowance are:

Grade	staff without dependants US$	staff with dependents US$
P-4 and below	2400	3000
P-5 and above	2850	3600

b) Installation Allowance

Staff member : Travel per diem for 30 days.

Accompanying dependents join the staff member at duty station : Travel per diem at half-rate for 30 days each.

Lump sum

Staff member : $ 600

For each family member (maximum 3 members) : $ 600

c) Education Grant

A portion of the education expenses is reimbursed up to 80% of such a claim or $ 4500 per year per child whichever is lower. In addition to that a child not residing with the staff member is entitled to one round trip air travel each scholastic year between the place of education and the duty station, the Centre's financial liability being limited to the cost of travel between the country of residence and the duty station.

d) Repatriation Grant

A staff member, who on leaving the service of the Centre has performed at least one year of continuous service outside the country or place of his residence is entitled to a repatriation grant computed in accordance with a schedule based on years of service, dependent status etc.

Table - 1

INTERNATIONAL PROFESSIONAL STAFF EDUCATION GRANT

Name	Education Grant	
	Existing (Max $ 4500)	Revised (Max $ 6750)
1. Dr. A. N. Alam	**	--
2. Mr. Iqbal Ali	--	--
3. Mr. M. R. Bashir	***	--
4. Dr. V. Fauveau	*	*
5. Mrs. Judith Chowdhury	*	*
6. Dr. Fitzroy Henry	--	--
7. Prof. Roger Eeckels	--	--
8. Dr. Moyenul Islam	***	--
9. Dr. Dilip Mahalanabis	--	--
10. Mr. M. A. Mahbub	*** **	--
11. Mr. A. H. Mostafa	*	*
12. Dr. Michael Strong	--	--
13. Dr. Saul Tzipori	***	--
14. Dr. Lokky Wai	--	--
15. Dr. John Albert	--	--

* Option a : Those who are currently entitled to education grant (upto Secondary education)
** Option b : For all staff but upto Secondary education
*** Option c : For all staff upto 21 years of age

TABLE/BOT/AH:meh

Table - II

INTERNATIONAL PROFESSIONAL STAFF EDUCATION GRANT

Name	a		b		c	
	Existing $ 4500 /child	Revised $ 6750 /child	Existing $ 4500	Revised $ 6750	Existing $ 4500	Revised $ 6750
1. Dr. A. N. Alam	--	--	9000	13500	9000	13500
2. Mr. Iqbal Ali	--	--	--	--	--	--
3. Mr. M. R. Bashir	--	--	--	--	4500	6750
4. Dr. V. Fauveau	4500	6750	4500	6750	4500	6750
5. Mrs. Judith Chowdhury	4500	6750	4500	6750	4500	6750
6. Dr. Fitzroy Henry	--	--	--	--	--	--
7. Prof. Roger Eeckels	--	--	--	--	--	--
8. Dr. Moyenul Islam	--	--	--	--	4500	6750
9. Dr. Dilip Mahalanabis	--	--	--	--	--	--
10. Mr. M. A. Mahbub	--	--	9000	13500	13500	20250
11. Mr. A. H. Mostafa	4500	6750	4500	6750	4500	6750
12. Dr. Michael Strong	--	--	--	--	--	--
13. Dr. Saul Tzipori	--	--	--	--	4500	6750
14. Dr. Lokky Wai	--	--	--	--	--	--
15. Dr. John Albert	--	--	--	--	--	--
	13500	20250	31500	47250	49500	74250

* Option a : Those who are currently entitled to education grant (upto Secondary education)
** Option b : For all staff but upto Secondary education
*** Option c : For all staff upto 21 years of age

TABLE/BOT/AH:meh

340 DEPENDANTS ALLOWANCE

A staff member in a post of professional or higher grade, except for short-term staff members appointed under Rule 1320 or consultants appointed under Rule 1330, is entitled to a dependant's allowance for dependants as defined in Rule 310.6 to be paid as follows:

340.1 US$ 700 per annum for a child, except that in cases where there is no dependant spouse the first dependant child is not entitled to an allowance. Nevertheless, an entitlement shall be reduced by the amount of any benefit paid from any other public source by way of social security payments, or under public law, by reason of such child.

340.2 US$ 300 per year for a father, mother, brother or sister, provided that the staff member does not have a recognised dependent spouse as defined in Rule 310.6.

350 EDUCATION GRANT

**350.1 An internationally recruited staff member shall be entitled to an education grant, except as indicated in Rule 350.3. The amount of the grant payable under this Rule shall be 75% of the education expenses actually incurred and admissible under Rule 350.2, not to exceed a total payment of US$ 4500 per child per year. The rate of exchange to be applied for computing the amount to be reimbursed for expenses incurred in a currency other than the US dollar shall be the rate in force at 1 March 1983 or that in force at the date when the reimbursement is made, whichever is higher.

***350.1.1 The education grant shall be paid for each child as defined under Rule 310.6.2, except that the entitlement to the grant in respect of such a child shall not extend beyond the end of child's secondary education, but not later than when he reaches the age of 21.

***350.1.2 Deleted

350.2 This grant is payable for:

350.2.1 the cost of full-time attendance at an educational institution in the country or area of the official station (see also Rule 350.2.5);

(**)350.2.2 the cost of full-time attendance at an educational institution outside the country or area of the official station including the cost of board if provided by the institution. Where board is not provided by the institution, a flat amount of US$ 1500 per year is paid in lieu.

350.2.3 recognised correspondance courses, when the ICDDR,B considers that such courses are either a substitute for the full-time attendance where the curriculum does not include a course necessary for the child's subsequent education;

350.2.4 Private tuition given by a qualified teacher:

350.2.4.1 to supplement correspondance courses;
350.2.4.2 for special coaching required in a subject taught by the school or in an additional subject required for subsequent education;

350.2.5 tuition for teaching the mother tongue to a child, in respect of whom the staff member is entitled to the grant under Rule 350.1.1 who is attending a local school in which the instruction is given in a language other than the child's own.

350.3 The education grant shall not be paid:

350.3.1 attendance at a kindergarten or nursery school at the pre-primary level;

350.3.2 attendance at a state-operated school in the country or area of the official station, except where significant additional expense is incurred as a consequence of the staff member's expatriation and in the absence of any reasonable alternative local schooling;

350.3.3 for vocational training or apprenticeships which either do not involve full-time schooling or in which the child receives some payment for services rendered.

350.4 "Cost of attendance" is defined as the cost of enrolment, registration, prescribed textbooks, courses, examinations and diplomas, but not school uniforms or optional charges such as note books, pencils, papers, etc. It may include the cost of midday meals and the cost of daily group transportation when these are provided by the school and the cost is included in the billing for the child's education.

820.2.2 subsequent to appointment in order to join the staff member at his duty station, under the same conditions as stated in 820.2.1.;

820.2.3 on home leave and return to the duty station, if entitled under the provisions of Rule 640 and provided the spouse and dependent children will remain at the official station for at least six months after return from home leave;

820.2.4 for a child for whom there is an entitlement to an education grant under Rule 350 provided Rule 655.2.4 does not apply;

820.2.4.1 one way passage from the duty station to the place of study to enter school for the first time where the child has been resident with the staff member at the duty station, the cost to the ICDDR,B is limited to that of travel from the duty station to the staff membr's recognised place of residence; where the child has not joined the staff member at his duty station, the cost to the ICDDR,B is limited to that of travel from the staff member's recognised place of residence to the duty station;

820.2.4.2 one round trip each scholastic year between the place of study and the duty station if;

1) the duration of the child's visit to the parents is reasonable in relation to the amount of travel expenses borne by the ICDDR,B.

2) the timing of the child's journey is reasonable in relation to other authorised travel of the staff member, spouse, or children;

820.2.4.3 return travel on home leave between the place of study and the place to which the staff member is authorised to travel under Staff Rule 640.3 (provided that the cost to the ICDDR,B is limited to the cost of return travel between the duty station and the staff member's recognised place of residence) if:

1) the travel coincides with the staff member's travel on home leave;

RECRUITMENT PROCEDURE

Agenda 8(d)/BT/June'89

RECRUITMENT PROCEDURE
(P5 and above)

BACKGROUND

Recruitments to all positions in the Centre are done on a competitive basis as per procedures laid down in the Staff Rules and the Manual. Article 4.1 of the Staff Regulation stipulates that the board of Trustees shall appoint the International level staff as required. The Director is empowered to appoint staff members up to P4 level subject to BOT's post facto approval. For positions at level P5 and above, the board is required to be fully involved in the final selection and appointment (Ref. Resolution 13/May'88). A check-list of the steps followed in the recruitment procedure is furnished below. These are applicable for the recruitment of fixed term staff. However, the Director may make exceptions as per staff rule 030 which states "The Staff Rules shall apply to all staff members of the ICDDR,B except as specifically provided in any particular Rule herein. Nothing in the present Rules shall be interpreted as preventing the Director from making short-term appointments with terms of service different from those provided in the present Rules, where he considers that the interests of the ICDDR,B so require."

Current Status

The BOT meeting held in May, 1988 discussed about the Centre's current recruitment procedures for the International level staff with particular reference to positions at pay level P5 and above. The Board requested the P&S committee to come up with a proposal on this matter. Therefore, the following is presented:

a) Vacancy Announcement (Publication & distribution) : National Dailies, appropriate International Journals, Publications, distribution of ads to all Heads of Embassies in Dhaka, UNICEF Head Quarters, UNDP Head Quarters, WHO Head Quarters, related Professionals around the world, Members of the Board of Trustees. Through Search Committee (formed in-house) to contact potential candidates.

Contd...P/2

b) Review and shortlisting of applications : Personnel Office conducts review and short listing of candidates. A review board consisting of senior management level staff also scrutinizes the applications to short list suitable candidates.

c) Reference check : Evaluation of the referees are obtained and placed for review of selection committee.

d) Interview : Interview board consisting of at least 3 senior management level staff including the Chief Personnel Officer and other specialised resource staff.

All shortlisted candidates are also interviewed by a Board Member, either in conjuction with the interview board or separately.

e) Concurrence/approval of the P&S Committee : Recommendation of the Interview/ Selection Committee is reviewed by the P&S committee and final approval is accorded by the board.

f) Pre employment Medical Examination : The examination is conducted by a UN Doctor or a reputed medical practitioner to determine the medical standard of the incumbent to perform the job.

g) Offer of Employment : Prepared and issued by the Personnel Office under the signature of the Director.

AH:rcp

SELECTION OF TRUSTEES

SELECTION OF TRUSTEES

As required by the By-Laws of the Centre (see Annex II) members of the Board, countries and agencies, WHO Regional Offices, etc. were contacted and requested to provide nominations for Trustees. These nominations have been added to the November 1988 list (see page 7).

A decision needs to be made this meeting regarding outgoing Board Members June 1989.

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 Manzoor ul Karim's term)

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, ...".

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, 1990 for decision this meeting.

../2.

Outgoing Board Members June 1990

\+ Mr M.K. Anwar (completed Mr A.K. Chowdhury's term)

Dr D. Ashley

+* Prof. D. Habte (completed Dr D. Sebina's term)

Prof. A. Lindberg

Prof. V.I. Mathan

The procedures for holding election in seats of members at large are given in By-Law No. 27 (See Annex II).

../3.

List of Board Members as at June 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*

../4.

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

../5.

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

../6.

List of Outgoing Board Members (June 1990)

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. D. Habte+*	Ethiopia	Paediatrician	1986/1990
Prof. A. Lindberg	Sweden	Immunology	1987/1990
Prof. V.I. Mathan	India	Gastroenterologist	1987/1990

../7.

List of Nominations - Nov. 88 - June 89

Name	D.of Birth & Nationality	Discipline	Current Occupation	Nominated by
Prof. J.R. Hamilton	- Canadian	Paediatrics	Chairman, Dept. of Paediatrics, Montreal Children's Hospital, Canada	Prof. R. Eeckels
Dr George Brown	- Canadian	-	Vice President, Population Council, New York.	Dr G. Zeidenstein, Pop. Council, NY
Prof. David Bell	20.1.19 U.S.A.		Chairman, Dept. of Population Sciences, Harvard University, U.S.A.	Aga Khan Foundation
Prof. W.B. Greenough III	3.1.32 U.S.A.		Divsn. of Geriatric Med., Francis Scott Key Medical Center, U.S.A.	Aga Khan Foundation
Dr Norbert Hirschhorn	- U.S.A.		John Snow International, U.S.A.	Aga Khan Foundation
Dr Jon Rohde	-		UNICEF/Ministry of Health, New Delhi, India. (Management Sciences for Health, Boston, U.S.A.)	Aga Khan Foundation

../8.

Name	D.of Birth & Nationality	Discipline	Current Occupation	Nominated by
Alan Rosenfield	- U.S.A.		Dean, School of Public Health, Columbia Univ. U.S.A.	G. Zeidenstein, Pop. Council, NY
Dr Lincoln Chen	- U.S.A.		Takemi Prof. of International Health, Harvard University, U.S.A.	Ford Foundation, Dhaka
Prof. B. Cvjetanovic	- Yugoslav	Epidemiology & Public Hlth.	-	WHO European Office
Prof. I. Dogramaci	-	Paediatrics & Public Hlth.	President, Turkish and International Children's Centre, Turkey	WHO European Office
Prof. L. Le Minor	-	Bacteriology & Public Hlth.	Director, WHO Collab. Ctr. for Ref. & Research of Salmonellae, Institut Pasteur, France	WHO European
Dr F. Oerskov	-	Bacteriology	State Serum Institute, Copenhage, Denmark	WHO European Office
Dr Katherine Elliott	- British		Editor, Diarrhoea Dialogue, AHRTAG, London, U.K.	Aga Khan Foundation

../9.

Name	D.of Birth & Nationality	Discipline	Current Occupation	Nominated by
Dr B. Rowe	- British	Bacteriology Public Hlth.	WHO Collab. Ctr. for Phage-Typing & Resistance of Enterobacteria, Public Health Lab. Serv., U.K.	WHO European Office
Prof. Walter J. Kamba	-		Vice-Chancellor & Prof. of Law, University of Zimbabwe, Harare.	Ford Foundation, Dhaka
Dr Yagob Yousef Al-Mazrou	- Saudi		Director General of Health Centres, Kingdom of Saudi Arabia.	Dr A.R. Al Sweilem
Prof. Mamdouh Gabr	- Egyptian	Paediatrics	Prof. of Paediatrics, Cairo Univ., Secretary General of Arab Council for Childhood & Development, and, Head, Egyptian Medical Syndicate.	WHO Eastern Mediterranean Office
Dr Hossein Malek Afzali	- Iranian		Deputy Minister for Primary Health Care, Islamic Republic of Iran.	WHO Eastern Mediterranean Office
Dr M.A. Karmali	-	Bacteriology	Dept. of Microbiology, Univ. of Toronto, Canada.	Prof. H. Tanaka & Govt. of Japan

./10.

Name	D.of Birth & Nationality	Discipline	Current Occupation	Nominated by
Dr P. Sumbung	- Indonesian	Public Health	Vice Chairman, National Family Planning Coord. Board, Indonesia.	WHO South East Asia Office for another term
Dr Natth Bhamarapravati	- Thai	Pathologist	President, Mahidol University, Thailand.	WHO South East Asia Office
Dr Wanpen Chaicumpa	-	Bacteriology	Dept. of Tropical Med., Mahidol University, Thailand.	Prof. H. Tanaka & Govt. of Japan
Dr Suporn Koetsawang	- Thai	Clinician and Researcher, FP and AIDS	Director MCH-FP Research Center, Siriraj Hospital, Mahidol Univ., Thailand. Senior Advisor on populn. to Thai Ministry of Pub. Health.	G. Zeidenstein, Pop. Council, NY
Dr Pramila Senenayake	- Sri Lankan	Family Planning	Vice President, IPPF	G. Zeidenstein, Pop. Council, NY
Fazle Hasan Abed	- Bangladeshi		Founder and Exec. Director of Bangladesh Rural Advancement Committee.	Ford Foundation, Dhaka
Saburo Okita	- Japanese	International Economic Dev.	former Minister of Foreign Affairs for Japan	Ford Foundation, Dhaka

/11.

Name	D.of Birth & Nationality	Discipline	Current Occupation	Nominated by
Dr Paul Manning	-	Bacteriology	Dept. of Microbiology, Univ. of Adelaide, Australia.	Prof. H. Tanaka & Govt. of Japan
Gelia T. Castillo	- Philippine	Rural Sociology	Prof. of Rural Sociology, Univ. of the Philippines, Los Banos. Member of Board of Governors, IDRC, Canada. Deputy Chair of Int. Comsn. for Hlth Res & Development.	Ford Foundation, Dhaka and G. Zeidenstein, Pop. Council, NY
Jose Barzelatto	- Chilean		Leaving WHO to head reproductive health activities at the Ford Fdn.	G. Zeidenstein, Pop. Council, NY
Anibal Faundes	- Chilean	Physician in reproductive hlth. & clinical studies	Population Council Rep. in Brazil	G. Zeidenstein, Pop. Council, NY
Julio Frank	-	Public Health	Director, National Institute of Public Hlth. Mexico.	G. Zeidenstein, Pop. Council, NY
Dr A.S.B. Dikshit	-	-	Senior Consultant, Bir Hospital, Kathmandu, Nepal	Govt. of India

Addendum to

ADDITIONAL NAMES FOR CONSIDERATION AS TRUSTEES

Australians

H.E. Ms Susan Boyd,
currently Australian High Commissioner in Dhaka

Prof. John Caldwell,
Head,
National Centre for Epidemiology & Population Health,
Canberra, A.C.T., Australia.

Prof. J.D. Hamilton,
Dean,
Faculty of Medicine,
University of Newcastle,
New South Wales, Australia.

Dr Gavin Jones,
Chairman,
Department of Demography.
Australian National University,
Canberra, A.C.T., Australia.

Dr Chev Kidson,
Director,
Queensland Institute of Medical Research,
Brisbane, Queensland, Australia.

Dr Lado Ruzicka,
previously at Australian National University,
Department of Demography, now retired.

Belgian

Dr Ron Lesthaeghe

../2.

Canadians

Dr Mary Fanning	Born 25.4.51 U.S.A. - Canadian landed immig. status 20.4.72	1986 - Cross appointments Dept. of Clinical Epid. & Biostatistics, McMaster University, Ontario	Nominated by Population Council, N.Y.
Dr Susan French	Born 22.9.35 Canada	1980 - Associate Dean of Health Sciences (Nursing) and Director, School of Nursing, McMaster Univ.	Nominated by Population Council, N.Y.

French

Dr Pierre Cantrelle

USA

Dr Henry Mosley
Professor and Chairman,
Dept. of Population Dynamics,
School of Hygiene & Public Health,
The Johns Hopkins University

Dr Samuel Preston

Dr Warren Robinson

Annex I

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

../2.

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

../3.

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

../4.

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

../5.

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. Borgoro	- 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

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

From ICDDR,B By-Laws

IV. Elections

(26. See next agenda item - full Board only.)

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.

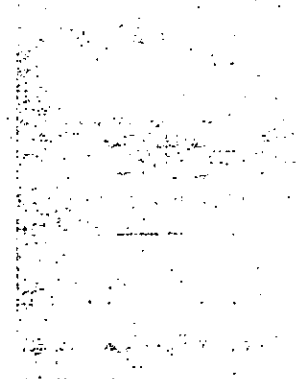
../3.

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.



ELECTION OF CHAIRMAN OF THE BOARD

ELECTION OF CHAIRMAN OF THE BOARD

By-Law 26 (see annex) gives the procedures for electing a new Chairman of the Board.

Previous Chairmen of the Board are as follows:-

Dr J. Sulianti Saroso	1979-80 and 1980-81
Prof. M.A. Matin	1981-82
Prof. D.J. Bradley	1982-83
Prof. J. Kostrzewski	1983-84
Dr I. Cornaz	1984-85
Prof. D. Bell	1985-86, 1986-87 and 1987-88
Prof. D. Rowley	1988-89

From ICDDR,B By-Laws

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.

MEMBERSHIP OF COMMITTEE OF BOARD

MEMBERSHIP OF COMMITTEES OF BOARD

As per resolutions 28, 29 and 30/May 88, the present (1 July, 1988 to 30 June, 1989) membership of the Committees is as listed below. The Chairman of the Board and Director of the Centre are both ex officio members of all Committees.

Personnel & Selection Committee

Prof. D. Rowley
Prof. R. Eeckels

Mr T. Rahman (Chairman of Cttee.)
Dr D. Ashley
Dr I. Cornaz
Dr M. Merson
Prof. V. Ramalingaswami

Finance Committee

Prof. D. Rowley
Prof. R. Eeckels

Prof. R. Feachem (Chairman of Cttee.)
Mr M.K. Anwar
Dr P. Sumbung
Prof. H. Tanaka

Programme Committee

Prof. D. Rowley
Prof. R. Eeckels

Prof. D. Habte (Chairman of Cttee.)
Prof. A. Lindberg (Deputy Chairman)
Dr A.R. Al Sweilem
Prof. V.I. Mathan
Prof. K.A. Monsur

All Board Members are encouraged to participate in all Committees, especially the Programme Committee.

Board Member appointed subsequent to above resolutions and not yet formally appointed to a Committee

Prof. D.A. Henderson

DATES OF NEXT BOARD MEETING

DATES OF NEXT MEETING

The following dates are those circulated earlier to all Trustees.

Saturday, 2 December	-	Personnel & Selection Committee Meeting
Sunday, 3 December	-	Finance Committee Meeting
		Programme Committee Meeting
Monday, 4 December to Wednesday, 6 December	-	Full Board Meeting
Thursday, 7 December	-	Donors' Meeting

June 1990 Meeting

Tentative dates for the June 1990 meeting may be:-

Wednesday, 13 June to Sunday, 17 June inclusive.