

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH,
BANGLADESH

REPORT OF THE
BOARD OF TRUSTEES MEETING

JUNE 11-15, 1991

DRAFT

9.5.91

PROGRAMME
BOARD OF TRUSTEES MEETING

11-15 JUNE 1991

Tuesday, 11 June

Trustees give lectures in two or three cities in Jakarta and environs

Wednesday, 12 June

9.00 a.m. - 12.30 p.m.

Programme Committee Meeting
Venue: Hotel

12.30 p.m. - 2.00 p.m.

LUNCH

2.00 p.m. - 5.00 p.m.

Personnel & Selection Committee Meeting
Venue: Hotel

Thursday, 13 June

8.00 a.m. - 12.30 p.m.

Field visit, including Nutrition Centre in Bogor

9.00 a.m. - 12.30 p.m.

Finance Committee Meeting
Venue: Hotel

12.30 p.m. - 2.00 p.m.

LUNCH

Afternoon

Report writing/Lectures in institutions in Jakarta

Friday, 14 June

- Full Board Meeting Venue: Hotel

8.30 a.m. - 8.40 a.m.	Welcome and Approval of Agenda.
8.40 a.m. - 8.50 a.m.	Approval of Draft Minutes of November 1990 Meeting
8.50 a.m. - 9.35 a.m.	Presentation and Discussion of Director's Report
9.35 a.m. - 9.45 a.m.	Resources Development Advisory Council
9.45 a.m. - 10.00 a.m.	Report from the Staff Welfare Association
10.00 a.m. - 10.15 a.m.	TEA
10.15 a.m. - 11.00 a.m.	Presentation and Discussion of Programme Committee Report
11.00 a.m. - 12 noon	Presentation and Discussion of Finance Committee Report
12 noon - 12.30 p.m.	Presentation and Discussion of Personnel & Selection Committee Report
12.30 p.m. - 12.45 p.m.	Selection of Trustees
12.45 p.m. - 1.00 p.m.	Election of Chairman of the Board and Appointment to Committees
1.00 p.m. - 2.15 p.m.	LUNCH
2.15 p.m. - 4.15 p.m.	Feasibility of alternative structures for ICDDR and scope beyond 1994 TEA will be served during proceedings
4.15 p.m. - 4.30 p.m.	Dates of next meeting
4.30 p.m. - 5.00 p.m.	Free for outstanding discussion
5.00 p.m.	Closure of meeting

Saturday, 15 June

All day

National Seminar Venue: BKKBN Auditorium
(separate programme to be circulated)

1/BT/JUNE '91

AGENDA *

FOR BOARD OF TRUSTEES MEETING

14 JUNE, 1991

DRAFT

5.3.91

FULL BOARD AGENDA

14 June 1991

1. Approval of Agenda
2. Approval of Draft Minutes of meeting held in November 1990
3. Director's Report
4. Resources Development Advisory Council
5. Programme Committee Report
6. Finance Committee Report
7. Personnel & Selection Committee Report
8. Selection of Trustees
9. Election of Chairman of the Board
 - (a) Appointments to Committees
10. Feasibility of alternative structures for ICDDR and scope of Centre beyond 1994
11. Dates of next meeting
12. Any other business
 - (a) Report from Staff Welfare Association (SWA)

Note: Papers submitted and discussed in Committee meetings are in folders of those Committees only

Document for information

Trustees' Directory

2/BT/JUNE 91

APPROVAL OF DRAFT MINUTES OF MEETING HELD

IN NOVEMBER 26-27, 1990.

APPROVAL OF DRAFT MINUTES OF MEETING HELD IN NOVEMBER 1990

Editorial changes have been made to the draft minutes which were circulated earlier. The attached copy of the draft minutes reflects these changes:

- a) Page 14 - The last sentence of the first paragraph of comment 2 has been deleted. It read "It is important that the divisions do not feel they are being 'checked'."
- b) Page 14 - A sentence has been added to the end of the second comment. It reads "The Programme Committee must have the possibility of addressing any outstanding issue outside of the Division reviewed; hence a flexible approach is clearly required."
- c) Other changes are grammatical in nature.

DRAFT

Minutes of the meeting of the Board of Trustees, ICDDR,B held in Dhaka, Bangladesh on 26 and 27 November, 1990

Members Present

Dr Y.Y. Al-Mazrou
Mr M.K. Anwar
Dr D. Ashley
Mr M.R. Bashir
Prof. J.C. Caldwell
Prof. D. Habte - Secretary
Prof. J.R. Hamilton
Dr R.H. Henderson
Prof. A. Lindberg
Prof. V.I. Mathan
Prof. F. Mhalu
Prof. A.S. Muller
Mr T. Rahman
Dr J. Rohde
Dr P. Sumbung - Chairman
Prof. T. Wagatsuma

Member Absent

Prof. D.A. Henderson

Invited Staff

(Invited for agendas 1-6 inclusive)

Dr K.M.A. Aziz
Mrs J.A. Chowdhury (Minute Secretary - all agendas)
Dr L.A. de Francisco
Dr M. Islam
Dr M. Koenig
Dr D. Mahalanabis
Mr M.A. Mahbub
Mrs S. Moin (agenda 6 only)
Mr N. Paljor
Prof. R.B. Sack (Consultant)
Dr K. Stewart



Dr M. Strong
Mr J. Winkelmann

Observers

(Invited for agendas 1-6 inclusive)

Mr C. Kenna, Australian High Commission, Dhaka
Mr F. Wojtaszak, AIDAB, Canberra
Mr J. Lob-Levyt, British High Commission (ODA), Dhaka
Ms S. Huq, DANIDA, Dhaka
Mr J. Ross, Ford Foundation, Dhaka
Mr H. Fujita, Japanese Embassy, Dhaka
Mr J.C.B. Dirkx, Netherlands Embassy, Dhaka
Mr T. Rothermel, UNDP, New York
Ms S. Keller, USAID, Dhaka
Dr P. Johnson, USAID, Washington
Dr R.S. Giri, WHO, Dhaka

Dr P. Sumbung, Chairman of the Board of Trustees, opened the 23rd meeting of the Board of Trustees at 9 a.m. on Monday, 26 November, 1990. In doing so he welcomed the Trustees, Donors and senior staff of the Centre. He informed the meeting that Professor D.A. Henderson had apologized for not being able to attend this meeting, and that his new assignment will preclude his membership to the Board of Trustees. Dr Sumbung apologized for the change of venue for the meeting which was brought about by unavoidable circumstances.

A special welcome was given to the new Trustees, Professors F. Nhalu from Tanzania, A.S. Muller from the Netherlands and Dr J. Rohde from UNICEF in New Delhi. Congratulations were given to Mr T. Rahman on taking up his new position as Director-General, Ministry of Special Affairs, Government of Bangladesh and to Professor A. Lindberg on his appointment as



Secretary of the Medical Nobel Assembly.

Agenda 1: Approval of Agenda

The agenda was approved as presented.

Agenda 2: Approval of draft minutes of meeting held in June 1990

The draft minutes of the meeting of the Board of Trustees held on 4 and 5 June, 1990 were approved.

Agenda 3: Director's Report

Professor D. Habte, the Director, highlighted some of the major scientific and management issues of the last six months. He said that it has been a period noted for an increased level of collaboration amongst the Government of Bangladesh, Trustees and Donors to support the Centre.

A major new initiative has been the convening of a Scientific Advisory Council for social science research at the Centre. This Council was set up to help identify the research needs and priorities in the social sciences, review results and effectiveness of ongoing research and suggest plans for future research.



The Clinical Science Division has continued its efforts to develop optimal case management for persistent, invasive and acute watery diarrhoea. Two studies on the feeding of children during the acute phase of shigellosis and during convalescence are nearly completed. A study on the role of zinc supplementation at the community level in preventing morbidity from diarrhoea and acute respiratory infection and in promoting growth of children is progressing satisfactorily. Exploratory studies to evaluate energy dense weaning foods based on amylase rich germinated cereal flour and energy dense rice ORS have progressed satisfactorily. Maternal health initiatives, including health education, family planning and increased birth spacing have made substantial progress in the Child Health Programme.

The Community Health Division has continued with field based studies in Matlab and has also drawn a preliminary outline of the long term research agenda for Matlab. The Urban Volunteers Programme continued with the painful process of restructuring, including a systematic problem identification exercise. The restructuring paved the way for the development of a functioning urban MCH-FP service model and a sound and feasible urban community health infrastructure.

The Laboratory Sciences Division has consolidated its newly established diagnostic and research tools and utilized these



in several protocols. It also introduced more techniques. Two new potential enteropathogens have been discovered.

Funding uncertainties continued to be a major preoccupation of the Demographic Surveillance System as it has indeed been for the past few years. Nevertheless the project maintained its activities of data collecting, archiving, analysing and reporting. It also hosted the meeting of the Social Science Advisory Council, mentioned previously.

A major achievement of the MCH-FP Extension Project was the completion of a study on birth spacing, prematurity, and childhood mortality which demonstrated that the elimination of births spaced less than 24 months apart would be associated with significant reductions in neonatal and post neonatal mortality.

A most important aspect of our training was providing support and supervision for post-graduate students from Dhaka University in research for their dissertations. A programme in Health Research Training for mid-level scientists in the developing world has been prepared and awaits funds to implement it. Several national and international courses on clinical management of diarrhoea and related topics were also conducted.

Service continues to be provided to patients at a remarkably



cheap cost. There has been a decline in the number of outpatients but an increase in the number of serious cases. The technical support services, including the Computer Information Service and Diarrhoeal Diseases Information Services Centre, have continued to provide valuable services within the Centre and outside.

The efforts of Administration and Personnel to rationalize staffing have continued and during this reporting period the number of staff has been reduced by over 80, of which at least 50 were core staff. This has been achieved primarily through a process of natural attrition and to date has not affected scientific productivity. For the future, however, it will be necessary to employ the exercise of job auditing in order to further identify redundant posts.

Dr L.A. de Francisco joined the Centre as MCH-FP Physician in Matlab and Professor R. Bradley Sack will join as Senior Scientist and Head, Community Health Division on 1 January, 1991. The position of Senior Scientist and Head, Laboratory Sciences Division has been vacated and we have at least two potential candidates, one of whom has been interviewed. Four persons have joined the Centre on secondment: Dr Jacques Myaux and Mr Albert Felsenstein from BADC, Belgium and Drs A.H. Baqui and Charles Lerman from Johns Hopkins University.

The projected deficit for 1990 has been averted due to the strict cost containment policy enforced at the Centre,



reduction of staff, devaluation of the Taka and other factors. We had hoped to have a surplus but this may not be possible due to a change in one donor's contribution.

There has been a fruitful interaction with the Programme Coordination Committee. It is hoped to interest some donors to fund more collaborative research as a venture in essential health research capacity building.

The Centre is planning to formulate a resource development strategy during 1991 through a Resource Development Advisory Council that will be formed in early 1991.

The Centre maintains institutional linkages with developed countries and Bangladesh. Currently we are hoping to re-establish linkages with Centres for Disease Control, Atlanta, Georgia; however, this requires funds. Regrettably, collaboration with institutions in the developing world, outside Bangladesh, are poor and need to be addressed.

The Director concluded his report saying that the staff and employees of the Centre have some justification to be proud of their achievements. He thanked all the friends of the Centre who have extended help.

The Chairman thanked the Director for his report (full report is attached as Annex 1), saying that it was now open for



discussion.

Members of the Board and observers had several questions on the Director's Report. These were responded to by the Director and his staff as follows:

1) Following the meeting with H.E. the President of Bangladesh last June, the Secretary of Health instructed a Joint-Secretary in the Ministry of Health to meet and follow-up on discussions held with the President. The issues were use of bilateral funds for health care and also to request the Government of Bangladesh to advise donors of its views on the Centre. As a result, the Ministry of Foreign Affairs has written to the Canadian Foreign Ministry strongly supporting the mandate of the Centre and requesting continued contributions. Similarly, the Secretary of Health wrote to Canada and other donors to re-affirm support and asking them to be more generous. Hence, a very important and useful dialogue has opened up.

2) As suggested, the Centre will provide at the next meeting a comparative table of research output which includes previous years. Information on papers in preparation will be deleted. Attempts will also be made to similarly indicate trends in performance in other areas.

3) Centre management agrees that linkages with developing



country institutions are most important and that a working paper be presented on the modalities for networking. A programme for health research training for mid-level scientists in the developing world has been prepared and implementation awaits availability of funds. The Centre believes this will open the door to meaningful linkages. As regards the technical assistance provided in the past by Centre, some assistance has been maintained with these countries. The suggested sources of funding to further maintain and expand these linkages will be looked into.

Peru would like to develop linkages with the Centre and this would provide good opportunities as we are both working in the same areas of research.

4) The suggestion that the Director prepare a document describing the Board of Trustees (to include structure, function and responsibilities, procedures of work, by-laws, etc.) so that members, particularly those newly enrolled, can profitably contribute and assist the Centre was noted. The continuing need to evolve method of work of the Board so that it budgets more time on policy issues rather than on management was also appreciated.

5) The MCH-FP Extension Project does have strong links with the Government and other agencies. There is a mailing list of 1200 persons/institutions which receives the various briefing papers, in lay language, with health information on



EPI, measles, using a record-keeping book, etc. Also, there are numerous briefings for Donors.

6) The insecurity of funding for the DSS, despite the whole world considering it unique, is paradoxical but a fact. There is no certainty that it will have full funding for 1991 and beyond. It is hoped that donors have noted this and will try to do something about it. The Centre agrees that there is a need for emphasis on social sciences and behavioural aspects and that intervention studies should be conducted. The Centre has some expertise in these areas but requires assistance. The Social Science Advisory Council is an important move to establish research priorities and make maximum use of the DSS. The first Council was set up with funds from the Ford Foundation.

7) The omission in the report of a mention that Professor R. Bradley Sack's appointment needs to be endorsed at this meeting was regretted.

8) As to the suggestion that the proposals of the Urban Volunteers Programme are innovative and once streamlined may provide an example to other developing countries, it was advised that the UVP is now focussing on evaluating the last four years to see what can be learnt from the experience. It is also trying to find a setting for urban health research and is working closely with DSS on this.



9) Job auditing will be undertaken next year, but it requires financial outlays.

10) As advised by an observer, the Resources Development Advisory Council is a positive development towards developing a sustained resource capability and has a broader function than just fund-raising. It is an objective of the USAID Cooperative Agreement with the Centre by which seed money will be provided to convene a committee of experts to study the Centre and suggest a method by which diversity of funding can be attained. A report will come to the June Board of Trustees meeting for approval.

11) It is agreed that donors need education to help them understand our activities, therefore, the Centre will try to comply by providing the necessary documentation.

The Chairman thanked the Director for the excellent report saying it had been most useful in advising where the Centre is and in stimulating interest and generating comments.

Agenda 4: Programme Committee Meeting

Professor A. Lindberg, Chairman of the Programme Committee, highlighted the Committee's Report which is attached as Annex 2.



He added that due to the time taken up by presentations on the achievements in 1990 (from the 1990 Work Plan) and on the review of the Annual Work Plan for 1991, there was little time left to discuss issues raised. For example, it would have liked to have spent more time discussing the measles surveillance system, the recommendation that the "UVP move towards being a full-fledged urban health research project within ICDDR,B which will meet the Centre's need to initiate and intensify its research activities in urban health issues", etc.

Professor Lindberg intimated that the increased productivity in the Laboratory Sciences Division is attributed to Dr Saul Tzipori, who reorganized this Division on the basis of the External Review Committee's recommendations. He said he was glad to see a Virology Laboratory with modern techniques in place. The handouts by the various divisions were overall good and increase transparency but could have been circulated earlier. Also, he supported the suggestion that research training be strengthened.

The Programme Committee did not see the actual protocols mentioned in the 1991 Annual Work Plan but these are available. As regards the role of the Scientific Programme Committee, the scheduling of a divisional (scientific) review prior to each Board meeting was accepted by the Programme



Committee but it is for the Director to decide on a suitable format.

The Chairman thanked Professor Lindberg for his report, suggesting that discussion now focus on the Annual Work Plans for 1991 and the Role of the Scientific Programme Committee and omit the presentation of achievements during 1990 as these have been covered in discussion of the Director's Report.

Comments from the Board and the Director's response to these are as follows:

1) Comment No time was available to discuss most issues raised in the Programme Committee. Other ways need to be developed to review progress and to ensure compliance with Centre's mandate. For example, a progress report similar to that of the Clinical Sciences Division, whereby the previous Work Plan has been taken and note made of what has and has not been done, can easily be reconciled.

The Director advised that for this meeting the aim was to provide an insight of the process of an institutional accountability review whereby the performance in 1990 was presented in the light of the 1990 Work Plan to indicate extent of attainment of stated goals and target. Based on 1990 accomplishments, an overview of plans for 1991 was described. Clearly more time would have been desirable to



allow valuable input from Board of Trustees members.

2). Comment The role of the Programme Committee is seen as getting involved in policy matters and providing suggestions to facilitate the research of the Centre. High quality and originality of research is essential to the Centre. To satisfy this the Board does have a responsibility to involve itself at a certain level in the research going on. It is recommended that there be a designated committee (which would change according to the Division being reviewed) to look into individual scientific divisions in more depth. Should the Board not have the expertise to assess a particular area it would be appropriate for it to employ outside experts. One day may be taken to review one division prior to each Board meeting, meaning that each division would be reviewed every two years. The procedures for such a review may be finalized at the next meeting as the first review is not planned until November 1991.

The Director agreed with the Board being primarily involved in general policy and direction. Also, the Centre agrees with the recommendation that each scientific division be reviewed by the Programme Committee once every two years and that the first such review be held in November 1991. The achievements of the other divisions will be included in the Director's Report. The Programme Committee must have the possibility of addressing any outstanding issue outside of the Division reviewed; hence a flexible approach is clearly



required.

3) Comment The move towards a new role for UVP was welcomed. However, the UVP should consider its capability to handle this. Basically it was a service programme before with little strength in research. UVP should be more focussed and research priorities identified. It was advised that the Programme Committee informally agreed to the statement that the "UVP move towards being a full-fledged health research project within ICDDR,B ..." and that the mandate to achieve this should be given to the Director. However, he was cautioned not to duplicate research efforts, e.g., UVP and CHP.

The Director responded saying that the new directions for the UVP are defined in the Work Plan. Basically the Programme is contracting and becoming more defined, concentrating on urban health research. It is hoped to have an "urban Matlab" if funds can be assured.

4) Comment The social research aspect at the Centre is not being adequately attended to. In the past the Centre has only confirmed "old" ideas. The cumulative knowledge of the project should not be undermined but it should be possible to improve on quality and provide some new dimensions to carry it on and sustain it. This leadership is needed to be seen at the Centre. Particularly research in behavioural sciences leading towards new interventions should be emphasized and



requisite expertise sought. It was also questioned to what extent the Centre is integrating basic science with social science interventions.

The Director responded by welcoming stress on behavioural research and saying that the Centre does attempt to have an integration of bio-medical and social sciences.

5) The "legal" status of the Scientific Advisory Council was queried, also the possibility of establishing such councils in other areas, e.g., basic science.

The Director advised that the Scientific Advisory Council is a body which has been established to assist the staff of the Centre. It has no direct relationship to the Board. The idea is that it will infuse ideas and expertise to the scientists of the Centre. Membership of the Council will depend on the research priority under consideration.

6) In discussing the role of the Programme Committee it was pointed out that the Board's policy should be "management by exception". As required it may take back authority, at other times leave it to the Director.

The Director endorsed this concept.

7) It was suggested that in future there should be detailed scientific reports only once a year, the Director reporting what he wishes in the interim.



There being no resolutions from the Programme Committee, the report and comments were accepted. The Director should follow-up, for next meeting, on actions required.

Agenda 5: Response to Donors' External Review

The Director highlighted the Centre's response (5/BT/Nov. 90) which had been circulated to all members of the Board prior to the meeting. He said that the review process greatly promoted the ongoing internal review of ways the Centre can improve its financial stability and research productivity. The Centre supports the thrust of the recommendations and most of the individual recommendations are acceptable since they promote the institution as a Centre of Excellence. However, methods of implementation of some of these recommendations need to be closely scrutinized to reconcile them with management practices to which the Centre has aligned itself. The Centre has already taken action to implement a number of the recommendations, particularly those concerning personnel matters.

The Chairman thanked the Director pointing out that 25 recommendations had been directly responded to by the Director, leaving five (nos. 5, 7, 8, 19 and 23) which required the Board's response.

In reply to a query it was advised that the primary reason



for having the Donors' External Review was that the Centre had been in a crisis situation so the Donors had taken the initiative to have a review to restore the confidence of Donors in the Centre. Donors decided on their own terms of reference and funded the review. It was also pointed out that a secondary reason for having the review was to try and streamline donors' reviews. For example, USAID/Washington held off on its own review in order to have a joint donor review. This system should be maintained. Some donors still need their own reviews but it is believed that the number has declined because of this review.

Recommendations numbers 5 and 7 were not discussed in their entirety as it was agreed that the Ordinance should not be changed. Discussions on other points included:

1) Recommendation no. 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."

The structure of the Centre is an item which continually needs to be looked at.

This recommendation deserves full consideration in the future and could perhaps be discussed at a future meeting.



2) Recommendation no. 19

"Priority should be given to restoring the Director's ability to fund start-up or small projects from discretionary funds."

All agreed that the Director should have a discretionary fund to start-up or fund small projects. The Board has suggested earlier that each Division be given \$50,000, provided funds are available. Recognizing that all donors would not accept a mandatory contribution to such a fund, it was left to the Director to find a mechanism to get these funds. The Director said that some donors do have a project development fund line item already and that he hopes others will follow.

3) Recommendation no. 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 office of the Board ..."

There was agreement on this issue.

Recognizing that the review process was valuable to the Centre and that the Centre has already addressed many recommendations adequately, it was decided to focus on issues on which the Donors need to respond to the Centre. Specific issues for Donors to respond to are nos. 4, 18, 19, 21, 28 and 30.

1) Recommendation no. 4

"The unique qualities of the Matlab field station and



the DSS must be given high priority for budgetary support and continuity. ..."

One donor suggested that this is not entirely a Donor issue, the prioritization of Matlab-based research versus clinical and laboratory based research being the Centre's responsibility. In response it was suggested that Matlab is what confers the uniqueness and strength of the Centre and the issue is how can it be budgetarily protected when funds for other vital functions are also not available.

The Director added that the Centre does not yet have \$1 million for Matlab for 1991.

2) While discussing Matlab, the issue of funding arose. Trustees hoped that Donors would be able to get together and give long term funding to the Centre.

The Director added that it is clear that the Donors have to decide whether the Centre is an international resource or not. If it is, they should do for the Centre what is being done for CGIAR.

In conclusion it was agreed that the Donors should be asked to provide a mechanism to guarantee minimum financing of the Centre, not in the short term, but for five years.

3) It was pointed out that frequent visits to the Centre by teams of evaluators sent by different donors preoccupied much of the time of the staff. A plea was made to minimize



the frequency of such visits.'

All Trustees, especially the Chairman of the Board and Chairmen of the Committees, were encouraged to attend the meeting with Donors scheduled for Wednesday, 28 November. The Director said he will present the Centre's response to the Donors' External Review at this meeting, adding that it is most important that Trustees echo what they wish to say then.*

Agenda 6: Finance Committee Report

Professor V.I. Mathan, Chairman of the Finance Committee, highlighted the Committee's report which is attached as Annex 3. These points included:

- 1) Total direct cost for 1990, including capital and depreciation, are projected to be \$10,094,000. This is a reduction of \$1,555,000 from that budgeted for the year.
- 2) It is projected that \$331,000 will be available towards depreciation.

* Meeting was subsequently cancelled due to prevailing disturbances in the city.



3) After long and thoughtful discussion, the Committee resolved to recommend 10% salary increases to GS, NO and international level staff from 1 January, 1991, and, for the international level staff, to review the possibility of a further increase at the June meeting of the Board.

4) 1991 Budget - projected income for the year is an increase of \$94,000 (or 1%). Central fund revenue is projected to increase by \$95,000 (or 3%) and project funds are projected to be the same as they were in 1990.

- total direct costs, including depreciation and capital, are budgetted to be \$9,884,000, compared to \$10,094,000 in 1990, a reduction of 2%.

The Chairman thanked Professor Mathan for his report saying that there is new optimism for the Centre, the spirit now being to look at the Centre as ongoing and to look ahead. The following points were then discussed.

1) 1990 Budget (including depreciation and clearing the cash deficit)

The outcome of discussion on depreciation and clearing of the cash deficit is reflected in Resolution 1/Nov. 90, which appears below.



There was a question as to whether the Centre uses a flat depreciation rate or whether each item has a depreciation value. In response it was advised that depreciation rates were fixed for all items in 1981/82 and that these have been audited and accepted by the auditors. It was suggested that there should be an updating of the valuation of assets and that the Centre should go ahead and do this in due course.

2) 1991 Budget and salary increase

The Board approved the 1991 budget with the 10% salary increases for GS, NO and international level staff without discussion, there having been a lengthy discussion on these issues in the Finance Committee meeting (at which all Trustees were present).

3) Miscellaneous

All items under this heading were agreed to, having been similarly discussed in the Finance Committee meeting.

Observers had some queries:

- 1) The allocation of funds in the budget for Training, Matlab and PDF is not in line with Programme Committee priorities. Have these been taken into account?

The Chairmen of the Programme and Finance Committees responded that (i) the goals of the Centre are clearly



defined; (ii) although not shown specifically, a sum of \$20,000 has been included in line items for project development for each scientific division; (iii) Training is a major initiative but funds have to be found for this during the year.

2) While congratulating the Finance Committee, Board and staff for accomplishing so much in such a short time they were cautioned not to be complacent. The External Review prepared a model to follow to get rid of the deficit. Has this been used? Is the Reserve Fund (established in 1985) different from the capital reserve which is being planned now?

The Director responded that the external reviewers made assumptions (these will remain assumptions and not implementable) when planning how to extinguish the deficit. The main assumption was that health care costs would come from bilateral funds. Although the Centre expects to extinguish the deficit by 1996 this will be done by a different process, namely cost containment. The Reserve Fund established in 1985 (not to be confused with the Capital Development Fund) will remain untouched. The Centre wishes to build on this and create an endowment fund and this is one of the things the Resources Development Advisory Council will look at.

The following resolutions were passed:



Resolution
1/Nov. 90

The Board resolved that:

- (1) Funds available as depreciation at the end of the financial year 1990 should be allocated as follows:
60% to Capital Development Fund
40% towards clearing the deficit
- (2) The Director be authorized to utilize the Capital Development Fund and present a report to each Board meeting.
- (3) The Capital Development Fund bank account may be transferred to the operating bank account to the extent required to meet any overdraft in the operating account. Funds must be returned to the Capital Development bank account within 15 days of this overdraft being liquidated.
- (4) Centre management should fund the depreciation for 1990 to the extent of at least \$350,000.

Resolution
2/Nov. 90

The Board resolved that a 10% increase in National Staff (NO & GS) Salaries as of January 1, 1991 be implemented.



Resolution
3/Nov. 90

The Board resolved that a 10% increase in International Salaries as of January 1, 1991 be implemented and to review the possibility of a further increase at the June meeting of the Board.

Resolution
4/Nov. 90

The Board resolved:

- (1) That the 1991 budget, including revised figures necessitated by the salary revision be accepted.
- (2) To request Centre Management to fund depreciation at least to the extent of \$300,000 by the end of 1991.
- (3) To urge the Donor community to make specific commitments for plant and equipment replacement.

Resolution
5/Nov. 90

The Board resolved to authorise the Head, Budgetary Accounting as an alternate cheque signatory until such time as the return of the Budget and Finance Officer from study leave.

Resolution
6/Nov. 90

The Board resolved to authorise the write off



of Taka 10,024.75 and \$458.03 which are irrecoverable outstandings from former employees of the Centre.

Resolution
7/Nov. 90

The Board resolved to authorise the Director to write off irrecoverable outstandings up to in individual cases \$500 and to report such write-offs to the Board annually.

Resolution
8/Nov. 90

The Board resolved to write off the value of the unuseable transformer, \$24,926, less any amount received if it is possible to sell the transformer at least for scrap value.

The meeting being closed from here, the Chairman thanked the Donor community and senior staff of the Centre for attending.

Agenda 7: Personnel & Selection Committee Report

Mr Taslimur Rahman, Chairman of the Personnel and Selection Committee, highlighted the Committee's Report which is attached as annex 4. Resolutions on these appear below.

The Chairman thanked Mr Rahman for his concise report.

The discussion which followed centred on the salary rise



approved by the Board under the Finance Committee agenda. On reflection it was believed that there was insufficient detail on record as to the background behind the decision to recommend the salary rise to staff. As these lengthy discussions were held in the Finance Committee Meeting, and not the Personnel and Selection Committee, the Chairman of the Finance Committee was given approval to amplify the Finance Committee discussions in the Finance Committee Report. Points to be included are: (i) last salary revision in January 1989 whereas UN salaries for NO and GS staff have been revised twice since then with NO and GS salaries currently at 72 and 70% of the UN scale respectively. International level staff salaries are currently at 70% of UN salaries at the international level; (ii) significant increase in cost of living (official rate of inflation 1989 - 11%, 1990 - 12-13% estimated); (iii) obligation to Ordinance (NO and GS salaries are expected to be comparable to local salaries paid by UN and other international agencies) and need to maintain international character of the Centre; (iv) reduction in overall salary costs in past year through rationalization of staffing.

The following resolutions were passed:

Resolution
9/Nov. 90

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



Resolution
10/Nov. 90

The Board resolved that the secondment of Dr R. Bradley Sack (USA) from The Johns Hopkins University to the position of Senior Scientist and Head, Community Health Division be approved. Dr Sack's secondment will be for 3 years from 1 January, 1991.

Resolution
11/Nov. 90

The Board resolved that the selection of Dr R. Mollby (Sweden) as Senior Scientist and Head, Laboratory Sciences Division (D1) be accepted on condition that Dr J. Melling will not be available. If Dr Melling is available he should be interviewed by the Standing Interview Committee and then a selection and appointment made by the Executive Committee of the Board.

Members of the Executive Committee should include, Chairman of the Board, Chairman of the Personnel & Selection Committee or the Bangladeshi Trustee on the P&S Committee, and the Director.

Resolution
12/Nov. 90

The Board resolved that the Executive Committee formed under Resolution 11/Nov. 90 also review the recommendation of the Standing Interview Committee for the position



of Chief Finance Officer (P5) and that it selects and appoints a candidate to this position.

Agenda 8: Selection of Trustees

The Board was advised that Professor D.A. Henderson has indicated that, due to new responsibilities, he is unable to continue as a Trustee of the Centre. The usual procedures, outlined in the By-laws, will be followed to obtain nominations for his replacement on the Board. Nominations will be submitted to the June 1991 meeting for decision.

The following resolutions were approved:

Resolution
13/Nov. 90

The Board resolved that its appreciation for the competent services of Professors V. Ramalingaswami and D.A. Henderson be recorded. They will be greatly missed. The Board wishes them and their families good health, happiness and success in their future undertakings.

Resolution
14/Nov. 90

The Board resolved that Professors A.S. Muller and T. Wagatsuma be re-elected to the Board for a second term of 3 years from 1 July, 1991.



The Board further resolved to report to the Government of Bangladesh, UNICEF and WHO, about the vacancies due to occur in June 1991 and request them to nominate their representatives indicating, however, their satisfaction with the present incumbents.

Agenda 9: Dates of Next Meeting

It was agreed that the June 1991 Board Meeting should be held in Jakarta, Indonesia from Wednesday 12 to Friday 14 June inclusive. Committee meetings will be held on Wednesday 12 and on the morning of Thursday 13 June and the full Board Meeting will be held on Friday 14 June.

The purpose of holding a meeting outside Bangladesh is to promote the Centre and to disseminate knowledge on diarrhoeal diseases. Accordingly, lecture sessions will be arranged in two or three cities in Indonesia on Tuesday 11 June.

Trustees were asked to submit titles of lectures they would be willing to present to the Director. Also, a National Seminar with participation by Trustees, Centre staff and Indonesian scientists will be held on Saturday 15 June in Jakarta. The topics for the Seminar will be suggested by the Centre and will be based on the Centre's achievements and strengths.



The November 1991 Board Meeting will be held in Dhaka from Saturday 9 November to Monday 11 November and will be followed by a Donors Meeting on Tuesday 12 November. Prior to the November 1991 Board Meeting there will be a one to one-and-a-half day Programme Committee review of one of the scientific divisions. Composition of the Committee, chaired by the Chairman of the Programme Committee, will be decided on at the June 1991 meetings and will depend on which division the Director suggests for review.

Agenda 10: Any other business

(a) REPORT FROM STAFF WELFARE ASSOCIATION (SWA)

The Board met with the SWA Executive Committee on Sunday 25 November. The SWA had only one agenda item and that was a request to implement two outstanding UN salary increases for GS and NO level staff. In response to this request SWA was advised that the Board will give serious consideration to the request. The staff have been understanding and conscientious and this will be taken positively. However, final weight will be given on the Centre's ability to generate revenue to cover the increase in salary expenditure.

(b) SASAKAWA FOUNDATION

Professor Wagatsuma advised that the Sasakawa Foundation, a



new donor for the Centre, has indicated that they will provide the Centre with \$300,000 per year for two years from the next fiscal year, i.e. 1 April, 1991.

(3) Mr Taslimur Rahman indicated that it is likely that he will be replaced on the Board due to his new position and the fact that he is no longer in the Ministry of Health and Family Welfare. Sincere appreciation was expressed to Mr Rahman for his contributions to the Board and for his deep concern for the welfare of the Centre. Mr Rahman thanked his colleagues for their cooperation, warmth and wisdom saying that he will cherish these. He was wished all the best for the future.

The Chairman thanked Trustees for their participation in considering Board matters. He thanked the Director and his staff for the documentation provided.

A vote of thanks was proposed to Dr Sumbung for presiding over the meeting in such a splendid manner.

The meeting closed at 1.35 p.m. on Tuesday, 37 November, 1990.

DH:jc

27.12.90



RESOLUTIONS

November 1990

Resolution
1/Nov. 90

The Board resolved that:

- (1) Funds available as depreciation at the end of the financial year 1990 should be allocated as follows:
60% to Capital Development Fund
40% towards clearing the deficit
- (2) The Director be authorized to utilize the Capital Development Fund and present a report to each Board meeting.
- (3) The Capital Development Fund bank account may be transferred to the operating bank account to the extent required to meet any overdraft in the operating account. Funds must be returned to the Capital Development bank account within 15 days of this overdraft being liquidated.
- (4) Centre management should fund the depreciation for 1990 to the extent of at least \$350,000.



Resolution
2/Nov. 90

The Board resolved that a 10% increase in National Staff (NO & GS) Salaries as of January 1, 1991 be implemented.

Resolution
3/Nov. 90

The Board resolved that a 10% increase in International Salaries as of January 1, 1991 be implemented and to review the possibility of a further increase at the June meeting of the Board.

Resolution
4/Nov. 90

The Board resolved:

- (1) That the 1991 budget, including revised figures necessitated by the salary revision, be accepted.
- (2) To request Centre Management to fund depreciation at least to the extent of \$300,000 by the end of 1991.
- (3) To urge the Donor community to make specific commitments for plant and equipment replacement.

Resolution
5/Nov. 90

The Board resolved to authorise the Head, Budgetary Accounting as an alternate cheque signatory until such time as the return of



the Budget and Finance Officer from study leave.

Resolution
6/Nov. 90

The Board resolved to authorise the write off of Taka 10,024.75 and \$458.03 which are irrecoverable outstandings from former employees of the Centre.

Resolution
7/Nov. 90

The Board resolved to authorise the Director to write off irrecoverable outstandings up to in individual cases \$500 and to report such write-offs to the Board annually.

Resolution
8/Nov. 90

The Board resolved to write off the value of the unuseable transformer, \$24,926, less any amount received if it is possible to sell the transformer at least for scrap value.

Resolution
9/Nov. 90

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

Resolution
10/Nov. 90

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3/BT/JUNE '91

DIRECTOR'S .REPORT

DIRECTOR'S REPORT

1.0 GENERAL

This semi-annual period was filled with major events affecting Bangladesh as well as the rest of the World. It started in November 1990 with the popular uprising in Bangladesh for democracy leading to a free and fair election, and was then followed with the Gulf War in January 1991 that saw thousands of Bangladeshis returning in search of safety and employment. In mid-March 1991, a major diarrhoea epidemic struck Dhaka and quickly spread to the rest of the country. On 29 April 1991, the worst calamity ever to fall on Bangladesh took place when a disastrous cyclone struck the south and the south-eastern part of the country claiming hundreds of thousands of lives and causing havoc of dwellings, property and crops. We are bracing ourselves for the health consequences of this disaster and for the reconstruction and rehabilitation that will follow.

The Centre and its staff are engaged in contributing in all ways possible to national and international efforts to contain the diarrhoea epidemic and the health consequences in the cyclone affected areas. Inevitably this diversion of activities are likely to slow somewhat the Centre's programme

of research and training.

Nevertheless, the Centre has continued to consolidate the prudent personnel and financial policies enacted earlier. In science, the appointment of an internationally renowned scientist to lead the Community Health Division has brightened prospects for quality research. Possibilities to attract scientists has also increased as also funds for research. For example, 2-3 child survival fellows from the United States are expected soon and a sum of half a million dollars has been promised for research on Vitamin A from USAID.

Canada reaffirmed its confidence in the Centre by signing a four year agreement providing C.D.\$3 million over four years to the core budget of the Centre. This news will hopefully send signals to other donors.

The Centre gave evidence of its international obligation by sending an expert team to Ecuador to assist in the effort of the Government to control the cholera epidemic. In meetings in New York and Washington with UNICEF, USAID, WHO and the Applied Diarrhoeal Disease Research Programme of the Harvard Institute for International Development, the Centre underscored its role as a source of expertise in diarrhoeal diseases and in child survival programmes, and also agreed to strengthen communication and dialogue with these organizations.

2.0 RESEARCH AND RELATED ACTIVITIES

2.1 Research Output

	CHD	CSD	LSD	PSED	TOTAL
Papers Published					
July-Dec. 1989	8	4	10	6	28
Dec. 89-May 90	7	17	8	2	34
June-Nov. 1990	10	9	10	6	35
Dec. 90-May 91	3	9	5	8	25

Papers in press					
July-Dec. 1989	10	8	16	7	43
Dec. 89-May 90	12	16	11	7	46
June-Nov. 1990	5	13	6	4	28
Dec. 90-May 91	10	15	18	2	45
TOTALS					
July-Dec. 1989	18	12	26	13	69
Dec. 89-May 90	19	33	19	9	80
June-Nov. 1990	15	22	16	10	63
Dec. 90-May 91	13	24	23	10	70
No. of research protocols/programs in progress					
July-Dec. 1989	10	20	4	3	37
Dec. 89-May 90	8	24	17	3	52
June-Nov. 1990	14	24	12	4	54
Dec. 90-May 91	17	31	12	4	64

* List of papers published/in press attached (Appendix A)

2.2 Divisional Highlights

2.2.1 COMMUNITY HEALTH DIVISION

The Community Health Division has undergone a major transformation in the past 6 months. As of January 1, 1991, Dr R. Bradley Sack of The Johns Hopkins

University School of Hygiene and Public Health was appointed as Associate Director in charge of the Division. After some delay, because of the Gulf crisis, he arrived in Dhaka on February 10, and has been re-organizing the Division, which had been without a Director for the past three years. Also newly arrived in the Division is Dr Ann Maria Venneste from Belgium.

There are now five major scientific interest groups within the Division: Epidemiology, MCH/Intervention, Environmental Health, Social Sciences, and the Matlab Treatment Centre. A group of 10 persons made up from these groups compose a coordinating committee that meets weekly. As part of the reorganization, the Matlab area is now entirely under CHD, including the Matlab Diarrhoea Centre and the scientific supervision of the Matlab laboratory.

New areas of research that are being explored include 1) Vitamin A delivery issues, 2) a birth cohort and longitudinal family studies, and 3) vaccine studies. The latter include immunogenicity and possible efficacy studies of newly developed enteric vaccines, as well as vaccines against measles and S. pneumoniae. The Division is planning to begin working in previously censused, but "excluded" areas (since 1978) in Matlab, which has another 100,000 population from which to choose. An international level epidemiologist is

actively being recruited to work in the Division. In addition four Child Survival Fellows (two from the United States and two from Bangladesh) will be joining the Division this summer. Consultants from the WASH programme, NIH, Johns Hopkins, and Sweden have visited the Division this spring.

The major ongoing projects, the MCH/FP Matlab project and the Urban Volunteers project, and projects in Environmental Health are all progressing well; much of the data from these projects are presently undergoing analysis. The Urban Surveillance System of 30,000 persons is now in place.

Efforts are being made to more closely coordinate activities of the CHD with other Divisions, particularly CSD and LSD. Major emphases are being placed on building the capabilities of Social Sciences and Environmental Health within the Division.

A revised organogram for the Division is attached as Appendix B.

2.2.2 CLINICAL SCIENCES DIVISION

The Division continued its activities over the last six months according to the Annual Work Plan 1990 and 1991.

2.2.2.1 General

a) Task forces have been formed for conducting

studies on - watery diarrhoeas, invasive diarrhoeas, nutrition management, clinical epidemiology, child health and maternal care, and research support.

These task forces have been functioning through regular meetings to discuss problems, develop programmes, to identify new initiatives and to coordinate the activities in each area of the task force.

b) Hospital Endowment Task Force

Recently this new task force has been formed to raise an endowment fund for patient care activities at the clinical research centre and the Matlab treatment centre.

2.2.2.2 Research Activities

In all 31 research protocols are being studied.

WATERY DIARRHOEA: Trial of methylated casein traditional antidiarrhoeal medicine in western Europe (Sacolene) is complete. The preliminary analysis of the trial of hyperimmune bovine colostrum in rotavirus diarrhoea showed that the duration of diarrhoea was significantly reduced in the group receiving hyperimmune bovine colostrum; there was also a trend of reduced stool output. A case control study of risk factors for dehydrating diarrhoea has been completed; important risk factors identified in this study for severe dehydration include presence of V. cholerae O1 in stool culture, protein energy malnutrition, cessation of breastfeeding during diarrhoea, history of vomiting, high stool frequency and poor home conditions.

INVASIVE DIARRHOEA: Preliminary analysis of the clinical trial of pivmecillinam and oral gentamicin in children with shigellosis indicates that pivmecillinam is highly effective in severe Shigella disease in children; however, oral gentamicin was found to be ineffective. This randomised double-blind study puts to rest the long standing claim by workers in China that oral gentamicin is highly effective in shigellosis. This study also confirms that pivmecillinam is a very useful second-line drug. The trial of short-course ciprofloxacin in adults with shigellosis has been completed; the drug has been found to be highly effective even with a short course therapy. The final analysis of high protein diet during convalescence from shigellosis in children confirms that body weight and lean tissue mass significantly increases with high protein high energy diet compared with standard protein diet. Preliminary analysis of the study on high calorie feeding of shigellosis children in the acute phase indicates that it is possible to overcome the problems of anorexia by frequent feeding and even during the short acute phase the weight increment in the group treated with high energy feeding was significantly better than the group who were allowed to receive standard feeding.

PERSISTENT DIARRHOEA: Preliminary analysis of the trial of cotrimexazole in persistent diarrhoea indicates that there may not be substantial benefit from using cotrimexazole in persistent diarrhoea. Analysis of the results of the zinc supplementation study in persistent diarrhoea showed that zinc supplementation can favourably influence the morbidity in under-nourished children and in children in whom the blood zinc level was low.

NUTRITION MANAGEMENT: Several projects on the development and evaluation of energy dense weaning food have been initiated; they include evaluation of energy dense weaning food in acute diarrhoea, in dysentery, in severely malnourished children recovering from diarrhoea, in infants and children with persistent diarrhoea and ethnographic studies on acceptability of this approach.

CHILD HEALTH AND MATERNAL CARE: A focus group study to find the reasons for low coverage for tetanus immunisation of eligible women showed that immunisation of eligible women for tetanus is not conceived as important by the curative staff, by the immunisation staff and by the attendants of the patients. This is also reflected in the media coverage (TV) in Bangladesh which only emphasises immunisation of pregnant women and not of all women in the child-bearing age. These findings were communicated to UNICEF and other concerned agencies and recently the media campaign has been modified to address this problem.

RESEARCH SUPPORT: Electronic baby weighing balances have been installed; diet kitchen has been provided with new equipment; a special high precision balance for measuring breast milk intake has been installed.

2.2.3 LABORATORY SCIENCES DIVISION

The Division has continued to provide requested support for clinical field research in other divisions as well

as diagnostic services for the clinical facilities. It has consolidated its effort in the setting up of state-of-the-art laboratory methods in immunology, virology, enteric microbiology, parasitology and molecular biology. New laboratory methods set up include:

- a) Techniques for culturing Helicobacter pylori.
- b) New probes for enteroaggregative E. coli and E. coli exhibiting attaching-effacement.
- c) Ribosomal RNA finger-printing of Shigella species for identification and differentiation between serotypes and strains.
- d) Immunofluorescent test for differentiation of pathogenic and non-pathogenic E. histolytica.

Its diagnostic services to health facilities outside of the Centre has acquired increased recognition leading it to recover almost all of the costs of the clinical laboratory.

The Division has also carried out its planned research programmes for the period. Currently there are twelve research protocols in progress. Some of the important findings are:

- a) Identification of a plasmid-mediated and temperature dependent contact hemolysin in enteroinvasive E. coli.
- b) Pivemecillinan resistance in Shigella species

- found to be associated with a plasmid.
- c) Some E. coli isolates from diarrhoeal patients found to cause "detachment of HeLa cells from glass".
 - d) Development of a plasmidless mutant of S. dysenteriae type 1 that may be used as a recipient strain for "DNA transfer technology" for the study of the role of plasmids in expression of virulence properties.

As in the past, the training of graduate and post graduate students, mainly from Bangladesh, continues to be an important activity. These include seven studying for M.Sc., nine for M.Phil. and three for Ph.D. degrees. Few foreign students are also taking advantage of this programme.

2.2.4 POPULATION SCIENCES & EXTENSION DIVISION

~~Pre-occupation~~ to secure funding for the Demographic Surveillance System continued to take disproportionate time of senior staff of the Division. UNFPA, which has been expected to provide most of the funds for DSS during 1991-1995 informed the Centre in March 1991 that it will not fund us in 1991 and will only be able to provide a quarter of a million dollars annually during 1992-1995. Efforts are now underway to meet the need for 1991 through use of unspent 1990 Netherlands

Government funds, pledges for 1991 from the Netherlands and UNDP as well as from the core budget of the Centre. For 1992 and beyond, donor consortium with UNFPA as the lead agency is being sought. Competitive award for two years from WHO for research in determinants of contraceptive use dynamics will finance part of the research activity.

In contrast the funding situation for the MCH-FP Extension Project is much brighter with assured funding through December 1992 and a likely extension for several years subsequently.

One of the major successes of the MCH-FP Extension Project has been the revision of the family planning record keeping book used by fieldworkers in Matlab, testing that the Government staff in the Extension area could use this register, then having it adopted throughout Bangladesh. Work has now begun to replicate this success on the health side. At a meeting with the Directorate of Health and WHO representatives in March 1991, the Extension Project was asked to devise and test a Health Assistant register, which would allow better management and provision of health care services. Work will begin this year to test it in the Abhoynagar extension area. If it is successful it may also be adopted for national implementation.

The Extension Project also held a high-level workshop

on Performance Improvement for District and Upazila officials from Jessore and Narshingdi districts aimed at transferring lessons learned in the project areas into non-project areas.

Regular meetings every two months between senior Extension Project staff and the Director General (Family Planning) and his staff have been instituted. The purpose of these meetings is the dissemination of Project findings into government plans and policies. For example, the finding outlined in Briefing Paper No. 16 (which argued for one brand of injectable within the Bangladesh family planning programme to minimize possible logistic and health problems) have influenced the recent government decision to only use one brand (DMPA) for the national programme.

As noted at the last Board meeting, the Data Archiving Unit received special attention from the Social Science Advisory Council (SSAC), as well as from various donors, since it will be the locus of the ICDDR,B's renewed effort to improve the dissemination and use of existing data. Work in all areas is well underway; the first well-documented data set (from the Mehran study) is now available, the catalogue is in rough draft, and other data sets are being identified for inclusion.

Matlab data are, of course, already being used in studies both within the Centre and outside of it.

The Matlab bibliography, published at the end of 1990, lists 567 papers resulting from Matlab research. At the annual meeting of the Population Association of America in March 1991 twelve papers based on Matlab data were presented.

3.0 TRAINING

During the period November 1990 to April 1991, 340 scientists, physicians, health administrators, students, nurses and health personnel received/are receiving training in the Centre.

3.1 Training Courses

3.1.1 INTERNATIONAL TRAINING COURSES

Three international courses have been held with a total of 35 participants from 13 different countries (Bangladesh, Bhutan, Malaysia, Maldives, Myanmar, Nepal, Thailand, Uganda, Egypt, Ethiopia, Tanzania, China and Swaziland).

3.1.2 NATIONAL TRAINING COURSES

Two national course were held. These were attended by 30 post-graduate students from the Institute of Post Graduate Medicine and Research and Insitute of Child

Health and private medical practitioners.

3.2 Fellowship Programme

3.2.1 INTERNATIONAL FELLOWSHIPS

Eight fellows from six countries (Bangladesh, Sri Lanka, Bhutan, Germany, Pakistan and the United Kingdom) received/are receiving training during this period through different programmes including the SAARC fellowship programme.

3.2.2 NATIONAL FELLOWSHIPS

Thirty nine physicians, nurses, students have received/are receiving training during this period.

3.2.3 GRADUATE STUDENTS FROM DHAKA UNIVERSITY & OTHERS

Several students conduct laboratory research in the Laboratory Sciences Division as part of their requirement for graduation. Most are from Dhaka University, viz. seven for M.Sc. and nine for M. Phil. One expatriate student from Germany and two from Bangladesh are engaged in work for a Ph.D. degree. One other student is working as a post doctoral fellow.

3.3 Orientation

Two hundred and twenty eight persons received orientation/training during this period through brief lectures, visits and demonstrations.

3.4 Collaboration with WHO/CDD

The Training Coordination Bureau collaborated with the WHO/CDD programme in Dhaka to conduct a training course in Mymensingh. Similarly the WHO/CDD medical officer participated as a facilitator in ICDDR,B courses.

3.5 Scientific Meetings

Regular meetings of the various divisions have been held. In addition an inter-divisional monthly meeting has been initiated but only one session has been held.

3.6 National Conference

The Training Bureau is coordinating preparatory work to host a national scientific conference in Dhaka during October 1991. The conference is expected to last three days and provide opportunity to disseminate research findings of ICDDR,B to national scientists, public health administrators and policy makers.

4.0 SERVICE -- HEALTH CARE

4.1 Clinical Service Department

The patient load in Dhaka sharply increased in late March reaching a peak in April and forcing the use of a tent to accommodate the extra load (Table 1).

Table 1: Patient load at Clinical Research Centre, Dhaka

Months 1991- 1992	Visits		Admissions					
	OPD		IPD (other than ICU)			ICU		
	>12 hrs	>12 hrs	>1 day	>1-7 days	>7 days	>1 day	>1-7 days	7 days
21-31 Oct	1147	589	1	103	37	5	14	4
Nov	3122	1824	3	253	72	5	78	20
Dec	3257	1989	5	236	95	17	67	28
Jan	3248	1923	3	239	98	9	74	12
Feb	2749	1483	4	232	69	4	68	12
Mar	4937	2614	6	255	80	8	118	27
1-22 Apr	5625	2677	4	260	79	11	112	28
Total	24085	13099	24	1578	530	59	531	131

37,184

2,132

721

A similar trend was noted in Matlab (Table 2)

Table 2: Patient load at Matlab Diarrhoea Treatment Centre

Months 1990 - 1991	Admissions		
	Hospital Stay		
	> 1 day	>1-7 days	>7 days
21-31 Oct	55	129	3
November	263	452	3
December	96	392	10
January	104	418	9
February	78	236	3
March	228	480	14
April	428	597	8
Total	1252	2684	50

4.2 MCH-FP activities in Matlab

Health care activities delivered by 80 community health workers include counselling on family planning, and provision of a variety of contraceptive methods, immunization, vitamin A supplementation, treatment of infectious diseases for mothers and children, safe birth kits, screening and referral of malnourished children and nutrition education. As of March 1991, the contraceptive use rate had reached 60%, the tetanus toxoid coverage rate 96%, OPV III and DPT III 75%, BCG 93% and measles 92%.

4.3 Urban Health Care

The Urban Volunteer Programme has established three field offices located close to the slums thus facilitating field activities.

Following is a summary of services provided by UVP from November 1990 to April 1991:

- 45,264 patients were managed by UVP volunteers;
- 108,819 ORS packets were distributed;
- 27,012 diarrhoea cases were referred to the ICDDR,B Treatment Centre;
- 16,137 mothers received nutrition education;
- 1,300 malnourished children were treated at UVP's three Nutrition Rehabilitation Centres and referrals were made to the Children's Nutrition Unit of Save the Children (UK) and NRU of ICDDR,B;
- 1,066 children were referred for immunization to the Dhaka municipal corporation's EPI centres;
- 15,087 received health education on immunization;
- 535 women were referred to family planning clinics;
- 7,160 received health education on family planning methods;
- 43,020 persons were taught ORS preparation;
- 41,880 received health education on personal hygiene;
- 1,351 cases (other than diarrhoea and malnutrition) were referred to hospitals and other health facilities

by UVP volunteers.

5.0 TECHNICAL SERVICES

5.1 Computer Information Services (CIS)

Much of the activity during this period centered around personal computer support activities. Work is going on to set up a computer system for Grants Administration (accounting) Office. This system will then connect with Grants Administrator (donor profile) data base for easy access, queries and updates. A Novell networking system is being considered for the purpose. A data base of staff development information for ICDDR,B is being designed for frequent queries and updates of this area. A menu driven mailing system for DISC was completed.

On the mainframe side, a second CMS BATCH machine was set up for users to submit jobs to run at any specific times. A procedure to run SPSS using tapes directly was also setup. A site macro library was created in SAS for Proportional Hazard model.

Lotus 1-2-3- training course was offered for ICDDR,B employees for two weeks in two sessions. A course on Word Perfect was organised for the staff members of Clinical Sciences Division. Assistance in the form of consultation and/or computer services were provided to Sonali Bank,

Bangladesh Biman, Water Resources Development Programme, etc.

5.2 Diarrhoeal Diseases Information Services Centre (DISC)

The Centre's reorganised library and publications branch continued to function as the "Diarrhoeal Diseases Information Services Centre (DISC)" through three functional sections viz.: Information Services, Publication Services, and Support Services.

During the period from November 1990 to 30 April, 1991, DISC further streamlined its activities. Users continued to receive improved information service and fast online retrieval facility from the MEDLINE (1966-1190) and POPLINE databases (170,000 records) on CD-ROMs and from DISC's resources.

Highlights of some activities of DISC during the reporting period include the following:

5.2.1 LIBRARY SERVICES

- 7,500 readers other than the Centre's staff used the library's facilities.
- 73,052 pages were photocopied and supplied on request.
- 1,886 books, journals, or journal issues were supplied on inter-library loan to national institutions.

- 120 MEDLINE and POPLINE searches (45 to outsiders) on specific topics were made and provided to researchers.
- 12 issues of the Current Awareness Service Bulletin, 2 new books acquisition lists, and 28 issues of the Fast Bulletin (containing information on arrivals of new journal issues) were published.
- A new database containing information on new books was developed.

5.2.2 PUBLICATIONS SERVICES

Preparation of two fairly comprehensive specialised bibliographies was completed. The first is the 149-page annotated bibliography on ICDDR,B studies in Matlab, Bangladesh; it includes citations and abstracts of 567 papers and publications (364 citations includes abstracts) from 1966 to 1989. The second, a 121-page annotated bibliography on oral rehydration in diarrhoeal diseases, was also published, supplementing two annotated bibliographies on the subject published earlier by DISC. The latter bibliography contains citations of 567 papers and publications, published during 1985-1990 (278 citations include abstracts).

Two issues (8000 copies) of Glimpse were printed and distributed all over the world. The March-April 1991 issue is currently being distributed.

Two issues (December 1990 and March 1991) of the JDDR have been printed.

DISC produced and distributed the Centre's new 16-page information booklet and a one-page leaflet.

Two issues of the ICDDR,B News were produced for distribution.

5.2.3 OTHER DEVELOPMENTS AT DISC

- A review of DISC was made by an external reviewer.

5.3 Animal Sciences Branch

A breeding colony of Balb/C mouse has been established with a nucleus stock from International Cancer Research Fund Centre in the United Kingdom.

In addition active support was provided to scientists engaged in a total of eight research protocols. The unit also continues to assist national research institutions by making available experimental animals.

5.4 Medical Illustration Cell

Apart from the normal work carried out by the Medical Illustration Cell for Centre staff and for people outside the Centre (collaboration with other organisations), the Medical Illustration Cell designed greeting cards for use by the

Director and staff. These were very popular and were sold both within and outside the Centre.

5.5 Bio-engineering Cell

Procurement of two 50 watt Base Stations and two 25 watt Mobile sets have finally been approved by Frequency and Wireless Board and NSI (National Security Intelligence). Equipment are awaiting for clearance at the Dhaka Airport. Tower has been reinstalled at Matlab Health Centre. It is expected that radio communication will be restored by the middle of May 1991.

6.0 ADMINISTRATION & PERSONNEL

6.1 Staffing Status

Changes in staff during the reporting period are shown in Appendix C and Appendix D. Since the November 1990 Board of Trustees meeting, 17 core and 24 project staff have been separated.

The freeze on recruitment against vacancies in the Centre except for international level positions remained in force. The Centre is increasingly moving towards meeting its staffing needs through short term contracts and particularly through contractual service agreements.

6.2 Recruitment of International Level Staff

6.2.1 REGULAR FIXED TERM

The position of Senior Scientist and Head, Population Sciences and Extension Division (D1) has been vacant since December 1988. Dr M.A. Strong, Senior Scientist and Project Director, DSS who was temporarily assigned to look after the responsibilities of the position has now been appointed to this position effective January 1, 1991.

The search for a suitable candidate to fill the position of Senior Scientist and Head, Laboratory Sciences Division is still continuing.

Recruitment to the position of Executive Assistant (P1) has been completed and the offer of appointment to this position has been made to Mrs Judith Anne Chowdhury, the present incumbent. She has accepted the offer.

The positions of Chief Finance Officer (P5/P6), Demographer/Statistician (P4/P5) and Epidemiologist (P4) have been advertised both nationally and internationally.

6.2.2 SECONDED

Professor R. Bradley Sack joined the Centre on February 10, 1991 as Senior Scientist and Head, Community Health Division under a secondment agreement with the Johns

Hopkins University.

Dr Anna-Maria Vanneste joined the Centre on secondment from the Belgian Administration for Development Cooperation (BADC) and is presently working under the Community Health Division.

Dr John G. Haaga is expected to join as the Project Director, MCH-FP Extension Project on secondment, from the Population Council, to replace Dr Michael A. Koenig in July 1991.

6.3 General Services

A master plan for physical plant expansion of the Centre has been developed to meet the needs of the Centre over the next five years. The plan aims to address the issues of space shortage, scattered facilities and space for new initiatives. Construction of a 40,000 gallon underground water reservoir for the hospital in Dhaka is almost completed. Renovation of warehouse facilities has started.

An internal evaluation of the Supply Branch was conducted and changes instituted accordingly. A similar review is taking place of the Maintenance Branch; other reviews are planned to look into the remaining branches of service. These reviews will be the basis for the job auditing exercise to be undertaken in the second half of 1991 and in 1992.

6.4 Staff Development

Two staff members returned after completion of training and four left for further training. The status of staff in training is shown in the accompanying table (Table 3).

Table 3: Total number of staff abroad on study/training as of April 1991

Field of Study/ Training	Ph.D.	Masters	Non- Degree	Total
Demography/ Popln. dynamics/ Health Planning	4	2	-	6
Public Health	1	3	-	4
Microbiology/ Immunology/ Virology	5	3	1	9
Nutrition/Clinical Biochemistry	1	1	1	3
Gastroenterology	3	-	2	5
Pharmacology	1	-	-	1
Total	15	9	4	28

7.0 FINANCE AND RESOURCE DEVELOPMENT

7.1 Finance

7.1.1 The audit for 1990 was completed and signed on March 1991. A cash surplus of \$481,000 was found of

which \$192,000 went to reduce the cumulative deficit and \$288,000 was placed in the Capital Development Reserve Fund.

7.1.2 The cumulative cash deficit as at December 31, 1990 stood at \$896,000, the lowest it has been since 1983. The aim in 1991 is to reduce this further considerably.

7.1.3 Core expenditure during the first four months are 24% of budget. With continued close monitoring, core expenditure will not exceed the budget this year. On the other hand, project expenditure are only 26% of the budget reflecting the impact of a number of factors including those mentioned under 1.0. However, additional projects are expected to start soon.

7.1.4 Revenues for the year received a boost with the signing of an agreement with CIDA and the transfer of Canadian \$1 million, and receipt of an overhead adjustment of \$370,000 from USAID/Dhaka. These should be weighed against the fact that UNFPA which was expected to fund DSS in 1991 has indicated that it cannot do so.

7.2 Resource Development

7.2.1 The Canadian International Development Agency signed a four year agreement with the Centre on 17

March, 1991 providing a core grant of Canadian \$3 million over four years. The first instalment of Canadian \$1 million was received on 22 March, 1991. This act by CIDA is interpreted as a clear recognition of the Centre as a valuable resource for the development of health technologies against common health disorders of the developing world. By allotting all the grant to core, CIDA is also significantly contributing to the institutional development of the Centre.

7.2.2 Negotiations on the 1991-95 Cooperative Agreement with the Agency for International Development was concluded in April in Washington. The agreement is for US \$6.5 million with provisions for add-on agreement to a ceiling of US \$9 million. A sum of US \$500,000 has already been allocated as add-on budget for the first two years to conduct research on Vitamin A.

7.2.3 A review of the DANIDA support for the Child Health Project was conducted in November 1990 by a DANIDA review team. The evaluation was positive and extended support is anticipated. The grant is expected to be made to core budget as confirmation of the integration of the project into the core activities of the Centre.

7.2.4 UNFPA has indicated that due to overcommitment

of its resources, it will not be able to assist in 1991. However, it has promised in principle to provide US \$1 million over four years for the DSS activities from 1992.

7.2.5 The Sassakawa Foundation has expressed interest to provide funds for the construction and equipping of a training complex. All required documentations have been submitted and preliminary indications are positive.

7.2.6 Follow-up of links with the Arab Gulf Fund and the Government of Saudi Arabia have not yet yielded results.

8.0 COORINATION/MANAGEMENT

8.1 The Consultative Management Committee met once and the Council of Associate Directors met fifteen times. Regular meetings to discuss both scientific and management issues have been held in all divisions.

8.2 The Research Review Committee and the External Review Committee have also been holding regular meetings (five times each) to scrutinize on scientific and ethical aspects of submitted protocols.

The newly established Animal Experimentation and Ethics

Committee met in March and reviewed the procedures to be adopted for clearance of research proposals involving animals.

8.3 The Programme Coordination Committee met on May 1, 1991 and discussed a number of issues including the brief report of the Member-Secretary, PCC on collaborative activities; CDD programme run by the Government health administration, particularly the current diarrhoeal epidemics in the southern part of Bangladesh; exchange programme between national institutions and ICDDR,B and the present position of collaborative research. This meeting adopted some important resolutions to expand collaboration between the Centre and national institutions, and expressed satisfaction on collaborative training.

The Scientific Review Committee of PCC met on February 18, 1991 to consider four PCC-collaborative research proposals.

At present six PCC-collaborative research protocols are being conducted. Another three are under review.

9.0 MISCELLANEOUS

9.1 Relief Activites

The Centre geared up all its resources to meet the urgent

needs of the recent diarrhoea epidemics and that of the cyclone related health consequences. At the time of writing this report, five medical teams are working in the Chittagong and Cox's Bazaar area and others are lined up to replace them. The Centre has made available the stock of drugs and supplies (many left over from the 1988 flood) to the Government of Bangladesh and NGO's. At the same time, funds have been received from our traditional donors to assist in these relief efforts, particularly to produce greatly needed ORS.

The staff of the Centre also donated one day's salary to the Prime Minister's Relief Fund as a token of their concern for the plight of the millions affected.

8.2 International Relationships

8.2.1 The Centre was invited by UNICEF to participate in a brain storming session on future strategies for control of diarrhoeal diseases. A joint WHO/UNICEF approach was agreed upon in principle. The technical expertise of ICDDR,B in these endeavours was underlined.

8.2.2 Discussions were held with senior officers of UNICEF to examine Centre's direction for research and expanding existing UNICEF-ICDDR,B relationships. It was agreed to hold regular meetings to exchange ideas

and to brief each other of developments.

8.3 In April 1991, AID/Washington organized a meeting amongst WHO, ICDDR,B and Applied Diarrhoeal Disease Research (ADDR) programme of the Harvard Institute of Development. The purpose was to develop an informal mechanism to coordinate research activities and to improve existing exchange of information amongst the three organizations.

8.4 At the request of the Government of Ecuador and with funding from USAID/ADDR, a team of three Centre staff spent two weeks in Ecuador to assist the Government in the control of the cholera epidemic now affecting most of the continent. Dr Richard Cash, head of ADDR, took the initiative to organize this activity. Preliminary feedback indicated that the team was appreciated by the Ministry of Health of Ecuador. This mission has increased visibility of the international image of the Centre and underlined the important role that the Centre can play in the ongoing cholera pandemic.

DH:jc

8.5.91

CLINICAL SCIENCES DIVISION
1991

Papers Published

1. Bennish ML. Mortality due to shigellosis: Community and hospital data. Rev Infect Dis 1991; 13 (Supp 3).
2. Butler T, Islam A, Kabir I and Jones PK. Pattern of morbidity and mortality in typhoid fever dependent on age and gender: review of 552 patients hospitalized with diarrhoea. Rev Infect Dis 1991; 13: 85-90.
3. Mitra Ak, Islam M. Report of clinicopathological conference of the International Centre for Diarrhoeal Disease Research, Bangladesh (Case 1-1991). J Diarrhoeal Dis Res 1991; 938-43.
4. Mitra AK. Shigellosis: a continuing health problem in Bangladesh. Bangladesh Priv Med Pract J 1991; 1:91-96.
5. Salam MA, Bennish ML. Antimicrobial therapy for shigellosis. Rev Inf Dis 1991; 13 (Suppl 3).
6. Ronsmans C, Bennish ML, et al. Current practices for treatment of dysentery in rural Bangladesh. Rev Infect Dis 1991; 13 (Suppl 3).
7. Van Loon FPL, Van Schaik S, Banik AK, et al. Clostridium perfringens Type-C in bloody and watery diarrhoea in Bangladesh. Tropical and Geographical Medicine. 1990; 42:123-127.

Book Chapters Published

1. Rabbani GH and Greenough WB III. Clinical Causes of Secretory Diarrhoea: In Cholera: Textbook of Secretory Diarrhoea. Lebenthal E, Duffey ME, Rayen Press, New York, 1990.
2. Roy SK, Haider R, Tomkins AK, Behrens RH. Effect of Systemic Infection on Intestinal Permeability in Bangladeshi Children with Persistent Diarrhoea. Malnutrition in Chronic Diet-Associated Infantile Diarrhoea. Lifschitz CH, Nichols B. Academic Press, Inc. 1990.

Papers in Press

1. Alam AN, Goff PA, Abdal NM, Rashid MA, Rahaman MM. Serum ferritin and cholera: a prospective study. *Tropical and Geographical Medicine*, 1991; 43: ...
2. Alam AN, Abdal NM, Wahed MA, Rao B, et al. Prostacyclin levels in haemolytic-uraemic syndrome following acute shigellosis. *Archives of Disease in Childhood*.
3. Bardhan PK, Salam MA, and Molla AM. Gastric emptying of liquid in children suffering from acute rota viral gastroenteritis. *GUT*.
4. Mitra AK, Kabir I, Khan MR. Severe urticarial eruption in an infant. *Indian Pediatr*.
5. Mitra AK, Rabbani GH. Activity of Bioflorin Streptococcus faecium (SF68) in acute diarrhoea (reply). *Gastroenterology*.
6. Mitra AK, Khan MR, Alam AN. Complications and outcome of patients admitted to the Intensive Care Unit of a diarrhoeal hospital. *Trans R Soc Trop Geogr Med*.
7. Mitra AK. An approach to protect workers' health. *Bangladesh Priv Med Pract J*.
8. Mahalanabis D, Alam AN, Rahaman N, Hasnat M. Prognostic indicators and risk factors for increased duration of acute diarrhoea and for persistent diarrhoea in children. *Int. J of Epidemiology*.
9. Mahalanabis D. Breastfeeding and the risk of vitamin A deficiency in children in Bangladesh attending a Diarrhoea Treatment Centre. *British Medical Journal*.
10. Mahalanabis D, Faruque ASG, Wahed MA. Porridge liquified by amylase-rich germinated wheat in infantile diarrhoea. *Archives of Disease in Childhood*.
11. Roy SK, Haider R, Akramuzzaman SM. Persistent diarrhoea: total gut transit time and its relationship with absorption of macronutrients and clinical response. *J Ped Gastroenterol*.
12. Rabbani GH, Lebenthal E. 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. *Gastroenterology*.
13. Struelens MJ, Mondol G, Kabir I, Salam A, Nath SK, Patte D, Roberts M, Baldwin T, William PH. Pathogenesis of Shigella septicimia: bacteria and host factors. *Eur J*

Clin Invest.

14. Van Loon FPL, Ahmed T. Clostridium perfringers type-c in bloody and watery diarrhoea in Bangladeshi children. Tropical and Geographic Medicine.
15. Van Loon FPL et al. Low gastric acid as a risk factor for cholera transmission: Application of a new non-invasive gastric acid field test. Journal of Clinical Epidemiology.
16. Patra FC et al. Enhanced sodium absorption by citrate: an in vivo perfusion study of rat small intestine. Journal of Paediatric Gastroenterology and Nutrition.

POPULATION SCIENCE & EXTENSION DIVISION
1991

Papers published

1. Bhuiya A, Streatfield K, Meyer P. Mothers' hygienic awareness, behaviour and knowledge of major childhood diseases in Matlab, Bangladesh. In Caldwell J et al (eds) What we know about health transition, ANU, Canberra, pp 462-77. (1990)
2. Chowdhury MK, Bairagi R. "Son preference and fertility in Bangladesh". Population and Development Review. 16 (4): 749-757.(1990)
3. DeGraff DS (intern). Increased contraceptive use in Bangladesh. The role of demand and supply factors. Demography. 28(1): 65-81. (1991)
4. Mostafa G, Wojtyniak B, Fauveau V, Bhuiyan A. The relationship between sociodemographic variables and pregnancy loss in a rural area of Bangladesh. Journal of Biosocial Science. 23, 55-63.(1991)
5. Razzaque A, Alam N, Wai L, Foster A. Sustained effects of the 1974-75 famine on infant and child mortality in a rural area of Bangladesh. Population studies. 44, 145-154. (1990)
6. Shaikh K. Marriage and mortality: a life table analysis. Journal of Biosocial Science. 22, 53-61. (1990)
7. Shaikh K, Wojtyniak B, Mostafa G, Khan MU. Pattern of diarrhoeal deaths during 1966-1987 in a demographic surveillance area in rural Bangladesh. Journal of Diarrhoeal Diseases Research 8, 4:147-154. (1990)
8. Strong M, Habte D. Matlab-based research:an introduction. In Habte D (ed.) Annotated Bibliography of ICDDR,B studies in Matlab, Bangladesh. ICDDR,B, Dhaka, Bangladesh. (1990)

Papers in Press

1. Bhuiya A, Streatfield K. Mother's education and survival of female children in a rural area of Bangladesh. Population Studies.
2. Shaikh K. Effect of marriage distance on fertility and divorce in rural Bangladesh. Journal of Biosocial Science.

LABORATORY SCIENCES DIVISION

1991

Papers Published

1. Islam MS. Toxigenicity and toxin genes of Vibrio cholerae 01 isolated at different time intervals from laboratory microcosms. World Journal of Microbiology and Biotechnology, 1991. 7:269-271.
2. Qadri F, Raqib R, Hossain IA, Ciznär I. Cell surface proteins from Shigella dysenteriae type 1. Zbl. Bakt. 1990. 273: 287-299.
3. Haque R, Hall A, Tzipori S. Zymodemes of E. histolytica in Dhaka, Bangladesh. Annals of Tropical Medicine and Parasitology, 84(6). 1990, 629-632.
4. Chowdhury AKA, Ahsan M, Islam SN, Ahmed ZU. Efficacy of aqueous extract of garlic and allicin in experimental shigellosis in rabbits. Indian J Med Res (A), 1991, 93:33-36.
5. Ashraf MM, Ahmed ZU, Sack DA. AN unusual asociation of a plasmid with nalidixic acid resistance in a epidemic strain of Shigella dysenteriae type 1 from Asia. Can J Microbiol, 1991, 37: 59-63.

Papers in Press

1. Albert MJ, Salam A, Qadri F, Kibriya AKMG and Tzipori S. Simultaneous infection with multiple serotypes of shigellae in a patient. Diagnostic Microbiology and Infectious Diseases.
2. Albert MJ, Alam K, Ansaruzzaman M, Montanaro J, Islam M, Faruque SM, Haider K, Bettelheim KA and Tzipori S. Localised adherence and attaching effacing properties of non-enteropathogenic serotypes of Escherichia coli. Infection and Immunity.
3. Albert MJ, Alam K, Islam M, Montanaro J, Rahman H, Haider K, Hossain MA, Kibriya AKMG and Tzipori S. Hafnia alvei: a probable diarrhoeal pathogen of humans. Infection and Immunity. 1991.
4. Albert MJ, Haider K, Nahar S, Kibriya AKMG and Hossain MA. Multiresistant Salmonella typhi in Bangladesh. Journal of Antimicrobial Chemotherapy.
5. Albert MJ, Hossain MA, Alam K, Kabir I, Neogi PKB and Tzipori S. A fatal case associated with Vibrio fluvialis septicimia. Diagnostic Microbiology and Infectious Disease.

6. Albert MJ, Ansaruzzaman M, Faruque SM, Haider KI, Qadri F, Islam M, Tzipori S. An outbreak of keratoconjunctivitis due to Salmonella weltevreden in guinea pig colony. J Clin Microbiol.
7. Ashraf MM, Giri DK, Batra HV, Khandekar P, Ahmed ZU, Talwar GP. Potentials of Shigella flexneri Y strain TSF21 as a candidate vaccine against shigellosis: safety, immunogenicity and protective efficacy in Bonnet monkeys. FEMS Microbiol. Immunol.
8. Azim T. Lymphocytes in the intestine: role and distribution. J Diarr Dis Res.
9. Bingnan F, Unicomb L, Rahim A, Banu NN, Podder G, Clemens J, Van Loon FPL, Rao MR, Malek A, Tzipori S. Rotavirus associated diarrhoea in rural Bangladesh: a two year study of incidence and serotype distribution. J. Clin Microbiol.
10. Faruque SM, Haider K, Albert MJ, Ahmed QS, Nahar A and Tzipori S. A comparative study of gene probes and standard bioassays to identify diarrhoeagenic Escherichia coli in Bangladesh paediatric diarrhoeal patients. Journal of Medical Microbiology.
11. Hossain MA and Albert MJ. Effect of duration of diarrhoea and predictive value of stool leukocytes and red blood cells on the isolation of different serogroups/serotypes of shigellae. Trans R Soc Trop Med Hyg.
12. Haider K, Albert MJ, Hossain A and Nahar S. Contact haemolytic activities of enteroinvasive Escherichia coli and shigellae. Journal of Medical Microbiology.
13. Islam MS, Alam MJ, Tzipori S. Abundance of Aeromonas spp in various components of pond ecosystems in Dhaka, Bangladesh. International Journal of Environmental Studies.
14. Siddique AKM, Baqui AH, Yusuf A, Haider K, Hossain MA, Bashir I, Zaman K. Classical cholera survives in Bangladesh. Lancet.
15. Sarker MR, Ahmed ZU, Rahman M. Gene transfer in enteric bacteria through the formation of R-prime plasmids by an RP4: mini-Mu element. Microbiol Immunol.
16. Shahid NS, Banu NN, Bingnan F, Tzipori S, Unicomb L. Rotavirus infection detected in neonates from 2 hospitals in Bangladesh. Archives of Virology.

Siddique A, Akhter SQ. Study on the pathogenicity of C. jejuni by modifying the medium. J Trop Hyg.

Qadri F, Huq S, Hossain SA, Ciznar I, Tzipori S. The association of haemagglutination and adhesion with lipopolysaccharide of Shigella dysenteriae serotype 1. J Med Microbiol.

COMMUNITY HEALTH DIVISION
1991

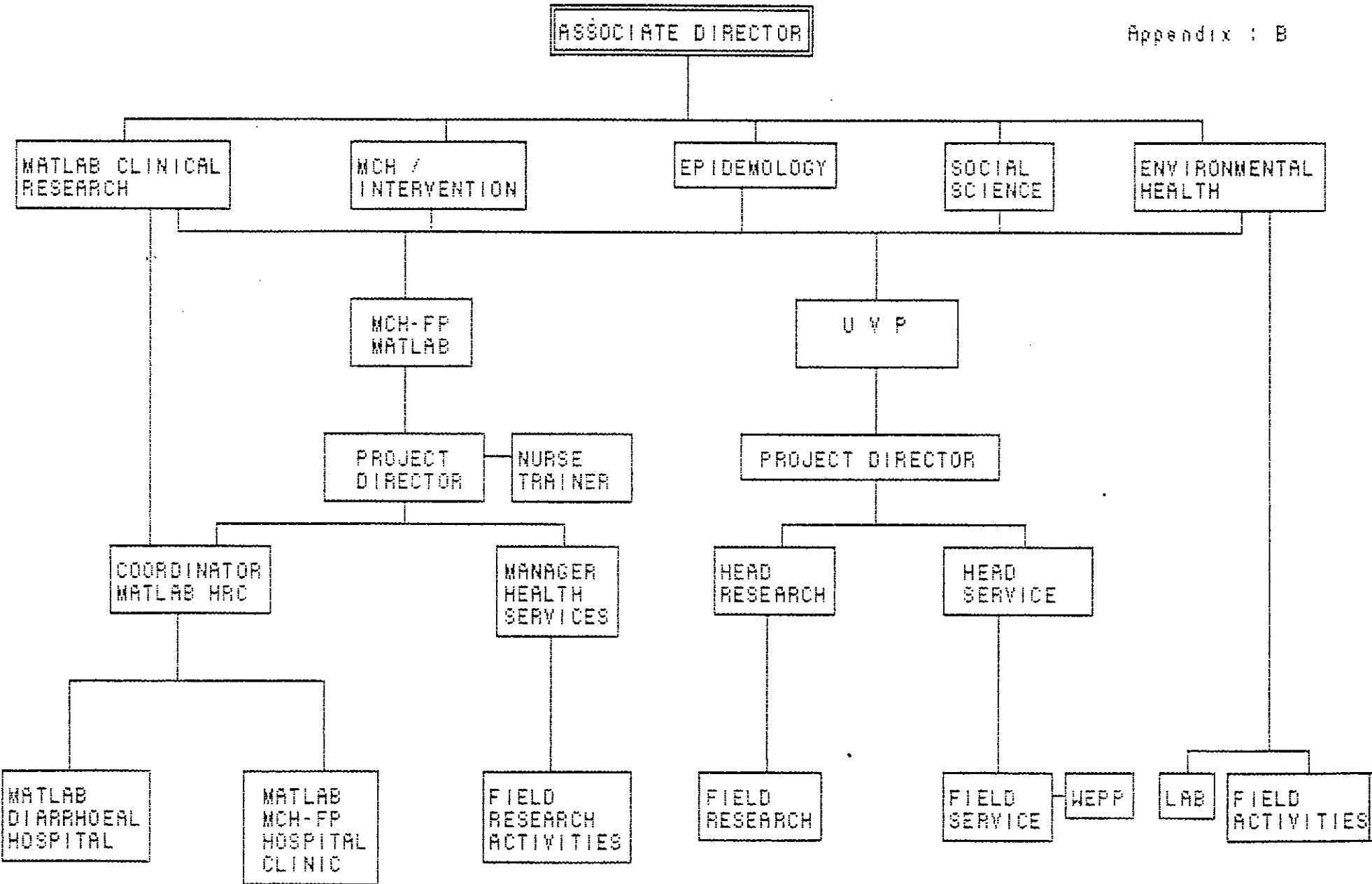
Papers Published

1. Fauveau V, Yunus M, Zaman K, Chakraborty J, Sardar AM. Diarrhoea mortality in rural Bangladeshi children. *J Trop Paed*, Vol 37, 1991. 37: 31-36.
2. Hoque BA, Briend A. A comparison of local handwashing agents in Bangladesh. *J Trop Med & Hyg*, 1991. 94: 61-64.
3. Chowdhury HR, Fauveau V, Yunus M, Zaman K, Briend A. Is acute watery diarrhoea an important cause of morbidity and mortality among rural Bangladesh children? *Trans Med Hyg*, Jan-Feb 1991.

Papers in Press

1. Chowdhury AI. Chances of survival of the last child following the use of contraception: a life table analysis of Matlab data. Proceedings of the Sixth Annual Convention and Seminar of the Indian Society for Medical Statistics (ISMS), October 27-29, Hyderabad, India.
2. Fauveau V, Chakraborty J, Sardar AM, Khan MA, Koenig MA. Measles before nine months of age in Bangladesh: implications for age of immunization. *Bulletin of the World Health Organization*.
3. Chowdhury AI. Recent trend of contraceptive prevalence, crude birth, infant and child mortality in Matlab, Bangladesh. Proceedings of the Seventh Annual Convention of the Indian Society for Medical Statistics (ISMS), Feb 1-3, 1990, Benaras Hindu University, India.
4. Islam MS, Shahid NS, Haque ME, Mostafa G. Food preference and avoidance beliefs during pregnancy and after childbirth in Matlab, Bangladesh. *Journal of Nutrition*.
5. Islam MS, Fauveau V, Yunus M. Mother's knowledge and use of oral rehydration salts for treatment of diarrhoea in a rural area of Bangladesh. *Journal of Diarrhoeal Disease Research*.
6. Siddique AK, Baqui AH, Eusof A, et al. Classical cholera survives in Bangladesh. *Lancet*.

7. Shahid NS, Banu NN, Bingnan F, Tzipori S, Unicomb LE. Rotavirus infection detected in neonates from 2 hospitals in Bangladesh. Archives of Virology.
8. Zaman K, Yunus M, Baqui AH, Hossain KMB. Surveillance of shigellosis in rural Bangladesh. J Pak Med Association.
9. Baqui AH, Yunus M, Zaman K, Mitra AK, Hossain KMB. Surveillance of patients attending a rural diarrhoeal treatment centre in Bangladesh. J Trop Geog Med.
10. J Myaux, Bennish M. Antimicrobial resistance among Shigella isolates from Bangladesh.



ICDDR,B

Appendix C

STAFFING CHANGES
(Fixed-term)

November 16, 1990 to April 20, 1991

C - CORE
P - PROJECT

Functional Area	Separations							Hirings							Net Change				Total	
	GS		NO		Total		Int'l	GS		NO		Total		Int'l	GS		NO			Int'l
	C	P	C	P	C	P		C	P	C	P	C	P		C	P	C	P		
Research (Scientific, Support & Field)	3	7	2	2	5	9	-			1	1	1	-	3	7	2	1	-	(-) 13	
Research (Administration)	5		1		6									5		1			(-) 6	
Administration (includes Personnel & Finance)	5		1		6									5		1			(-) 6	
Total	13	7	4	2	17	9	-			1	1	1	-	13	7	4	1	-	(-) 25	

ICDDR, B

STAFFING CHANGES
(Others)

November 16, 1990 - April 20, 1991

Categories	Separations	Hirings	Net Change
-International Seconded Staff	5	2	(-) 3
-Short-term Staff (Int'l, NO & GS)	2	13	(+) 11
-Community Health Worker	1	3	(+) 2
Sub-Total	8	18	(+) 13 (-) 3
-Urban Volunteer	48	22	(-) 26
Total	56	40	(-) 16

4/BT/JUNE '91

RESOURCES DEVELOPMENT ADVISORYR COUNCIL

Not included in this book

5/BT/JUNE '91

PROGRAMME COMMITTEE REPORT

PROGRAMME COMMITTEE MEETING
JUNE 12, 1991

Members present :

A.A. Lindberg, Chairman
Y.Y. Al Mazrou
J.C. Caldwell
K.M. Fariduddin
F.S. Mhalu
D. Habte
P. Sumbung (partly)

Other Trustees :

V.I. Mathan
J.R. Hamilton
D. Ashley
J. Rohde
E.A. Chowdhury
R.H. Henderson
T. Wagatsuma

Staff :

M. Islam
D. Mahalanabis
R.B. Sack

Agenda 1

The agenda was approved.

Agenda 2

The working paper describing "Schedule and format of Programme Committee Reviews" was discussed. The Programme Committee endorsed the proposed outline for regularly scheduled Divisional Reviews (see Annex) as a suitable basis for developing the final format. The following points were raised:



(1) A. Prior to visit

The Programme Committee felt that it was unnecessary to have "papers in preparation" sent to the review committee. It would be sufficient to have recent accomplishments either listed or described in a "Summary Sheet", but the reviewers would benefit from receiving a selection of major papers published over the preceding three years.

Information from the Division Director should also include an assessment of how the Division's interests and progress place it compared to other institutions/departments when viewed on a global scale.

The summary should also include a statement on the Division's budget: i.e. compared to other divisions within the ICDDR,B, ability to generate funds/grants, financial strengths and shortcomings, projected costs for future research.

(ii) At time of visit

The reviewing committee's schedule must be flexible and the format designed for each division by the associate director and the chairman of the reviewing committee.

It was considered preferable that the committee (in whole or in part should meet all principal investigators, and that therefore most of the work of the committee would be allocated to reviewing the science (past, present and future). The science should be reviewed with regard to its quality, and staffing, equipment and space demands. Also the interactions of the division with other divisions and the demands this places on services and research should be studied.

The overall financial situation of the division should be discussed with the division head plus the director and his financial officer(s).

The written report should be finalized and subsequently approved by the Board of Trustees during the visit/Board of Trustees meeting.

- (iii) Each review team should be composed of 5-6 members, with 3-4 coming from the Board of Trustees. For the review of the Population Sciences and Extension Division, November 1991 the Board of Trustees will be represented by J.C. Caldwell (Chairman), J. Rohde, P. Sumbung and Y. Al-Mazrou. External members to be decided upon by the chairman and ICDDR,B.



Agenda 3

The Scientific External Reviews, which according to the Centre's Ordinance shall convene at least once every two years, were discussed on basis of the Programme Committee Reviews. It was decided to recommend to the Board of Trustees that

- (i) the planned review of the Clinical Sciences Division in June 1992 be upgraded to a Scientific External review, and
- (ii) that the integrated institutional review covering the entire ICDDR,B should be held in June 1994. There will be no Divisional Review in June 1994.

Agenda 4

The working paper on "Modalities for networking" was discussed. There was general agreement on the need for institutional networking between the ICDDR,B and institutions /departments in developing countries. This networking should supplement the linkage between institutions/ departments in the developed world and ICDDR,B and employ the unique potential of the ICDDR,B in international health research. The linkages should be developed during the coming years and could have any form from exchange of students, fellows, and faculty to joint activities such as workshops and seminars. The development of fellowship programmes in the various sectors of health research was also discussed. It was considered essential that financial support for this networking should be sought from the international donor community as well as from National Programmes in Developing Countries.

Agenda 5

The scope of the Centre's research agenda beyond 1994 was discussed. The availability of the annually updated Strategic Plan plus the Annual Work Plan was considered a vital achievement. In addition it was emphasized that the research presently conducted at ICDDR,B fell within the Ordinance of the Centre.

It was recommended that the director and his staff after consultations/sessions with UNICEF, WHO, other organizations, the Director's Scientific Advisory Councils as well as individual professionals will put together working papers



which will be discussed within the Programme Committee before a full day session is devoted to the topic during a Board of Trustees meeting no later than 1993.

Agenda 6 - Miscellaneous

The Programme Committee was given, and endorsed, the following communications just released (or in press) from the Centre

- Scientific Achievements of the ICDDR,B 1979-1990
- 1991 Work Plan (issued March 1991)
- Annual Report 1990

The meeting was closed at 12 noon.

AL: jc



SCHEDULE AND FORMAT OF PROGRAMME COMMITTEE REVIEW, NOVEMBER 1991

The following is a proposed OUTLINE for our regularly scheduled Divisional Reviews:

A. Prior to the Visit

Send to members of Review Committee - 2 months in advance

- 1) From each investigator (member) of the Division
 - a) Updated CV; including publications, and papers submitted
 - b) 2-page summary of his/her present activities, and projection for next 1-2 years.
- 2) From the Division administration
 - a) Reprints of all publications from the Division, for past 3 years.
 - b) List of protocols presently in progress
 - c) List of protocols in preparation for next 1-2 years
 - d) Summaries (1-2 pages) of each separate major activity in the Division, such as UVP or Child Health
 - e) Organogram of Division, detailed.
 - f) Previous reviews of Division, if available.
- 3) From the Division Director
 - a) summary (4-5 pages) of activities of Division in past 3 years, describing
 - 1) Major accomplishments
 - 2) Major problems, and
 - 3) Plans for the future 1-2 years, including a global perspective of work.

B. At the time of the Visit

1. The first meeting of the Review Committee will be with the Division Director (and a few key persons in the Division)

during which a brief summary of the Division can be given (much of this will be a repeat of the written Division Director's report, but will bring everyone up-to-date). At this meeting the Committee would like to have a summary of the following points: staffing, space, equipment and facilities, grants, overall funding situation, and a financial statement of the Division.

2. Tour of physical facilities - by the same group as above. Persons working in those facilities should be in place to explain any specific equipment, activities (The time needed for this will vary; for projects outside of Dhaka, such as the Matlab or Extension projects, this may require a full day or more. For projects in Dhaka, it may take only a few hours.) Not all reviewers may want or need to see all the facilities.

It was suggested that any of the reviewers who had not previously visited ICDDR,B could also come a day early to see the facilities, thereby saving time for the presentation.

3. Selected presentations to Review Committee

The Committee would like to meet each and all the Principal Investigators. This can be done by way of formal presentation, or in a more informal discussion, based on the suggestion of the Associate Director.

4. The committee could function as a single group, several small groups, or individually. This would be decided at the first meeting.
 5. Time should be allowed for the committee to meet together alone, to come to some conclusions about the review.
 6. Final meeting of the committee with the Division Director and Director, ICDDR,B to present report verbally, and discuss any outstanding issues.
 7. The committee will finalize their report (at least in draft form) before leaving Dhaka, and will make a final written report, to be sent to the Director, ICDDR,B within one month of the review.
 8. There should be a social activity (reception) on the evening prior to the review if possible, in which all Division members (and others selected by the Director) participate.
- C. The form of the review committee's report should be as follows:
 1. Major strengths identified

- a) personnel
- b) projects
- c) administration

2. Major weaknesses identified

- a) personnel
- b) projects
- c) administration

3. Problems that need immediate attention.

4. Problems that can be addressed in the next few years.

5. Suggestions for future work, including personnel needs, funding sources, participation in meetings, training courses, etc.

- a) specific
- b) general

D. Proposed Schedule

The review should not take more than 2 days maximum; the actual scheduling will be done by the appropriate Associate Director.

E. Review Calendar

November 1991	Population Science & Extension Division
June 1992	Clinical Sciences Division
November 1992	Laboratory Sciences Division
June 1993	Community Health Division

6/BT/JUNE '91

FINANCE COMMITTEE REPORT

REPORT OF THE FINANCE COMMITTEE MEETING
HELD ON JUNE 12, 1991 AT 5.00 P.M.
AND ON JUNE 13, 1991, AT 3.30 P.M.
VENUE : HOTEL INDONESIA, JAKARTA.

Members Present:

Dr. V.I. Mathan (Chairman of the Committee)
Dr. D. Habte (Director and Ex Officio)
Mr. E.A. Chowdhury, Member
Dr. R.H. Henderson, Member
Dr. T. Wagatsuma, Member
Dr. Y.Y. Al-Mazrou, Trustee
Dr. D. Ashley, Trustee
Dr. J.C. Caldwell, Trustee
Dr. K.M. Fariduddin, Trustee
Dr. J.R. Hamilton, Trustee
Dr. A. Lindberg, Trustee
Dr. F. Mhalu, Trustee
Dr. J. Rohde, Trustee
Mr K.A. Asaduzzaman (on 13/6/91 only), Trustee

By Invitation:

Mr. John F. Winkelmann
Mr. M.A. Mahbub
Dr. Dilip Mahalanabis
Dr. B.R. Sack
Dr. M. Islam

Apologies for absence was received from Dr. P.P. Sumbung
Chairman Board of Trustees.

1. Approval of Agenda.

The draft Agenda was approved. It was decided to consider
Agenda Items 1 to 4 and 6, on 12/6/91 and to then adjourn the
meeting to reconvene at 3.30 p.m. on 13/6/91 to consider
Agenda item 5 in a Joint Session with the Personnel and
Selection Committee in relation to their agenda item 5.

2. 1990 Audited Financial statement and Auditors Report.

The Audited financial statement including the Auditors Report (Appendix A) and the Constructive services letter from the Auditors with Management response to the issues raised there was presented :

The audit was completed and signed on 27 March 1991. Total income for the Centre, excluding capital of \$ 309,777 was \$9,065,531. Expenditures, excluding depreciation of \$865,041, were \$ 8,584,815 giving a cash surplus of \$480,716. The cash surplus has been applied, 40% or 192,287 to the cumulative devicit and 60% or \$ 288,429 to the Capital Development Reserve Fund as authorised by the Board of Trustees at the November 1990 Board Meeting. The cumulative cash deficit of the Centre now stand at \$ 896,000. This is the first time since 1983 that the deficit has been under \$ 1,000,000.

The relevant documents had been circulated to the Finance Committee members in advance and adequate time was given to the Trustees present to review the documents and the issues raised by the auditors.

The Committee noted the constructive suggestions of the Auditors and the positive response from the Management. Special attention was drawn to the issues relating to stores, cost of employee health cover and the adequacy of insurance coverage. The Committee commended Center management on its financial prudence which resulted in a larger than anticipated net cash surplus, which although not sufficient to cover depreciation, has contributed towards the Capital Development Reserve fund established by the Trustees in November 1990.

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

Res Fin 1/6/91

Resolved to accept the audited financial statement for 1990 and the Auditors Report.

3. 1991 Budget update.

An analysis of the Income and Expenditure budget for 1991, along with the actual expenditures for the first four months of the year are given in Appendix B Table 1 to 3.

Income: Projected CORE income for 1991 was \$2,240,000. This will increase by \$860,000, received form CIDA. A four year agreement to provide CAN \$3,000,000 for CORE has been signed

and the first year funds of CAN \$1,000,000 have been received. In addition, the Centre has finalized an agreement with USAID/Dhaka adjusting the overhead rate on the MCH-FP Extension Project from the provisional rate to the actual rate.. This was retroactive to the start of the project in 1982 and amounted to an additional \$370,000 in overhead funds.

In project income, the only project for which funding is not assured is DSS. UNFPA have advised that they will not support DSS in 1991. However, UNDP have committed \$125,000 for DSS. The Centre also has \$271,000 in funding for DSS from the Netherlands. If no additional donor is found for DSS, approximately \$250,000 will be required from CORE to fund activities for this year. All other project activities have identified donor support, and it is not anticipated that any shortfall will occur in other project activities.

A detailed schedule of contribution expected from the Centre's Donors is included as Table 3 in Appendix B.

Expenditures: Within the CORE, only 24% of the budget has been expended during the first four months (see Table 2, page 5). While expenditure tend to increase in the last half of the year, the CORE budget should be adequate to cover all core expenditure this year. It is expected that, with the additional CORE revenue, the Centre will have a surplus of approximately \$750,000 for 1991. It is the objective the management to have a surplus large enough to eliminate the accumulative cash deficit of \$896,000 at the end of the year.

Within the project expenditure, other than DSS, adequate donor funding is available and no shortfall in any of the other project areas is anticipated. The DSS project will require approximately \$250,000 from CORE if no other donor funds become available for this project.

Bank Balance: The Centre has not required any overdraft since October 1990. With current cash in hand and monthly project reimbursements, no overdraft is likely to be required during 1991.

Committee Discussion.

The Committee noted that during the first four months of the budget year only 24% the budgetted amount had been spent and commended Centre management on their continued exercise of financial prudence. The committee specifically noted that two Donor Contributions to the "CORE" area has enabled the projections of a net cash surplus for this year in excess of \$250,000. While one of the contributions is a single time payment, the others will continue only at a reduced level.

Hence, there is a continued need for careful financial management. This is particularly so because of the uncertainty of funds for the support of DSS and if anticipated funds do not materialise DSS will have to be supported with up to \$250,000 from CORE funds. The need to assure adequate funds for the DSS to enable this programme to realise its full research potential was emphasized. Center management and Trustees are involved in active search for such funds. The Committee decided that question of allocation of the anticipated cash surplus should be decided at the November 1991 Board meeting when the amount available would be more clearly known.

The Finance Committee decided to forward the 1991 Budget Update to the Board of Trustees for information.

4. Appointment of Auditors for 1991.

M/S Deloitte Haskins and Sells, Calcutta (Auditors for last 2 years) and Hoda Vasi Chowdury & Co, Dhaka (Auditors for last 3 years) were recommended by the management to be continued for the next year as joint auditors at a fee not to exceed US \$11,000 (the same as for 1990). The committee accepted the management recommendation that this was necessary to provide adequate time to obtain the maximum benefit from the Auditors in reviewing and recommending improvements to Centre's financial system and reporting.

Res FIN 2/6/91

Resolved to recommend to the Board that the audit firms Deloitte Haskins and Sells, Calcutta and Hoda Vasi Chowdhury & Co, Dhaka be appointed auditors of the Center for 1991 at a fee not to exceed US \$11,000.

5. Review of International Staff Salary.

The Finance Committee and the Personnel and Selection Committee met in joint session at 3.45 p.m. on 13 June 1991 at the Hotel Indonesia to consider the question of International Staff Salaries. This was in accordance with the decision of the Board at its November 1990 meeting to review international staff salaries in June 1991. The UN System has recently revised the salary structure and the ICDDR,B salary structure is less than 80% of the UN System. The post adjustment for Dhaka is now 22 and there is an increase in base pay also. Centre management had provided detailed working papers and presented a variety of options for consideration.

The Committee discussed the issue at length. There was a consensus that it was essential to revise the total emoluments of all international staff. The problems of recruitment of scientists of high calibre continues to be a matter of concern. It was clearly recognised that the additional financial burden of an increase in emoluments has to be balanced against decreasing scientific productivity due to lack of scientists of high quality. Centre management gave their opinion on what could be an acceptable additional financial commitment. After a long and thoughtful discussion the Committee resolved to recommend to the Board.

Res FIN 3/6/91. To approve the increase of the post adjustment to 22 effective July 1, 1991, without any other changes in the salary structure (approx financial commitment for a full year \$86,000).

6. Miscellaneous

6.1. Bank Overdraft

Centre Management informed that the Centre's current overdraft facility with American Express Bank at the level of US 3.0 million is due to expire in August 1991. Since the need for overdraft facilities has been reduced over the past two years with maximum of \$ 1.8 million in 1989, and \$ 0.8 million only in 1990 the Management recommended that the overdraft facility be renewed for the next year at a level of \$2.0 million only.

Res. FIN 4/6/91

Resolved to recommend to the Board that the Bank overdraft facility with American Express Bank be renewed for one year, at the reduced level of US\$ 2.0 million.

6.2. Hospital Endowment Fund.

Centre management informed the Committee that approval has been obtained from the Government of Bangladesh to receive contributions from Bangladeshi citizens and organizations. Such contributions will be tax exempt. The Center has established a Hospital Endowment Fund Task Force under the chairmanship of the Head, Clinical Sciences Division. The income of this fund, which will be invested as an endowment, will be needed for the free patient care services in the treatment centres.

The Committee comended Centre management for this excellent idea. Funds will also be raised from friends of the Centre overseas, although the modalities have not been worked out. The income from this Endowment will go a long way towards providing essential services to the citizens of Bangladesh outside the research budget of the Center.

After discussion the following resolution was forwarded to the Board.

Res FIN 5/6/91

Resolved to recomend to the Board to :

- a. Establish a hospital endowment fund as a separate Bank account into which all tax free contributions received from Bangladeshi citizens and institutions can be deposited.
- b. Authorise Center management to issue appropriate receipts for these tax free contributions.
- c. Invest such funds to generate income in a secure manner which will give maximum return.
- d. Authorize the Director to utilise the annual income for patient care.
- e. Charge all administrative expenses for the Fund to the interest income.
- f. Request the Director to report annually along with the audited accounts of the Endowment to the Board.

6.3 Minute of Appreciation

The Chairman pointed out that Mr John F. Winkelmann, Associate Director, Finance would be leaving the Centre in August 1991 after 3 years service, at the end of his contract. His leadership of the financial team of the Centre has contributed in great measure to the improved financial status of the Centre. The policies and practices initiated by him have served to significantly facilitate the work of the Director and the Board of Trustees.

Res FIN 6/6/91

Resolved to recommend to the Board to record a minute of appreciation for the outstanding service of Mr John F. Winkelmann and also to record our gratitude to the World University Service Canada and the Canadian International Development Agency for facilitating his 3 years contract at the Centre.

7/BT/JUNE '91

PERSONNEL & SELECTION COMMITTEE REPORT.

MINUTES OF THE PERSONNEL & SELECTION COMMITTEE MEETING
12 JUNE, 1991

The Personnel & Selection Committee met in Jakarta, Indonesia on Wednesday, 12 June, 1991 at 12.15 p.m.

Present

A list of those present is appended as Annex A.

Dr D. Ashley, Acting Chairperson of the Committee, welcomed everyone to the meeting.

1. Approval of Agenda

It was agreed that Agenda 3.2(c), Chief Finance Officer (P5/P6), would be discussed immediately after Agenda 2. This change was necessary as one candidate for the position was available to be interviewed but was due to leave early in the afternoon.

Apart from the above, the agenda was approved as presented.

2. Approval of the minutes of the last meeting

The minutes of the meeting held on 24 November, 1990 were approved without change.

3.2 Status of Recruitment of International Level Staff

(c) CHIEF FINANCE OFFICER (P5/P6)

The Director reported that 134 applications had been

received. The applications were screened and 18 short-listed as meeting the requirements of the advertisement. These 18 applications were then ranked independently by the senior management of the Centre and a short list of 3 person resulted. He added that 5 recommendations received from the Government of Bangladesh were also considered in preparing the short list for interview. The ranking table for the 18 short listed applicants, prepared independently by an officer who had not taken part in the ranking process, came up with the same three names (Messrs G.M. Delhaye, J.J. Poirier and K.J.J. Tipping) for interview.

Dr Ashley explained that the P&S committee should now review the short listing process, interview the three short-listed candidates and make a recommendation to the Board.

There was a lengthy discussion on the criteria for the position and on the ranking table. Discrepancies were found between the ranking table and the curriculum vitae of some candidates. The Director explained that the system used was an attempt to quantify the feelings of those who examined the c.v.'s. He agreed to re-examine the c.v.'s in light of the discrepancies mentioned. He, however, indicated that the major concern for this position is that the applicant must have managed a major financial unit for at least five years. For future reference, the Committee suggested that from the beginning the criteria to be used should be weighted.

The meeting adjourned at 1.15 p.m. for lunch and to enable the P&S committee to interview the short-listed candidate (Mr J.J. Poirier). It being a financial position, the Chairman of the Finance Committee and the outgoing Associate Director, Finance were co-opted to the interview committee.

The meeting re-convened at 3 p.m. on Wednesday, 12 June.

3.2 Status of Recruitment of International level staff

(c) CHIEF FINANCE OFFICER (Cont'd)

Dr Ashley reported on the discussion of the interview committee, saying that in the event that the P&S interview committee is unable to interview the other two short-listed candidates (Messrs G.M. Delhaye and

K.J.J. Tipping), the Board will be requested to form an Executive Committee to interview, make a selection and report the outcome to the next Board Meeting. The Director will obtain reference for all candidates.

The procedure to be followed by the Executive Committee is:

- (i) interview from the short list;
- (ii) if none of the short-listed candidates is found to be suitable, then the search should be continued from the applications already received;
- (iii) if none of the applicants is found to be suitable then the position should be re-advertised.

3. Staffing

3.1 Overview of the staffing situation

The overall staffing situation of the Centre was reviewed.

It was noted that the total number of regular staff as at 31 May, 1991 was 988 compared to 1019 on 15 November, 1990. The fact that the total number of staff (all categories) also continues to decline, there being 1333 on 31 May, 1991 compared to 1368 on 15 November, 1990, was noted. The reductions have been achieved by natural attrition.

Concern was expressed that the process of natural attrition might result in cuts being made in research staff which would be detrimental to science. The Director assured the Committee that this was not the case, saying that even in science there are positions which are not needed and will be collapsed. It was pointed out too that, as part of the divisional reviews, the Programme Committee will look at the allocations of resource management so they can check on personnel available to carry out research then. Centre management was urged to continue to reduce staff in administration as much as possible.

The Director drew the Committee's attention to the international level staff figures, the total number of international level staff (regular and seconded) having gone down.

3.2 Status of Recruitment of International level staff.

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

As decided last meeting, Dr R. Mollby was interviewed and Dr J. Melling contacted for an interview. However, neither was able to accept the position.

Currently Dr M. Islam is acting as Head of the Division with Dr R.B. Sack assisting in providing scientific leadership.

Trustees were requested to help in locating suitable candidates. It was mentioned that salary is an important issue in recruiting high quality senior scientists.

(b) SENIOR SCIENTIST & HEAD, POPULATION SCIENCES AND EXTENSION DIVISION

The Director advised that, after appraisal and consultation with the Chairman of the Board, he promoted Dr M. Strong to D1 level and is now requesting post facto approval of this. The Committee agreed to recommend Dr Strong's promotion to the Board for approval.

The Director said that he has exercised his prerogative and appointed Dr Strong as Associate Director of the Population Sciences and Extension Division.

(d) DEMOGRAPHER-SCIENTIST

It was noted that recruitment procedure is being initiated to fill this vacant position.

(e) HEAD, CLINICAL RESEARCH CENTRE

The Director reported that the current incumbent will complete six years in the position next June. According to the Centre's rules this position must be advertised. Due to the re-organization of the Clinical Research Centre, the position now

requires research skills and the Director requested permission to re-advertise the position with emphasis on clinical research skills.

It was agreed that it is the Director's discretion to prepare a new job description and advertise the position. The Director will give an update next meeting.

(f) EPIDEMIOLOGIST

This position has been vacant in the past, mainly due to financial reasons. Now finances are available and the Head, Community Health Division is in place, the position is required so has been advertised. An update will be given next meeting.

(g) PROGRAMME OFFICER, P1

This position was advertised as the incumbent will complete six years in the position in June 1991. Of the 236 applications received, four candidates were interviewed and one selected. After selection the candidate declined the position, for salary reasons.

The management will re-assess the applications received and, if necessary, re-advertise the position.

(h) EXECUTIVE ASSISTANT, P1

The position was advertised as the incumbent will complete six years in the position in June 1991. As per rules, the incumbent can apply and compete against the applications received from the advertisement (placed both nationally and internationally). Of the 140 applications received, three candidates, including the incumbent, were short-listed.

The incumbent, Mrs Judith A. Chowdhury, was unanimously recommended for appointment to the position and a 3-year employment contract has been issued. The Committee endorsed this decision.

3.3 Information on Seconded Staff

(a) DR R. BRADLEY SACK

The Committee was informed that Dr R. Bradley Sack, whose secondment from Johns Hopkins University was endorsed last meeting, has joined the Centre as Senior Scientist and Head, Community Health Division.

(b) DR ANNA-MARIA VANNESTE

The Committee noted that Dr Anna-Maria Vanneste has joined the Centre on secondment by the Belgian Administration for Development Cooperation (BADC).

(c) DR JOHN G. HAAGA

Dr John G. Haaga has been selected to Head the MCH-FP Extension Programme and will join the Centre, on secondment from The Population Council, in July 1991. Dr Haaga visited the Centre end March/early April.

3.4 New Positions

(a) OPERATIONS RESEARCH SCIENTIST (P4)

In the past this position has been filled by consultants on short-term contracts. The position is required as a regular position and it is requested that approval be given to establish this post. It would be filled by the normal process of advertising. Funds are available for this position from USAID.

It was decided to recommend to the Board that the position be established.

(b) SENIOR SCIENTIST (POPULATION & STATISTICS), P4/P5

As with the former position, this position has

been filled by a series of short-term contracts. It is seen as a necessary position in the Centre and it is requested that approval be given to establish the position.

It was decided to recommend to the Board that this position be established.

4. Selection of Trustees

(a) New Trustee

The Committee carefully reviewed all the nominations received and short-listed four names to be submitted to the Board for consideration and selection. These are Professor Alfred Sommer, Dr Maureen Law, Dr Patricia Rosenfield and Ms Adrienne Germain. The vacant position is for a North American.

In making these recommendations to the Board, the Committee took into account Section 8, Sub-sections (2) and (3) of the Ordinance. The Committee noted that although Sub-section (2) states that "... no country shall have more than two members except for Bangladesh ...", the spirit of Sub-section (3), where it clearly states that the nationality of WHO and UNICEF nominees is not counted, should be maintained. Therefore, it is in order that the nationality of WHO and UNICEF representatives not be taken into consideration when appointing members-at-large.

(b) Replacement for Dr P. Sumbung

It was noted that Dr Sumbung's term ends on 30 June, 1992 and that he is not eligible for re-election, having completed two 3-year terms. It was agreed that the election procedure should commence and the Director was asked to implement this as per By-Law No. 27.

Nominations will be brought to the next meeting for consideration and recommendation to the Board.

(c) Re-elections

The Committee decided to recommend to the Board that Dr Y.Y. Al-Mazrou and Professors J.C. Caldwell and J.R. Hamilton be considered for re-election for a second term of three years from 1 July, 1992.

(d) Trustees nominated by the Government of Bangladesh, UNICEF and WHO

It was agreed that the Personnel & Selection Committee has mis-interpreted Section 8, Sub-section (6) of the Ordinance in the past. The Committee now wishes to minute what is a truer interpretation of Sub-section (6) which refers to members-at-large only.

It was agreed that the policy to be followed now for nominations from the Government of Bangladesh, UNICEF and WHO is that these persons will serve for three years from the date of their nomination, except if the nominating body withdraws them. At the end of the 3-year term the nominating body will be notified.

5. Working Papers

Salary revisions re: International Professional Staff

This agenda item is to be taken up in the Finance Committee and a joint P&S/Finance Committee recommendation will be made to the Board.

The meeting closed at 5.40 p.m.

Personnel & Selection Committee Meeting, 12 June, 1991

Members Present

Dr D. Ashley, Acting Chairperson of the Committee
Prof. D. Habte, Director
Prof. J.R. Hamilton
Dr J. Rohde
Dr P. Sumbung, Chairman of the Board

Invited Trustees

Dr Y.Y. Al-Mazrou
Prof. J.C. Caldwell
Mr E.A. Chowdhury
Dr K.M. Fariduddin
Dr R.H. Henderson
Prof. A. Lindberg
Prof. V.I. Mathan
Prof. F. Mhalu
Prof. T. Wagatsuma

Invited Staff

Mrs J. Chowdhury, Minute secretary
Mr M.A. Mahbub
Mr J. Winkelmann

8/BT/JUNE '91

SELECTION OF TRUSTEES

SELECTION OF A NEW TRUSTEE

- A. One vacancy needs to be filled at this meeting, i.e. that created by the resignation of Professor D.A. Henderson.

As required by ICDDR,B By-Law 27 (see pages 12 & 13), 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 North America. 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 Public Health). A list of current Board Member with their discipline/s was attached to the letter.

It was requested that nominations reach the Centre by 15 April, 1991. However, we have included nominations received up to and including 29 April as in mid-April there were a number of public holidays which naturally caused disruption to mail deliveries.

The list of nominations received follows on pages 4 to

11. A separate folder is available with the curriculum vitae of most of the nominees.

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, 1992.

List of outgoing Board Members (June 1992)

Dr Y.Y. Al-Mazrou

Prof. J.C. Caldwell

Prof. J.R. Hamilton

* Dr P. Sumbung

* Unable to serve another term without a break

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, ...".

Outgoing members at large may be considered for re-

election, and a vote taken on this at the November, 1991 Board Meeting. One member at large needs to be replaced.

For lists showing current Trustees with country and discipline and current Trustees and their terms see pages 14 and 15, respectively.

Action Required

- 1) Select a new Trustee to replace Prof. D.A. Henderson (this person would start a new three-year term).
- 2) Decide whether or not it is necessary to call for nominations now for a Trustee to replace Dr P. Sumbung. If agreed to, this would allow a selection to be made at the November 1991 Board Meeting.
- 3) Assuming that members at large whose terms expire on 30 June 1992, and who are eligible for re-election, would wish to be considered for re-election the vote may be deferred until November 1991.

LIST OF NOMINATIONS FOR TRUSTEES

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated by</u>
Prof. Gary Schoolnik			Professor, School of Public Health, Johns Hopkins University	Prof. A.S. Muller
Dr Patrica Rosenfield		Social Science	Carnegie Foundation	Prof. A.S. Muller
Dr Kenneth Warren		Biomedical Science	Director for Science, Maxwell Communication Corporation	Prof. A.S. Muller/ Prof. C.C.J. Carpenter
Dr Lincoln Chen	American	Public Health/ Population	Takemi Prof. of Inter- national Health, Sch. of Public Health, Harvard University	Dr J. Rohde/ Prof. A.S. Muller
Prof. Alfred Sommer	American	Public Health/ Ophthalmology	Dean, School of Hygiene & Public Health, Johns Hopkins University	Dr J. Rohde/ WHO Headquarters
Prof. R.E. Black	American	Epidemiology	Chairman, Dept. of International Health, Johns Hopkins Univ.	Dr J. Rohde/ Dean D.A. Henderson/ WHO Headquarters

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated By</u>
Prof. W. Henry Mosley	American	Population	Chairman, Dept of Population Dynamics, Johns Hopkins Univ.	Dr J. Rohde
Prof. W.B. Greenough III	American	Medicine// Dia. Disease	Prof. of Medicine, Francis Scott Key Med. Centre, Johns Hopkins University	Dr J. Rohde
Dr Richard Morrow			Professor, School of Public Health, Johns Hopkins University	Prof. A.S. Muller
Dr Myriam Malengreau	10.6.47 Belgian	Epidemiology/ Paediatrics	Senior Lecturer in Int. Public Health, Dept. of Epid. & Preventive Med., Univ. Cath. de Louvain, Belgium	Belgian Government
Dr Maureen Law	3.1.40 Canadian	Int. Health/ Health Policy & Admin.	Senior Fellow, Inter- national Development Research Centre, Canada	IDRC/ WHO Eastern Med. Office/ UNDP Headquarters

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated By</u>
Mrs Margaret Hilson			CPHA Assistant Exec. Director, International Health Secretariat, Ottawa	IDRC
Mrs Karen Mills			Director of Nursing, Edmonton Local Board of Health, Canada	IDRC
Mrs Fran Perkins			Dept. of Epidemiology, School of Hygiene & Public Health, Johns Hopkins University	Prof. D.A. Henderson
John La Montaigne			NIAID	Prof. D.A. Henderson
Judith Bruce	23.10.46 American		Senior Associate, The Population Council, NY	Population Council, NY
Joan Banks Dunlop			President, Inter- national Women's Health Coalition, New York	Population Council, NY

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated By</u>
Adrienne Germain			Vice President & Program Director, International Women's Health Coalition	Population Council, NY
Beverly Winikoff, MD, MPH	26.8.45 American		Senior Associate, International Programs, The Population Council, NY	Population Council, NY
Dr Ruth Simmons	German	Public Health Policy & Plng/ Popln. Plng & Int. Health	Public Health Policy & Admin., Popln. Planning & Int. Health, School of Public Health, Univ. of Michigan	Ford Foundation, Dhaka
Dr Ruth Dixon- Mueller	25.9.37 American	Social Demography, gender & Women in Devel.	Department of Sociology, Univ. of California	Ford Foundation, Dhaka
Mrs Jeanne Betsock Stillman			Pub. Health Consultant, Inst. for Development Training, Chapel Hill	UNFPA, New York
Yvonne Andersson	30.3.43 Swedish	Environmental Health	Epidemiologist, Epid. Dept., National Bacteriological Lab.	WHO, Europe Office

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated By</u>
Dr Jørgen Henrichsen	29.9.37 Danish		Division Director, Divisn. of Diagnostic Microbiology, Statens Seruminstitut, Copenhagen	WHO Europe Office
Dr Timo H.A. Vesikari	22.5.44 Finnish	Paediatrics/ Virology	Scientist, CDD Prog., WHO (Secretary, Scient. WG for Immunology, Microbiology & Vaccine Development)	WHO Europe Office
Dr Gretel Pelto	5.6.40 American	Sociology/ Anthropology	Dept. of Nutritional Sciences, Univ. of Connecticut	WHO Headquarters
Dr Reynaldo Martorell	28.10.47 Honduras/ USA Immig. visa	Anthropology/ Biological Anthropology	Prof. of Nutrition, Food Research Inst., Stanford University	WHO Headquarters
Dr John Briscoe		Civil Engineer/ Environ. Eng./ Economist/ Demographer	Dept. of Environmental Sciences & Engineering, Univ. of North Carolina at Chapel Hill	WHO Headquarters

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated By</u>
Dr Elizabeth Quamia	14.2.29 Trinidad & Tobago	Community/ Public Hlth. Medicine	Independent Consultant in Public Health, Policy Dev., Health situation analysis	SDC, Berne
Dr Mary Ellen Avery		Paediatrician/ Medical Edn. & research	Chairman Emeritus, Dept. of Paediatrics, Harvard Med. Sch. & Paedn-in- Chief, Boston Children's Hospital	Prof. C.C.J. Carpenter
Dr Stil Wall	7.12.42 Swedish	Epidemiology/ Biostatistics/ Social Science	Scientific Advisor to Swedish Govt., Ministry of Social Affairs on Epidemiology in public health planning	SAREC, Stockholm
Dr Katherine Elliott	British	Public Health & Int. Health	Scientific Editor, <u>Dialogue on Diarrhoea</u>	Aga Khan Foundation, Geneva
Dr Mary Lou Clements	17.9.46 American		Prof. & Head, Divsn. of Vaccine Sciences, Dept. Int. Health, JHU and joint appt. in Dept. of Imm. & Infect. Diseases	PAHO, WHO Washington Office

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated By</u>
Prof. Helen Wallace	American	Maternal and Child Health	Prof. Maternal & Child Health, Graduate School of Public Health, San Diego State University	UNFPA, NY
Ms Cynthia Lloyd			Senior Associate, Research Divsn, Popula- tion Council, New York	UNFPA, NY
Prof. Elisabeth Wollast			Universit� Libre de Bruxelles, Ecole de Sant� Publique	UNFPA, NY
Prof. Allan Hill	British	Sociology/ Demography	(on leave from London School of Hygiene & Trop. Med.) - about to take up Chair at Harvard School of Public Health	Professors J. Menken & J. Caldwell
Dr Zheng Qingsi	Chinese	Epidemiology	Assistant Prof., Inst. of Epidemiology, Chinese Academy of Prev. Med.	Ministry of Public Health, China

<u>Name</u>	<u>D. of Birth & Nationality</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated By</u>
Dr Qi Guoming	Chinese	Epidemiology	Assistant Professor, Inst. of Epidemiology, Chinese Academy of Preventive Medicine	Ministry of Health, China

NORTH AMERICAN NOMINATIONS FROM JUNE 1990 BOARD MEETING

Prof. Desmond Laurence	1922 British/ Canadian	Clinical Pharmacology	Emeritus Professor of Pharmacology and Therapeutics, Univ. College & Middlesex Sch. of Med., London	Centre
Dr Mathilde Krim	9.7.26 Born Italy Citizenship - U.S.A.	Virology/ Medical Ethics	Adjunct Proff. of Public Health (in Health Policy & Management) and (in Paediatrics), Columbia Univ. Sch. of Pub. Hlth.	Rockefeller Foundation

BY-LAW ON SELECTION OF TRUSTEES

By-Law No. 27

"As per Resolution 8/June 81 the Board agreed to the procedure below for holding elections in seats of members at large and that it should become a By-Law.

1. For the purpose of holding elections to fill in vacancies in seats of members at large as specified in Sec. 8(1)(d), the Director of the Centre by a notification shall invite nominations from the following:
 - (a) Members of the Board of Trustees.
 - (b) The Countries and Agencies who have signed the Memorandum of Understanding.
 - (c) The six regional offices of the World Health Organization.
 - (d) The Countries who have demonstrated their interest in the functioning of the Centre.
 - (e) Relevant Research Institutions.
2. All nominations must be received within the last date specified in the notice.
3. The nominated individuals shall be persons qualified to serve by reason of scientific, research and administrative or other appropriate experience and the nomination should be accompanied by a statement of facts to that effect.
4. All such nominations received shall be scrutinized by the Selection Subcommittee of the Board who will make recommendations to the Board keeping in view the following:
 - (a) Requirement under Sec. 8(3) of the Ordinance regarding membership from developed and developing countries.
 - (b) Equitable geographical distribution.
 - (c) Balance of different disciplines represented in the Board.
5. The Board by secret ballot will decide acceptance or rejection of the recommendations of the Selection Subcommittee.
6. In case of a negative decision by the Board in the election under rule 5 above the Board by secret ballot will elect the requisite number of trustees from amongst all the validly nominated candidates.

7. When only one member is to be elected, the person obtaining largest number of votes shall be declared elected. In case of equality of votes between two or more candidates obtaining largest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided in the second ballot, it shall be decided by drawing lots.
8. If two elective places are to be filled at one time candidates obtaining the highest and second highest number of votes shall be declared elected. In case of equality of votes between two candidates obtaining highest number of votes, both of them shall be declared elected. In case of equality of votes between persons obtaining second highest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided it shall be decided by drawing of lots. A similar procedure will be followed in case more than two elective places are to be filled at one time.
9. Decision will be on the basis of the votes of members present and voting.
10. The Board will select one of the trustees who is not a candidate for election to preside over the meeting in case the Chairman is a candidate for re-election as a trustee."

LIST OF MEMBERS (AS AT APRIL 1991) WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES.

Name	Country	Discipline	Joined Bd/ end date
Dr Y.Y. Al-Mazrou	Saudi Arabia	Public Health	1989/1992
Mr K. Asaduzzaman	Bangladesh	Civil Servant	1991/1992
Dr D. Ashley	Jamaica	Public Health/ MCH-FP	1987/1993 *
Prof. J.C. Caldwell	Australia	Demography	1989/1992
Mr E.A. Chowdhury	Bangladesh	Civil Servant	1991/1993
Dr K.M. Fariduddin	Bangladesh	Medicine	1991/1991
Prof. D. Habte	Ethiopia	Paediatrics	1989/1992..
Prof. J.R. Hamilton	Canada	Paediatrics	1989/1992
Dr R.H. Henderson	WHO	Sc. Admin.	1990/1994 *
Prof. A. Lindberg	Sweden	Bacteriology/ Immunology	1987/1993 *
Prof. V.I. Mathan	India	Gastroenterology	1987/1993 *
Prof. F.S. Mhalu	Tanzania	Microbiology/ Immunology	1990/1993
Prof. A.S. Muller	Netherlands	Epid./Social Med./Pub. Health/ Research Mgmt.	1990/1994 *
Dr J. Rohde	UN	Public Health/ Paediatrics/Hlth. Planning	1990/1991
Dr P. Sumbung	Indonesia	Public Health	1986/1992 *
Vacant	Developed	-	1991/1994
Prof. T. Wagatsuma	Japan	Internatl. Health	1989/1994 *

* Unable to serve another term without a break

LIST OF MEMBERS (AS AT APRIL 1991) WITH TERMS

Name	Joined Board	End of Term
Dr Y.Y. Al-Mazrou	1 July 1989	30 June 1992
Mr K. Asaduzzaman (completing Mr Rahman's term - GOB)	7 Feb. 1991	30 June 1992
Dr D. Ashley	1 July 1987	30 June 1993 *
Prof. J.C. Caldwell	1 July 1989	30 June 1992
Mr E.A. Chowdhury (completing Mr Anwar's term - GOB)	7 Feb. 1991	30 June 1993
Dr K.M. Fariduddin (completing Mr Bashir's term - GOB)	7 Feb. 1991	30 June 1991
Prof. D. Habte	1 Aug. 1989	31 July 1992
Prof. J.R. Hamilton	1 July 1989	30 June 1992
Dr R.H. Henderson (completing Dr Merson's term - WHO)	25 May 1990	30 June 1994 *
Prof. A. Lindberg	1 July 1987	30 June 1993 *
Prof. V.I. Mathan	1 July 1987	30 June 1993 *
Prof. F. Mahlu	1 July 1990	30 June 1993
Prof. A.S. Muller (completing Prof. Feachem's term)	9 July 1990	30 June 1994 *
Dr J. Rohde (completing Prof. Ramalingaswami's term - UN)	18 June 1990	30 June 1991
Dr P. Sumbung	1 July 1986	30 June 1992 *
Vacant	1 July 1991	30 June 1994
Prof. T. Wagatsuma (completed Dr Tanaka's term)	December 1989	30 June 1994 *

* Unable to serve another term without a break

9/BT/JUNE '91

ELECTION OF CHAIRMAN OF THE BOARD

ELECTION OF CHAIRMAN OF THE BOARD

By-law 26 (see next page) gives the procedures for electing a new Chairman of the Board.

List of Chairpersons of the Board 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 and 1990-91

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.

9(a)/BT/JUNE '91

APPOINTMENTS TO COMMITTEES

APPOINTMENTS TO COMMITTEES OF BOARD

As per resolutions 20, 21 and 22/June 90 and taking into account subsequent changes in Membership of the Board, the present composition 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 **

Dr D. Ashley (Acting Chairperson)
Mr K. Asaduzzaman *
Prof. J.R. Hamilton
Dr J. Rohde

Dr P. Sumbung
Prof. D. Habte

Finance Committee **

Prof. V.I. Mathan (Chairperson)
Mr E.A. Chowdhury *
Dr R.H. Henderson
Prof. A.S. Muller
Prof. T. Wagatsuma

Dr P. Sumbung
Prof. D. Habte

Programme Committee **

Prof. A. Lindberg (Chairperson)
Dr Y.Y. Al-Mazrou
Prof. J.C. Caldwell
Dr K.M. Fariduddin *
Prof. F. Mhalu
New Member

Dr P. Sumbung
Prof. D. Habte

* Assignment suggested on basis of previous practice

** All Board Members are encouraged to participate in all Committees, especially the Programme Committee

10/BT/JUNE '91

FEASIBILITY OF ALTERNATIVE STRUCTURES FOR
ICDDR,B AND SCOPE OF CENTRE BEYOND

1994

Not included in this book

11/BT/JUNE '91

DATES OF NEXT MEETING

DATES OF NEXT MEETING

In the November 1990 Meeting of the Board of Trustees it was agreed that the November 1991 Board Meeting will be held in Dhaka from Saturday, 9 November to Monday, 11 November and that it will be followed by a Donors' Meeting on Tuesday, 12 November. Also, that prior to the Board Meeting there will be a one to one-and-a-half day Programme Committee review of one of the scientific divisions.

With the change in the days that certain flights arrive and depart Dhaka and to allow time for the Programme Committee to write-up their report on the Population Sciences and Extension Division (the Division to be reviewed) the following is suggested in lieu of the earlier dates.

Tuesday, 5 November	Programme Committee Reviewers arrive in Dhaka
Wednesday, 6 November & Thursday, 7 November	Programme Committee Review of Population Sciences and Extension Division and report writing
Thursday, 7 November	Trustees arrive in Dhaka

Friday, 8 November	Programme Committee Meeting Personnel & Selection Cttee Meeting
Saturday, 9 November	Finance Committee Meeting Report writing, lectures and visits
Sunday, 10 November	Full Board Meeting
Monday, 11 November	Donors' Meeting

* Trustees could leave Dhaka on the evening of Monday, 11 November or on Tuesday, 12 November

For the June 1992 Board of Trustees Meeting 10-15 June should be avoided as the "Eid" holidays will fall in this period.

Suggested Dates for the June 1992 Board of Trustees Meeting and Programme Committee Review of the Clinical Sciences Division are:

Thursday, 4 June	Programme Committee Reviewers arrive in Dhaka
Friday, 5 June & Saturday, 6	Programme Committee Review of Clinical Sciences Division and report writing
Saturday, 6 June	Trustees arrive in Dhaka (via Bangkok)

Sunday, 7 June	Programme Committee Meeting
	Personnel & Selection Committee Meeting
Monday, 8 June	Finance Committee Meeting
	Report writing, lectures and visits
Tuesday, 9 June	Full Board Meeting

Could also be the same timetable for Thursday, 18 June to Tuesday, 23 June.

A third alternative would be for Programme Committee Reviewers to arrive on Saturday, 20 June (via Bangkok), Trustees involved in the Board Meetings only could arrive on Monday, 22 June and all Trustees could leave on the evening of Thursday, 25 June or on Friday, 26 June.

12/BT/JUNE '91

ANY OTHER BUSINESS

12(a)/BT/JUNE '91

REPORT FROM STAFF WELFARE ASSOCIATION (SWA)

ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B
AT THE BOARD OF TRUSTEES' MEETING TO BE HELD AT
JAKARTA, INDONESIA FROM JUNE 12-14, 1991

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
MOHAKHALI, DHAKA - 1212
BANGLADESH

April 28, 1991

SPEECH OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B

Honourable Chairman, Board of Trustees', Dr. Peter Sumbung and the distinguished Members from different countries of the world. At the very outset let me express my sincere thanks and gratitude to the Chairman of Board of Trustees and the Director of ICDDR,B Professor D. Habte for allowing me this opportunity to place before you some of the most important issues related to salary raise and other welfare activities of the general employees of this Centre. We earnestly hope that you will patiently deliberate on these matters inspite of your manifold preoccupations in this meeting of the Board of Trustees being held in the elegant city of the East, Jakarta, Indonesia. 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 occasion.

Hon'ble Trustees:

As an elected representative of the ICDDR,B Staff Welfare Association I would like to present before you the following issues for your patient hearing, reasonable consideration and approval. We would like to inform you that the UN salary raise as per Local Salary Scales - Revision No. 13 (GS) and Revision No. 6 (NO) applicable to the national staff members, effective April 01, 1988 has not yet been implemented by the Centre. The UN salary scales have been again revised - Revision No. 14 (GS) and Revision No. 7 (NO) with effect from January 01, 1990 and April 01, 1990 respectively the later one also has not yet been implemented by the Centre. The revised salary scales are shown details in Table 1.

Table 1

UN SALARY RAISE AS PER LOCAL SALARY SCALE

<u>UN Salary Scales Revision No.</u>	<u>Rate of increase %</u>	<u>With effect from</u>	<u>Implemented or not</u>	<u>Increased salary due (in months)</u>	
<u>GS level</u>					
13	20.7	01.04.88	Not	38	
14	17.0	01.01.90	Not	17	
Total increase			37.7	Not	
Salary increased			*10.0	01.01.91	Yes
<u>NO level</u>					
6	14.6	01.04.88	Not	38	
7	21.0	01.04.90	Not	14	
Total increase			35.6	Not	
Salary increased			*10.0	01.01.91	Yes
*Only basic salary					

This has caused untold disappointment and anxiety to all the national staff members. It is to be particularly noted that the price hike of essential commodities has risen exhorbitantly during the last few years. It would not be out of place to mention that UN authorities raised the salary revisions considering the cost of living of the respective area on the basis of their zonal survey report. The currency devaluation by the Government of Bangladesh has hit hard all of our local staff members. In the meantime the outbreak of recent Gulf war has tremendously added to our financial hardship as like as other people all over Bangladesh. To our great disappointment and utter surprise, our Director has announced straight 10% salary increase excluding the dependant allowance for the local staff effective January 01, 1991. This action has deprived all the general staff members from a legitimate allowance which they have been enjoying since the Centre adopted the UN salary system. We would like to be ensured that we are not deprived of any such allowance in the future.

In the above circumstances, we would fervently urge upon the honourable Trustees to consider the situation with all the seriousness and magnanimity to implement the above mentioned pending salary revisions immediately with retroactive effect.

Hon'ble Trustees' :

The employees of ICDDR,B were enjoying Provident Fund Loan facilities till the implementation of W.H.O. pay scales in the Centre. The employees were entitled to receive 80% of their Provident Fund Deposit (both employer and employees) as loan on a certain date and the rate of interest charged was 15% (1% lower than the prevailing bank rate). This facility was discontinued on implementation of W.H.O. scales in 1983 and conversion of Provident Fund into Retirement Fund from Taka to US dollar. Previously the Provident Fund account was maintained with local nationalised bank and administered by the Centre but at present the Retirement Fund is administered by Generali of U.K.

Rank and file people of ICDDR,B used to take Provident Fund loan to meet their dire emergencies such as purchase of land to built his/her dwelling house, construction of house, marriage, higher education of children and other innumerable emergencies. The employees of the Centre could fulfill their life time dream of building a house or meeting other emergencies only because they could get lump sum money at a time out of their Provident Fund. The amount they could get as loan from Provident Fund at a certain time in their tenure of service was of much higher value in comparison with the same amount which he would receive after

his/her retirement. In these days of run away inflation which is very common in third world countries it is quite obvious and understandable how the value of real estate is increasing day by day. Sudden stoppage of Provident Fund Loan had put us into difficult situation. Very few employees of ICDDR,B can now afford to buy a piece of land to construct their own houses without much needed support they received from Provident Fund Loan. Provident Fund loan and House Building loan is very much prevalent in the government offices, corporations, financial institutions and other organisations in Bangladesh.

It is quite impossible for any service holder in this country to get loans in times of need from banks and other financial institutions. Because 'collateral' is one of the main prerequisite in getting loan from banks and other financial institutions. Microscopic minority of us have the priveledge of any tangible asset in and around Dhaka city and thereby chances of getting loans from the bank is rather bleak. The yearly savings of general employees are almost negative in these hard days and we are not in a position to go for these type of indispensable spending without Provident Fund loan.

The recent outbreak of Gulf war and its aftermath consequences are fresh in our mind and we are gravely concerned about the safety and security of our Retirement Fund money being administered in USA or may be in some offshore islands. What will happen

if by the governmental action there is an embargo in movement of fund from that country ? All the employees of ICDDR,B has got their obligatory meagre savings in the Retirement Fund and what will happen then ? Are the hard earned savings of the employees protected against this sort of unforeseen and unpredictable odds ? In light of the foregoing facts we propose the following suggestions to be considered and implemented by the management :

Adequate measures and arrangements to be taken to review the present status of Retirement Fund being administered and invested abroad. Maximum protective measures to be implemented to protect Retirement Fund from unforeseen and unpredictable causes such as war, changes in legislations, etc. In this connection efforts to be made to transfer Retirement Fund to Bangladesh and administered it internally.


Centre Finance Department transfer the contribution of the employees as well as the Centre, once in a quarter , which ultimately deprives the employees from earning interests. If the retirement funds of the employees are transferred in Bangladesh, Finance Department will be able to transfer the contribution of the employees along with that of the Centre every month.

In view of the above, we would urge upon our Director as well as the Trustees to kindly consider our request to initiate approval to transfer the above fund in Bangladesh.

Finally, the SWA expresses its deep gratitude and thanks to the Hon'ble Chairman and Members of the Board of Trustees for the opportunity given to the Staff Welfare Association for presenting its views before such a distinguished forum representing various countries of the world.

With warmest regards,

Thank you all.



Md. Abul Kashem Shaikh
President
Staff Welfare Association (SWA)
ICDDR,B