

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

REPORT OF THE
BOARD OF TRUSTEE MEETING

JUNE 1-6, 1990

PROGRAMME OF THE
BOARD OF TRUSTEE MEETING

JUNE 1-6, 1990

DRAFT
30.5.90

PROGRAMME

BOARD OF TRUSTEES MEETING

1-6 JUNE, 1990

Friday, 1 June

Trustees arrive in Dhaka

Saturday, 2 June

9.00 a.m. - 10.30 a.m.	Programme Committee Meeting (OPEN) Venue: Training Lecture Room No.1
10.30 a.m. - 11.00 a.m.	TEA
11.00 a.m. - 12.30 p.m.	Programme Committee Meeting continues
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 4.45 p.m.	Personnel & Selection Committee Meeting (CLOSED) Venue: Director's Conference Room
4.45 p.m. - 5.00 p.m.	TEA

Sunday, 3 June

9.00 a.m. - 12 noon	Finance Committee Meeting (OPEN) Venue: Training Lecture Room No. 1 (Tea will be served during proceedings)
12 noon - 12.30 p.m.	Meet with Staff Welfare Association Executive Committee (CLOSED) Venue: Training Lecture Room No. 1
12.30 p.m. - 2.30 p.m.	LUNCH
Afternoon	Report writing/visit to Division of area of interest (e.g. Clinical Sciences)

Monday, 4 June

8.00 a.m.	Full Board Meeting commences (OPEN) Venue: Sonargaon Hotel
8.00 a.m. - 8.30 a.m.	Welcome and approval of Agenda
8.30 a.m. - 8.45 a.m.	Approval of Draft Minutes of December 1989 Meeting
8.45 a.m. - 9.30 a.m.	Presentation of Director's Report
9.30 a.m. - 11.00 a.m.	Trustees visit Hon'ble President of The People's Republic of Bangladesh Venue: President's Office, Tejgaon
11.00 a.m. - 11.30 a.m.	Discussion of Director's Report
11.30 a.m. - 12.45 p.m.	Presentation and discussion of the Programme Committee Report (excluding Donors' External Review)
12.45 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 2.30 p.m.	Resolutions of Programme Committee Report (excluding Donors' External Review)

2.30 p.m. - 3.00 p.m. TEA
3.00 p.m. - 5.00 p.m. Review and Discussion of Donors'
External Review Report

Tuesday, 5 June

Full Board Meeting
Venue: Sonargaon Hotel

8.30 a.m. - 9.00 a.m. Report on Executive Committee Meeting
(excluding Personnel actions) (OPEN)
9.00 a.m. - 9.30 a.m. Presentation of Finance Committee Report
(OPEN)
9.30 a.m. - 10.00 a.m. TEA
10.00 a.m. - 11.00 a.m. Discussion and Resolutions of Finance
Committee Report
11.00 a.m. - 11.30 a.m. Selection of a new Trustee (CLOSED)
11.00 a.m. - 12 noon Election of Chairman of the Board
(CLOSED)
12 noon - 1.30 p.m. LUNCH
1.30 p.m. - 2.00 p.m. Report of Executive Committee (Personnel
actions) (CLOSED)
2.00 p.m. - 2.30 p.m. Dates of next meeting
2.30 p.m. - 3.00 p.m. TEA
3.00 p.m. - 4.00 p.m. Presentation, Discussion & Resolutions of
Personnel & Selection Committee Report
(CLOSED)
4.00 p.m. - 5.00 p.m. Free for outstanding discussion (CLOSED)
5.00 p.m. Closure of meeting

Wednesday, 6 June

Programme attached

Inauguration of new Matlab Treatment
Centre

N.B. OPEN = meeting is open to management and donors
CLOSED = meeting is closed to all except Trustees and invited
staff

If there is no indication it is understood that the meeting is
"open"

Programme for June 6, 1990

Inauguration of new Matlab Treatment Centre

- 06.40 a.m. : Leave ICDDR,B (ICDDR,B Transport) for Hotel Sonargaon
- 07.00 a.m. : Arrive Hotel Sonargaon
- 07.05 a.m. : Leave Hotel Sonargaon for Baushia Ghat (ICDDR,B Transport)
- 08.30 a.m. : Arrive Baushia Ghat
- 08.35 a.m. : Leave Baushia Ghat for Matlab (ICDDR,B Speedboat)
- 10.00 a.m. : Arrive Matlab
- 10.15 a.m. : Tea
- 10.30 a.m. : Opening ceremony
- 11.35 a.m. : Tour of the facilities
- 12.15 p.m. : Lunch
- 01.00 p.m. : Leave Matlab for Baushiaghat (ICDDR,B Speedboat)
- 02.00 p.m. : Arrive Baushiaghat
- 02.10 p.m. : Leave Baushiaghat for Dhaka (ICDDR,B Transport)
- 03.40 p.m. : Arrive ICDDR,B Guest House

SUPPLEMENTARY PROGRAMME
BOARD OF TRUSTEES MEETING

1-6 JUNE, 1990

Sunday, 3 June

3.00 p.m. - 4.00 p.m.

Address of Dr Peter Sumbung to the MCH-FP Extension Project staff on the Indonesian family planning programme experience.

Venue: MCH-FP Extension Project's
Conference Room

(Trustees to advise Mr Mahbub what they'd like to do)

Monday, 4 June

5.00 p.m. - 5.30 p.m.

30 minute video film show on the research and activities of the MCH-FP Extension Project.

Venue: Sonargaon Hotel

1/BT/JUNE '90

AGENDA

BOARD OF TRUSTEE MEETING

JUNE 1-6, 1990

DRAFT
14-5-90

FULL BOARD AGENDA
3-5 June, 1990

1. Approval of Agenda
2. Approval of Draft Minutes of meeting held in December 1989
3. Minutes of Executive Committee meeting held in April 1990
4. Director's Report (including 1989 Annual Report)
5. Programme Committee Report
6. Donors' External Review
7. Finance Committee Report
 - (a) 1989 Audit Report
 - (b) 1990 Budget Update
8. Personnel & Selection Committee Report
 - (a) Staffing
 - (i) Overview of staffing situation
 - (ii) Recruitment of international professional staff
 - (iii) Information on secondments
 - (iv) Contract renewals
 - (b) Process for election of Trustees
9. Selection of a new Trustee
10. Election of Chairman of the Board
 - (a) Appointments to Committees
11. Dates of next meeting
12. Any other business
 - (a) Report from Staff Welfare Association (SWA)

2/BT/JUNE '90

APPROVAL OF
DRAFT MINUTES OF MEETING HELD
DECEMBER, 1989



DRAFT

Minutes of the meeting of the Board of Trustees, ICDDR,B held
in Dhaka, Bangladesh 14-16 December, 1989.**

Members Present

Dr Y.Y. Al-Mazrou
Mr M.K. Anwar (Agendas 1, 2, 5 and 6 only)
Dr D. Ashley
Prof. J.C. Caldwell
Prof. D. Habte - Secretary
Prof. J.R. Hamilton
Prof. D.A. Henderson
Prof. V.I. Mathan
Dr M. Merson
Dr K.A. Monsur
Mr T. Rahman
Prof. V. Ramalingaswami
Dr P. Sumbung - Chairman
Prof. H. Tanaka

Members Absent

Prof. R. Feachem
Prof. A. Lindberg

** Please note that these minutes are written in agenda
order, which is not necessarily the order in which
they were discussed.



Invited Staff

Mrs J. Chowdhury, Executive Assistant to the Director (except agenda 4)

Dr M. Koenig, Acting Co-Head, Population Sciences Division (agendas 6 and 7 only)

Dr D. Mahalanabis, Associate Director, Clinical Sciences Division (agendas 1, 2, 5, 6 and 7)

Mr M.A. Mahbub, Associate Director, Administration & Personnel (agendas 1, 2, 5, 6 and 7)

Dr A.K.M. Siddique, Acting Head, Community Health Division (agendas 1, 2, 5, 6 and 7)

Dr M. Strong, Acting Co-Head, Population Sciences Division (agendas 1, 2, 5, 6 and 7)

Dr S. Tzipori, Associate Director, Laboratory Sciences Division (agendas 1, 2, 5, 6 and 7)

Mr J. Winkelmann, Associate Director, Finance (agendas 6 and 7 only)

Invited Donors

(invited for agendas 1, 2, 5, 6 and 7)

Mr J. Denton, Australian High Commission, Dhaka


Ms S. Loughhead, British High Commission, Dhaka

Mr H. Fujita, Embassy of Japan, Dhaka

Dr K. Bart, US Public Health Services, Washington

Dr I. Cornaz, Swiss Development Cooperation, Berne

Prof. D. Rowley, UNDP, New York



Ms T. Ahmed, UNFPA, Dhaka

Mr G. Cook, USAID, Dhaka

Ms S. Keller, USAID, Dhaka

Ms P. Johnson, USAID, Washington

Dr K. F-Y. Lin, USAID, Washington


Dr P. Sumbung, Chairman of the Board of Trustees, opened the meeting at 2.30 p.m. on Thursday, 14 December, 1989 welcoming the Trustees, Donors, Director and Senior Staff of the Centre to the Twenty-first meeting of the Board. He welcomed the new Trustees, Dr Y.Y. Al-Mazrou from Saudi Arabia, Professor J.C. Caldwell, from Australia and Professor J.R. Hamilton from Canada. Dr Sumbung, in regretting the absences of Professors R. Feachem and A. Lindberg, passed on their apologies.

The meeting requested that a letter of condolence, from the Board, be written to H.E. Mr H.M. Ershad, President of the People's Republic of Bangladesh, on the sad demise of his beloved mother and Dr Sumbung willingly agreed to do this.

On the morning of 16 December, 1989, the Board passed the following resolution:-

Resolution
1/Dec. 89

On the auspicious occasion of Victory Day, which marks the anniversary of the Country's achievement of Independence, the 21st meeting of the Board of Trustees, ICDDR,B extends its greetings and wishes to the people of Bangladesh.



Mr Taslimur Rahman thanked the meeting, for the message, on behalf of the Government of the People's Republic of Bangladesh.

Agenda 1: Approval of Agenda


The agenda was approved as present.

Agenda 2: Approval of (Revised) Draft Minutes of meeting held in June, 1989

The revised draft minutes of the meeting held on 14, 16 and 17 June, 1989 were approved without change. It was confirmed that this draft, dated 15 November, 1989, has incorporated the changes suggested by Trustees.

Agenda 3: Minutes of Executive Committee Meeting held in October, 1989

Mr Taslimur Rahman, Chairman of the Committee, reported on the activities of the Executive Committee which was formed to "review the applications, select and appoint a candidate to fill the position of the External Relations Officer at the Centre". He advised the Board that he and Dr Habte had reviewed all the documents prior to the meeting held on 11



October, 1989 and that Dr Sumbung had studied the short list sent to him earlier. After extensive discussion and examination of the curriculum vitae of the short listed candidates, the Committee identified four candidates to be interviewed. The candidates interviewed, in order of ranking, were Dr Nurul Islam Khan (Dr Sumbung and Prof. Henderson), Mr A.M.A.H. Siddiqui (Drs Sumbung and Ashley), Mr Arjuna Kannangara (panel in Dhaka) and Mr Nurun Nabi (panel in Dhaka).

The Trustees who interviewed these persons presented their findings which resulted in the candidates being ranked in the following order (1) Dr Nurul Islam Khan, (2) Mr A.M.A.H. Siddiqui and (3) Mr Arjuna Kannangara. It was thought that Mr Nurun Nabi was not suitable for the position.

There was discussion on whether or not the first (and others if required) candidate should be brought to Dhaka for a consultancy of 3-6 months before a final decision was made. It was agreed that this was not required, the only necessity being that Prof. Habte interviews him (and others if required) before making the appointment.

The following resolution was passed:-

Resolution
2/Dec. 89

The Board accepts the recommendations of the Executive Committee regarding the appointment of the External Relations Officer, giving a panel of names in this order of ranking:

1. Dr Nurul Islam Khan



2. Mr A.M.A.H. Siddiqui
3. Mr Arjuna Kannangara

The Board requests the Director to interview Dr Nurul Islam Khan expeditiously and offer him an appropriate appointment if he is satisfied regarding his compatibility. If necessary he will proceed to interview the other candidates in the order of their ranking.

Agenda 4: Report of Search Committee for Director

This was a closed discussion with all Trustees (except Prof. Habte) only being present. It was advised that Professor Habte was the most outstanding candidate, meeting all the criteria set out by the Committee.

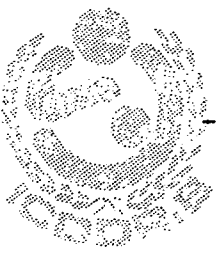
The following resolution was passed:-

Resolution 3/Dec. 89	The Board unanimously and enthusiastically resolves that Dr Demissie Habte be asked to serve as Director, ICDDR,B, for a full three year term extending through 31 July, 1992.
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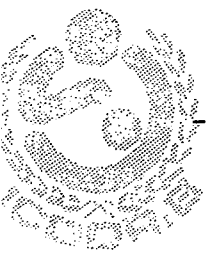
On being informed of the above, Professor Habte accepted the appointment.

Agenda 5: Director's Report

The Director, Professor D. Habte, presented his report (Annex 1) on Centre activities since the last Board Meeting. He highlighted on:



- the research activities: informing the Board that over 70 papers have been published or are "in press" and 107 are completed or under preparation;
- the technical support services: advising that the editing of the DSS data base will be completed before the end of the year;
- training: the Centre had for the first time, a research methodology course which aimed to develop research skills in junior scientists of the Centre;
- administration and personnel: attempts have been made to reduce the size of the staff by e.g. freezing of new posts, prohibition of extension of service beyond retirement, collapsing of posts and serving termination notices for project staff when the project is completed; the decision of base management has been broadened to include views of staff at all levels; etc.
- finance: it is likely that the Centre will end the year with a financial deficit;
- completion of the Matlab Treatment Research Complex and renovation of the Dhaka Clinical Research Centre were noted;
- the Laboratory Sciences Division has successfully implemented the recommendations of the Programme Committee's Review of March 1989;




there is no head (senior staff rotate on a 3-month basis) of the Community Health Division, Dr A. Briend having resigned soon after the last Board Meeting, however, senior staff of the Division have done what they can to respond to the recommendations of the CHD reviewers of June 1989;

- strategic plan: one of the major preoccupations of the Centre staff during the last six months has been the preparation of the Strategic Plan, preparation of which involved not only Centre staff, but also Donors and Trustees, especially those on the Programme Committee;
- public image: an aggressive effort is being made to improve the public image of the Centre by informing the public on what is being done.

Looking towards 1990, Professor Habte said that the Centre hopes


- to not only maintain its science but to improve the quality of science, training and service offered;
- to make further inroads of the staffing pattern, while, as much as possible, keeping the welfare of staff in mind;
- that Donors will see the Centre as a viable institution and give funds.



He concluded by saying that 1990 will be the most crucial year the Centre has gone through and, if it can survive it will have a new face. However, this is possible only if funds are available, so, in a sense, the future depends on Donors.

Members of the Board responded with the following comments:

- the concept of participatory management is welcomed (i.e. the establishment of the Consultative Management Committee);
- some would have liked to have seen more examples of research - overheads, slides - especially when there is no annual report there should be more technical information on scientific data;
- the Centre can offer a unique role in research training and should strengthen this;
- the DSS is a tremendous long term investment and it is hoped its value is recognized, not only by the Centre but by the Donor community too;
- the Centre should follow-up on funding for the Epidemic Control Preparedness Programme;
- the Strategic Plan was welcomed and the Centre congratulated on producing this.



The Chairman in thanking Professor Habte for his report, echoed the comments of other Trustees, saying that it was an excellent report, being both brief and comprehensive.

Agenda 6: Programme Committee Report


The Acting Chairman of the Committee, Professor D.A. Henderson, presented the Committee's report (Annex 2) which, he said, is the result of a full day's discussion.

(a) STRATEGIC PLAN

Programme Committee Comments

The Programme Committee was impressed with the work that has gone into the preparation of the Strategic Plan and complimented the Director and his staff for an extraordinary task. The Committee outlined the next step which requires


- a sharper focus on specific priorities for the next five years taking into account available resources, time and opportunities;
- a forceful positive account of the Centre's accomplishments, and an emphasis on its unique position and role as an international health research centre;
- consideration of a qualifying phrase to accompany the institute's official name, to more accurately portray



its current function (e.g. ICDDR,B ... "An international institution devoted to the study, prevention and management of health problems in the developing world.").

Board Comments

- There should be an annual work plan derived from the Strategic Plan.
- Refining the Plan should be a continuing and dynamic process. Two alternatives were offered: to refine the current document incorporating suggestions forwarded, or to have a rolling 5-year Plan with the 5-year Plan being updated annually.
- The Centre has been too modest in the document. It should spell out what has been achieved, e.g. DSS, Matlab, the intensive FP programme are all unique.
- It was suggested that the Director prepare a report on the scientific achievements of the Centre for the last ten years - since it was established in 1979.
- The suggestion by the Programme Committee to add a qualifying phrase to the Centre's official name was debated at length. The Board agreed that although the addition reflects what the Centre is doing and that it is part of the mandate, it feared that it will be open to misinterpretations and advised against its use.



Donors' Comments

- There should be a focus on diarrhoeal diseases but all aspects of diarrhoeal diseases (and not just biomedical) should be considered, including socio-economic parameters, environmental sanitation and hygiene, family health and population and nutrition. The Centre should strengthen the nutrition approach.
- Decisions should be taken by the Centre, not by the Donors. Therefore, the Centre should have its list of priorities from which the Donors can choose projects.
- Some of the funds allocated to core (unrestricted) budget should be used for priority research so that donors would contribute not only to the Centre's management but also to its research activities.

Director's Response

The Director said he was grateful for the appreciation of the Plan and for the many suggestions made to improve it. He realized that it requires further refinements and that writing-up these is a continuous and dynamic process. Each Division will now write-up its own 5-year Plan - a first draft was detailed in an earlier chapter IV which was deleted as it disrupted the flow of the Plan. Also, the Centre will prepare the annual Plan which will respond to the comments

made. The Director appreciated that the primary focus of the Centre is on diarrhoeal diseases but also recognized that there are other determinants of diarrhoeal disease such as nutrition and maternal health.

Conclusions


- The Board approved the Strategic Plan for submission to the Donors' Meeting on 17 December, 1989.
- The Board requested that it be provided with an annual work plan, including a list of projects to be undertaken in 1990 and showing the staff involved and the budget. This should be ready for the next Board Meeting.

(b) POPULATION SCIENCES DIVISION REVIEW REPORT

Programme Committee Comments

The Committee reported that the leaders of the two projects in the Division support the report and are endeavouring to act on its recommendations within current fiscal constraints. The Committee discussed the Associate Director's position currently vacant and concluded that, if there is to be another position in the Division, at this stage, it would be better if this were a more junior one.

A separate issue, discussed by the Committee, was access



within and outside the Centre, to data obtained by Division staff. Provided realistic costs are recovered there was general agreement that data should be made available within a reasonable period once the project staff have had an opportunity to analyse it.

Board Comments

- The Division needs someone to lead it but it is up to the Director to choose how this is done.


- The main problem is that the data is generally under-analysed. It should be made widely available, especially to Bangladeshis (free) as there will be no clash, only a supplementation of efforts.

Director's Response

Attempts have been made to hire an Associate Director but these have not been successful to date. The Centre will make alternative arrangements in the meantime. If there is need for a restructuring of the Division then this will be presented to the Board after a full study.

(c) 1990 EXTERNAL REVIEW

The Programme Committee reported that the Donors' External Review planned for 1990 would meet the requirements of the



Ordinance and recommended that the Board accepts this. The Committee noted that there have been five external reviews of various sectors of the Centre in the past two years.

The Committee felt that the Donors' review process should be kept as brief as possible (2 weeks). The Director should be debriefed at the conclusion of the reviewers' visit and a presentation to the Board should be arranged.

Conclusion

The Donors' review will suffice as the mandatory review as per Ordinance in 1990. The terms of reference of the review will be discussed at the Donors' Meeting on 17 December, 1989.

(d) SCIENTIFIC WORKING GROUPS

Two alternatives were discussed. The first suggested by the Centre consists of a panel of three persons for each Division which meets once a year. The second supported by the Programme Committee will have a group of 8-10 persons representing different expertise, from whom some will be drawn by divisions as needed. The latter was adopted and a letter with a proposed terms of service and a request to reply should be sent to formalize commitment. Subsequently, the Centre would send information on Divisions to each of the

members.

The list of persons will be drawn in consultation with Division Heads.

(e) MISCELLANEOUS

- The Director was requested to prepare a report on JDDR for inclusion on the next Programme Committee agenda.

The following resolutions were passed:

Resolution The Board resolved to accept and commend the
4/Dec. 89 Strategic Plan as prepared by the Centre for
 the period 1990-1994.

Resolution The Board resolved to recommend to the
5/Dec. 89 Director that a list of projects to be
 undertaken on a priority basis in 1990 be
 prepared with projected financial needs.

Agenda 7: Finance Committee Report

The Acting Chairman of the Finance Committee, Dr M. Merson, presented the Committee's report (Annex 3). Points highlighted by the Committee included:

- there is a projected deficit for 1989 of \$245,000 (major causes additional compensation paid at the termination of contract for 2 international level staff, and over-expenditure in staff salaries and benefits in DSS and Training Divisions);
- total income for 1990 is estimated at \$9.4 million as compared to \$11.8 million in 1989 (due to reduction in carryover funds and a reduction in donor contribution);
- the budget for 1990, without depreciation, is \$10.67 million as compared to \$12.07 million in 1989. It is believed that this represents the minimum amount required to maintain a thriving international research centre (\$1 million less than that prepared in the Strategic Plan);
- there is a projected cash deficit of \$1.2 million for 1990. An increase in donor support is essential to avoid a deficit of this size. The Director has already taken steps to reduce expenditure in 1990;
- the Committee instructed the Director to carry out a review of the financial position of the Centre in



February/March 1990 with the assistance of the Executive Committee of the Board being convened at that time. If it appears that any deficit is to be expected, the Director must prepare a revised budget for consideration at the June Board Meeting which avoids this deficit;


- should the projected deficit materialize, the accumulated cash deficit would increase from \$1.3 million at the end of 1989 to \$2.5 million at the end of 1990;

- the Committee agreed that funds from the Reserve Fund may be used, but only for "bridge" funding if confirmed donor funding is in place, and only to the extent of income earned on the Reserve Fund in 1989, expected to be approx. \$150,000.

Board Comments

- The Director was complimented on the tight measures he has taken - any further reduction in the budget lies essentially in personnel.

- The deficit in project funds for 1990 was queried. It was reported that this consists of two international level scientific positions, the Epidemic Control Preparedness Programme, 15 research projects



(partially, not fully funded) and the Training Division.

- It was explained that part of the core deficit is caused by projects terminating and staff returning to core positions (e.g. special studies in Matlab) and by funding for projects coming to an end but the Centre continuing with these projects.

Donors' Comments

- It was suggested that the Centre has to tax itself as well as the Donors. One way of doing this is to use some of its reserve fund (say \$500,000). In response the Donors could provide the remainder of the deficit on a percentage basis, depending on their contribution. Donors have asked for a participatory role and they should accept it.

Donors were advised that the reserve fund is not only collateral for the overdraft but has specific rules for its use. However, the income from the fund may be used for operational purposes up to an amount specified by the Board.


The following resolutions were passed:

Resolution 6/Dec. 89	The Board resolves that the report from the Finance Committee be accepted as presented.
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- Resolution
7/Dec. 89
- The Board resolves that the 1990 ICDDR,B budget to an amount of \$10.7 million be accepted, as presented, recognizing that it represents the minimum amount required to maintain a thriving international research centre.
- Resolution
8/Dec. 89
- The Board resolves that the Director carry out a review of the financial situation of the Centre in February/March with the Executive Committee of the Board and prepare a revised 1990 budget for the June meeting of the Board that, if necessary, avoids a deficit.
- Resolution
9/Dec. 89
- The Board resolves that the Separation Payment Fund Board of the Centre be reconstituted as follows:
- the Associate Director, Finance (Chairman, mandatory);
 - the Chief Personnel Officer (Secretary, mandatory);
 - an Associate Director (representative of senior management);
 - Head, Matlab Station (representative of senior management);
 - five subscriber staff to be appointed by SWA (the number representing subscriber staff should exceed management by one).
- Resolution
10/Dec. 89
- The Board resolves that the Centre in case of financial crisis may consider use of its reserve funds. A decision on use of this fund should be taken by the Executive Committee convened in February/March 1990 for reviewing the financial situation.

Agenda 8: Personnel & Selection Committee Report

Mr Taslimur Rahman, Chairman of the Personnel & Selection Committee, explained that he had only been able to be present



for two agenda items so handed over to Dr D. Ashlely to present the Committee's report (Annex 4) as Acting Chairman of the Committee. Dr Ashley advised that there was one correction to the report under point 3.2.1 - the words "i.e. there would be no ... increase" should be deleted and replaced by "i.e. there would be no salary increase but the annual step increase will be allowed."

The Board discussed the need for the position of SENIOR SCIENTIST (PSD), P5. It was advised that the post needs to be filled if work is to go on. However, it agreed that the position should only be created provided funding is available. Meanwhile, it is for the Director to decide whether or not to continue with the present consultancy.

With regard to the MCH-FP PHYSICIAN (PROJECT DIRECTOR), P5 position, the Board agreed that the Executive Committee (suggested by the Personnel & Selection Committee) not only review the applications and interview the short-listed candidates, but that it should also select and appoint someone to the position.

The Board agreed that it is for the Director to process applications for the NUTRITIONIST, P3 position and make a report to the next Board Meeting. However, he was cautioned to review the financial situation of the Centre before making an appointment.

The Board discussed the SENIOR SCIENTIST and HEAD, LABORATORY SCIENCES DIVISION, P6 position in a closed session. The outcome of their deliberations appears in resolution 14/Dec. 89.

The Board noted that the Centre would be employing the assistance of a local management consulting firm in preparing a policy paper on "Salary Proposal NO and GS Staff."

The following resolutions were passed:

Resolution 11/Dec. 89 The Board resolves that the report of the Personnel & Selection Committee be accepted.

Resolution 12/Dec. 89 The Board resolves that the position of Senior Scientist (PSD) at P5 level be created provided project money is available to fund this position.

Resolution 13/Dec. 89 The Board resolves that an Executive Committee of the Board be formed to:

1) review the applications, select and appoint candidates for the position of MCH-FP Physician at P5 level;

2) review the financial situation of the Centre and prepare a revised 1990 budget for the June meeting of the Board that, if necessary, avoids a deficit, including use of the Reserve Fund as appropriate.

The Executive Committee should meet some time in February/March 1990.

Members of the Committee should include Chairman, Personnel & Selection Committee, Acting Chairman of the Finance Committee, Chairman-to-be Finance Committee, Chairman of the Board, and the Director.

Resolution
14/Dec. 89

The Board has been informed that Dr S. Tzipori's visa has not been extended beyond 21 December, 1989 so as to permit him to fulfill his contractual obligation with the Centre. It expresses the hope that the Government of Bangladesh will address this question at its earliest opportunity.

Resolution
15/Dec. 89

The Board resolves that there be a salary freeze for all staff for 1990. This does not include the annual step increase.

Agenda 9: Selection of New Trustees

This item was preceded by discussion on two related points, namely the conflict of interest of some Trustees arising from their membership in statutory committees of the Board (e.g. Ethical Review Committee) or close working association with the Centre scientists (e.g. involvement in research at the Centre), and the process of electing a Trustee. As regards the first issue, it was thought best to leave this to the individual Trustee and the Director. A position paper will be required to respond to the second point and the Director was asked to do so for the next meeting.

Regarding selection of Trustees it was agreed that:

- Professor Fred S. Mhalu should fill the vacancy created when Professor D. Habte took over as Director. However, as Professor Mhalu is not available until 1 July, 1990 he will commence a 3-year term from that date (Professor Habte's term ended on 30 June, 1990);

- Dr Takashi Wagatsuma should fill the vacancy created by the resignation of Professor H. Tanaka;
- Dr D. Ashley and Professors A. Lindberg and V.I. Mathan be appointed for a second term of 3 years from 1 July, 1990.

The Board was informed that Professor Feachem has written to indicate that he will have difficulty to continue as Chairman of the Finance Committee.

In view of the changes to the Board following this meeting, it was agreed that the Sub-committees should be reconstituted.

The following resolutions were passed:

Resolution 16/Dec. 89 The Board resolves that Professor Fred S. Mhalu, from Tanzania, be appointed as a Trustee for 3 years from 1 July, 1990.

Resolution 17/Dec. 89 The Board resolves that Dr Takashi Wagatsuma, from Japan, be appointed as a Trustee, with immediate effect, to complete Professor H. Tanaka's term.

Resolution 18/Dec. 89 The Board resolves that its appreciation for the services of Professor H. Tanaka be recorded. The Board wishes him and his family good health, happiness and success in their future undertakings.

Resolution 19/Dec. 89 The Board resolves that Dr D. Ashley, Professor D. Lindberg and V.I. Mathan be re-appointed to the Board for a second term of 3 years from 1 July, 1990.

Resolution
20/Dec. 89

The Board resolves that the following members be appointed to the Personnel & Selection Committee of the Board, for a term of six months effective 1 January, 1990.

Mr T. Rahman, Chairman of the Committee
Dr D. Ashley
Prof. J.R. Hamilton
Prof. V. Ramalingaswami

Chairman of Board and the Centre Director are Ex-Officio members.

Resolution
21/Dec. 89

The Board resolves that the following members be appointed to the Finance Committee of the Board for a term of six months effective 1 January, 1990.

Prof. V.I. Mathan, Chairman of the Committee
Mr M.K. Anwar
Prof. R.G. Feachem
Dr M. Merson
Prof. T. Wagatsuma

The Chairman of the Board and the Centre Director are Ex-Officio members.

Resolution
22/Dec. 89

The Board resolves that the following members be appointed to the Scientific Programme Committee of the Board for six months, effective 1 January, 1990.

Prof. A. Lindberg, Chairman of the Committee
Dr Y.Y. Al-Mazrou
Prof. J.C. Caldwell
Prof. D.A. Henderson
Prof. K.A. Monsur

The Chairman of the Board and the Centre Director are Ex-Officio members.

Agenda 10: Dates of Next Meeting

The dates of the next Board Meeting were set from 2 to 5 June, 1990 inclusive with the following programme:

2 June - Committee meetings
3 June (a.m.) - Report writing
3 June (p.m.)
to
5 June - Full Board Meeting

Tentative plans for the November Board Meeting were agreed to. Trustees should arrive in Dhaka on Friday, 23 November, 1990 for Board Meetings from Saturday, 24 November to Tuesday, 27 November, 1990 inclusive. The Donors' Meeting would be held on Wednesday, 28 November, 1990.

Trustees, especially those new to the Board, were encouraged to come early to spend some time in the Centre.

Agenda 11: Miscellaneous

(a) Letter from GOPP Group

It was agreed that the Board should write a letter to the GOPP group to show their appreciation for the suggestions made by them (Prof. Habte to do this as Secretary of the Board).

(b) Programme Coordination Committee

It was agreed that Dr D. Ashley and Professor J.R. Hamilton and D.A. Henderson should be the Board's representatives on

the Programme Coordination Committee. The Centre will endeavour to arrange for meetings of the PCC to coincide with Board Meetings.

(c) Meeting with the Staff Welfare Association (SWA)

The Board met with the SWA Executive Committee at 12 noon on Thursday, 14 December, 1989. The SWA President brought the following points to the Board's attention:

- job security
- recruitment policy
- salary raise
- fund raising strategy.

There was a short discussion on each point. The Board Chairman informed SWA that:

- all are for the Centre to be maintained as the best health research institution in the area
- constraints, mainly financial, are real issues as revenue are less than projected budget
- several suggestions were found useful and will be studied. Some already are in stage of implementation.
- request for salary increase is difficult to implement.

The Chairman of the Board, Dr P. Sumbung, thanked all Board

Members for their support and hoped that whatever has been decided this meeting will help the Centre. He thanked Professor Tanaka for his assistance to the Board.

Professor Henderson thanked Dr Sumbung for his superb job as Chairman and to the Director and his staff the Board is grateful.

The meeting closed at 4.40 p.m. on Saturday, 16 December, 1989.

:jc

28.12.89

RESOLUTIONS

FROM DECEMBER, 1989 BOARD OF TRUSTEES MEETING

Resolution
1/Dec. 89

On the auspicious occasion of Victory Day, which marks the anniversary of the Country's achievement of Independence, the 21st meeting of the Board of Trustees, ICDDR,B extends its greetings and wishes to the people of Bangladesh.

Resolution
2/Dec. 89

The Board accepts the recommendations of the Executive Committee regarding the appointment of the External Relations Officer, giving a panel of names in order of ranking:

1. Dr Nurul Islam Khan
2. Mr A.M.A.H. Siddiqui
3. Mr Arjuna Kannangara

The Board requests the Director to interview Dr Nurul Islam Khan expeditiously and offer him an appropriate appointment if he is satisfied regarding his compatibility. If necessary he will proceed to interview the other candidates in the order of their ranking.

Resolution
3/Dec. 89

The Board unanimously and enthusiastically resolves that Dr Demissie Habte be asked to serve as Director, ICDDR,B, for a full three year term extending through 31 July, 1992.

Resolution
4/Dec. 89

The Board resolved to accept and commend the Strategic Plan as prepared by the Centre for the period 1990-1994.

Resolution
5/Dec. 89

The Board resolved to recommend to the Director that a list of projects to be undertaken on a priority basis in 1990 be prepared with projected financial needs.

Resolution
6/Dec. 89

The Board resolves that the report from the Finance Committee be accepted as presented.

Resolution
7/Dec. 89

The Board resolves that the 1990 ICDDR,B budget to an amount of \$10.7 million be accepted, as presented, recognizing that it represents the minimum amount required to maintain a thriving international research centre.

Resolution
8/Dec. 89

The Board resolves that the Director carry out a review of the financial situation of the Centre in February/March with the Executive Committee of the Board and prepare a revised 1990 budget for the June meeting of the Board that, if necessary, avoids a deficit.

Resolution
9/Dec. 89

The Board resolves that the Separation Payment Fund Board of the Centre be reconstituted as follows;

- the Associate Director, Finance (Chairman, mandatory);
- the Chief Personnel Officer (Secretary, mandatory);
- an Associate Director (representative of senior management);
- Head, Matlab Station (representative of senior management);
- five subscriber staff to be appointed by SWA (the number representing subscriber staff should exceed management by one).

Resolution
10/Dec. 89

The Board resolves that the Centre in case of financial crisis may consider use of its reserve funds. A decision on use of this fund should be taken by the Executive Committee convened in February/March 1990 for reviewing the financial situation.

Resolution
11/Dec. 89

The Board resolves that the report of the Personnel & Selection Committee be accepted.

Resolution
12/Dec. 89

The Board resolves that the position of Senior Scientist (PSD) at P5 level be created provided project money is available to fund this position.

Resolution
13/Dec. 89

The Board resolves that an Executive Committee of the Board be formed to;

- 1) review the applications, select and appoint candidates for the position of MCH-FP Physician at P5 level;
- 2) review the financial situation of the Centre and prepare a revised 1990 budget for the June meeting of the Board that, if necessary, avoids a deficit, including use of the Reserve Fund as appropriate.

The Executive Committee should meet some time in February/March 1990.

Members of the Committee should include Chairman, Personnel & Selection Committee, Acting Chairman of the Finance Committee, Chairman-to-be Finance Committee, Chairman of the Board, and the Director.

Resolution
14/Dec. 89

The Board has been informed that Dr S. Tzipori's visa has not been extended beyond 21 December, 1989 so as to permit him to fulfill his contractual obligation with the Centre. It expresses the hope that the Government of Bangladesh will address this question at its earliest opportunity.

Resolution
15/Dec. 89

The Board resolves that there be a salary freeze for all staff for 1990. This does not include the annual step increase.

Resolution
16/Dec. 89

The Board resolves that Professor Fred S. Mhalu, from Tanzania, be appointed as a Trustee for 3 years from 1 July, 1990.

Resolution
17/Dec. 89

The Board resolves that Dr Takashi Wagatsuma, from Japan, be appointed as a Trustee, with immediate effect, to complete Professor H. Tanaka's term.

Resolution
18/Dec. 89

The Board resolves that its appreciation for the services of Professor H. Tanaka be recorded. The Board wishes him and his family good health, happiness and success in their future undertakings.

Resolution
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The Board resolves that Dr D. Ashley, Professors A. Lindberg and V.I. Mathan be reappointed to the Board for a second term of 3 years from 1 July, 1990.

Resolution
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The Board resolves that the following members be appointed to the Personnel & Selection Committee of the Board, for a term of six months effective 1 January, 1990.

Mr T. Rahman, Chairman of the Committee
Dr D. Ashley
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Prof. V. Ramalingaswami

Chairman of Board and Centre Director are Ex-Officio members.

Resolution
21/Dec. 89

The Board resolves that the following members be appointed to the Finance Committee of the Board for a term of six months effective 1 January, 1990.

Prof. V.I. Mathan, Chairman of the Committee
Mr M.K. Anwar
Prof. R.G. Feachem
Dr M. Merson
Prof. T. Wagatsuma

The Chairman of the Board and the Centre Director are Ex-Officio members.

Resolution
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The Board resolves that the following members be appointed to the Scientific Programme Committee of the Board for six months, effective 1 January, 1990.

Prof. A. Lindberg, Chairman of the Committee
Dr Y.Y. Al-Mazrou
Prof. J.C. Caldwell
Prof. D.A. Henderson
Prof. K.A. Monsur

The Chairman of the Board and the Centre Director are Ex-Officio members.

3/BT/JUNE '90

MINUTES OF EXECUTIVE COMMITTEE MEETING

HELD IN APRIL, 1990

MINUTES OF THE EXECUTIVE COMMITTEE MEETING
HELD ON APRIL 19, 1990

Meeting of the Executive Committee of the Board of Trustees was held on April 19, 1990. The meeting was attended by:

Dr. P. Sumbung	-	Chairman, Board of Trustees
Dr. D. Habte	-	Director
Mr. John F. Winkelmann	-	Associate Director, Finance
Mr. M.R. Khalili	-	Budget & Finance Officer

Note: Dr. Mathan was delayed in arriving in Dhaka. The discussion of April 19 was reviewed with Dr. Mathan on April 20, 1990.

.... The attached report was provided to the Committee members.

The Committee noted the revised projection based on increased revenues and reduction in expenditures, but requested Management to look at ways of eliminating the remaining projected deficit of US\$300,000 by seeking increased donor support and continuing very careful monitoring expenditures.

The Committee also requested Management to see if any way could be found to provide up to US\$50,000 to each scientific division as "seed" money for beginning new studies or initiatives to enable the Centre to attract more donors for its scientific program.

In light of the improved financial position of the Centre, the Committee agreed that no action should be taken at this time with respect to using funds from the Reserve Fund.

The Committee was advised that a Dutch "mission" would be coming in May to further review and discuss possible support for DSS. The situation with DSS would be further reviewed at the June Board meeting.

FINANCIAL REVIEW FOR EXECUTIVE COMMITTEE OF BOT - FIRST QUARTER 1990

At the December, 1989 Board meeting, it was agreed that a review of the financial situation at ICDDR,B would take place during the Executive Committee meeting of the Board to be held in February/March 1990.

This report is submitted as an update the financial situation as at March 31, 1990.

1989 Actual Results

In 1989 the Centre had a cash deficit of US\$ 32,000 as opposed to US\$ 245,000 projected at the December Board meeting. The Centre now has a cumulative cash deficit of US\$ 1,087,000.

The reduction in the amount of the deficit projected resulted from an increase in core revenue of approximately US\$ 80,000 as an agreement was concluded with SAREC in December covering funding from July 1989 to June 1991. The Training Branch and DSS did not incur a deficit as projected. This amounted to approximately US\$ 100,000 reduction in the deficit thus enabling the Centre to end the year with no deficit in project funded activities.

1990 - Revenue

Since the Board meeting in December, the Centre has received additional contribution commitments of approximately US\$ 500,000 and now has projected revenue of US\$ 9.9 million as opposed to US\$ 9.4 million when the budget

was prepared (see Table I). Additional commitments have been received from ODA US\$ 125,000, SDC US\$ 100,000 and the Arab Gulf Fund of US\$ 300,000.

In addition, discussions have been held with several other Donors, and additional revenue may be received. The amount or timing of these contributions cannot be determined at this time. These Donors include UNICEF, UNFPA, EEC, and UNCDF.

The Centre has not however, received a commitment from the Dutch Government with respect to the funding of DSS. Canadian CIDA extended their funding for an additional 3 months of 1990 amounting to CAN \$ 250,000 for DSS. Funding for the balance of the year amounting to approximately US\$ 650,000 is required for DSS. Without funding for DSS, the financial situation at the Centre will remain critical.

Expenditure

With continued close monitoring and the no hiring policy currently in place, it is expected that expenditure may be some US\$ 400,000 less than budgeted in the Core area. First quarter expenditures in Core were US\$ 885,000 or 18% of the total Core budget for the year. The level of expenditures generally are lower in the first quarter of the year, however, with close monitoring expenditures will remain under budget and reduce the deficit by up to US\$ 400,000. With increased revenues and a decrease in expenditures, the Centre may, still have a deficit of US\$ 200,000 to US\$ 300,000 for the year.

Cash Flow

The Centre ended 1989 without an overdraft, and did not require any overdraft during the first quarter of 1990. With anticipated donor receipts for several agreements during April and May, no overdraft will be required during the second quarter of 1990. With the overdraft facility available to the Centre, a cash flow problem is not likely to occur in 1990.

EXC. BOT

TABLE I
INCOME 1990

DONOR NAME	ASSURED	DOUBTFUL	TOTAL PROJECTED	1989
CENTRAL FUNDS:				
AUSTRALIA	196,000		196,000	192,000
BANGLADESH	30,000		30,000	30,000
BELGIUM	30,000		30,000	30,000
SAUDI ARABIA			0	0
UNITED STATES - AID	300,000		300,000	300,000
SWITZERLAND	700,000		700,000	709,000
SWEDEN - SAREC	150,000		150,000	75,000
UNITED KINGDOM - ODA	378,000		378,000	253,000
UNICEF	250,000		250,000	250,000
TOTAL	2,034,000	0	2,034,000	1,839,000
PROJECT FUNDS:				
AGA KHAN FOUNDATION				60,000
ARAB GULF FUND	300,000		300,000	
AUSTRALIA			0	27,194
BAYER	88,048		88,048	30,000
BELGIUM	250,000		250,000	296,035
CIDA - TRAINING	17,161		17,161	80,000
CIDA - DSS	250,000		250,000	1,081,583
IDRC	46,539		46,539	24,000
DANIDA	226,138		226,138	436,819
SEARLE		25,781	25,781	22,791
FORD FOUNDATION	70,461		70,461	130,707
IBRD/WORLD BANK			0	1,264
JAPAN	390,000		390,000	465,088
NORAD	318,000		318,000	324,000
NETHERLANDS	114,561	659,374	773,935	123,660
SDC - DISC & OTHERS	226,355		226,355	385,540
SAUDI ARABIA			0	32
UNDP/WHO	300,000		300,000	370,626
UNITED STATES:			0	
COOPERATIVE	1,200,000		1,200,000	2,089,107
UVP	1,184,853		1,184,853	1,103,408
MCH-FP	1,298,739		1,298,739	1,400,000
WELCOME TRUST			0	9,509
WUSC	820,000		820,000	824,000
WHO	151,473		151,473	241,144
FLOOD RELIEF				415,000
OTHERS				42,742
TOTAL	7,242,328	685,155 *	7,927,483	9,984,249
GRAND TOTAL	9,276,328 *	685,155 *	9,961,483 *	11,823,249

ACCOUNT DESCRIPTION	1989		BUDGET 1990		EXPENDITURE 1990					BALANCE 1990	
	BUDGET	EXPEND.	APPROVED	ALLOCATED	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	TOTAL	APPR-BUD	ALLS-BUD
LOCAL STAFF SALARIES	C.F. 2844489	2773248	2937153	731353	638258	0	0	0	638258	2298885	93085
	C.R. 373469	550394	768444	168292	168060	0	0	0	168060	600384	232
	P.F. 2950799	3172570	2352000	189188	619351	0	0	0	619351	1762649	1272533
TOTAL	6169757	6502220	6087597	2791529	1425679	0	0	0	1425679	4661918	1365850
INTL. STAFF SALARIES	C.F. 472858	468890	423042	57426	79860	0	0	0	79860	343192	7566
	C.R. 13466	513125	301584	93083	123915	0	0	0	123915	377669	30832
	P.F. 333324	492027	346859	256912	62351	0	0	0	62351	284508	194561
TOTAL	819648	1480032	1271485	437421	266126	0	0	0	266126	1005359	171295
CONSULTANTS	C.F. 8306	16283	125076	6000	0	0	0	0	0	125076	6000
	C.R. 5100	46898	214028	119299	1767	0	0	0	1767	212261	117532
	P.F. 214779	173815	79243	57730	13658	0	0	0	13658	65585	44072
TOTAL	228185	237001	418347	183029	15425	0	0	0	15425	402922	167604
MANDATORY COMMITTEE	C.F. 110882	125459	0	17615	1500	0	0	0	1500	1500	16115
	P.F. 0	2969	0	0	0	0	0	0	0	0	0
TOTAL	110882	128428	0	17615	1500	0	0	0	1500	1500	16115
LOCAL TRAVEL	C.F. 5116	11954	6351	1240	198	0	0	0	198	6153	1042
	C.R. 500	2023	5410	1120	536	0	0	0	536	4874	624
	P.F. 132399	136095	107827	103437	10768	0	0	0	10768	97059	92669
TOTAL	138015	150077	119588	105837	11502	0	0	0	11502	108086	94335
INTL. TRAVEL	C.F. 63331	55352	78000	21000	9212	0	0	0	9212	68786	11788
	C.R. 5758	14574	7500	250	771	0	0	0	771	6729	521
	P.F. 183585	147273	52395	82610	5569	0	0	0	5569	47326	77041
TOTAL	252674	200199	138395	103860	15552	0	0	0	15552	122843	88306
SUPPLIES & MATERIALS	C.F. 486659	550939	593097	116192	59615	0	0	0	69615	528192	46377
	C.R. 39040	63676	199095	65427	16015	0	0	0	16015	183080	69412
	P.F. 491367	333338	373366	388306	54141	0	0	0	54141	319725	334165
TOTAL	1037076	1258052	1170968	589925	139971	0	0	0	139971	1030997	449954
OTHER CONTRACTUAL	C.F. 458879	505014	567901	123294	63917	0	0	0	63917	499044	54377
	C.R. 136593	68906	66902	13980	17071	0	0	0	17071	49789	3991
	P.F. 1261194	718630	622203	570593	65630	0	0	0	65630	556573	504963
TOTAL	1910671	1367650	1257024	706967	151618	0	0	0	151618	1105406	555349
DEPRECIATION	C.F. 0	985133	944114	230503	230503	0	0	0	230503	733511	0
	C.R. 0	31141	15542	9451	9451	0	0	0	9451	6191	0
	P.F. 0	29005	3000	4919	4919	0	0	0	4919	1919	0
TOTAL	0	1045279	982656	244873	244873	0	0	0	244873	737753	0
INTERDEPTL. SERVICES	C.F. 606921	673538	657070	115931	117760	0	0	0	117760	509310	1829
	C.R. 115827	114367	294718	56630	31852	0	0	0	31852	262067	24775
	P.F. 608157	811040	453506	344501	109035	0	0	0	109035	345771	235265
TOTAL	1334905	1399165	1375595	516662	257647	0	0	0	257647	1117948	259215
TOTAL OPERATING COST	C.F. 5058451	6222124	6326674	1367540	1216033	0	0	0	1216033	5110641	234521
	C.R. 763755	1468109	2073282	540505	369438	0	0	0	369438	1703844	177234
	P.F. 6179604	6121920	4421699	3698773	944422	0	0	0	944422	3477277	2756180
TOTAL	12001813	13768053	12621655	5606819	2529893	0	0	0	2529893	10291762	3167935



CONSOLIDATED BY ACCOUNT GROUP

RUN DATE : 11/04/90

ACCOUNT DESCRIPTION	1989		BUDGET 1990		EXPENDITURE 1990				BALANCE 1990		
	BUDGET	EXPEND.	APPROVED	ALLOCATED	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	TOTAL	APPR-BUD	ALLD-BUD
RECOVERY	C.F. 1411475-	1711504-	1476201-	420962-	301308-	0	0	0	301308-	1174893-	119654-
	C.R. 0	294-	0	0	1865-	0	0	0	1865-	1865	1865
	P.F. 798-	5127-	0	0	800-	0	0	0	800-	800	800
	TOTAL 1412274-	1718035-	1476201-	420962-	303973-	0	0	0	303973-	1172228-	116989-
NET OPERATING COST	C.F. 3646975	4520540	4850472	946578	914725	0	0	0	914725	3935748	114867
	C.R. 753758	1407815	2073282	540506	367573	0	0	0	367573	1705709	179099
	P.F. 6178006	6121693	4421699	3698773	943622	0	0	0	943622	3478077	2756980
	TOTAL 10589539	12050048	11345454	5185857	2225920	0	0	0	2225920	9119534	3051036
CAPITAL EXPENDITURE	C.F. 21413	68923	111155	20303	29530-	0	0	0	29530-	140685	48530
	C.R. 36517	45817	24350	9210	22050	0	0	0	22050	2300	12840-
	P.F. 471597	977253	64901	188573	27477	0	0	0	27477	37484	161388
	TOTAL 729527	1090396	200466	219085	19997	0	0	0	19997	180469	198088
TOTAL DIRECT COST	C.F. 3668388	4587436	4961628	967578	885195	0	0	0	885195	4076433	164397
	C.R. 800275	1453632	2097632	549716	389523	0	0	0	389523	1708009	166259
	P.F. 6850403	7099346	4496500	3887543	971099	0	0	0	971099	3515561	2916378
	TOTAL 11319066	13140444	11545920	5403942	2245917	0	0	0	2245917	9300003	3248124

C.F = CORE

C.R = CORE FUNDED RESEARCH

P.F = PROJECT FUNDED RESEARCH



4/BT/JUNE '90

DIRECTOR'S REPORT
(INCLUDING 1989 ANNUAL REPORT)

REPORT OF THE DIRECTOR
(December 1989 - May 1990)

1.0 INTRODUCTION

The major highlight of the activities of the Centre during this reporting period has been a continuation of the search for a clear definition of goals and objectives in the areas of research, training and service. This is appreciated as an essential link to the viability of this unique health research institution. To this end the staff of the scientific divisions have been preoccupied with the preparation of the 1990 annual work plan and the 1990-94 operational plan. Closely aligned to this has been a realization that uncertainties in future funding are likely to plague the Centre for many years to come and that the Centre has to learn to live within its means. Thus stringent austerity measures, such as freezing on all hiring and salary raises, and looking for alternative delivery of support services, while unpleasant to some are unavoidable to save the Centre from financial ruin. The donors' external review will hopefully help to resolve the financial instability that has been with the Centre since its establishment.

Against this background, the Centre staff have struggled to maintain the activities of the Centre and indeed in some instances improved upon earlier attainments. The results of some of the concluded research findings (e.g., protective efficacy of measles immunization) and of exploratory studies (e.g. on use of

amylase enriched weaning foods) have already attracted the attention of international and bilateral development agencies.

The gains made during the previous reporting period on improving the public image of the Centre have been re-enforced; the Centre now enjoys a good relationship with national institutions and government bodies.

2.0. RESEARCH AND RELATED ACTIVITIES

2.1. Research Output

Despite uncertainties of funds, productivity as measured by number of publications that have come out or are in press (since December 1989) indicate improvement over the last semi-annual period. Even more encouraging is the fact that a much greater number of research protocols have now been started; indeed, the Centre now has more protocols than it has funds for (Table 1).

Table 1- Research Output

Status of publications/ no.of research protocols	CHD	CSD	LSD	PSED	Total
Papers published	7	13(4*)	8	2	30
In Press	12	14(2*)	11	7	44
Submitted/in preparation	26	38	33	11	108
Sub-total	45	65	52	20	182
Research protocols/programs in progress	8	24	17	3	52

*chapter in books

Appendix 1 lists papers published or in press by division.

2.2. Divisional Highlights

COMMUNITY HEALTH DIVISION

The division is constrained by the absence of an Associate Director empowered to draw out medium and long term research programs and strategy.

Current research efforts concentrate on field based research in Matlab and include the development of appropriate health care delivery models to reduce maternal mortality and morbidity and mortality from acute respiratory infections in childhood.

Analysis of data over time on trends in mortality are also expected to yield interesting results. Studies on sanitation and hygiene practices are underway to elucidate possible reasons for sustained high morbidity in diarrhoea. Publication of a study on verbal autopsy as a tool to assess cause of death is awaited with interest.

CLINICAL SCIENCE DIVISION

1) The division has continued to develop optimum case management for persistent, invasive and acute watery diarrhoeas, and just completed a study to determine prognostic and risk factors for increased duration of acute diarrhoea in children.

2) The division has also launched a major research initiative on energy dense weaning food as part of a general programme of 'improved nutrition support to a sick child' based on amylase rich germinated cereal flour. This has attracted considerable interest from UNICEF and other agencies.

3) A research methodology workshop to train 10 mid-level scientists of the division assisted by a team of international consultants resulted in the generation of a number of research protocols.

4) Evaluation of the EPI programme at the Clinical Research Centre in Dhaka produced valuable information of practical value to the national EPI programmes.

LABORATORY SCIENCE DIVISION

The division has completed its reorganization and finalized its operational plan for the next 4 years. Specific achievements include the following:

1. The field work in Matlab on the prospective study of risk factors of shigellosis was completed. The data analysis will begin shortly. It is expected that some of the publications will be written up in the next 12 months.
2. Enteric bacteriology has developed an ELISA test to detect enteropathogenic E.coli.
3. All the existing assays for identification of diarrhoeagenic E.coli (5 different categories) have now been introduced in LSD, including the use of DNA probes. These will help in the analysis of pathogens associated with studies (in collaboration with Clinical Science Division) on persistent diarrhoea and the role of these enteric pathogens in Bangladesh.

4. Analysis of E.coli with gene probes showed the presence of enteropathogenic E.coli (EPEC) in the stool of paediatric (1-7 months) patients. Probing 1,148 isolates revealed that 10.7% were EPEC and 12.3% were enterotoxigenic. Further analysis with probes demonstrated 12% due to rotavirus (RV) during the first 7 months of life.
5. Synthetic oligonucleotide probes to detect and directly serotype rotavirus. A considerable number of specimens collected during the cholera vaccine studies were analyzed generating the first information on the serotypes of RV present in the Matlab area. The relative incidence of serotypes over several years will provide an indication as to the most appropriate RV candidate vaccine to be used in the corresponding area.
6. The cellular immunology laboratory has been established. Techniques for lymphocyte proliferation assays and granulocyte polarization have been standardized on normal humans and monkeys infected with shigellosis.
7. The presence of neonatal RV strains were investigated in 2 hospitals in Dhaka. Of 58 cases in the first hospital and 30 cases in the second, 75% and 50% respectively, were secreting asymptotically by 6 days. The impact this has on subsequent RV infections will be investigated. Nursery strains are considered unique and differs from community pathogenic strains and have been suggested as suitable vaccine candidates.

8. Initial studies on reactogenicity, immunogenicity and protective potential of the attenuated mutant vaccine strain TSF21 in monkeys have been completed with promising results.

POPULATION SCIENCE AND EXTENSION DIVISION

1.0 Demographic Surveillance System (DSS)

1.1 The data collection and management continued smoothly. The development of data base slowed a little due to uncertainties of funding (e.g. expenditure on computing were cut). DSS provided demographic assistance and data both within and outside the Centre.

1.2. It was determined that the 10% decline in births in 1984 and the subsequent 10% increase in 1985 were not due to faults in data collection. This has cleared the way for releasing the 1984 and 1985 annual DSS reports.

1.3. Collaboration with the Bangladesh Bureau of Statistics has been intensified. The national census was pretested in two Matlab villages and discussions are underway for similar testing in the national health survey now being designed. In addition, DSS staff have begun assisting the Bangladesh Bureau of Statistics on data base creation.

2.0. MCH-FP Extension Project

Emphasis in this unit has been on 1) further research on contraceptive use (trends, levels and determinants), 2) evaluation of effects of family planning and primary health care interventions on maternal and child health, and 3) operational research on aspects of government health and family planning programs.

3.0. TRAINING

Besides conducting scheduled training programmes, primary occupation in this area included efforts to develop capability to offer short courses to Bangladeshi health professionals in diarrhoeal disease management and control and to define the objectives, components and methods of health research training.

Commitment of the Government of Bangladesh is essential for the implementation of the former and to this end negotiations have started with the MOH&FP and national health institutions. A document on health research training is under preparation.

3.1. Courses on Clinical Management

Table 2 shows the courses offered and the number of trainees.

Table 2: Courses on Clinical Management

Type	No. of Participants
<u>National</u>	
- Clinical Management (3)	38
<u>International</u>	
- Clinical Management (1)	14
Total	(4) 52

One day orientation courses were offered to 300 students from medical colleges in the country as well as from other health institutions.

3.2. Fellowship

1. Eight health professionals from five SAARC countries are undergoing a 3-month training in diarrhoeal diseases management and control. Seven medical doctors who are recipients of GOB fellowships are also at the Centre for a one-year training programme in diarrhoeal diseases and the related issues of nutrition and fertility.
2. Students from Dhaka University continue training in health research as part of the requirements for MSc/M.Phil degrees. The research topics are indicated in Appendix 2.

3. Trainee visitors from (China, Denmark, Switzerland and West Germany) have spent time to acquire research skills.

4.0. SERVICE - HEALTH CARE

Table 3 shows the number of patients treated at the Dhaka Clinical Research Centre.

Table 3: Patient load at CRC, Dhaka

Months	Visits		Admissions					
	OPD		IPD (other than ICU)			ICU		
	<12 hours	>12 hours	<1 day	>1-7 days	>7 days	>1 day	>1-7 days	>7 days
Dec.89	2949	1689	11	237	70	10	72	17
Jan.90	2685	1517	13	228	68	10	71	14
Feb.90	2668	1439	20	261	68	20	73	9
Mar.90	3097	1818	20	279	101	21	81	23
Apr.90	4316	2062	23	298	77	19	94	17
May,90 upto 6	1038	410	5	75	16	3	11	9

Information from 07-05-90 to 12-05-90.

No. of Patient visits - 1307
No. of Patient Admission - 131

Other services included:

1. The Urban Volunteer Programme continued to offer curative and preventive services to needy slum dwellers of Dhaka. The programme is undergoing a planned administrative restructuring. When finalized, UVP will have 3 components, administration, research and service.

2. The MCH-FP extension project has re-enforced its effort i) to provide technical assistance to the Government of Bangladesh health and family planning programs by assisting in the expansion of the number of female community health field workers and in the introduction of MCH-FP record keeping systems, ii) to offer direct input to 2 Upazillas (with a population of 1/2 million) to improve family planning service delivery based on the Matlab research findings.

3. Epidemic Control Preparedness Program - The activities of this program have been dramatically reduced due to shortage of funds. Although much appreciated by GOB, difficulty in getting financial support threatens closure of this program.

4. Clinical Laboratory (Dhaka and Matlab) - The laboratory has continued to offer support to the Centre's treatment facilities, and to a lesser extent to other health facilities in Dhaka.

Transfer of the Matlab Diarrhoea Treatment Centre and Research Centre was completed in February 1990. The new building offers improved facilities for patient care, research laboratories and guest accommodation.

5.0. TECHNICAL SERVICES

5.1. Computer Information Service (CIS)

The first half of 1990 saw the withdrawal of IBM System/34 computer after twelve years of extensive and dependable use at ICDDR,B, and a successful move of the last application systems to the IBM 4361 mainframe computer. All application systems on the 4361 are running uninterrupted since the change.

Major users of the computer system as usual have been DSS, MCH-FP, UVP and Finance.

A training course on SAS was organised for the scientific/research staff of the Centre. A Computer Engineering student from the Indian Institute of Technology, Kharagpur, India joined CIS in May for an eight-week interneeship programme under our supervision.

5.2. Diarrhoeal Diseases Information Services Center

The reorganization of the former Library and Publication Branch was approved during this period. Besides adopting the name of Diarrhoeal Diseases Information Services Centre, it has been restructured into 3 sections, namely information, support and publication services.

Online research facilities from two data bases, MEDLINE (1982-1989) and POPLINE (164,000 records) both on CD-ROMs have been made available and appreciated by users. DISC expects to receive MEDLINE data base going back to 1976.

During this reporting period over 7,500 readers other than Centre staff used library facilities, and over 1,500 books, journals or journal issues were provided on inter-library loan to national institutions. These facts underline the growing utilization of DISC by Bangladeshi institutions.

A 327 page bibliography of 'Review Articles and Selective Studies on Diarrhoeal Diseases' is in press, and work on an annotated bibliography on studies in Matlab was completed. Ten issues of the Current Awareness Bulletin have been published.

Editorial and administrative support for the publication of GLIMPSE and the Journal of Diarrhoeal Diseases Research have been strengthened. Through this concerted effort publications schedule have been updated and these publications will now appear on time.

During the period, 17,519 copies of internal publications were distributed throughout the world as follows: 14,467 copies of GLIMPSE, 228 copies of the 1988 Annual report, 1,197 copies of JDDR, 886 copies of other scientific publications, 69 copies of specialized bibliographies, 642 copies of the Current Awareness Service Bulletin and 30 reprints of external publications.

place. Protozoal infection in rabbits (due to Giardia and Eimeria) that were responsible for erratic or false results in animal experiments were eliminated, and necessary facilities have been developed to enable a rat model for studies on cryptosporidiosis.

5.4. Medical Illustration Unit

A newly acquired computer has enabled the use of Harvard Graphics for most of the graphic work. On the request of the MCH-FP Extension Project, a ten-minute video film is being made.

5.5. Bio-engineering Cell

This unit provides technical support to the various Dhaka and Matlab based branches of the Centre as well as to government and autonomous institutions. The support included installation of new equipment and major repair. In addition, the unit assisted in the shifting and reinstallation of equipment from the Matlab Upazila health centre to the new location of the Matlab health research complex.

6.0. ADMINISTRATION & PERSONNEL

6.1. Staff Levels

The policy of freezing hiring of fixed term national officers and general service staff was strictly adhered to during this period. Table 4 shows the status of staff during December 1989 and May 1990 and confirms that this policy has yielded results.

In April 1990, a personnel specialist visited the Centre for two

weeks at the invitation of the Centre and provided guidelines on effective human resources management within the framework of the WHO staff rules, with special emphasis on reduction in force procedures.

Table 4: Staffing changes during the period December 1, 1989 to May 1, 1990

Category	Status Dec 1989	Status May 1990	Net Change	Remarks
A. International Professional				
- Fixed term	16	15	(-) 1	6 yr term completed=1
- Short term	3	3	-	
B. National Officer				
- Fixed term	165	158	(-) 7	Retired = 2 Separated=5
- Short term	19	10	(-) 9	Separated=9
C. General Service				
- Fixed term	990	916	(-) 74	Retired = 2 Death = 1 Separated=71
- Short term	79	44	(-) 35	Separated=35
- Fixed term	1171	1089	(-) 82	
- Short term	101	57	(-) 44	
D. Seconded				
	18	18	-	
E. Community Health Worker				
	154	141	(-) 13	Separated=13

6.2. Recruitment

Recruitment of international staff to fill critical vacant posts has not yet yielded results. The 3 candidates for the external relations officer were interviewed by the Director and were found unsuitable or were not attracted by the level of the post. Several candidates were shortlisted for the MCH-FP Physician post and it seems certain that a candidate will be identified. However, the likely candidate cannot assume the post until November 1990. The critical post of Associate Director of the Community Health Division remains unfilled. Fortunately, a candidate has recently been identified and it is hoped that he will accept; the level of pay, however, threatens to block this appointment. The position of Associate Director of the Laboratory Science Division has been advertised recently as per resolution of the December 1989 meeting of the Board of Trustees.

A sufficient number of applications have been obtained for the post of nutritionist and this will be hopefully filled within a few months.

6.3. Staff Development

Two staff members have left for postgraduate training and another 9 are expected to leave soon (3 for PhD, 3 Masters, 5 non-degree training). As of April 30, 1990, 24 staff members were on training abroad.

7.0. FINANCE

The year 1989 ended with a cash deficit of \$33,000 as opposed to \$ 245,000 projected at the December Board Meeting. No deficit was incurred in the 2 project areas (DSS & Training) and with close monitoring of other expenditures the deficit was minimized.

The cumulative cash deficit for the Centre now stands at \$ 1,088,000.

The audit for 1989 was completed in March with the statements being signed by the auditor and the Centre on March 29. These have also been circulated to the Donors.

1990 deficit will not be as large as previously projected with both increased revenue and a reduction in expenditures due to the hiring freeze and the close monitoring of other activities to ensure that only essential expenditures are incurred, particularly in core areas.

However, a constant source of worry has been uncertainties of funding for the Matlab-DSS project. CIDA provided bridge funding for 3 months but no other donor has emerged to ensure definite funds for the remaining 9 months. The Dutch government is seriously considering funding the project and is sending out a team (the second) in mid-May 1990 to assess the situation. UNFPA has also indicated partial support to the project.

8.0. MANAGEMENT

Efforts to broaden the base of decision making and enable participation of all staff has continued. To this end all divisions have been holding regular meetings to discuss both science and management. The Consultative Management Committee met twice during this period. The Council of Associate Directors met 9 times and deliberated upon a number of issues.

The Research Review Committee convened six times (mid-December 1989 to 12 May 1990) and considered 12 protocols, ten of which were approved. Besides the associate directors, the members include Major Gen. M.R. Choudhury, Director AFPT&I, Dhaka Cantt, Prof. Kamaluddin Ahmad, Director, Bangladesh Inst. of Herbal Medicine, Dhaka, Drs. M. Strong, John Albert and P.K. Bardhan of ICDDR,B.

The Ethical Review Committee met 4 times (mid-December 1989 to 12 May 1990) and deliberated upon 10 protocols, 8 of which were approved and two returned for revision.

The ERC is composed of 15 members who serve for a 3-year term (although this may be extended to 6 years). At least half of the members should be replaced soon, as all have served for 3 years, and the other half should remain to ensure continuity.

A meeting of the Executive Committee of the Board established at the December 1989 Board meeting was convened on 18 April 1990.

It met to review applications, select and appoint candidates for the position of MCH-FP physician; review the financial situation of the Centre; and prepare a revised 1990 budget for the June meeting if found necessary. A full report will be submitted to this meeting.

A donors' external review (also accepted by the BOT as one of the mandated biennial reviews) was conducted during the period 30 March - 6 May.

The Centre management did everything possible to facilitate the review.

A draft report has been circulated to selected staff members of the Centre as well as the Donor community. This will be an important item on the agenda of the Board at this meeting.

DH:ls

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

List of publications and of papers accepted for publication of Community Health Division since 15 December 1989 to May 1990

A. List of Papers published: Total number of publications: 7

1. Lack of impact of a water and sanitation intervention on the nutritional status of children in rural Bangladesh - by Kh. Zahid Hasan, Andre Briend, K.M.A. Aziz, Bilqis A. Hoque, M.Y. Patwary and Sharon R.A. Huttley. European Journal of Clinical Nutrition 1989;43:837-843.
2. Effects of floods on the use and condition of pit latrines in rural Bangladesh. Hoque BA, Huttly SRA, Aziz, KMA, Hasan, Z, Patwary, MY (1989). Journal of Disaster Studies and Management,13(4):315-321.
3. Iron in tubewell water and linear growth in rural Bangladesh. Briend A, Hoque BA, Aziz KMA. ARCHIVES OF DISEASE IN CHILDHOOD 1990;65:224-237.
4. Deaths from injuries and induced abortion among rural Bangladeshi women by V. Fauveau. Soc Sci Med 1989;29(9):1121-1127.
5. Analysis of motivation to contraceptive use, applying the weighing procedure by AI Chowdhury. Social Biology 1989;(3-4).
6. Customs related to childbirth in a rural area of Bangladesh - by Islam, M.S., Shahid, N.S., Hoque, M.E. and Mostafa, G. The Hygeia. 1989;3(4), 109-114.
7. Persistent diarrhoea in a rural area of Bangladesh: A community-based logitudinal study - by SRA Huttly, BA Hoque, KMA Aziz, KZ Hasan, MY Patwary, MM Rahman and RC Feachem. International J Epidemiol 1989;18:964-969.

B. List of Papers accepted for publication: 13

1. Trend in contraceptive use prevalence and fertility in Matlab, rural Bangladesh. Proceeding at the Third National Symposium of Bangladesh Population Association (BPA). By A.I. Chowdury et al.
2. Chances of survival of the last child following the use of contraceptive: a life table analysis of Matlab data. Proceeding at the Sixth National Symposium of Indian Society for Medical Statistics. (Book Chapter). By AI Chowdury et al.
3. Recent trend of contraceptive use prevalence, crude birth, Infant and child mortality rates in Matlab, rural Bangladesh. Proceeding at the Sixth National Symposium of Indian Society for Medical Statistics. (Book Chapter). By AI Chowdury et al.
4. Feasibility of home treatment of diarrhoea with packaged rice-ORS. J Diarr D Jis Res 8:1990. By ASMM Rahman and A Bari.
5. Management and prevention. In Touch 1990. (Bengali version of the same in Jogajog). By ASMM Rahman and A Bari.
6. Usefulness of different nutritional indices to measure changes in nutritional status. A Briend, Kh Z Hasan, KMA Aziz, BA Hoque (1989). European Journal of Clinical Nutrition.
7. Reduction in diarrhoeal diseases in children in rural Bangladesh by environmental and behavioural modifications. Aziz KMA, Hoque BA, Hasan KZ, Patwary MY, Huttly, SRA, Rahaman MM and Feachem RC (1990). Transactions of the Royal Society of Tropical Medicine and Hygiene.
8. Perinatal mortality in Matlab, Bangladesh: A community study. By V. Fauveau et al. Int J Epidemiol.
9. The effect of MCH-FP services on mortality: Is prevention enough. By V Fauveau et al. Brit Med J.
10. The contribution of severe malnutrition to child mortality in rural Bangladesh: implications of targetting Nutritional interventions. V Fauveau et al. Food & Nutri Bull.
11. Child survival: should the strategy be redesigned? Experience from Bangladesh. F. Henry
12. Epidemiology of shigellosis in Teknaf, a coastal area of Bangladesh: a 10-year survey. MA Hossain and MJ Albert and KhZ Hasan. Epidemiol. Infect. 1990.
13. Post-flood nutritional anthropometry of children in Matlab, Bangladesh. MK Stewart, V Fauveau, J Chakraborty, A Briend, Md. Yunus and AM Sarder. Ecology of Food and Nutrition. 1990.

LIST OF PUBLICATIONS AND PAPERS ACCEPTED FOR PUBLICATION
CLINICAL SCIENCES DIVISION
April, 1990

Paper published since December 15, 1989.

1. Clinical Trial of Clonidine Hydrochloride as an Antisecretory Agent in Cholera. Rabbani GH, Butler T, et al. Gastroenterology, 1989:1447-1450.
2. Single-dose treatment of cholera with furazolidone or tetracycline in a double-blind randomized trial. Rabbani Gh, Islam MR et al. Antimicrobial Agents & Chemotherapy, 1989;1447-1450.
3. Persistent diarrhoea: clinical efficacy and nutrient absorption with a rice based diet. Roy SK et al. Archives of Disease in Childhood 1990;65:294-299.
4. A case of meningococcaemia with waterhouse-Friderichsen syndrome in Bangladesh. Mitra AK, Khan MR, Alam AN. Bangladesh J Child Health 1989;13(2-4):136-39.
5. Shigellosis: Recent progress, persisting problems and research issues. Keusch GT, Bennish ML. Pediatr Infect Dis J 1989;8
6. Randomized double blind trial of loperamide for the treatment of watery diarrhea in expatriates in Bangladesh. Van Loon FPL, Bennish ML, Speelman P, Butler T. Gut 1989;30:429-5.
7. Summary report from the committee on antibiotic use in diarrhoea. In: Daschner FD. WHO symposium: use and abuse of antibiotics worldwide. Bennish ML. Infection 1989;17:55-7.
8. Death in shigellosis: incidence and risk factors in hospitalized patients. Bennish ML et al. J Infect Dis 1990;161:500-6.
9. Hypoglycemia during childhood diarrhea: Incidence, pathophysiology, and outcome. Bennish ML, Azad AK et al. N Engl J Med 1990;322.

Book Chapters Published:

10. Keusch GT, Formal SA, Bennish ML. Shigellosis. In: Warren KS, Mahmoud AAF eds. Tropical and Geographic Medicine, 2 ed. New York, McGraw - Hill. 1989:762-76.
11. Keusch GT, Bennish ML. Shigellosis. In: Farthing MJG, Keusch GT. Enteric Infection - Mechanisms, Manifestations, and Management. London: Chapman and Hall Medical, 1989;265-282.
12. Keusch GT, Bennish ML. Shigellosis. In: Evans AS, Brachman P eds. Bacterial Infections of Humans, 2nd ed. New York, Plenum Medical Book Company 1990.
13. Bennish ML. Cholera. In: Rakel RE, ed. Conn's Current Therapy. Philadelphia. W.B. Saunders Company. 1990.

Paper in press

1. A double-blind controlled trial of Bioflorin (*Streptococcus faecium SF68*) in adults with diarrhoea due to *Vibrio cholerae* and enterotoxigenic *Escherichia coli*. Mitra AK, Rabbani GH. Gastroenterology.
2. Fatal dysentery in rural Bangladesh. Mitra AK, Engleberg NC, et al. Journal of Diarrhoeal Disease Research.
3. Short Chain Glucose-Polymer of rice and anthracene-9-carboxylic acid inhibit water and electrolyte secretion induced by dibutyryl cyclic AMP in the small intestine. Rabbani GH, Lebenthal E. Gastroenterology.
4. Pathophysiology and clinical aspects of cholera. Rabbani GH. In: Cholera Ed. Barua D & Greenough WB. Plenum Press, Boston.
5. Clostridium perfringens type-c in bloody and watery diarrhoea in Bangladeshi children. Van Loon FPL, Ahmed T. Tropical and Geographic Medicine.
6. Randomized double blind trial of single dose doxycycline in the treatment of cholera in adults. Alam AN, Ahmed T et al. British Medical Journal.
7. Therapy of shigellosis. II. Randomized, double blind comparison of ciprofloxacin and ampicillin. Bennish ML, Salam MA, et al. J Infect Dis.
8. Antimicrobial therapy of shigellosis. Salam MA, Bennish ML. Rev Infect Dis.
9. Mortality from shigellosis. Community and hospital data. Bennish ML. Rev Infect Dis.
10. Dysentery in rural Bangladesh: current treatment practices. Ronsmans C, Bennish ML, et al. Rev Infect Dis.
11. Pathogenesis of shigella septicemia: bacteria and host factors. Struelens MJ, Mondol G, Kabir I, Salam A, Nath SK, Patte D, Roberts M, Baldwin T, William PH; . Eur J Clin Invest.
12. Low gastric acid as a risk factor for cholera transmission: Application of a new non-invasive gastric acid field test. Van Loon FPL et al. Journal of Clinical Epidemiology.

Book Chapters in press:

13. Mahalanabis D, Molla AM, Sack DA. Clinical Management of Cholera. In CHOLERA (Topics of Infectious Disease Series. D. Barud and W.B. Greenough III (Eds.) Plenum Medical Publishers, N.Y.
14. Mahalanabis D. Fluid Therapy of Diarrhoea: Developing Countries. In Paediatric Gastrointestinal Disease. J.R. Hamilton (ed.), B.C. Decker Inc., Canada (in press).

LIST OF PUBLICATIONS AND OF PAPERS ACCEPTED FOR PUBLICATION

LABORATORY SCIENCES DIVISION

a) Number of papers published since December 15, 1989 with titles

1. Sayeed S. Sack DA and Qadri F. 1989. Cross-reacting antigens between *Plesiomonas shigelloides* O:17 and *Shigella sonnei*. Bangladesh J Microbiol. 6:7-12.
2. Islam MS. Drasar BS and Bradley DJ. 1989. Attachment of toxigenic *Vibrio cholerae* O1 to various freshwater plants and survival with a filamentous green alga. *Rhizoclonium fontanum*. J Trop Med Hyg, 92:396-401.
3. Azim T. Allday MJ and Crawford DH. 1990. Immortalization of Epstein-Barr virus-infected CD23-negative B lymphocytes by the addition of B cell growth factor. J Gen Virol. 71:665-671.
4. Ahmed ZU. Sarker MR and Sack DA. 1990. Protection of adult rabbits and monkeys from experimental shigellosis by oral immunization with a thymine-requiring and temperature-sensitive mutant of *Shigella flexneri* Y. Vaccine. 8:153-158.
5. Haider K. Azad AK. Ciznar I and Qadri F. 1990. Plasmid role in virulence associated attributes and in O-antigen expression in *Shigella dysenteriae* type 1 strains. J Med Microbiol. 33:000-000.
6. Clemens JD. Sack DA. Harris JR. Khan MR. Chakraborty J. Chowdhury S. Rao MR. van Loon FPL. Stanton BF. Yunus M. Ali M. Ansaruzzaman M. Svennerholm A-M and Holmgren J. 1990. Breast feeding and the risk of severe cholera in rural Bangladeshi children. Am J Epidemiol. 131(3):400-411.
7. Clemens JD. Sack DA. Harris JR. van Loon F. Chakraborty J. Ahmed F. Rao MR. Khan MR. Yunus M. Huda N. Stanton BF. Kay BA. Walter S. Eeckels R. Svennerholm A-M and Holmgren J. 1990. Field trial of oral cholera vaccines in Bangladesh: results from three-year follow-up. Lancet. 335(8684):270-273.
8. Rahman M. Shahid NS. Rahman H. Sack DA. Rahman N and Hossain S. 1990. Cryptosporidiosis: a cause of diarrhoea in Bangladesh. Am J Trop Med Hyg. 42(2):127-130.

b) Number of papers in press with titles

1. Haider K. Azad K. Qadri F. Nahar S and Ciznar I. 1990. Role of plasmids in virulence-associated attributes and in O-antigen expression in *Shigella dysenteriae* type 1 strains. J Med Microbiol.
2. Qadri F. Raqib R. Hussain IA. and Ciznar I. Cell surface proteins from *Shigella dysenteriae* type 1. Zentralblatt für Bakteriologie. Mikrobiologie und Hygiene. Series A.
3. Rahim Z *et al.* Enzymatic profile of enterotoxigenic *Aeromonas hydrophila* determined using the API 20 zym system. Bangladesh J Bot.
4. Haider K. Chatkaeomorakot A. Kay BA. Talukder, KA. Taylor DN. Echeverria P and Sack DA. Trimethoprim resistance gene in *Shigella dysenteriae* 1 isolates obtained from widely scattered locations of Asia. Epidemiol Infect.
5. Islam MS. Drasar BS and Bradley DJ. Long term persistence of toxigenic *Vibrio cholerae* O1 in the mucilaginous sheath of a blue green alga, *Anabaena variabilis*. J Trop Med Hyg.
6. Islam MS. Drasar BS and Bradley DJ. Survival of toxigenic *Vibrio cholerae* O1 with a common duckweed, *Lemna minor* in artificial aquatic ecosystems. Tran Roy Soc Trop Med Hyg.
7. Islam MS. Effect of various biophysicochemical conditions on toxigenicity of *Vibrio cholerae* O1 during survival with a green alga, *Rhizoclonium fontanum* in artificial aquatic environment. Can J Microbiol.
8. Hossain MA. Albert MJ and Hasan KZ. 1990. Epidemiology of shigellosis in Teknaf, a coastal area of Bangladesh: a 10 - year survey. Epidemiology and Infection.
9. Chowdhury AKA. Ahsan M. Islam N and Ahmed ZU. Therapeutic efficacy of the aqueous extract of garlic and its active constituent allicin in experimental shigellosis in rabbits. Indian J Med Res.
10. Rahman MM. Wahed MA and Ali MA. 1990. Beta-carotene losses during different methods of cooking green leafy vegetables in Bangladesh. J Food Comp Anal.
11. Shireen T. Sarker MR and Ahmed ZU. 1990. Studies on transformation in *Shigella*. Can J Microbiol. 36:000-000 (May).

LIST OF PUBLICATIONS AND PAPERS ACCEPTED FOR PUBLICATION
POPULATION SCIENCE AND EXTENSION DIVISIONPapers Published:

Razzaque A., Alam N., Wai L. and Foster A.

Sustained effects of the 1974-75 famine on infant and child mortality in a rural area of Bangladesh. Population Studies 44: 145-54.

Shaikh, Kashem.

Marriage and Mortality: A Life Table Analysis. Journal of Biosocial Science (1990) 22: 53-61.

Papers in Press:

Razzaque A., Ahmed K. and Wai L.

Twinning rates in a rural area of Bangladesh. Human Biology (Forthcoming. August, 1990 issue.)

Chowdhury M.K., Gupta V.M., Bairagi, R. and Bhattacharya, B.N.

Does Malnutrition Predispose to Diarrhoea During Childhood? Evidence from a Longitudinal Study in Matlab, Bangladesh. European Journal of Clinical Nutrition (Forthcoming.)

Chowdhury M.K., Khan N.U., Wai L. and Bairagi R.

Sex Differences and Sustained Excess in Mortality Among Discordant Twins in Matlab, Bangladesh: 1977-85. International Journal of Epidemiology (Forthcoming in June, 1990)

M.A. Koenig, M.A. Khan, B. Wojtyniak, J.D. Clemens, J. Chakraborty, V. Fauveau, J.F. Phillips, J. Akbar and U.S. Barua.

The Impact of Measles Vaccination Upon Childhood Mortality in Matlab, Bangladesh. Forthcoming in the Bulletin of the World Health Organization.

R. Simmons, M.A. Koenig and A.A. Zahidul Huque.

MCH and Family Planning - User Perspectives and Service Constraints. Forthcoming in Studies in Family Planning.

M.A. Koenig, J.F. Phillips, O. Campbell and S. D'Souza.

Birth Intervals and Childhood Mortality in Rural Bangladesh. Forthcoming in Demography.

A.B.M. Khorshed Alam Mozumder, M.A. Koenig, J.F. Phillips
and S. Murad.

The Sample Registration System: An Innovative System
for Monitoring Demographic Dynamics in Rural Bangladesh.
Forthcoming in the Asia-Pacific Population Journal.

POST-GRADUATE STUDENTS WORKING UNDER THE SUPERVISION OF SCIENTISTS
OF LABORATORY SCIENCES DIVISION - TITLE OF THESIS

M.Sc. Students

Immune response against haemagglutination of Shigella dysenteriae
type 1

Isolation of Clostridium difficile

Construction of a genomic library of S. dysenteriae 1 in the cosmid
factor (pHC79)

Establishment of immune function test in diarrhoeal diseases

Rotavirus serotyping by RNA hybridization

Response of Shigella spp. to physicochemical stresses in aquatic
environment

Survival and growth of Shigella spp. in various food in Bangladesh

Study of the comparative plasmid profile of different pathogenic
E. coli

Prevalence of vero cytotoxin producing E. coli in food of animals
in Bangladesh

M. Phil. Students

Isolation of attenuated mutant strains of shigella dysenteriae 1

Study of C. jejuni virulence factors from acute and persistent
diarrhoeal diseases

Ph.D. Students

Epidemiological and in vitro studies on enteric adenoviruses

The role of local and systemic CMI response to shigellosis in human

Development of an immunodiagnostic assay for the detection of Shigella
and identification of species/serotype specificity directly from stool

Development of non-radioactive synthetic oligonucleotide probes for the
detection and serotyping of rotavirus group A

Development of a gene probe for the detection, speciation and serotyping of shigellae directly from biological specimens (pending)

Epidemiology of non-group A rotavirus infections in Bangladesh (pending)

5/BT/JUNE '90

PROGRAMME COMMITTEE REPORT

REPORT OF THE SCIENTIFIC PROGRAMME COMMITTEE MEETING HELD ON 2 JUNE,
1990

1. Approval of the Agenda

1.1. Present Committee members (See Annexure 1) approved the agenda.

2. Presentation of plans for major research work in each division

2.1. The Committee had for the first time in recent memory been presented in advance an Annual Work Plan 1990 for each division. This was considered as a significant step which increased the transparency of planned achievements within each division, at the same time as it gave the Board of Trustees the opportunity to review the activities. The plan, a detailed update of the Strategic Plan presented at the Board of Trustees meeting in December 1989, was already operative and the Programme Committee was invited to listen to the highlights of each division.

2.2. Community Health Division

Drs. K.M.A. Aziz and K. Stewart highlighted ongoing activities and research in the CHD. The project on Acute respiratory infections and interventions with either injections of procaine penicillin or oral ampicillin syrup



were discussed. Dr. B. Hoque subsequently discussed the impact of water sanitation and hygiene conditions on morbidity of diarrhoeal diseases.

2.3. Clinical Sciences Division

Dr. M. Bennish gave an illuminating description on the pathophysiology and pathogenesis of bacillary dysentery caused by Shigella dysenteriae type 1 and Shigella flexneri infections. Dr. Bennish pointed to the risk factors involved like late initiation of treatment, hypoglycemia and hyponatraemia which increase the risk for a fatal outcome of the disease.

The Associate Director Dr. D. Mahalanabis described the efforts of producing a high-energy containing food based on amylase degradation, via fermentation of wheat grains, of standard porridge. The effects of this weaning food under controlled conditions, obstacles for its acceptance, and its behavioural impact was being studied. The fact that the weaning food should be considered as a supplement rather than as a substitute of breast-feeding was stressed.

The staffing situation in the Clinical Science Division was reviewed by Dr. Mahalanabis who proposed the training of 3 categories (without staffing increases):

- nurses trainees
- physician trainees
- laboratory worker trainees



The projects and the efforts to increase training facilities were received with enthusiasm by the Committee.

2.4. Laboratory Sciences Division

Dr. S. Tzipori presented the budget and staffing for the division. A major reorganization had occurred since March 1989 and the staff had been reduced from 254 to 153 persons without a reduction of the number of scientific staff.

A planned major effort - a cohort study to investigate the occurrence, frequency, specificity, extent and duration of infection, reinfection and cross-protection among rotavirus and Shigella in children - still lacked required funding, US\$ 445,000 per year.

Dr. Zia Uddin Ahmed presented the attempts to produce an attenuated S.flexneri live oral vaccine based on two nutritional defects: one in thymine metabolism and another making it temperature sensitive. Although the vaccine showed protection in experiments with a limited number of monkeys, the Committee noted with concern that (i) the strain had shown reactogenicity (stomach ulcers) in monkeys, and (ii) the mutations were not defined as deletions. These shortcomings made it inappropriate to test the strain for safety and immunogenicity in human volunteers. Also no attempts should be made to patent the vaccine candidate.

2.5. Populaton Science and Extension Division

Dr. M. Strong described the planned research goals within the Demographic Surveillance System but noted that at present approximately US\$ 700,000 were lacking in the 1990 budget in spite of vigorous efforts to secure support.

Dr. M. Whittaker described the MCH-FP Extension Project the object of which is to transfer knowledge from successful small scale projects to the government programme. The programme is viable with a sound financial backing and has to turn down funded projects.

In conclusion the Programme Committee noted with satisfaction the efforts within each division to prepare strategic multiyear and detailed annual work plans.

3.1. Journal of Diarrhoeal Disease Research

The Committee was informed that steps have been taken to improve the speed of publication of submitted and accepted manuscripts thereby making the journal more attractive. The Committee hoped that the measures will prove to be successful.

4.1. Ethical Review Committee

The Ethical Review Committee should be reminded that according to Resolution 3/June 87 "A member will serve the ERC for a three-year term and will not ordinarily serve for more than six consecutive years. The mechanism for reconstitution will be developed by the ERC keeping in mind the need for continuity in the Committee".

4.2. Establishment of Animal experimentation Ethics Committee

The Programme Committee endorsed the proposal for establishment of an Animal Experimentation Ethics Committee and its guidelines.

4.3. Scientific Accomplishments ICDDR,B 1979-1990

Dr. M. Bennis presented a review and analysis of the 727 original articles originating from the ICDDR,B since its creation. The Centre has made the largest contribution of any single institution to research in the field of diarrhoeal diseases.

The Programme Committee was highly impressed by Dr. M. Bennis's efforts and recommended that a short version of the report should be printed to be given to international health organizations and donor agencies.

5. The Chairman of the Programme Committee thanked present members and staff for their contribution and closed the meeting.



ANNEXURE 1

Present Members

Prof. A.A. Lindberg Chairman of the Committee
Mr. M.R. Bashir

Dr. P. Sumbung
Dr. D. Habte
Dr. R. Henderson
Prof. J.R. Hamilton
Prof. V.I. Mathan
Mr. T. Rahman
Prof. T. Wagatsuma

Associate Directors and invited divisional staff.



6/ET/JUNE '90

DONORS' EXTERNAL REVIEW

6/BT/June '90

EXTERNAL REVIEW OF THE INTERNATIONAL CENTRE FOR RESEARCH
ON DIARRHOEAL DISEASES, BANGLADESH

APRIL 1990

C E GORDON SMITH

DAVID J SENCER

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I.

SUMMARY AND CONCLUSIONS

Our Terms of Reference (Annex 1) focus on perceived problems at the International Centre for Diarrhoeal Disease Research (Bangladesh). It is however important to highlight the many positive aspects of the ICDDR(B) as well as its problems.

The ICDDR(B) is an unique institution. It is a free-standing internationally supported Centre. Over the years it has attracted and trained scientists of the highest calibre from and for many parts of the world and its publication record gives evidence of the high quality of research that has been produced at the Centre.

We can highlight the accomplishments of the Centre by citing the following:

It tends to be forgotten that oral rehydration salts were developed at the Centre as well as the concept of oral rehydration therapy. More recently the advantages in some situations of cereal based fluids were first demonstrated by ICDDR(B).

The demonstration by the Centre of the limitations of cholera vaccine in the control of epidemics and the prevention of transmission completely changed the health practices of most countries.

Many of today's scientific leaders of diarrhoeal disease research and control throughout the world had their training at the Centre.

The continued identification of the Centre with diarrhoeal disease blurs recognition of its many maternal and child health accomplishments:

the demonstration of the long lasting effects of maternal immunisation against tetanus;

the demonstration of the marked reduction in child mortality from all causes that is associated with measles immunisation.

The demonstration that improved community sanitation behaviour affects not only the prevalence of diarrhoea, but also protects against some forms of malnutrition, gives added impetus to community education.

In addressing on Terms of Reference, the tone of our Report is critical. The readers should however keep in mind our strong feelings that the Centre has been a vital contributor to our knowledge of methods to control and combat childhood mortality and morbidity, and can continue to be so if the problems that currently beset the Centre can be resolved.

Our detailed recommendations are set out in Section XIII and can be summarised as follows.

The Centre's mandate (Ordinance para 5(i)) is appropriate to its current and planned activities which now broadly encompass child health and related aspects of maternal health and family planning. While, in the past, the focus has been largely on clinical research and training there should be greater future emphasis on operations research and health research training for which the field operations of the Centre offer unique opportunities. Matlab with DSS is the jewel of the Centre although at present under-utilised for research. The donors should ensure that these activities can be retained and protected. The data are unique for the developing world and once lost can never be retrieved. The data should be made more readily available, and more visiting scientists attracted so as to better utilise the opportunities for research.

The Strategic Plan is a welcome first step towards improved planning and is already being followed up by more detailed planning at divisional level. The mix of funding must be widened to include organisations specifically dedicated to research funding. We recommend adoption of an Institutional Accountability Review process to help the Centre to achieve integrated planning and monitoring of all its activities, and to enable the Board of Trustees and the donors to monitor the Centre's plans, productivity, efficiency etc. This review should be conducted by a Review Body comprised of representatives of those donors who wish to participate (particularly those contributing substantially to core funding) and representatives of the Board. This review should be part of, and perhaps replace, one of the two annual meetings of the Board of Trustees. This process should obviate the need for more individual donor reviews.

The Ordinance is the legal basis of the Centre and in general a useful facilitating measure. It is however unfortunately inflexible in several respects. The provisions in the Ordinance for the pay of local staff - or at least their interpretation - are one of the main causes of the serious financial difficulties of the Centre.

The Board of Trustees does not at present function satisfactorily for a variety of reasons set out in the text. We recommend a number of changes permissible within the Ordinance which we believe will improve its usefulness considerably; these do not however obviate the need for some changes in the Ordinance (see below). Improved relations between the Board of Trustees and the government of Bangladesh are critical for future success.

One of the basic structural problems of the Centre is that it has no ownership body; nor does it form part of any larger organisation. The donors should set up a working party to work out a long term solution to this need but the Ordinance should not be meddled with until an agreed long term structure acceptable to all parties has been identified.

Rélations between the Centre and the Bangladesh government must urgently be improved. There have been faults on both sides. The current Director has already shown his willingness to overcome the aloofness from local authorities that has existed in the past.

The key problems about the financial position of the Centre are that research productivity must be brought into a more favourable balance with support costs; and research expenditure as a proportion of total costs. Core expenditure is increasing relative to project expenditure: from 36% of total expenditure in 1988 to a projected 43% in 1990. Indeed, the costs of technical support services have become so high (due to overstaffing and escalating pay) as to be irrecoverable from projects. Local salary costs are the largest component of expenditure and also the component growing most rapidly.

The key to resolution of these financial problems is a substantial reduction in local personnel costs. We believe that this must be achieved by a combination of earlier retirement and a stringent review to eliminate overstaffing and overgrading wherever it may be. We have recommended adoption of Bangladesh government retirement practices so that substantial numbers of retirements will provide scope for redeployment and reduce the numbers of redundancies among younger staff. Following these processes, performance evaluation must be rigorously employed and implemented, along with probation procedures. Pay policies more related to performance should be considered and introduced as soon as possible.

With regard to international scientists a housing allowance should be paid and every effort made to improve recruitment and increase their numbers. It is essential that the current voids in scientific leadership be filled: the Director must enlist the support of the Board and donors in recruiting to fill the Associate Directorships with highly qualified people as quickly as possible.

The public image of the Centre has suffered from adverse publicity about personal and administrative issues coupled with a failure to promulgate its undoubted scientific successes both locally and internationally. All available media should be utilised to rectify this.

We have examined the previous scientific reviews of the Centre. Most of their recommendations have been accepted and many implemented. We see no need for further reviews until the current recommendations have been implemented and given time to take effect.

CONCLUSIONS

Despite its past accomplishments, the Centre can not remain viable with continuing serious impairment of its productivity and potential by overstaffing and failure to recruit creative senior

scientific staff. We recommend a series of actions that will make the Centre more cost effective and scientifically sound. If the donors are not willing to seriously address the necessary and difficult decisions and provide the support and encouragement which the Board of Trustees and the Director will need to implement them, it would be best to terminate support, rather than see the quality and quantity of meaningful research inexorably fall.

Our Financial Adviser's report (Annex 4) indicates that if our recommendations were fully implemented without undue delay the Centre will have extinguished its present cumulative deficit and be showing a positive end of year balance by 1996 (including depreciation). This would be subject to core and project funding being maintained at or about its present level and includes provision for a one third increase in expenditure on international scientist posts. Although there may be alternative strategies for the reduction of personnel costs, these projections indicate the scale on which they must be undertaken.

As soon as possible UNDP should call together a top level meeting of donors to discuss this report, to advise the Board of Trustees on its implementation and to address the problem of the long term "ownership" structure of the Centre.

II.

INTRODUCTION

Dr. C. E. Gordon Smith was invited to head this review in January 1990 and visited Bangladesh from 13-16 January. He had previously commented on the proposed terms of reference which had by then been revised. He visited the Centre and held discussions with senior staff; he met the donor representatives and, following discussions, accepted the Terms of Reference (Annex 1) and leadership of the Review. The intention at that time was for him to recruit a team of three experts, one of whom would be a Bangladeshi who had had no prior relationships with the Centre. He invited Professor L. Muller of the Royal Tropical Institute, Amsterdam, and later, Dr. David J. Sencer of Management Sciences for Health, Boston, to join the Team. Both accepted but illness later prevented Professor Muller from participating.

On 8 February, Dr. Smith spent a day at WHO Geneva, obtaining briefing from Dr. M. Merson, Director of the WHO Control of Diarrhoeal Diseases Programme and a Trustee of the Centre.

Dr. Smith paid a second visit to Bangladesh between 1 and 9 March. He had individual meetings with the donor representatives and with the Bangladeshi Trustees; and also met the donor representatives as a group to explain his plans. UNDP had not been able to identify a suitable Bangladeshi member of the review team but, with donor help, had found an auditor (Mr. A.M Khan of Baree-Pear & Khan, Dhaka) with appropriate expertise to assist the team. After meeting Mr. Khan and introducing him to relevant senior staff of ICDDR(B), Dr. Smith asked UNDP to engage him as an adviser to the Review Team on financial aspects of its work.

On 30 March, Dr. Smith and Dr. Sencer arrived to undertake the main Review. On 31 March, they toured the ICDDR(B) premises and met the Director and senior staff. On 1 April, they spent the day at Matlab visiting a health centre, seeing a Community Health Worker in action in a village, and visiting the headquarters at Matlab where the activities were extensively illustrated and discussed. On 2 April, the Team met the Associate Directors and representatives of each of the scientific Divisions of the Centre and learned about their current and planned research and discussed with them any difficulties they perceived. On 3 April, the Team met Ambassador Chowdhury, a former Trustee of the Centre, at the Ministry of Foreign Affairs; and Professor M. A. Matin, a former Trustee of the Centre and a former Minister for Health and Family Planning. On 7 April, a draft report was sent to senior staff of the Centre and to donor representatives for comments. On 9 April Dr. Smith met the donor representatives at UNDP and discussed the draft report with them.

We are very grateful to Mr. Khan for his help in elucidating the financial aspects of our work; also to the Director, Associate Directors and all other members of the staff of the ICDDR(B) who helped us unstintingly and with unfailing courtesy and kindness. We also thank the Bangladeshi Trustees, the donor representatives

and others who gave us the opportunity to obtain and understand their views.

III.

MANDATE

ICDDR(B) is a remarkable scientific institution resulting from great foresight by the originators and sustained by the scientists and donors who have continued its work. It provides a core of the scientific disciplines necessary for research on the major health problems of children and their mothers: laboratory scientists and facilities; epidemiologists and field study areas; and clinicians and clinical facilities, both out-patient and inpatient. These skills have been applied initially to cholera, then to acute watery diarrhoea, and now also to invasive (Shigella) and persistent diarrhoea. These same skills have been applied to family planning, immunisation, maternal health and now acute respiratory diseases.

The aims and objectives initially set out for the Centre are stated in para 5(1) of the Ordinance: a) "to undertake and promote study research and dissemination of knowledge in diarrhoeal diseases and directly related subjects of nutrition and fertility with a view to developing improved methods of health care and for the prevention and control of diarrhoeal diseases and improvement of public health programmes with special relevance to developing countries; b) to provide facilities for training to Bangladeshi and other nationals in areas of the Centre's competence in collaboration with national and international institutions..."

This statement accords well with the current range of research activities in the Centre which has evolved to encompass most of the major child (and maternal) health problems of Bangladesh and neighbouring countries. Emphasis on operational research, for which the field areas offer such fertile opportunities, should be increased.

IV.

STRATEGIC PLAN

The needs of planning are firstly to match future activities with future financial resources; secondly to bring to an appropriate balance the allocation of expenditure to research and training on one hand and to support services on the other; thirdly, to enable donors to see how their contributions either to core or project funding can best be used; and fourthly, to enable the Director and Associate Directors to integrate the work of the Centre so as to use its resources as economically and effectively as possible.

Over recent months, a notable start has been made by producing the Strategic Plan for 1990-94. Previous five year Plans (1979-84; 1985-89) had been approved by the Board of Trustees but external reviews of recent years had indicated that these Plans were not sufficiently realistic or clearly defined.

Following discussions in 1987, the Board identified a requirement for an institutional strategic plan to address science, management, services and training, relating these to the Centre's mandate. The current Strategic Plan was the

outcome of workshops (which involved some donor representatives) in May, June, and September 1989.

The Plan, based on a close working relationship with the WHO Control of Diarrhoeal Diseases Programme, identifies the priority areas for research as invasive diarrhoea, persistent diarrhoea, watery diarrhoea, nutrition; and also maternal health, child survival, and population. There will be greater emphasis on operational and epidemiological research for which the Centre has considerable resources as yet untapped. The Plan identifies the substantial provision of health care: 70,000 outpatients and 5,000 inpatients annually in Dhaka, a child health department, a 60-bed hospital at Matlab, and the Urban Volunteers Programme (of which the service element is being transferred to other management). It is planned to extend the training programme to develop training capabilities in clinical management of diarrhoeal disease among relevant Bangladeshi and regional institutions. The Plan goes on to describe the technical support services, the policy, organization and management and the financial position of the Centre. The financial projections predict a large and continuing deficit unless increased support is received from donors.

While, in the past, attention has been largely focussed on the clinical research of the Centre, in the future, the essential ingredient that will hold it together and enable it to adapt its research to changing health problems is the Matlab population and its Demographic Surveillance System, a simple but sophisticated record system that allows not only of prospective studies, but also retrospective analyses. The scientific work - particularly in the Extension Project - has been developed so that interventions and methodologies can be tested then applied in government service programmes.

The research plans have been criticized for lack of focus. While this is true in some of the areas, the current leadership of the Centre has instituted procedures to focus the thinking of the scientific staff on the rationale of their work. The attached schematic (Annex 2) for the Laboratory Sciences Division (LSD) illustrates how this can be done. The LSD sees its role as to be prepared for the field testing of new vaccines as they are developed. The Division is developing in its own staff (solid line arrows) the skills that will be necessary for such studies. Simultaneously, many other investigators throughout the world are working on various aspects of vaccine development and the diagnostic techniques that will be necessary for their field evaluation. The Centre is in touch with these activities and prepared to rapidly enter into collaborative field tests and evaluations when the need arises.

Of the other Divisions, the Clinical Sciences Division (CSD) has made good progress towards focussing its research, the Population Sciences Division (PSD) has also made progress limited by current severe funding problems, and the Community Health Division (CHD) has no Associate Director.

The quality of proposed research projects is monitored by external peer review. In the past, the process of gaining

approval (not funding) for research projects was a time consuming and cumbersome process. The current leadership of the Centre has greatly streamlined the process while retaining the key steps of internal and external review. The current budget stringencies and the discontinuance of the project development grant from one donor has hindered the Director's ability to fund startup or small projects from discretionary funds and priority should be given to restoring this capability. Much of the research can be done well in Bangladesh, but could be done elsewhere. This is particularly true in the laboratory sciences and in some areas of the clinical research. The field operations in Matlab, however, are a unique resource. Nowhere else in the developing world does a population data base exist to compare with that in Matlab. Nowhere does a system for the accurate and timely collection of data on such a large population function as well and as cheaply as in Matlab. This data base and collection system are the key to the evaluation of many of the newer interventions in maternal and child health and family planning. Not only should this operation be protected from the budgetary standpoint, but no efforts should be spared to further open the access to its data so that other investigators can test their hypotheses on existing data and propose plans for additional prospective research projects, not only in Matlab and the extension areas but also elsewhere in government and NGO field projects.

The Strategic Plan is welcomed as a broad indication of the Centre's future intentions. Even its priorities are however very broad and overall the "planned" activities are likely to be far beyond the capacity of the scientific staff likely to be available or the probable levels of funding. The Plan does not (and due to prevalent uncertainties cannot) indicate how many of the planned activities may be funded or by whom.

In order to demonstrate its coming maturity as an international research centre, the Centre must develop long range plans for financial support from an expanded mix of funding bodies. Continued donations from donor agencies will be necessary, but this should not be considered the sole or major source of future funding. Imaginative approaches to foundations, trusts and similar organisations dedicated to the funding of research should be developed. Just as the development of public relations requires a specialist not currently available on staff at the Centre, so does fund raising. A small investment in an institutional development specialist is recommended.

Plans for income generation should be considered. Since the Ordinance creates the Centre as a non-profit entity, there appears to be no reason why it could not provide consultation to other institutions or agencies on a cost reimbursable basis. As an example, the skills in evaluation that have been developed in the Matlab project should be a "marketable" product to other maternal and child health and family planning projects. The prices for using Centre staff for such evaluations would be considerably cheaper than for consultants from developed countries.

The donors have a clear need to keep track of the activities of the Centre whether in general or in terms of specific projects they fund. The donor representatives are accountable to their governments for these funds. It would, however, be highly disruptive if each donor were to carry out independent, and often to some extent, repetitive and overlapping reviews. With the cooperation of the donors, the principles of accountability could provide the machinery not only for donor review of the work they are supporting, but also for more strongly integrating the research of the Centre into an institutional programme. The first step has been taken by the production of the Strategic Plan. A more realistic plan detailed for the first year and on a rolling 3-4 year basis thereafter should be produced without delay and followed up as soon as possible as follows:

There should be an annual accountability review over two or three days conducted by a Review Body comprised of representatives of those donors who wish to participate (particularly those contributing substantially to core funding) and representatives of the Board of Trustees, chaired by the Chairman of the Board of Trustees. To this body, the Director and his principal administrative and scientific officers should present annually:

- a) an integrated account of the activities of the previous year: objectives achieved or not achieved, at what cost, value for money of the various activities, etc.
- b) an updated 3 year integrated institutional plan.
- c) a detailed integrated plan of goals and activities for the first year with defined objectives broken down into projects or stages of projects of not more than three years total duration with costs, staffing requirements and whether funds are available for each.

Having ascertained how their funds had been spent in the previous year and the forward plans for expenditure in the succeeding year the donors should be in a position to commit further funds.

Prior to the Institutional Review, each Division should be similarly reviewed in an internal accountability review by the Director in order to build up the integrated institutional report and plans.

V. THE ORDINANCE

The Ordinance is the legal basis on which the Centre operates in Bangladesh and sets out its aims and objectives (see above). It is generally a facilitating measure although it does impose constraints, particularly in relation to salaries and wages for locally employed staff who thus are paid some three times what they might be otherwise paid, mainly because the word "comparable" in para 14 (2) has been taken to imply "identical" (but see Sections V and VI).

The Board of Trustees is responsible for the general direction, management and administration of the Centre (para 7) and consists of 17 members "who shall serve in their individual capacity": three nominated by the Bangladesh Government, one by the Director General of WHO, one by a United Nations Agency other than WHO, the Director of the Centre, and eleven "members at large" of which there may be not more than two from any one country; more than half must come from developing countries, at least one third from developed countries. Members are appointed for three years, the eleven "members at large" by the Board itself. The Board has a Finance Committee, a Personnel Selection Committee, and an Executive Committee of which the Director and at least one of the Bangladeshi trustees must be members.

The outcome in general appears to have been that the Bangladeshi trustees have been predominantly administrative and the non-Bangladeshi predominantly scientific. This appears to have led to the Bangladeshis feeling excluded from consideration of some of the issues. As the Board meets only twice yearly, there is not always a full attendance, and the Chairman frequently changes annually, the Board does not appear to have developed the corporate spirit necessary for the well-being of the Centre. We recommend that the Chairman should serve for 3 years, that he/she should preferably be able to visit the Centre fairly frequently so as to develop a working relationship not only with the Director and his senior staff, but also with the Bangladeshi trustees and other members of the Dhaka scientific community. The Bangladeshi trustees should take more advantage of their proximity to the Centre in order to get to know its staff and understand their activities, and to play a fuller role at the Board: they should be selected because of a deep interest in the work of the Centre and a determination to help it to succeed. The Board should hold some of its meetings in circumstances which encourage more social interaction between the Trustees. When appropriate, other Bangladeshi scientists should be involved in the work of the Programme Sub-committee and invited to attend (without voting privileges) appropriate sessions of meetings of the Board.

These changes can be brought about without change in the Ordinance and should go far towards obviating the need expressed last year by the Government for a change in the Ordinance in order to improve the functioning of the Board. There was, however, also a short-term difficulty about visas around the same period and consideration should be given to negotiating a "Headquarters Agreement" as a schedule to the Ordinance (if permissible) clearing up some current ambiguities and providing, among other matters, for visas along the lines of the Headquarters Agreement of the International Jute Organization: viz. staff members "shall enjoy exemption from all measures restricting immigration, from charges for visas and from registration formalities; and members of their families forming part of their households shall enjoy the same facilities." [Art. 18(d)].

In the longer term, decisions need to be reached about the ultimate structure of the Centre. One of its more fundamental

problems is that it belongs to no one. With only a Board of Trustees changing rapidly in membership, spread around the world and meeting only twice a year, the Director's position is very exposed. The existence of a longer term Chairman of the Board should help. However, the Board of Trustees can never become the "ownership" body required and the feasibility of alternative structures for the long term need to be examined: for example, an organization (like the Onchocerciasis Control Programme) sponsored by a group of international agencies (e.g. World Bank, UNDP, WHO - perhaps with WHO as the executing agency); or the Centre could become a non-profit (part earning, part grant-supported) enterprise managed on business lines. In effect, the donors are the "shareholders" of the Centre and, in view of the accountability of the representatives to their governments or parent bodies, should take a more prominent and positive role in management of the Centre than hitherto. The donors could (and probably should) appoint the "Board of Directors" of the Centre. They should, without delay, set up a working party to work out satisfactory future arrangements for the government and management of the Centre.

The Government of Bangladesh has stated that the Centre should remain international - and we agree. Without substantial changes, however, the Centre is unlikely to attract indefinite international funding at or around the present level, or to attract enough scientific staff of the required quality. Some bilateral government donors are not easily or sustainably motivated by research; and research funding organisations will provide substantial funds only if there is stable core funding and a stable core of high quality scientists. A plan for a continuing international research centre must therefore provide for these requirements. The original concept that ICDDR(B) was the first of a group of similar institutions within the CGIAR concept is unlikely to be realised in this day and age.

In the long term, stability of the Centre will require a substantial proportion of the senior scientific staff of the Centre to be Bangladeshis of international standing and experience. Additional high quality international scientists could then more readily be attached on secondment from other institutions; possibly by contracts under which an external institution would guarantee cover for a post over a number of years.

To achieve such an objective would dictate identifying now a number of able Bangladeshis from among whom within say 10 years the required senior staff could be appointed. During the interim, these scientists would need to be given not only such additional training as they may require but also substantial experience of carrying out research in international institutions so as to have achieved the internationally recognised record of research accomplished which must be a condition of their appointment. In all circumstances the Centre would need to continue to have an international governing (or scientific advisory) body responsible for ensuring that international standards were maintained, especially in the appointment of senior staff.

VI.

PERSONNEL

A. Personnel administration

The Centre has a personnel system documented in a manual and available to employees. These procedures were promulgated in 1986, reviewed by an external reviewer in 1987 and on quick reading, appear to be well designed and equitable. They should be reviewed internally, modified if necessary, widely promulgated, then consistently applied.

The difficulty, however, comes in the lack of consistent application of these procedures by staff. The most glaring problem is the totally inadequate use of performance evaluation by supervisors. It is characteristic of supervisors the world over to be reluctant to document performance. However, at the Centre, inadequate performance has been rewarded by continuing employment. This has overburdened the Centre with functionally redundant and technically inadequate personnel. Performance evaluation must be firmly and consistently applied with the active support of higher level supervisors, the Director and the Board of Trustees.

At the same time, better use should be made of performance evaluation to reward exceptional performance. By demonstrating to employees that there are rewards as well as punishments, the system can be better accepted. We understand that in the Matlab Project where the community health workers are paid on the government rather than the UN scale, performance indicators, (e.g., percentage of children vaccinated) are used both to dismiss staff and to provide them with merit increases.

Probationary periods must be strictly observed with adequate documentation of performance throughout the period. Persons not meeting the required performance standards must not be retained. Since probationary periods can be extended beyond one year, this option should be exercised where necessary. Employees hired for project work must understand that their term of employment will not necessarily exceed the duration of the project and that conversion to core staff will be rare, not usual.

B. Salary administration

1 Local Employees

The Ordinance {para 14 (2)} requires that non-international level positions are paid salaries "comparable" to those of UN employees in Bangladesh, a much higher rate than for similar jobs in other Bangladesh institutions and services. This higher level of pay, with higher increases over time, has contributed greatly to the current financial problems of the Centre (See section IV). It is not feasible to think of reducing current salary levels. However, employees must be given to understand that employment by the Centre at these higher salary levels is a privilege.

2. International Employees

The UN salary scale for international employees is generally in keeping with salaries for like work in other countries, taking account of taxes and cost of living. Some other benefits of the UN system are not, however, provided by the Centre, in particular a housing allowance. In the presence of rapidly escalating rents in Dhaka, we recommend the payment of an appropriate housing allowance as soon as possible. A survey of persons who have declined posts would help identify other difficulties that might be corrected. We give very high priority to ensuring that the current severe difficulties in recruiting international scientific staff are resolved as soon as possible. In particular, it is critical that all Associate Director posts are filled at all times so far as this is possible.

C. Staffing

It is common knowledge that there is overstaffing in many parts of the Centre. Supervisors admit this, but always allege that it is in some other unit, not their own. Since this knowledge is shared by the donor community, the future funding of the Centre is dependent upon the rectification of this situation. Several strategies can be considered and a mixture will undoubtedly be necessary. The following are illustrative examples of steps that might be taken in addition to the already excellent accomplishment of the Director in reducing staff by some 200 since his appointment.

1 Retirement

The current retirement age at the Centre is 60, but until recently normally extended to 65. In government, retirement age is at 57 or after 25 years service, whichever is earlier. The Board of Trustees should adopt the government retirement practice. Exceptions should be rare and subject to stringent scrutiny and approval by the Board of Trustees.

In 1990, 107 employees will have reached at least 25 years service. By 1995, this number will have increased by 92. Savings of the order of \$0.9million p.a. could be realized by promptly adopting the government's retirement practices. Appropriate compensation should be paid to those who are required to retire before age 60. This would incur a once-for-all increase in costs, more than offset by the longer-term savings. The possibility of one-off donor support for the compensation costs should be explored since it is in the interest of all to improve the cost efficiency of the Centre as soon as possible.

Existing provision for the retirement of Bangladeshi employees is from a provident fund of employer/employee contributions the accrued sum of which is paid on retirement and may be taken as a lump sum or as an annuity. In addition, those in employment before these arrangements were instituted are entitled to one month's pay for each year served before the new arrangements. A fund exists to provide for these payments.

2 Rationalization of posts and grades

A Division by Division, unit by unit review should be conducted by a small outside team appointed by the Board of Trustees to determine the staff requirement of each function and the ideal staffing pattern to perform it. Norms should be established wherever possible to allow for objective determinations which can be seen to be fair. The Laboratory Science Division has already begun such an exercise in the clinical diagnostic laboratory. This has shown a very low per capita productivity which probably indicates overstaffing rather than lack of competence.

In this review, each function and position should be examined to assess whether the function or position is necessary, can be performed at a lower cost by contracting out, by fewer persons, or by persons of lower grade. Comparisons should be made where appropriate with UN and other organisations in Dhaka such as multinational companies to ensure that similar jobs are graded in a similar manner and to identify excess manpower. Efficiency indicators should be developed against which the performance of the various Divisions and departments can be assessed at regular intervals.

Such a review will be threatening and must be preceded by extensive (but not unduly protracted) explanations to, and consultations with, the government, the staff, and local representatives of the donors. By combining the processes of earlier retirement with the rationalization of posts and grades, opportunities for re-deployment rather than dismissal should be substantial.

VII.

FINANCE

A. Income

ICDDR(B) has only limited control over its income which consists of variable contributions from different donors, some to core, some to project funding. The number of donors as well as the amounts contributed by each of them varies from year to year. This fundamental instability of income could be compensated for only by either a reserve or other fund available to offset the deficits that arise in the lean years, or by sufficient elasticity in the Centre's expenditure, i.e. in the extent to which costs can be reduced in response to a reduction in income.

The Centre does not have an endowment fund. At 31st December 1989 its Reserve Fund stood at \$ 1.82 million. At an average rate of 10%, this would yield only some \$ 180,000 of interest per annum which is insignificant in relation to ICDDR(B)'s annual expenditure of more than \$10 million. If donors can be found there would be considerable benefits to stability if an endowment fund could be built up sufficiently to be a source of bridging finance for key operations in short term funding difficulty.

B. Expenditure

Every organisation has certain costs which are "fixed": i.e. they tend to remain unaffected by short or even medium term changes in income or level of activity. The proportion of total expenditure which is fixed determines the ability to respond to a sudden reduction in income and may determine whether adverse circumstances can be survived.

1. Salary costs

Over the years 1987 to 1989, local salary costs have increased from 49 to 58% of total costs. Local and international salaries and emoluments constitute some 71% of the annual costs of 1989 and 1990 (excluding depreciation). Apart from the costs of personnel hired on coterminus contracts for specific projects, these salary costs are largely fixed, at least in the short term. This cost structure is one of the major reasons why ICDDR(B), notwithstanding other cost reduction measures that it may adopt, is likely to face continuing financial crisis unless its over-staffing is tackled.

Salary increases must be kept within the limits of the Centre's long or at least medium term projected financial resources. However, the salary structure of ICDDR(B) is governed by the Ordinance under which the "salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations organizations in Bangladesh". "Comparable" has been historically treated as generally synonymous with equal, creating fundamental and inherent destabilising factor in the Centre's financial viability. This assumed "obligation" to award pay increases without systematic consideration of their implications for the financial stability and viability of the Centre deprives management of the ability to control the largest element of its costs. Over recent years, the financial constraints have in fact prevented the award of identical salaries to those of the UN in Bangladesh. However, unless the word "comparable" is re-interpreted or a change in the relevant clause of the Ordinance negotiated, this assumed obligation could lead to continuing difficulties.

Not only have local salary costs been the single largest category of the Centre's costs, but also the category which has increased at the fastest rate. Although 1990 local salary costs (\$6.19 million) are budgeted to be 5% less than those of 1989 (\$6.50 million) this figure is still some 65% higher than the 1987 cost (\$3.76 million). International salary costs, on the other hand, after relatively modest increases in 1988 (when additional personnel were recruited) and 1989, appear to be decreasing. International salary costs in 1990 are expected to form only 12% of the total expenses compared to 16% in 1987. The continuing difficulty of attracting top level international personnel is discussed elsewhere.

Although ICDDR(B)'s principal resource is manpower, the Centre surprisingly has no systematic procedures for reviewing and assessing the efficiency of its personnel against objectively determined efficiency indicators such as cost per patient, cost per test or maintenance cost per vehicle. Cost efficiency practices are already used for community health workers and appear to be beginning elsewhere in the Centre. However, the use of efficiency indicators should be extended wherever possible throughout the Centre.

2. Other costs

"Other costs", after a sharp increase in 1988 to \$3.63 million (1987: \$2.74 million) decreased by 9% in 1989 and will be reduced by a further 6% (to \$3.10 million) in 1990. Where productivity is low, "other costs" need to be carefully examined to ensure that it is not due to shortage of supplies etc.

3. Core expenditure

ICDDR(B) does not appear to have developed a satisfactory definition of core (or non-project) costs. The situation has been made more complicated by the widespread use of a multiplicity of terms such as restricted core, unrestricted core, earmarked or unearmarked central funds and earmarked or unearmarked project funds. The resulting confusion can be seen in a comment made in a document prepared for the Board of Trustees (Finance Committee, May 30, 1988) which states 'As a matter of fact, the word "core" cannot be easily defined. What is "core expenditure" one year can become "project expenditure" the following year, but it is still not "central funding". This can be defined as money that, in terms of accrual budgeting, the Centre can consider as its property without having to spend it.'

Other factors which have added to the confusion include the following: core includes both administrative and scientific support; significant numbers of personnel who may be working for a project at any particular time are core employees; ICDDR(B)'s current systems of accounting and reporting show the costs of these personnel as part of the project costs. The gross cost of core is therefore understated only to increase dramatically when the project activities conclude and the persons employed in a project return to the core. Recoveries of core costs made from projects can also mask the real costs of core activities. The standard reports of ICDDR(B) do show the core costs both before and after recoveries. From a cost control point of view, it is however the gross costs of the core activities that should be clearly identified and monitored. In order that ICDDR(B) may analyse, control and monitor core expenditure more effectively and also make a strong case for donor support for such expenditure, core expenditure must be precisely and unambiguously defined, clearly specifying the constituent elements of core and project expenditure and other related terms. Gross and net

core expenditure (i.e. before and after recoveries) must be separately reported and monitored in order to ensure that core expenses do not increase in the years when project activities rise, only to become an unbearable burden when such activities conclude.

In view of the difficulties in obtaining donor funding for core expenditure, it is important that strict control is exercised over the definition as well as the expenditure of "core" funds and that continued efforts are made to minimise/reduce both their absolute size and their ratio to the total expenditure. In practice an analysis of the financial records reveal that the trends have been the opposite. Core expenditure has been increasing every year from 1987 (\$3.496 million) to 1989 (\$4,700 million) and is projected to increase again in 1990 (\$4.967 million). This is mainly due to the salary increases discussed above; and the numbers of staff whose costs were re-allocated to core.

Because of a projected reduction in donor support, the Centre has budgeted for a total expenditure in 1990 (\$12.074 million) which is lower than 1989 (\$12.336 million). This reduction is in project costs and not in the core costs. In other words, the proportion of the total expenditure that is regarded as core is tending to increase. Thus, "core" expenditure was 36% of the total expenditure in 1988 and is projected to be 43% of the total expenditure in 1990, partly because of reduced recoveries from projects.

One of the effects of this overall operational cost escalation is that the costs of all support departments have become unrealistically high and the Centre cannot fully recover these costs from the various projects they serve. Cost reduction and utilization controls are both necessary if the support services are to be self-supporting from project re-imburements.

4. Balance of expenditure

There is clear need to reduce expenditure overall to balance the current deficit which, although it may be contained in 1990, would be increasing sharply if all the international scientist post desirable for full utilisation of the opportunities for research at ICCDR(B) - particularly in the field - were in post. There is equally (or coincidentally) a need to decrease the ratio of support to research expenditure and as 70% of expenditure is salaries and wages, the reductions will have to be in personnel costs.

In the Financial Requirements for 1990 in the Strategic Plan, one third of the requirements is designated for "Research Priorities" and two-thirds for clinical, technical and administrative support activities (Annex 3).

To achieve the necessary changes there should first be a full and frank explanation of the Centre's survival problems to all

the staff, to the Government of Bangladesh and, in more summary terms, coupled with an account of past achievements and future plans through the media, to the general public in Bangladesh. This should be followed by the introduction of earlier retirement and a stringent job review (Section V).

Following such a review, the personnel structure should be rationalised so as to ensure that personnel costs form a lower proportion of total costs, and that ICDDR (B) is better able to respond to changes in the volume of project activities quickly and effectively. The emphasis should be on contracting out as many service functions as possible. The rationalisation process should also address the possibility of discontinuing the current policy of automatic annual salary increases; of introducing a system of salary increases based solely on merit; and of salary increases and promotions being subject to the approval of an inter-divisional committee.

Of the general categories of support costs, some 24% of total projected expenditure (Annex 3) is devoted to the provision of health care. At Dhaka and Matlab together, free treatment is provided to over 80,000 patients per annum - the cost since 1979 in Dhaka alone being over \$ 7 million. Only 7% of the patients admitted to the Dhaka hospital are used in research. We recommend that consideration is urgently given to persuading the Bangladesh Government to ask donors to provide at least for the Dhaka hospital and associated diagnostic services from bilateral aid funds put at its disposal.

VIII.

STRUCTURE AND MANAGEMENT

A. Management

The financial and personnel structures appear in general to be good although there has been very poor implementation of personnel policies (Section VI). Administrative structures and procedures could benefit from further streamlining. Each Division and department should have a written statement of its goals and functions.

B. Senior Scientific Staff

The current critical deficiencies are mainly in the lack of senior internationally recognised Associate Directors (in the Community Health and Population Sciences Divisions, and shortly in Laboratory Sciences) to provide the Director with the scientific and fund-raising support he urgently requires.

Senior scientific staff appointed as Associate Directors will not themselves be able to carry out major personal research but should be mainly concerned with initiating, developing and directing programmes and projects and with providing the encouragement and protection needed by younger scientists, encouraging their recruitment, training, development and (where appropriate) retention. Associate Directors should have the

reputation and standing to attract research funds and international collaboration in research. The world of research funding is highly performance-dependent and the Centre's survival will depend critically on sustained high performance. Any formula for the future must optimise the recruitment and retention of scientists with original minds and high technical ability; and provide the stability they will need.

C. Communications and committees

There were, earlier, complaints of poor internal communication. With the arrival of Dr. Demissie Habte as Director, there appear now to be few grounds for complaint although continuing attention to maintaining contacts (especially with staff in the field stations) will be required. The Director has visited all parts of the Centre and met all the staff. There is a Consultative Management Committee with four representatives of each Division which meets 3-4 times a year to discuss matters of common concern and to advise the Council of Associate Directors and the Director. Each Division has a Divisional Committee of the scientific staff which meets monthly to review research protocols and new ideas, and at which research results and problems are presented. The Director and Associate Directors need to ensure that appropriate policy decisions are widely disseminated and that there is provision for staff views and reactions to be received and considered. Other major committees are as follows:

1. Ethical Review Committee (ERC)

Required by Clause 12(5) of the Ordinance, this committee has 11 external members (including representatives of the Bangladesh Medical Research Council and WHO; and 4 ICDDR(B) members nominated by the Director. It meets monthly when required. This appears to be an entirely necessary and satisfactory committee. It considers only protocols previously approved by RRC.

2. Research Review Committee (RRC)

This committee is charged with evaluating the scientific merit of protocols developed in the Centre in the light of opinions from external reviewers. It is chaired by the Director with two external members, the Associate Directors and 3 other internal members. It meets monthly or more frequently as necessary. In the past, the process of protocol approval was very long-drawn out and a cause of serious frustration. The process has recently been greatly streamlined and now appears satisfactory.

3. Programme Coordination Committee (PCC)

This committee is required by para 12(4) of the Ordinance. "for the purpose of coordination of research in Bangladesh... The Centre shall be supportive of, and

avoid actions prejudicial to the interest of research in similar fields carried out by other organisations in Bangladesh. A standing committee with representatives from the Government shall be set up for the purpose of coordinating research by the Centre with that of other organisations specifically in fertility and related fields in Bangladesh." This requirement has led to the development of a committee of at least 47 members (three trustees, the Director and Associate Directors of ICDDR(B) being members). It is a committee of representatives of Bangladeshi institutions (Universities, Institutes, etc) concerned with coordinating health related research and it appears to be concerned with ICDDR(B) only as one of these numerous institutions. It has a Standing Committee of 15 members, one of whom is the Director ICDDR(B); a Scientific Review Committee with no ICDDR(B) members which reviews collaborative protocols from national institutions; and a Management Subcommittee of which the Director (ICDDR(B) is Chairman. The effectiveness of such a cumbersome structure must be questionable but this is really a Bangladesh Government structure to which ICDDR(B) relates, rather than an ICDDR(B) structure despite its being set up by the Ordinance.

The PCC found that there was a dearth of research personnel in national institutions and an acute shortage of funds to support their research. ICDDR(B) was therefore asked to assist in strengthening the research capability of relevant national institutions and to help them to obtain research funds. Collaborative research proposals with staff of ICDDR(B) are processed through RRC and ERC and funded by the Centre. Ten projects are currently being funded and are regarded as advantageous to the Centre's research. Staff of the ICDDR(B) also assist scientists in other institutions to develop proposals which were to be funded by PCC collaborative research funds for which however no source has been found. In 1987/88, ICDDR(B) funded two such projects at a cost of some \$54,000. In 1990, three collaborative projects will be funded by ICDDR(B) at a cost of some \$70,000.

D. The Director and Delegation of Authority

The task of the Director is an awesome one. With very limited support from the Board of Trustees and a good secretary, he is expected to run the Centre, recruit international and national staff, lead its research activities, maintain close relations with the donors, raise funds, maintain close relations with Bangladesh institutions and organise public relations, national and international. He cannot be expected to perform all these duties effectively without greater support from the Board of Trustees and without filling the Associate Director posts which are vacant.

The Director should be responsible to the Board and able to call on its members individually or collectively for advice or help. The Director's role should be defined as executive officer of the Board and it should be entirely clear that the Director is responsible for all the activities of the Centre, accountable for all its funds, that all staff working in the Centre are responsible to him, and that there will be no external interference in these relationships except with his explicit agreement. The success of the Director's role in creating an integrated research programme is critical for the future of the Centre.

The Director, while retaining ultimate responsibility, must have the power to delegate his authority as he considers necessary; such delegation should be defined in writing.

IX. COMMUNICATIONS AND PUBLIC RELATIONS

Only bad news tends to be news. For several years, the Centre has received more negative publicity than positive, particularly in the local press, where there are several unfavourable stories for each laudatory one. This has been as a result of personality and management problems rather than scientific activities. The quality of much of the science has remained excellent, but, in the public eye, has been overshadowed by other difficulties.

While the scientific community knows that ICDDR(B) was responsible for the development of oral rehydration therapy (ORT) and of cereal-based oral rehydration solutions (ORS), policy makers of donor organisations frequently forget or ignore the origins of these major contributions to child survival. The demonstration that the older cholera vaccines were of no value in limiting transmission was a Centre contribution that drastically changed the practices of countries in regard to vaccination. Yet, the Centre receives no credit.

Within Bangladesh, much of the Centre's work is said to have no relevance, yet the government is adopting the community health worker model and other procedures developed at Matlab; and when epidemics of diarrhoeal disease occur it is quick to turn to the Centre for help.

These public relations problems must be urgently addressed by the Centre, but its leadership must recognise that scientists are not always the best communicators. The Centre should avail itself of the services of popular scientific writers to help disseminate its story. The Centre should hold open days to attract visits by government leaders. Consideration should be given to publishing a biennial report that presents not just the written word, but graphics and illustrations of the accomplishments of the Centre. This publication should be aimed at donors and potential donors, as well as at the scientific community.

The Centre should look to all forms of the media to improve its local and international recognition. A television programme that could be used on a regional basis in the South Asia region; a "NOVA" calibre international television programme; and magazine articles of the calibre found in "The National Geographic" are all possibilities. Opportunities should be sought to host international and regional conferences either alone or with other Bangladesh or international organisations.

A major scientific publication from the Centre is about to appear in the WHO Bulletin - the effect of measles immunisation on total mortality in children. This is one of the most significant findings for child survival in the past decade and should receive wide public as well as scientific attention.

All of the above require attention by the Director's Office, and require skills in dealing with external groups that do not exist at the present. Although many scientists react adversely to the popularisation of their research, it is a vital link in the development of additional resources and must be taken seriously.

Through the UN system of Associate Professional Officers, the secondment can be arranged of junior personnel with skills in a variety of areas. This mechanism should be explored as a possible source of a person skilled in public relations and popular science writing.

But more important than public recognition is the need to develop a much healthier relationship with the Government of Bangladesh. Although it has three representatives on the Board of Trustees, the relationship is more often adversarial than productive and the past history of conflicts between Directors and the Bangladeshi trustees undoubtedly continue to influence affairs. The new Director is taking positive steps to remedy this, but there is need for broader representation from the Bangladesh scientific community. We suggest that the Board should invite Bangladeshi scientists to participate in its meetings on matters that do not relate to personnel or budget (Section IV).

X. IN-COUNTRY RELATIONSHIPS

Through the Programme Coordination Committee and its Subcommittees (See Section VII C (3)), the Centre has relationships with most, if not all, relevant Bangladeshi institutions and collaborative research with several. The Centre also provides much training for Bangladeshis outside the Centre, almost 11,000 since 1980. Course training provided has included:

- a) Field management of diarrhoeal diseases: seventeen 10-day courses for 314 field supervisors: cost - \$22,761
- b) Postgraduate medical students: four 10-day courses for 41 students: cost - \$5,502

- c) Directors and Professors of Medical Colleges: two courses for 19 participants: cost - \$3,580
- d) Diarrhoeal Training Unit: two 5-day courses, 30 participants: cost - \$ 13,140
- e) Doctors at Mymensingh Medical Centre: cost - \$9,688
- f) Use/application of mini-micro computers: cost - \$ 4,061
- g) Management of Diarrhoea: 1-2 day courses. 2305 doctors and medical students
- h) Fellowships and individual training: 41 at a total cost to the Centre of about \$21,000.
- i) Epidemic Control Preparedness Programme: training plus technical assistance in 267 diarrhoeal outbreaks: cost - \$283,582.

In addition, the Centre provides information and library services to many Bangladesh institutions.

The Clinical Services Division collaborates with the Children's Hospital, Dhaka, the Department of Pharmacy, University of Dhaka, and the Bangladesh Institute of Rehabilitation in Diabetes, Endocrine and Metabolic Disorders. Laboratory Sciences Division has linkages with the University of Dhaka, the Institute of Postgraduate Medical Studies and a hospital in Mirzapur. The Population Sciences Division has strong linkage to the Bangladesh Bureau of Statistics.

The Extension Project is an operations research activity with the objective of strengthening the Bangladesh Government's health and family planning programmes. It has generated and transferred a wide range of policy-relevant findings and research to government programmes. It publishes a Briefing Paper Service to disseminate its findings.

XI. INTERNATIONAL RELATIONSHIPS

At the present time, the links with foreign scientific institutions are largely based on personal contacts and exchange of scientists with a limited number of institutions - London School of Hygiene and Tropical Medicine, Johns Hopkins University, Karolinska Institute etc. While these are beneficial, there is a need to establish closer ties with other research institutions with similar or complementary interests, particularly within South Asia and elsewhere in the Third World; and especially as the Centre's activities expand beyond diarrhoeal diseases.

XI. PREVIOUS RESEARCH REVIEWS

Clinical Sciences Division was reviewed by Professors Akbar, Bhan and Hamilton in November 1988. They noted the overcrowding in the hospital (which still persists) and recommended the provision of more space for a similar number of beds. They commended the Child Health Programme although it is unclear what role in research this plays in view of the great difficulties in follow up. They drew attention to the need for the staff to take initiatives in research rather than be driven by the donor or

external collaborator pressures; and for improved communication within the Centre. They considered the clinical duties of the clinical staff of the Centre (50 hours per week with one night on duty) to be excessive for people expected to do research. They recommended the appointment of a Visiting Professor to advance the teaching and promotion of research. Research output was adjudged low. They accepted the priorities of shigellosis and persistent diarrhoea but indicated that there should be greater use of the Matlab opportunities to examine the treatment of diarrhoea at the periphery and at household level. They made fairly detailed longer term recommendations for the research of the Division. The recommendations were generally accepted by the Division and implementation has been pursued subject to availability of funds.

Community Health Division was reviewed by Drs. Ghosh, Akhter and Kirkwood in June 1989. They pointed out the unique research potential of the major field research areas under demographic surveillance although they thought that the Matlab database was unnecessarily inaccessible. They drew attention to poor communication within the Division. They indicated lack of leadership, research perspective and research skills. "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 over committed and less experienced staff are under employed." They recommended substantial changes in the structure of the Matlab staff to meet changing needs. "The Division lacks skills in epidemiology, statistics and anthropology". However, they "identified a small core of junior Bangladeshi scientists with the potential to develop into first rate researchers, given the necessary encouragement and training." "The preventive aspects of diarrhoeal diseases and malnutrition, including social and infrastructural prevention, personal and environmental hygiene, hand washing, nutritional education, etc. need to be studied in greater depth." "A major change in the focus is recommended towards an intervention-related, implementation - related research, directed initially at infant feeding, hygiene, persistent diarrhoea and dysentery; involving urban slum as well as rural populations. We endorse these views and believe that with effective epidemiological leadership (at present lacking) the opportunities and potential for valuable research by this Division are exciting and could be very rewarding.

Laboratory Sciences Division was reviewed in March 1989 by a group of five members of the Board of Trustees with two external members. It recommended that the then fragmented Division should be unified and this has been done. Some of its research was judged of good quality but some could have been improved and some should not have been started. They were impressed by some of the staff and by the quality of the facilities; but considered the output of publications (15 per annum) insufficient. They recommended focus on acute watery diarrhoea, shigellosis and persistent diarrhoea. They considered that the local salary scales and considerable overstaffing made the costs of

research uncompetitively high. They suggested that the priorities of the Division were to provide firstly, state of the art diagnostic facilities for diarrhoeal diseases; secondly, laboratory expertise in support of all research projects in the Centre which require it; and thirdly, to address questions in microbiology and pathogenesis which can be addressed only where diarrhoea is endemic and epidemic. They strongly stressed training and staff development. The Division readily responded. The staff has since been reduced by nearly 100. Unification of the Division has been completed. A diarrhoeal surveillance system has been designed with CHD and will be focal point of LSD for the next five years and available for vaccine testing. Skills have been introduced in virology, molecular biology, parasitology and clinical immunology.

Population Sciences Division was reviewed in August 1989 by Professor Menken (and in November 1986 by Drs Ross and Ghosh). She stressed the needs for new job descriptions and for staff training and development. Accessibility of the demographic data should be improved and made available for research. Social science skills need to be recruited and developed. "High priority should be given to research on changes in the Demographic Surveillance System to make it less costly but retaining its accuracy and capacity for special studies. The feasibility of a rolling census should also be researched urgently." Other research priorities should include: methodological research on data collection systems; vital statistics in a rural area; development and analysis of data sets of existing information taking advantage of accurate data on living arrangements, ages, vital events, etc. "Publish an evaluation of Matlab - despite many years of data collection and research relatively little information about the project is easily accessible." The Centre's contributions to maternal and child health and to family planning should be similarly summarised and evaluated. The Division has responded by starting work on DSS and on a rolling census as recommended but current funding problems have inhibited progress. The same applies to job descriptions. However, the database should be up to date by the end of 1990.

XIII.

RECOMMENDATIONS

- 1) The Director's continuing excellent efforts to develop the Strategic Plan and control personnel costs as a means of addressing the financial state of the Centre must be strongly supported by the Board of Trustees, the donors and the Government of Bangladesh.
- 2) Through the accountability review process (Recommendation 6) the Strategic Plan must be regularly revised to identify areas of lesser importance to the mandate of the Centre and areas of support service that can be reduced, contracted out or eliminated; and to better define essential areas of research support that cannot be eliminated without destroying the scientific potential of the Centre.

- 3) Research plans for the future should lay greater emphasis on applied and operational research, for which the field areas offer such fertile opportunities.
- 4) The unique qualities of the Matlab field station and the DSS must be given high priority for budgetary support and continuity. Not only should these be protected from the budgetary standpoint, but no efforts should be spared to further open access to the data so that more investigators can test their hypotheses on existing data and propose plans for additional prospective research projects.
- 5 a) As vacancies occur on the Board of Trustees priority should be given to appointing members who are not only highly qualified as scientists and public health experts but who also have experience in managing research and public health programmes. We recommend that the Chairman should serve for 3 years; and that he/she should preferably be able to visit the Centre fairly frequently so as to develop a working relationship not only with the Director and his senior staff, but also with the Bangladeshi trustees and other members of the Dhaka scientific community.
 - b) The Bangladeshi trustees should take more advantage of their proximity to the Centre in order to get to know its staff and understand its activities so as to play a fuller role at the Board.
 - c) The Board should hold some of its meetings in circumstances which encourage more social interaction between the trustees.
 - d) When appropriate, Bangladesh scientists should be involved in the work of the Programme Sub-committee and invited to attend appropriate sessions of meetings of the Board.
- 6) There should be an annual Institutional Accountability Review conducted over two or three days by a Review Body comprised of representatives of those donors who wish to participate (particularly those contributing substantially to core funding) and representatives of the Board of Trustees, chaired by the Chairman of the Board of Trustees. This review should be part of, and perhaps largely replace, one of the two annual meetings of the Board of Trustees. Details are set out in Section III. Prior to the Institutional Review, each Division should be similarly reviewed in an internal accountability review by the Director in order to build up the integrated institutional report and plans.
- 7) If permissible, consideration should be given to negotiating a "Headquarters Agreement" as a schedule to the Ordinance clearing up some current ambiguities and providing, among other matters, for visas along the lines of the Headquarters Agreement of the International Jute Organization.

- 8) The feasibility of alternative structures for ICDDR(B) in the long term need to be examined: for example, the Centre could become a non-profit enterprise managed on business lines; or an organization sponsored by a group of international agencies.
- 9) Performance evaluation must be firmly and consistently applied with the active support of higher level supervisors, the Director and the Board of Trustees. At the same time, better use should be made of performance evaluation to reward exceptional performance.
- 10) Probationary periods must be strictly observed with adequate documentation of performance throughout the period. Persons not meeting the performance standards must not be retained. Since probationary periods can be extended beyond one year, this option should be exercised where necessary. Employees hired for project work must understand that their term of employment will not necessarily exceed the duration of the project and that conversion to core staff will be rare, not usual.
- 11) Consideration should be given without delay to implementing retirement arrangements in line with Bangladesh Government policy i.e. 25 years service or age 57 whichever is earlier.
- 12) Donor support for the compensation of those required to retire before age 60 should be sought since it is in the interest of all to improve the over-all functioning of the Centre.
- 13) A Division by Division, unit by unit review should be conducted by either a small outside team to determine the necessity of each function and the ideal staffing pattern (numbers and grades) to carry it out.
- 14) We give very high priority to ensuring that the current severe difficulties in recruiting international scientific staff are resolved as soon as possible. We recommend payment of a housing allowance. Attention is necessary not only to questions of salaries and allowances but also to further establishing a satisfactory working environment.
- 15) Following a stringent job review (see Section V), the personnel structure should be rationalised with a view to ensuring that personnel costs form a lower proportion of total costs in order that ICDDR (B) may respond to changes in the volume of project activities quickly and effectively.
- 16) The use of efficiency indicators should be extended wherever possible throughout the Centre.
- 17) In order that ICDDR(B) may analyse, control and monitor core expenditure more effectively and also make a strong case for donor support for such expenditure, core expenditure must be precisely and unambiguously defined, clearly specifying its constituent elements. Gross and net core expenditure (i.e. before and after recoveries) must be separately reported and monitored in order to ensure that core expenses do not increase in the years when project activities rise, only to become an unbearable burden when such activities conclude. Cost reduction and utilisation controls are necessary if the support services are to be self-supporting from project reimbursements.

- 18) We recommend that consideration is urgently given to persuading the Bangladesh Government to ask donors to provide at least for the Dhaka hospital and associated diagnostic services from bilateral aid funds put at its disposal.
- 19) Priority should be given to restoring the Director's ability to fund start-up or small projects from discretionary funds.
- 20) The Centre must develop long range plans for financial support from an expanded mix of funding bodies including foundations and trusts that support research.
- 21) If a donor or donors can be found there would be considerable benefits to stability if an endowment fund could be created, sufficient to provide bridging finance for key operations in short term funding difficulty.
- 22) A small investment in an institutional development specialist to assist in fund raising is recommended.
- 23) The Director should be responsible to the Board and able to call on its members individually or collectively for advice or help. The Director's role should be defined as executive officer of the Board and it should be entirely clear that the Director is responsible for all the activities of the Centre, accountable for all its funds, that all staff working in the Centre are responsible to him; and that there will be no external interference in these relationships except with his explicit agreement. The success of the Director's role in creating an integrated research programme is critical for the future of the Centre. The Director, while retaining ultimate responsibility, must have the power to delegate his authority as he considers necessary; such delegation should be defined in writing.
- 24) The Director and Associate Directors need to ensure that appropriate policy decisions are widely disseminated and that there is adequate provision for staff views and reactions to be received and considered.
- 25) We emphasise the need to develop more meaningful communications with the Government of Bangladesh so that the work of the Centre can be better understood.
- 26) The Centre should look to all forms of the media to improve its local and international recognition.
- 27) The mechanism through the UN system for Associate Professional Officers should be explored as a possible source of a person skilled in public relations and popular science writing.
- 28) There is a need to establish closer ties with other research institutions, national, regional and international, with similar or complementary interests. This is of particular importance as the Centre's activities expand beyond diarrhoeal disease.
- 29) There is need for broader involvement of the Bangladesh scientific community in the work of the Centre. [See also Recommendation 5(c)]
- 30) There is no need for additional external scientific reviews at least until the key international scientist vacancies have been filled and there has been sufficient time to evaluate the effectiveness of the Strategic Plan and the proposed accountability review process.

TERMS OF REFERENCE

Relevance of the Centre's mandate, its internal consistency and interpretation with respect to present national/global health needs and activities.

Relevance of the present ordinance, its strengths and limitations in relation to smooth operation of the Centre.

Effectiveness of current institutional structure and management in fulfilling the mandate of the Centre.

Division and delegation of authority; Board, Director, Associate Directors, Scientists, Senior and mid-level management, etc.

Personnel policies, procedures and relevance of present salary structure in relation to environmental needs and constraints.

Staffing process, development of their skills, motivation, etc.

Financial needs of the Centre in relation to its mandate and requirement for long term viability of the Centre.

Centre's fund raising potential capabilities and analysis of efforts.

Cost-effectiveness of the Centre's programmes/projects.

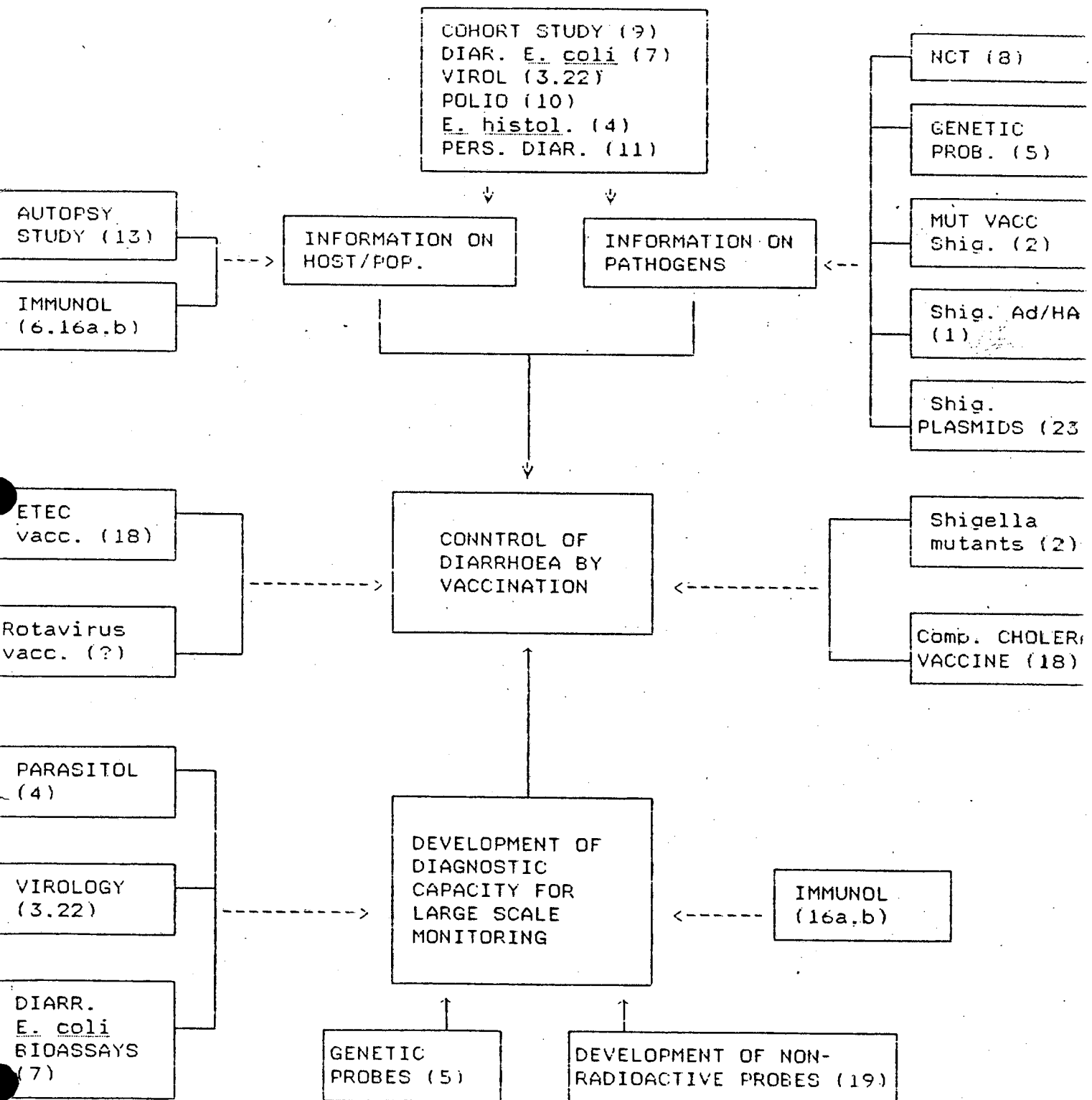
Relationship with the ministries, government departments and other autonomous training/research institutes.

Image with media, people's representatives, elites and beneficiaries.

Communication between the Centre and the donors.

Status and feasibility of strategic plan in relation to the Centre's mandate, resources, capabilities, etc.

Review of past reviews of last 3 years to prepare a summary and to identify and prioritize needs for further review of scientific/service issues and draw up a plan along with selection of team members accordingly.



ICDDR(B)
FINANCIAL REQUIREMENTS
STRATEGIC PLAN - 1990

RESEARCH PRIORITIES	CLINICAL SCIENCES DIVISION	LABORATORY SCIENCES DIVISION	COMMUNITY HEALTH DIVISION	POPULATION SCIENCES DIVISION	DIRECTORS OFFICE	EXTERNAL RELATIONS OFFICE	SUPPORT SERVICES DIVISION	TOTAL
Invasive Diarrhoea	295,215	478,320	0	0	0	0	0	773,535
Persistent Diarrhoea	144,723	107,915	0	0	0	0	0	252,638
Watery Diarrhoea	157,724	333,354	0	0	0	0	0	491,078
Nutrition	225,650	0	115,299	0	40,000	0	0	380,949
Maternal Health & Child Survival	129,461	0	636,694	868,148	0	0	0	1,634,303
Population Studies	0	0	137,683	478,000	0	0	0	615,683
Subtotal	952,773	919,589	889,676	1,346,148	40,000	0	0	4,148,186
Health Care Services	1,654,124	0	1,075,451	0	0	0	0	2,729,575
Technical Support	0	788,806	85,812	681,873	56,094	395,512	0	2,008,097
Training	0	0	0	0	0	134,672	0	134,672
Central Management & Administration	27,428	0	11,814	0	593,793	167,876	1,256,433	2,057,344
Capital	34,416	10,000	22,600	17,250	100,000	13,000	3,200	200,466
Depreciation (Pool Asset)	0	0	0	0	0	0	0	371,093
TOTAL BUDGET	2,668,741	1,718,395	2,085,353	2,045,271	789,887	711,060	1,259,633	11,649,433

PROJECTED FINANCIAL STATUS OF ICDDR(B) IN 1996*

	1990 Budget			Projected An. Savings/Changes In 1996 (At 1990 Prices)			Projected 1996 Budget (At 1990 Prices)			Projected 1996 Budget (Adjusted for Inflation)		
	Core	Project	Total	Core	Project	Total	Core	Project	Total	Core	Project	Total
INCOME												
Central Funds	1,920		1,920	1,025		1,025	2,945	0	2,945	4,418	0	4,418
Project Funds	1,410	6,118	7,528		612	612	1,410	6,730	8,140	2,115	10,510	12,625
	3,330	6,118	9,448	1,025	612	1,637	4,355	6,730	11,085	6,533	10,510	17,043
EXPENDITURE												
Local Salaries	2,962	3,229	6,191	(1,259)	(646)	1,905)	1,703	2,583	4,286	2,282	3,461	5,743
Inter Salaries	423	848	1,271		283	283	423	1,131	1,554	749	2,002	2,751
Consultants	9	293	302			0	9	293	302	16	519	535
Mandatory Comm	134	0	134			0	134	0	134	237	0	237
Travel	66	174	240			0	66	174	240	117	308	425
Supply & Materials	597	574	1,171			0	597	574	1,171	1,057	1,016	2,073
Other Contract Serv	567	690	1,257	200	300	500	767	990	1,757	1,358	1,752	3,110
Interdepart Serv	613	763	1,376			0	613	763	1,376	858	1,068	1,926
Depreciation	961	22	983			0	961	22	983	1,000	30	1,030
Total Operating	6,332	6,593	12,925	(1,059)	(63)	(1,122)	5,273	6,530	11,803	7,674	10,156	17,830
Less: Recoveries	1,476	0	1,476			0	1,476	0	1,476	2,066	0	2,066
Net Operating	4,856	6,593	11,449	(1,059)	(63)	(1,122)	3,797	6,530	10,327	5,608	10,156	15,764
Capital Exp	111	89	200	189	111	300	300	200	500	531	354	885
Total Exp	4,967	6,682	11,649	(870)	48	(822)	4,097	6,730	10,827	6,139	10,510	16,649
Surplus/(Deficit)	(1,637)	(564)	(2,201)	1,895	564	2,459	258	(0)	258	394	0	394
=====												
Cash Surplus/ (Deficit) (excl depreciation)	(676)	(542)	(1,218)	1,895	564	2,459	1,219	22	1,241	1,394	30	1,424
=====												

* Assumptions in attached notes

Notes to Annex 4
ASSUMPTIONS ON WHICH PROJECTIONS ARE BASED

INCOME

1. Bilateral aid funds will be available to fund the costs of the Dhaka hospital. The budgeted cost for 1990 is \$1.366. After the various cost reduction measures this will decrease to 75% of its present level (75% of \$1.366 million = \$1.025 million).
2. The donors will maintain the current level of core and project funding and increase the contributions at the rate of 7% per annum (compounded). In addition project funding will be available for
 - a) the additional project costs arising as a result of recruiting more senior international scientists, and
 - b) the deficit of \$564,000 in project activities projected in the 1990 budget. If such additional amounts are not available these project activities will cease and further cost reduction measures will be undertaken and the above costs will not be incurred.

EXPENDITURE

3. Local salaries (at 1990 prices) will be reduced as follows:

a) CORE

Change in retirement policy (244 persons) 913
(Approximately 10% of the 244 persons are assigned to project but are core employees. In these computations the savings on these persons have been shown in core for the sake of simplicity.

The \$913,000 represents the savings in the net salaries of these persons. The gross salaries or the actual savings to ICDDR(B) are likely to be some 35% or \$319,000 higher. It is estimated that any replacement of the retiring employees would not cost more than this amount.

Increase in efficiency 173
(10% of the 1990 salaries less gross savings on retirements)

Use of contracted services 173
(10% of the 1990 salaries less gross savings on retirements)

TOTAL 1,259
=====

b) PROJECT

Increase in efficiency (10% in the 1990 salaries)	323
Use of contracted services (10% of the 1990 salaries)	323
TOTAL	<u>646</u>

- =====
4. International salaries (at 1990 prices) will increase by 33% as a result of hiring additional senior scientists.
5. Cost of contracted services will increase, as a result of increased use of such services, by \$200,000 and \$300,000 for core and project activities respectively.
6. Capital expenditure of approximately \$0.5 million per annum will be incurred in order to maintain and expand the operating capability of the Centre.

INFLATION

7. As mentioned above, funding will increase by an average annual rate of 7%.
8. Local salaries will increase, based on merit, at an average annual rate of 5%.
9. International salaries will increase, based on merit, at an average annual rate of 10%.
10. Interdepartmental costs and recoveries will increase at an average annual rate of approximately 6%.
11. Depreciation will increase marginally because of additional capital expenditure.
12. All other costs will increase at an average annual rate of 10%.
13. The computations are based on the compounded effect of all the annual increases mentioned above.

Informal meeting to discuss External Review of the International Centre for Research on Diarrhoeal Diseases, Bangladesh (April 1990)

The above meeting took place in WHO headquarters on Friday 18th May 1990. A list of participants is attached.

The meeting generally endorsed the sense of the report and commends it to the Board of Trustees for detailed study and further action. Meeting participants recognised that the Centre's scientific work is sound and will continue to be needed but that some further prioritisation is necessary. They welcomed the initial efforts made to do this in the strategic plan but felt that some further work is necessary to develop a more tightly defined operational plan. The latter should serve as the basis against which a staffing profile for the Centre needs to be developed. A major rationalisation of staff will be necessary and the director should be given responsibility to develop an operational plan with the target of extinguishing the centre's cumulative deficit and showing a positive end-of-year balance by the end of 1996.

In order to do this the meeting recommends that the director be asked to present to the November 1990 Board of Trustees a management plan including both programme and financial components which clearly specifies annual goals and objectives against which practical progress can be measured each year by the Board of Trustees, management and donors. We believe that this annual review process should enable donors to determine the level of their support in subsequent years and provide a more secure funding base for the Centre. The meeting noted that study - and appropriate follow-up of the external review's recommendations would help some donors maintain - or even increase - their support to the Centre.

Donors would welcome a report of the Board's discussion on the review and proposals for follow-up action.

AD HOC MEETING OF ICDDR, B

DONORS

<u>NAME</u>	<u>ORGANIZATION</u>
TIMOTHY ROTHERHEL	UNDP
DAVID SENCER	CONSULTANT
Ralph Henderson	WHO
Bashir Muntasser	UNFPA
Nancy Pielmeier	USAID
Marc Gedopt	Belgium
M. Hassain	Bangladesh
J. J. ANDERSSON	LINCEK
L. FREIJ	SAREC
Demissie Habte	ICDDR, B
Bansara Kelly	ODA
Jaw Rahmo	OBA
A. C. E. GUNDER SMITH	CONTRACT

7/BT/JUNE '90

FINANCE COMMITTEE REPORT

REPORT OF THE FINANCE COMMITTEE MEETING
HELD ON JUNE 03, 1990 AT 09:00 A.M.
VENUE: TRAINING LECTURE ROOM # I

Members Present: Dr. V.I. Mathan (Chairman of the Committee)
Dr. D. Habte (Director and Ex Officio)
Dr. P. Sumbung (Chairman of the Board)
Mr. M.K. Anwar (Member)
Dr. T. Wagatsuma (Member)
Dr. R.A. Henderson (Member)
Dr. A. Linberg (Trustee)
Mr. M.R. Bashir (Trustee)
Dr. J.R. Hamilton (Trustee)

Invited: Mr. John F. Winkelmann
Mr. M.R. Khalili
Dr. D. Mahalanabis
Dr. M. Strong
Mr. M.A. Mahbub

Donor Representative: Dr. Julian Lob-Levy (ODA)

1. Approval of the Agenda

The draft agenda was approved.

2. 1989 Audited Financial Statements and Auditor's Report

The Audited Financial Statements and Auditor's Report (7.a in full Board file) along with the Management response to the Auditors Constructive Service Letter - 1989 and the 1989 Management Letters were circulated. Adequate time was given for the members to study these documents. There was a long and thoughtful discussion and the Chief Finance Officer and the Director responded to the issues that were raised.

The Committee commended Centre Management for the prudent financial management which resulted in no overdraft at the end of the year, and a net cash deficit of only US\$ 33,000 (as opposed to the projected deficit of US\$ 245,000). This deficit was in the core area. The total income for the Centre, excluding capital of US\$ 912,000, was US\$ 11,258,000 and expenditure excluding depreciation of US\$ 1,045,000 was US\$ 11,291,000.

The various issues raised in the Management Letters from the auditors have been responded to by Centre Management. The Chairman of the Committee confirmed that he had spent time with financial management and that corrective action have already been initiated. The

Committee requested the management to ensure that adequate controls be put in place to ensure that problems pointed out are corrected or minimized to the extent possible.

The Committee resolved to forward the following to the Board for consideration and acceptance:

FIN. 1 Resolved to accept the audited Financial Statements for 1989 and the Auditors Report (7.a full Board file).

3. 1990 Budget Update (7.b full Board file)

An analysis of the Income and Expenditure budget for 1990 along with the actual expenditures for the first 4 months of the year are contained in Table 1 to 3 attached.

Income - Projected income for 1990 is US\$ 9,962,000. This is an increase of US\$ 514,000 from our December projection. Increased revenue will come from Arab Gulf Fund US\$ 300,000, ODA US\$ 114,000 and SDC US\$ 100,000.

CIDA has also further extended the DSS funding to March 1990 and provided an additional CAN\$ 250,000 for this. No agreement has been reached with the Dutch with respect to DSS funding. A Dutch mission is coming to ICDDR,B in mid May to further assess DSS for possible funding. With the CIDA funding, the Centre still needs an additional US\$ 750,000 for DSS for 1990. Funding from the Dutch for DSS is included in our revenue estimate, however, if this funding is not received the financial position of the Centre could be dramatically affected.

A detailed schedule of Contributions expected from the Centre's Donors is included as Table 3.

Expenditures - The Centre is projecting a reduction in local salary expenditures from that budgeted of US\$ 380,000 in non project areas. Based on expenditures for the first four months this level of savings should be achieved. The savings are primarily due to the hiring freeze imposed at the December Board Meeting. Staff members that are retiring or resigning from the Centre are not being replaced by way of new hiring. Also, positions that were included in the budget but were vacant have not been staffed. Savings in other areas of the budget

may also occur, however this is less predicatable but could be as high as US\$ 200,000, based on the current level of expenditures. See Table 1 and 2 for an analysis of expenditures for the first 4 months of 1990.

Deficit - The projected cash deficit is US\$ 324,000. This is a reduction of US\$ 884,000 from our projection at the December Board meeting. This reduction is due to both increased revenues and a reduction in the level of expenditures from that budgeted. This deficit projection will however be adversely affected by approximately US\$ 750,000, if no funding is received for DSS for the last 9 months of 1990. The cumulative cash deficit as at December 31, 1989 is US\$ 1,088,000. (See Graph 1).

Bank Balance - The Centre has not utilized any overdraft during the first 4 months and it is anticipated that no overdraft will be required to the end of June. Pending the outcome of funding for DSS, our overdraft requirements for the last half of 1990 should be minimal.

Committee Discussion

The Committee discussed the financial details as shown Tables 1-3 and Graph 1. Special attention was drawn to the fact that during the first four months of year 1990 only 26% of the budgetted expenditures had

been spent. While expenses during the first quarter are generally less than during the last quarter, this points to stringent management control over expenditure. Issues related to defining core and project expenditures were discussed and it was suggested that the Director and senior management address these issues and report back. It was felt that the Centre "Core" should refer to "Core functions" "Core objectives" "Core financing" and a definition incorporating all three elements needed to be worked out.

The Finance Committee decided to forward the 1990 Budget Update to the Board for information.

4. Appointment of Auditors

M/S Deloitte Haskins and Sells, Calcutta and Hoda Vasi Chowdhury & Co., Dhaka were the auditors for 1989. Management is recommending reappointing them as joint auditors for 1990 at a fee not to exceed US\$11,000 (as last year). Neither of these firms have conducted the audit for 3 continuous years.

FIN. 2 Resolved to recommend to the Board, that the audit firms, Deloitte Haskins and Sells, Calcutta and Hoda Vasi Chowdhury and Co., Dhaka be appointed auditors of the Centre for 1990 at a fee not to exceed US\$ 11,000.

5. Miscellaneous

5.1 Bank Overdraft

Centre's current overdraft facility with American Express Bank is at the level of US\$ 3.0 million. Due to the uncertainty in funding from donors this facility needs to be continued. Board's approval is requested to renew existing agreement with American Express Bank.

FIN. 3 ~~Resolved to recommend to the Board that the Bank~~
Overdraft facility of US\$ 3.0 million with American
Express, be renewed for one year.

5.2 Work Plan - 1990

The Chairman drew the attention of the members of the Committee to Annual Work Plan 1990 prepared by the Finance Division in keeping with the strategy of the developing an annual work plan for the Centre.

TABLE - 1

INCOME AND EXPENDITURE FOR 1989 AND 1990
(In thousand US Dollars)

	Actual 1989	Budget 1990	Increase Over 1989	Actual Jan - Apr 1989	Actual Jan - Apr 1990
A. Income					
Central Funds	16% 1,873	20% 1,920	3%		
Project Funds (Direct Cost)	71% 8,376	66% 6,268	-25%		
Project Funds (Indirect Cost)	13% 1,548	13% 1,260	-19%		
Total Income	100% 11,797	100% 9,448	-20%		
B. Expenditure					
Local salaries	50% 6,501	53% 6,191	-5%	34% 2,243	31% 1,890
International salaries	11% 1,480	11% 1,271	-14%	38% 511	27% 346
Consultants	2% 237	3% 302	27%	25% 82	10% 30
Mandatory committees	1% 128	1% 134	5%	15% 17	4% 6
Travel	3% 350	2% 240	-31%	24% 77	13% 32
Supply and materials	10% 1,226	10% 1,171	-4%	33% 409	17% 197
Other contractual services	11% 1,367	11% 1,257	-8%	19% 281	18% 229
Interdepartmental services	11% 1,399	12% 1,376	-2%	38% 561	25% 345
Depreciation	8% 1,045	8% 983	-6%	33% 333	33% 326
Total Operating	107% 13,733	111% 12,925	-6%	32% 4,514	26% 3,402
Less: Recovery	14% 1,770	13% 1,476	-17%	43% 695	29% 422
Net Operating	93% 11,963	98% 11,449	-4%	31% 3,819	26% 2,980
Add: Capital expenditure	7% 912	2% 200	-78%	29% 289	4% 7
Total Expenditure	100% 12,875	100% 11,649	-10%	31% 4,108	26% 2,987
C. Surplus/(deficit)	(1,078)	(2,201)			
D. Surplus/(deficit) before depreciation	(33)	(1,218)			

TABLE - 2

BUDGET REVIEW: JANUARY TO APRIL 1990 (IN THOUSAND US DOLLARS)

	BUDGET APPROVED FOR 1990				ACTUAL EXPENDITURE JAN TO APR 1990				BALANCE FOR MAY TO DEC 1990							
	CORE	CORE RES	PROJ RES	TOTAL	CORE	CORE RES	PROJ RES	TOTAL	CORE	CORE RES	PROJ RES	TOTAL				
A. INCOME:																
CENTRAL FUNDS	1,920			1,920												
Increase	114			114												
PROJECT FUNDS(DIRECT)	150	1,631	4,487	6,268												
Increase	150	250		400												
PROJECT FUNDS(INDIRECT)	1,260			1,260												
TOTAL INCOME	3,330	1,631	4,487	9,448												
Increased Total Income	3,594	1,881	4,487	9,962												
B. EXPENDITURE:																
LOCAL SALARIES	2,962	947	2,332	6,191	29%	853	26%	222	34%	814	31%	1,890	2,109	625	1,568	4,301
Targetted reduction	(296)	(84)		(380)									(296)	(84)		(380)
INTERNATIONAL SALARIES	423	501	347	1,271	24%	101	32%	158	25%	86	27%	346	322	343	261	925
CONSULTANTS	9	214	9	302	0%	0	4%	9	27%	21	10%	30	9	205	58	272
MANDATORY COMMITTEE	134	0	0	134	4%	6		0		0	4%	6	128	0	0	128
TRAVEL	66	13	161	240	15%	10	8%	1	13%	21	13%	32	56	12	140	208
SUPPLIES & MATERIALS	597	200	374	1,171	16%	96	14%	29	17%	72	17%	197	501	171	302	974
OTHER CONTRACTUAL	567	68	622	1,257	21%	119	31%	21	14%	90	18%	229	449	47	532	1,028
INTERDEPARTMENTAL	613	309	454	1,376	26%	159	14%	44	31%	142	25%	345	454	265	312	1,031
DEPRECIATION	961	19	3	983	32%	305	63%	12	200%	6	33%	326	656	7	(3)	657
TOTAL OPERATING	6,332	2,171	4,422	12,925	26%	1,648	23%	496	28%	1,252	26%	3,402	4,082	1,806	3,516	9,403
RECOVERY	1,476		1,476		28%	418		3		1	29%	422	1,058	(3)	(1)	1,054
NET OPERATING	4,856	2,171	4,422	11,449	25%	1,230	23%	493	28%	1,251	26%	2,980	3,024	1,809	3,517	8,349
CAPITAL EXPENDITURE	111	24	65	200	-46%	(51)	96%	23	52%	34	4%	7	162	1	31	193
TOTAL DIRECT COST	4,967	2,195	4,487	11,649	24%	1,179	24%	516	29%	1,285	26%	2,987	3,186	1,810	3,548	8,542
Reduced Total Cost	4,671	2,111	4,487	11,269									2,890	1,726	3,548	8,162
C. DEFICIT																
	(1,637)	(564)	0	(2,201)												
Revised Deficit	(1,077)	(230)	0	(1,307)												
Revised Cash Deficit	(116)	(211)	3	(324)												

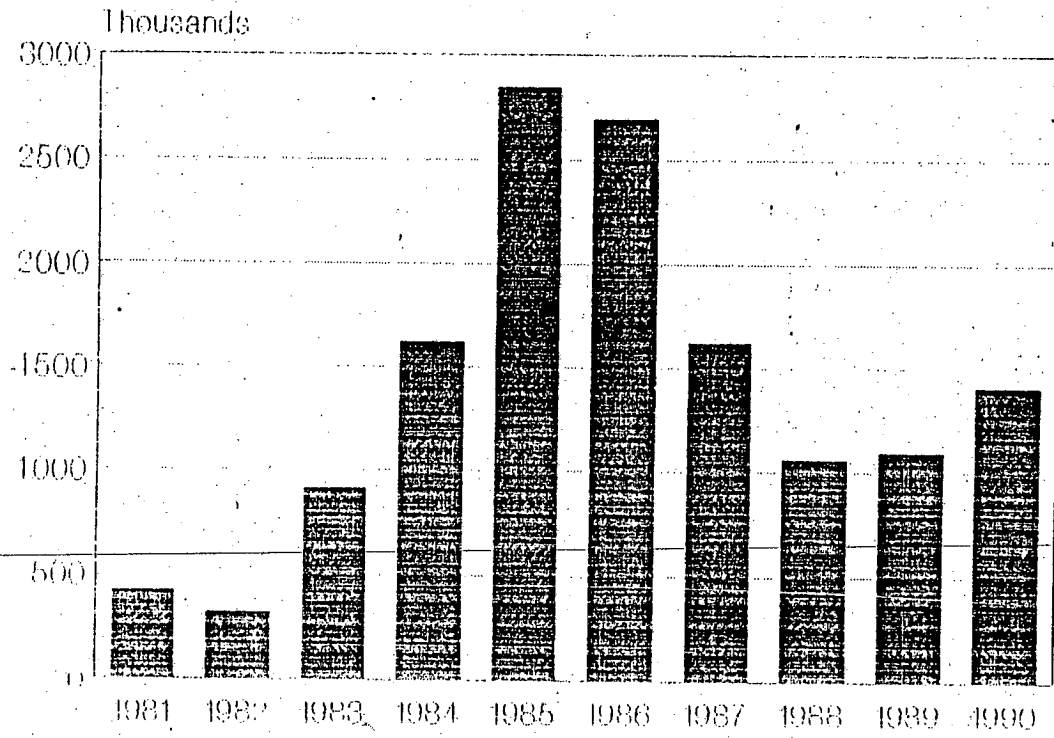
TABLE - 3

INCOME 1990

DONOR NAME	CENTRAL	CORE RES.	PROJ. RESEARCH	TOTAL PROJECTED	1989
CENTRAL FUNDS:					
AUSTRALIA	196,000			196,000	192,000
BANGLADESH	30,000			30,000	30,000
BELGIUM	30,000			30,000	30,000
SAUDI ARABIA				0	0
UNITED STATES - AID	300,000			300,000	300,000
SWITZERLAND	700,000			700,000	709,000
SWEDEN - SAREC	150,000			150,000	75,000
UNITED KINGDOM - ODA	378,000			378,000	253,000
UNICEF	250,000			250,000	250,000
TOTAL	2,034,000		0	2,034,000	1,839,000
PROJECT FUNDS:					
AGA KHAN FOUNDATION					60,000
ARAB GULF FUND	150,000	150,000		300,000	
AUSTRALIA				0	27,194
BAYER	20,836		67,212	88,048	30,000
BELGIUM	125,164		124,836	250,000	296,035
CIDA - TRAINING	4,061		13,100	17,161	80,000
CIDA - DSS	50,000		200,000	250,000	1,081,583
ICRC	4,612		41,927	46,539	24,000
DANIDA	32,550		193,588	226,138	436,819
SEARLE	6,101	19,680		25,781	22,791
FORD FOUNDATION	9,191		61,270	70,461	130,707
IBRD/WORLD BANK				0	1,264
JAPAN	75,000	288,877	16,123	380,000	465,088
NORAD	68,797		249,203	318,000	324,000
NETHERLANDS	83,557	45,115	645,263	773,935	123,660
SDC - DISC & OTHERS		100,000	126,355	226,355	385,540
SAUDI ARABIA				0	32
UNDP/WHO	70,000	230,000		300,000	370,626
UNITED STATES:				0	
COOPERATIVE	150,000	1,050,000		1,200,000	2,089,107
UVP	236,971		947,882	1,184,853	1,103,408
MCH-FP	304,200		994,539	1,298,739	1,400,000
WELCOME TRUST				0	9,509
WUSC	169,239		650,761	820,000	824,000
WHO			151,473	151,473	241,144
FLOOD RELIEF					415,000
OTHERS					42,742
TOTAL	1,560,279	1,883,672	4,483,532 *	7,927,483	9,984,249
GRAND TOTAL	3,594,279	1,883,672	4,483,532 *	9,961,483 *	11,823,249

GRAPH - 1

CUMULATIVE CASH DEFICIT



ACTUAL FOR 1981 TO 1989 AND PROJ. 1990.

AUDITORS REPORT

1989 AUDITED FINANCIAL STATEMENTS
AND AUDITORS REPORT

The audited financial statements for 1989 are attached. The audit was completed and signed on March 29, 1990.

Total income for the Centre, excluding Capital of \$912,000 was \$11,258,000. Expenditures, excluding depreciation of \$1,045,000 were \$11,291,000 giving a cash deficit of \$33,000 for the year.

No deficit was incurred in the two project areas projected at the December Board Meeting. The small deficit occurred in the core areas.

The cumulative cash deficit of the Centre now stands at \$1,088,000 as at the end of December 1989.

AUDIT/BOT7a.DIR

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

REPORT AND AUDITED STATEMENTS OF ACCOUNTS

FOR THE YEAR ENDED DECEMBER 31, 1989


HODA VASI CHOWDHURY & CO.
Chartered Accountants

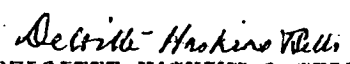
DELOITTE HASKINS & SELLS
Chartered Accountants

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

We have examined the Balance Sheet of International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) as of December 31, 1989 and the related statement of Income and Expenditure (Operating Fund) for the year then ended which are in agreement with the books of account maintained by the Centre and produced to us. Our examination was made in accordance with generally accepted auditing standards and, accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion and to the best of our information and according to the explanations given to us, the Balance Sheet and the Statement of Income and Expenditure together with the notes attached thereto, present respectively a true and fair view of the state of affairs of the Centre as at December 31, 1989 and the results of its operations for the year then ended.


HODA VASI CHOWDHURY & CO.
Chartered Accountants


DELOITTE HASKINS & SELLS
Chartered Accountants


Dhaka, March 29, 1990

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

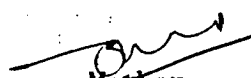
BALANCE SHEET AS AT DECEMBER 31, 1989

	Notes	1989	1988
FIXED ASSETS: Cost less accumulated depreciation	(3)	4,067,149	3,941,476
CURRENT ASSETS:			
Stock of stores and spares	(4)	472,415	480,597
Contributions receivable from donors	(5)	906,872	1,605,302
Advances, deposits and prepayments	(6)	436,890	1,052,006
Deposits with Bank against Reserve Fund	(7)	1,819,073	1,669,726
Cash and bank balances	(8)	966,022	792,092
		4,601,272	5,599,723
LESS: CURRENT LIABILITIES:			
Bank overdraft	(9)	-	1,255,496
Interest free loan	(10)	1,186,080	1,186,080
Contributions paid in advance by donors	(5)	1,063,897	1,436,109
Other current liabilities & Provisions	(11)	1,623,026	1,123,731
		3,873,003	5,001,416
NET CURRENT ASSETS		728,269	598,307
	US\$	4,795,418	4,539,783
FINANCED BY:			
Capital Development Fund	(12)	8,411,651	7,227,182
Operating Fund	(13)	(5,435,306)	(4,357,125)
Reserve Fund	(14)	1,819,073	1,669,726
	US\$	4,795,418	4,539,783

THE ATTACHED NOTES CONSTITUTE AN INTEGRAL PART OF THESE ACCOUNTS

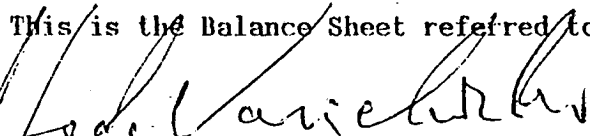



Director
ICDDR,B



Member
Board of Trustees

This is the Balance Sheet referred to in our report of same date.


HODA VASI CHOWDHURY & CO.
Chartered Accountants


DELOITTE HASKINS & SELLS
Chartered Accountants

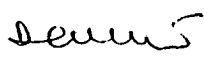
Dhaka, March 29, 1990

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

STATEMENT OF INCOME AND EXPENDITURE (OPERATING FUND)
FOR THE YEAR ENDED DECEMBER 31, 1989

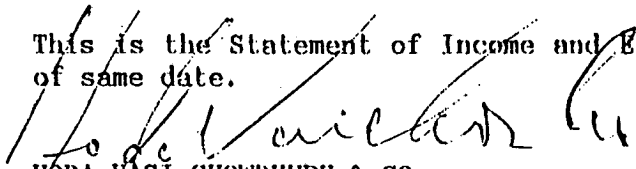
	<u>NOTES</u>	<u>1989</u>	<u>1988</u>
INCOME			
Contributions	(5)	11,797,755	11,015,367
LESS:			
Transferred to Capital Development Fund to the extent of capital expenditure	(12)	912,310	629,690
		-----	-----
		10,885,445	10,385,677
ADD:			
Exchange gains		53,807	61,294
Other receipts	(17)	318,829	435,146
		-----	-----
		11,258,081	10,882,117
EXPENDITURE			
Personnel salaries & benefits - local		6,501,523	5,362,859
Personnel salaries & benefits - international		1,480,027	1,319,442
Consultancy - Local & International		237,000	377,898
Mandatory Committee Meetings		128,428	75,371
Travel		350,272	468,148
Supplies and materials		1,226,072	1,569,688
Repairs and maintenance		89,984	100,406
Rent, communication & public utilities		322,984	288,837
Printing and publications		157,397	166,219
Other contractual services		797,287	588,015
Depreciation	(3)	1,045,288	862,159
		-----	-----
		12,336,262	11,179,042
DEFICIT OF INCOME OVER EXPENDITURE			
	US\$	(1,078,181)	(296,925)
		-----	-----


THE ATTACHED NOTES CONSTITUTE AN INTEGRAL PART OF THESE ACCOUNTS


Director
ICDDR, B


Member
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


DELOITTE HASKINS & SELLS
Chartered Accountants

Dhaka, March 29, 1990

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

STATEMENT OF SOURCES AND APPLICATIONS OF FUNDS
FOR THE YEAR ENDED DECEMBER 31, 1989

SOURCES	<u>1989</u>	<u>1988</u>
* Net Operating (Deficit)/Surplus	(30,840)	565,428
Increase in Capital Fund		
- Donors' Contribution utilised for capital expenditure	912,310	629,690
- UNCDF Restricted fund for construction of hospital at Matlab - Cash	258,266	526,420
- In kind	13,893	-
	1,184,469	1,156,110
Increase in Reserve Fund		
- Interest received on time deposits	71,663	66,587
- Interest accrued on time deposits	77,684	50,219
	149,347	116,806
Sale proceeds of fixed assets	1,837	3,178
	US\$ 1,304,813	1,841,522
	=====	=====
APPLICATIONS		
Additions to fixed assets	831,954	629,690
Increase in capital work-in progress	342,897	462,383
Increase in net current assets	129,962	749,449
	US\$ 1,304,813	1,841,522
	=====	=====
* CALCULATION OF NET OPERATING/(DEFICIT) SURPLUS		
Deficit as per the Statement of Income and Expenditure (Operating Fund)	(1,078,181)	(296,925)
Add - Depreciation charge for the year	1,045,288	862,159
- Loss on sale of fixed assets	2,053	194
	US\$ (30,840)	565,428
	=====	=====

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED DECEMBER 31, 1989

1. NATURE OF ACTIVITIES

The International Centre for Diarrhoeal Disease Research, Bangladesh (here-in-after referred to as the "Centre") was established in 1978 by an Ordinance of the Government of The People's Republic of Bangladesh to provide for the establishment of an international centre in Bangladesh with multinational scientific collaboration and financial contribution to conduct research in diarrhoeal diseases and directly related subjects of nutrition and fertility with special relevance to developing countries and for matters ancilliary thereto. The activities of the centre are mainly funded by various Governments and International organisations.

2. SIGNIFICANT ACCOUNTING POLICIES

- i) These accounts have been prepared on a going concern basis and in accordance with generally accepted accounting principles on historical cost convention.
- ii) The Statement of Income and Expenditure and the Balance Sheet of the centre are prepared in the manner as prescribed and approved by the Board of Trustees.
- iii) "Income" and "Expenditure" of the Centre for the year have been accounted for on an accrual basis except other receipts which are accounted for on cash receipt basis in conformity with the past practice.

iv) Contributions have been considered as income on the following bases.

(a) Core Funds have been accrued to the extent they relate to current period and those pertaining to future period have been carried forward.

(b) Project Funds received during the year but not expended have been carried forward as contributions received in advance. Correspondingly, amounts equal to the expenses incurred but not yet reimbursed by donors have been treated as contributions receivable.

v) Grants by way of various services rendered by the various Donor agencies have not been considered in these accounts.

vi) Fixed assets acquired upto August 1981 have been brought to account at material cost only. Subsequent to that date incidental expenses such as labour, freight, insurance etc. (excluding clearing charges) have also been taken into account in arriving at the cost of fixed assets.

Depreciation on fixed assets has been charged on the "Straight Line" method based on the estimated effective span of life of such assets.

vii) Stock of stores and spares are valued at Invoice price. Stores and spares issued to Stations and Service Centres other than Matlab Station are expensed and the stock of such items remaining unconsumed at the year-end considered immaterial are not included in the closing stock.

- viii) lease rentals arising out of lease of Building have been recognised as income on a straight line basis over the tenure of lease.
- ix) Currency conversion of non-US currencies to US Dollars
 - a) for advances, liabilities (except interest free loan), cash and bank balances and for other transactions during December the year-end exchange rate is applied.
 - b) for transactions except as above, for the year, month beginning exchange rates are applied.
- x) All assets costing US\$50 or below have been depreciated in full by way of one time depreciation charge.

3. FIXED ASSETS

PARTICULARS	C O S T				D E P R E C I A T I O N				Net Book value as at December 31, 1989
	At January 1, 1989	Additions during the year	Disposals /adjustment during the year	Total at December 31, 1989	At January 1, 1989	Charge for the year	Adjustments during the year	Total at December 31, 1989	
Land	71,362			71,362					71,362
Buildings	1,866,563	89,316		1,955,979	334,837	102,581		437,418	1,518,561
Vehicles	525,934	171,063	70,843	626,154	458,651	56,227	70,828	444,050	182,104
Furniture	405,725	13,844	3,554	416,015	273,236	66,834	2,969	337,101	78,914
Equipment	3,862,909	557,731	9,006	4,411,634	2,211,702	819,646	5,716	3,025,632	1,386,002
Capital Work in progress	487,309	429,376	86,479	830,206					830,206
1989	US\$ 7,219,902	1,261,330	169,882	8,311,350	3,278,426	1,045,288	79,513	4,244,201	4,067,149
1988	US\$ 6,140,418	1,092,073	12,589	7,219,902	2,425,484	862,159	9,217	3,278,426	3,941,476

- i) Two plots of land measuring 4.10 and 0.51 acres situated at Mohakhali (Dhaka) and Matlab (Chandpur) received as donations from the Government of the People's Republic of Bangladesh and a private individual respectively have not been valued and included in these accounts.
- ii) Cost of buildings includes an amount of US\$103,488 spent for use by the Centre on the extension of the Institute of Public Health building, owned by the Government of the People's Republic of Bangladesh and which is at present partly accommodating the Centre. It also includes an amount of US\$41,766 representing a Building let out on lease.
- iii) Capital work-in-progress includes the cost of a transformer (US\$24,926), installed in 1984, which could not be made operational due to non-availability of a required lubricant.
- iv) No provision for depreciation has been made upto December 31, 1982.
- v) Disposal of assets during 1989 includes an amount of US\$12,625 being the assets of Mirzapur Hand Pump Project Phase II, returned to the donor.

4. STOCK OF STORES AND SPARES

	<u>1989</u>	<u>1988</u>
Supply stores (including stores in transit US\$ 29,185; 1988 US\$ 54,643)	330,863	300,364
Maintenance stores	133,993	112,568
	<u>464,856</u>	<u>412,932</u>
Other assets in transit	7,559	67,665
	<u>472,415</u>	<u>480,597</u>
	US\$	

5. CONTRIBUTIONS

Donor	Advances/ (Receivable) as at 1.1.89	1989				1988 Income
		Received during the year	Receivable as at 31-12-89	Advances Carr- iedover to 90	Income for the year	
1	2	3	4	5	6	7
Core Funds:						
Australia		191,845			191,845	262,355
Bangladesh	(7,450)	37,288			29,838	30,340
Belgium	(24,045)	22,851	(49,929)		48,735	24,045
Switzerland		709,212			709,212	792,931
USA		300,000			300,000	275,000
UK		253,410			253,410	115,151
UNICEF		250,000			250,000	250,000
SARBC			(89,760)		89,760	
ICHF						2,649
Total Core funds (A)	(31,495)	1,764,606	(139,689)		1,872,800	1,752,471
Project Funds:						
AKP - Kenya & Honan Project	133,439	(69,582)		12,338	51,519	69,044
Australia- Mandipara Project	190				190	387
Australia-HBC study & Training		46,188		43,568	2,620	
Arab Gulf Fund	(235,440)	235,440				33,219
BRAC			(3,750)		3,750	
BOSTID/NAS	(12,771)	19,337			6,566	41,808
Belgium	158,931	137,104	(2,234)	22,469	275,801	147,552
Bayer Ag - Ciprofloxacin		122,000		87,519	34,481	
Canada						
CIDA - DSS	(228,633)	1,106,021	(237,237)		1,114,625	1,101,087
CIDA - Training	138,162	47,640	(2,476)	20,878	167,400	47,802
Case Western Reserve Univ.	(7,871)		(7,871)			192
Danida - CHP		662,957		225,574	437,383	511,989
Ford Foundation	133,894	39,226	(6,402)	31,998	147,524	176,285
French Embassy	14,964	11,445		16,138	10,271	15,012
IBRD/WB	(19,701)	25,110			5,409	144,404
IDRC-Infant mortality	(851)	5,366	(851)		5,366	
IDRC/ICDDR,B Fellowship		5,087		4,168	919	
DISC	(9,606)	57,629		26,601	21,422	50,913
ICHF - Training			(5,000)		5,000	7,840
Japan - CSD, LSD & TRN	85,088	380,000		150,170	314,918	224,912
Saudi Arabia	(406,300)	406,333			33	282,522
Kanton Hospital		9,880		9,880		
Miles Pharma.						12,918
Norway - NORAD-MCH/FP Matlab	214,842	395,913		289,000	321,755	271,497
Nestle						4,829
Norwich - Furazolidone	4,930			4,930		10
Netherlands Embassy	31,199	37,817	(42,537)		111,553	23,992
Sandoz Ltd.	4,000		(547)		4,547	
Searle - France	(7,209)	15,000	(20,299)		28,090	22,209

5. CONTRIBUTIONS

Donor	Advances/ (Receivable) as at 1.1.89	1989				1988 Income
		Received during the year	Receivable as at 31-12-89	Advances Carr- iedover to 90	Income for the year	
1	2	3	4	5	6	7
SDC - Training	(14,579)	14,579				
DISC, RDASD	(46,577)	432,117		54,076	331,464	46,577
Emergency relief						4,738
Swiss/Basel University	2,000				2,000	
UNDP/WHO	(229,374)	300,000	(290,790)		361,416	493,185
UNDP/WHO - GOPP Workshop		12,138	(5,217)		17,355	
UNESCO - Training		3,099			3,099	
UNICBP	383	6,000			6,383	31,782
USAID/W-Coop. Agreement	87,182	2,001,925	(63)		2,089,170	2,408,245
Child Health/UVP	232,061	947,121	(22,574)		1,201,756	647,922
MCH/PP Extension	(322,290)	1,704,160	(5,488)		1,387,359	1,243,326
Training-Jakarta						30,200
WUSC - MCH/PP & Matlab	(27,114)	689,662	(79,770)		742,318	598,993
Wellcome Trust - Zinc study	(5,491)	17,228			11,737	36,969
WHO	94,009	175,814	(32,478)	60,884	241,417	165,996
Others	252	5,140	(1,597)	3,707	3,282	629
Emergency Flood Relief:	100,583	354,474			455,057	363,911
Australian High Commission						
American Express Bank Ltd.						
Canadian High Commission						
Royal Danish Embassy						
Intl. Ladies B. Society						
Netherlands Embassy						
Switzerland						
BRC Flood Relief						
USAID						
Total Project Funds(B)	(137,698)	10,359,367	(767,183)	1,063,897	9,924,955	9,262,896
Grand Total (A+B) US\$	(169,193)	12,123,973	(906,872)	1,063,897	11,797,755	11,015,367
Capital Development Fund US\$						
UNCDF-Matlab Constr. US\$		272,159			272,159	526,420

5a. Contributions include US\$ 5,366 received during the year from IDRC which relates to expenditure incurred in 1985 on Infant Mortality Project.

5b. Transfer during the year of US\$ 912,310 to Capital Development Fund, includes capital expenditure of US\$ 25,357 relating to previous year.

6. ADVANCES, DEPOSITS AND OTHER RECEIVABLES

	<u>1989</u>	<u>1988</u>
Advances to employees:		
- Official	72,800	97,372
- Personal	69,305	68,680
- Flood	110	373,363
- Other	44,701	57,308
	<u>186,916</u>	<u>596,723</u>
Operating advances to Projects (include cash and bank balances of the projects US\$14,957 1988 US\$14,852)	32,846	29,882
Advances to Suppliers & Others	209,763	421,673
Deposits	3,681	3,728
Other receivables	3,684	-
	<u>436,890</u>	<u>1,052,006</u>
US \$	=====	=====

7. DEPOSITS WITH BANK AGAINST RESERVE FUNDS

American Express Bank Ltd. -

New York

- Time Deposit	500,000	500,000
- Current Account	2,563	13,725

Dhaka

- Time Deposit (includes accrued interest US\$77,684, 1988 - US\$50,219)	1,315,684	1,155,219
- Current Account	826	782

US \$	<u>1,819,073</u>	<u>1,669,726</u>
	=====	=====

8. CASH AND BANK BALANCES

	<u>1989</u>	<u>1988</u>
Cash in hand (Taka converted to US Dollar)	1,256	1,570
Cash at banks:		
US\$ Accounts		
American Express Bank Ltd. --		
New York		
- Current Account	150,726	-
Dhaka		
- Current Account	53,880	-
- Current Account (USAID-MCH) -- 2nd cont.	137,168	-
- Current Account (BOSTID)	-	64
- Current Account (USAID-MCH)	94	818
- Current Account (USAID-UVP)	153,474	330,943
	<u>495,342</u>	<u>331,825</u>
UK£ Account		
American Express Bank Ltd., London		
- Current Account	26,988	3,549
Taka Account		
American Express Bank Ltd., Dhaka		
- Current Account (NORAD Fund)	333,116	315,763
- Current Account (Convertible)	13,259	5,015
- Current Account (UNCDF Fund)	75,097	89,144
Agrani Bank, Dhaka		
- Current Account	20,964	45,226
	<u>442,436</u>	<u>455,148</u>
US \$	<u>966,022</u>	<u>792,092</u>

9. BANK OVERDRAFT

	<u>1989</u>	<u>1988</u>
US\$ Account		
American Express Bank Ltd. -- New York	-	499,699
Dhaka	-	3,574
Taka Account		
American Express Bank Ltd. - Dhaka	-	752,223
	-----	-----
	-	1,255,496
	=====	=====

The overdraft is secured by a lien to the Bank on time deposits held with them on Reserve Fund Accounts.

10. INTEREST FREE LOAN

In May 1983, the Centre was provided by the Government of the People's Republic of Bangladesh with an interest-free loan of Tk. 28,928,775 (US\$1,186,080 converted at the then exchange rate) initially for a period of one year. After several extensions by the Government the repayment date expired on June 30, 1986. In terms of the loan, the Centre is liable to pay interest at the prevailing commercial lending rate if the loan remains unpaid beyond the expiry of the period of repayment which at the option of the Centre can be effected either in Taka or in foreign currency. No provision for interest has been made in these accounts in this regard as the Centre holds the view that the loan should be converted into a grant as it was originally intended to be a grant to the Centre by UNROB and was utilized for providing free medical treatment to patients in Bangladesh as well as to provide free training to Bangladeshis.

11. OTHER CURRENT LIABILITIES

	<u>1989</u>	<u>1988</u>
For supplies and materials	212,739	205,086
For expenses (includes advance lease rentals US\$50,303, 1988-Nil)	1,347,953	868,469
Security and other deposits	62,334	50,176
	<u>1,623,026</u>	<u>1,123,731</u>
US \$	=====	=====

12. CAPITAL DEVELOPMENT FUND

Balance as at January 1	7,227,182	6,071,072
Add: Capital contribution received		
- In cash	258,266	526,420
- In kind	13,893	-
Transferred from the Statement of Income and Expenditure to the extent of Capital expenditure incurred during the year	912,310	629,690
	<u>8,411,651</u>	<u>7,227,182</u>
US \$	=====	=====

13. OPERATING FUND

Balance as at January 1	(4,357,125)	(4,060,200)
Deficit for the year	(1,078,181)	(296,925)
	<u>(5,435,306)</u>	<u>(4,357,125)</u>
US \$	=====	=====

14. RESERVE FUND

Balance as at January 1	1,669,726	1,552,920
Add: Interest earned on deposits (including accrued interest of US\$77,684; 1988: US\$50,219)	149,347	116,806
	<u>1,819,073</u>	<u>1,669,726</u>
US \$	=====	=====

15. EMPLOYEES RETIREMENT FUND

- i) The centre operates a retirement fund called "ICDDR,B Employees Separation Payment Fund" for all National employees with GENERALI GROUP of UK under an agreement between ICDDR,B and Institute of International Education (IIE), USA. During the year the Centre and staff members contributed 14.8% and 7.4% of the base pay respectively to the fund. The amounts so accumulated are remitted to GENERALI GROUP through IIE on quarterly basis by the Centre. The GENERALI GROUP is empowered to invest the fund available with them as considered profitable by them and at the end of each calendar year the profits earned out of these investments are distributed among the staff members' accounts. Such accumulated fund which at December 31, 1989 was estimated at US\$ 4,510,520 is not reflected in the books of account as it is not considered as a part of the Centre's assets.
- ii) The Centre operates a fund called "ICDDR,B Severance Pay Fund" for Community Health Workers since July 01, 1987 which fund is not reflected in these accounts. The balance of this fund stands at US\$55,367 as on December 31, 1989.

16. HONORARIUM

Mandatory committee meetings include an amount of US\$27,145 (1988: US\$26,217) paid as honorarium to the members of the Board of Trustees.

17. OTHER RECEIPTS

Out of the total consideration of US\$ 67,824 receivable against letting out of one of the Centre's Buildings on lease to Agrani Bank for a period of ten years, an amount of US\$ 565 have been considered as income for the year and included under 'Other Receipts'.

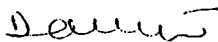
18. CURRENCY TRANSLATION


<u>Currency</u>	<u>Average monthly exchange rates</u>	<u>Year-end exchange rate</u>
	US \$	US \$
Tk. 1.00	0.0314	0.0314
UK £ 1.00	1.6581	1.6146

19. OTHERS

Previous year's figures have been rearranged and regrouped to conform to current year's presentation.

Figures appearing in these Accounts have been rounded off to the nearest US dollar.


Director
ICDDR, B


Member
Board of Trustees

7(b)/BT/JUNE '90

1990 BUDGET

1990 Budget Update

An analysis of the Income and Expenditure budget for 1990 along with the actual expenditures for the first 4 months of the year are contained in Table 1 to 3.

Income - Projected income for 1990 is US\$ 9,962,000. This is an increase of US\$ 514,000 from our December projection. Increased revenue will come from Arab Gulf Fund US\$ 300,000, ODA US\$ 114,000 and SDC US\$ 100,000.

CIDA has also further extended the DSS funding to March 1990 and provided an additional CAN\$ 250,000 for this. No agreement has been reached with the Dutch with respect to DSS funding. A Dutch mission is coming to ICDDR,B in mid May to further assess DSS for possible funding. With the CIDA funding, the Centre still needs an additional US\$ 750,000 for DSS for 1990. Funding from the Dutch for DSS is included in our revenue estimate, however, if this funding is not received the financial position of the Centre could be dramatically effected.

A detailed schedule of Contributions expected from the Centre's Donors is included as Table 3.

Expenditures - The Centre is projecting a reduction in local salary expenditures from that budgeted of \$ 380,000 in non project areas. Based on expenditures for the first four months this level of savings should be achieved. The savings are primarily due to the hiring freeze imposed at the December Board Meeting. Staff members that are retiring or resigning from the Centre are not being replaced by way of new hiring. Also, positions that were included in the budget but were vacant have not been staffed. Savings in other areas of the budget may also occur, however this is less predicatable but could be as high a \$ 200,000, based on the current level of expenditures. See table 1 and 2 for an analysis of expenditures for the first 4 months of 1990.

Deficit - The projected cash deficit is US\$ 324,000. This is a reduction of US\$ 884,000 from our projection at the December Board meeting. This reduction is due to both increased revenues and a reduction in the level of expenditures from that budgeted. This deficit projection will however be adversely affected by approximately US\$ 750,000, if no funding is received from DSS for the last 9 months of 1990. The cumulative cash deficit as at December 31, 1989 is \$ 1,088,000. (See table 1)"

Bank Balance - The Centre has not utilized any overdraft during the first 4 months and it is anticipated that no overdraft will be required to the end of June. Pending the outcome of funding for DSS, our overdraft requirements for the last half of 1990 should be minimal.

TABLE - 1

INCOME AND EXPENDITURE FOR 1989 AND 1990
(In thousand US Dollars)

	Actual 1989	Budget 1990	Increase Over 1989	Actual Jan - Apr 1989	Actual Jan - Apr 1990
A. Income					
Central Funds	16% 1,873	20% 1,920	3%		
Project Funds (Direct Cost)	71% 8,376	66% 6,268	-25%		
Project Funds (Indirect Cost)	13% 1,548	13% 1,260	-19%		
Total Income	100% 11,797	100% 9,448	-20%		
B. Expenditure					
Local salaries	50% 6,501	53% 6,191	-5%	34% 2,243	31% 1,890
International salaries	11% 1,480	11% 1,271	-14%	38% 511	27% 346
Consultants	2% 237	3% 302	27%	25% 82	10% 30
Mandatory committees	1% 128	1% 134	5%	15% 17	4% 6
Travel	3% 350	2% 240	-31%	24% 77	13% 32
Supply and materials	10% 1,226	10% 1,171	-4%	33% 409	17% 197
Other contractual services	11% 1,367	11% 1,257	-8%	19% 281	18% 229
Interdepartmental services	11% 1,399	12% 1,376	-2%	38% 561	25% 345
Depreciation	8% 1,045	8% 983	-6%	33% 333	33% 326
Total Operating	107% 13,733	111% 12,925	-6%	32% 4,514	26% 3,402
Less: Recovery	14% 1,770	13% 1,476	-17%	43% 695	29% 422
Net Operating	93% 11,963	98% 11,449	-4%	31% 3,819	26% 2,980
Add: Capital expenditure	7% 912	2% 200	-75%	29% 289	4% 7
Total Expenditure	100% 12,875	100% 11,649	-10%	31% 4,108	26% 2,987
C. Surplus/(deficit)	(1,078)	(2,201)			
D. Surplus/(deficit) before depreciation	(33)	(1,218)			

TABLE - 2

BUDGET REVIEW: JANUARY TO APRIL 1990
(IN THOUSAND US DOLLARS)

	BUDGET APPROVED FOR 1990				ACTUAL EXPENDITURE JAN TO APR 1990				BALANCE FOR MAY TO DEC 1990							
	CORE	CORE RES	PROJ RES	TOTAL	CORE	CORE RES	PROJ RES	TOTAL	CORE	CORE RES	PROJ RES	TOTAL				
A. INCOME:																
CENTRAL FUNDS	1,920			1,920												
Increase	114			114												
PROJECT FUNDS(DIRECT)	150	1,631	4,487	6,268												
Increase	150	250		400												
PROJECT FUNDS(INDIRECT)	1,260			1,260												
TOTAL INCOME	3,330	1,631	4,487	9,448												
Increased Total Income	3,594	1,881	4,487	9,962												
B. EXPENDITURE:																
LOCAL SALARIES	2,962	847	2,382	6,191	29%	853	26%	222	34%	814	31%	1,890	2,109	625	1,568	4,301
Targetted reduction	(296)	(84)		(380)									(296)	(84)		(380)
INTERNATIONAL SALARIES	423	501	347	1,271	24%	101	32%	158	25%	86	27%	346	322	343	261	925
CONSULTANTS	9	214	79	302	0%	0	4%	9	27%	21	10%	30	9	205	58	272
MANDATORY COMMITTEE	134	0	0	134	4%	6		0		0	4%	6	128	0	0	128
TRAVEL	66	13	161	240	15%	10	8%	1	13%	21	13%	32	56	12	140	208
SUPPLIES & MATERIALS	597	200	374	1,171	16%	96	14%	29	19%	72	17%	197	501	171	302	974
OTHER CONTRACTUAL	567	68	622	1,257	21%	118	31%	21	14%	90	18%	229	449	47	532	1,028
INTERDEPARTMENTAL	613	309	454	1,376	26%	159	14%	44	31%	142	25%	345	454	265	312	1,031
DEPRECIATION	961	19	3	983	32%	305	63%	12	200%	6	33%	326	656	7	(3)	657
TOTAL OPERATING	6,332	2,171	4,422	12,925	26%	1,648	23%	496	28%	1,252	26%	3,402	4,082	1,806	3,516	9,403
RECOVERY	1,476			1,476	28%	418		3		1	29%	422	1,058	(3)	(1)	1,054
NET OPERATING	4,856	2,171	4,422	11,449	25%	1,230	23%	493	28%	1,251	26%	2,980	3,024	1,809	3,517	8,349
CAPITAL EXPENDITURE	111	24	65	200	-46%	(51)	96%	23	52%	34	4%	7	162	1	31	193
TOTAL DIRECT COST	4,967	2,195	4,487	11,649	24%	1,179	24%	516	29%	1,285	26%	2,987	3,186	1,810	3,548	8,542
Reduced Total Cost	4,671	2,111	4,487	11,269									2,890	1,726	3,548	8,162
C. DEFICIT																
	(1,637)	(564)	0	(2,201)												
Revised Deficit	(1,077)	(230)	0	(1,307)												
Revised Cash Deficit	(116)	(211)	3	(324)												

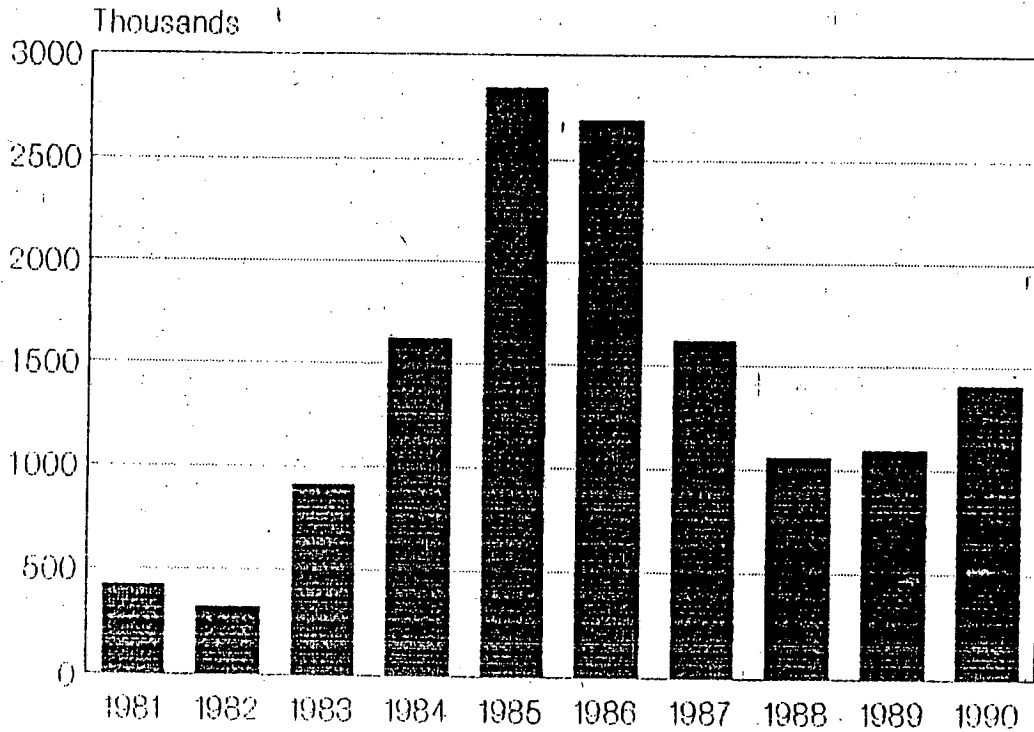
TABLE - 3

INCOME 1990

DONOR NAME	CENTRAL	CORE RES.	PROJ. RESEARCH	TOTAL PROJECTED	1989
CENTRAL FUNDS:					
AUSTRALIA	196,000			196,000	192,000
BANGLADESH	30,000			30,000	30,000
BELGIUM	30,000			30,000	30,000
SAUDI ARABIA				0	0
UNITED STATES - AID	300,000			300,000	300,000
SWITZERLAND	700,000			700,000	709,000
SWEDEN - SAREC	150,000			150,000	75,000
UNITED KINGDOM - ODA	378,000			378,000	253,000
UNICEF	250,000			250,000	250,000
TOTAL	2,034,000		0	2,034,000	1,839,000
PROJECT FUNDS:					
AGA KHAN FOUNDATION					60,000
ARAB GULF FUND	150,000	150,000		300,000	
AUSTRALIA				0	27,194
BAYER	20,836		67,212	88,048	30,000
BELGIUM	125,164		124,836	250,000	296,035
ODA - TRAINING	4,061		13,100	17,161	80,000
ODA - DSS	50,000		200,000	250,000	1,081,583
IDRC	4,612		41,927	46,539	24,000
DANIDA	32,550		193,588	226,138	436,819
SEARLE	6,101	19,680		25,781	22,791
FORD FOUNDATION	9,191		61,270	70,461	130,707
IBRD/WORLD BANK				0	1,264
JAPAN	75,000	288,877	16,123	380,000	465,088
NORAD	68,797		249,203	318,000	324,000
NETHERLANDS	83,557	45,115	645,263	773,935	123,660
SDC - DISC & OTHERS		100,000	126,355	226,355	385,540
SAUDI ARABIA				0	32
UNDP/WHO	70,000	230,000		300,000	370,626
UNITED STATES:				0	
COOPERATIVE	150,000	1,050,000		1,200,000	2,089,107
UVP	236,971		947,882	1,184,853	1,103,408
MCH-FP	304,200		994,539	1,298,739	1,400,000
WELCOME TRUST				0	9,509
WUSC	169,239		650,761	820,000	824,000
WHO			151,473	151,473	241,144
FLOOD RELIEF					415,000
OTHERS					42,742
TOTAL	1,560,279	1,883,672	4,483,532 *	7,927,483	9,984,249
GRAND TOTAL	3,594,279	1,883,672	4,483,532 *	9,961,483 *	11,823,249

GRAPH - 1

CUMULATIVE CASH DEFICIT



ACTUAL FOR 1981 TO 1989 AND PROJ.1990.

8/BT/JUNE '90

PERSONNEL & SELECTION COMMITTEE REPORT

REPORT OF THE PERSONNEL & SELECTION COMMITTEE MEETING HELD ON
2 JUNE, 1990

1. Overview of the staffing situation

It was noted that the Centre staff stood at 1497 on May 31, 1990 in the following categories:

(a) International level (fixed term)	15
(b) National Officers & General Services	1066
(c) Total staff (a) + (b)	1081

It was noted that in addition to the staff mentioned above, there are

(d) International seconded staff	19
(e) Short term (3 of whom are at international level)	61
(f) Community health workers	141
(g) Urban volunteers	195

which totals 416, as at May 31, 1990.

The total staff of the Centre stood at 1497.

- 1.1 In reviewing the tables presented, the Committee requested that in future Table 1 be further broken down

to show categories of staff under each heading. This would assist in understanding the numbers. The reduction of staff was noted to be incorporated in future reports. Some relevant information like contract dates should also be furnished. The period of work for seconded staff was also required to conform to the standard of six years as followed for regular international staff.

2. Staffing

2.1 Recruitment of international staff

(a) SENIOR SCIENTIST, HEAD, LABORATORY SCIENCES DIVISION, P6

2.1.1 It was noted that the contract of the present staff member expires in August 1990 and that the position has been advertised.

2.1.2 It is recommended to the Board that an Executive Committee be set up so that in the event that one or more suitable candidates are identified they may be considered by the Executive Committee and an appointment made before the next Board Meeting.

(b) SENIOR SCIENTIST, HEAD, COMMUNITY HEALTH DIVISION, P6

2.1.3 It was noted that the Centre has one person who

may be interested in applying for this position. Trustees were requested to assist the Director in identifying suitable candidates.

The terms of appointment for this position may be made flexible in order to attract candidates in view of the failure of the Centre to fill this position for the last two years.

(c) MCH-FP PHYSICIAN (PROJECT DIRECTOR), P5

2.1.4 As the Executive Committee (appointed by the Board at its December 1989 meeting) did not make a decision, it was agreed that the matter reverts back to the P&S Committee. Accordingly, the Committee noting that two of the short-listed candidates had withdrawn their applications, went ahead and reviewed the recommendations of the three separate interview committees on the remaining four short-listed candidates.

2.1.5 It is recommended to the Board that Dr L.A. de Francisco be appointed to the position at P5, Step 1.

The Committee set up a standard Interview Committee for selection of candidates for international positions.

(d) EXTERNAL RELATIONS OFFICER, P5

2.1.6 The Director reported that he had undertaken the interviews requested by the Board at its December 1989 meeting and found that, for various reasons, none of the candidates were suitable.

2.1.7 It was agreed that there is no urgency to fill this post, it being better for the Director to utilize the services of Trustees and prominent ex-Trustees to assist him until he has a clear idea of what is required.

(e) NUTRITIONIST, P3

2.1.8 In its December 1989 meeting the Board advised that this position should not be filled unless the financial situation allows it. As no funds are available, and, so no recruitment will be made at this time.

(f) PROGRAMME OFFICER, P1

2.1.9 It was agreed that this position should be re-advertised.

(g) EXECUTIVE ASSISTANT, P1

2.1.10 It was agreed that this position should be re-advertised.

2.2 Information on seconded staff

2.2.1 It was noted that

(a) Mr Ngudup Paljor and (b) Ms Kathleen McNamara have joined the Centre on secondment from The Johns Hopkins University as Project Director, UVP and Field Services Coordinator, UVP respectively.

2.2.2 It was noted that

(a) Ms Birgitte Nielsen and (b) Ms Charlotte Brun have joined the Centre as Associate International Research Fellows to the Child Health Programme on secondment from DANIDA.

2.3 Contract renewals

(a) MR M.A. MAHBUB

2.3.1 It was agreed to recommend to the Board that the contract of Mr. M.A. Mahbub be extended for a period of two years with effect from July 1, 1991.

(b) DR DILIP MAHALANABIS

2.3.2 It was agreed to recommend to the Board that the contract of Dr. D. Mahalanabis be extended for a period of 3 years with effect from January 4, 1991.

(c) DR M.A. STRONG

2.3.3 It was agreed to recommend to the Board that the contract of Dr. M.A. Strong be extended for a period of 3 years with effect from September 1, 1991.

(d) DR MOYENUL ISLAM, MR A.H. MOSTAFA, DR LOKKY WAI

2.3.4 The Committee recommends to the Board that:

- Dr Moyenul Islam's contract be renewed at P4 level for a further 3 years from 1.8.91;
- Mr A.H. Mostafa's contract be renewed at P4 level for a further 3 years from 24.1.91;
- Dr Lokky Wai's contract be renewed at P4 level for a further 3 years from 15.4.91.

2.3.5 The Director was requested to exercise utmost care in awarding short-term contracts and renewals thereof.

3. Working Papers

3.1 Selection of Trustees

- 3.1.1 The names listed in the addendum to agenda item 4.1 were considered and it was agreed to recommend to the Board that Dr I. Cornaz, Social Scientist, Switzerland, Prof. A. Muller, Epidemiologist/Social med./public health/research management, Netherlands, and Dr K. Elliott, International Health Development, Britain, be considered to fill the vacancy created by the resignation of Prof. R. Feachem.

Full discussions on these and other items are recorded in the minutes of the meeting.

:jc

3.6.90

PERSONNEL

STAFFING

80
8(a.i)/BT/June'90

The Centre continued with its conscious efforts to reduce staff. The enclosed tables (I-IV) show the total staffing status of the Centre as of May 31, 1990. It may be mentioned that the Centre could meet the projected target of 1130 staff set by the December P&S Committee for International Professional, International Seconded and International Short-Term, National Officers and General Services categories. Table 4 reflects the number of separations by categories for each month since January 1990.

AH:mr

MANPOWER STAFFING

CF = Core funded
PF = Project funded

Functional Area	1988 (Apr 01)	1988 (Oct 31)	1989 (May 31)	1989 (Dec 01)	1990 (May 31)
-International Professional staff	16	19	19	16	15
-Research (Scientific & Support)	433 CF-307 PF-126	469 CF-319 PF-150	477 CF-322 PF-155	379 CF-258 PF-121	364 CF-249 PF-115
-Research (Administration)	215 CF-159 PF-56	211 CF-166 PF-45	212 CF-165 PF-47	274 CF-224 PF-50	249 CF-203 PF-46
-Field	249 CF-89 PF-160	262 CF-83 PF-179	274 CF-83 PF-191	261 CF-80 PF-181	218 CF-72 PF-146
-Administration (Support Services)	236 CF-235 PF-1	240 CF-238 PF-2	239 CF-238 PF-1	241 CF-240 PF-1	235 CF-234 PF-1
Sub Total	1149	1201	1221	1171	1081
-International Seconded Staff	25	20	21	18	19
-Short-term staff (Int'l, NO & GS)	71	77	116	104	61
-Community Health Worker	147	156	157	154	141
-Urban Volunteer	111	148	193	221	195
Sub Total	354	401	487	497	416
GRAND TOTAL	1503	1602	1708	1668	1497

ICDDR,B

STAFFING STATUS
(FIXED-TERM)
As of May 31, 1990

Sl. No.	LOCATION	Int'l Professional	Regular & Project		TOTAL
			NO	GS	
1.	Director's Office	2	-	1	3
	-Resources Development	1	3	-	4
	-Training & Extension	-	4	14	18
	-DISC	-	3	4	7
2.	Community Health Division	1	28	222	251
3.	Clinical Sciences Division	4	35	146	185
4.	Laboratory Sciences Division	3	29	129	161
5.	Population Science & Extension Division	3	33	178	214
6.	Administration & Personnel	1	13	198	212
7.	Finance	-	8	18	26
TOTAL		15	156	910	1081

Table-III

ICDDR,B

STAFFING STATUS
(SECONDED, SHORT-TERM, CHWs & URBAN VOLUNTEERS)
As of May 31, 1990

Sl. No.	LOCATION	Seconded Staff	Short-term			CHWs	UVs	TOTAL
			Int'l	NO	GS			
1.	Director's Office	-	-	-	-	-	-	-
2.	Community Health Division	6	-	9	30	109	165	319
3.	Clinical Sciences Division	7	-	1	6	-	30	44
4.	Laboratory Sciences Division	1	1	2	1	2	-	7
5.	Population Science & Extension Division	4	2	-	8	30	-	44
6.	Finance	1	-	-	1	-	-	2
TOTAL		19	3	12	46	141	195	416

CHW = Community Health Worker

UV = Urban Volunteer

Table-IV

NUMBER OF SEPARATED STAFF MEMBERS
DURING THE MONTHS OF JANUARY, FEBRUARY, MARCH, APRIL & MAY 1990

Division	January 1990					February 1990					March 1990					April 1990					May 1990									
	Int'l	NO	GS	CHW	Total	Int'l	NO	GS	CHW	Total	Int'l	NO	GS	CHW	Total	Int'l	NO	GS	CHW	Total	Int'l	NO	GS	CHW	Total					
1. Director's Office	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-Resources Development	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-Training & Extension	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-DISC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Clinical Sciences	-	3	11	-	14	-	-	11	-	11	-	-	1	-	1	-	-	-	-	-	-	2	-	-	-	-	-	-	-	2
3. Laboratory Sciences	-	1	7	2	10	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	4	-	-	-	-	-	-	4
4. Community Health	1	6	28	1	36	-	-	11	-	11	-	-	-	-	-	-	1	-	-	1	-	1	1	-	-	-	-	-	-	2
5. Population Science & Extension	-	1	18	12	31	-	-	-	-	-	-	-	1	-	1	-	-	2	-	2	-	1	1	-	-	-	-	-	-	2
6. Finance	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Administration & Personnel	-	1	6	-	7	-	-	3	-	3	-	1	1	-	2	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-
Total :	1	12	71	15	99	-	-	25	-	25	-	1	3	-	4	-	2	3	-	5	-	4	6	-	10					

Inclusive of Fixed-term and Short-term staff

Int'l = International staff
 NO = National Officer category staff
 GS = General Service category staff
 CHW = Community Health Worker

INTERNATIONAL STAFFING STATUS
AS OF MAY 31, 1990
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	30.06.92	
2.	Albert, Dr. M. John	India	Research Microbiologist	P3	04.05.89	03.05.92	
3.	Ali, Mr. M. Iqbal	Bangladesh	Programme Officer	P1	16.06.85	15.06.91	
4.	Chowdhury, Ms Judith A.	Australia	Executive Assistant	P1	16.06.85	15.06.91	
5.	Fauveau, Dr. V.	France	MCH-FP Physician	P4	01.01.86	31.12.91	Resigned. To be released on 30.06.90
6.	Habte, Prof. Demissie	Ethiopia	Director	ADG	12.08.89	11.08.92	
7.	Islam, Dr. M. Moyenul	Bangladesh	Research Pathologist	P4	01.08.88	31.07.91	
8.	Mahbub, Mr. M. A.	Bangladesh	Associate Director, A&P	P6	01.07.87	30.06.91	
9.	Mahalanabis, Dr. D.	India	Senior Scientist & Associate Director, CSD	P6	04.01.88	03.01.91	
10.	Mostafa, Mr. A. H.	Australia	Computer Information Services Manager	P4	24.01.88	23.01.91	
11.	Patra, Dr. F. C.	India	Assistant Scientist	P1	01.02.89	30.11.90	

Sl. No.	Name	Nationality	Title	Pay Level	Contract Start date	Contract End date	Remarks
12.	Strong, Dr. M. A.	USA	Sr. Scientist & Head, DSS	P5	01.09.88	31.08.91	
13.	Tzipori, Dr. Saul	Australia	Sr. Scientist & Associate Director, LSD	P6	10.08.88	09.08.90	Position advertised
14.	Van Loon, Dr. F. P. L.	Netherlands	Scientist	P4	24.07.84	30.06.90	
15.	Wai, Dr. Lokky	Canada	Demographer-Scientist	P4	15.04.88	14.04.91	

SECONDED STAFF

Sl. No.	Name	Nationality	Title	ICDDR,B Equiv. Grades	Start date	End date	Remarks
1.	Bingnan, Dr. Fu	China	Visiting Scientist	P3	11.04.88	10.09.90	
2.	Bennish, Dr. M.	USA	Scientist	P4	31.10.88	Open	
3.	Brun Ms. Charlotte	Denmark	Associate Intl. Res. Fellow (Trainee), CHP	P1	12.03.90	11.03.91	
4.	Hall, Dr. Andrew	UK	Visiting Scientist	P3	09.05.84	Open	
5.	Jagdeo, Ms. Churamonie	Canada	Nurse/Health Trainer	P3	27.06.89	26.06.92	
6.	Koenig, Dr. Michael	USA	Project Director, MCH-FP Extension Project	P5	17.02.84	Open	
7.	MacNamara, Ms. Kathleen	USA	Field Service Coordinator	P3	15.04.90	14.04.91	
8.	Maru, Dr. Rushikesh	India	Operations Research Scientist	P4	11.09.89	10.09.91	
9.	Munro, Ms. Michelle	Canada	Nurse Health Educator	P3	23.06.89	22.06.92	
10.	Nielsen, Ms. Birthe	Denmark	Immunization Coord., CHP	P3	18.08.88	13.08.90	
11.	Nielsen, Ms. Birgitte	Denmark	Associate Intl. Res. Fellow (Trainee), CHP	P1	21.11.89	20.11.90	
12.	Paljor, Mr. Ngudup	USA	Project Director, UVP	P5	15.05.90	14.05.92	
13.	Patterson, Mr. David	USA	Research Fellow	P3	22.09.87		

SECONDED STAFF

Sl. No.	Name	Nationality	Title	ICDDR,B Equiv.Grades	Start date	End date	Remarks
14.	Silimperi, Dr. Diana	USA	Project Director, UVP	P5	20.04.87		Released effective 15.05.90
15.	Sorensen, Ms. Nina	Denmark	Teaching Coordinator, CHP	P3	05.03.88	04.03.90	
16.	Stark, Ms. Nancy	USA	Fellow, MCH-FP Project	P3	15.03.89	14.03.90	
17.	Stewart, Dr. Kate	USA	Associate Scientist	P3	Jan. '88	31.08.90	
18.	Thilsted, Dr. S.	Denmark	Nutrition Coordinator, CHP	P3	05.03.88	31.08.90	
19.	Winkelmann, Mr. John	Canada	Associate Director, Finance	P6/D1	27.09.88	26.09.91	

SHORT-TERM

Sl. No.	Name	Nationality	Title	Pay Level	Contract Start date	Contract End date	Remarks
1.	Bairagi, Dr. R.	Bangladesh	Senior Scientist	P5	15.01.89	14.11.90	
2.	Unicomb, Ms. Leanne	Australia	Research Virologist	P2	20.03.89	20.01.91	
3.	Whittaker, Dr. Maxine	Australia	Operations Research Scientist	P4	15.07.89	14.06.90	

Senior Scientist, Head, Laboratory Sciences Division
(Associate Director) P6

As per the decision of December 1989 BOT meeting this position was advertised nationally and internationally in April/May 1990. Copies of the advertisement was circulated to the BOT members, donors, international agencies, etc.

A search committee will be formed to locate the right candidate for the position.

The present incumbent Dr. Saul R. Tzipori's contract will expire on August 08, 1990.



INTERNATIONAL CENTRE FOR DIARRHOEAL
DISEASE RESEARCH, BANGLADESH
DHAKA, BANGLADESH

ASSOCIATE DIRECTOR
LABORATORY SCIENCES DIVISION

GENERAL

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), is a non-profit international health 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 technologies for control of diarrhoeal diseases in developing countries. There are four scientific divisions: Clinical Sciences, Laboratory Sciences, Community Health and Population Sciences. The 1,300 employees include 200 researchers coming from 13 countries. ICDDR,B is supported by 21 government and agencies including WHO, UNICEF and UNDP. Salary scales, rules and regulations are similar to those followed by the UN.

POSITION

ICDDR,B wishes to fill a senior international staff position titled Associate Director, Laboratory Sciences Division. The successful applicant will coordinate and direct the research, training and support activities of the Laboratory Sciences Division of the ICDDR,B. Primary function of the Division is to conduct research in microbiology, immunology and pathogenesis; provide high quality diagnostic services, provide scientific expertise to assist in planning and execution of research projects requiring laboratory support; and to participate in research training programmes on diagnostic microbiology and selected areas.

QUALIFICATIONS

A Ph D or a Medical degree with speciality in medical microbiology. The candidate will need to have a record of successfully competing for financial support for independent and collaborative research, and to have proven scientific creativity as evidenced by a record of publications in internationally recognized scientific journals.

The position is equivalent to a full professor in academia. Experience in collaboration with scientific institutions in developed and developing countries would be advantageous. Salary and grade level will be based upon an applicant's experience upto a maximum of UN/WHO equivalent of D1.

APPLICATIONS

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 no later than 31 July 1990.



**INTERNATIONAL CENTRE
FOR DIARRHOEAL
DISEASE RESEARCH,
BANGLADESH
DHAKA, BANGLADESH**

**ASSOCIATE DIRECTOR
LABORATORY SCIENCES DIVISION**

GENERAL

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A Ph D or a Medical degree with speciality in medical microbiology. The candidate will need to have a record of successfully competing for financial support for independent and collaborative research, and to have proven scientific creativity as evidenced by a record of publications in internationally recognized scientific journals.

The position is equivalent to a full professor in academia. Experience in collaboration with scientific institutions in developed and developing countries would be advantageous. Salary and grade level will be based upon an applicant's experience up to a maximum of UN/WHO equivalent of D1.

APPLICATIONS

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 no later than 31 July 1990.

GC-2070

Bangladesh Observer - April 26, 1990

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

GPO BOX 128, Dhaka - 1000, Bangladesh

-
- Title:** Senior Scientist - Head, Laboratory Sciences Division
- Grade:** D1 (UN Scale)
- Objectives:** To coordinate, direct and conduct the activities of the laboratory division which includes basic and applied studies of shigellosis and environmental micorbiology.
- Duties:**
- To coordinate and direct the research, service and related activities of the Laboratory Sciences Division.
 - To administer the overall functions of the division and advise the scientific staff.
 - To contribute towards the achievements of the Centre by developing and carrying out scientific protocols, encourage scientific collaboration among research institutions worldwide and represents Centre's scientific capabilities at international meetings and conferences.
- Qualifications:**
- Education:** A medical degree or PhD with specialization in medical microbiology.
- Experience:** A minimum of 15 years experience in related field out of which at least 5 years as Senior Team Leader. Must have proven scientific ability as evidenced by a record of original work published in International peer-reviewed scientific journals. Good connections with International Scientific Institutions.
- Language skills:** Excellent knowledge of spoken and written English.
- Salary range:** US\$ 43,461 to US\$ 49,287 (with dependants)
US\$ 40,042 to US\$ 45,283 (single status) depending on experience and qualifications. The above salaries are base salaries, added to these are the usual UN benefits and allowances.

Senior Scientist, Head, Community Health Division
(Associate Director) P6

This position was advertised nationally and internationally in compliance with the BOT resolution 18/June 1989. 13 applications were received but no one was found suitable.

Since the December '89 meeting of the BOT, search was continued to identify and attract a suitable candidate to head the Community Health Division. Recently Dr. William Woodward (previously worked for 2 years with the CRL) has been identified for this position. He was invited to visit the Centre in the 2nd week of May 1990 and meet the staff and a few members of the Board. We await confirmation of Dr. Woodward's interest to join the Centre.

CURRICULUM VITAE

NAME: WILLIAM ENGLAR WOODWARD

ADDRESS: Medical Department
McCormick & Company, Inc.
11100 McCormick Road
Hunt Valley, Maryland 21031
Telephone (301) 771-7609

1024 Taneytown Pike
Westminster, Maryland 21157
Telephone (301) 876-4745

DATE OF BIRTH: June 23, 1939

PLACE OF BIRTH: Baltimore, Maryland

SOCIAL STATUS: Married, 5 children

CITIZENSHIP: United States of America

SOCIAL SECURITY NUMBER: 214-40-8032

COLLEGE: Princeton University, 1957-1961

MEDICAL SCHOOL: Johns Hopkins University, 1961-1965

POSTGRADUATE TRAINING:

Internship and Assistant Residency, Internal Medicine, Vanderbilt University Hospital, 1965-1967

Senior Assistant Residency, Internal Medicine, Yale-New Haven Hospital, 1970-1971

Fellowship, Infectious Diseases, Baltimore City Hospitals and Johns Hopkins University, 1971-1972

MILITARY:

Epidemic Intelligence Service, National Communicable Disease Center (now Centers for Disease Control), United States Public Health Service, 1967-1970, Assigned to:

Enteric Disease Unit, Atlanta, Georgia, 1967-1968

Pakistan-SEATO Cholera Research Laboratory (now International Center for Diarrheal Disease Research), Dacca, East Pakistan (now Bangladesh), 1968-1970

POSITIONS:

Instructor, Physical Diagnosis, Grady Hospital, Atlanta, Georgia, 1967-1968

Co-investigator, National Institute of Health, Johns Hopkins Diarrhea Project, Fort Apache Reservation, Whiteriver, Arizona, 1971-1972

Assistant Professor of Medicine, Johns Hopkins University School of Medicine, 1972-1973

Assistant Professor of Medicine, University of Maryland School of Medicine, 1973-1978

Associate Professor of Medicine, University of Maryland School of Medicine, 1978-1979

Associate Professor of Medicine, University of Texas Medical School at Houston, 1979-1983

Associate Professor of Epidemiology, University of Texas School of Public Health at Houston, 1979-1983

Co-investigator, Diarrheal Disease Project, United States-Egypt Joint Working Group Subcommittee on Biomedical Research, 1979-1983

CURRENT:

Corporate Medical Director, McCormick & Co., Inc., Baltimore, 1983-present

Research Associate Professor, Dept. of Internal Medicine, University of Maryland School of Medicine, 1983-present

Research Associate Professor, Dept. of Preventive Medicine and Epidemiology, University of Maryland School of Medicine, 1984-present

Associate, Dept. of International Health, Johns Hopkins School of Hygiene and Public Health, 1985-present

Co-investigator, Malaria volunteer studies, University of Maryland School of Medicine, 1986-present

SOCIETIES:

Sigma XI, 1961-present

Epidemic Intelligence Service Alumni Assoc., 1970-present

Society for Epidemiological Research, 1970-present

American Federation of Clinical Research, 1971-present

Assoc. of Life Insurance Medical Directors of America, 1973-1980

International Epidemiological Assoc., 1975-present

Fellow, Infectious Diseases Society of America, 1977-present
Royal Society of Tropical Medicine and Hygiene, 1978-present
Texas Public Health Assoc., 1979-1983
Houston Society of Internal Medicine, 1979-1983
Harris County (Texas) Medical Society, 1979-1983
Texas Medical Assoc., 1979-1983
American Society of Rickettsiology and Rickettsial Diseases,
1981-present
American Epidemiological Society, 1981-present
Fellow, American College of Epidemiology, 1982-present
American Occupational Medical Assoc., 1983-present
Maryland Occupational Medical Assoc., 1984-present
American Society of Tropical Medicine and Hygiene, 1984-present

HONORS:

Cum laude, Princeton University, 1961

Nellie Westerman Prize for Research in Medical Ethics, 1979 (See reference 32)

Employee Assistance Program of the Year, American Council on Alcoholism, 1989

LICENSED:

Maryland, 1965-present
Texas, 1979-present

CONSULTANT:

St. Agnes Hospital, Baltimore, Maryland, 1973-1978

World Health Organization Consultant to Governments of Nigeria and Liberia: Cholera, 1973

United States Agency for International Development Consultant to Government of Chile: Sanitation, health, and nutrition, 1976

United States Agency for International Development Consultant to Government of Brazil: Sanitation, health, and nutrition, 1976

Member, Panel on Underexploited Microbial Processes of Potential Economic Value, National Academy of Sciences, 1977

Member, Subcommittee on Infectious Diseases, Medical and Chirurgical Faculty of the State of Maryland, 1977-1978

Consultant, United States-India Commission on Medical Research, 1979

Visiting Professor, Universidad Autonoma de Guadalajara, Mexico, 1979 and 1980

Member, Nellie Westerman Prize Committee for Research in Medical Ethics, 1979-1983. Chairman, 1983-1987

Member, Biohazards Committee, University of Texas Medical School at Houston, 1980-1983

Member, Biomedical Research Support Grant Committee, University of Texas School of Public Health, 1980-1983

Member, Committee for the Protection of Human Subjects, University of Texas Health Science Center at Houston, 1980-1983

Member, Admissions Committee, University of Texas School of Public Health, 1981-1982

Guest Scientist, United States Naval Medical Research Unit No. 2, Jakarta, Indonesia, 1981

Consultant, Kinder-Care Learning Centers, 1983-present

Member, Subcommittee on Medicine and the Employee in the Workplace, Medical and Chirurgical Faculty of the State of Maryland, 1983

Member, Nominating Committee, Maryland Occupational Medical Assoc., 1985-present

Senior public health specialist, Resources for Child Health Project, John Snow, Inc.: Primary health care financing, Philippines, 1985

Diarrheal disease/ORT specialist, Integrated Rural Health/Family Planning Project, John Snow, Inc.: Review of national program for diarrheal disease control, Nepal, 1986

Clinician/epidemiologist, International Science and Technology Institute: Review of national control of diarrheal diseases project, Egypt, 1986

LANGUAGES:

French - fair

Spanish - poor

Russian - poor

Bengali - poor

TRAVEL: (one month or more)

Japan, Hong Kong, Philippines 6 wk. 1955, W. Europe 3 mo. 1957, 3 mo. 1959. E. Pakistan 1968-1970. W. Europe 1 mo. 1970. Chile 2 mo. 1972, Liberia, Nigeria 1 mo. 1973. England, Czechoslovakia 1 mo. 1975. Chile 1 mo., Brazil 6 wk. 1976. Puerto Rico 1 mo. 1977. Pakistan, England 6 wk. 1978. Egypt 6 wk. 1979, 1 mo. 1980. Indonesia 2 mo. 1981. W. Europe 5 wk. 1983. Philippines 1 mo. 1985. Nepal 1 mo., Egypt 1 mo. 1986. St. Croix 1 mo. 1987-88.

COMMUNITY ACTIVITIES:

Member, Health Board, City of West University Place, Houston, Texas, 1981-1983

Lecturer, Houston high schools, 1981-1983

Member, Lake Houston Advisory Committee, 1982-1983

Member, Board of Directors, Maryland Committee for Children, Baltimore, 1984-present

Medical editor, Maryland Child Care newsletter, 1984-1987

Chairman, Governor's Task Force on Private Sector Day Care Initiative, State of Maryland, 1986-1987

Member, Ad Hoc Committee on Sick Child Day Care, Dept. of Health and Mental Hygiene, State of Maryland, 1986-1987

Member, 1986/1987 Worksite Task Force, American Heart Assoc., Maryland affiliate, 1986-1988

Member, AIDS Policy Task Force, United Way, Baltimore, 1988 present

Member, Child Care Subcommittee, Baltimore County Chamber of Commerce, 1988-present

Member, Board of Directors, Consumer Credit Counseling Service of Maryland, 1989-present

ARTICLES

1. S.E. Greisman and W.E. Woodward: Mechanisms of Endotoxin Tolerance. III. The Refractory State during Continuous Intravenous Infusion of Endotoxin. J. Exp. Med. 121:911-933, June 1965
2. S.E. Greisman, E.J. Young, and W.E. Woodward: Mechanisms of Endotoxin Tolerance. IV. Specificity of the Pyrogenic Refractory State during Continuous Intravenous Infusions of Endotoxin. J. Exp. Med. 124:983-1000, November 1966
3. S.E. Greisman, R.B. Hornick, H.N. Wagner, Jr., W.E. Woodward, and T.E. Woodward: The Integrity of the Endotoxin Tolerance Mechanisms during Typhoid Fever in Man. Trans. Assoc. Amer. Phys. 80:250, 1967
4. S.E. Greisman, R.B. Hornick, H.N. Wagner, Jr., W.E. Woodward, and T.E. Woodward: The Role of Endotoxin during Typhoid Fever and Tularemia in Man. IV. The Integrity of the Endotoxin Tolerance Mechanisms during Infection. J. Clin. Invest. 48:613-629, April 1969
5. W.E. Woodward, E.J. Gangarosa, P.S. Brachman, and G.T. Curlin: Foodborne Disease Surveillance in the United States - 1966 and 1967. J. Amer. Public Health Assoc. 60:130, 1970
6. W.H. Mosley, W.E. Woodward, K.M.A. Aziz, A.S.M.M. Rahman, A.K.M.A. Chowdhury, A. Ahmed, and J.C. Feeley: The 1968-1969 Cholera-Vaccine Field Trial in Rural East Pakistan. Effectiveness of Monovalent Ogawa and Inaba Vaccines and a Purified Inaba Antigen, with Comparative Results of Serological and Animal Protection Tests. J. Infect. Dis. 121:S1, May 1970
7. W.E. Woodward, W.H. Mosley, and W.M. McCormack: The Spectrum of Cholera in Rural East Pakistan. I. Correlation of Bacteriologic and Serologic Results. J. Infect. Dis. 121:S10, May 1970
8. H.L. DuPont, E.J. Gangarosa, B.L. Reller, W.E. Woodward, R.W. Armstrong, J. Hammond, K. Glazer, and G.K. Morris: Shigellosis in Custodial Institutions. Amer. J. Epidemiol. 92:172-179, 1970
9. W.E. Woodward: Epidemiologic Studies of Cholera in Rural East Pakistan. In: Proceedings of the Sixth Joint Conference on Cholera. Sponsored by the U.S.-Japan Cooperative Medical Science Program, Geographic Medicine Branch, N.I.A.I.D., N.I.H., Lake Yamanaka and Hakone, Japan, August 31-September 2, 1970, pp. 5-11.
10. W.E. Woodward: Cholera Reinfection in Man. J. Infect. Dis. 123:61-66, January 1971

11. W.E. Woodward and W.H. Mosley: The Spectrum of Cholera in Rural East Pakistan. II. Comparison of El Tor Ogawa and Classical Inaba Infection. *Amer. J. Epidemiol.* 96:342-351, 1972
12. N. Hirschhorn, R.A. Cash, W.E. Woodward, and G.H. Spivey: Oral Fluid Therapy of Apache Children with Acute Infectious Diarrhea. *Lancet* 2:15-18, July 1972
13. A. Sommer and W.E. Woodward: The Influence of Protected Water Supplies on the Spread of Classical/Inaba and El Tor/Ogawa Cholera in Rural East Bengal. *Lancet* 2:985-987, November 1972
14. W.E. Woodward, N. Hirschhorn, R.B. Sack, R.A. Cash, I. Brownlee, G.H. Chickadonz, L.K. Evans, R.H. Shepard, and R.C. Woodward: Acute Diarrhea on an Apache Indian Reservation. *Amer. J. Epidemiol.* 99:281-290, April 1974
15. N. Hirschhorn, B.J. McCarthy, B. Ranney, M.A. Hirschhorn, S.T. Woodward, A. Lacapa, R.A. Cash, and W.E. Woodward: Ad Libitum Oral Glucose-Electrolyte Therapy for Acute Diarrhea in Apache Children. *J. Pediatr.* 83:562, 1973
16. D.F. Clyde, V.C. McCarthy, R.M. Miller, and W.E. Woodward: Characteristics of Plasmodium falciparum from the Soloman Islands. *Amer. J. Trop. Med. Hyg.* 77:9, January 1974
17. R.B. Sack, N. Hirschhorn, I. Brownlee, R.A. Cash, and W.E. Woodward: Enterotoxigenic Escherichia coli-associated Diarrheal Disease in Apache Children. *New Engl. J. Med.* 292:1041, 1975
18. N. Hirschhorn, W.E. Woodward, L.K. Evans, G.H. Chickadonz, R.S. Gordon, R.B. Sack, M. Breutzman, R.A. Cash, and P.D. Zieve: Attempted Prevention of Diarrheal Disease in Apache Children with a Non-absorbable, Broad-spectrum Antimicrobial. *Amer. J. Trop Med. Hyg.* 24:320, March 1975
19. W.E. Woodward, R.H. Gilman, R.B. Hornick, J.P. Libonati, and R.A. Cash: Efficacy of a Live Oral Cholera Vaccine in Human Volunteers. In: Proceedings of the Eleventh Joint Conference on Cholera. Sponsored by the U.S.-Japan Cooperative Medical Science Program, Geographic Medicine Branch, N.I.A.I.D., N.I.H., New Orleans, Louisiana, November 4-6, 1975, pp. 330-335.
20. R.B. Sack, N. Hirschhorn, W.E. Woodward, D.A. Sack, and R.A. Cash: Antibodies to Heat-labile Escherichia coli Enterotoxin in Apaches in Whiteriver, Arizona. *Infection and Immunity* 12:1475-1477, December 1975
21. D.F. Clyde, V.C. McCarthy, R.M. Miller, and W.E. Woodward: Immunization of Man against Falciparum and Vivax Malaria by Use of Attenuated Sporozoites. *Amer. J. Trop. Med. Hyg.* 24:397-401, May 1975

22. M.J. Snyder, J. Perroni, O. Gonzalez, W.E. Woodward, C. Palomino, C. Gonzalez, S.I. Music, H.L. DuPont, R.B. Hornick, and T.E. Woodward: Comparative Efficacy of Chloramphenicol, Ampicillin, and Co-trimoxazole in the Treatment of Typhoid Fever. *Lancet* 2:1155-1157, November 27, 1976
23. C.T.L. Huang, W.E. Woodward, R.B. Hornick, J.T. Rodriguez, and B.L. Nichols: Fecal Steroids in Diarrhea. I. Acute Shigellosis. *Amer. J. Clin. Nutr.* 29:949-955, September 1976
24. R.B. Hornick, H.L. DuPont, M.M. Levine, R.H. Gilman, W.E. Woodward, M.J. Snyder, and T.E. Woodward: Efficacy of a Live Oral Typhoid Vaccine in Human Volunteers. *Develop. Biol. Standard.* (S. Karger, Basel) 33:89-92, 1976
25. W.E. Woodward, R.H. Gilman, R.B. Hornick, J.P. Libonati, and R.A. Cash: Efficacy of a Live Oral Cholera Vaccine in Human Volunteers. *Develop. Biol. Standard.* (S. Karger, Basel) 33:108-112, 1976
26. C.T.L. Huang, J.T. Rodriguez, W.E. Woodward, and B.L. Nichols: Comparison of Patterns of Fecal Bile Acid and Neutral Sterol between Children and Adults. *Amer. J. Clin. Nutr.* 29:1196-1203, November 1976
27. M.M. Levine, R.B. Hornick, H.L. DuPont, M.J. Snyder, W.E. Woodward, R.H. Gilman, and J.P. Libonati: Attenuated Streptomycin-dependent Salmonella typhi Oral Vaccine: Potential Deleterious Effects of Lyophilization. *J. Infect. Dis.* 133:424-429, April 1976
28. M.M. Levine, W.E. Woodward, S.B. Formal, P. Gemski, H.L. DuPont, R.B. Hornick, and M.J. Snyder: Studies with a New Generation of Oral Attenuated Shigella Vaccine: Escherichia coli Bearing Shigella Surface Antigens. *J. Infect. Dis.* 136:577-582, 1977
29. R.H. Gilman, R.B. Hornick, W.E. Woodward, H.L. DuPont, M.J. Snyder, M.M. Levine, and J.P. Libonati: Evaluation of a UDP-glucose-4-epimeraseless Mutant of Salmonella typhi as a Live Oral Vaccine. *J. Infect. Dis.* 136:717, December 1977
30. M.M. Levine, O. Grados, R.H. Gilman, W.E. Woodward, R. Solis-Plaza, and W. Waldman: Diagnostic Value of the Widal Test in Areas Endemic for Typhoid Fever. *Amer. J. Trop. Med. Hyg.* 27:795-800, 1978
31. V.C. McCarthy, D.F. Clyde, and W.E. Woodward: Plasmodium falciparum: Responses of a Semi-immune Individual to Homologous and Heterologous Challenges, and Non-infectivity of Gametocytes in Anopheles stephensi. *Amer. J. Trop. Med. Hyg.* 27:6-8, January 1978
32. W.E. Woodward: Informed Consent of Volunteers: A Direct Measurement of Comprehension and Retention of Information. *Clinical Research* 27:248-252, September 1979

33. W.E. Woodward: Pediatric Morbidity and Mortality in Minas Gerais, Brazil. *Disaster-The Internat. J. of Disaster Studies and Practice* 3:191-193, 1979
34. W.E. Woodward: Volunteer Studies of Typhoid Fever and Vaccines. *Trans. Roy. Soc. Trop. Med. Hyg.* 74:553-556, 1980
35. T.G. Cleary, K.R. Cleary, H.L. DuPont, G.S. El-Malih, M.I. Kordy, M.S. Mohieldin, I. Shoukry, S. Shukry, R.G. Wyatt, and W.E. Woodward: The Relationship of Oral Rehydration Solution to Hypernatremia in Infantile Diarrhea. *J. Pediatr.* 99:739-741, 1981
36. G. Pazzaglia and W.E. Woodward: An Analysis of the Relationship of Host Factors to Clinical Falciparum Malaria by Multiple Regression Techniques. *Amer. J. Trop. Med. Hyg.* 31:202-210, 1982
37. W.E. Woodward: A Petechial Rash That Came Too Late. *Hospital Practice*, pp. 49-56, May 1982
38. W.E. Woodward: What Clinicians Should Know About Rocky Mountain Spotted Fever. *Drug Therapy* pp. 106-114, 1982
39. T.E. Woodward and W.E. Woodward: A New Oral Vaccine for Typhoid Fever. Editorial. *J. Infect. Dis.* 145:289-291, 1982
40. K. Campbell, L.H. Miller, and W.E. Woodward: Protecting the Traveler against Malaria. *Patient Care* 16:73-86, 1982
41. K. Campbell, L.H. Miller, and W.E. Woodward: Intervening when Malaria Strikes. *Patient Care* 16:91-125, 1982
42. L.K. Pickering and W.E. Woodward: Diarrhea in Day Care Centers. *Pediatr. Infect. Dis.* 1:47-52, 1982
43. L.K. Pickering, W.E. Woodward, and S.A. Plotkin: Acute Infectious Diarrhea of Children in the Tropics. *Pediatric Annals* 11:974-989, December 1982
44. B.H. Keswick, L.K. Pickering, H.L. DuPont, and W.E. Woodward: Prevalence of Rotavirus in Children in Day Care Centers. *J. Pediatrics* 103:85-86, July 1983
45. B.H. Keswick, L.K. Pickering, H.L. DuPont, and W.E. Woodward: Survival and Detection of Rotaviruses on Environmental Surfaces in Day Care Centers. *Appl. Environ. Microbiol.* 46:813-816, October 1983
46. L.K. Pickering, W.E. Woodward, H.L. DuPont, and P. Sullivan: Occurrence of Giardia lamblia in Children in Day Care Centers. *J. Pediatrics* 104:522-526, April 1984
47. P. Sullivan, W.E. Woodward, L.K. Pickering, and H.L. DuPont: A Longitudinal Study of the Occurrence of Diarrheal Disease in Day Care Centers. *Amer. J. Public Health.* 74:987-991, Sept. 1984

48. G.F. Lemp, W.E. Woodward, L.K. Pickering, PS Sullivan, and H.L. DuPont: The Relationship of Staff to the Incidence of Diarrhea in Day Care Centers. Amer. J. Epidemiol. 120:750-758, Nov. 1984
49. S. Lieb, R.A. Gunn, R. Medina, N. Singh, R.D. May, H.T. Janowski, and W.E. Woodward: Norwalk Virus Gastroenteritis: An Outbreak Associated with a Cafeteria at a College. Amer. J. Epidemiol. 121:259-268, Feb. 1985
50. W.E. Woodward and T.E. Woodward: Management of Dehydrating Diarrhea. Hospital Practice, Mar. 30, 1986
51. L.K. Pickering, A.V. Bartlett, and W.E. Woodward: Acute Infectious Diarrhea in Day Care Children: Epidemiology and Control. Rev. Infect. Disease 8:539-547, Jul-Aug, 1986.
52. M.D. Hunt, W.E. Woodward, B.H. Keswick, and H.L. DuPont: Sero-epidemiology of Cholera in Gulf Coastal Texas. Appl. Environ. Microbiol. 54:1673-1677, Jul, 1988
53. W.E. Woodward: Success Begets Success: The McCormick Experience with Employee Assistance Programs. J. Amer. Council Alcoholism, Winter, 1988
54. W.E. Woodward: Typhus, Typhoid, and T.E.W. Maryland Med. J. in press.

ARTICLES IN PREPARATION

W.E. Woodward and R.B. Hornick: Induced Typhoid Fever and Experimental Typhoid Vaccines - A Study of 1886 Volunteers. (Accepted, Reviews of Infect. Dis.)

W.E. Woodward and T.E. Woodward: Medical Perspective. Oral Bacterial Vaccines. J. Infect. Dis.

W.E. Woodward, J.M. Neff, L.K. Garrettson, J.T. Horman, H. Greenberg, and N. Singh. Possible Parvovirus-like Agent at a Summer Camp.

W.E. Woodward: Characteristics of 3656 Prison Volunteers for Medical Studies.

W.E. Woodward: A Bibliography of Medical Ethics, Informed Consent, and Human Experimentation Including Over 4000 References, 1762-1978.

I.K. Amir, T.G. Cleary, K.R. Cleary, H.L. DuPont, D.G. Evans, M.H. Hosney, I.Z. Imam, M.I. El-Kordy, G.S. El-Malih, M.S. Mohieldin, T. Naguib, Nahed, M.A.S. Ralkfa, A.O. Rushdia, I. Shoukry, A.S. Shukry, M.F. Wasef, W.E. Woodward, R.G. Wyatt, and R.A.A. Zaki: Etiology of Infectious Diarrhea in Egyptian Children.

W.E. Woodward et al. The Diagnosis of Dengue by Immuno-fluorescence of Skin Biopsy Specimens.

A.L. Corwin, G.D. Shanks, and W.E. Woodward: Childhood Diarrhea in the Western Cayo District, Belize, Central America.

R.L. Falletti and W.E. Woodward: Prevalence of Diarrhea and Operating Characteristics in Licensed Day Care Centers: A Survey of Day Care Directors in Harris County, Texas.

CHAPTERS

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2. W.E. Woodward and R.B. Hornick: Rickettsialpox. In: Principles and Practice of Infectious Diseases, Chap. 142. Eds.: G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett. J. Wiley, New York, 1979
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INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

ADVERTISEMENT

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 subject 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.

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1. SENIOR SCIENTIST & HEAD,
COMMUNITY HEALTH DIVISION

(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of D1).

Duties/Functions

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Contd.....P/2

will have a proven scientific ability as evidenced by a record of original work published in international peer-review scientific journals. A record of successfully competing for financial support for independent and collaborative research would be desirable.

The position is equivalent to a full professor in academia. Experience in Tropical Medicine and connections with scientific institutions in developed and developing countries would be advantageous.

2. MCH-FP PHYSICIAN

(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of P4/P5).

This individual will administer the functioning of the Matlab MCH-FP Project which currently has an annual budget of approximately US \$ 600,000. This involves design, monitoring, implementing and evaluating selected primary health care activities and associated research and to develop linkages with national institutions, NGOs and particularly the health programme of the Government of Bangladesh.

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(D815)



Auckland Area Health Board

Te Poari Oraanga O Tamaki Makau Rau

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WHOLE-TIME SPECIALIST INTENSIVIST INTENSIVIST SERVICES BASED AT AUCKLAND HOSPITAL

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Auckland Hospital is a 750 bed general hospital where a major demand is for the treatment of trauma.

The hospital has a large Emergency Department and a Critical Care Unit.

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Conditions of Appointment and Application Forms are available from:

EXECUTIVE OFFICER (MEDICAL)
PERSONNEL DEPARTMENT
AUCKLAND AREA HEALTH BOARD
P.O. BOX 5546
AUCKLAND
NEW ZEALAND

with whom applications close on 22 September 1989.

(D814)

THE MARLBOROUGH AREA HEALTH BOARD WAIRAU HOSPITAL

Blenheim

NEW ZEALAND

Part-time

RADIOLOGIST

Applications are invited from registered medical practitioners having postgraduate experience and a registrable higher qualification in radiology for the position of part-time (0.8 F.T.F.) Specialist Radiologist at Wairau Hospital. Wairau Hospital is a progressive general hospital with 185 beds and a well developed coronary and intensive care unit and well-equipped endoscopic and radiological services. Wairau Hospital is the principal hospital of the Marlborough Area Health Board and is located in Blenheim, a country town situated centrally in New Zealand adjacent to the Marlborough sounds and readily accessible to the ski fields in the south and by air to Wellington, the capital city of New Zealand. Commencing salary will be within the automatic scale for an appointee possessing a specialist qualification recognised by the Medical Council of New Zealand (\$NZ61 910-\$78 153 p.a.—salary range for full-time specialist). Conditions of appointment and further details are available from The Medical Superintendent-in-Chief, Wairau Hospital, P.O. Box 46, Blenheim, New Zealand. An opportunity exists for private radiological practice in the town.

Applications should be addressed to reach the General Manager, Marlborough Area Health Board, P.O. Box 46, Blenheim, New Zealand, not later than 1 September 1989.

(4603)

THE DIVISION OF CARDIOLOGY THE TORONTO HOSPITAL UNIVERSITY OF TORONTO

Is seeking 2

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Qualifications required are M.D., Specialty Certification Cardiology and advanced training in Cardiac Echo-Doppler. Enquiries should be received by 1 November 1989 to the attention of Dr PETER McLAUGHLIN, Director, Division of Cardiology, The Toronto Hospital, Eaton 12-224, 200 Elizabeth Street, Toronto, ONT. M5G 2C4. The University of Toronto encourages applications from qualified women or men, members of visible minorities, aboriginal peoples and persons with disabilities.

In accordance with Canadian Immigration requirements this advertisement is directed firstly to Canadian citizens and permanent residents. (4722)

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THE LANCET (U.K.)
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2. MCH-FP PHYSICIAN

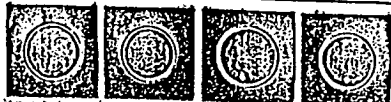
(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of P4/P5).

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Molecular Biology of Microbial Differentiation

Editors:

James A. Hoch

Peter Setlow

The Ninth International Spores Conference held in September 1984 focused on one exciting and rapidly progressing area of bacterial development: the molecular biology of the sporulation and germination processes.

Symposium presentations from this important meeting and review articles have been compiled and edited for ready reference.

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- Control of Developmental Transcription
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This book will be an invaluable resource for every researcher and student of spore science.

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280 pages, illustrated, index

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Bureaucratic reforms

From page 5

IMPLICATIONS OF THE RECOMMENDATIONS

The recommendations made above are not only internally inconsistent but are also laden with elements of (a) overcentralisation and (b) politicisation of higher bureaucracy. It is internally inconsistent for a number of reasons.

First, the abolition of the SSP was done on the ground of opening up opportunities for promotion of various officers and various cadres since 1979 have been inducted into the pool at various levels, in particular, at the level of JS. Others having served at the level of JS have also been promoted as Additional Secretaries. Now under recommendation (a) the posts of Secretary has been thrown open to officers outside Secretariat serving at MNS-2. It is significant that MNS-1 who is the controlling officer is not considered eligible.

Second, the basis of selection is length of service not merit which is considered unnecessary at the highest level of bureaucracy. This again has to be done after determination of seniority. How do you determine seniority of doctor, engineer, kishikid, livestock, police, T&T etc? On the basis of date of entry?

This would mean sacrificing the range and quality of experience in the relevant field which in this case is the Secretariat. Will it be logical to place somebody outside the Secretariat, who has never served in the Secretariat above someone who has served as JS and above level say for more than 7 to 12 years?

Third, how will the Council Committee make the selection? What are the criteria? It is an **unwisely** accepted

practice both in private and public sector including the academic world that range quality and level of experience are given more weightage than mere length of service totally unrelated to the job description of the post to be filled up.

Fourth, the arguments given above apply with equal force to the recommendation (b) of the subcommittee. In this recommendation the element of internal inconsistency becomes even more striking. In that selection of officers to be interviewed by the Council Committee is based on length of service above.

Merit and seniority based on range, quality and level of experience have no consideration. If length of service is the sole criterion which undoubtedly in this case is professionally competent doctors, engineers and others will lead up in the selection process with damaging effect: (a) the society will lose a good professional and (b) government will get a Secretary/ Additional Secretary who will be wholly dependent on his subordinates because he lacks training to decide on issues with which he is not familiar.

Fifth, the element of internal inconsistency is even more apparent in recommendation (c) which calls upon the Ministry of Establishment to fill up posts of Secretary and Additional Secretary by transfer from amongst those serving in MNS-1 and 2 in various cadres.

What would be the basis of selection? It leaves open wide areas of discretion which can be abused by the Executive and lead him to violate constitutional provision as mentioned earlier.

The Executive is bound to consult the PSC on such cases. Even if the case is sent to the

To be continued.

at once was

millions of tonnes of CFCs rising slowly into the upper atmosphere on a journey which can take over 100 years.

Evidence points to the Western countries as the main culprits for the present danger. The US and EEC are together thought to produce almost two-thirds of CFC output, which goes into such things as aerosols, refrigerators and plastic foam.

The developing world uses less than 300 grams of CFCs per head; the West uses about 1 kilogram per head.

During the negotiations on the Montreal Protocol, developing nations demanded that they be allowed to use CFCs until substitutes were available. This was agreed: they were given a 10-year grace period before having to start cutting back as long as they did not push their consumption over the 300 gram level.

But this time in London they were asked to go even

further since many scientists now believe that an immediate 95% cut in production is necessary.

Some developing nations ask why they should give up the use of a remarkable range of chemicals for which satisfactory substitutes are sometimes difficult to find and are expensive. After all, very little direct damage is being done to them.

The answer is that if the oceans die, we all die. A further increase in UV radiation will have many other harmful effects but this one is the crux. As a species, mankind can survive higher rates of skin cancer, more cases of eye cataracts and an increased susceptibility to diseases. We may even get through a period of global warming, although it will spread deserts, wither crops and flood our coastal cities.

But the sterilisation of oceans is the end, not just of those who did the damage but of everyone.



BANGLADESH RAILWAY

TENDER NOTICE



INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

HOLIDAY 7

ADVERTISEMENT

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THE HOLIDAY

CLASSIFIED REGISTRY

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PROFESSOR AND HEAD DEPARTMENT OF INTERNAL MEDICINE

Applications are invited for the position of Head of the Department of Internal Medicine at the Faculty of Medicine, University of Manitoba for a five year term commencing July 1, 1990, or as soon thereafter as possible.

Candidates should have a substantial record of academic achievement in internal medicine as well as proven administrative experience. The department is responsible for programs of education at the undergraduate and graduate levels. Rank and salary commensurate with qualifications and experience.

Candidates must have senior specialty qualifications in internal medicine in the country of current practice and must be eligible for specialty registration with the College of Physicians and Surgeons of Manitoba. Certification in internal medicine by the Royal College of Physicians and Surgeons of Canada is preferred.

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Both men and women are encouraged to apply. In accordance with Canadian immigration requirements, priority will be given to Canadian citizens and permanent residents of Canada.

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Dr. N.R. Anthonisen, Chair
Department of Internal Medicine
Search Committee
Faculty of Medicine
University of Manitoba
A101-753 McDermott Avenue
Winnipeg, Manitoba
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FELLOWSHIPS

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OVERSEAS

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THE LANCET (U.S.)
8.12.89

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

GPO BOX 128, Dhaka - 1000, Bangladesh

Title : Senior Scientist-Head, Community Health Division

Grade : D1 (UN/WHO pay level)

Objectives: To direct and conduct epidemiological studies and design and evaluate health intervention studies related to diarrhoeal diseases including persistent, invasive and watery diarrhoeas and other major causes of childhood morbidity and mortality including nutrition, maternal and child health in the context of rural and urban health programme.

Duties :

- To coordinate and direct the research, service and related activities of the Community Health Division.
- To generate protocol for the research Division.
- To administer the overall functions of the division and advise the scientific staff.
- To evaluate and direct the activities of the Matlab Field Station.
- To contribute to the development of career structure for the scientific and clinical staff and attempt to integrate the inservice training with that carried out by appropriate national institutions.
- To foster active collaboration with research institutions in Bangladesh and abroad.
- To obtain International competitive research grants.

Qualifications :

Education : A medical degree with specialization in Public Health and/or Epidemiology.

contd..2

(contd..Senior Scientist/Head, CHD)

2

Experience : A minimum of 15 years experience in primary health care or health services research including tropical medicine; out of which at least 5 years as a Senior Team Leader. Must have proven scientific ability as evidenced by a record of original work published in International peer-reviewed scientific journals. Good connections with International Scientific Institutions.

Language skills: Excellent knowledge of spoken and written English.

Salary range : US\$ 43,461 to US\$ 49,287 (with dependants)
US\$ 40,042 to US\$ 45,283 (single status)
depending on experience and qualifications. The above salaries are base salaries, added to these are the usual UN benefits and allowances.

MCH-FP Physician (Project Director) P5

As already reported to the P&S committee in December 1989 (Ref agenda 3.1.(d)) the following were shortlisted out of 34 applications received against ICDDR,B vacancy announcement published/circulated nationally and internationally.

1. Dr. L A de Francisco
2. Dr. G. Oluremi Sogunro
3. Dr. Andrew W. Smith
4. Dr. Md. Yunus
5. Dr. Laila Akbar
6. Dr. Kate Stewart

Dr. Andrew W. Smith (Sl.No. 3) and Dr. Kate Stewart (Sl. No. 6) had withdrawn their applications.

Two candidates (Dr. R.L. Akbar and Dr. M. Yunus) were interviewed in Dhaka on April 18, 1990, Dr. G. Oluremi Sogunro was interviewed in Geneva on May 04, 1990 and Dr. L.A. de Francisco was invited to Dhaka and was interviewed on May 14, 1990.

The observation and recommendations of the selection panel are enclosed.



INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

ADVERTISEMENT

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 subject 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/WHO. 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.

Candidates are being sought for the following positions. These positions carry a UN/WHO based salary depending on qualifications, experience and number of dependants.

1. SENIOR SCIENTIST & HEAD,
COMMUNITY HEALTH DIVISION

(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of D1).

Duties/Functions

This individual will conduct coordinate and direct the research and allied activities of the Community Health Division which is one of the four scientific divisions of the ICDDR,B. Epidemiological studies and the design and evaluation of health interventions in rural and urban communities are the main activities of this Division.

The location of the Division's work is in Dhaka and Matlab (approximately 40 Km from Dhaka). The Division is staffed by 500 scientific, clinical and support staff.

Qualifications and Experience

A Ph.D or a medical degree with specialization in Community Health or Research Epidemiology method and/or Social Anthropology is required. Training and experience in primary health care or health services research would be helpful. The ideal candidate

Contd.....P/2

will have a proven scientific ability as evidenced by a record of original work published in international peer-review scientific journals. A record of successfully competing for financial support for independent and collaborative research would be desirable.

The position is equivalent to a full professor in academia. Experience in Tropical Medicine and connections with scientific institutions in developed and developing countries would be advantageous.

2. MCH-FP PHYSICIAN

(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of P4/P5).

This individual will administer the functioning of the Matlab MCH-FP Project which currently has an annual budget of approximately US \$ 600,000. This involves design, monitoring, implementing and evaluating selected primary health care activities and associated research and to develop linkages with national institutions, NGOs and particularly the health programme of the Government of Bangladesh.

Qualifications and Experience

A medical degree with specialization in Paediatrics, Tropical Medicine and/or Gynae/Obstetrics with Post Graduate Diploma in Public Health/Master of Public Health or Ph.D. Experience in primary health care in developing countries, research experience in community based studies with publications in peer-review journals desirable. Work experience in South Asia region will be an advantage.

Applications and a detailed CV, together with names and addresses of 3 references should be sent to the Personnel Manager (Professional), ICDDR,B, G.P.O. Box No. 128, Dhaka-1000, Bangladesh. Applications will be received up to six weeks after the appearance of this advertisement.

CLASSIFIED REGISTRY

FACULTY POSITIONS

PROFESSOR AND HEAD DEPARTMENT OF INTERNAL MEDICINE

Applications are invited for the position of Head of the Department of Internal Medicine at the Faculty of Medicine, University of Manitoba for a five year term commencing July 1, 1990, or as soon thereafter as possible.

Candidates should have a substantial record of academic achievement in internal medicine as well as proven administrative experience. The department is responsible for programs of education at the undergraduate and graduate levels. Rank and salary commensurate with qualifications and experience.

Candidates must have senior specialty qualifications in internal medicine in the country of current practice and must be eligible for specialty registration with the College of Physicians and Surgeons of Manitoba. Certification in internal medicine by the Royal College of Physicians and Surgeons of Canada is preferred.

The University of Manitoba offers good working conditions, a competitive salary and an attractive fringe benefit package.

Both men and women are encouraged to apply. In accordance with Canadian Immigration requirements, priority will be given to Canadian citizens and permanent residents of Canada.

Applications and nominations should be accompanied by a curriculum vitae and submitted not later than October 1, 1989 to:

Dr. N.R. Anthonisen, Chair
Department of Internal Medicine
Search Committee
Faculty of Medicine
University of Manitoba
A101-763 McDermot Avenue
Winnipeg, Manitoba
Canada R3E 0W3.

PHYSICIANS WANTED

Nephrologist — Entrepreneurial opportunity for board-certified/eligible nephrologist. Positions are available in Sunbelt locations. Significant private practice potential. Innovative marketing concepts combined with quality patient care program. Joint venture package available for risk takers or guaranteed compensation plans for the security-minded physician. Box #818, c/o RJA.

PLEASE NOTE — Address replies to box number ads as follows: Box number, c/o RJA, P.O. Box 1510, Clearwater, FL 34617.

FELLOWSHIPS

Research Fellowship in Particle Radiotherapy (PIONS) TRIUMF and Cancer Control Agency of B.C., Vancouver, B.C., Canada. Applications are invited for the above position with one year tenure from January 1, 1990. Only suitable experienced individuals with a higher qualification in radiotherapy will be considered. Duties will include the supervision of patients undergoing pion treatments for brain and pelvic malignancy. Candidates will be encouraged to conduct their own research project and assist with design and conduct of clinical trials. Further details concerning remuneration, assistance with travel expense, etc., available on request, with submission of CV and names and addresses of two referees to: Dr. G.B. Goodman, Head, Section of Developmental Radiotherapy, Director, TRIUMF Clinical Program, Cancer Control Agency of B.C., 600 West 10th Avenue, Vancouver, B.C. V5Z 4E6.

OVERSEAS

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.

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Candidates are being sought for the following positions. These positions carry a UN/WHO-based salary depending on qualifications, experience and number of dependents.

1. SENIOR SCIENTIST AND HEAD, COMMUNITY HEALTH DIVISION (Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of D1).

Duties/Functions

This individual will conduct, coordinate and direct the research and allied activities of the Community Health Division which is one of the four scientific divisions of the ICDDR,B. Epidemiological studies and the design and evaluation of health interventions in rural and urban communities are the main activities of this division. The location of the division's work is in Dhaka and Matlab (approximately 40 km from Dhaka). The division is staffed by 500 scientific, clinical and support staff.

Qualifications and Experience

A PhD or a medical degree with specialization in community health or research epidemiology method and/or social anthropology is required. Training and experience in primary health care or health services research would be helpful. The ideal candidate will have a proven scientific ability as evidenced by a record of original work published in international peer-review scientific journals. A record of successfully compelling for financial support for independent and collaborative research would be desirable. The position is equivalent to a full professor in academia. Experience in tropical medicine and connections with scientific institutions in developed and developing countries would be advantageous.

2. MCH-FP PHYSICIAN

(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of P4/P5).

This individual will administer the functioning of the Matlab MCH-FP Project which currently has an annual budget of approximately \$600,000 (U.S.). This involves design, monitoring, implementing and evaluating selected primary health care activities and associated research and to develop linkages with national institutions, NGOs and particularly the health programme of the Government of Bangladesh.

Qualifications and Experience

A medical degree with specialization in paediatrics, tropical medicine and/or gynaec/obstetrics with post graduate diploma in Public Health/Master of Public Health or PhD. Experience in primary health care in developing countries, research experience in community based studies with publications in peer-review journals desirable. Work experience in South Asia region will be an advantage.

Applications and a detailed CV, together with names and addresses of three references should be sent to the Personnel Manager (Professional), ICDDR,B, G.P.O. Box No. 128, Dhaka-1000, Bangladesh. Applications will be received up to six weeks after the appearance of this advertisement.

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THE LANCET (U.S.)
8.12.89

Bureaucratic reforms

From Page 5

IMPLICATIONS OF THE RECOMMENDATIONS

The recommendations made above are not only internally inconsistent, but are also laden with elements of (a) overcentralisation and (b) politicisation of higher bureaucracy. It is internally inconsistent for a number of reasons.

First, the abolition of the SSP was done on the ground of opening up opportunities for promotion of various officers and various cadres since 1979 have been inducted into the pool at various levels, in particular, at the level of JS. Others having served at the level of JS have also been promoted as Additional Secretaries. Now under recommendation (a) the post of Secretary has been thrown open to officers outside Secretariat serving at MNS-2. It is significant that MNS-1 who is the controlling officer is not considered eligible.

Second, the basis of selection is length of service not merit which is considered unnecessary at the highest level of bureaucracy. This again has to be done after determination of seniority. How do you determine seniority of doctor, engineer, kishikid, livestock, police, T&T etc? On the basis of date of entry?

This would mean sacrificing the range and quality of experience in the relevant field which in this case is the Secretariat. Will it be logical to place somebody outside the Secretariat, who has never served in the Secretariat above someone who has served as JS and above level say for more than 7 to 12 years?

Third, how will the Council Committee make the selection? What are the criteria? It is an unversally accepted

practice both in private and public sector including the academic world that range quality and level of experience are given more weightage than mere length of service totally unrelated to the job. description of the post to be filled up.

Fourth, the arguments given above, apply with equal force to the recommendation (b) of the subcommittee. In this recommendation the element of internal inconsistency becomes even more striking. In that selection of officers to be interviewed by the Council Committee is based on length of service above.

Merit and seniority based on range, quality and level of experience have no consideration. If length of service is the sole criterion which undoubtedly in this case is, professionally competent doctors, engineers and others will land up in the selection process with damaging effect: (a) the society will lose a good professional and (b) government will get a Secretary/ Additional Secretary who will be wholly dependent on his subordinates because he lacks training to decide on issues with which he is not familiar.

Fifth, the element of internal inconsistency is even more apparent in recommendation (c) which calls upon the Ministry of Establishment to fill up posts of Secretary and Additional Secretary by transfer from amongst those serving in MNS-1 and 2 in various cadres.

What would be the basis of selection? It leaves open wider areas of discretion which can be abused by the Executive and lead him to violate constitutional provision as mentioned earlier.

The Executive is bound to consult the PSC on such cases. Even if the case is sent to the

To be continued.

at once was

millions of tonnes of CFCs rising slowly into the upper atmosphere a journey which can take over 100 years.

Evidence points to the Western countries as the main culprits for the present danger. The US and EEC are together thought to produce almost two-thirds of CFC output, which goes into such things as aerosols, refrigerators and plastic foam.

The developing world uses less than 300 grams of CFCs per head; the West uses about 1 kilogram per head.

During the negotiations on the Montreal Protocol, developing nations demanded that they be allowed to use CFCs until substitutes were available. This was agreed: they were given a 10-year grace period before having to start cutting back as long as they did not push their consumption over the 300 gram level.

But this time in London they were asked to go even

further since many scientists now believe that an immediate 95% cut in production is necessary.

Some developing nations ask why they should give up the use of a remarkable range of chemicals for which substitutes are sometimes difficult to find and are expensive. After all, very little direct damage is being done to them.

The answer is that if the oceans die, we all die. A further increase in UV radiation will have many other harmful effects but this one is the crux. As a species, mankind can survive higher rates of skin cancer, more cases of eye cataracts and an increased susceptibility to diseases. We may even get through a period of global warming, although it will spread deserts, wither crops and flood our coastal cities.

But the sterilisation of oceans is the end, not just of those who did the damage but of everyone.



BANGLADESH RAILWAY

TENDER NOTICE



INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

OLIDAY 7

ADVERTISEMENT

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 subject 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.

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Candidates are being sought for the following positions. These positions carry a UN/WIO based salary depending on qualifications, experience and number of dependants.

1. SENIOR SCIENTIST & HEAD, COMMUNITY HEALTH DIVISION

(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WIO equivalent of D1).

Duties/Functions

This individual will conduct coordinate and direct the research and allied activities of the Community Health Division which is one of the four scientific divisions of the ICDDR,B. Epidemiological studies and the design and evaluation of health interventions in rural and urban communities are the main activities of this Division.

The location of the Division's work is in Dhaka and Mallab (approximately 40 km from Dhaka). The Division is staffed by 500 scientific, clinical and support staff.

Qualifications and Experience

A. Ph. D or a medical degree with specialization in Community Health or Research Epidemiology method and /or Social Anthropology is required. Training and experience in primary health care or health services research would be helpful. The ideal candidate will have a proven scientific ability as evidenced by a record of original work published in international peer-review scientific journals. A record of successfully competing for financial support for independent and collaborative research would be desirable.

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C-131

21-789
THE HOLIDAY



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.

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Qualifications and Experience

A Ph.D. or a medical degree with specialization in Community Health of Research Epidemiology method and/or Social Anthropology is required. Training and experience in primary health care or health services research would be helpful. The ideal candidate will have a proven scientific ability as evidenced by a record of original work published in international peer-review scientific journals. A record of successfully competing for financial support for independent and collaborative research would be desirable.

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Molecular Biology of Microbial Differentiation

Editors:
James A. Hoch
Peter Setlow

The Ninth International Spores Conference held in September 1984 focused on one exciting and rapidly progressing area of bacterial development: the molecular biology of the sporulation and germination processes.

Symposium presentations from this important meeting and review articles have been compiled and edited for ready reference.

Keep pace with the progress
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Molecular Biology of Microbial Differentiation presents the latest conclusions in the molecular biology of differentiation in higher prokaryotes.

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This book will be an invaluable resource for every researcher and student of spore science.

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INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

The International Centre for Diarrhoeal Disease Research, Bangladesh (I.C.D.D.R., 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 subject 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 4 scientific divisions: Clinical Sciences, Laboratory Sciences, Community Health and Population Sciences.

Salary scales, rules and regulations are similar to those followed by the United Nations/World Health Organisation. The 1400 employees include 200 researchers coming from 13 countries. I.C.D.D.R., B. is supported by 21 countries and international organisations, including W.H.O. and U.N.I.C.E.F.

Candidates are being sought for the following positions. These positions carry a U.N./W.H.O. based salary depending on qualifications, experience and number of dependants.

1. SENIOR SCIENTIST AND HEAD, COMMUNITY HEALTH DIVISION

(Salary and grade level will be based upon an applicant's experience up to a maximum of U.N./W.H.O. equivalent of D1).

Duties/Functions

This individual will conduct, coordinate and direct the research and allied activities of the Community Health Division which is 1 of the 4 scientific divisions of the I.C.D.D.R., B. Epidemiological studies and the design and evaluation of health interventions in rural and urban communities are the main activities of this Division.

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Qualifications and Experience

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Qualifications and Experience

A medical degree with specialisation in Paediatrics, Tropical Medicine and/or Gynaecology/Obstetrics with Postgraduate Diploma in Public Health/Master of Public Health or Ph.D. Experience in primary health care in developing countries, research experience in community based studies with publications in peer-review journals desirable. Work experience in South Asia region will be an advantage.

Applications and a detailed curriculum vitae, together with the names and addresses of 3 referees, should be sent to the Personnel Manager (Professional), International Centre for Diarrhoeal Disease Research, Bangladesh, G.P.O. Box No. 128, Dhaka-1000, Bangladesh. Applications will be received up to 6 weeks after the appearance of this advertisement.

(D815)



Auckland Area Health Board

Te Pooti Ora Ora O Tamaki Makau Rau

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WHOLE-TIME SPECIALIST INTENSIVIST INTENSIVIST SERVICES BASED AT AUCKLAND HOSPITAL

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The hospital has a large Emergency Department and a Critical Care Unit.

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Conditions of Appointment and Application Forms are available from:

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PERSONNEL DEPARTMENT
AUCKLAND AREA HEALTH BOARD
P.O. BOX 6548
AUCKLAND
NEW ZEALAND

with whom applications close on 22 September 1989.

(D814)

THE MARLBOROUGH AREA HEALTH BOARD WAIRAU HOSPITAL Blenheim NEW ZEALAND Part-time RADIOLOGIST

Applications are invited from registered medical practitioners having postgraduate experience and a registrable higher qualification in radiology for the position of part-time (08 F.T.F.) Specialist Radiologist at Wairau Hospital. Wairau Hospital is a progressive general hospital with 185 beds and a well developed coronary and intensive care unit and well-equipped endoscopic and radiological services. Wairau Hospital is the principal hospital of the Marlborough Area Health Board and is located in Blenheim, a country town situated centrally in New Zealand adjacent to the Marlborough sounds and readily accessible to the ski fields in the south and by air to Wellington, the capital city of New Zealand. Commencing salary will be within the automatic scale for an appointee possessing a specialist qualification recognised by the Medical Council of New Zealand (\$NZ\$1 910-\$78 153 p.a.—salary range for full-time specialist). Conditions of appointment and further details are available from The Medical Superintendent-in-Chief, Wairau Hospital, P.O. Box 46, Blenheim, New Zealand. An opportunity exists for private radiological practice in the town.

Applications should be addressed to reach the General Manager, Marlborough Area Health Board, P.O. Box 46, Blenheim, New Zealand, not later than 1 September 1989.

(4603)

THE DIVISION OF CARDIOLOGY THE TORONTO HOSPITAL UNIVERSITY OF TORONTO

is seeking 2
ACADEMIC CARDIOLOGISTS
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Qualifications required are M.D., Specialty Certification Cardiology and advanced training in Cardiac Echo-Doppler. Enquiries should be received by 1 November 1989 to the attention of Dr PETER McLAUGHLIN, Director, Division of Cardiology, The Toronto Hospital, Eaton 12-224, 200 Elizabeth Street, Toronto, ONT. M5G 2C4. The University of Toronto encourages applications from qualified women or men, members of visible minorities, aboriginal peoples and persons with disabilities.

In accordance with Canadian Immigration requirements this advertisement is directed firstly to Canadian citizens and permanent residents.

(4722)

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		6. Unit/Office/ Field Activity Matlab Field Station	
		7. Official Station and Country Dhaka, Bangladesh	
		8. Inactive date:	
		Approved Title	
		CCOG	
		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. The Matlab MCH-FP Programme aims at developing, implementing and evaluating a set of health services by which a decline in fertility and mortality can be achieved and sustained in a rural Bangladeshi community.			
10. Summarize the assigned responsibilities. The selected individual will be responsible for the administration and functioning of the Matlab MCH-FP project which currently has an annual budget of approximately US \$450,000. This involves design, implementation, monitoring and evaluation of selected primary health care activities and associated research. This also includes developing linkages with national institutions, NGOs and particularly the health programme of the Government of Bangladesh, through the MCH-FP Extension project.			
11. Indicate	Essential minimum qualifications required to perform the work	Additional desirable qualifications	
a) Knowledge, abilities & skills, including personal qualities & human relationships	Must be able to administer a large project team (150 professionals and 1400 volunteers) including budgeting, planning and relating with donors. Must have interest in Social Sciences and Management.		
b) Level & field of study and extent of specialization	MD with specialisation in Paediatrics, Tropical Medicine, and/or Gyn/Obstetrics. Post graduate diploma in Public Health.		
c) Length & nature of practical experience at the national and/or international level	- 5 years clinical experience - At least eight years of field experience in primary health care in developing countries. - Research experience in community based studies.	Experience in the South Asia region preferred. Publications in peer review journals.	
d) Languages required and the level & nature of their use	English, basic knowledge of Bengali highly recommended	Knowledge of other European languages.	

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 objectives. Objectives should be presented in order of importance with an indication of the percentage of time of the annual workload required for each objective.

Description of functions:

%

1. Performs epidemiological studies such as mortality, morbidity and cause of death for assessing the magnitude of selected public health problems in the project area.
2. Designs and implements selected MCH-FP interventions to be delivered mostly on an outreach basis by community health workers.
3. Monitors and evaluates new interventions, as well as already existing ones, trying to sort out their interrelations and their relative impact on maternal and child health and fertility.
4. Supervises and ensures the quality of the data collected through the project's record keeping system.
5. Supervises and ensures the quality of the primary health services delivered in the project.
6. Organises the training of field staff and supervisors for new activities as well as refresher training.
7. Performs administrative tasks related to the operation of 130 project staff, and related needs.
8. Prepares annual activity report and ensures donor's reporting.
9. Monitors the annual budget and develops proposals for fund raising as required.
10. Liaises with other divisions within the Centre, particularly with the MCH-FP extension project, with other institutions governmental, non governmental and international.

13. Indicate the guidelines which are available (for example the decisions of legislative bodies, publications, policies, regulations, known precedents, accepted practices, research techniques, project documents, etc.).

- Research priorities established by the ICDDR,B, particularly those established by the Community Medicine Division.
- Rules and regulations of the ICDDR,B's Scientific Committee (RRC) and Ethical Review Committee (ERC).
- ICDDR,B's staff rules, financial rules.

Describe the interpretation and/or deviation permitted, and the authority to establish new guidelines.

- Deviations are permitted on sound scientific rationale subject to approved by the RRC and ERC.

14. Describe:

- the type and extent of the supervision given to the post:
Overall supervision is provided by the Associate Director, Community Medicine Division. Particular supervision for budget and finance, personnel management, relation with donors, is ensured by relevant department heads.
- how assignments are given:
Mostly verbally (through discussions) and occasionally in writing.
- the guidance and assistance provided by the supervisor and/or others:
Mostly through direct personal circumstances.
- the review and verification of the work while in progress or on completion:
Performance depends mostly on the successful completion of the projected/targeted achievements to be assessed by the Director.

15. Indicate the typical contacts required outside the immediate work unit. Explain the purpose of the contacts as clearly as possible, e.g. to obtain information on ..., to represent the Organization at ..., to provide advice on ... etc.

a) Inside the Organization

Title & level	Purpose
- Director	For broad policy issues.
- Associate Director, CMD	For scientific and administrative clearance.
- Other members CMD	For scientific review and discussions.
- Associate Director, AP&F	For administrative and financial support.
- Associate Director, RD	For relation with donors.
- Personnel Branch	
- Supply Branch	
- Finance	For relevant needs.
- Library, transport, maintenance	

b) Outside the Organization

Title & level	Purpose
- GOB, Primary Health Care, MOHFP	For participation in workshops, advice, presentations.
- Other NGOs	For sharing experience.
- Donors	For activity reports and new activity.
- Training institutions (national & international)	For staff development.

16. a) Professional posts DIRECTLY supervised:

Title	Classified Level	Post Number(s)
MCH-FP Physician	P3	1
Nurse Trainer	P	1
Manager Health Services	NOB	1
Medical Officer	NOA	2
Senior Statistical Officer	GS6	1
Secretary	GS6	1
Senior Field Supervisors	GS5-6	6
Mid level supervisors	GS4	18
b) Total number of professional posts supervised directly and through subordinate supervisors:		5
c) Total number of general service posts supervised directly and through subordinate supervisors:		150
		(+ 1400 Volunteers)
d) Title, classified grade and post number of supervisor's post:	Associate Director, P-6	
	CMD.	

17. Describe the most important decisions that the incumbent is authorized to take

Implementation of new service interventions
Design of new research activities
Recruitment of new staff
Organisation of workshops, seminars, training

18. Describe the most important recommendations expected of the incumbent

Scientific results of studies conducted may serve as a basis for Centre's health recommendation for other NGOs programmes and for Government of Bangladesh National Health Policy.

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section 3, on the Organization, and on the immediate unit.

- Mismanagement of patients by health team resulting in complication and loss of confidence from Community.

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities.

NA

21. Certified as an accurate description of the work assigned (and performed if the post is occupied): Post No.

First level supervisor

Name

Signature

Date

Ullas May 5, 1988

Second level supervisor, or Chief of Unit

Name

Signature

Date

Regional or Divisional Director Programme Manager

Dr. A. Briand

Name

Signature

Date

A. Briand 5th May 1988

Also, please certify the organizational chart as correct by signing and indicating the effective date.

8(a)/ii(d)/BT/June'90

External Relations Officer (P5)

To be reported by the Director.

AH:mr

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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 as 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.



INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

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LR-3-89

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Holiday, March 23, 1989



INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

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GC-8566

*Bangladesh Observer,
March 23, (Wednesday) 1989*



SENIOR LECTURER/LECTURER IN RESOURCE ECONOMICS

The Department of Management Studies, of the Queensland Agricultural College, offers subjects across a range of courses including real property valuation and administration, hospitality management and tourism, rural management and rural technology from certificate to degree levels, with projected expansion into postgraduate programs.

Duties:

- The appointee will be responsible to the Head of Department, Management Studies for
- (a) development, conduct and assessment of subjects in economics, with particular emphasis on resource economics and land economics to students undertaking courses in real property valuation and administration, tourism, rural management and natural systems management;
 - (b) undertaking research relevant to the property, tourism or rural industries;
 - (c) contributing to the activities of the Department in continuing education;
 - (d) undertaking administrative responsibilities, commensurate with the level of appointment;
 - (e) other duties as required by the Head of Department

Qualifications:

- (a) Appropriate degree in economics; a higher degree would be an advantage.
- (b) Demonstrated or potential ability to teaching.
- (c) Relevant professional or research experience is desirable.

Closing date: 5th May, 1989.

Tenure: The appointment of each position may be tenured.

Salary, according to qualifications and experience, will be in the range of:

Senior Lecturer \$A40,937-\$A47,584 pa

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Applications, providing a full curriculum vitae and the names of two (2) referees should be forwarded to:

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INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

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 organisations, including WHO and UNICEF.

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INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
GPO BOX-128, DHAKA - 1000, BANGLADESH

Title : External Relations Officer

Grade : P4 - P5 (UN scale)

Objectives : To undertake the responsibilities of fund raising and external relations under the supervision of the Director.

Duties : - To organize and co-ordinate the fund raising activities of the Centre.

- To plan and forecast donor contributions annually.

- To arrange commitments from donors to meet the Centre's resource requirements.

- To maintain liaison with and to provide information to current donors and other organizations and agencies, and establish contacts with prospective donors.

- To advise scientists in formulating proposals for presentation to donors for funding.

- To develop agreements/contracts in close collaboration with the Associate Director, Administration & Personnel and Associate Director, Finance for presentation to the Director and the Trustees.

- To co-ordinate with the Associate Director, Finance for submission of progress and financial reports.

- To prepare reports for presentation to individual donors and at the donor's annual meetings.

- To assist with planning and organizing donor's meetings.

- To establish and maintain good communications with the host Government.

- To 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.

Education : Post Graduate qualification in appropriate discipline preferably with a science background.

Contd..P/2

Experience : Minimum 5 years senior level experience in dealing with donor governments or funding organizations with proven skills of international fund raising along with sound knowledge of financial management.

Language skills : Excellent knowledge of spoken and written English essential and knowledge of other languages desirable.

Salary range: US\$ 32,605 to US\$ 46,340 (with dependants)
US\$ 30,275 to US\$ 42,638 (single status) depending on experience and qualifications. The above salaries are base salaries, added to these are the usual UN benefits and allowances.

Nutritionist (P3)

A total of 25 applications were received against the vacancy notice published in national and international press and was circulated to donors, local support group members and BOT members.

The following candidates were found to meet the minimum criteria for the position :

- | | | |
|----|--------------------------------|------------|
| 1. | Mr. John O'Dea | U.K. |
| 2. | Mrs. Farida Rahman | Bangladesh |
| 3. | Dr. Rajalakshmi Krishnamachari | India |
| 4. | Dr. S. K. Roy | Bangladesh |
| 5. | Dr. Shameem Ahmed | Bangladesh |

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NUTRITIONIST

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is a non-profit international medical research institution situated in Dhaka, Bangladesh. Its aim is to conduct research and training in diarrhoeal diseases and related subjects of nutrition and fertility, and to develop improved health programmes. Salary scales, rules and regulations are similar to these followed by the UN. ICDDR,B is supported by 21 countries and international organizations, including WHO and UNICEF.

The ICDDR,B seeks for immediate appointment a NUTRITIONIST whose primary responsibilities will be to carry out research work on diarrhoea and malnutrition; as well as to assess and incorporate financial requirements alongwith the preparation of protocols. The assignment will also include preparation of reports on research work, participate in periodic seminars and international meetings.

Requirements: A medical degree with post-graduate qualification in Nutritional Science or a doctoral degree in human nutrition. Considerable experience in conducting nutritional/diarrhoeal studies particularly on interaction of nutrition and diarrhoea with publications in peer-reviewed journals desirable.

The appointment will be made for 3 years at UN salary level upto P3 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 by December 10, 1989.

NUTRITIONIST

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UNIVERSITY OF KUWAIT HEALTH SCIENCE CENTRE FACULTY OF MEDICINE, KUWAIT

The Department of Pathology, Faculty of Medicine, University of Kuwait invites applications for the post of a FORENSIC PATHOLOGIST (Professor or Associate Professor grade) with the following conditions:

QUALIFICATIONS: Broad based Histopathologist with special experience and degrees in Forensic Medicine, preferably with MRCPath., American Board and Canadian Fellowship or equivalent.

EXPERIENCE: Professor — 14 years
(4 as an Associate Professor)
Associate Professor — 9 years
(4 as an Asst. Prof.)

SALARY: Total monthly salary will be within the following scales according to qualifications and experience (1 KD = 2.3 St. pounds, US\$ 3.5 approximately). Increment per year KD.20/-

Professor: KD.1210-1370 (8 increments)
Associate Professor: KD. 989-1149 (8 increments)

OTHER ALLOWANCES: Social allowance as per the regulations and clinical allowance from the Ministry of Public Health for 10 months a year for clinical service consultants as follows:

Professor: KD.400/-
Associate Professor: KD.300/-

OTHER BENEFITS: Conference attendance. Gratuity. Furnished accommodation (electricity and water free of charge). Free medical treatment in Kuwait. Free annual roundtrip air tickets from country of citizenship or permanent residence for self and family up to three dependent children. 60 days' paid annual leave. Baggage and freight allowance. Education fees for maximum three children in Kuwait from elementary through high school. No taxation. Currency is transferable without restriction.

METHOD OF APPLICATION: Curriculum vitae in duplicate, which should include the names of three referees; personal particulars; copy of the relevant pages of passport; qualifications with dates; career history; teaching experience; research accomplishments and where appropriate, clinical experience should be sent to:

THE VICE-DEAN ADMINISTRATION (RECRUITMENT OFFICE), FACULTY OF MEDICINE, UNIVERSITY OF KUWAIT, P.O. BOX NO. 24923 SAFAT, 13110 SAFAT, KUWAIT to arrive NO LATER THAN 31st DECEMBER 1989.

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OVERSEAS

NUTRITIONIST

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The ICDDR,B seeks for immediate appointment, a nutritionist whose primary responsibilities will be to carry out research work on diarrhoea and malnutrition; as well as to assess and incorporate financial requirements along with the preparation of protocols. The assignment will also include preparation of reports on research work, participate in periodic seminars and international meetings.

Requirements: A medical degree with post-graduate qualification in nutritional science or a doctoral degree in human nutrition. Considerable experience in conducting nutritional/diarrhoeal studies particularly on interaction of nutrition and diarrhoea with publications in peer-reviewed journals desirable.

The appointment will be made for three years at UN salary level up to P3, according to experience and qualifications; applicants should send their curriculum vitae and names of three referees to: The Chief Personnel Officer, ICDDR,B, GPO Box 128, Dhaka-1000, Bangladesh, by December 10, 1989.

Note: *The Lancet* is published every Saturday. Closing and cancellation date is twelve days prior to issue date. *The Lancet* is represented exclusively by Russell Johns Associates, Ltd., for classified advertising.

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NUTRITIONIST

The International Centre for Diarrhoeal Disease Research, Bangladesh (I.C.D.D.R., B.) is a non-profit international medical research institution situated in Dhaka, Bangladesh. Its aim is to conduct research and training in diarrhoeal diseases and related subjects of nutrition and fertility, and to develop improved health programmes. Salary scales, rules and regulations are similar to those followed by the U.N. I.C.D.D.R., B. is supported by 21 countries and international organisations, including W.H.O. and U.N.I.C.E.F.

The I.C.D.D.R., B. seeks for immediate appointment a NUTRITIONIST whose primary responsibilities will be to carry out research work on diarrhoea and malnutrition; as well as to assess and incorporate financial requirements along with the preparation of protocols. The assignment will also include preparation of reports on research work, participate in periodic seminars and international meetings.

Requirements: A medical degree with postgraduate qualification in Nutritional Science or a doctoral degree in human nutrition. Considerable experience in conducting nutritional/diarrhoeal studies particularly on interaction of nutrition and diarrhoea with publications in peer-reviewed journals desirable.

The appointment will be made for 3 years at U.N. salary level up to P3 according to experience and qualifications; applicants should send their curriculum vitae and the names of 3 referees to The Chief Personnel Officer, I.C.D.D.R., B., G.P.O. Box 128, Dhaka-1000, Bangladesh by 10 December 1989. (D991)

HEALTH SCIENCE CENTRE FACULTY OF MEDICINE, KUWAIT

The Department of Pathology, Faculty of Medicine, University of Kuwait invites applications for the post of a

FORENSIC PATHOLOGIST

(Professor or Associate Professor grade)

with the following conditions:

Qualifications: Broad based Histopathologist with special experience and degrees in Forensic Medicine, preferably with M.R.C.Path., American Board and Canadian Fellowship or equivalent.

Experience: Professor—14 years (4 as an Associate Professor)
Associate Professor—9 years (4 as an Assistant Professor).

Salary: Total monthly salary will be within the following scales according to qualifications and experience (1 KD=2.3 St.pounds, US\$. 3.5 approximately). Increments per year KD.20/-

PROFESSOR: KD.1210-1370 (8 increments)
ASSOCIATE PROFESSOR: KD. 989-1149 (8 increments)

Other Allowances: Social allowances as per the regulations and clinical allowance from the Ministry of Public Health for 10 months a year for clinical service commitments as follows:

Professor: KD.400/-
Associate Professor: KD.300/-

Other Benefits: Conference attendance. Gratuity. Furnished accommodation (electricity and water free of charge). Free medical treatment in Kuwait. Free annual roundtrip airtickets from country of citizenship or permanent residence for self and family up to 3 dependent children. 60 days paid annual leave. Baggage and freight allowance. Education fees for maximum 3 children in Kuwait from elementary through high school. No taxation. Currency is transferable without restriction.

Method of Application: Curriculum vitae in duplicate which should include the names of 3 referees; personal particulars; copy of the relevant pages of passport; qualifications with dates; career history, teaching experience, research accomplishments and, where appropriate, clinical experience should be sent to: The Vice-Dean Administration (Recruitment Office), Faculty of Medicine, University of Kuwait, P.O. Box No. 24923 Safat, 13110 Safat, Kuwait to arrive no later than 31 December 1989. (D995)

The Victorian Cytology (Gynaecological) Service is a women's health resource working to prevent cervical cancer in the community. It is the major laboratory for cytology in Victoria, reporting on 250,000 gynaecological and 4000 nongynaecological specimens per year. The unit is also involved in extensive training and epidemiological research.

VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE

Prince Henry's Hospital, St Kilda Road, Melbourne 3004

SPECIALIST PATHOLOGIST WITH INTEREST AND EXPERIENCE IN CYTOPATHOLOGY

A vacancy exists within the combined laboratories of the Victorian Cytology (Gynaecological) Service and the Monash Medical Centre (Prince Henry's Hospital campus) Department of Cytopathology. The appointee will also, if so desired, participate in the routine work of the Department of Tissue Pathology.

The salary and conditions of employment will be in accordance with the Hospital Senior Medical Officers' Award: Specialist Class I-III, the level of appointment being appropriate to experience. The appointee may also be granted the right to limited private practice which will increase the basic salary by up to 25%. The appointee will be a fulltime member of the Senior Medical Staff of the Monash Medical Centre (Prince Henry's Hospital campus) whilst the VC(G)S is at that site.

Salaries and conditions of employment are in accordance with the Victorian Hospitals Awards.

Further details regarding this position can be obtained by phoning Judith Farrelly 614 6822.

Applications in writing stating details of qualifications and appropriate experience, together with the names of two referees should be forwarded to The Manager by 31st December 1989. (D988)

VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE

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VICTORIA. AUSTRALIA
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The Lancet (N.K.)

আত্মীয় জাতীয় জাতীয় জনতা
পার্টির যুগ্ম-আন্দায়ক মুজিবুর
রহমান হিরু।

জাসদ (জিরাঙ্গ)

গত সোমবার মাতুল ইউ-
নিয়ন জাসদের উদ্যোগে সারুলিয়া
বাজারে চান মিলার সভাপতিত্বে
এক কর্মসভা অনুষ্ঠিত হয়।

উক্ত কর্মসভায় প্রধান অতিথি
হিমায়ে উপস্থিত ছিলেন ঢাকা
মহানগর জাসদের সিনিয়র সহ-
সভাপতি মুজিবুর রহমান খান।

বক্তব্য রাখেন, ফজলুর রহমান
শাহীন, আবদুল ছানাস খোকন,
মো: বাবুল, কবীর হোসেন, মো:
হাক্কন প্রমুখ।

বিশ্ব শিশু দিবস

(৫ম পৃ: পর)

কার শাহাদাৎ হোসেন। বিশেষ
অতিথি ছিলেন মো: তুফিউল্লাহ
ও সুলতান আহমদ সোম।
আলোচনায় অংশ নেন এম, এ,
ভালেব, আবুল কালাম আজাদ,
মনির হোসেন প্রমুখ। প্রধান
অতিথি তার বক্তব্য বলেন,
আজকের শিশুরাই জাতির ভবিষ্যৎ
শিশুদের সচেতন নাগরিক হিসেবে
গড়ে তুলতে হবে। সর্বশেষে
প্রধান অতিথি করিঙ্গা আবুত্বি
প্রতিযোগিতার বিজয়ীদের মাঝে
পুরস্কার বিতরণ করেন। অনুষ্ঠান
ঘোষণায় ছিলেন নূর ওয়াহিদ
রথ।

ADVERTISEMENT

NUTRITIONIST

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is a non-profit international medical research institution situated in Dhaka, Bangladesh. Its aim is to conduct research and training in diarrhoeal diseases and related subjects of nutrition and fertility, and to develop improved health programmes. Salary scales, rules and regulations are similar to those followed by the UN. ICDDR,B is supported by 21 countries and international organizations, including WHO and UNICEF.

The ICDDR,B seeks for immediate appointment a NUTRITIONIST whose primary responsibilities will be to carry out research work on diarrhoea and malnutrition; as well as to assess and incorporate financial requirements along with the preparation of protocols. The assignment will also include preparation of reports on research work, participate in periodic seminars and international meetings.

Requirements: A medical degree with post-graduate qualification in Nutritional Science or a doctoral degree in human nutrition. Considerable experience in conducting nutritional/diarrhoeal studies particularly on interaction of nutrition and diarrhoea with publications in peer-reviewed journals desirable.

The appointment will be made for 3 years at UN salary level upto P3 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 by December 10, 1989.

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মরণগঞ্জ রাহিজা ললিত-
কলা একাডেমী স্মৃতি হেগন্ত
মুখোপাধ্যায় ও ড: আবু হেনা-
সোহরাফা কামাল স্মরণে এক শোক-
সভার আয়োজন করে। নারায়ণ-
গঞ্জ কলেজে অনুষ্ঠিত সভায় হুমাইন
খালিদেবর সভাপতিত্বে আলোচনা
করেন একাডেমীর অধ্যক্ষ গেলিগ
দ্বিধী, হুমাইন কবীর, মোহাম্মদ
হোসেন, ইয়াদাদুল ইসলাম বগরু
প্রমুখ।

উল্লেখ্য, সম্প্রতি নারায়ণগঞ্জ
নটরাজ সঙ্গীত নিকেতনের নাম
পরিবর্তন করে রাহিজা ললিতকলা
একাডেমী নামকরণ করা হয়।
সভায় মো: মাহানকে সভাপতি
এবং সেলিম মিম্বীকে সাধারণ
সম্পাদক করে ১১ সদস্যবিশিষ্ট
নতুন পরিচালনা কমিটি গঠন করা
হয়।

সাংস্কৃতিক প্রতিযোগিতা

রোটারীর আন্তর্জাতিক যুব
কার্যক্রমসমূহ হিসাবে ক্রীড়া ও
সাংস্কৃতিক প্রতিযোগিতার আয়ো-
জন করা হয়। ২৮শে সেপ্টে-
ম্বর মাসব্যাপী প্রতিযোগিতা
শেষে পুরস্কার বিতরণী অনুষ্ঠানে
বক্তব্য রাখেন ড: মোস্তফা নূরুল
ইসলাম, ড: ককণাসয় গোস্বামী,
এম, এ ওহাব, নাজিমউদ্দিন ভূইয়া
আলহাজ্ব ইরফান উদ্দিন আহমদ
প্রমুখ।

—হাবিবুর রহমান বাদল।

এবং ডুবিসায়র হা' বাজারের
ক্ষেত্র-বিক্রেতার দুটে পৌহাই-
তেছে। এই সমস্ত হাট-বাজারের
উন্নয়নের প্রতি স্থানীয় প্রশাসনের
তেমন নজর নাই। এ দিকে
ভেদগঞ্জ ও শরীয়তপুর সদর
উপজেলার মধিপুর হাট ও সুবচনি
হাট দুইটি সংস্কারার্থে ক্ষেত্র-
বিক্রেতার দুর্ভোগ পৌহাইতেছে।
হাট দুইটিতে প্রয়োজনীয় শেড
নাই। হাটে প্রয়োজনীয় নলকূপ
ও ড্রেন নাই। এই সকল হাট-
বাজারে অতিরিক্ত টোল আদায়ের
অভিযোগ পাওয়া গিয়াছে।

লালমনিরহাট: ফুলবাড়ী
উপজেলা সদরের হাটে যত্রতত্র
দোকানপাট বসার ফলে ক্ষেত্রের
দুর্ভোগের সম্মুখীন হইতেছে। বৃষ্টি
হইলে হাটের ভিতর কাদা পানি
জমিয়া থাকে। ড্রেনগুলি নিয়মিত
পরিষ্কার করা হয় না। ড্রেনের
বঁহ ফান ভাসিয়া গিয়াছে। হাটটি
সংস্কার করা প্রয়োজন।

কালিয়া (নড়াইল): প্রয়োজ-
নীয় উন্নয়ন, সংস্কার ও সম্প্র-
সারণের অভাবে উপজেলার ছোট
বড় ২০টি হাট-বাজারের ক্ষেত্র-
বিক্রেতার দুর্ভোগ পৌহাইতেছে।
হাট-বাজারগুলির মধ্যে কালিয়া,
কুলশ্বর, পেড়লী, গাজীরহাট,
গড়িয়া, টাচুড়ী, মহাজন, যোগা-
নিয়া, জয়নগর, বড়নাল প্রভৃতি
উল্লেখযোগ্য।

এই সমস্ত হাটবাজারে পানি
ও পয়ঃনিষ্কাশনের কোন ব্যবস্থা
নাই। নাই নলকূপ ও পায়বানার
ব্যবস্থা। বৃষ্টি নামিলেই একইটি
কাদা পানিতে একাকার হইয়া
যায়। পঁচা আবর্জনার দুর্গন্ধে
হাট-বাজারে ক্ষেত্র-বিক্রেতার
টিকিয়া থাকা দায় হইয়া পড়ে।
প্রায় প্রতিটি হাট বাজারে অপরি-
ষ্কৃতভাবে দোকানপাট গজাইয়া
উঠার কারণে ক্ষেত্র-বিক্রেতা-
দের চলাফেরায় অসুবিধা হই-
তেছে। পৌর শহরের বালিয়া
হাটে পশু জবাই করার নির্দি-
ত স্থান না থাকায় বাজার
অভ্যন্তরের ড্রেনের উপর পশু
জবাই করা হয়। এই হাটের
গোহাটে কোন ছাউনি নাই।
হাটের দিন রাত্তর উপর দোকান
পাট বসার ফলে যানবাহন চলা-
চলে অসুবিধা হইয়া থাকে।
প্রতিটি হাট-বাজার হইতে বিনা
রশিদে ইজারাধারেরা উচ্চ হারে
টোল আদায় করিয়া থাকে বলিয়া
অভিযোগ পাওয়া গিয়াছে। হাট-
বাজারগুলি হইতে প্রতিবছর লক্ষ
লক্ষ টাকা রাজস্ব আদায় হইলেও
উগুলির উন্নয়নের দিকে নজর
দেওয়া হইতেছে না।

বাংলাদেশী পণ্য ব্যবহার আন্দোলন

গত মঙ্গলবার মো: জামান
উদ্দিনের সভাপতিত্বে বাংলাদেশী
পণ্য ব্যবহার আন্দোলন সংগঠ-
নের জাতীয় আন্দায়ক মো: শাহ-
জাহান আলী শেখ, কেন্দ্রীয় সদস্য
মোস্তাফিজুর রহমান (নানু), কাজল
ভাইসিন, ইলিয়াস মো: তালুকদার
প্রমুখের উপস্থিতিতে বাংলাদেশী
পণ্য ব্যবহার-এর ঢাকা বিশ্ববিদ্যা-
লয় শাখা গঠনকল্পে এক আলোচনা-
সভা অনুষ্ঠিত হয়। সভায় বক্তাগণ
দেশীয় শিল্প নিকাশের লক্ষ্যে জন-
গণকে বাংলাদেশী পণ্য ব্যবহারের
জন্য উৎসাহ করার সংকল্প ব্যক্ত
করেন। উক্ত সভায় মো: জামান
উদ্দিনকে আন্দায়ক করিয়া ৬১
সদস্য বিশিষ্ট ঢাকা বিশ্ববিদ্যালয়
শাখার আন্দায়ক কমিটি গঠন করা
হয়।

দলিল লেখক সমিতি

সম্প্রতি দলিল লেখক সমিতির
সভাপতি মো: জহুরুল হকের
সভাপতিত্বে বৃহত্তর টাঙ্গাইল
জেলায় দলিল লেখক ও ট্যাম্প
ভেঙারদের এক সমাবেশ অনুষ্ঠিত
হয়। সমাবেশে বাংলাদেশ দলিল
লেখক সমিতির কেন্দ্রীয় মহাসচিব
সরকার আবুল হাসান উপস্থিত
ছিলেন। সমাবেশে প্রধান অতি-
থির ভাষণে বাংলাদেশ দলিল
লেখক সমিতির কেন্দ্রীয় মহাসচিব
নিবন্ধন পরিদপ্তর সম্পর্কিত মূখ্য
কমিটির অয়েজিক সুপারিশ
বাতিলের দাবী জানান।

হিন্দু বৌদ্ধ ঋণান একা পরিষদ

গত মঙ্গলবার হিন্দু বৌদ্ধ ঋণান
একা পরিষদের সাধারণ সম্পাদক
ড: নিমজ্জ ভৌসিক স্বাগরিত
এক বিবৃতিতে পরিষদের নেতা
রাজশাহীর দিলীপ কুমার বসাককে
উদ্দেশ্যপ্রণোদিতভাবে খেফতার
করা হইয়াছে বলিয়া অভিযোগ
করা হইয়াছে এবং তাহার নিঃশত
মুক্তিদাবী করা হইয়াছে।

সড়ক পরিবহন শ্রমিক ফেডারেশন

সড়ক পরিবহন শ্রমিক ফেডা-
রেশনের সভাপতি ওয়াজিউদ্দিন
খান, কার্যক্রম সভাপতি হাবিবুর
রহমান খান ও সাধারণ সম্পাদক
আবদুর রশিদ এক বিবৃতিতে
বার্ষিকগঞ্জ জেলা সড়ক পরিবহন
শ্রমিক ইউনিয়নের সভাপতি মজিব-
বর রহমান সরোয়ারের কাউনিয়ায়
বাগভবনে হামলাকারীদের নিন্দা
করিয়াছেন। তাহার ঘটনার সঙ্গে
জড়িতদের দৃষ্টান্তমূলক শাস্তি প্রদা-
নের দাবী জানাইয়াছেন।

ইনস্টিটিউট অব ইসলামিক গণ

গত মঙ্গলবার ইনস্টিটিউট অব
ইসলামিক গণ-এর উদ্যোগে

ISLAMABAD, Oct. 24.—Sri Lanka won the bronze medal in the fourth SAF Games volleyball competition beating Bangladesh 3-2 at the Liaquat Gymnasium here today, reports BSS.

Sri Lanka won 15-12, 11-15, 15-11, 15-17, and 15-13.

Bangladesh in a bid to retain their bronze it won in Calcutta in 1987, battled bravely throughout the match. They lost the medal as the boys could not return the Sri Lankan smashes well.

After losing the first set 12-15 Bangladesh came back to the game taking the second set 15-11. But they could not hold the spirit and lost the third set 11-15.

Bangladesh again fought back gallantly and took the thrill-packed fourth set 17-15. But the Bangladesh spikers, who received a month's training in Thailand and Japan, lost the final set 13-15 and the bronze.

Ir... a lead medal table

Pakistan, SL dominate 4th day swimming

ISLAMABAD, Oct. 24.—India took their medal's tally to six proving their unrivalled strength in swimming's team events when they again snatched the gold in a record shattering performance in the 4x100 metres freestyle relay at the Pakistan Sports Complex Swimming pool here this morning, reports BSS.

The Indian quartet got the gold clocking three minutes 48.78 seconds. The previous SAF record also set up by India in Calcutta in 1987 was three minutes 50.23 seconds. Bangladesh were closely

behind India to take the silver in three minutes 52.32 seconds. Pakistan trailing just behind Bangladesh bagged the bronze in three minutes 52.92 seconds.

With today's gold the Indian haul of medals in swimming stood at 11. Besides the six golds they also got two silvers and three bronzes.

With a gold from Julian Bolling and a silver from Adkian Jayawardene in 400 metres freestyle Sri Lanka have so far won three gold medals all by Julian Bolling and one silver and two bronzes.

Bolling and Jayawardene finished their task in 40 metres freestyle in four minutes 31.96 and four minutes 34.85 seconds. Shamsul Islam of Bangladesh took the bronze. Pakistanis when he crossed the distance in one minute 04.32 seconds. Bashir Ahmed, also of Pakistan, took the silver clocking one minute 06.10 seconds. Mohammad Din Islam of Bangladesh got the bronze, one minute 07.98 seconds.

Bangladesh, who are on the fourth spot behind Pakistan on conclusion of the fourth day's swimming today, have won one gold, six silvers and five bronzes in a haul of a dozen medals.

The finals in 400 metres individual medley 200 metres butterfly, 200 metres breaststroke and 100 metres free style will be held tomorrow morning.

Following are the results of the fourth SAF Games swimming competition on the fifth day at the Pakistan Sports Complex Swimming pool here today.

100 M BACKSTROKE:
Liaquat Ali (Pak) 1 min 04.32 secs
Bashir Ahmed (Pak) 1 min 06.10 secs
Md. Din Islam (Ban) 1 min 07.98 secs

400 M FREESTYLE:
Julian Bolling (Sri) 4 min 31.96 secs
Adrian Jayawardena (Sri) 4 min 34.85 secs

4x100 M FREESTYLE RELAY
India 3 min 48.78 secs (SAF record 3 min 50.23 secs by India in 1987)
Bangladesh 3 min 52.32 secs
Pakistan 3 min 52.92 secs

Following is the medals tally of the swimming events at the end of the fourth day of the competition in the fourth SAF Games here today.

	Gold	Silver	Bronze	Total
India	6	2	3	11
Sri Lanka	3	1	2	6
Pakistan	2	3	2	7
Bangladesh	1	6	5	12
Nepal, Maldives and Bhutan could not earn any medal.				

Host World Cup soccer in 2002

SINGAPORE, Oct. 24.— will seek to host the world Cup for the first time in the year 2002 possibly in Japan, China, S Korea or Saudi Arabia.

Peter Velappan, Asian Football Confederation (AFC) Secret General, told a news conference a news conference today soccer coming of age in Asia which become a soccer stronghold Europe or South America.

"Asian teams are the team of future", he said.

He said Asia would ask the international football federation, FIFA for increased representation of two to three teams in the 1994 World Cup finals in the United States.

Six teams—North Korea, S Korea, China, Saudi Arabia, United Arab Emirates and Qatar presently playing the Asian group final tie in Singapore for two berth the 1990 World Cup finals in Italy.

Velappan said there was a need to establish more professional soccer clubs in Asia to give players more experience and technical expertise and to discourage them from migrating to Europe.

As part of plans to raise the level of the game in the region, he said AFC planned to establish a Women's Asian Cup championship every two years and an Asian under-21 tournament every two years.

The AFC has also asked Thailand to host a four-nation tournament with Vietnam, Laos and Cambodia to revive soccer in Indochina, Velappan said.

He said FIFA's approval was being sought for the tournament, which hoped would be held in Bangkok in December.

WITA rankings

MIAMI, Oct. 24.—The top players on the women's tennis circuit, according to rankings released on Monday by the Women's International Tennis Association (WITA) reports Reuter.

- Steffi Graf (West Germany)
- Martina Navratilova (U S)
- Gabriela Sabatini (Argentina)
- Arantxa Sanchez (Spain)
- Zina Garrison (U S)
- Chris Evert (U S)
- Monica Seles (Yugoslavia)
- Helena Sukova (Czechoslovakia)
- Manuela Maleeva (Bulgaria)
- Jana Novotna (Czechoslovakia)
- Conchita Martinez (Spain)
- Mary Joe Fernandez (U S)
- Pam Shriver (U S)
- Katerina Maleeva (Bulgaria)
- Natalla Zvereva (Soviet Union)
- Hana Mandlikova (Czechoslovakia)
- Catarina Lindqvist (Sweden)
- Helen Kelesi (Canada)
- Belinda Cordwell (New Zealand)
- Nathalie Tauziat (France)

WANTED NUTRITIONIST

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is a non-profit international medical research institution situated in Dhaka, Bangladesh. Its aim is to conduct research and training in diarrhoeal diseases and related subjects of nutrition and fertility, and to develop improved health programmes. Salary scales, rules and regulations are similar to those followed by the UN. ICDDR,B is supported by 21 countries and international organizations, including WHO and UNICEF.

The ICDDR,B seeks for immediate appointment a NUTRITIONIST whose primary responsibilities will be to carry out research work on diarrhoea and malnutrition, as well as to assess and incorporate financial requirements along with the preparation of protocols. The assignment will also include preparation of reports on research work, participate in periodic seminars and international meetings.

Requirements: A medical degree with post-graduate qualification in Nutritional Science or a doctoral degree in human nutrition. Considerable experience in conducting nutritional/diarrhoeal studies particularly on interaction of nutrition and diarrhoea with publications in peer-reviewed journals desirable.

The appointment will be made for 3 years at UN salary level upto P-3 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 by December 10, 1989.

GC-686

25.10.89

POST DESCRIPTION FOR PROFESSIONAL POSTS

FOR USE OF PER ONLY

1. Present Title of Post Nutritional Epidemiologist		2. Post Number(s)	Effective date:
3. STATUS <input type="checkbox"/> NEW - to be established attach ICDDR, B-#9 <input type="checkbox"/> VACANT - for issuance of a vacancy notice, attach ICDDR, B-#8 <input type="checkbox"/> OCCUPIED - revised duties <input type="checkbox"/> OCCUPIED - proposed change in grade, attach ICDDR, B-#8 <input type="checkbox"/> OTHER - explain		4. Present Grade P-3	Approved Title
		5. Division/Programme CHD	CCOG
		6. Unit/Office/ Field Activity Community Health Research	Classified Grade
		7. Official Station and Country	Comments: Classification done by Ms. Sharon Flynn on January 1989. <i>Sharon Flynn</i>
		Authorized by	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 conduct research on the epidemiology and management of diarrhoea in the community.
To study the nutritional causes and consequences of diarrhoea due to different causes in urban and rural Bangladesh.

10. Summarize the assigned responsibilities.
Execute research activities of the protocols.
Develop research proposals for funding.
Submit manuscripts for publication.
Actively participate in the research organization of the Centre.

11. Indicate	Essential minimum qualifications required to perform the work	Additional desirable qualifications
a) Knowledge, abilities & skills, including personal qualities & human relationships	MD or Ph.D.	
b) Level & field of stud. and extent of specialization	Degree or Diploma in Nutritional Science.	
c) Length & nature of practical experience at the national and/or international level	Considerable experience in conducting nutritional and/or diarrhoea surveys.	
d) Languages required and the level & nature of their use	English	Bangla

Identify the main objectives of the work (usually 4-6 reasons why the post exists). Within each objective, identify the duties which are formed to achieve the objective. Objectives should be presented in order of importance with an indication of the percentage of time of annual workload required for each objective.

- | | % |
|---|-----|
| 1. Carry out research work on the interaction of diarrhoea and malnutrition in the community. | 50% |
| a) Direct and be responsible for the day to day activities related to these projects. | |
| b) Supervise the community preparation for the work. | |
| c) Arrange for collection and entry of data with appropriate quality control. | |
| d) Analyse and interpret the data. | |
| 2. Prepare protocols for funding agencies and statutory committee of the Centre. | 20% |
| a) Present the justification and significance of proposed work. | |
| b) Assess and incorporate the financial requirements for (a). | |
| 3. Report on all research work carried out. | 20% |
| a) Submit manuscripts for publication. | |
| b) Present periodic seminars on on-going research and other activities to colleagues. | |
| c) Attend and present research findings to national and international meetings. | |
| 4. Assist and advise other investigator | |
| a) Provide expertise in specialized areas to colleagues. | |
| 5. Serve on various working groups. | |
| a) Participate in the overall research organization of the Centre | |
| b) Review protocols/manuscripts etc. submitted to the division on Centre's journal. | |

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.).

Describe the interpretation and/or deviation permitted, and the authority to establish new guidelines.

the type and extent of the supervision given to the post:

Through regular discussions and advice on aspects of the different projects.

- how assignments are given:

At division meetings or with the Associate Director.

- the guidance and assistance provided by the supervisor and/or others:

- the review and verification of the work while in progress or on completion:

Done by the Division and the Research Review Committee.

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

Research Scientist

To obtain and provide advise on ongoing research.

b) Outside the Organization

Title & level

Purpose

Research Scientists

To discuss policy implications of recent findings in literature, etc.

Health Section Chief

To recommend possible strategies for intervention activities.

Consultants (International)

To advise on methodologies for evaluation work.

DONORS

16. a) Professional posts DIRECTLY supervised:

Title

Classified Level

Post Number(s)

Physician

NO-A

b) Total number of professional posts supervised directly and through subordinate supervisors:

3

c) Total number of general service posts supervised directly and through subordinate supervisors:

10

d) Title, classified grade and post number of supervisor's post:

Assoc Dir

17. Describe the most important decisions that the incumbent is authorized to take

Approves the financial disbursements of project funds.
Decides on alternative strategies during floods, etc.

18. Describe the most important recommendations expected of the incumbent

- On appropriate strategies for intervention by agencies on diarrhoea and nutrition related issues in the community.
- On research methodologies for evaluation of impact of intervention action.

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section 17, on the Organization, and on the immediate unit.

- Faulty advice to colleagues or agencies w.r.t. interpretation of data.
- Faulty instruction on financial disbursements regarding project.

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities.

21. Certified as an accurate description of the work assigned (and performed if the post is occupied): Post No.

First level supervisor
	Name	Signature	Date
Second level supervisor, or Chief of Unit
	Name	Signature	Date
Regional or Divisional Director Programme Manager
	Name	Signature	Date

Also, please certify the organizational chart as correct by signing and indicating the effective date.

Programme Officer - (P1)

The incumbent to this position, Mr. M. Iqbal Ali joined on June 16, 1985 will be completing 6 years of service in this position in June 1991. The BOT Resolution 9/June 83, 8/June 84 and the article 4.5 of the ICDDR,B regulation restricts tenure of employment in an International Professional position up to a maximum of six years. A decision is solicited whether this position should be continued. In the event the position continues the following procedure for selection will be followed:

- a) Announce the vacancy nationally and internationally.
- b) Shortlisting of applicants.
- c) Interview
- d) Obtain BOT's approval
- e) Offer of employment

The present incumbent is allowed to compete for the position.

A copy of the post description for the position and relevant BOT Resolutions are enclosed.

RESOLUTION 8/JUNE 84

RESOLVED : Staff at the International Level would ordinarily serve for a period of not more than six years. Those wishing to be considered for reappointment of their contracts after six years should give in writing to the Director a request to be considered for such reappointment. The position must be advertised internationally. The Board will carry out a thorough review of all applicants and select the best candidate. If the selection cannot be made final in time, with approval from the Board, the Director may be authorized to give a one year extension before the expiry of the existing contract.

RESOLUTION 9/JUNE 84

RESOLVED : All staff currently ranked according to the existing Science, Training and Management scales shall be fitted into the appropriate level and step of the National Officer Scale of UN bodies in Bangladesh. All new recruitment shall be according to the UN local scales. No employee shall have his salary or benefits reduced by the fitting process. This policy shall be implemented from January 1, 1985.

RESOLUTION
8/JUNE 83

The conversion of all project staff to WHO scales not later than 1 January, 1984 was recommended. If funds become available before this date this can be accomplished earlier, but all project staff should be transferred effective 1 January, 1984 at the latest.

RESOLUTION
9/JUNE 83

The tenure of employment in international level positions in the Centre should be on the basis of contracts for periods up to 3 years at a time and ordinarily the total period of tenure of international level positions should not exceed six years.

RESOLUTION
10/JUNE 83

All P level positions are considered as "international level" and will be appointed by the Board.

RESOLUTION
11/JUNE 83

In matters of recruitment to all international level positions, the country of citizenship will be the basis for all contracts without any exception. In the event of dual nationality the country of citizenship and domicile irrespective of actual place of origin or actual place of recruitment will be taken into account.

1. Present Title of Post PROGRAMME OFFICER	2. Post Number(s)	Effective date:	
3. STATUS <input type="checkbox"/> NEW - to be established attach ICDDR, B-#9 <input type="checkbox"/> VACANT - for issuance of a vacancy notice, attach ICDDR, B <input type="checkbox"/> OCCUPIED - revised duties -#8 <input type="checkbox"/> OCCUPIED - proposed change in grade, attach ICDDR, B-#8 <input type="checkbox"/> OTHER - explain	4. Present Grade P1 - P2	Approved Title	
	5. Division/Programme RESOURCES DEVELOPMENT	CCOG	Classified grade
	6. Unit/Office/ Field Activity Resources Development	Comments:	
	7. Official Station and Country Dhaka	Authorized by	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.
see attached diagram

9. Identify the objectives of the programme, and of the immediate unit or field activity as appropriate.
a) To organise financial support to meet the Centre's financial requirements, b) to liaison with current and potential donors, c) to seek alternate sources of funds, d) to maintain friendly and cordial relationship with the host country, and e) to uphold the image of the Centre as making direct and useful contributions to improving health care in the developing countries.

10. Summarize the assigned responsibilities. To assist the Associate Director, Resources Development, in all his functions as assigned from time to time and to act on his behalf during his absence from office; maintain liaison with donors, embassies and national international agencies, and in consultation with the Associate Director, Resources Development, prepare proposals, reports to donors and solicit support for ICDDR, B programmes and collaborative activities.

11. Indicate	Essential minimum qualifications required to perform the work	Additional desirable qualifications
a) Knowledge, abilities & skills, including personal qualities & human relationships	Should have sufficient international experience to understand the dynamics of donor behaviour and be able to respond adequately in the interest of the Centre.	Should have a full understanding of the host country sensitivities.
b) Level & field of study and extent of specialization	Master of Business Administration Must be able to write proposals for submission to donors.	An understanding of Financial and Budgetary implications.
c) Length & nature of practical experience at the national and/or international level	At least five years at international level.	Developing country background is desirable in view of the Centre's developing country base.
d) Languages required and the level & nature of their use	English	Bangla

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.

	%
1. To organise and maintain financial support for the Centre's Programmes (negotiate with donors, prepare proposals and reports.)	50%
2. To seek new donors and alternative sources of funds	15%
3. To maintain liaison with the host country	15%
4. To provide management support to Training and Library Branches	10%
5. To organise public relationship activities.	5%
6. Miscellaneous, as assigned by the Director and Associate Director, Resources Development.	5%

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.).

Work under the direct supervision of the Associate Director, Res. Dev.

Describe the interpretation and/or deviation permitted, and the authority to establish new guidelines.

Can make suggestions to the Associate Director for his consideration and acceptance

Describe:

the type and extent of the supervision given to the post:

Work in close cooperation with the Associate Director

how assignments are given:

Verbal instructions are provided

the guidance and assistance provided by the supervisor and/or others:

Activities are reviewed by the Associate Director

the review and verification of the work while in progress or on completion:

Instructions are given by the Associate Director during review of works, as necessary.

15. Indicate the typical contacts required outside the immediate work unit. Explain the purpose of the contacts as clearly as possible, e.g. to obtain information on ..., to represent the Organization at ..., to provide advice on ... etc.

a) Inside the Organization

Title & level	Purpose
Director	Miscellaneous
Associate Directors	Proposals preparation, miscellaneous
Principal investigators	Proposal preparation
Grant Administration	Reporting
Finance and Budget office	Reporting

b) Outside the Organization

Title & level	Purpose
Heads of missions and aid sections	Initial contacts, proposal submission negotiations and reporting.
Heads of concerned Government of Bangladesh offices, as necessary.	Liaison and negotiations
<i>donors</i>	<i>Follow-up</i>

16. b) Professional posts DIRECTLY supervised:

Title	<u>Classified Level</u>	<u>Post Number(s)</u>
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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:

Associate Director, Resources Development

Describe the most important decisions that the incumbent is authorized to take

Make recommendations to the Associate Director, Resources Development.

18. Describe the most important recommendations expected of the incumbent

Same as 17.

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section 5, on the Organization, and on the immediate unit.

May upset the Centre's donor relationship.

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities.

Not applicable

21. Certified as an accurate description of the work assigned (and performed if the post is occupied): Post No.

First level supervisor

M. R. Bashir

Associate Director, Resources Development.

December 29, 1988

Second level supervisor, or Chief of Unit

Name

Signature

Date

Regional or Divisional Director
Programme Manager

Name

Signature

Date

Also, please certify the organizational chart as correct by signing and indicating the effective date.

Executive Assistant (P1)

The incumbent to this position, Mrs. Judith A. Chowdhury joined on June 16, 1985 will be completing 6 years of service in this position in June 1991. The BOT Resolution 9/June 83, 8/June 84 and the article 4.5 of the ICDDR,B regulation restricts tenure of employment in an International Professional position up to a maximum of six years. A decision is solicited whether this position should be continued. In the event the position continues the following procedure for selection will be followed:

- a) Announce the vacancy nationally and internationally.
- b) Shortlisting of applicants.
- c) Interview
- d) Obtain BOT's approval
- e) Offer of employment

The present incumbent is allowed to compete for the position.

A copy of the post description for the position and relevant BOT Resolutions are enclosed.

AH:mr

RESOLUTION 8/JUNE 84

RESOLVED : Staff at the International Level would ordinarily serve for a period of not more than six years. Those wishing to be considered for reappointment of their contracts after six years should give in writing to the Director a request to be considered for such reappointment. The position must be advertised internationally. The Board will carry out a thorough review of all applicants and select the best candidate. If the selection cannot be made final in time, with approval from the Board, the Director may be authorized to give a one year extension before the expiry of the existing contract.

RESOLUTION 9/JUNE 84

RESOLVED : All staff currently ranked according to the existing Science, Training and Management scales shall be fitted into the appropriate level and step of the National Officer Scale of UN bodies in Bangladesh. All new recruitment shall be according to the UN local scales. No employee shall have his salary or benefits reduced by the fitting process. This policy shall be implemented from January 1, 1985.

RESOLUTION
8/JUNE 83

The conversion of all project staff to WHO scales not later than 1 January, 1984 was recommended. If funds become available before this date this can be accomplished earlier, but all project staff should be transferred effective 1 January, 1984 at the latest.

RESOLUTION
9/JUNE 83

The tenure of employment in international level positions in the Centre should be on the basis of contracts for periods up to 3 years at a time and ordinarily the total period of tenure of international level positions should not exceed six years.

RESOLUTION
10/JUNE 83

All P level positions are considered as "international level" and will be appointed by the Board.

RESOLUTION
11/JUNE 83

In matters of recruitment to all international level positions, the country of citizenship will be the basis for all contracts without any exception. In the event of dual nationality the country of citizenship and domicile irrespective of actual place of origin or actual place of recruitment will be taken into account.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH (ICDDR, B) BANGLADESH
POST DESCRIPTION FOR PROFESSIONAL POSTS

FOR USE OF PER ONLY

1. Present Title of Post Executive Assistant	2. Post Number(s)	Effective date:
3. STATUS <input type="checkbox"/> NEW - to be established attach ICDDR, B-#9 <input type="checkbox"/> VACANT - for issuance of a vacancy notice, attach ICDDR, B-#8 <input type="checkbox"/> OCCUPIED - revised duties -#8 <input type="checkbox"/> OCCUPIED - proposed change in grade, attach ICDDR, B-#8 <input checked="" type="checkbox"/> OTHER - explain For classification review	4. Present Grade PI	Approved Title
	5. Division/Programme Director's Office	CCOB Classified grade
	6. Unit/Office/Field Activity n/a	Comments:
	7. Official Station and Country Dhaka	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.
 attached

9. Identify the objectives of the programme, and of the immediate unit or field activity as appropriate.

 Overall supervision of the scientific and administrative functions of the Centre, including contacts with donors, etc.

10. Summarize the assigned responsibilities.

 Responsible for administration and management of the office and act as Personal Assistant to the Director and Board of Trustees.

11. Indicate	Essential minimum qualifications required to perform the work	Additional desirable qualifications
a) Knowledge, abilities & skills, including personal qualities & human relationships	Experience in a similar position to head of an organization. Organizational and secretarial skills including proficiency in word processing and minute-taking.	Experience in an international organization.
b) Level & field of study and extent of specialization	Equivalent of a B.Sc. degree (formal secretarial training) with typing and shorthand skills.	Membership in Professional Secretarial Association.
c) Length & nature of practical experience at the national and/or international level	Extensive experience in executive office management and related tasks.	
d) Languages required and the level & nature of their use	English - if not mother-tongue, an excellent knowledge of it.	Proficiency in Bangla and/or any other major UN language.

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. (In logical order, not necessarily order of importance)

	%
<p>1. Responsible for supervising day to day administrative, clerical and protocol operations of the Director's Office includes:</p> <ul style="list-style-type: none"> - scheduling of appointments, meetings and conferences; - opening of all correspondence, ensuring that it is directed to appropriate persons; classifies remainder of mail before passing to the Director and in absence of Director attend to it by forwarding to appropriate person, acknowledge, etc.; - provides required information to visitors and answers telephone queries; - maintains all confidential files in the Director's office; 	20%
<p>2. Responsible for all correspondence, both confidential and regular, from drafts, dictation or dictaphone and composes replies independently as required, includes:</p> <ul style="list-style-type: none"> - tracking of correspondence sent for reply to Director, e.g. letters to Director from Trustees, responses to meetings. 	40%
<p>3. Attend meetings to take and write-up the minutes, in addition to Board of Trustees (see 4) there is a weekly Council Meeting and a yearly Donors' Meeting (2 days).</p>	10%
<p>4. Responsible for communications with the Board of Trustees and assist in planning the Board of Trustees meetings, includes:</p> <ul style="list-style-type: none"> - alert relevant offices of coming meeting; - prepare draft agendas and programme for the Full Board and Programme Committee meetings; - ensure that papers reach trustees in time and that Board files are in order; - attend meetings of the full Board (2 1/2 days) and of the Personnel & Selection Committee (1 day) to take and write-up the minutes; - provide background information for meetings as requested; - ensure that secretarial assistance is available for Trustees as required; - type final draft of minutes and circulate to Trustees; - follow-up on resolutions/actions required from the meeting, e.g. new by-law to be listed, items to be collected before next meeting, etc. 	20%
<p>5. Supervise the Sr. Coordination Officer, despatching of mail, assist in hiring secretarial staff, etc.</p>	10%

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.).

ICDDR,B Rules and Regulations and accepted secretarial practices.

Describe the interpretation and/or deviation permitted, and the authority to establish new guidelines.

Assist the Director in defining the rules and regulations.
Make recommendations as regards secretarial staff.

14. Describe:

the type and extent of the supervision given to the post:

Works independently on work assigned by Director or initiated personally. Final signature is given by the Director.

how assignments are given:

Some initiated by self (e.g. draft programme of Board, draft memoranda, etc.), some given by Director for draft reply and some dictated by Director.

the guidance and assistance provided by the supervisor and/or others:

On the whole works independently but Director is there for advice.

the review and verification of the work while in progress or on completion:

Final approval is given by the Director.

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

Associate Directors and their secretaries

To obtain information, inform them of meetings, etc.

Chairman and Members of the Board of Trustees

To obtain information, inform them of meetings, and perform other duties as required by them.

b) Outside the Organization

Title & level

Purpose

Secretaries to High Commissioners, Ambassadors and P.A.'s to Government Officials

To obtain information, inform them of meetings, etc.

16. a) Professional posts DIRECTLY supervised:

Title

Classified Level

Post Number(s)

None

b) Total number of professional posts supervised directly and through subordinate supervisors:

None

c) Total number of general service posts supervised directly and through subordinate supervisors:

One

d) Title, classified grade and post number of supervisor's post:

Supervised directly by Executive Assistant

17. Describe the most important decisions that the incumbent is authorized to take

In Director's absence have to decide whether or not to refer matters to the Acting Director/others, attend to them myself or can wait for the Director's return.

18. Describe the most important recommendations expected of the incumbent

If it is noticed that some scientific/administrative procedures are not being followed/could be improved then a recommendation can be made to the Director or how to re-inforce/change the system.

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section 2, on the Organization, and on the immediate unit.

Have access to confidential information and have to ensure that this is not divulged to anyone.

Ensure that the Director receives the correct information to enable him to carry out his duties.

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities.

Not applicable.

21. Certified as an accurate description of the work assigned (and performed if the post is occupied): Post No.

First level supervisor:	Name	Signature	Date
Second level supervisor, or Chief of Unit	Name	Signature	Date
Regional or Divisional Director Programme Manager	Name	Signature	Date

Also, please certify the organizational chart as correct by signing and dating the effective date.

Seen by Director 30/1/89 who added handwritten comment to "(d)". Rest O.K. 9/6 31/1/89

Project Director, Urban Volunteer Programme

As per agreement between ICDDR,B and Johns Hopkins University, Mr. Ngudup Paljor has joined the Centre on May 15, 1990 as the Project Director, Urban Volunteer Programme.

ASSIGNMENT AGREEMENT

The Johns Hopkins University
School of Hygiene and Public Health
615 North Wolfe Street
Baltimore, Maryland 21210 U.S.A.

This Agreement constitutes the written record of the obligations and responsibilities of the parties to the assignment of Mr. Ngudup Paljor in the Department of International Health of this School.

Mr. Paljor will perform services for the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B) as the Project Director of the Urban Volunteer Program, responsible for administration of the project.

The period of the assignment is from April 7, 1990 to September 30, 1991 contingent upon satisfactory performance and the availability of funds.

Mr. Paljor will be compensated at a salary level of \$38,000 per year. Annual increments will be determined by The Johns Hopkins University according to its policies. Mr. Paljor will be entitled to the standard fringe benefit package afforded to University senior staff and faculty. In addition, he will be provided a housing allowance (\$ 800/month), shipping expenses and annual home leave in accordance with AID policies and rates.

Mr. Paljor will remain on the University payroll, during the period of assignment, but will be permitted to devote to this assignment 100% of the time for which he is compensated by the University.

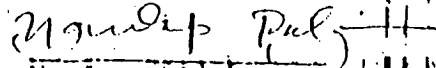
The Johns Hopkins University shall not be responsible for any additional expenses related to this assignment. Mr. Ngudup Paljor shall not use the facilities nor the services of the University to perform services for ICDDR, B without reimbursing the University for the expenses.

It is agreed that ICDDR, B shall be responsible for its own actions and those of Mr. Paljor when he provides personal services to ICDDR, B under this agreement and for any liabilities to third parties created thereby during performance under this agreement.

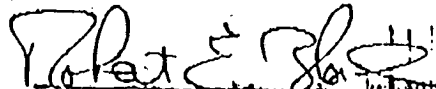
Mr. Paljor is subject to the Conflict of Interest Policy of The University (ATTACHMENT 1) and agrees to disclose to his Department Chairman any arrangement for work which might pose a conflict with the University's interests.

In signing this Agreement, we certify that we understand and agree to the above terms of this Agreement.

Signature of Assigned Employee:

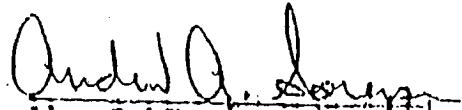

Ngudup Paljor

Signature of Approving Chairman:

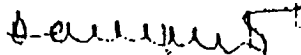

Robert B. Black, M.D.

Signature of Authorizing Officers:

For The Johns Hopkins University:


Alan Goldberg, Ph.D.
Associate Dean for Research
or
Andrew A. Sorenson, Ph.D.
Associate Dean for Academic

For The International Centre for
Diarrhoeal Disease Research, Bangladesh


Professor Demissie Habte,
Director

NGUDUP PALJOR

Address: P.O. Box 5355
UOG Station
Mangilao, Guam 96923

Birthplace: dZonga, TIBET

Citizenship: USA

Birthdate: January 7, 1956

Telephone: (671) 734-2964

SUMMARY OF QUALIFICATIONS

- * Solid background in health education practices.
- * Extensive practical experience in planning, administering and evaluating health education programs and practices on a regional level.
- * Comprehensive professional training in health education practices, cross-cultural studies, community development issues, teaching and research.
- * Substantial working knowledge of the community development issues in the Pacific Region.
- * Considerable interest and experience in issues facing developing countries.
- * Strong verbal, writing, analytical and interpersonal skills.

EDUCATION

Master of Public Health, University of Hawaii, (East-West Center), August 1986
Major: Community Health Development - Health Education
Minor: International Health: Health Planning

Bachelor of Arts, Cum Laude, Princeton University, N.J., June 1980
Major: Politics/International Affairs
Minor: Afro-American Studies

Certificate, East-West Center, Hawaii, January, 1974
Archival Management/Cross-Cultural Studies
Fieldwork in Fiji, Australia, American Samoa and New Zealand

Diploma, National Archives of India, New Delhi, December, 1972
Archival Science/Historical Document Management

Certificate, Tibetan Refugee High School, Mussoorie, India, June, 1971

PROFESSIONAL EXPERIENCE

June 1989 - Present

Administrator
Office of Health Education
Department of Public Health and Social Services
Government of Guam
P.O. Box 2816
Agana, Guam 96910

- Administers the Health Education Office by providing overall direction for program development, planning, implementation, monitoring and evaluation.
- Prepares annual budget requests for federal and local funds.
- Requests for and assures necessary resources for program implementation.
- Prepares grant applications for health education and health promotion programs.
- Administers federal and local health education program grants.
- Represents Health Education Office at Health Education Network Committee and other relevant community and inter-governmental meetings.
- Supervises Health Education Office staff and overall operations of its programs.
- Directs and conducts planning and evaluation activities for health education programs/projects.
- Provides consultative assistance to individuals, programs and organizations upon request.
- Develops and/or coordinates health education training programs based on needs assessment and in support of objectives for program implementation.
- Provides in-service training for staff and other health education providers.
- Provides direct health education and health promotion services in the absence of health education staff and to augment health education services.
- Prepares mass media health promotion plan for the Office of Health Education.

May 1987 - June 1989

Health Education Specialist
Pacific Basin Maternal & Child Health Resource Center
University of Guam
P.O. Box 5143, UOG Station
Mangilao, Guam

- Responsible for coordination, planning and evaluation of health promotion programs and activities for the Pacific Basin jurisdictions;
- Responsible for the design, development and dissemination of culturally relevant health promotion materials on maternal and child health including family planning;
- Responsible for the coordination and planning with other agencies and health providers in each jurisdiction to assess maternal and child health needs;
- Responsible for the acquisition, screening and overall management of the Center's resource materials, including audio-visual materials;
- Responsible for liaison activities with government, private sectors, NGOs and PVOs at local, national, regional and international levels;
- Respond to inquiries from health professionals and public in the region on maternal and child health issues and concerns;
- Respond to requests for assistance in program planning, program development, grant writing on maternal and child health from government and private sectors;
- Provide leadership and training in health education and health promotion programs and activities to health educators in the region;
- Provide direction to the Resource Center's Board of Directors on current and future needs of the jurisdictions in maternal and child health;
- Responsible for on-site visits to all the jurisdictions in the Pacific Basin;

January 1987 - April 1987

Program Associate
Alaska Health Project
Anchorage, Alaska

- Organized legislative support for passage of occupational health protection measures;
- Organized and catalogued the Project's resource materials.

Volunteered with various office and organizing work with Alaska-Siberian Medical Research Program at the University of Alaska, Anchorage.

October 1986 - December 1986

Health and Community Services Council of Hawaii
Honolulu, Hawaii

Planned and organized the 6th Annual Convention of the State-wide Human Services Action Council (SHSAC), a project of the Health and Community Services Council;

Produced a slide/sound presentation about the history of SHSAC for its Sixth Annual Convention, held on December 3, 1986.

February 1985 - August 1985

Staff Associate
Kaiser Permanente Medical Health Care Center
Honolulu, Hawaii

Conducted staff survey for Kaiser's Human Resources and Organizational Development program including an extensive observation and study of inter-personal interaction between Kaiser staff and its members and compiled a report of these findings for the Kaiser management;

Initiated a volunteer program for Kaiser members: The volunteer program has now become an important part of Kaiser's service to its members;

Conducted work-site employee health promotion programs for Kaiser members.

September 1980 - March 1982

Deputy Secretary
The Office of Tibet
New York City

Responsible for educational programs for Tibetan students:

Helped establish Tibet Fund, Inc., a program designed to seek funding for the education of Tibetan children in India and to help in the preservation and promotion of Tibetan culture in communities-in-exile;

Helped formulate general policies of the Office of Tibet in consultation with Tibetan organizations in India;

- Maintained liaison between Tibetan communities in India and private voluntary agencies, church and nongovernmental organizations in North America;
- Handled official correspondence on behalf of the New York Representative of the Dalai Lama;
- Directed public relations activities relating to Tibet;
- Conducted fund-raising activities for Tibetan refugees in India.

November 1980 - March 1982

Managing Director
Potala Publications
New York City

- Responsible for the overall administration of the company;
- Directed the promotion and sale of publications about Tibet and other Himalayan regions throughout North America;
- Developed markets for such publications in university stores and major academic and public libraries.

January 1974 - June 1976

Assistant Director
Library of Tibetan Works and Archive
Dharamsala, India

- Handled public affairs work relating to the Library's external affairs;
- Established working contacts with research scholars in Tibetan studies around the world;

Initiated project to

- * microfilm the entire collection of the Library's ancient Tibetan manuscripts;
- * videotape oral histories of Tibetans with support from the John D. Rockefeller 3rd Fund in New York City;
- * film and record folk ritual and religious dances in cooperation with the Smithsonian Institution in Washington, D.C.;
- * establish a photographic library of pre-1959 photographs, films and slides about Tibet for archival collection;

- * organized study seminar, "Rediscovering Our Culture", for the benefit of young Tibetans in exile;

January 1973 - July 1973

Information Specialist
Library of Tibetan Works and Archives
Dharamsala, India

- Responsible for the administration of the public reading room and research unit;
- Established the English section of the Library's holdings;
- Established publication exchange program with academic and publishing institutions in the West.

July 1971 - September 1971

Executive Secretary
Council for Educational and Cultural Affairs
Tibetan Administration in Dharamasala, India

- Responsible for the department's English correspondence;
- Responsible for the collection and translation of Tibetan refugee statements about the situation in Tibet and of major news stories from English into Tibetan for circulation among senior staff members of Tibetan offices in India;
- Nominated from this department for full time appointment at the newly established cultural institution, the Library of Tibetan Works and Archives.

AWARDS

East-West Center Grant (Institute of Culture and Communication), 1984-86

Princeton University Scholarship, 1976-80

East-West Center Professional Development Fellowship, 1973-74

United Nations High Commissioner for Refugees, 1971-72

LANGUAGES

Fluent in English, Hindi and Tibetan (Native Language)

Rudimentary knowledge of Nepali

PROFESSIONAL ASSOCIATIONS

- International Union for Health Education, Paris, France
- American Public Health Association, Washington, D.C.
- Hawaii Public Health Association, Hawaii
- Society for International Development, Rome
- Community Development Society, Ohio
- National Council for International Health, Washington, D.C.
- Society of Public Health Educators, Hawaii Chapter
- Neighborhood Justice Center (Mediation Services), Hawaii
- East-West Center Association-International, Hawaii
- Health Education Network, Guam

OTHER ACTIVITIES

- Board Member, East-West Center Participants Association, 1984-85
- Alternate Member, University of Hawaii-East-West Center Consultative Committee, 1984-85
- Committee Member, School of Public Health Student Organization, 1984-85
- Board Member, Tibet Fund, Inc., New York, 1982-Present
- President, International Student Association of Princeton, Princeton University, 1979-80
- Member, International Center Student Coordinating Committee, Princeton University, 1979-80
- Founder and Coordinator, International Student Roundtable, Princeton University, 1978-80
- Vice-President, International Student Association of Princeton, 1977-78
- Member, Third World Center, Princeton University, 1977-80

HOBBIES

Photography, tennis, current events, peace issues, documentary films, reading, ethnic music and culture, soccer, camping and skiing.

REFERENCES

1. Elizabeth Clark, Dr.Ph., Professor
School of Public Health
University of Hawaii-Manoa
1960 East-West Road
Honolulu, Hawaii 96822
(808) 948-8000
2. Debra Jackson, RN, M.P.H.
MCH Coordinator
Department of Health Services
Public Health Division
Truk State, FSM
Eastern Caroline Islands 96942
(Operator) 330-2216
3. Tenzin N. Tethong
Representative of H.H. the Dalai Lama
The Office of Tibet
1511 K Street, N. W. Suite 739
Washington, D.C. 20005
(202) 628-4123
4. Margaret White, Program Officer
Institute of Culture & Communication
East-West Center
1777 East-West Road
Honolulu, Hawaii 96848
(808) 944-7666
5. Lynn T. White, Ph.D., Professor
Woodrow Wilson School of International
Affairs
Princeton University
Princeton, N.J. 08540
(609) 924-1665
6. Dana B. Copp, M.D., M.P.H.
Research Medical Officer
Office of Health Program Development
Indian Health Service
U.S. Dept. of Health & Human Services
7900 South J. Stock Road
Tucson, Arizona 85746
(602) 888-5730

8(a)/iii(b)/BT/June'90

Field Services Coordinator, Urban Volunteer Programme

As per agreement between ICDDR,B and Johns Hopkins University, Ms. Kathleen McNamara has joined the Centre on April 15, 1990 as the Field Services Coordinator, Urban Volunteer Programme.

AH:mr



ASSIGNMENT AGREEMENT

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

This agreement constitutes the written record of the obligations and responsibilities of the parties to the assignment of Ms. Kathleen McNamara in the Department of International Health of this School.

Ms. McNamara will perform services for the International Centre for Diarrheal Research, Bangladesh (ICDDR,B) as field service coordinator for the Urban Volunteer Project.

The period of the assignment is from April 15, 1990 to April 14, 1991, contingent upon satisfactory performance and the availability of funds.

Ms. McNamara will be compensated at a salary level of \$30,000 per year. Annual increments will be determined by The Johns Hopkins University according to its policies. Ms. McNamara will be entitled to the standard fringe benefit package afforded to University senior staff and faculty. In addition, she will be provided with one round trip to the U.S. during this one year. No housing or shipping allowances are included. She already holds a return ticket to the U.S.

Ms. McNamara will remain on the University payroll, during the period of assignment, but will be permitted to devote to this assignment 100% of the time for which she is compensated by the University.

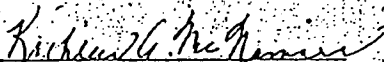
The Johns Hopkins University shall not be responsible for any additional expenses related to this assignment. Ms. Kathleen McNamara shall not use the facilities nor the services of the University to perform services for ICDDR,B without reimbursing the University for the expenses.

It is agreed that ICDDR,B shall be responsible for its own actions and those of Ms. McNamara while she provides personal services to ICDDR,B under this agreement.

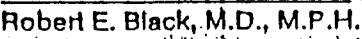
Ms. McNamara is subject to the Conflict of Interest Policy of the University (ATTACHMENT 1) and agrees to disclose to her Department Chairman any arrangement for work which might pose a conflict with the University's interests.

In signing this Agreement, we certify that we understand and agree to the above terms of this Agreement:

Signature of Assigned Employee:

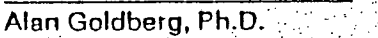

Kathleen McNamara

Signature of Approving Chairman:



Robert E. Black, M.D., M.P.H.

Signature of Authorizing Officers:

For The Johns Hopkins University:


Alan Goldberg, Ph.D.
Associate Dean for Research
or
Andrew A. Sorensen, Ph.D.
Associate Dean for Academic
Affairs

For The International Centre for
Diarrhoeal Disease Research, Bangladesh:


Professor Demissie Habte
Director

KATHLEEN A. McNAMARA
1405 Eklund Avenue
Duluth, MN 55811
(218) 727-4886

OBJECTIVE

Administrative position working with minority groups, disadvantaged, isolated communities and in cross culture health settings. Skilled in developing infrastructures and networking with other people and groups.

SUMMARY OF EXPERIENCE

Thirteen years in health related fields. Six and half years in Intensive Care Units, one year of research and one year as a Pheresis Nurse in conjunction with blood bank and medical staff establishing a Pheresis Department.

Have traveled extensively in isolated communities. Solid background in Clinical Administration with proficient skills setting up Health Care Programs. Knowledge of funding and grants. Communicate and work well with Legislators and Senators. Worked with Village Councils and have worked extensively with alcohol abuse, battered women, rape, incest, mental health and Primary Health Care Workers in a cross-cultural setting.

Organized office procedures and hired personnel to supervise and instruct 120 Primary Health Care Workers in 48 isolated villages. Developed and implemented a mechanism of quality assurance for health care delivery by Primary Health Care Workers. Excellent motivator of personnel and clients. Work well under pressure and in crisis situations. Have problem solving abilities.

PROFESSIONAL HISTORY

COMMUNITY HEALTH AIDE PROGRAM, Bethel, Alaska (September 1983 to February 1987)
Department head.

TUNDRA WOMEN'S COALITION, Bethel, Alaska (August 1982 to August 1983)
Counselor, Advocate, and Shelter Manager.

GLENDAL E ADVENTIST HOSPITAL, Glendale, California (December 1981 to August 1982)
Staff Nurse.

ST. MARY'S HOSPITAL, Duluth, Minnesota (September 1980 to October 1981)
Pheresis Nurse.

DULUTH CLINIC, LTD, Duluth, Minnesota (February 1980 to September 1980)
Cardiac Research Assistant.

ST. MARY'S HOSPITAL, Duluth, Minnesota (June 1974 to July 1979)
Staff Nurse.

KATHLEEN A. McNAMARA
PAGE Two

EDUCATION

College of St. Scholastica, Duluth, MN
B.A. in Nursing (1974)

Duluth Cathedral High School
Duluth, MN

LICENSES

Active License - State of Alaska
Inactive License - Minnesota

VOLUNTEER WORK

Participated in a presentation at National Conference of International Health
Washington, D.C. (1985)

Jesuit Volunteer Corp, Bethel, Alaska (1982 to 1983)
Worked as counselor, shelter manager and liaison with legal system for battered
women, rape victims, incest, and alcohol abuse.

American Refugee Commission, Washington, D.C. (September 1979 to November 1979)
Volunteer. (1979)

Planned Parenthood, Duluth, MN (1977 to 1980)

First Aid Training - (1972 - 1973)

REFERENCES

Available upon request.

Associate International Research Fellow

Danida has seconded Ms. Birgitte Nielsen as Associate International Research Fellow to the Child Health Programme of the Centre. She has joined on November 21, 1989.

To whom it may concern,

Aarhus, April 19th. 1989.

Curriculum vitae for

BIRGITTE BRUUN NIELSEN

- 1960 Nov. 28th. born in Hunderup, Denmark.
- 1979 General Certificate of Education A-level, at Ribe Katedralskole.
- 1980 Diploma of Physical College, at Ollerup Gymnastikhøjskole.
- 1981 Matriculated at the Medical School at University of Aarhus.
- 1985 Passed the Preclinic part of the Medical School.
- 1986-87 Visits to India, Nepal, Thailand, Malaysia, Singapore and Indonesia.
- 1988 Certificate in Political Science of Developing Countries, at Institute of Political Science University of Aarhus.
- 1989 Graduate-student in the last year of Medical School.

Birgitte Bruun Nielsen
Birgitte Bruun Nielsen.

To whom it may concern,

Aarhus, April 17th 1989.

Data on Birgitte Bruun Nielsen.

Full name (surname in capitals): Birgitte Bruun NIELSEN.

Address: Vestergade 84.4.tv., 8000 Aarhus C, Denmark.

Telephone no.: 06-182373.

Born: 28. Nov. 1960 in Hunderup, Denmark.

Father's name: Arne Bruun Nielsen.

Nationality at birth and present nationality: danish.

Passport no. A000044516, issued in Bangkok at June 19th 1986,
valid until June 18th 1996.

Particulars of identification: height 173 cm, eye-color brown,
hair-color brown. No identification mark.

The abovementioned has not previously visited Bangladesh, and
permission to visit Bangladesh has not been refused.

Occupation: medical student.

Yours sincerely

Birgitte Bruun Nielsen
Birgitte Bruun Nielsen.

IMCC SECONDED STAFF
TO
ICDDR,B's
CHILD HEALTH PROGRAMME

JULY, 1989

SUMMARY:

Proposal for the attachment of 2 fully seconded Bachelors of Science as Associate International Research Fellow to ICDDR,B's Child Health Programme (CHP).

The proposal covers an 18 month period, starting August 1989. Each individual will be working for 12 months with an overlap of 6 months.

Objectives are to strengthen CHP's capability to conduct operational surveys and evaluations and to strengthen ICDDR,B's and CHP's capability in dealing with childhood tuberculosis.

The assistants will be working on ongoing or planned activities of CHP. Working areas include;

- support to operational surveys and evaluations in nutrition, nutritional follow up, immunization, and childhood tuberculosis.
- support to data handling.
- support to the organization and running of the TB follow-up.
- support in organizing TB diagnosis, treatment, etc.

These activities will be an integrated part of CHP. The Fellows will be placed under the CHP head, with direct responsibility towards the CHP head. Supervision will be done by CHP head.

Funding for salary and personal logistic support will be provided by DANIDA. Office facilities and other operational support will be provided by CHP.

LIST OF ABBREVIATIONS:

CHP	:	Child Health Programme.
ICDDR,B	:	International Centre for Diarrhoeal Disease Research, Bangladesh
ICU	:	Intensive Care Unit
IMCC	:	International Medical Cooperation Committee
IMMUN	:	Immunization component of CHP
NFU	:	Nutritional Follow Up component of CHP
NRU	:	Nutritional Rehabilitation Unit
T & T	:	Teaching & Training component of CHP

PROPOSAL FOR THE ATTACHMENT OF IMCC SECONDED STAFF TO CHP.

Based on previous experience and collaboration between ICDDR,B's Child Health Programme and IMCC, IMCC would like to propose the attachment of IMCC seconded Bachelors of Science as Associate International Research Fellow to the Child Health Programme's ongoing or planned activities over an 18-month period.

The following proposal has been thoroughly discussed with CHP during 1988 and the spring of 1989 and is in accordance with the general priorities and activities of ICDDR,B and CHP.

OBJECTIVES:

- 1) To strengthen CHP's capabilities to conduct and expand operational surveys and evaluations in the areas of nutrition, nutritional follow-up, immunization and childhood tuberculosis.
- 2) To strengthen CHP's and ICDDR,B's capabilities in diagnosing, treating, contact finding, caseholding and referral of childhood tuberculosis in children admitted to ICDDR,B.

BACKGROUND:

The Child Health Programme at ICDDR,B started its activities in late 1987 and has been developing and expanding them during 1988 and 1989 in the fields of staff training, maternal education, immunization, nutritional rehabilitation, nutritional follow-up, family planning and the treatment and caseholding of childhood TB.

The CHP is quite unique in working with primary health care in a hospital setting. One of the aims of CHP is to try and evaluate this approach to dealing with child health and to serve as a model for preventive care in urban areas in Bangladesh.

Activities at CHP are now at a stage where thorough operational surveys are needed in order to make operational adjustments, expand and evaluate the activities and the programme as a whole. In order to achieve this, there is a need of support in planning, implementing and conducting these surveys and in handling the present and future data.

Collaboration between CHP and IMCC started in May 1988, when IMCC was asked to do a survey on the previous treatment and handling of childhood TB at ICDDR,B. Based on these findings, it was decided that CHP should expand activities in this field in collaborating with IMCC in order to secure proper and thorough diagnosis, adequate treatment and contact finding.

Work in this area was initiated with:

- an evaluation of the diagnostic possibilities,
- setting-up a new diagnostic procedure at NRU,
- introducing Mantoux testing at ICDDR,B,
- tracing previous defaulters, who were restarted in treatment.

Patients diagnosed or restarted were treated through the CHP follow-up component which in the spring of 1989 expanded to have a separate day for TB follow-up in addition to a general expansion of follow-up activities.

In the Spring of 1989, a screening for childhood TB at ICDDR,B's General Ward was done in collaboration between Clinical Research Centre/Hospital, CHP and IMCC in order to:

- find the prevalence of childhood TB in the target group.
- to evaluate the feasibility of the chosen diagnostic procedure.

The first phase of the screening was ended by May 1989, but the final phase still awaits completion.

The outpatient short course treatment which was adopted by the CHP, has been accepted in principle by Clinical Science Division at ICDDR,B as the TB treatment for the whole of ICDDR,B, but awaits further implementation.

It has been estimated that approximately 5 % of all Bangladeshis encounter clinical TB though this figure is very uncertain. In 1987, 13 % of admitted children at ICDDR,B's Nutritional Rehabilitation Unit were diagnosed as having TB. At present approximately 1 new case is diagnosed per week at ICDDR,B despite low-key diagnostic activities.

ICDDR,B has limited resources in this area and an expansion of TB activities would require a referral agreement between ICDDR,B and other institutions more specifically working with TB. Clinical Science Division has agreed to establish such a referral agreement.

PLANNED ACTIVITIES:

The Fellows will assist in ongoing or planned activities of the CHP. The proposed activities do not comprise a separate project or programme, but should be seen as a support to CHP.

Activities are planned to start in August 1989 with the arrival of the first Fellow. The fellows will be attached to CHP for 18 months until end of January 1991. The following activities cover the whole period of support.

General support to CHP:

- a) Assist in the planning and designing of a defaulter registration system for different CHP activities.
Time: 2 months, 8.89 - 9.89
- b) Assist in the planning, implementation and evaluation of a referral system between CHP and other institutions in Dhaka.
Time: 8 months, 8.89 - 3.90
- c) Assist in other activities within the CHP, such as operational surveys on and evaluation of family planning, immunization and education of mothers and in activities of collaboration between the CHP and other programmes/institutions.
Time: 18 months, 8.89 - 1.91

Nutritional rehabilitation:

- d) Assist in the planning, designing and implementation of a computerized data registration and survey system on all NRU patient file information.
Time: 5 months, 8.89 - 12.89
- e) Assist in planning, conducting and analyzing surveys on nutritional rehabilitation and on TB in NRU.
Time: 15 months, 11.89 - 1.91

Nutritional rehabilitation follow up:

- f) General assistance in the nutritional follow-up system on data handling, surveys, field visits etc.
Time: 18 months, 8.89 - 1.91
- g) Assist in the planning and conducting of a weight gain comparison survey between CHP's weekly nutritional rehabilitation follow-up system and the more common daily nutritional rehabilitation follow-up system of Radda Barnet in Mirpur.
Time: 5 months, 9.89 - 1.90

Childhood tuberculosis:

- h) Assist in the completion and analyzing of the TB-screening conducted in General Ward during the spring 1989 and based on the results evaluate the chosen diagnostic procedure.
Time: 2 months, 8.89 - 9.89
- i) Assist in the planning, implementation and running of a specific screening system for childhood TB in General Ward, ICU and NRU.
Time: 18 months, 8.89 - 1.91

- j) Assist in the further implementation of a short course anti-TB treatment in the Clinical Research Centre/Hospital, including follow-up and contact finding.
Time: 4 months, 8.89 - 11.89
- k) Assist in the further organizing, implementing and running of the TB follow-up system including support for home visits, contact tracing etc.
Time: 18 months, 8.89 - 1.91
- l) Assist in the planning and implementation of a TB referral system between ICDDR,B and other institutions in Dhaka.
Time: 10 months, 10.89 - 7.90
- m) Assist in planning and conducting surveys and evaluations of the TB follow-up system, including general support on data handling of TB.
Time: 12 months, 2.90 - 1.91
- n) Assist in the evaluation of the TB referral system.
Time: 6 months, 5.90 - 10.90

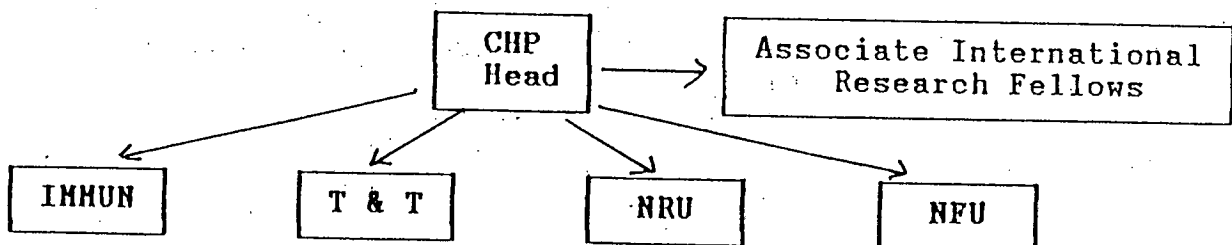
ORGANIZATIONAL FRAMEWORK:

The Bachelors of Science will be designated Associate International Research Fellow. They will be placed at CHP, working under the CHP Head (see appendix 1) with direct responsibility towards the head of CHP and with overall supervision by the CHP head.

On specific activities, the Fellows will be responsible both towards the head of CHP and towards the collaborating partners in CHP, such as the coordinators.

All activities will be undertaken in close collaboration with the CHP staff involved in the activities in which the assistance or survey will take place.

Working areas and activities will be dependent on the priorities of CHP.



In the childhood tuberculosis activities, the Fellows will also be collaborating with other ICDDR,B personnel such as the doctors and other staff of General Ward, Treatment Center and the ICU-cell. The Fellows will be supervised by either head of CHP or by a supervisor appointed from General Ward.

PERSONNEL:

The two Bachelors of Science will be fully seconded as Associate International Research Fellows to CHP for 12 months each, over an 18-month period:

	1989						1990											
1st:	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL						
2nd:							FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN

IMCC will secure training in public health, epidemiology and poverty aspects.

FUNDING:

The seconded Fellows will be financed through IMCC by DANIDA according to agreement between IMCC and DANIDA. This financing will cover not only salary support, but logistic support, such as housing, shipment of personal effects and health insurance.

The administration of this support will be done by IMCC.

ICDDR,B will provide support for obtaining visas and other documents required for residence in Bangladesh.

CHP will provide the office space, equipment and materials and other support in the work.

REPORTS AND EVALUATION:

The Fellows will file a half yearly progress report to CHP, ICDDR,B, IMCC and DANIDA. In addition the Fellows should contribute, on request, to CHP's half yearly progress report.

The first report is expected in January 1990.

IMCC and DANIDA are entitled to review and evaluate the attachment of the Bachelors of Science as Associate International Research Fellows to CHP. ICDDR,B and CHP will be informed in advance of reviews and evaluations.

Depending on the findings of the evaluations and on the future commitment of DANIDA to CHP and ICDDR,B, the possibility of an extension of the attachment of IMCC seconded staff to CHP should be explored and decided upon.

Associate International Research Fellow

Danida has seconded Ms. Charlotte Brun as Associate International Research Fellow to the Child Health Programme of the Centre. She has joined on March 12, 1990.

CURRICULUM VITAE

For: Ms. CHARLOTTE BRUN

Apr 1961	Born on 17.04.1961 in Frederiksberg, Denmark
Jul 1979	General Certificate, Higher Secondary School, A-level. Hjoerring Gymnasium, Denmark
Sep 1979 to Jul 1980	Social Worker at Kofoeds Skole, in Copenhagen, Denmark.
Aug 1980 to Aug 1981	Frederikshavn Sailors School for 6 months. And working on a coaster as cook for 6 months.
Sep 1981	Matriculated at the Faculty of Medicine, University of Aarhus, Denmark.
Jan 1983 to Jul 1983	Leave from studies. Visit to Sri Lanka.
Dec 1986	Passed exams as Bachelor of Science, Medicine, at University of Aarhus.
Aug 1989	Certificate in International Health (Tropical Medicine and Hygiene), University of Copenhagen, Denmark.
Sep 1989	Graduate student at last year of Medical School, MD level, at University of Aarhus.

Aarhus 27.11.1989


Charlotte Brun

Contract Renewals

Performance appraisal reports in respect of Dr. M. Moyenul Islam, Dr. Lokky Wai and Mr. A. H. Mostafa are enclosed. The Director will provide the performance appraisals for Mr. M.A. Mahbub, Dr. D. Mahalanabis and Dr. M. Strong.

The Director will also discuss the details during the meeting.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
Mohakhali, Dhaka-1212**PERFORMANCE EVALUATION REPORT**
Supervisory/Research Level - V and abovePeriod reviewed from 1.8.88 to _____ till date

PERSONAL PARTICULARS

=====

Name of Employee: Dr. Moyenul Islam (# 6155-6) Area Work: Laboratory Science

Hiring Date: 1.8.88 Position: Research Pathologist

Branch/Office: _____ Previous Rating Date: _____

=====

Note: Be sure that you have fully understood the instructions accompanying this Form before proceeding to the attached Format:

OVERALL RATING:

Percentage Rating		Adjective Rating
100	- 90	Excellent
89	- 70	<u>Very Good</u>
69	- 50	Good
49	- 30	Below Average
29	and below	Poor

NARRATIVE COMMENTS:

- A. List the employee's greatest strengths, as evidenced by specific examples of unusually good performance or of the kind of work done best. (The areas in which the employee excels are important indications of the direction in which his/her development should be planned).
- B. List the areas in which his performance can and should be improved. Be specific. (Definite knowledge is necessary in making plans to assist the employee in improving his/her performance).

Evaluated by: S.T.P.O.R.I

Employee's signature: [Signature]

Reviewed by: S.T.P.O.R.I
(Department Head)

Date: 9/5/90

Date: 10/5/90

Date: 10/5/90

I N S T R U C T I O N S

TO THE RATER: The ratings are to represent your appraisal of the employees' actual performance of their present job. The value of the rating depends upon the impartiality and sound judgment you use. Rate the employee's performance during the above period only. The performance during other periods should not influence this rating.

TO HELP YOU MAKE A CAREFUL ANALYSIS, THE FOLLOWING SUGGESTIONS ARE OFFERED:

1. Base your rating on facts and not on impressions. The best way to obtain correct facts is to constantly and carefully observe the employee's general performance during the whole rating period, not just the period immediately prior to this report.
2. Consider only one factor at a time. Do not let your rating in one trait influence your rating of another.
3. Base your judgment on the requirement of the job and the employee's performance in it compared to others doing similar work and of similar rank.
4. Take plenty of time to rate your subordinate(s). Do not be influenced by prejudice or pity. The efficiency of your department/office/section depends largely on your fair appraisal of those working under your supervision.
5. Carefully read the description of each trait and specification of each factor, then make your entry. This method gives the rater alternatives to award various point values for each trait rated.
6. An empty box opposite the point values is provided for every gradation. The rater may then enter the points which he/she feels appropriate.
7. Upon completion, review and check your rating.
8. Add the points. Boxes are provided in the lower portion of every column. Get the sum to arrive at the total quantitative factor points.
9. Compare the total points on the reverse page of the Form to determine the adjective rating. Encircle the equivalent adjective rating.
10. Narrative comments. This portion permit raters to express the personal feelings and candid assessment of the employee's performance.
 - a. The areas in which the employee excels are important indications of the direction in which employee development should be planned.
 - b. Weak points shall also be indicated in this portion to determine training needs and plans to assist the employee in improving performance.
11. Upon completion, the result should be discussed by the rater with the person rated. Both the rater and employee concerned should affix their signatures to signify that the result of the evaluation has been discussed. Should there be questions, the problem should be elevated to the department head for further review. If still unresolved, the department head forwards to Personnel Office for appropriate action.

1.	Job knowledge: Completeness of information employee has in all types of work needed by, expected of, and related to the position.	15/14/13	12/11/10	12/9/8/7	6/5/4	3/2/1
	Exceptional mastery of the work, no assistance required.		Adequate knowledge of the job.	Sufficient knowledge, requires direction sometimes.	Insufficient knowledge, requires direction from time to time.	Very little knowledge of the job. Requires direction at all times.
2.	Quality of Work: Ability to work with thoroughness and accuracy regardless of volume.	15/14/13	12/11/10	12/9/8/7	6/5/4	3/2/1
	Works outstandingly, accurate and complete attaining right quality of work possible.		Does thorough accurate work, rarely commits error.	Acceptable quality with few errors.	Fairly completes works with various errors or rejections.	Too many errors or rejections.
3.	Quantity of Work: Individual productivity, rapidity in performing tasks.	10/9	9/8/7	6/5	4/3	2/1
	Exceptionally good producer. Finishes work rapidly.		Good producer. Works rapidly most of the time.	Finishes regular amount of work within a reasonable time.	Sometimes fails assignment, needs help.	Fails to produce as expected, needs help constantly.
4.	Scientific Integrity: Soundness of results based on firm adherence to scientific procedures and ethics.	15/14/13	13/12/11/10	9/8/7	6/5/4	3/2/1
	Outstanding integrity in research.		Commendable standard of honesty in research.	Generally reliable scientifically.	Scientific integrity leaves somethings to be desired.	Unreliable scientifically.
5.	Judgment: Ability to grasp situation, thresh out facts from surmises and draw a correct logical conclusion.	10/9	9/8/7	6/5	4/3	2/1
	Good judgment on varied situations.		Good judgment on routine matters.	Fair judgment on routine matters.	Judgment sometimes un-reasonable causing delays.	Judgment cannot be relied on.
6.	Leadership: Consider his ability in gaining the cooperation of his subordinates, assess also his ability in instilling others the willingness and desire to achieve a given objective.	10/9	8/7	7/6/5	4/3	2/1
	Very capable and effective leader.		Instructs very well. Explains procedure clearly, and able to make his men perform efficiently.	Has good control of his men and maintains good discipline.	Inadequate ability to motivate and coordinate.	Insufficient ability to control his subordinates.
7.	Initiative & Creativeness: Consider his ability to discover new ideas or methods in doing the work and use them to attain his objectives.	10/9	8/7	8/6/5	4/3/	2/1
	Exceptionally capable of developing and utilizing new ideas, new methods and better techniques.		Highly constructive and resourceful.	Has average creativity and initiative that is normally required by his job.	Imaginative and progressive but lacks initiative.	Has minimal initiative and creativeness.

8. Training & Developing Subordinates: Consider his interest in training and developing subordinates in order to obtain maximum efficiency in the performance of their jobs.	5 Very capable and active in training and developing subordinates.	5 4 Has sufficient ability to train and develop the potentials of his subordinates.	3 Has average ability in training subordinates and developing their aptitudes.	2 Has interest but insufficient ability and determination to train and develop subordinates.	1 Minimal interest to train and develop subordinates.
9. Attendance: Regularity and punctuality in attendance, frequency in resorting to work and proper observance of break period.	5 Exceptionally excellent attendance and punctual in observing working hours.	5 4 Rarely absent or late, observes proper working hours.	3 Average absence and lateness except for extreme emergency.	2 Frequent absence/lateness indicating little concern for time lost.	1 Frequent absence/tardiness for trivial reasons.
10. Capacity to Develop: Potentials for advancement considering educational attainment, acquired skills, team work, adaptability and capacity to accept additional responsibilities.	5 Great future growth, shall go far with opportunities.	4 Very promising promotional material.	4 3 Shows sign of promise for future positive growth.	2 Moderate development to be expected.	1 Future growth doubtful.

Total Quantitative Factor Points

[]

[84]

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[]

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INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
Mohakhali, Dhaka-1212

PERFORMANCE EVALUATION REPORT
Supervisory/Non-Research Level - V and above

Period reviewed from 24.1.88 to till date

PERSONAL PARTICULARS

Name of Employee: Mr. A.H. Mostafa (# 6126-7) Area Work: PSED
Hiring Date: 24.1.88 Position: Computer Information System Manager
Branch/Office: CIS Previous Rating Date:

Note: Be sure that you have fully understood the instructions accompanying this Form before proceeding to the attached Format:

OVERALL RATING: 84

<u>Percentage Rating</u>	<u>Adjective Rating</u>
100 - 90	Excellent
<u>89 - 70</u>	<u>Very Good</u>
69 - 50	Good
49 - 30	Below Average
29 and below	Poor

NARRATIVE COMMENTS:

A. List the employee's greatest strengths, as evidenced by specific examples of unusually good performance or of the kind of work done best. (The areas in which the employee excels are important indications of the direction in which his/her development should be planned).

Mr. Mostafa continues to manage the best computer centre in Bangladesh, and one of the best in the region. He has assembled a first rate team of qualified people to carry out day-to-day operations.

B. List the areas in which his performance can and should be improved. Be specific. (Definite knowledge is necessary in making plans to assist the employee in improving his/her performance).

Mr. Mostafa needs to realize that, as a P-level staff member, he needs to assume more senior management roles in areas such as fund raising and improving efficiency.

Evaluated by: Michael A. Szony
Acting Head 2550

Date: 30 May 1990

Employee's signature: A.H. Mostafa

Date: 30/5/90

Reviewed by:
(Department Head)

Date:

I N S T R U C T I O N S

TO THE RATER: The ratings are to represent your appraisal of the employees' actual performance of their present job. The value of the rating depends upon the impartiality and sound judgment you use. Rate the employee's performance during the above period only. The performance during other periods should not influence this rating.

TO HELP YOU MAKE A CAREFUL ANALYSIS, THE FOLLOWING SUGGESTIONS ARE OFFERED:

1. Base your rating on facts and not on impressions. The best way to obtain correct facts is to constantly and carefully observe the employee's general performance during the whole rating period, not just the period immediately prior to this report.
2. Consider only one factor at a time. Do not let your rating in one trait influence your rating of another.
3. Base your judgment on the requirement of the job and the employee's performance in it compared to others doing similar work and of similar rank.
4. Take plenty of time to rate your subordinate(s). Do not be influenced by prejudice or pity. The efficiency of your department/office/section depends largely on your fair appraisal of those working under your supervision.
5. Carefully read the description of each trait and specification of each factor, then make your entry. This method gives the rater alternatives to award various point values for each trait rated.
6. An empty box opposite the point values is provided for every gradation. The rater may then enter the points which he/she feels appropriate.
7. Upon completion, review and check your rating.
8. Add the points. Boxes are provided in the lower portion of every column. Get the sum to arrive at the total quantitative factor points.
9. Compare the total points on the reverse page of the Form to determine the adjective rating. Encircle the equivalent adjective rating.
10. Narrative comments. This portion permit raters to express the personal feelings and candid assessment of the employee's performance.
 - a. The areas in which the employee excels are important indications of the direction in which employee development should be planned.
 - b. Weak points shall also be indicated in this portion to determine training needs and plans to assist the employee in improving performance.
11. Upon completion, the result should be discussed by the rater with the person rated. Both the rater and employee concerned should affix their signatures to signify that the result of the evaluation has been discussed. Should there be questions, the problem should be elevated to the department head for further review. If still unresolved, the department head forwards to Personnel Office for appropriate action.

1. Job knowledge: Completeness of information employee has in all types of work needed by, expected of, and related to the position.	15/14/13	12/11/10	12	9/8/7	6/5/4	3/2/1
	Exceptional mastery of the work, no assistance required.	Adequate knowledge of the job.		Sufficient knowledge, requires direction sometimes.	Insufficient knowledge, requires direction from time to time.	Very little knowledge of the job. Requires direction at all times
2. Quality of Work: Ability to work with thoroughness and accuracy regardless of volume.	15/14/13	13	12/11/10	9/8/7	6/5/4	3/2/1
	Works outstandingly, accurate and complete attaining right quality of work possible.	Does thorough accurate work; rarely commits error.		Acceptable quality with few errors.	Fairly completes works with various errors or rejections.	Too many errors or rejections.
3. Quantity of Work: Individual productivity, rapidity in performing tasks.	10/9	9	8/7	6/5	4/3	2/1
	Exceptionally good producer Finishes work rapidly.	Good producer. Works rapidly most of the time.		Finishes regular amount of work within a reasonable time.	Sometimes fails assignment, needs help.	Fails to produce as expected, needs help constantly.
4. Dependability: Employee executes assignemnt and completes it without need of follow-up.	15/14/13	13	12/11/10	9/8/7	6/5/4	3/2/1
	Highly reliable and conscientious.	Dependable under most circumstances, rarely needs checking.		Average reliability, delivers work without requiring special supervision.	Irregular in being dependable, sometimes unreliable.	Undependable, needs constant and close supervision.
5. Judgment: Ability to grasp situation, thresh out facts from surmises and draw a correct logical conclusion.	10/9	9	8/7	6/5	4/3	2/1
	Good judgment on varied situations.	Good judgment on routine matters.		Fair judgment on routine matters.	Judgment sometimes un-reasonable causing delays.	Judgment cannot be relied on.
6. Leadership: Consider his ability in gaining the cooperation of his subordinates, assess also his ability in instilling others the willingness and desire to achieve a given job.	10/9	8/7	8	6/5	4/3	2/1
	Very capable and effective leader.	Instructs very well. Explains procedure clearly, and able to make his men perform efficiently.		Has good control of his men and maintains good discipline.	Inadequate ability to motivate and coordinate.	Insufficient ability to control his subordinates.
7. Planning & Organization: Consider his ability in planning and organizing the work in his unit to make most effective use of personnel, materials and equipment.	10/9	8/7	7	6/5	4/3/	2/1
	Plans and organizes exceptionally well even under difficult situations.	Plans and organizes effectively well.		Effective planner and organizer under normal circumstances.	Usually good planner but poor organizer.	Insufficient planning and organizational ability.

8. Training & Developing Subordinates: Consider his interest in training and developing subordinates in order to obtain maximum efficiency in the performance of their jobs.	5 Very capable and active in training and developing subordinates.	4 Has sufficient ability to train and develop the potentials of his subordinates.	4 3 Has average ability in training subordinates and developing their aptitudes.	2 Has interest but insufficient ability and determination to train and develop subordinates.	1 Minimal interest to train and develop subordinates.
9. Attendance: Regularity and punctuality in attendance, frequency in reporting to work and proper observance of break period.	5 Exceptionally excellent attendance and punctual in observing working hours.	5 4 Rarely absent or late, observes proper working hours.	3 Average absence and lateness except for extreme emergency.	2 Frequent absence/lateness indicating little concern for time lost.	1 Frequent absence/tardiness for trivial reasons.
10. Capacity to Develop: Potentials for advancement considering educational attainment, acquired skills, team work, adaptability and capacity to accept additional responsibilities.	5 Great future growth, shall go far with opportunities.	4 Very promising promotional material.	4 3 Shows sign of promise for future positive growth.	2 Moderate development to be expected.	1 Future growth doubtful.

Total Quantitative Factor Points

84

49

36

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
Mohakhali, Dhaka-1212

PERFORMANCE EVALUATION REPORT
Supervisory/Research Level - V and above

Period reviewed from 15.4.88 to till date

PERSONAL PARTICULARS

=====

Name of Employee: Dr. Lokky Wai (# 6286-9) Area Work: PSED

Hiring Date: 15.4.88 Position: Demographer

Branch/Office: DSS Previous Rating Date:

=====

Note: Be sure that you have fully understood the instructions accompanying this Form before proceeding to the attached Format:

OVERALL RATING:

90

Percentage Rating	Adjective Rating
100 - 90	Excellent
89 - 70	Very Good
69 - 50	Good
49 - 30	Below Average
29 and below	Poor

NARRATIVE COMMENTS:

A. List the employee's greatest strengths, as evidenced by specific examples of unusually good performance or of the kind of work done best. (The areas in which the employee excels are important indications of the direction in which his/her development should be planned).

Dr. Wai works very well with the mid-level research staff, assisting them with their analysis and writing. He is tireless and self effacing in this task. He is also a very good field worker, willing to make frequent trips to Matlab and Teknaf and is quite productive in this duty.

B. List the areas in which his performance can and should be improved. Be specific. (Definite knowledge is necessary in making plans to assist the employee in improving his/her performance).

Dr. Wai needs to spend more time on his own research, setting achievable goals and completing these.

Evaluated by : Michael A. Strong
Acting Head, PSED

Date: 30 May 1993

Employee's signature: _____

Reviewed by: _____
(Department Head)

Dr wai is on home leave - he will sign on his return.

I N S T R U C T I O N S

TO THE RATER: The ratings are to represent your appraisal of the employees' actual performance of their present job. The value of the rating depends upon the impartiality and sound judgment you use. Rate the employee's performance during the above period only. The performance during other periods should not influence this rating.

TO HELP YOU MAKE A CAREFUL ANALYSIS, THE FOLLOWING SUGGESTIONS ARE OFFERED:

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2. Consider only one factor at a time. Do not let your rating in one trait influence your rating of another.
3. Base your judgment on the requirement of the job and the employee's performance in it compared to others doing similar work and of similar rank.
4. Take plenty of time to rate your subordinate(s). Do not be influenced by prejudice or pity. The efficiency of your department/office/section depends largely on your fair appraisal of those working under your supervision.
5. Carefully read the description of each trait and specification of each factor, then make your entry. This method gives the rater alternatives to award various point values for each trait rated.
6. An empty box opposite the point values is provided for every gradation. The rater may then enter the points which he/she feels appropriate.
7. Upon completion, review and check your rating.
8. Add the points. Boxes are provided in the lower portion of every column. Get the sum to arrive at the total quantitative factor points.
9. Compare the total points on the reverse page of the Form to determine the adjective rating. Encircle the equivalent adjective rating.
10. Narrative comments. This portion permit raters to express the personal feelings and candid assessment of the employee's performance.
 - a. The areas in which the employee excels are important indications of the direction in which employee development should be planned.
 - b. Weak points shall also be indicated in this portion to determine training needs and plans to assist the employee in improving performance.
11. Upon completion, the result should be discussed by the rater with the person rated. Both the rater and employee concerned should affix their signatures to signify that the result of the evaluation has been discussed. Should there be questions, the problem should be elevated to the department head for further review. If still unresolved, the department head forwards to Personnel Office for appropriate action.

1. Job knowledge: Completeness of information employee has in all types of work needed by, expected of, and related to the position.	15/14/13	13	12/11/10	9/8/7	6/5/4	3/2/1
Exceptional mastery of the work, no assistance required.			Adequate knowledge of the job.	Sufficient knowledge, requires direction sometimes.	Insufficient knowledge, requires direction from time to time.	Very little knowledge of the job. Requires direction at all times.
2. Quality of Work: Ability to work with thoroughness and accuracy regardless of volume.	15/14/13	13	12/11/10	9/8/7	6/5/4	3/2/1
Works outstandingly, accurate and complete attaining right quality of work possible.			Does thorough accurate work, rarely commits error.	Acceptable quality with few errors.	Fairly completes works with various errors or rejections.	Too many errors or rejections.
3. Quantity of Work: Individual productivity, rapidity in performing tasks.	10/9	9	8/7	6/5	4/3	2/1
Exceptionally good producer. Finishes work rapidly.			Good producer. Works rapidly most of the time.	Finishes regular amount of work within a reasonable time.	Sometimes fails assignment, needs help.	Fails to produce as expected, needs help constantly.
4. Scientific Integrity: Soundness of results based on firm adherence to scientific procedures and ethics.	15/14/13	13	12/11/10	9/8/7	6/5/4	3/2/1
Outstanding integrity in research.			Commendable standard of honesty in research.	Generally reliable scientifically.	Scientific integrity-leaves somethings to be desired.	Unreliable scientifically.
5. Judgment: Ability to grasp situation, thresh out facts from surmises and draw a correct logical conclusion.	10/9	9	8/7	6/5	4/3	2/1
Good judgment on varied situations.			Good judgment on routine matters.	Fair judgment on routine matters.	Judgment sometimes un-reasonable causing delays.	Judgment cannot be relied on.
6. Leadership: Consider his ability in gaining the cooperation of his subordinates, assess also his ability in instilling others the willingness and desire to achieve a given objective.	10/9	10	8/7	6/5	4/3	2/1
Very capable and effective leader.			Instructs very well. Explains procedure clearly, and able to make his men perform efficiently.	Has good control of his men and maintains good discipline.	Inadequate ability to motivate and coordinate.	Insufficient ability to control his subordinates.
7. Initiative & Creativeness: Consider his ability to discover new ideas or methods in doing the work and use them to attain his objectives.	10/9	9	8/7	6/5	4/3	2/1
Exceptionally capable of developing and utilizing new ideas, new methods and better techniques.			Highly constructive and resourceful.	Has average creativity and initiative that is normally required by his job.	Imaginative and progressive but lacks initiative.	Has minimal initiative and creativeness.

8. Training & Developing Subordinates: Consider his interest in training and developing subordinates in order to obtain maximum efficiency in the performance of their jobs.	5 Very capable and active in training and developing subordinates.	4 Has sufficient ability to train and develop the potentials of his subordinates.	3 Has average ability in training subordinates and developing their aptitudes.	2 Has interest but insufficient ability and determination to train and develop subordinates.	1 Minimal interest to train and develop subordinates.
9. Attendance: Regularity and punctuality in attendance, frequency in reporting to work and proper observance of break period.	5 Exceptionally excellent attendance and punctual in observing working hours.	4 Rarely absent or late, observes proper working hours.	3 Average absence and lateness except for extreme emergency.	2 Frequent absence/lateness indicating little concern for time lost.	1 Frequent absence/tardiness for trivial reasons.
10. Capacity to Develop: Potentials for advancement considering educational attainment, acquired skills, team work, adaptability and capacity to accept additional responsibilities.	5 Great future growth, shall go far with opportunities.	4 Very promising promotional material.	3 Shows sign of promise for future positive growth.	2 Moderate development to be expected.	1 Future growth doubtful.

Total Quantitative Factor Points

90

80

4

8 (b)/BT/JUNE '90

PROCESS FOR LECTION OF TRUSTEES

PROCESS FOR ELECTION OF TRUSTEES

The process for electing Trustees is clearly laid down by the ICDDR,B By-Laws No. 27 (copy attached).

Unless the Board of Trustees changes this By-Law, by resolution, the Centre is obligated to follow this procedure.

As you will see from the next agenda item, the response the Centre receives to requests for nominations of candidates is very poor, with only few nominations received after having sent more than 55 letters.

From ICDDR,B By-Laws

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.

1. All nominations must be received within the last date specified in the notice.
2. The nominated individuals shall be persons qualified to serve by reason of scientific, research and administrative or other appropriate experience and the nomination should be accompanied by a statement of facts to that effect.
4. All such nominations received shall be scrutinized by the Selection Subcommittee of the Board who will make recommendations to the Board keeping in view the following:
 - (a) Requirement under Sec. 8(3) of the Ordinance regarding membership from developed and developing countries.
 - (b) Equitable geographical distribution.
 - (c) Balance of different disciplines represented in the Board.
5. The Board by secret ballot will decide acceptance or rejection of the recommendations of the Selection Subcommittee.
6. In case of a negative decision by the Board in the election under rule 5 above the Board by secret ballot will elect the requisite number of trustees from amongst all the validly nominated candidates.

7. When only one member is to be elected, the person obtaining largest number of votes shall be declared elected. In case of equality of votes between two or more candidates obtaining largest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided in the second ballot, it shall be decided by drawing lots.
8. If two elective places are to be filled at one time candidates obtaining the highest and second highest number of votes shall be declared elected. In case of equality of votes between two candidates obtaining highest number of votes, both of them shall be declared elected. In case of equality of votes between persons obtaining second highest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided it shall be decided by drawing of lots. A similar procedure will be followed in case more than two elective places are to be filled at one time.
9. Decision will be on the basis of the votes of members present and voting.
10. The Board will select one of the trustees who is not a candidate for election to preside over the meeting in case the Chairman is a candidate for re-election as a trustee.

9/BT/JUNE '90

SELECTION OF NEW TRUSTEE

SELECTION OF A NEW TRUSTEE

- A. One vacancy needs to be filled at this meeting, i.e. that created by the resignation of Professor Richard Feachem.

As required by ICDDR,B By-Law 27 (see agenda 8(d)/BT/June '90), members of the Board, countries and agencies, WHO Regional Offices, etc. were contacted and requested to provide nominations for a candidate from a developed country and from Europe. Recipients of the letters were advised that we are specially interested in receiving nominations for female candidates and that the area of expertise of the candidate should also be taken into account (the member being replaced having expertise in the area of Environmental Public Health/Epidemiology). A list of current Board Members with their discipline/s was attached to the letter.

It was requested that nominations reach the Centre by 17 May, 1990. To date we have received nominations for:

Dr Andrew Tomkins - World Bank
Dr Myriam Malengreau - Belgian Government
Prof. David Bradley - UNICEF
Dr Jon Rohde - UNICEF
Dr J. Briscoe - UNICEF
Dr Immita Cornaz - Centre
Prof. Desmond Laurence - Centre
Ms Barbara Kelly - Centre
Prof. Alex Muller - Centre

... The curriculum vitae of Dr Myriam Malengreau is attached. Others will be included in the file as received.

- B. According to the suggestion made in November 1987, election procedures should commence one year beforehand (June) and, whenever possible, finalized at the November meeting. Listed below are those members who will complete their terms on 30 June, 1991.

List of outgoing Board Members (June 1991)

Professor D.A. Henderson

* Dr M.H. Merson (WHO)

*+ Dr K.A. Monsur (Government of Bangladesh)

*+ Professor V. Ramalingaswami (UN)

+ Trustee who fills Professor R. Feachem's seat

+ Professor T. Wagatsuma

* - Unable to serve another term without a break

+ - Completed another's term

It should be noted that as per 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, ...".

Assuming that the outgoing members at large would wish to be considered for re-election, a vote may be taken on this at the November, 1990 Board Meeting. The three members representing countries/agencies are all not eligible for another term without a break. Accordingly, the Centre should be advised of the name of the person to replace them at the appropriate time.

... Lists showing current Trustees with country and discipline and current
... Trustees and their terms are attached.

ACTION REQUIRED

1. Select a new Trustee to complete Professor R. Feachem's term.

2. If notification is not received prior to the June 1990 Board Meeting, the Chairman of the Board, or his representative, should contact the Government of Bangladesh informing that Mr Anwar's term will end on 30 June, 1990 and requesting their advice as to whether Mr Anwar will continue for a second term.

3. Decide whether or not it is necessary to call for nominations for Trustees before November 1990, assuming that members at large whose terms expire on 30 June, 1991 would wish to be considered for re-election.

List of Board Members (as at May 1990)

Name	Country	Discipline	Joined Board/ End Date
Dr Y.Y. Al-Mazrou	Saudi Arabia	Public Health	1989/1992
Mr M.K. Anwar	Bangladesh	Civil Servant	1987/1990
Dr D. Ashley	Jamaica	Pub Hlth/MCH-FP	1987/1993*
Prof. J. Caldwell	Australia	Demography	1989/1992
Prof. D. Habte	Ethiopia	Paediatrics	1989/1992
Prof. J.R. Hamilton	Canada	Paediatrics	1989/1992
Prof. D.A. Henderson	U.S.A.	Public Health	1988/1991.
Prof. A. Lindberg	Sweden	Immunology	1987/1993*
Prof. V.I. Mathan	India	Gastroenterology	1987/1993*
Dr M. Merson	WHO	Scientific Admin.	1985/1991*
Dr K.A. Monsur	Bangladesh	Microbiology	1986/1991*
Mr T. Rahman	Bangladesh	Civil Servant	1987/1992*
Prof. V. Ramalingaswami	UN	Pathobiology/ Scientific Admin.	1988/1991*
Dr P. Sumbung	Indonesia	Public Health	1986/1992*
Vacant	-	-	/1991
Prof. T. Wagatsuma	Japan	International Hlth	1989/1991
<u>To join from 1 July, 1990</u>			
Prof. F.S. Mhalu	Tanzania	Microbiology/ Immunology	1990/1993

* Unable to serve another term without a break

List of Board Members as at May, 1990

	<u>Joined Board</u>	<u>End of Term</u>
Dr Y.Y. Al-Mazrou	1 July 1989	30 June 1992
Mr M.K. Anwar (completing Mr A.K. Chowdhury's term - GOB)	9 Sept 1987	30 June 1990 **
Dr D. Ashley	1 July 1987	30 June 1993 *
Prof. J. Caldwell	1 July 1989	30 June 1992
Prof. D. Habte	1 Aug. 1989	30 July 1992
Prof. J.R. Hamilton	1 July 1989	30 June 1992
Prof. D.A. Henderson	1 July 1988	30 June 1991
Prof. A. Lindberg	1 July 1987	30 June 1993 *
Prof. V.I. Mathan	1 July 1987	30 June 1993 *
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 (completed Mr Karim's term - GOB)	8 June 1987	30 June 1992 *
Prof. V. Ramalingaswami (completed Dr Nyi Nyi and Dr Joseph's term - UN)	March 1988	30 June 1991 *
Dr P. Sumbung	1 July 1986	30 June 1992 *
Vacant (completed Prof. R. Feachem's term)	-	30 June 1991
Dr T. Wagatsuma	Dec. 1989	30 June 1991

Notes

- * Unable to serve another term without a break
- ** Government of the People's Republic of Bangladesh to advise whether or not Mr Anwar is to continue for a second term from 1 July, 1990

Dr F. Mhálu will join the Board from 1 July 1990, his term ending on 30 June, 1993

LIST OF NOMINATIONS FOR TRUSTEES

(includes those listed in text and those received since circulation of papers)

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated By</u>
Dr Andrew Tomkins - withdrawn				World Bank
* Dr Myriam Malengreau	10.6.47 Belgian	Epidemiology/ Paediatrics	Senior Lecturer in Int. Public Health, Dept. of Epid. & Preventive Medicine, Univ. Cath. de Louvain, Belgium	Belgian Government
Prof. David Bradley	British	Tropical Medicine	Professor, London School of Hygiene & Tropical Medicine, London, U.K.	UNICEF/ Ford Foundation
Dr Jon Rohde	U.S.A.	Public Health Planning/Diar. Disease	Senior Advisor, UNICEF, New Delhi, India.	UNICEF
Dr J. Briscoe			Unit Chief, INUWS, The World Bank, Washington, D.C., U.S.A.	UNICEF

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated By</u>
Dr Immita Cornaz	Swiss	Social Sciences	Directorate for Development Cooperation and Humanitarian Aid, Berne, Switzerland.	Centre
* Prof. Desmond Laurence	1922 British/ Canadian	Clinical Pharmacology	Emeritus Professor of Pharmacology and Therapeutics, University College & Middlesex Sch. of Medicine, London, UK	Centre
Ms Barbara Kelly - Withdrawn				Centre
* Prof. Alex Muller	Dutch 19.6.30	Epidemiology/ social med./ public health/ research mgmt.	Director, Dept. of Tropical Hygiene, Royal Tropical Institute, Amsterdam, The Netherlands	Centre
* Dr Mathilde Krim	9.7.26 Born Italy Citizenship - U.S.A.	Virology/ Medical Ethics	Adjunct Prof. of Public Health (in Health Policy and Management) and (in Paediatrics) Columbia Univ. Sch. of Public Hlth. U.S.A.	Rockefeller Foundation
Dr Leon LeMinor - withdrawn	French	Bacteriology/ Public Health	Retired Director, WHO Collab. Centre for Ref. & Research of Salmonellae, Institut Pasteur, France	Dr Monsur
* Dr Katherine Elliott	British	Int. Health Development	Editor, Diarrhoea Dialogue, AHRTAG, London, U.K.	USAID/Washington

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated By</u>
* Dr Hans K. Otterstad	28.5.43 Norwegian	Public Health/ Int. Health/ Health Services Research	County Medical Officer, Vestfold, Norway	Norwegian Govt. (1st choice)
* Dr Lars Engstroem	8.2.23 Swedish	Obs. & Gyne./ MCH-FP	Consultant for WHO, SIDA, NORAD, UNICEF, UNFPA, IPPF in MCH-FP	Norwegian Govt. (2nd choice)
* Dr Wendy Graham	27.5.56 British	Medical Statistics	Lecturer, Maternal & Child Epidemiology Unit, London School of Hygiene & Tropical Medicine, London, U.K.	Ford Foundation/ Population Council
Dr Betty Kirkwood	British	Epidemiology	London School of Hygiene & Tropical Medicine, London, U.K.	World Bank

* c.v./additional details available
as part of this agenda item

Dr. Myriam Malengreau
Dpt of Epidemiology and Preventive Medicine
School of Public Health - UCL
1200-Bruxelles
tel . 02- 764.53.31
02- 764.33.20 (secr.)

CURRICULUM VITAE

Identity

Born in Louvain (Belgium) on the 10 June 1947
Unmarried
Home address : 44, Rue de la Hulpe - 1331 ROSIERES (Belgium)
tel : 02/ 654.05.78

Education

1958	Primary school	Institut du Sacré-Coeur	Louvain
1964	Secondary school (Latin-Greek)	"Le Sartay" (Dames du Sacré-Coeur)	Liège
1967	Cand. en sc.naturelles et médicales		Univ.Cathol. de Louvain (Belgium)
1971	Doct. en médecine, chir., acc.(LPGD 90%)		Univ.Cathol. de Louvain (Belgium)
	(69) 4 months neonatology	"Hosp.for sick children"	Univ. of Toronto (Canada)
	(70) 2 months general paediatrics	"Hosp.for sick children"	Univ. of London (U.K.)
	(71) residency	Univ. of Kinshasa (Zaire)-Prof. Debrouse	(France)
	(72) residency	"H.sick children"	Univ. of Toronto (Canada)
	(73) residency	Univ.Cathol. de Louvain	(Belgium)
1975	Admission to the Belgian Board of Paediatricians		
1974	Certificate of Tropical Medicine	Inst. Méd. Tropicale -Antwerpen	(Belgium)
1978	"Child Health in Dev. Countries"	Inst. of Child health -Univ. of London	(U.K.)
1981	"EPI national training course"-WHO	Kisantu (Zaire)	
1983	"CDD international training course"-WHO	Kinshasa (Zaire)	
1983-84	MSc CHDC (Community Health in Developing Countries- option: epidemiology of communicable diseases) with "distinction"(>75%) London School of Hygiene and Tropical medicine - Univ. of London (U.K.)		

Professional Activities

- 1989 Senior Lecturer in International Public Health
Dept of Epidemiology and Preventive medicine - School of Public Health
Faculty of Medicine - Univ. Cath. de Louvain (Belgium)
- 1974-89 Belgian Official Cooperation in Zaïre - secondment to FOMULAC (Medical Foundation of the University of Louvain in Central Africa) -Katana project
- * 74-89 Head of Department in paediatrics (120 beds)
 - * 74-89 Theoretical and clinical teaching (post-graduates, medical students, nurses)
 - * 74-89 Implementation of a PHC program in the Katana health district (300.000 inh.)
 - * 74-89 Public Health Advisor at provincial level and assistance to implementation of PHC in different districts of the province
 - * 81-89 Direction and Management of the Katana project : 750 beds hospital- 20 health centers - 5 maternity centers - nursing school- primary school- technical services- rural development service
 - * 84-89 Group leader in Kivu for the Belgian medical officers
 - * 84-86 Official Belgian supervisor of the soy-biscuit factory project in Bukavu
 - * 86-89 Temporary assistance to coordination and teaching of community health at the new school of Public Health in Kinshasa (USAID-Tulane university project)
- Temporary consultant in diarrheal diseases for WHO :
- 1982 - Scientific Working Group on Bacterial Enteric Infections in Geneva
 - 1983 - Facilitator on WHO course for national supervisors of CDD in Kinshasa
 - 1986- WHO regional meeting for national supervisors of the CDD program in Bujumbura

Scientific activities

- 1987 "High incidence of hypoglycemia in African patients treated with intravenous quinine for severe malaria" W. Okitolonda, C. Delacollette, M. Malengreau, J.Cl. Henquin
Brit. Med. J., 1987, 295, 716-718
- 1986 "Shigella Dysentery in Zaïre" presentation at the WHO regional AFRO meeting in Bujumbura - december 1986
- 1986 "Immunization implementation in rural area" presentation at the national EPI/CDD symposium in Kinshasa - november 1986
- 1984 "Use of nalidixic acid against Shigella dysenteriae" The Lancet, June 30, 1984, 1462
- 1984 "Diarrhea morbidity: a review of definitions, indicators, main factors and methods of study" - MScCHDC thesis- LSHTM (univ. of London)
- 1983 "Response to chloroquine of infections with Plasmodium Falciparum in the kivu region of Zaïre" C. Delacollette, Binyingo-Embonga, M.Malengreau - Ann. Soc. Belge de Méd.Trop. 1983, 63, 171-173
- 1982 "Outbreak of Shigella Dysenteriae in Eastern Zaïre,1980-82" presentation at the WHO Scientific Working Group in Geneva - Ann. Soc.Belge de Méd.Trop. 1983, 63, 59-67

- 1981 "Enteropathogenic agents in children with diarrhoea in rural Zaïre" P.DeMol et al. (participation)- The Lancet, march 5, 1983, 516-518
- 1979 " A propos de l'épidémie de choléra à l'Est du Zaïre en 1978" M.Malengreau, et al. Ann. Soc. Belge de Méd. Trop. 1979, 9, 401-412
- 1979 "Neuro-paediatric problems in rural Africa" presentation at the International Symposium on Neuropaediatrics and University Teaching in Developing Countries- Brussels Dec 1979
- 1976 "Serum prolactin in long-lasting lactation amenorrhoea" P.Delvoye et al. (participation) The Lancet, aug.7, 1976
- 1975 " Aspects des remaniements osseux de l'enfant au cours de la malnutrition" L.Coutelier et M.Malengreau- Ann. Soc. Belge de Méd. Trop. 1977, 57, 2,89-11
- 1972 "Alfa-foeto-protein in liver diseases in children" (unpublished) - with Prof. Sass-Kortsak- Univ. of Toronto
- 1966-69 Research student in embryology (prof. Van Campenhout - Univ. of Louvain) : participation in studies on the development of para-sympathetic nervous system and glandular system in the embryo
- 1965 Research student in histology (prof. Van Campenhout - Univ. of Louvain) : unpublished study on retinipetes fibers of the optic nerve

Personal References

Prof. R. EECKELS
A.Z. Gasthuisberg
Katholieke Universiteit Leuven
3000-Leuven
Belgium

Prof. R. FEACHEM
LSHTM
Keppel street
London WC1E 7HT
U.K.

Prof. M.F. LECHAT
Ecole de Santé Publique -UCL
1200-Bruxelles
Belgium

MATHILDE KRIM, Ph.D.

CURRICULUM VITAE

33 East 69th Street
New York, NY 10021

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PRESENT AFFILIATION

Columbia University School of
Public Health

PERSONAL

Born: July 9, 1926
Marital Status: Married
Citizenship: U.S.A.
Place of Birth: Como, Italy

EDUCATION

B.S. 1948 University of Geneva,
Switzerland

Ph.D. 1953 University of Geneva,
Switzerland

RESEARCH AND ACADEMIC APPOINTMENTS

1990 - present Adjunct Professor of Public Health (in Health Policy and Management) and (in Pediatrics), Columbia University School of Public Health.

1986 - 1990 Associate Research Scientist, Department of Pediatrics, St/Luke's-Roosevelt Hospital Center and College of Physicians and Surgeons, Columbia University.

1981 - 1985 Head, Interferon Laboratory Sloan-Kettering Institute for Cancer Research New York, New York.

1975 - 1981 Co-Head, Interferon Evaluation Program Sloan-Kettering Institute for Cancer Research New York, New York.

1975 - 1985 Associate Member, Sloan-Kettering Institute for Cancer Research, New York, New York.

1968 - 1975 Associate, Sloan-Kettering Institute for Cancer Research, New York, New York.

1962 - 1968 Research Associate, Sloan Kettering Institute for Cancer Research, New York, New York.

- 1959 - 1962 Research Associate, Division of Virus Research, Cornell Medical College, New York, New York.
- 1957 - 1959 Research Associate, Weizmann Institute of Science, Rehovot, Israel.
- 1954 - 1957 Junior Scientist, Weizmann Institute of Science, Rehovot, Israel.
- 1953 - 1954 Assistant, Genetic Section, Department of Experimental Biology, Weizmann Institute of Science, Rehovot, Israel.

HONORS

- 1989 National Urban League Charter Member.
- 1989 Doctor of Science (Honoris Causa), Brandeis University, Waltham, Massachusetts.
- 1988 Doctor of Laws (Honoris Causa), Columbia University, New York, New York.
- 1987 Doctor of Science (Honoris Causa), Long Island University, New York, New York.
- 1989 Barnard College Centennial Celebration Guest of Honor: "100 New York Women."
- 1989 "Dallas Cares" Benefit Honoree.
- 1989 National Mother's Day Committee: "Outstanding Mother Award."
- 1989 The Stewart B. McKinney Foundation Caring Award.
- 1988 American Foundation for AIDS Research (AmFAR)/ World AIDS Day Honoree.
- 1988 Casita Maria Gold Medal of Honor Award.
- 1988 The Charles A. Dana Foundation Award for Pioneering Achievements in Health and Higher Education.
- 1988 The New York Chapter of Hadassah Medical Award.

- 1988 The American Equity Association President's Award.
- 1988 Women's Project and Productions Exceptional Achievement Award, New York, New York.
- 1988 Frontrunner Award: "A Salute to Women Who Run The World," Sara Lee Corporation, New York, New York.
- 1987 Commitment to Life Award, AIDS Project Los Angeles, California.
- 1987 International Women's Forum Hall of Fame Award.
- 1987 Women of Distinction Honoree, Birmingham-Southern College, Gala 8, Birmingham, Alabama.
- 1987 Humanist Distinguished Service Award, American Humanist Association.
- 1987 Achievement Award, American Association of Physicians for Human Rights.
- 1987 Eleanor Roosevelt Leadership Award, National Organization of Women of New York State.
- 1987 10 Americans Who've Made a Difference Award, Better Health and Living Magazine.
- 1986 Jack Dempsey Humanitarian Award, St. Clare's Hospital and Health Center.
- 1986 Elizabeth Cutter Morrow Award, City of New York, YWCA.
- 1986 Human Rights Campaign Fund Award.
- 1986 John and Samuel Bard Award in Medicine and Science.
- 1986 Women of the Year Award, MS. Magazine.
- 1986 Women's City Club Award for Contributions to Civic Life.
- 1985 Humanitarian Award - Fund for Human Dignity.

- 1979 - 1981 Commissioner, President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research (Presidential Appointment).
- 1979 - 1980 Member, U.S. National Commission for UNESCO.
- 1977 Elected Fellow, The New York Academy of Sciences.
- 1972 Spirit of Achievement Award, National Women's Division, Albert Einstein College of Medicine, New York.
- 1970 - 1971 Member, Panel of Consultants on Cancer, Committee on Labor and Public Welfare, U.S. Senate (Congressional Appointment).
- 1969 - 1973 Member, Council of the National Endowment for the Humanities (Presidential Appointment).
- 1969 - 1970 Member, Advisory Committee to the Secretary of HEW on Health Protection and Disease Prevention.
- 1966 - 1969 Member, President's Committee on Mental Retardation, (Presidential Appointment).
- 1947 - 1952 Studentship Awards, University of Geneva, Geneva, Switzerland.

MAJOR RESEARCH INTERESTS

Acquired Immune Deficiency Syndrome (AIDS).
Interferon System/Virology/Cytogenetics/Medical Ethics.

SOCIETIES

Society for Biological Therapy.
American Association for the Advancement of Science.
American Society for Microbiology.
International Society for Interferon Research.
New York Academy of Sciences: Elected Fellow.
National Association for the Advancement of Colored People (NAACP). Life member.
American Humanists Association. Elected Life Member.

EDITORIAL BOARDS

Member, Editorial Board, "The Aids Record."
Associate Editor, "Cancer Investigation."
Associate Editor, "Interferon Newsletter."
Associate Editor, "AIDS Care."

ACTIVE BOARD MEMBERSHIPS

Board of Directors, Founding Co-Chair
The American Foundation for AIDS Research. (1985 to date)
Member, Executive Committee
Chair, Education Policy Committee

Board of Directors, AIDSFILMS. (1985 to date)

Board of Trustees, Scientists' Institute for Public Information.
(1984 to date)

Board of Directors, American Committee for the Weizmann Institute
of Science. (1977 to date)

Board of Trustees, The Feinberg Graduate School of the Weizmann
Institute of Science. (1986 to date)

Board of Directors, The National Biomedical Research Foundation.
(1969 to date)

Board of Directors, Wendy Will Case Cancer Fund. (1984 to date)

Committee of 100 for National Health Insurance. (1966 to date)

Federation of Parents and Friends of Lesbians & Gays.
Board of Directors, Honorary Member. (1988 to date)

Life Member, Board of Trustees, The African-American Institute.
(1972 to date)

PAST BOARD MEMBERSHIPS

Board of Directors, Institute of Society, Ethics and the Life
Sciences (The Hastings' Center). (1979 to 1989)

Chairperson, Board of Trustees, AIDS Medical Foundation.
(1983 to 1989)

Board of Governors, Community Research Initiative (CRI),
New York, New York. (1988 - 1989)

Board of Trustees, The Rockefeller Foundation. (1971 - 1984)

Director-at-Large, The American Cancer Society. (1970 - 1972)

Board of Directors, National Medical Association Foundation. (1968 - 1969)

Board of Trustees, National Urban League. (1966 - 1972)

Executive Secretary, American Committee for Assistance to Tunisia. (1968 - 1969)

Vice Chairman, Citizens Organized Against Drug Abuse (CODA) (1966)

Advisory Panel on Higher Education, New York, New York (1965)

ACTIVE MEMBERSHIPS ON ADVISORY BOARDS

Advisory Board, International Alliance for Haiti, Inc. (1989 to date)

Advisory Board, LOVE HEALS (1989 to date)

Scientific Advisory Committee, The American Foundation for AIDS Research (AmFAR) (1985 to date)

Interferon Committee Chairperson, American Cancer Society. (1984 to date)

Research Advisory Council, National Organization for Rare Disorders, Inc. (1985 to date)

AIDS Research Center, American Health Foundation/ Cornell Medical School/Columbia University School of Social Work. (1987 to date)

Section for the Study of Ethical, Legal and Social Issues, HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute, Columbia University. (1987 to date)

National Advisory Committee, National-Community AIDS Partnership, (Ford Foundation AIDS Project). (1988 to date)

AIDS Advisory Panel, Planned Parenthood Federation of America. (1988 to date)

AIDS Task Force, American Association of Sex Educators, Counselors and Therapists. (1985 to date)

Board of Advisors, National Lawyers Guild AIDS Network. (1987 to date)

Member of the Jury, Albert D. Lasker Medical Research Awards. (1968-1971; 1978 to date)

Advisory Committee, Institute of International Education. (1974 to date)

Advisory Committee, The Village Nursing Home. (1986 to date)

Scientific Advisory Board, National Coalition on Immune System Disorders. (1986 to date)

Metropolitan Area Advisory Committee, Lower Manhattan AIDS Consortium. (1986 to date)

Advisory Committee, Women and AIDS Resource Network (WARN). (1988 to date)

PAST MEMBERSHIP ADVISORY BOARDS

AIDS Health Education/Risk Reduction Consultation, Centers for Disease Control. (1986)

Task Force on Chemotherapeutics, National Institute of Allergy and Infectious Diseases, National Institutes of Health. (1986)

Bristol Laboratories Advisory Panel on Biological Response Modifiers. (1981 - 1984)

Interferon Clinical Advisory Committee, Schering-Plough Corporation. (1980 - 1985)

Advisory Committee, World Rehabilitation Fund. (1979 - 1986)

Sub-Committee on Biological Response Modifiers of the Board of Scientific Consultants of the Division of Cancer Treatment, National Cancer Institute, National Institutes of Health. (1978 - 1982)

- Advisory Committee, Program of Science, Technology and Human Values, National Endowment for the Humanities. (1974 - 1978)
- Review Committee "A," Virus Cancer Program, Consultant to the National Cancer Institute, National Institutes of Health. (1974 - 1977)
- Working Group, Developmental Research Segment, Virus Cancer Program, Consultant to the National Cancer Institute National Institutes of Health. (1971 - 1974)
- Advisory Committee for the National Colorectal Cancer Program, Consultant to the National Cancer Institute, National Institutes of Health. (1971 - 1973)
- Panel of Consultants on Cancer, U.S. Senate Committee on Labor and Public Welfare. (1970 - 1971)
- Advisory Board, Health Professionals for Political Action. (1968 - 1970)

PUBLICATIONS

(Also published under names Galland and Danon)

1. Guyenot, E., J. Dinichert-Favarger, and M. Galland. L'exploration du territoire de la patte anterieure du Triton (asymetrie, duplication, orientation des regenerats). Revue Suisse de Zoologie, Supplementary Vol. 2, 55:1-120, 1948.
2. Danon, D., M. Danon and E. Kellenberger, and J. Weigle. Die Anwendung eines neuen Mikrotoms auf das Studium des Nervs. Chimia, 4:238, 1950.
3. Guyenot, E., M. Danon, E. Kellenberger, and J. Weigle. Les chromosomes des ovocytes quiescents de Batraciens, etudes au microscope electronique. Archiv der Julius Klaus Stiftung, 25:47-53, 1950.
4. Danon, M., E. Guyenot, E. Kellenberger, and J. Weigle. Electron micrograph of a chromosome of Triton. Nature, 165:33, 1950.
5. Danon, D., and M. Danon. Etude au microscope electronique de la fibre nerveuse par la methode des coupes minces. Revue d'Optique, 704-709, 1952.
6. Danon, M., and E. Guyenot. Etude des chromosomes des ovocytes de Batraciens. Revue d'Optique, 675-681, 1952.

7. Guyenot, E., and M. Danon. Chromosomes et ovocytes de Batraciens. *Revue Suisse de Zoologie*, 60:1-129, 1953.
8. Serr, D.M., L. Sachs, and M. Danon. The diagnosis of sex before birth using cells from the amniotic fluid. *Bulletin of the Research Council of Israel*, 5B:137-138, 1955.
9. Sachs, L. D.M. Serr, and M. Danon. Prenatal diagnosis of sex using cells from amniotic fluid. *Science*, 123:548, 1956.
10. Sachs, L., and M. Danon. Antenatal identification of hereditary disorders. *The Lancet*, 270:1013, 1956.
11. Sachs, L., and M. Danon. The diagnosis of the sex chromosomes in human tissues. *Genetics*, 28:201-216, 1956.
12. Sachs, L., M. Feldman, and M. Danon. Prenatal identification of blood group antigens. *The Lancet*, 271:356, 1956.
13. Sachs, L., D.M. Serr, and M. Danon. Analysis of amniotic fluid cells for the diagnosis of foetal sex. *British Medical Journal*, 2:795-798, 1956.
14. Sachs, L. and M. Danon. Possibility of prenatal diagnosis of sex in cattle and sheep. *Nature*, 178:1402-1403, 1956.
15. Danon-Galland, M. La valeur theorique et clinique du diagnostic du sexe chromosomique dans l'espece humaine. *Journal Suisse de Medecine*, 87:294, 1957.
16. Danon, M., and L. Sachs. Sex chromosomes and human sexual development. *The Lancet*, 273:20-25, 1957.
17. Serr, D.M., L. Sachs, and M. Danon. The diagnosis of fetal sex during pregnancy. *Surgery, Gynecology, and Obstetrics*, 104:157-162, 1957.
18. Danon, M. The clinical value of nuclear sexing. *Harefuah*, 53:111-113, 1957.
19. Sachs, L., M. Fogel, E. Winocour, E. Heller, D. Medina, and M. Krim. The *in vitro* and *in vivo* analysis of mammalian viruses. *British Journal of Cancer*, 13:251-265, 1959.
20. Sachs, L. and M. Krim. Some systems for the genetic analysis of mammalian cells. *American Journal of Human Genetics*, 12:128-133, 1960.
21. Krim, M., and Sachs, L. Virus release from single cells of mouse parotid tumors. *Nature*, 186:262, 1960.

22. Borenfreund, E., M. Krim and A. Bendich. Chromosomal aberrations induced by hyponitrite and hydroxylamine derivatives. *Journal of the National Cancer Institute*, 32:667-679, 1964.
23. Savel, H. and M. Krim. A direct method for chromosome analysis following clinical administration of vinblastine, vincristine, podophyllotoxin, or colchicine. *Federation Proceedings*, 23:279, 1964 (Abstract).
24. Bendich, A., E. Borenfreund, G.C. Korngold, M. Krim, and M.E. Balis. Amino acids or small peptides as punctuation in the genetic code of DNA, in Acidi nucleici e loro funzione biologica. Pavia, Istituto Lombardo: Fondazione Baselli, pp. 214-237, 1964.
25. Krim, M., T. Wilczok, and A. Bendich. DNA-mediated repair of X-radiation damage. *Federation Proceedings*, 24:538, 1965 (Abstract).
26. Borenfreund, E., M. Krim and A. Bendich. Effects of Mitomycin C on the infection of cells by polyoma virus and its DNA. *Virology*, 25:393-400, 1965.
27. Borenfreund, E.M., M. Krim, F.K. Saunders, S.S. Sternberg and A. Bendich. Malignant conversions of cells in vitro by cancerogens and viruses. *Proceedings of the National Academy of Sciences*. 56::672-679, 1966.
28. Krim, M., Scientific Research and Mental Retardation. The President's Committee on Mental Retardation, PCMR Message 16, pp 1-10, January 1969.
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35. Krim, M. ILMBIS: A one-Year Old Experiment on Co-Operative Interferon Research. Proceedings of the NATO International Advanced Study Institute of Antiviral Research Mechanisms for the Control of Neoplasia, Corfu, Greece, March 15-25, 1978. New York, Plenum Press, 1979.
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38. Krim, M. Towards tumor therapy with interferons. II. Interferons: in vivo effects. *Blood* 55:875-884, 1980.
39. Krim, M. Interferons for therapy. In: International Symposium on New Trends in Human Immunology and Cancer Immunotherapy (B. Serrou and C. Rosenfeld, eds.). Doin-Saunders, Publishers, pp. 831-843, 1980.
40. Krim, M. Summary of the Meeting: The Biology of the Interferon System (E. deMaeyer, G. Galasso, H. Schellekens, eds.) Rotterdam, April 21-24, 1981. Elsevier/North Holland Biomedical Press, Amsterdam-New York-Oxford, pps 453-458, 1981.
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42. Sekar, V., V.J. Atmar, M. Krim, and G.D. Kuehn. Interferon induction of polyamine-dependent protein kinase activity in Ehrlich ascites tumor cells. *Biochemical and Biophysical Research Communications* 106:305-311, 1982.
43. Hawkins, M.J., S.E. Krown, E.C. Borden, F. Real, M. Krim, S. Cunningham-Rundles, H. Oettgen, R.W. Fox, C.C. Stock, and F.J. Rauscher, Jr., American Cancer Society phase I trial of human interferon beta (IFN-). *Proceedings of AACR* 23:246, 1982 (Abstract).
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51. Krim, M. Interferon in Urological Cancer. Editorial Comment In: Urologic Oncology (W.J. Catalona, T.L. Ratliff, eds.). The Hague, Netherlands, Martinus Nijhoff Publ., pp. 239-253, 1984.

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59. Metroka, C.E., Sonnabend, J.A., Cunningham-Rundles, S., and Krim, M. Acid-labile interferon-alpha in homosexual men: A Preclinical marker for opportunistic infections. Intl. Conf. on Acquired Immunodeficiency Syndrome (AIDS), Atlanta, Georgia, April, 14-17, 1985 (Abstract).

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61. Cunningham-Rundles, S., Metroka, C.E., Safai, B., Krim, M., Rubin, B.Y., and Hayward, G. Cytotoxic effector mechanisms in AIDS. In: AIDS-Associated Syndromes (S. Gupta, ed.) New York, Plenum Publishing Corporation, pp. 97-110, 1985.
62. Chun, M., Krim, M., Granelli-Piperno, A. Hirst, J.A., and M.K. Hoffman. Enhancement of cytotoxic activity of natural killer cells by interleukin 2 and adenosine cyclic monophosphate. Scand. J. Immunol. 22: 375-381, 1985.
63. Mecs, I., Fox, F., Chin, D., and Krim, M. Preparation and use of immunoabsorbent columns for the production of highly purified human interferon alpha (leukocyte). Acta Virologica, 1984.
64. Krim, M. Efficacy and Possible Mechanisms of Action of Interferons in Human Melanoma. in: Cutaneous Melanoma: Status of Knowledge and Future Perspective (U. Veronesi, N. Cascinelli, M. Santinami eds.) London, Academic Press, pp. 487-496, 1987.
65. Krim, M. AIDS: The Challenge to Science and Medicine. The Hastings Center Report 15(4):2-7, 1985.
66. Krown, S.E., Real, F.X., Vadhan-Raj, S., Cunningham-Rundles, S., Krim, M., Wong, G., Oettgen, H.F., Kaposi's Sarcoma and the Acquired Immune Deficiency Syndrome: Treatment with recombinant interferon alpha and analysis of prognostic factors. Cancer, 57(8):1662-1665, 1986.
67. Vadham-Raj, S., Wong, G., Gnecco, C., Cunningham-Rundles, S., Krim, M., Real, F.X., Oettgen, H.F., and Krown, S.E., Immunological variables as predictors of prognosis in patients with Kaposi's sarcoma and the Acquired Immunodeficiency Syndrome. Cancer Research, 46:417-425, 1986.
68. Krim, M., Papilloma Viruses and Interferons. The Interferon Letter, 3(1):1-3, 1986.

69. Sonnabend, J.A., Saadoun, S., Grierson, H., Krim, M., and Purtilo, D.T. Association of serum interferon with hematologic and immunologic parameters in homosexual men with AIDS and at risk for AIDS in New York City. International Conference on AIDS, Paris, France, June, 1986. (Abstract).
70. Sonnabend, J.A., Saadoun, S., Grierson, H., Volsky, D., Krim, M., Purtilo, D.T., et al. Prevalence of LAV/HTLV3 antibodies among homosexual men in New York City. Correlation of LAV/HTLV3 seropositivity with immunologic and hematologic abnormalities. International Conference on AIDS, Paris, France, June 1986. (Abstract).
71. Krown, S.E., Montzer, D., Cunningham-Rundles, S., Niedwiecke, D., Krim, M., Einzig, A.I., Gabrilove, J.L., Shurgot, B., Gessula, J. High Dose Lymphoblastoid (Alpha) Interferon in Metastatic Colorectal Cancer. Cancer Treatment Reports, 7(1):39-45, 1987.
72. Krim, M. Scientists, Media Not at Fault. SIPIscope, 14(3):13-15, 1986.
73. Krim, M. Making Experimental Drugs Available for AIDS Treatment. AIDS & Public Policy Journal, 2(2):1-5, 1987.
74. Krim, M. How Not to Control the AIDS Epidemic. The Humanist, 41(6):14-16, 1987.
75. In: AIDS: Public Policy Dimensions, (ed., John Griggs), M. Krim, "Introduction," The United Hospital Fund, New York, pp. xiv-xxxiv, 1987.
76. In: Lymphokines and Cytokines as Modulators for Biological Responses and Their Application in Therapy, (ed., J.W. Chiao), Jahiel, R.E., Krim, M. "Interferons: Biology, Clinical Trials and Effects on Hematologic Neoplasms." Marcel Dekker, Inc., New York, 1988.

Book Edited:

Chirigos, M.A., Mitchell, M., Mastrangelo, M.J., and Krim, M. (Eds.) Mediation of Cellular Immunity in Cancer by Immune Modifiers. Progress in Cancer Research and Therapy. Volume 19. New York, Raven Press, 1981.

CONFERENCES, LECTURES AND SYMPOSIA
(in the field of Interferon)

1. Chairperson, First International Workshop on Interferon in the Treatment of Cancer, New York, March 31-April 2, 1975.
2. Chairperson, Session on Interferon Production, Fifth Aaharon Katzir-Katchalsky Conference: Symposium on Interferons and the Control of Cell-Virus Interactions, Rehovot, Israel, May 2-6, 1977.
3. Co-Chairperson, Second International Workshop in Interferons New York, April 22-24, 1979.
4. Hearings on Interferons for the Treatment of Viral Infections, Cancer, and other Disease of the Aged. Select Committee on Aging, U.S. House of Representatives, June 19, 1979.
5. Co Chair-person, Session on Production and Characterization, Part 2, and Animal Models, International Symposium on Interferon, Wadley Institutes of Molecular Medicine, Dallas, Texas, October, 18-20, 1979.
6. Chairperson, Symposium on Interferon. 11th International Congress of Chemotherapy-19th Interscience Conference on Antimicrobial Agents and Chemotherapy. Boston, Oct 3, 1979.
7. Chairperson, Session on Interferon, International Symposium on "New Trends in Human Immunology and Cancer Immunotherapy" Montpellier, France, January 17-19, 1980.
8. Co-Chairperson, Therapy Communication Session on Interferon, First International Conference on Immunotherapy, Brighton, July 29 - August 1, 1980.
9. Summarizer of meeting, First Annual International Congress on Interferons, Washington, November, 10-12, 1980.
10. Invited Lecturer: "Summary of the Meeting." The Biology of the Interferon System, Rotterdam, The Netherlands, April 21-24, 1981.
11. Invited Lecturer: "Interferon," New York Pathological Society, New York Academy of Medicine, November 19, 1981.

12. Invited Lecturer: "Future Prospects in Interferon Therapy of Cancer," Cancer 1981-Cancer 2001, An International Colloquium, M.D. Anderson Hospital and Tumor Institute, Houston, Texas, November 11-14, 1981.
13. Invited Speaker: "Update of Clinical Trials with Interferons in the U.S." 1st Cuban Seminar on Interferon, Havana, Cuba, August 4-6, 1983.

* * * * *

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CURRICULUM VITAE

Name MULLER, Alexander Samuel

Date of birth June 19, 1930, Amsterdam, The Netherlands

Nationality Dutch

Profession Medical Doctor

Education Faculty of Medicine, State University of Leyden
The Netherlands, Ph.D. 1970

Specialization Epidemiology, social medicine, public health,
research management

Languages Dutch (mother tongue), English (excellent),
German (good), French (fair)

Professional experience

Present position

1978 - present Director of the Department of Tropical Hygiene,
Royal Tropical Institute (KIT), Amsterdam,
The Netherlands.
The duties include:

- policy making
- management
- education and training
- research

1982 - present Professor of Tropical Health at the University
of Amsterdam

Previous positions

1977 - 1978 Research Officer, Erasmus University, Rotterdam,
The Netherlands

1971 - 1977 Epidemiologist, Medical Research Centre, Nairobi,
Kenya

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Curriculum Vitae of A.S. MULLER

page 2

Previous positions (continued)

- 1966 - 1970 Research Officer, Institute of Rheumatism Research
Leyden, The Netherlands
- 1959 - 1966 Medical Doctor, Hospital Cavalla Plantation,
Firestone Plantations Company, Liberia

Consulting assignments

- 1978 - 1987 KENYA
For: Royal Tropical Institute
Medical Research Centre, Department of Kenya
Medical Research Institute
- 1987 UNITED KINGDOM
For: World Bank
Consultation on trends in morbidity and mortality
in Subsahara Africa
- 1985 BURKINA FASO
For: Save the children
Member evaluation team Immunization Programme
Burkina Faso
- 1985 For: WHO Special Programme for Research and
Training in Tropical Diseases.
Chairman Task Force in training in Epidemiology
- 1984 SRI LANKA
For: UNICEF
Advisor for child mortality and morbidity
- 1982 VENEZUELA, USA, SWITZERLAND (Geneva)
For: WHO
Member of the scientific and technical review
committee leprosy programme within the framework
of the WHO-Special Programme for Research and
Training in Tropical Diseases
- 1981 TANZANIA, MOZAMBIQUE, INDIA, THAILAND
For: WHO
Evaluation of field research, undertaken within
the framework of the WHO-Special Programme for
Research and Training in Tropical Diseases
- 1981 BANGLADESH
For: International Centre for Diarrhoeal Diseases
Research, Dakha
External scientific review

Curriculum Vitae of A.S. MULLER

page 3

Consulting assignments (continued)

1980

INDONESIA

For: Royal Tropical Institute
Consultant to the Tridharma (Citarum) Project, West
Java

1978, 1979

BURKINA FASO / UNITED KINGDOM

For: WHO
Member of the monitoring and evaluation working
group, WHO-Independent Commission long term
prospects Onchocerciasis Control Programme.

Publications

(See attached list)

Other relevant information

1987 to date

For: Royal Tropical Institute
Council of directors European Schools and
Institutes of Tropical Medicine

1987 to date

For: Netherlands government
Member management and coordination advisory
committee nr. 8 on development linked research, EC

1986 to date

For: WHO-Onchocerciasis Control Programme
Member Expert Advisory Committee (EAC)

1988 to date

Chairman EAC

1985 - 1989

For: WHO-Special Programme for Research and
Training in Tropical Diseases
Chairman Steering Committee Epidemiology

1985 - 1988

For: WHO-Special Programme for Research and
Training in Tropical Diseases
Member Steering Committee Socio-economic Research

1984 - 1987

For: WHO-Diarrhoeal Diseases Control Programme
Member Technical Advisory Group

1981 to date

For: Royal Tropical Institute
European Course in Tropical Epidemiology

1979 to date

For: Netherlands government
Member of the Advisory Committee of Public Health
(Minister of Development Cooperation), The Hague

Curriculum Vitae of A.S. MULLER

page 4

Other relevant information

- 1979 to date For: Netherlands government
- Associate Member of the Netherlands' Delegation to the World Health Assembly;
- Representative of The Netherlands in the "Joint Coordinating Board" (JCB) of the WHO Special Program for Research and Training in Tropical Diseases;
(1989 - 1991) - Chairman JCB
- 1979 to date - Representative of The Netherlands to the Meeting of Interested Parties in the WHO-Diarrhoeal Diseases Control Programme.
- 1978 to date For: Netherlands government
Member of the WHO-Advisory Group of the Ministry of Health of The Netherlands
- 1985 Summer Course in Epidemiology. University of Massachusetts, USA
- 1983, 1984, 1985 For: Netherlands government. Observer in meeting Global Advisory Group Expanded Programme on Immunization, WHO

ABBREVIATED CURRICULUM VITAE (1989)

of

Desmond Roger LAURENCE

Born: 1922

Nationality: British/
Canadian

Qualifications:	MB BS (London)	1945
	MRCP (London)	1946
	MD (London)	1949
	FRCP (London)	1963

Posts held:

- 1945-46 Junior hospital posts: St. Thomas's Hospital London, National Hospital for Nervous Diseases, Worcester Royal Infirmary
- 1947-48 New Zealand Army Medical Corps
Major: officer commanding Medical Division of 6th NZ General Hospital
- 1949 St. Thomas's Hospital, London: Medical Registrar
Wempstead General Hospital: Medical Registrar
- 1950-54 St. Thomas's Hospital Medical School, London:
Lecturer and then Senior Lecturer in Therapeutics
- 1954-64 University College London (Department of Pharmacology)
University College Hospital Medical School (Department of Medicine). Senior Lecturer and then Reader in Pharmacology and Therapeutics
- 1964-85 Professor of Pharmacology and Therapeutics, School of Medicine, University College London
Honorary Consultant, University College Hospital
- 1985 Emeritus Professor of Pharmacology and Therapeutics

Research and Publications:

Has published numerous papers on:

- a) drugs in cardiovascular disease (angina pectoris, hypertension) and their interactions.
- b) experimental and clinical tetanus, especially the pharmacology of convulsions and the use of antitoxin (the latter particularly in collaboration with Dr. B.J. Vakil of J.J. Hospital, Bombay and Professor P. Armitage, Department of Biomathematics, Oxford)
- c) textbook: Clinical Pharmacology, now in its 29th year and 6th edition.
Translations: Italian, Spanish, Serbo-Croat, Chinese, Russian (in the press).

A selected list of some publications is appended

2.

World Health Organisation:

Various Technical or Scientific Working Groups on Clinical Drug Testing, Clinical Pharmacology, Mutagenicity, Schistosomiasis, (Chairman/Member/Rapporteur) etc.

Use of Essential Drugs: Tech Rep 685:1983:

Vice-Chairman

Advisor Eastern Mediterranean Region and Advisor on development of Clinical Pharmacology in Iran.

European Region: Clinical Pharmacology in Drug Control: planning group and technical advisor on various occasions.

Chairman of Steering Committee on Drug Development and Management of Acute Diarrhoeas and Member of its Scientific Working Group.

Member of Expert Advisory Groups on Drugs to WHO Geneva and European Region, Copenhagen.

South East Asian Region: Advisor on development of Clinical Pharmacology in Burma.

Lectures: invited

In addition to centres in UK, lectures at Washington, Rochester, Boston, New York, Helsinki, Basle, Zurich, Bombay, Palau, Colombo, Padova, HAITIAN (GONNARD), WARSAW, SCRIPSI, Katowice, Moscow, Leningrad, Prague, Heidelberg, Santiago de Compostela, Barcelona etc.

Visiting Professor:

in Vincent's Hospital, Sydney, Australia (1969)

University College London Faculty of Clinical Sciences and University College Hospital

Chairman of Committee of Ethical Review of Clinical Investigations.

Chairman of Drugs and Therapeutics Committee of Hospital.

St. Christopher's Hospice (Terminal Care)

Member of Research Committee

London School of Hygiene and Tropical Medicine:

Taught drug regulation etc. in Diploma Course on Tropical Public Health

3.

Examiner to Universities of:

London, Cambridge, Southampton, Trinity College
Dublin, Malaysia

Drug Regulation, UK:

1963-78 Served on Committee on Safety of Drugs (later Medicines) and was Chairman of its Subcommittee on Toxicity, Clinical Trials and Therapeutic Efficacy

1978 to 1990 Member of Medicines Commission

Other activities past and present:Royal College of Physicians

Committee on the Ethics of Clinical Experimentation
Standing Committee on Research
Clinical Pharmacology Committee
Working Party on Healthy Volunteers in Research
Committee on Ethical Issues in Medicine
Author (on behalf of RCP): Guidelines on the Practice of Ethics Committees in Medical Research (1984): revision 19
Member: Working Party on Research Involving Patients

British Pharmacological Society

Committee on Clinical Pharmacology
Lilly Prize (1987)

Department of Health

Advisory Group on Tetanus
Subcommittee on Treatment of Acute Poisoning

Medical Research Council

Advisory committee on drug dependence, on leukaemia, on chemotherapy and on levodopa

Policy, statements by international groups

- i) Rational Regulation of the Development of New Medicines
European Workshop: Co-chairman;
Eur. J. Clin. Pharmacol. 11, 233-238 (1977)
- ii) Scientific and Ethical Basis of the Evaluation of Medicines
International Workshop: Co-chairman
Eur. J. Clin. Pharmacol. 18, 129-134 (1980)

Medical Protection Society

Council and Cases Committee (1965-88)

Working Party on Drug Information to Patients

(Southampton Project) - Chairman

Anglo-Egyptian Cooperation Agreement

Advised on development of Clinical Pharmacology

Miscellaneous

Seminars on Ethical and Legal Aspects of Clinical Trials and Healthy Volunteer Studies with Drugs

Drug Law Symposium (1986). Chairman.

1984 A Pharmacologists' Glossary, with I. Shaw, published at University College London.

1987 Lumleian Lecturer, Royal College of Physicians. Injury due to medicines, the demand for compensation.

1987 Benefits and Risks of Research Ethics Committees, at WHO (Europe) Schlangenbad Conference

APPENDIXSOME SELECTED PUBLICATIONSBooks

Clinical Pharmacology: by D.R. Laurence (and PN Bennett from 5th Ed) Churchill-Livingstone, London: 1st Edition 1960, 6th edition 1987

MCQs on Clinical Pharmacology (1983): Churchill-Livingstone
Laurence, D.R., Bennett, P.N., Stokes, J.F. 2nd edition 1988

Editor: Quantitative Methods in Human Pharmacology and Therapeutics
(1959): Pergamon Press

Editor, with A.L. Bacharach: Evaluation of Drug Activities (1964)
2 volumes: Academic Press

Tetanus: Adams, E.B., Laurence, D.R. and Smith, J.W.G.
Blackwell (1969)

The Medicine You Take: benefits and risk of modern drugs
Laurence, D.R., Black, J.W. Fontana Paperback (1978)

Editor, with A.E.M. McLean and M. Weatherall:
Safety Testing of New Drugs Academic Press (1985)

Papers: research and general topics - examples:

Effect of hexamethonium on the response to insulin in animals and man: Laurence, D.R., Stacey, R.S. Brit. J. Pharmacol. 7, 255 (1952)

Effect of chlorpromazine on convulsions of experimental and clinical tetanus: Kelly, R.E., Laurence, D.R. Lancet, 1, 118 (1956)

A clinical trial of chlorpromazine against barbiturates in tetanus
Laurence, D.R. et al Lancet, 1, 987 (1958)

A method of assaying the antitetanus potency of drugs on experimental local tetanus in the rabbit. Laurence, D.R., Webster, R.A.
Brit. J. Pharmacol. 13, 330 (1958)

Value of a large dose of antitoxin in clinical tetanus.

Brown, A., Laurence, D.R. et al. Lancet 1, 227 (1960)

This paper was followed by a series of four studies, analysed by sequential analysis, of dose of antitoxin in collaboration with Drs. B.J. Vakil, (Bombay), A.O. Lucas (Ibadan) and others: refs.

<u>Clinical Pharmacology and therapeutics</u>	<u>4</u> , 182	(1963)
	<u>5</u> , 695	(1964)
	<u>6</u> , 592	(1965)
	<u>9</u> , 465	(1968)

Effect of pronethalol in angina pectoris. Alleyne, G.A.O., Laurence, D.R. et al Brit. Med. J. 2, 1126 (1963)

L-dopa in post-encephalitic Parkinsonism Calne, D.B., Laurence, D.R. et al Lancet 1, 744 (1969)

Amantadine in Parkinsonism. Hunter, K.R., Laurence, D.R., et al
Lancet 1, 1127 (1969)

6.

Interactions between catecholamines and tricyclics and monoamine oxidase inhibitor antidepressive drugs in man. Barar, F.S.K., Laurence, D.R. et al Brit. J. Pharmacol. 43, 472 (1971)

Interaction between sympathomimetic amines and antidepressant agents in man. Boakes, A.J., Laurence, D.R. et al Brit Med J. 1, 311 (1973)

Transfer of drugs from the animal laboratory to man. Laurence, D.R. Proc. Roy. Soc. Med. 54, 206 (1961) reprinted by request by Boston Law-Medicine Research Institute (1963)

Patient selection and stratification in therapeutic trials. Laurence, D.R., Clin. Pharmacol. Therap. 4, 381 (1963)

Pathologic physiology, pharmacology, and therapeutics of tetanus. Laurence, D.R., Webster, R.A. Clin. Pharmacol. Therap. 4, 36 (1963)

Clinical Pharmacology.—Laurence, D.R. Lancet, 1, 1173 (1964)

General problems of the first administration of a potential drug to man. Laurence, D.R. Proc. 2nd Int. Pharmacol Conf (1964) Pergamon Press

Importance of drug interaction studies in drug approval. Laurence, D.R. Report of 2nd WHO (Europe) meeting on Clinical Pharmacological Evaluation in Drug Control (1973)

Activities of a Centre for Clinical Pharmacology. Laurence, D.R. Third Symposium on Clinical Pharmacological Evaluation in Drug Control. WHO report, Copenhagen. Annex v. 31 (1975)

Prevention of tetanus in the wounded. Smith, J.W.G., Laurence, D.R. et al Brit. Med. J. 31, 453 (1975)

Therapeutic trial of intracisternal human tetanus immunoglobulin in clinical tetanus. Vakil, B.J., Laurence, D.R. et al Trans. Roy. Soc. Trop. Med. Hyg. 73, 579 (1979).

Product liability in respect of drugs: Diamond, A.L., Laurence D.R. Brit Med. J. 290, 365 1983. Also reprinted, by request, by the Center for the Study of Drug Development, Tufts University, Boston.

Decision-taking in drug regulation: doublethink, regret avoidance and other matters: Center for the study of Drug Development: Boston USA 1986. Clin. Res. Pract. and Drug Regul. Affairs. 1987, 5, 295-305. D.R. Laurence

Ethics and law in clinical pharmacology - Brit. J. Clin Pharmacol. 27, 715 (1989).

*** END OF DOCUMENT ***

WENDY JANE GRAHAM

LECTURER

Maternal and Child Epidemiology Unit
Department of Epidemiology and Population Sciences
London School of Hygiene and Tropical Medicine
Keppel Street
London WC1E 7HT

Tel (071) 636 8636
Telex 8953474
Fax (071) 436 5389

EMPLOYMENT

- 1988- Lecturer
Maternal and Child Epidemiology Unit
London School of Hygiene and Tropical
Medicine
- 1985-88 Research Fellow
Centre for Population Studies
London School of Hygiene and Tropical
Medicine
- 1984-5 Medical Research Council Fellow in Medical
Statistics
Department of Biomathematics
University of Oxford
- 1982-4 Health Services Research Officer
Unit of Clinical Epidemiology
University of Oxford

EDUCATION

- 1978-82 University of Oxford
D Phil
Thesis title: "Rural-urban migration in a
developing country: the case of women migrants in
Botswana"
- 1974-77 Sheffield University
B Sc (Human Sciences)
Upper Second Class Special Honours

PERSONAL DATA

- Place of birth: Hertfordshire, England
- Date of birth: 27 May 1956
- Nationality: British

CONSULTANCIES

Consultant to British Overseas Development Administration for participation in and assessment of Government of Bangladesh National Workshop on Maternal Health Care (1989)

Consultant to UNICEF for preparation of practical field guide on the sisterhood method for indirectly estimating maternal mortality (1989)

Consultant to United Nations Statistical Office for preparation of manual on the Measurement of Health Through Household Surveys (1987-9)

Consultant to WHO/UNSO/ECA/UNICEF for preparation and presentation of training module on mortality measurement for First Regional Training Workshop on Health Interview Surveys, Zimbabwe (1986)

Consultant to Commonwealth Secretariat for review on health status indicators for the Eighth Commonwealth Health Ministers' Meeting (1986)

Consultant to the World Bank for baseline health and nutrition survey in Ethiopia (1986)

Consultant to the Government of Botswana (Central Statistics Office) for analysis of National Migration Study (1980-81)

PRINCIPAL AREAS OF RESEARCH

Methodologies for the measurement of maternal health in developing countries (1989-)

Patterns and trends in maternity care from national household survey data (1988-89)

Development and field testing of indirect technique - the sisterhood method - for estimating maternal mortality (1987-)

Maternal depletion syndrome - evidence and indicators (1987-)

Health status indicators, and the collection of health status information using household surveys (1986-88)

Methodologies for impact assessment in health and nutrition interventions (1985-)

Sources of health and mortality information in developing countries (1985-88)

Methodologies for the analysis of health services data from medical record linkage systems (1982-5)

Collection and analysis of migration data in Botswana (1978-81)

TEACHING EXPERIENCE

Co-ordinator of London School of Hygiene and Tropical Medicine five-week International Workshop on Measurement and Assessment in Health and Nutrition Interventions in Developing Countries, London. January 1987, 1988, 1989

Facilitator at Cairo University/London School of Hygiene and Tropical Medicine three-week Workshop on Measuring Outcomes of Maternal and Child Health Programmes, Cairo. June 1988

London School of Hygiene and Tropical Medicine (1985-)

Supervisor to two Ph D students
Lecturer on M Sc degrees in Medical Demography, Community Health in Developing Countries, and Health Planning and Financing

MEMBERSHIP

International Union for the Scientific Study of Population
British Society for Population Studies

PUBLICATIONS AND PRESENTATIONS

Impact of migration on the roles of women in Botswana. In: Kerven, C (ed) Migration in Botswana: Patterns, Causes and Consequences. Central Statistics Office, Government Printer, Gaborone, 1982

Migrants and mothers: case-studies from Botswana
Journal of Southern African Studies, 1985, 11 (2)

Generations of Maltreated Children in North-East Wiltshire. Unit of Clinical Epidemiology, University of Oxford, 1985 (with J E Oliver)

Health Status Indicators in Developing Countries: A Selective Review. Commonwealth Secretariat, London, 1986

Labour circulation, marriage and fertility in southern Africa. Research Paper, 86-2, Centre for Population Studies, London School of Hygiene and Tropical Medicine, 1986 (with I Timaeus)

Textbook of Medical Record Linkage. Oxford University Press, 1987, (with J A Baldwin and E D Acheson)

Measuring maternal mortality: sense and sensitivity. Health Policy and Planning, 1987, 2 (4), (with P Airey)

Estimating maternal mortality in developing countries. The Lancet, (Letter), 1988, 416-417, (with W Brass and R Snow)

Indirect Estimation of Maternal Mortality: the Sisterhood Method. Research Paper, 88 1, Centre for Population Studies, London School of Hygiene and Tropical Medicine, 1988, (with W Brass and R Snow)

West African Sources of Health and Mortality Information: A Comparative Review. Infant Mortality and Health Studies: Technical Study 58e, 1988, IDRC, Ottawa (with A Hill)

Field performance of the sisterhood method for measuring maternal mortality. Paper presented at the IUSSP/CELADE Seminar on the Collection and Processing of Demographic Data in Latin America. Santiago, Chile, May 23rd-27th, 1988 (with W Brass)

Maternal depletion and maternal mortality: a missing link? Paper prepared for the IUSSP African Population Conference, Dakar, Senegal, November 7th-12th, 1988, (with M Danso-Manu)

Measuring adult mortality in developing countries: a review and assessment of methods. Research Paper, 88-4, Centre for Population Studies, London School of Hygiene and Tropical Medicine, 1988, (with I Timaeus)

Measuring the impact of health interventions on mortality in developing countries: why bother? Journal of Biosocial Science, Supplement 10, 1989, 69-78

Estimating maternal mortality: the sisterhood method. Studies in Family Planning, May/June 1989, 20 (3), 123-135 (with W Brass and R Snow)

Identifying health problems and health research priorities in developing countries. Journal of Tropical Medicine and Hygiene, 1989, 92, 133-191 (With R G Feachem and I Timaeus)

FORTHCOMING PUBLICATIONS

Maternal mortality in Sub-Saharan Africa - differentials, trends and data deficiencies, In: Disease and Mortality in Sub-Saharan Africa. Feachem, R G and Johnson, D T (eds), World Bank/Oxford University Press.

MAY 18 1990

9/BT/JUNE 1990

Dr. Demissie Habte
Director
International Center for Diarrheal
Disease Research, Bangladesh
G.P.O. Box 128 Dhaka 1000
Bangladesh

Dear Dr. Habte:

I refer to your letter dated April 8, 1990 regarding your seeking an individual to replace a member who has recently resigned from the Board. I understand that you are looking for a candidate from a developed country and from Europe. We are very pleased that you are actively recruiting female candidates to the Board.

The following individual of European origin is suggested for your consideration:

Dr. Katherine Elliott
24 Street George's Court
Gloucester Road
London SW7 4QZ

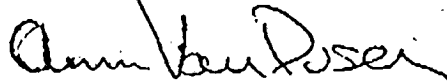
Dr. Elliott has an outstanding career in international health development and currently holds a number of high-level positions in various international and tropical health institutions dealing with child survival. She is the founder of AHRTAG, a public health communication clearinghouse and information exchange for innovative health-related activities. For 15 years, she was assistant director for the Ciba Foundation, a scientific and educational charity, and she has served for ten years as a member of the WHO U.K. Committee and as a UN and USAID consultant, participating in the MEDEX Programs and ICORT I and II. Dr. Elliott received her M.D. degree from the London School of Medicine for Women.

Other considerations being equal, we recommend that in selecting candidates for the Board, that weight be given to the management experience and expertise of proposed candidate.

A.I.D. believes that this will be of assistance in the implementation of the recommendations of the recent evaluation and in ensuring the health and well-being of ICDDR/B as an institution.

I hope this is helpful to you. Best wishes in your selection.

Sincerely,



Ann Van Dusen
Acting Office Director
Office of Health

CURRICULUM VITAE

NAME: Hans Knut Otterstad

BORN: 28.5.1943

NATIONALITY: Norwegian

EDUCATION: MD: 1962, Oslo University, Norway
MPH: 1983, John Hopkins University, U.S.A.

PRESENT JOB: County Medical Officer, Vestfold, Norway

AREAS OF SPECIAL

INTERESTS: Public Health, International health, health
services research

PUBLICATIONS: 50 in Norwegian journals

INTERNATIONAL

EXPERIENCE: Worked in Mirpur, Bangladesh in 1975-77 as
CMO, Rædda Barnen's MCH clinic.

Consultant for Norwegian Save the Children and
NORAD from 1976.

Have done more than 30 short-term assignments in
Bangladesh, Sri Lanka, North Yemen, Botswana,
Kenya and Tanzania.

Brief and updated CV regarding LARS ENGSTRÖM, MD PhD Ass Professor
Obstetrics and Gynaecology, born in Sweden 8 Feb, 1923.

1950 graduated medical school (MD), Karolinska Institute, Stockholm.

1950 - 53 post graduate training in Obstetrics and Gynecology and
in general surgery at Swedish general hospitals and at the Swedish
Red Cross Hospital at Pusan, South Korea (during the war).

1953 - 63 staff member of Dpt of Obstetrics and Gynaecology,
Karolinska Hospital, Stockholm.

1959 PhD in Obstetrics at the Karolinska Institute, Stockholm.

From 1960 assistant professor (docent) in Obstetrics and Gynaecology at
the Karolinska Institute, Stockholm.

1963 - 69 Ass. Professor of Obstetrics and Gynaecology of the Dpt of
Obstetrics and Gynaecology, Karolinska Hospital, Stockholm.

1968 - 69, 11 month consultant WHO HQ Geneva in MCH / FP,

1969 - 75 staff member (Medical Officer and from 1972 Chief Medical Officer)
in the Division of Family Health WHO HQ Geneva with responsibilities
for integration of FP into MCH with emphasis on development of
training and services in developing countries.

1975 - 78 Head of the Dpt of Obstetrics and Gynaecology Löwenström Hospital
(Stockholm county).

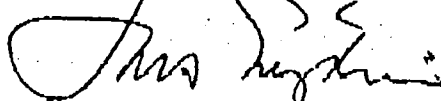
1978 - 88 Head of the Dpt of Obstetrics and gynaecology of Mölndal
Provincial Hospital (greater Gothenburg area) with responsibilities
for maternal health care in the county of Gothenburg, for postgraduate
medical training and for theoretical and practical training in
midwifery. Retired from this post in 1988.

1975 - and cont. Consultant services for WHO, SIDA, NOKAD, UNICEF, UNFPA,
IPPF in various aspects of development of FP within improving MCH and

maternal health services in developing countries, particularly in South East Asia (mainly Bangladesh, India, Pakistan). Since 1980 regularly been visiting Bangladesh one or more times a year, latest in 1990.

Published about 70 scientific articles in international and national medical journals.

20 May, 1990



Lars Engström, MD PhD

Aspliden 23, s-431 39 MÖLNDAL, SWEDEN

Tel (home) Swedwn 031 / 41 44 37

Government of the People's Republic of Bangladesh
Minist-ry of Health & Family Planning
Public Health Section

No. PHS./1E-3/90/308

Dated: 17.5.90

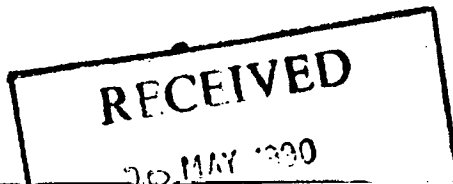
From : M Tozammel Hossain,
Senior Asstt. Secretary.

To : Director,
ICDDR^B,
Mohakhali, Dhaka.

Dear Sir,

I am directed to say that the Government of the People's Republic of Bangladesh in the Minist-ry of Health and Family Planning has been pleased to nominate Mr. M. R. Bashir, a member of the Board of Trustees for the unexpired portion of the term of the office of Dr. K. A. Monsur who has since been relieved of his duties at his own request ;

This will come into force with immediate effect.



Yours Faithfully

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

Téléphone Central/Exchange: 791.21.11

Direct: 791

In reply please refer to:

Prière de rappeler la référence:

GDD C6/286/2

Dr D. Habte
Director
International Centre for Diarrhoeal
Disease Research (ICDDR)
G.P.O. Box 128
Dhaka 1000
Bangladesh

25 May 1990

Dear Dr Habte,

I am writing to inform you that, because of Dr M.H. Merson's other commitments, he is no longer able to serve on the Board of Trustees of the International Centre for Diarrhoeal Disease Research. I am nominating Dr R.H. Henderson, Assistant Director-General, to replace him.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'Hiroshi Nakajima', written over the typed name and title.

Hiroshi Nakajima, M.D., Ph.D.
Director-General

10/BT/JUNE '90

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 Chairpersons 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
Dr P. Sumbung	1989-90

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.

APPOINTMENTS TO COMMITTEES

APPOINTMENTS TO COMMITTEES OF BOARD

As per resolutions 20, 21 and 22/Dec. 89, the present (1 January to 30 June, 1990) 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

Mr T. Rahman (Chairman of Cttee.)
Dr D. Ashley
Prof. J.R. Hamilton
Prof. V. Ramalingaswami
Dr P. Sumbung
Prof. D. Habte

Finance Committee

Prof. V.I. Mathan (Chairman of Cttee.)
Mr M.K. Anwar
Prof. R.G. Feachem
Dr M. Merson
Prof. T. Wagatsuma
Dr P. Sumbung
Prof. D. Habte

Programme Committee

Prof. A. Lindberg (Chairman of Cttee.)
Dr Y.Y. Al-Mazrou
Prof. J.C. Caldwell
Prof. D.A. Henderson
Dr K.A. Monsur
Dr P. Sumbung
Prof. D. Habte

All Board Members are encouraged to participate in all Committees, especially the Programme Committee.

Note: Prof. Fred S. Mhalu has been appointed as a Trustee from 1 July, 1990.

11/BT/JUNE '90

DATES OF NEXT MEETING

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In December 1989 tentative plans for the November 1990 Board of Trustees meeting were agreed to:

Friday, 23 November	-	Trustees arrive in Dhaka
Saturday, 24 November	-	Board Meetings
to Tuesday, 27 November	-	
Wednesday, 28 November	-	Donors' Meeting

For June 1991 suggested dates are:

Saturday, 1 June	to	Tuesday, 4 June
(Arrive in Dhaka on Friday, 31 May)		
Saturday, 8 June	to	Tuesday, 11 June
(Arrive in Dhaka on Friday, 7 June)		
Saturday, 15 June	to	Tuesday, 18 June
(Arrive in Dhaka on Friday, 14 June)		

The last week of June should be avoided as Eid-ul-Azha will fall sometime during that week.

12 (a)/BT/JUNE '90

REPORT FROM STAFF WELFARE ASSOCIATION

ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION (SWA)
AT THE BOARD OF TRUSTEES' MEETING TO BE HELD FROM
JUNE 2 - 5, 1990

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
(ICDDR, B)
MOHAKHALI, DHAKA - 1212
BANGLADESH

May 10, 1990

ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B

Honourable Chairman, Dr. Peter Sumbung and the distinguished Members of the Board of Trustees from home and abroad.

Let me at the very outset express my sincere thanks and gratitude to the learned Chairman of the Board of Trustees and our beloved Director of ICDDR,B, Professor D. Habte for allowing us this opportunity to present before you some of our burning issues related to the welfare of the general employees of this Centre. We earnestly hope that you will sympathetically deliberate on these matters inspite of your manifold preoccupations in this meeting of the Board of Trustees and help us with your valuable support and guidance. On behalf of all the members of the Staff Welfare Association as well as of my own, I would like to extend to you our warmest and heartiest welcome and felicitation on this important occasion.

Hon'ble Trustees :

This meeting of the Staff Welfare Association with the Board of Trustees this time takes place in the background of great panic and an utmost sense of insecurity prevailing among the general staff members of the Centre. As an elected representative of the ICDDR,B Staff Welfare Association I would like to draw your kind and sympathetic attention to the following urgent issues for your patient hearing, justifiable consideration and approval.

SALARY RAISE : The Centre and Board of Trustees meeting have not yet approved and implemented the UN salary raise as per Local Salary Scales - Revision 13 (GS) and Revision 6 (NO) applicable to the national staff members effective April 1, 1988. This should also include for inflationary catch up due to recent currency devaluation by the Government of Bangladesh. We would like to mention here that to the best of our knowledge the last Board of Trustees meeting approved budget for the year 1990 and that approval was in US dollar. Accordingly we all expect that you would

definitely increase our salary along with inflationary catch up.

JOB SECURITY, LENGTH OF SERVICE AND RETIREMENT AGE : The general employees are gravely concerned to hear from different sources that the Centre has prepared a proposal for its approval from the next Board of Trustees meeting to bring down the existing retirement age from 60 to 57 years of age. Also we are concerned to learn side by side that there is another proposal that those who have completed 25 years of service with the Centre shall have to go on forced retirement. This is very much contrary to the existing service rules followed in UN agencies in Bangladesh and abroad. This has not only lowered the morale of the employees but also has given them an apprehension that the Centre is trying to adopt a policy to retrench employees. We understand from certain unauthenticated sources that the UN agencies are considering to raise the retirement age from 60 to 62 years. If that is so we would like to request the Board of Trustees to implement the same here in ICDDR,B as the Centre follows the WHO rules and policies. The Centre is on financial constraint for the last several years. To coup up with the financial constraint, question of retrenchment came up in the Board of Trustees meeting. But considering the economic condition of the country and job scarcity the honourable Trustees gave up the idea after long discussion with the SWA and the senior staff members of the management. But with the recent change of Centre's administration the question to lower down the number of staff members has come up again. This situation definitely is not a healthy one which has been prevailing in the Centre since its inception. The matter needs a thorough discussion before any such policy is adopted in the greater interest of the Centre. At present those who are treated project employees may loose their jobs at the end of a project though they had served the Centre for many years in different projects and positions. This is most unfortunate that, under this policy, one has to loose job after so many years of service without any opportunity for upgrading, loosing service age and prime part of one's career development stage. Therefore, we would fervently request the

Board members to change this policy and give such employees the status of a regular position provided one has completed three years of continuous service satisfactorily.

ICDDR,B TRANSPORT POOL AND SERVICES : We understand that the Centre is planning to sell out the existing vehicles without replacement. This has caused an apprehension among the staff employed in Transport Pool and Vehicle Maintenance about loosing their jobs. We would request the honourable Board members to look into the matter and ensure the job security of these people.

SICK ROOM FOR THE EMPLOYEES AND IMPROVEMENT IN TREATMENT FACILITIES : The present medicare facilities for the Centre's employees and their dependants are inadequate and need further improvement. This is unfortunate that our Centre being a medical research organisation which renders services to the people has no separate emergency sick room for its employees and /or its dependants.

CENTRE'S CONTRIBUTION TO SWA : Untill last year the SWA received a reasonable amount from the Centre as its contribution, though not sufficient. This is necessary for the SWA to organise the social and cultural functions and other welfare activities as well as to help the needy and the deserving employees. But unfortunately this year a substantial amount from the Centre's regular contribution has been cut. As such it has become very difficult for the SWA to continue its normal functions. We would therefore, like to request you and the Board of Trustees members to enhance the Centre's contribution to SWA for its normal functioning.

40 HOURS DUTY FOR EMPLOYEES OF GS LEVEL I AND II : We feel that this is a discriminating policy in the Centre where employees from GS level I to VI are treated as local employees. There should be

uniform policy in the Centre regarding working hours and employees in GS level I and II should not be made an exception.

We hope that the Centre's management and the Board of Trustees will soon address these issues and try to find out reasonable solution to our problems and thereby ensure a sense of security among the general staff members.

With best regards.

Thank you all once again.

Md. Abul Bashar Bhuiyan
President
Staff Welfare Association (SWA)
ICDDR,B

DRAFT
14-5-90

FULL BOARD AGENDA
3-5 June, 1990

1. Approval of Agenda - 1/BT/JUNE '90
2. Approval of Draft Minutes of meeting held in December 1989 - 2/BT/JUNE '90
3. Minutes of Executive Committee meeting held in April 1990 - 3/BT/JUNE '90
4. Director's Report (including 1989 Annual Report) - 4/BT/JUNE '90
5. Programme Committee Report - 5/BT/JUNE '90
6. Donors' External Review - 6/BT/JUNE '90
7. Finance Committee Report - 7/BT/JUNE '90
 - (a) 1989 Audit Report
 - (b) 1990 Budget Update
8. Personnel & Selection Committee Report - 8/BT/JUNE '90
 - (a) Staffing - 8(a)/BT/JUNE '90
 - (i) Overview of staffing situation
 - (ii) Recruitment of international professional staff
 - (iii) Information on secondments
 - (iv) Contract renewals
 - (b) Process for election of Trustees - 8(b)/BT/JUNE '90
9. Selection of a new Trustee - 9/BT/JUNE '90
10. Election of Chairman of the Board -10/BT/JUNE '90
 - (a) Appointments to Committees -10(a)/BT/JUNE '90
11. Dates of next meeting -11/BT/JUNE '90
12. Any other business -12/BT/JUNE '90
 - (a) Report from Staff Welfare Association (SWA) -12(a)/BT/JUNE '90