

INTERNATIONAL CENTRE FOR DIARRHOEAL RESEARCH,
BANGLADESH

REPORT OF THE
BOARD OF TRUSTEES MEETING

MAY 29-31, 1992

DRAFT
3.3.92

PROGRAMME
BOARD OF TRUSTEES MEETING
29-31 MAY, 1992

Thursday, 28 May

Trustees arrive

Friday, 29 May

| | |
|-------------------------|---|
| 9.00 a.m. - 10.30 p.m. | Programme Committee Meeting (Open) Venue: Training Lecture Room No. 1 |
| 10.30 a.m. - 11.00 a.m. | TEA |
| 11.00 a.m. - 12.30 p.m. | Programme Committee Meeting continues |
| 12.30 p.m. - 2.15 p.m. | LUNCH |
| 2.30 p.m. - 3.30 p.m. | Personnel & Selection Committee Meeting (Closed) Venue: Training Lecture Room No. 1 |
| 3.30 p.m. - 3.45 p.m. | TEA |
| 3.45 p.m. - 5.00 p.m. | Personnel & Selection Committee Meeting continues (Closed) Venue: Training Lecture Room No. 1 |
| 5.00 p.m. - 7.00 p.m. | Programme Committee Meeting (Closed) continues |

Saturday, 30 May

- 9.00 a.m. - 10.30 p.m. Finance Committee Meeting (Open)
Venue: Training Lecture Room No. 1
- 10.30 a.m. - 11.00 a.m. TEA
- 11.00 a.m. - 12 noon Finance Committee Meeting continues
- 12 noon - 12.30 p.m. Meet with Staff Welfare Association
Executive Committee (Closed)
Venue: Training Lecture Room No. 1
- 12.30 p.m. - 2.30 p.m. LUNCH
- 2.30 p.m. - 3.30 p.m. Meeting of Programme Coordination Committee
(PCC) and Programme Committee of the Board
(Closed)
Venue: Training Lecture Room No. 1
- 3.30 p.m. - 4.00 p.m. TEA
- 4.00 p.m. - 5.00 p.m. Report writing/visit to Division of area of
interest

Sunday, 31 May

- 8.00 a.m. - 8.30 a.m. TEA will be served outside meeting room
Venue: Training Lecture Room No. 1
- FULL BOARD MEETING COMMENCES (OPEN)
Venue: Training Lecture Room No. 1
- 8.30 a.m. - 8.45 a.m. Welcome and Approval of Agenda
- 8.45 a.m. - 9.00 a.m. Approval of Draft Minutes of November 1991
Meeting
- 9.00 a.m. - 10.00 a.m. Presentation and Discussion of Director's
Report
- 10.00 a.m. - 10.30 a.m. TEA
- 10.30 a.m. - 11.30 p.m. Presentation and Discussion of Programme
Committee Report (including External Review
of Clinical Sciences Division)

| | |
|-------------------------|---|
| 11.30 a.m. - 12.30 p.m. | Presentation and Discussion of Finance Committee Report |
| 12.30 p.m. - 2.00 p.m. | LUNCH |
| 2.15 p.m. - 5.00 p.m. | CLOSED Session of Board Meeting |
| 2.15 p.m. - 3.15 p.m. | Presentation and Discussion of Personnel & Selection Committee Report |
| 3.15 p.m. - 3.30 p.m. | Selection of Trustees |
| 3.30 p.m. - 3.45 p.m. | Election of Chairman of the Board and Appointment to committees |
| 3.45 p.m. - 4.00 p.m. | TEA |
| 4.00 p.m. - 4.15 p.m. | Dates of next meeting |
| 4.15 p.m. - 5.00 p.m. | Free for outstanding discussion |
| 5.00 p.m. | Closure of meeting |

1/BT/MAY '92

AGENDA

DRAFT

FULL BOARD AGENDA

31 May 1992

1. Approval of Agenda
2. Approval of Draft Minutes of meeting held in November 1991
3. Director's Report
(including 1991 Annual Report)
4. Programme Committee Report
(including External Review Committee Report on Clinical Sciences Division)
5. Finance Committee Report
6. Personnel & Selection Committee Report
7. Selection of Trustees
8. Election of Chairman of the Board
 - (a) Appointments to Committees
9. Dates of next meeting
10. Any other business
 - (a) Report from Staff Welfare Association (SWA)

Note: Papers submitted and discussed in Committee meetings are in the folders for those Committee meetings only

Document for information: "Partnership in Progress: ICDDR,B's Collaboration with and Contribution to Bangladesh"

2/BT/MAY '92

APPROVAL OF DRAFT MINUTES OF MEETING HELD

IN NOVEMBER, 1991

The following editorial corrections, received from Trustees, have been incorporated into the revised draft minutes (attached) of the meeting of the Board of Trustees held in Dhaka on 13 November, 1991:

(Note: Page numbers and line numbers refer to those on the original draft dated 26 November, 1991.)

- 1) Page 4, second last line of the third paragraph - "the" inserted before "Centre's".
- 2) Page 4, fourth paragraph - the second sentence "The Scientific ... is awaited" has been brought forward so it is the first sentence of the paragraph; and ", organized by the Centre" has been inserted into the now second sentence between "sanitation" and "will".
- 3) Page 4, last paragraph, first line - "under full swing to conduct and extension of" has been deleted and replaced by "underway to extend".
- 4) Page 5, first paragraph, last line - "now" has been deleted before "available".
- 5) Page 5, second paragraph, fifth and sixth lines - "intents have not materialized" has been changed to read "intentions have not been fulfilled".
- 6) Page 6, first paragraph, line 3 "to" has been changed to read "for".
- 7) Page 6, third paragraph, line 1 - "to struggle" has been changed to read "its efforts"; "its efforts" at the end of line 3, has been deleted; "plea" on line 6 has been changed to read "request" and the words "which was well received" have been inserted after "health institutes" on line 9.
- 8) Page 7, second paragraph, second and third line - "personnel outside the Centre too," has been deleted and replaced by "community"; third line the words "the Centre itself" have been added after "outside"; lines 6 and 7, the words "the library's inadequate cost

recovery measures. The feasibility" have been deleted and the words "the potential for greater cose recovery measures. As their introduction may in fact reduce utilization, the feasibility" added.

- 9) Page 8, third paragraph, first line - "a" has been added before "hiring"; line 5, "s" has been added to "expenditure".
- 10) Page 9, second paragraph, line 3 - "plan its activities" has been deleted and "improve its planning and implementation" added. Second line of indent on SAREC, "contribution" has been replaced by "effort".
- 11) Page 11, first paragraph, line 4 - "ability" has been changed to read "abilities in these areas".
- 12) Page 11, third paragraph, line 4 - "at" has been deleted and the words "to the staff of" added; the spelling of "treatment" in the last line has been corrected.
- 13) Page 11, last line - "to coordinate" has been added after "best" and "may be coordinated" at the end of the sentence deleted.
- 14) Page 14, point (9), first line - "The various" has been changed to read "Most of the" and "laboratory were" has been changed to read "laboratories was".
- 15) Page 15, point (11), last line - "programme" has been added after "this".
- 16) Page 19, third last line - "reviews" has been added after "these".
- 17) Page 22, point (e), line 7 - "monthly index of current economic situations" has been changed to read "consumer price index"; line 11, "this" has been changed to read "price increases;"; line 20 "may" which was before "depend" has been deleted and "depend" now reads "depends". Semi-colons have been added at the end of each "bullet" of point (e).
- 18) Page 23, lines 12 and 13 - "The total implication of

this for a year is" has been deleted and replaced by "This will require an annual increase in expenditure of".

- 19) Page 23, point (f) last line - "The total implications of this is" has been deleted and replaced by "This will require an annual increase in expenditure of".
- 20) Page 24, line 2 - "of employeed" has been deleted, was between "contracts" and "dependent".
- 21) Page 31, point (D), second line - "has" has been changed to read "had".
- 22) Page 32, point (a), last line - "the" has been added between "to" and "style".
- 23) Page 33, line 2 - "this afternoon", was after "made", has been deleted.

REVISED DRAFT

Minutes of meeting of the Board of Trustees, ICDDR,B
held in Dhaka, Bangladesh on 13 November, 1991

Members Present

Dr Y.Y. Al-Mazrou
Dr D. Ashley
Prof. J.C. Caldwell
Mr E.A. Chaudhury (Agendas 1-5)
Prof. Dr. K.M. Fariduddin (Agendas 6-8)
Prof. D. Habte - Secretary
Prof. J.R. Hamilton
Dr R.H. Henderson
Dr M. Law
Prof. A. Lindberg
Prof. V.I. Mathan
Prof. F. Mhalu
Prof. A.S. Muller
Dr P. Sumbung - Chairman
Prof. T. Wagatsuma

Members Absent

Mr M.M. Haque
Dr J. Rohde

Invited Staff (Agendas 1-4)

Dr R.L. Akbar
Dr K.M.A. Aziz (Agenda 4 only)
Dr R. Bairagi
Mrs J.A. Chowdhury (Minute Secretary - all agendas)
Dr A. de Francisco (Agenda 4 only)
Dr M. Islam
Dr D. Mahalanabis
Mr M.A. Mahbub
Mr N. Paljor
Dr A.K.M.M. Rahman
Dr R.B. Sack
Dr A.K.M. Siddique
Dr M. Strong
Mr K. Tipping
Dr Md. Yunus (Agenda 4 only)

Observers (Agendas 1-4)

Dr S. Aboubaker, WHO/CDD, Dhaka
Dr I. Cornaz, SDC, Berne
Dr R. Giri, WHO, Dhaka
Dr B. Hausdorff, USAID, Washington
Dr C. Miller, USAID, Washington
Mr B. Ray, AIDAB, Canberra
Mr T. Rothermel, UNDP, New York
Ms S. Ward, CIDA, Ottawa

Dr P. Sumbung, Chairman of the Board of Trustees, opened the 25th meeting of the Board of Trustees at 8.30 a.m. on Wednesday, 13 November, 1991. He welcomed the Trustees, Donors, the Director and staff of the Centre, to the meeting. The Chairman introduced the two new members of the Board; Dr Maureen Law, a Senior Fellow at IDRC and Deputy Minister, Health & Welfare, Canada and Mr M. Mokammel Haque, Secretary, Ministry of Health and Family Welfare, Bangladesh. (Mr Haque was unable to attend the full Board Meeting.) The Chairman also introduced two Bangladeshi Trustees who attended their first Board Meeting as Trustees in Jakarta; Mr Enam Ahmed Chaudhury, Secretary, Economic Relations Division and Prof. Dr. K.M. Fariduddin, Additional Secretary, Ministry of Health and Family Welfare.

In his opening statement, the Chairman remarked on the mood of confidence and healthy climate prevailing in the Centre. He thanked the donors for their cooperation, and especially noted the very good relations between the Government of Bangladesh and the Centre. He said that the Programme

Coordination Committee also expressed very positive cooperation when it met with the Board.

Agenda 1: Approval of Agenda

The agenda was adopted as presented.

Agenda 2: Approval of draft minutes of meeting held in June 1991

The revised draft minutes of the meeting of the Board of Trustees held on 14 June, 1991 were approved with the addition of the following two changes:

Page 17, Resolution 4/June '91, line 2 add "points (full UN post adjustment for Dhaka)" so as to read "... the post adjustment to 22 points (full UN post adjustment for Dhaka) effective ...".

Page 19, Resolution 7/June '91, first line delete "a minute of" and replace it by "its" so as to read "The Board resolved to record its appreciation ...".

Agenda 3: Director's Report

Professor D. Habte, the Director, highlighted some of the most important scientific and management activities which had taken place since the last Board Meeting.

He said that relative calm and stability characterized the past six months partially enabling the Centre to reflect on its achievements and plan for the future. Efforts to recruit international staff have started to bear fruit and the possibility of all the scientific leadership positions being filled before the end of the year is now real. The launching of a weekly inter-divisional forum, at which scientific presentations are made by investigators from all divisions on rotation and in the presence of scientists from other divisions, has contributed greatly to the development of an academic environment and promoted scientific debate.

The renewal of emphasis on social science research as an integral component of both clinical and community research has fostered the creation of a nucleus of social science expertise in the Centre and the building of the Centre's capability in this important field.

The Scientific Advisory Council (Health) met from 4-7 November and a report is awaited. An international workshop on water and sanitation, organized by the Centre, will be held from 23-26 November, 1991 in Comilla, Bangladesh.

Preparations are underway to extend the Library to house the Community Health Division and a training complex over the hospital.

The number of scientific publications has been maintained and a special publication on the "Scientific Achievements of the ICDDR,B 1979-1990" is available.

Internal review of the accomplishments of the various divisions indicate that most of the goals and targets set out in the 1991 Work Plan have been attained. Financial constraints and delay in recruiting international staff largely explain why some of the intentions have not been fulfilled.

The Community Health Division continues to grow in strength. The former Urban Volunteers Programme has gone through a structural change and is now the Urban Health Extension Project. A full report on this will be given in June 1992.

The Clinical Sciences Division has a heavy load of service and training responsibilities and, at the same time, carries out research. In research emphasis is being placed on dietary intervention as preventive, curative and rehabilitative options in both acute and persistent diarrhoea.

The Laboratory Sciences Division continues to be very productive despite the lack of staff at senior management level. This is a tribute to Dr Moyenu'l Islam for leading the Division in an acting capacity and a credit to the previous

Associate Director, Dr Saul Tzipori, who reorganized and restructured the Division. It is hoped the recruitment for the Associate Director position will succeed.

The Population Sciences and Extension Division has the closest interaction with the Government through the MCH-FP Extension Project with the concerned branches of the Ministry of Health and Family Welfare, and the DSS project with the Bureau of Statistics.

The Training Coordination Bureau continues its efforts to bring its activities to a level that is acceptable to the Board and the Centre. It is now concentrating its efforts on the development of health research manpower in the Third World and on offering courses not offered elsewhere. In response to a request from the Programme Coordination Committee, the Centre offered a 4-week course on Epidemiological Methods in Public Health for Bangladeshi health professionals working in the various health institutes which was well received. It is planned to hold two such courses a year.

The Computer Information Service was recently reviewed by the Director of the Computer Centre at the University of Pennsylvania. The Centre is closely studying the various recommendations. There are some problems the Centre has to tackle, e.g. the proliferation of PC's and under-utilization

of the main frame. It was heartening to read the reviewer's observation that he has never seen 'an organization more devoted to data integrity than ICDDR,B'.

The Diarrhoeal Disease Information Service Centre is a valuable resource for the scientific and health community, 50% of its users being from outside the Centre itself. The External Review of DISC conducted early in the year expressed satisfaction with the overall activities of DISC. However, the review pointed out the potential for greater cost recovery measures. As their introduction may in fact reduce utilization, the feasibility of this will have to be evaluated before any action is taken.

The Centre's policy of a hiring freeze has been maintained and the number of staff continues to decrease although at a slower pace.

Mr Ken Tipping joined as Associate Director and Chief Finance Officer in October. Dr Shushilla Zeityln, Associate Scientist/Anthropologist joined on 1 August on a short-term contract. Dr John Haaga, Project Director MCH-FP Extension Project (on secondment from The Population Council) joined on 14 July 1991. Mr Kirk Dearden, Child Survival Fellow/Anthropologist (on secondment from The Johns Hopkins University) joined on 14 July, 1991. Dr Theresa Juncker and Dr Martinus Desmet, Visiting Scientists (on secondment from Belgian Assistance Development Cooperation), joined on 21

August and 2 October, 1991 respectively. Dr Kanta Alvi, Assistant Scientist/Demographer (on secondment to UVP from The Johns Hopkins University) joined on 1 September, 1991.

Although staff sent on staff development mostly return at the end of their training, two persons who completed their training in the last six months did not return.

Due to the Centre's policy of strict cost containment, a hiring freeze on NO and GS staff, delayed hiring of international level staff, devaluation of the Taka and late starting of project activities, the Centre has been able to reduce its expenditures. Also, the Centre has not utilized any overdraft funds since October 1990, thanks to the timely payment of promised funds by donors.

A Grants Administration system has been developed which will assist communications with donors.

An important fund raising venture has been initiated - the Hospital Endowment Fund - whereby donations are collected from home and abroad for the care of patients.

The Centre is encouraging its Bangladeshi staff to take advantage of the tax rebate allowed on income by investing in approved securities. This would reduce the Centre's tax liability by approximately \$172,000.

The Director reiterated the thanks given last meeting to CIDA and USAID for the boost to Centre funds; CIDA having signed a 4 year agreement with the Centre transferred the first instalment and the Centre received an overhead adjustment from USAID/Dhaka. Also USAID/Washington provided for add-on agreements in the 1991-95 Cooperative Agreement.

The Director said that the Centre appreciates the move by many donors to switch to multi-year funding. This enables the Centre to improve its planning and implementation. Since last meeting:

- The Government of the Kingdom of Saudi Arabia has agreed to contribute \$50,000 per year for five years starting in 1991 (1991 instalment received).
- The Sasakawa Foundation has committed and paid \$300,000 for the construction of training facilities over the hospital. This will meet the urgent requirements of the expanding training activities at the Centre.
- DANIDA has agreed to continue its assistance to the Child Health Project of the Clinical Sciences Division.
- A new Cooperative Agreement with USAID/Dhaka was concluded in August 1991 for continuation of UVP, renamed Urban Health Extension Project, for the period 1991-1994.
- SAREC has significantly increased its contribution for the next two years. The effort of Professor Alf Lindberg was gratefully acknowledged.

The Centre considers the Demographic Surveillance System (DSS) a core activity and, as such, even if funds are not received directly for the project, the Centre will ensure that it will continue in the same way as other essential activities.

Discussions are underway to invite an expert to visit the Centre and offer advice in fund-raising strategies. The expert, Mr Robert Smith, was identified by Dr W.B. Greenough III, former Director of ICDDR,B. Mr Smith was instrumental in raising funds for the University of Maryland. The International Child Health Foundation (of which Mr James Bausch, Save the Children Fund/USA is Chairman of the Board and Dr Greenough is President) has agreed to help the Centre in raising funds.

The First Scientific Conference of ICDDR,B was held from 26-28 October, 1991. The purpose of the Conference was to disseminate research findings of the Centre to health professionals, administrators, educators, planners/decision makers and to agencies involved in providing health services to the people of Bangladesh. Also, it is hoped that the Conference achieved its purpose of being a forum for the exchange of views amongst researchers, health care providers and donor agencies. The Centre intends to hold such a Conference annually.

The Centre's capacity in communicating and disseminating its research findings was critically reviewed by an AID/Washington supported consultant during September/October 1991. The consultant also forwarded a draft report including recommendations on strategies to strengthen the Centre's abilities in these areas. This report is being studied. The consultancy was greatly appreciated by Centre staff.

A report that will document the contribution of the Centre to Bangladesh is being prepared in response to a request from the Board of Trustees. This will be presented to the Board at its next meeting.

The Centre continued its relief activities of the cyclone affected areas until 30 September, 1991. Before departing from Chittagong, the Centre left behind a fully equipped diarrhoea unit to the staff of the Infectious Diseases Hospital, Chittagong Medical College, to the staff of the hospital as part of the Centre's contribution to capacity building of the local institution. The Centre intends to similarly initiate the establishment of a diarrhoea treatment centre in Barisal.

The Centre was again requested by the Director-General, Health Services (and complied) to send a team to the northern part of Bangladesh to assess the diarrhoea epidemic that followed the recent floods.

The Director, along with representatives from ADDR, WHO and USAID/Washington met in Geneva recently to discuss how best to coordinate efforts in the area of diarrhoeal diseases. A similar meeting was held earlier this year at the USAID office in Washington.

The Chairman thanked the Director for his report, saying that it was now open for discussion.

Members of the Board had several questions and suggestions. These are outlined below and the Centre's response given, as required.

- (1) The new initiative of the Centre to hold an Annual Scientific Conference was appreciated. It was seen as a success, creating a lot of interest, thus helping the Centre to strengthen dissemination of its research activities. The Conference was widely covered by the media and brought the Centre closer to the people interested in activities similar to those of the Centre.
- (2) The Centre's management was cautioned to evaluate fully the recommendation that the Library recover its costs. The Library should be available for the Centre's staff and others and it may be that full recovery is not appropriate.

- (3) The work of the Centre in post cyclone and post flood activities was commended.
- (4) It was pointed out that one of the most precious resources of the Centre is the Demographic Surveillance System and that this is only partially exploited.
- (5) The Director was asked what happens to trainees who come to the Centre once they have completed their training. Has any follow-up study been conducted to find out if the type of training has been useful or not?

Trainees nominated by the Government of Bangladesh are expected to be posted to work in diarrhoeal disease units in the country but this is not always followed.

A follow-up study was made a few years ago of trainees from the SAARC countries. This study found that most of the trainees appreciated and apparently made use of their training. However such a study has not been conducted for trainees from Bangladesh and other parts of the World. It is the intention of the Centre to make a follow-up study of its trainees in the future.

- (6) The Director was asked to comment on the two staff who failed to return after training. Did they reimburse

their training costs?

Both will have to reimburse the salary paid to them during their training. In general, the great majority of trainees return and this is not at all a significant problem.

(7) The success of spreading research findings of the Centre to Bangladesh and other developing countries was queried. It was emphasized that dissemination of information is critical and deserves additional support from the donor community.

(8) The Director was asked how the Grants Administration system works and what are its long term benefits.

He replied that it is a very valuable development which is long overdue. It will greatly improve donor-Centre relationship. A document on this will be distributed to donors tomorrow.

(9) Most of the equipment in the research laboratories was noted to be old and outmoded and to require upgrading. So were other infrastructural facilities such as buildings and other support services. The Centre needs a systematic policy to cover depreciation through depreciation charges or accounting. Due to funding constraints it was only last November that it could think of funding depreciation. The amount required is

significant and efforts should be made to attract specific revenues in addition to savings from the budget. It was suggested that the Centre prioritize its equipment and other needs along with a budget so it can present it to the Support Group.

- (10) The unique qualities of the Centre were recognized by a number of Trustees. The fact that it has clinical care facilities, urban and rural field stations along side a broad spectrum of essential sciences to help address problems were mentioned. The Centre was cautioned not to go into too many new areas and dilute its efforts. It should exploit its strengths in both "soft" and "hard" sciences for a better understanding of health problems and the development of appropriate health tools.

- (11) The Director was asked about the programme of the Urban Health Extension Project.

The Project Director responded to this question saying that the effectiveness of the volunteers in the pilot phase Urban Volunteers Programme is being evaluated. It will also do further research and disseminate the findings of the pilot project. In this second phase the Project is looking to introducing volunteers into the existing health service delivery system of NGO's and the Government system. The Project will be working

in close coordination with NGO's and the Director of Primary Health Care on this programme.

The donors were given an opportunity to comment on the Director's Report. They responded as follows:

- (1) The results of the Centre's research, especially in the area of population, should be disseminated more widely. The Centre was urged to spread the message to the donor community so it will make it easier for donors to fund its population activities.
- (2) The Director and staff were complimented on the enormous changes that have taken place, and the Board thanked for their help in the process.
- (3) The increased exchange between donors and the Centre was acknowledged and the better relations with donors, was appreciated. It was suggested that Bangladesh and the other donors should now form a consortium to ensure long term funds for the Centre.
- (4) The improved link between research and service activities was noted. Strengthening of the integration between Social (qualitative) and bio-medical (quantitative) sciences was strongly recommended.

- (5) Support was expressed for increasing linkages between researchers and implementors so that research findings can be applied. The Centre should expand its linkages with Africa and Latin America as it has done, to a certain extent, with Asia.

The Chairman thanked Trustees and donors for their comments and echoed the sentiments of those present saying that the Director and his staff have done a commendable job.

Agenda 4: Programme Committee Report
(including Report on Review of PSED)

The Chairman of the Committee, Professor J.R. Hamilton, highlighted the Committee's Report which is attached (annex 1).

He said that Professor Caldwell, Chairman of the Review Committee, presented a preliminary report on the review of the Population Sciences and Extension Division (PSED) and that the report, which has been submitted to the Director, encompassed seven main subject areas, namely divisional management, DSS, MCH-FP Extension Project, research, Data Archival Unit, computer facilities and external relations. The report was not discussed at the meeting of the Programme Committee (see 8[D]).

The Programme Committee reviewed the 1991 accomplishments of the three remaining scientific divisions (excluding PSED) and the Training Coordination Bureau and the Work Plans of these (including PSED) for 1992.

The Committee also discussed how they might alter their guidelines to the Centre's divisions for their presentations to the Committee. One suggestion was that the accomplishments and plans be presented together, briefly, by each Associate Director (allowing 15-20 minutes for presentations, 30 minutes for discussion). Also, the open meetings to which staff and donors are invited should continue for presentations of divisional programmes. As at present the presentations would occupy a very full morning. The Committee should continue its meeting in closed session during the afternoon in order to discuss its findings, considering the report of the Committee conducting the in-depth divisional review, and to consider any recommendations.

The Committee's report was discussed. It was pointed out that the PSED did not have an opportunity to present its accomplishments. In future the division being reviewed should also present its accomplishments to the Committee.

There was a suggestion that the Scientific Advisory Council meeting in 1992 be a combined meeting of the Social Science and Health Councils. The Director explained that the

original idea was that after the two Advisory Councils had met separately they would have a joint meeting.

In response to a query regarding the schedule for presentations to the Committee and Divisional Reviews, Professor Hamilton said that each Division would report on its accomplishments/work plan once a year and that each Division would have an in-depth review every two years, i.e. the Programme Committee would conduct these reviews on a 6-month basis. It was pointed out that more donors attend the November Board Meetings than those held in June.

Accordingly, presentations should be arranged in such a way that a different Division reports each November. It was also advised that donors would rather have an in-depth report over a longer period than an overview at each meeting. It was agreed that the Director should decide on the schedule of presentations taking into account the guidelines given by the Board and donors.

Dr Sumbung thanked the Chairman and members of the Programme Committee for their report.

Agenda 5: Finance Committee Report

Professor V.I. Mathan, Chairman of the Finance Committee, presented the Committee's report which is attached as annex

2. He highlighted the following points:

- (a) The need to infuse capital into the Centre. This is essential for a healthy institution.

- (b) There was an increase in expected revenue in 1991 and total expenditure for 1991, without depreciation, was reduced by \$569,000. The Committee commended the management on their cost containment efforts and thanked Canadian CIDA and USAID/Dhaka for the additional amount made available to the Centre to cover overhead expenditures from previous years. It was noted this additional income was a one-time occurrence and that this makes available funds which need to be allocated.

It was noted that depreciation budgeted for the year is \$569,000 and that there was an outstanding deficit of \$896,00 (brought down from \$2.5 million by the past and present Director by frugal management and paying no depreciation).

After considerable discussion a resolution was recommended to the Board (Resolution 2/Nov. '91).

- (c) In 1992 the funding for depreciation is likely to be reduced to \$31,000. The Committee was concerned at the implications of the ageing plant and equipment to the scientific productivity at the Centre and requested

Centre management to continue the present strict cost containment practices and to increase the extent to which depreciation can be funded.

(d) The total projected receipts for 1992 are \$9.9 million and the Centre currently has firm commitments for almost 80% of these funds. The Committee appreciated the efforts of Centre management in this respect and thanked the donors for their very positive response. A recommendation was forwarded to the Board that the 1992 budget be approved (Resolution 3/Nov. 91).

(e) The question of justification of a pay revision was considered in detail at the Personnel & Selection Committee meeting on 11 November and a number of factors taken into consideration:

- the cost of living index rose by 18.3% during 1991 (Bureau of Statistics report);
- the consumer price index in Bangladesh shows that the consumer price index has gone up by 12% compared to 1990. The recent introduction of the value added tax may further contribute to price increases;
- since January 1991 the Taka has been devaluated by 5%;
- the Ordinance mandates that National staff salaries shall be comparable to UN scales.

After careful deliberation of the above and the fact

that

- the Centre's edge and advantage in attracting the best professionals over other Bangladesh and Third World institutions and in keeping skilled nationals after training depends to an extent on attractive salaries;
- in keeping with market forces it may be desirable to look at differential salary increments;
- the Centre is largely dependent on donor contributions and the incremental cost of salaries has to be realised from additional revenues or savings;

the Personnel & Selection Committee recommended that an appropriate revision of salary, from January 1992 should be seriously considered after the Finance Committee completed the review of the financial situation.

The Finance Committee in a joint session with the Personnel & Selection Committee considered the question of financial resources in relation to salary revision. After careful and lengthy consideration of all aspects of this question a salary revision was recommended to the Board (Resolution 4/Nov. 91). This will require an annual increase in expenditure of \$428,000.

- (f) The Committee further considered the question of revision of dependents' allowance and authorised the

Chairman, Personnel & Selection Committee, the Chairman, Finance Committee and the Associate Director, Finance to bring a final recommendation to the Board.

After discussion this group felt that the dependents' allowance should be in line with National Policies of family size and suggested

- that the dependent allowances payable to the first and second child be revised upwards by 10 percent. The allowances for children 3-6 would remain at present levels. (This will require an annual increase in expenditure of approximately \$21,000). and
- that in future contracts, dependent allowance be restricted to only 2 children.

Most Trustees having been present in the Finance Committee meeting, only general queries followed Professor Mathan's report. The report was accepted (Resolution 1/Nov. 91).

Dr Sumbung thanked the Chairman and Members of the Finance Committee for their report.

The following resolutions were passed:

Resolution
1/Nov. 91

The Board resolved to accept the Report of the Finance Committee.

Resolution
2/Nov. 91

The Board resolved to allocate the additional resources available in 1991 as follows:
50% towards the outstanding deficit; and
50% towards the Capital Development Reserve Fund (Depreciation Fund).

Resolution
3/Nov. 91

The Board resolved to approve the 1992 budget as presented.

Resolution
4/Nov. 91

The Board resolved to approve the revision of the base salary of National Staff (NO and GS) as follows from 1 January 1992:
NO staff - 12% of base pay
GS staff - 10% of base pay

It being the end of the "open" session of the Board Meeting, the Chairman thanked those donors present for participating in the Board Meeting.

Agenda 6: Personnel & Selection Committee Report

Dr D. Ashley, Chairperson of the Personnel & Selection Committee, presented the Committee's report which is attached as annex 3. Resolutions on these appear below.

In discussing the renewal of Professor Habte's contract, the members of the Board of Trustees, ICDDR,B, expressed their appreciation to Professor Demissie Habte for his exceptional contributions to the Centre during his tenure as Director. The salary and benefits of the Director should be adjusted in accordance with the decision of the Board relating to other international staff of the Centre.

There was little other discussion on the report and its recommendations as the majority of Trustees had been present in the Committee meeting.

Dr Sumbung thanked Dr Ashley and the Personnel & Selection Committee for their report.

The following resolutions were passed:

Resolution
5/Nov. 91

The Board resolved to accept the Report of the Personnel & Selection Committee.

Resolution
6/Nov. 91

The Board resolved that the appointment of Professor Demissie Habte as Director of the Centre be renewed for a period of three years from 12 August, 1992.

Resolution
7/Nov. 91

The Board resolved that the appointment of Dr M. John Albert as Research Microbiologist

(P4) be renewed for a period of three years
from 4 May, 1992.

Resolution
8/Nov. 91

The Board resolved to endorse the appointment
of Mr Kenneth Tipping as Chief Finance
Officer (D1) for a period of three years from
17 October, 1991.

Resolution
9/Nov. 91

The Board resolved to establish three
positions in the Urban Health & Extension
Project, namely Project Director (P5),
Research Head/Epidemiologist (P3) and
Demographer/Social Scientist (P3).

Also, the three persons currently holding
these positions may be offered fixed term
project contracts at the levels indicated
above.

Agenda 7: Dates of Next Meeting

It was agreed that the next meeting of the Board should be
held in Dhaka from 29-31 May, 1992. The schedule would be as
follows:

Tuesday, 26 May
and
Wednesday, 27 May

External Review of the
Clinical Sciences Division

| | |
|------------------|--|
| Thursday, 28 May | Reviewers write report/ Trustees arrive |
| Friday, 29 May | Programme Committee Meeting Personnel & Selection Cttee. Mtg. |
| Saturday, 30 May | Finance Committee Meeting Report writing |
| Sunday, 31 May | Full Board Meeting |

Dates for the November 1992 meeting were set as follows:

| | |
|--|--|
| Wednesday, 25 November and Thursday, 26 November | Programme Committee Review of the Laboratory Sciences Division/ Write report |
| Thursday, 26 November | Remaining Trustees arrive |
| Friday, 27 November | Programme Committee Meeting Personnel & Selection Cttee. Mtg. |
| Saturday, 28 November | Finance Committee Meeting Report writing |
| Sunday, 29 November | Full Board Meeting |
| Monday, 30 November | Donors' Meeting |

The Director agreed to circulate a schedule of meetings for the next three years.

(a) EXTERNAL REVIEW/PROGRAMME COMMITTEE REVIEW

In discussing the dates for the next Board Meeting, the mandatory External Review was also discussed. It was advised that, by Ordinance, the Centre is obliged to undergo an External Review every two years. The last External Review having been held in 1990, the next review is due in 1992. In

its last meeting the Board decided that:

- (a) the planned review of the Clinical Sciences Division in June 1992 be upgraded to a Scientific External Review and
- (b) 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.

For the 1992 reviews, it was agreed that Professor Hamilton should be Chairman of the External Review of the Clinical Sciences Division and that Professor Mathan should Chair the Programme Committee Review of the Laboratory Sciences Division. Suggested names of reviewers for each of these review teams should be given to the relevant Chairman. There should be at least one Bangladeshi member on each team. It was emphasized that any Trustee on the External Review Team would be acting in his/her individual capacity and not as a Trustee of the Centre.

Agenda 8: Any other business

(A) REPORT FROM STAFF WELFARE ASSOCIATION (SWA)

As part of its agenda, the Board met with the Staff Welfare Association (SWA) Executive Committee at 12 noon on Tuesday, 12 November, 1991.

The SWA President, Mr Kashem Sheikh, presented a plea to the Board for a salary rise for NO and GS level staff. He outlined the current status of the Centre's salary scale as compared to the UN and other organizations in Dhaka, taking into account recent rises in these salaries and the cost of living.

The Chairman of the Board responded by assuring SWA that the Board understood the staff's situation and had already spent a considerable time in both the Personnel & Selection and Finance Committees discussing the salary issue of staff. He advised that a decision would be made in the Board Meeting and thanked SWA for providing figures and hard facts to support their plea.

In a general exchange between Trustees and SWA, SWA and the Centre's management were congratulated on their hard work and for getting the Centre to where it is today. It was also explained that the Centre's capacity to respond to SWA's report depended on its revenue but that the Board will look at their request sympathetically.

The Board took advantage of the time allocated in the closed session for outstanding discussion to discuss several items. This time allocation was appreciated and should be scheduled for all meetings of the Board.

(B) SCIENTIFIC ADVISORY COUNCILS

It was agreed that it is important to the Director and staff to have these Councils. It provides an opportunity for the Director and staff to receive advice and gives them the opportunity to talk to the advisors in their capacity as scientists without these discussions coming to the Board's attention (any Trustee on these Councils would be acting in his/her individual capacity).

The Director added that these Committees provide technical advice, help clarify research priorities and advise how certain areas may be strengthened. To date there have been two separate Council Meetings, one on Population Sciences and one on Health. In future the Councils will be formed to discuss specific issues, with members representing all areas relevant to the topic.

(C) PROGRAMME COMMITTEE REVIEW REPORTS

There was a general discussion on how these reports should be handled. There was agreement that the scientific aspects of the report should be discussed in an open session of the Board and Committee meetings. Also, reports should be available to donors if they wish. Any other items, e.g. personnel, conceived problems, etc., may be discussed in an informal closed session of the Board.

It was left to the Director to decide when and how the Review should be presented to the open session, e.g. verbal presentation at the meetings immediately following the review with the Centre responding to the recommendations at the next meeting.

(D) PROGRAMME COMMITTEE REVIEW OF POPULATION SCIENCES AND EXTENSION DIVISION

Several Trustees felt that the Review was not shared by them and that adequate discussion on the findings had not taken place. The draft report was circulated and members invited to make comments.

Professor Caldwell, Chairman of the Review Committee, stressed that the report is an unanimous report of the Committee.

The following points were raised:

- (a) The structure of the Division consists of two large discrete projects (DSS and MCH-FP Extension) plus the Computer Information Service. The management issues found by the review may be inherent to this structure as well as to the style of management.
- (b) The Computer Information Service - It was noted that 60% of the mainframe is unused because of the charging

system. This needs to be investigated and resolved.

- (c) In respect to one of the recommendations, it was underlined that another expert is needed to advise on the existing panel for data collection in the MCH-FP Extension Project.
- (d) The behavioural and broader social science aspects of the Division need strengthening. To this end, it was suggested that available staff at the Centre be pooled to form a behavioural/social science research unit.
- (e) Scientists from other divisions should be encouraged to use the DSS and MCH-FP Extension Project data.

The Director acknowledged the importance of the report and the comments made. It was agreed that the Director should go through the report and prepare a response for the next Board Meeting.

A vote of thanks was proposed to the Chair for the excellent way in which the meeting was run.

Dr Sumbung responded thanking all the Board Members for their part in the deliberations and commenting on the fact that the Board always comes to an understanding without having to

vote. He thanked the Director and his staff for their dedication and hard work.

The meeting closed at 5.45 p.m.

:jc

29.3.92

RESOLUTIONS - NOVEMBER 1991

Resolution
1/Nov. 91

The Board resolved to accept the Report of the Finance Committee.

Resolution
2/Nov. 91

The Board resolved to allocate the additional resources available in 1991 as follows:
50% towards the outstanding deficit; and
50% towards the Capital Development Reserve Fund (Depreciation Fund).

Resolution
3/Nov. 91

The Board resolved to approve the 1992 budget as presented.

Resolution
4/Nov. 91

The Board resolved to approve the revision of the base salary of National Staff (NO and GS) as follows from 1 January 1992:
NO staff - 12% of base pay
GS staff - 10% of base pay

Resolution
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The Board resolved to accept the Report of the Personnel & Selection Committee.

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The Board resolved that the appointment of Professor Demissie Habte as Director of the Centre be renewed for a period of three years from 12 August, 1992.

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The Board resolved that the appointment of Dr M. John Albert as Research Microbiologist (P4) be renewed for a period of three years from 4 May, 1992.

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The Board resolved to endorse the appointment of Mr Kenneth Tipping as Chief Finance Officer (D1) for a period of three years from 17 October, 1991.

Resolution
9/Nov. 91

The Board resolved to establish three positions in the Urban Health & Extension Project, namely Project Director (P5), Research Head/Epidemiologist (P3) and Demographer/Social Scientist (P3).

Also, the three persons currently holding these positions may be offered fixed term project contracts at the levels indicated above.

3/BT/MAY '92

DIRECTOR'S REPORT

DIRECTOR'S REPORT

1.0 OVERVIEW

The Centre has maintained efforts of consolidating the positive changes and practices instituted over the last few years. Some of the important outcomes during this period include:

- 1) Increased research productivity, reflecting the improved prevailing environment for research as a result of recruitment of more international staff, presence of competent heads in all divisions, and better communication and coordination amongst staff.
- 2) More visibility of the Centre and its staff at both national and, international levels, viz. as a source of expertise in cholera control in South America and in global forums of discussions on health research for developing countries, in providing assistance to the host country to develop capability to address the frequent diarrhoea epidemics, in hosting national and international workshops on important health and population issues.
- 3) Better capability to develop a resource development strategy and to deal with the various donors of the Centre made possible by recruitment of an able consultant to assist the Office of the Director.
- 4) Construction of premises to house the Community Health Division and the Training Complex of the Centre.

- 5) Report of consultants that critically examined some of the management issues within the Division of Administration and Personnel, and made cogent recommendations.
- 6) Eradication of the accumulated cash deficit of the Centre and further improvement in presentation of financial records.
- 7) Improved prospect for more funds from ODA/UK.

2.0 RESEARCH AND RELATED ACTIVITIES

2.1. Research Output

The following table (Table 1) provides details on the research activity and output of the various scientific divisions. A significant increase in the number of publications is evident.

More information is available in Appendix A to D.

Table 1: Research Output

| | CHD | CSD | LSD | PSED | TOTAL |
|---|-----|-----|-----|------|-------|
| Papers published | | | | | |
| June - Nov. 1990 | 10 | 9 | 10 | 6 | 35 |
| Dec. 90 - May 91 | 3 | 9 | 5 | 8 | 25 |
| June - Oct. 1991 | 6 | 8 | 10 | 4 | 28 |
| Nov 91 - Apr. 92 | 11 | 15 | 26 | 8 | 60 |
| Papers in Press | | | | | |
| June - Nov. 1990 | 5 | 13 | 6 | 4 | 28 |
| Dec. 90 - May 91 | 10 | 15 | 18 | 2 | 45 |
| June - Oct. 1991 | 7 | 14 | 15 | 5 | 41 |
| Nov 91 - Apr. 92 | 9 | 12 | 9 | 7 | 37 |
| TOTALS | | | | | |
| June - Nov. 1990 | 15 | 22 | 16 | 10 | 63 |
| Dec. 90 - May 91 | 13 | 24 | 23 | 10 | 70 |
| June - Oct. 1991 | 13 | 22 | 25 | 9 | 69 |
| Nov 91 - Apr. 92 | 20 | 27 | 35 | 15 | 97 |
| Research protocols/ programmes in progress | | | | | |
| June - Nov. 1990 | 14 | 24 | 12 | 4 | 54 |
| Dec. 90 - May 91 | 17 | 31 | 12 | 4 | 64 |
| June - Oct. 1991 | 12 | 24 | 11 | 3 | 50 |
| Nov 91 - Apr. 92 | 18 | 23 | 16 | 4 | 61 |

2.2 Divisional Highlights

2.2.1. COMMUNITY HEALTH DIVISION

The Division has continued to grow, both in numbers of personnel and research projects, and in diversity of interests and involvement.

In the past 6 months, 1) three international staff have been added: Sandra Laston, Nancy Fronzak, and Masee Bateman; also, Peter Miller, on secondment from The Population Council is working part-time with the Division, 2) two new protocols on Vitamin A (Matlab), and another on the evaluation of women's empowerment have started, 3) two Workshops on issues of water and sanitation (one regional and one national) were organized and held, and 4) the Division is preparing to move into its new premises above the library within the next month.

The regular Divisional activities include: a monthly meeting of all investigators, a weekly meeting of its Coordinating Committee, a monthly journal club, and monthly meetings of its 5 scientific interest groups. In addition, the Division gives a monthly presentation at the Inter-Divisional Forum.

The staff of the Division participated in a number of conferences both within and outside of Bangladesh. Presentations were given at the Conference on Anthropological Demography in Senegal in October 1991, at the Commonwealth Conference on Diarrhoea and Malnutrition, in December 1991, and at the Conference on the Social Dimensions of Health Care Policy, in March 1992, the latter two in New Delhi, India. A presentation was also given at the African Conference on Diarrhoeal Diseases in Lagos, Nigeria, in April 1992. One person

attended an International Conference on ARI in Washington, DC; two staff visited the London School of Hygiene and Tropical Medicine, and one visited Johns Hopkins University, for discussions regarding collaboration. One person visited Ecuador and Peru at the request of their governments as a cholera consultant, and two staff visited the Nutrition Institute in Chandigarh, India, to learn techniques of conjunctival impression cytology, which will be used in our Vitamin A protocols.

A list of the papers from the Division published during this time, as well as a list of those "in press," and a list of active protocols in progress are given at the end of this report. Some highlights from the work of these past 6 months are as follows:

The Epidemiology group developed two major protocols, one involving a sentinel surveillance system for cholera in 5 representative geographic areas of Bangladesh, and the other a birth cohort and family longitudinal study, for the detection of diarrhoeal illness, respiratory illness, and enteric fevers. During several cholera outbreaks in November and December 1991, physicians were sent to the affected areas to arrange treatment facilities and to gather cultures and epidemiologic data. More recently, (April, 1992), five physicians have established a diarrhoea treatment centre in Barisal, (southern part of the country) where a major cholera epidemic is presently underway.

The Environmental Health Sciences group organized and hosted two major Workshops. A four-day regional workshop, involving participants from 11 countries and 4 resource persons from North

America, was held in Comilla in November; the Workshop was entitled "Water and Sanitation: Priorities for the 1990's". A two-day national workshop on "Mobilization of NGO's in Water and Sanitation" was held in Rajendrapur in April, and was attended by participants from 22 NGO's. Proceedings from both workshops will be published. The group also acts as the Bangladesh representative of GARNET (Global Applied Research Network in Water and Sanitation) and hosts meetings every 2 months with representatives of NGO's working on water and sanitation issues in Bangladesh.

The Behavioural Sciences group has developed a major concept paper which includes 5 research protocols on behavioral issues in public health; this has been submitted to IDRC (Canada) for possible funding. Members of this group participate in a number of ongoing protocols, particularly those involving mother's perceptions of disease, and their health seeking behaviours.

2.2.2. CLINICAL SCIENCES DIVISION

The Division maintained its involvement in providing health care, participating in training and in conducting clinical research. Coordination of activities has been achieved through regular meetings of the research task forces and other management groups. An international research fellow has been recruited to the Division from Australia and is expected to report for work in June 1992.

A major responsibility of the staff is in patient care which is steadily increasing; patient load at the Clinical Research Centre last year jumped by 50% from the previous two years (i.e. on an

average from approximately 60,000 to over 90,000 patients). This year's trend is similar to that of last year.

The Division's staff also carried out international and national courses in clinical management of diarrhoeal diseases (coordinated by the training branch). In addition they have supervised the training of SAARC fellows, international fellows (medical graduates from abroad), clinical fellows (fresh medical graduates of Bangladesh), research fellows (Bangladesh medical graduates working on research protocols), nursing fellows, and 2 trainee research assistants. Weekly clinical meetings and monthly clinico-pathological conferences have continued for the clinical and research fellows. The Division also participates once every 4 weeks at the inter-divisional forum. In addition, a Consultant Professor of Paediatrics conducts regular teaching rounds twice a week.

The staff presented papers at several national and international conferences.

Some of the specific outcomes of the research include the following:

- 1) During convalescence from shigellosis, children fed a high energy diet (150 kcal/kg/day) with a high protein energy ratio (14%) had better weight gain and better linear growth than those given an isocaloric, lower protein-energy ratio diet. The gain persists for upto three months of follow up.
- 2) Hyperimmune bovine colostrum against rotavirus antigen was found to be effective in reducing diarrhoea duration due to rotavirus in infants and young children.
- 3) Pre-packaged ready-to-use instant rice ORS has been tested in a

large number of patients with diarrhoea in the hospital and at home and found to be feasible and acceptable. These packets are now being introduced for routine use at the treatment centre replacing the need for cooking rice ORS everyday.

A list of the publications and ongoing protocols is appended.

2.2.3. LABORATORY SCIENCES DIVISION

The Laboratory Sciences Division has undergone a change in leadership. A new associate director from the United Kingdom who was being recruited to head the Division turned down the offer. Therefore, Dr. R. Bradley Sack, Associate Director of the Community Health Division, was appointed Associate Director also for the Laboratory Sciences Division, on January 1, 1992. The LSD is presently undergoing some changes in its divisional structure; these should be complete by the time of the Board meeting in May.

The Division has continued to be productive in its research on basic mechanisms of diarrhoea, as well as in its support of clinical and epidemiological studies of other Divisions of the Center. A list of publications and protocols are given at the end of this report.

The Division had the following regularly scheduled meetings: a Divisional meeting of all members held once a month, a meeting of the coordinating committee of the Division once a week, a journal club once a month, and a student presentation once a month. The Division presented monthly at the Inter-Divisional Forum. Additional committees are being developed within the Division; one which has recently become functional is the LSD-Clinical Sciences

Division Coordinating Committee, which will address issues concerning both Divisions, particularly in the clinical care of hospitalized patients.

There are presently eight Master's level students from Dhaka University doing their thesis work in the Division. Two students working jointly with Karolinska Institute in Sweden, are doing their doctoral thesis work in the Division. Two technical persons in the Division have just returned from one year's training in Belgium, and two additional ones have left for similar type of training in Belgium.

Two international courses in Diagnostic Enteric Microbiology were given by the Division. Presentations by Division members were given at the New Delhi Conference on Diarrhoea and Malnutrition in December 1991, and a presentation was given at the Regional Congress on Biotechnology held in Iran at the end of November 1991.

The service aspects of the Division continue to increase (35% from same period last year). The clinical laboratory is processing increased number of specimens from private referrals, and the Animal Research Branch has opened a private Small Animal Clinic.

An appraisal of equipment has been done, and old, unusable equipment have been discarded. New pieces of equipment have been ordered out of the depreciation fund as replacements.

Several new collaborations have been developed. Walter Reed Army Institute of Research, Washington, DC; University of Maryland at College Park, Department of Microbiology; University of Alabama at

Birmingham; University of California at Davis; Kyoto University, Japan. An Epidemiology Intelligence Service officer from the Centers for Disease Control in Atlanta, GA, spent 6 weeks working in our virology laboratory. Several SAARC fellows have also spent time working in the Division as well as 7 fellows from the Government of Bangladesh.

Some of the major research accomplishments have been:

- 1) The establishment of the PCR technique for identification of enteric pathogens; Shigella is the first pathogen for which the technique is being used.
- 2) Establishment of the HT29 tissue culture (human colonic cell line) assay for the detection of the enterotoxin of Bacteroides fragilis.
- 3) Evidence for diarrhoeagenic properties of several organisms, not known to be definitely associated with diarrhoea, has been established: Hafnia alvia, Providencia liquefaciens.
- 4) The V. cholerae isolates from the South American epidemic of cholera have been shown to be identical with our Bangladesh isolates.
- 5) The feasibility of producing the non-living oral cholera vaccine (WC/B) in Bangladesh, and of doing an effectiveness trial was studied. Plans are going ahead to see that this can be done.
- 6) DNA probes are now available for nearly all the recognized diarrhoeagenic bacteria, and are being used regularly in the Division.
- 7) The MRDR (modified retinol dose response) is being validated.

2.2.4. POPULATION SCIENCE AND EXTENSION DIVISION

Two important initiatives concerning the PSED were started or continued since the last Board of Trustees meeting. The first relates to the Ford Foundation's commitment to improving the social sciences at the ICDDR,B through two grants. One will create a Bangladesh Consortium on Reproductive Health as part of Ford's global concern for women's health. This group, made up of five key research institutions in Dhaka, will share resources, such as visiting scholars, training activities, and libraries, as well as joint research activities. The other Ford initiative concerns the ICDDR,B/BRAC project, following the socio-economic intervention activities and analyzing their impact in terms of a broad range of social and health indicators.

Late in 1991 David Nabarro and Mukesh Kapila of the British ODA visited the ICDDR,B. Subsequently, John Cleland (LSHTM) visited the Centre to help draft a proposal for ODA funding in two areas of mutual interest. The first is in DSS where ODA is considering funding of about \$250,000 per year for three years to help improve the DSS and bring it up to date. The other is operational research on contraceptive use dynamics.

The Division has also made considerable progress in responding to the comments and suggestions made by the Programme Committee Review (PCR) of the PSED in November 1992.

DSS

The funding situation of the DSS continued to improve during this period. Contributions from UNDP and the Government of the

Netherlands are committed and receivable in 1992. The DSS was included in a request by the Government of Bangladesh to the UNDP as part of a regional funding scheme; although this assistance is yet to materialize it indicates the improved relations between the ICDDR,B and the Government. The long-awaited UNFPA funding decision was made in March 1992, giving \$212,000 in 1992 and \$218,000 in 1993. Unfortunately, this grant carries no overhead support and the bulk of it is earmarked for a new UNFPA seminar/workshop series. Finally, as noted earlier, the British ODA are considering supporting the DSS for three years; this funding is expected to start in mid-1992.

The Programme Committee Review recommended that "there should be a major adjustment of internal organization" within the Division. Discussions with Committee members regarding this began before they left Dhaka in November. Several Divisional meetings thoroughly discussed the issues involved as well. Dr. Maru contributed suggestions and advice as did various Associate Directors. In addition, several donors were contacted to see how planned changes would fit in with their funding strategies. The final consensus was to split the DSS into two units. One, still called the DSS, will be in charge of vital event registration and related data collection in Matlab, and will process and computerize these data, publish an Annual Report, and make data available to researchers. Dr. Michael Strong would continue as the Director of the DSS.

The other component will be a new Population Studies Centre, under the able direction of Dr. R. Bairagi as Studies Director. This

group will be the locus of population studies at the ICDDR,B, apart from applied and operational research being carried out by the Extension Project. This group will be free to undertake population studies at the national or international level, although it will continue its special relationship with Matlab. Researchers from throughout the ICDDR,B undertaking population studies, as well as visiting scholars, will be affiliated with this group for research support. In addition, the PSC will provide frequent discussion group meetings, host workshops, and serve as a source of technical assistance for the Government and others.

This new organization will resolve several problems and inconsistencies. First, it will provide a better management span of control to the DSS Project Director and Division Associate Director. Second, it will allow researchers to concentrate on research and not on data management, data base administration, and field supervision; these activities will be left to more technical people on a day-to-day basis. It will also allow researchers to look beyond Matlab, viz. one has already obtained a grant to study the fertility impact of the Grameen Bank. It will also improve the management of resources, since both the DSS and the PSC will have independent support staffs and other resources. Finally, it will be clearer to donors just what they are funding.

MCH-FP Extension Project

The Extension Project is a collaborative effort of the ICDDR,B and the Ministry of Health and Family Welfare (MOHFW) of the Government of Bangladesh. As such, a significant event during the period was the meeting of a reconstituted National Steering Committee. This

group, under the chairmanship of the Secretary, MOHFW, included the Joint Secretary; Director-General, Family Planning; Director-General, NIPORT; five other senior Government officials; and the Extension Project Director and Operations Research Scientist. This Committee reviewed the activities during 1990-1991 and the Work Plan for 1992. Although the Secretary, MOHFW, has been replaced since this meeting, its composition once again shows how well the collaboration is working, and how the relations between the ICDDR,B and the Government have improved.

USAID (Health and Population) is currently reviewing the assistance for the next five years, including its support to the Extension Project. The Extension Project continues to address a number of USAID's concerns. Management research will continue to help the family planning programme to be more sustainable. A number of Project activities, such as research on contraceptive choice, management and supervision, and training, fall under the theme of "improving quality of care".

The Project's work on improving outreach through satellite clinics should help integrate both family planning and MCH activities. The Project has also begun to work on methods to improve access to prenatal care and safe delivery in the Government system in rural areas.

3.0 TRAINING

During the six month reporting period, the Training Branch ran eight courses, administered the three fellowship programmes, and assisted forty project-based research trainees. A total of 628 people were trained and/or given orientation through brief lectures, visits and demonstrations. The activities are summarized in the Tables 2 & 3 (below).

Table 2: Summary of Training Activities - October 1991 to 31 March 1992

| Description of Activities | Number of courses | Number of participants |
|--|-------------------|------------------------|
| A. International training courses | 4 | 37 from 12 countries |
| B. National training courses | 4 | 40 |
| C. Fellowship Programme: | | |
| (i) SAARC Fellowships | | 10 |
| (ii) GOB Fellows* | | 8 |
| (iii) Project based research trainees* | | |
| - Physicians | 11 | |
| - Nurses | 9 | |
| - Others | 20 | |
| | -- | 40 |
| (iv) International fellows | | 6 |
| (v) Dhaka University students* | | |
| - M. Phil. | 4 | |
| - M. Sc. | 3 | |
| | - | 7 |
| D. Orientation training | | 488 |
| TOTAL | 18 | 636 |

* on-going activities

Table 3: Training Courses - October 1991 to 31 March 1992

| Titles of Courses | Period | Country/Inst. & No. Participants | |
|---|------------------------------|-------------------------------------|----|
| A. <u>International Courses</u> | | | |
| Clinical Management of Diarrhoeal Diseases | 13-24 October | Bangladesh | 2 |
| | | China | 2 |
| | | Ethiopia | 1 |
| | | India | 1 |
| | | Malaysia | 1 |
| | | Myanmar | 2 |
| Research Methodology Workshop | 21-31 October | Bangladesh | 3 |
| | | India | 1 |
| | | ICDDR,B | 8 |
| Laboratory Diagnosis of Common Diarrhoeal Disease Agents | 24 November - 12 December | Bangladesh | 3 |
| | | Nepal | 1 |
| | | Pakistan | 1 |
| | | Sri Lanka | 2 |
| Laboratory Diagnosis of Common Diarrhoeal Disease Agents | 15 March - 2 April | Ethiopia | 2 |
| | | Kenya | 2 |
| | | Nigeria | 2 |
| | | Uganda | 3 |
| Total | | 37 | |
| B. <u>National Courses</u> | | | |
| Course on Microbiology and Parasitology for students of Zoology | 15-26 December | Dhaka Uni. | 6 |
| Clinical Management course | 2-6 January | IPGM&R | 11 |
| Clinical Management Course | 15-25 January | Shishu Hosp. | 7 |
| Epidemiology Course | 23 February - 19 March | Various | 16 |
| Total | | 40 | |

The Training Branch has initiated a follow-up study of its trainees, and questionnaires have been sent to all those trained at ICDDR,B in the years 1989 - 1991 (inclusive).

4.0 SERVICE - HEALTH CARE

4.1 Clinical Service Department

4.1.1 Dhaka

The patient load in the Dhaka Clinical Research Centre maintained its high level (Table 4), and continued to show upward trend in out-patient department statistics, which are up circa 12% on the same period last year. Once again, the patient load increased sharply in April necessitating the use of a tent to accommodate the extra-load.

Table 4: Patient Load at Clinical Research Centre
- October 1991 to 31 March 1992

| Month | 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 |
| Oct. 91 | 7241 | 3077 | 9 | 262 | 98 | 21 | 84 | 18 |
| Nov. 91 | 5039 | 2513 | 7 | 231 | 81 | 25 | 79 | 16 |
| Dec. 91 | 5040 | 2437 | 13 | 207 | 91 | 13 | 61 | 17 |
| Jan. 92 | 3767 | 1998 | 9 | 239 | 97 | 22 | 62 | 25 |
| Feb. 92 | 2962 | 1551 | 10 | 217 | 86 | 16 | 60 | 17 |
| Mar. 92 | 4405 | 1865 | 3 | 248 | 104 | 7 | 93 | 21 |
| Total | 28454 | 13441 | 51 | 1404 | 557 | 104 | 439 | 114 |
| Grand Total | 41895 | | 2012 | | | 657 | | |

4.1.2 Matlab

In Matlab, there was a small decrease in the patient load in comparison to the same period last year. (See Table 5).

Table 5: Matlab Diarrhoea Treatment Centre
- October 1991 to 31 March, 1992

| Month | <24 hrs | 1 day | 2-6 days | ≥7 days | Total |
|---------|---------|-------|----------|---------|-------|
| Oct. 91 | 466 | 543 | 356 | 11 | 1376 |
| Nov. 91 | 292 | 534 | 244 | 13 | 984 |
| Dec. 91 | 116 | 219 | 185 | 18 | 538 |
| Jan. 92 | 117 | 172 | 180 | 16 | 485 |
| Feb. 92 | 78 | 134 | 115 | 6 | 333 |
| Mar. 92 | 176 | 199 | 122 | 12 | 509 |
| Total | 1245 | 1702 | 1202 | 76 | 4225 |

4.2 MCH-FP Activities in Matlab

In Matlab the contraceptive prevalence rate in married women continues to increase, and is now at a level of 61%. The immunization rate for measles in the intervention area is now 94% in children 9-23 months of age; measles continues to occur, however, in children under 9 months of age.

4.3 Urban Health Care

The Urban Health Extension Programme (UHEP), which has replaced the Urban Volunteer Programme (UVP) is developing reports on the data generated from the previous several years from the UVP experience (diarrhoea, acute respiratory infections, immunization, and socio-demographic profiles).

5.0 TECHNICAL SERVICES

5.1 Computer Information Services (CIS)

The report on CIS prepared by Mr. Roy Marshall, Director of Computer Centre, University of Pennsylvania was received in November 1991, and progress is being made with implementing the recommendations. A Computer Advisory Council has been formed with the Director of Finance as its chairman, and the CIS Manager as its secretary. This Council is currently reviewing the current and projected environments inside the Centre and outside in the computer marketplace, in order to define, and subsequently implement, a coordinated computer strategy.

Important training-workshops were provided covering both SAS and SQL/DS database management system.

5.2 Diarrhoeal Diseases Information Services Centre (DISC)

DISC, with 11 regular staff members and one part-time editor, continued the Centre's information and publication services activities. SDC grant for DISC and its activities, which began in 1988, finished in December 1991, and DISC is now being financed from Core funds. DISC continues to research into ways of recovering the costs of its activities, both from sources outside (subscriptions, advertisement etc.) and inside (through the charging of projects using the services) the Centre.

5.2.1 Library Services

There were a total of 7,661 outside readers in the library, and over

180 MEDLINE and POPLINE searches were made during the six months October 1991 - March 1992, of which 93 were for ICDDR,B staff.

5.2.2 Publication Services

12 issues of the Current Awareness Service Bulletin were issued, and a 133 page annotated bibliography on "Laboratory diagnosis of diarrhoeal diseases, 1985-1991" was compiled and published.

The publication schedule for the JDDR has been maintained, and the Journal has been given a new look by changing the cover design and using good quality paper. Similarly, "Glimpse" has undergone improvement and been given a more appealing format.

5.3 Animal Research Branch

During the period, the ARB produced 221 rabbits, 3,561 mice 188 guinea-pigs and 179 rats. Of these circa 70 percent were used by the Centre's scientists, and the rest have been distributed to the National Research Institutes.

5.4 Audio Visual Unit

In addition to its usual photographic work, the Unit has created new designs and layouts for JDDR, Glimpse and the new Bangla Newsletter ("Shastho Sanglap"), which will be used to disseminate key findings and reports to field level health worker operating in Bangladesh.

The Unit has assisted with the development and production of the booklet "Partnership in Progress: ICDDR,B's contribution to and collaboration

with Bangladesh".

5.5 Bio-Engineering Cell

In addition to routine repair and maintenance, the key work of the Cell during this period was the installation of electrophoresis equipment, a centrifuge and other equipment in the Environment Microbiology Laboratory.

6.0 ADMINISTRATION & PERSONNEL

6.1 Staffing Changes

The Centre continues its efforts to reduce staffing costs. But as discussed in the last BOT meeting regarding job security and staff morale, conversions of employment contract from Short-Term/Special Services Agreement/Daily Wage to Fixed-Term were allowed on a selective basis according to the needs of protocols.

Since the last BOT meeting 17 staff members separated from the Centre whereas 31 additions were made to the Centre's staff. Of these, 4 were new hires and the rest were conversions in line with the above policy.

The following table gives the details:

| <u>Additions</u> | | <u>Separations</u> | |
|-------------------------------------|------|---------------------|-----|
| <u>NO & GS</u> | | <u>NO & GS</u> | |
| a) Conversion from short-term, etc. | : 25 | a) End of contract | : 4 |
| b) New appointment | : 2 | b) Retirement/Death | : 7 |
| | -- | c) Resignation | : 6 |
| | 27 | | -- |
| | | | 17 |

International Professional

| | | | |
|-------------------------------|------|---------------|------|
| a) Conversion from secondment | : 2 | | |
| b) New appointment | : 2 | | |
| | -- | | |
| | 4 | | |
| | -- | | |
| Total | : 31 | Net additions | : 14 |
| | -- | | |

6.2 Recruitment of International Level Staff

During the period Dr. R. Bairagi (Senior Scientist, Population & Statistics) and Dr. O.M. Bateman (Epidemiologist) have joined as Fixed-Term International Professional Staff. Ms. Leanne Unicomb a Virologist has been offered a Fixed-Term contract. Mr. N. Paljor and Dr. A.H. Baqui Project Seconded staff were converted to International Fixed-Term staff in UHEP under CHD. Dr. Sandra Laston and Ms. Nancy Fronczak joined the UHEP as Short-Term staff.

Dr. Jack Melling (UK) was offered the position of Associate Director, LSD. He visited the Centre on two occasions and attended a BOT meeting. He later declined the offer due to salary reasons and absences of career opportunities (six years clause). Prof. R. Bradley Sack, Associate Director, CHD was then appointed to the position of Senior Scientist and Head, Laboratory Sciences Division on January 01, 1992 in addition to his other duties as Senior Scientist and Head, Community Health Division.

6.3 Support Services

The Estate office, after protracted negotiations managed to obtain 50% exemption of the municipal holding tax.

The Engineering branch commenced construction of the "Sasakawa International Training Centre" on top of Hospital on 15.12.91 against a grant of US\$ 300,000 from the Sasakawa Foundation. The total work will be completed by end of September 1992 creating a covered space of around 15000 sq.ft. where the training branch and some laboratories will be

housed.

The construction of remaining part of the floor over the Library building also started in mid-December 1991 at a cost of US\$70,000. It will be completed by May 1992 when the Community Health Division staff move into their new offices there.

Mr. R. Gustafson, an IESC Volunteer professional Engineer provided consultancy to the Engineering Branch for 2 months from 20.1.92 to 19.3.92. His recommendations for contracting out some services in the carpentry, motor vehicle and lathe workshops are in the process of being implemented. The Engineering Branch is to provide a technological maintenance service rather than just doing simple repairs, and to do this some operational changes have already been implemented.

To secure continuous power supply, one 825 KVA stand-by generator has been ordered and will be installed by September 1992 at a cost of US\$131,000. One 800 KVA Transformer along with others electrical sub-station equipments are to be installed by July 1992. The total cost will be US\$60,000.

Mr. Wynn Robin an IESC Volunteer Executive Consultant was with the Centre for six weeks to study and recommend improvements to the Centre's purchase/inventory systems. These are in process of being computerized and stock-management software packages are being bought. The Supply Office and warehouse have been renovated for general upkeep and to increase the storage space available.

After many months follow up ICDDR,B have finally obtained permission from

the Government to dispose of unserviceable/junk equipment which was previously occupying much needed space.

6.4 Staff Development

During the six months to March 31, 1992, eight of the Centre's staff returned to Bangladesh having completed their studies and/or training abroad. One ICDDR,B staff member left to study for a Masters in Primary Health at the University of Western Australia. As of March 31, 1992, twenty seven ICDDR,B staff were studying or training abroad.

Two major scientific conferences were attended by a total of nineteen staff members during the reporting period. These were the Commonwealth Conference on Diarrhoea and Nutrition held in Delhi, India from 20 November to 1 December, 1991, and XIth International Biennial Conference of the Pakistan Paediatric Association held in Islamabad, Pakistan from 3 - 7 February, 1992.

7.0 FINANCE

During the period October 1 1991 to March 31 1992 the Finance Division reorganized some of its affairs. Ken Tipping arrived on October 17 to take over the position of Associate Director, Finance from John Winkelmann.

A composite financial analysis of the Centre from its inception in 1979 to the end of 1991 was made. This was undertaken to:

- a) build a financial history data base covering the major items of income and expenditure
and
- b) determine the annual and cumulative operating cash surplus.

The result of this analysis showed that the Centre had a cumulative operating cash surplus to December 1990 of \$131,000 compared to a reported deficit of \$896,000. The major part of the difference was caused by transfers to the Reserve and Fixed Asset Replacement Funds being reflected as operating cash costs rather than an appropriation of the surplus.

The 1991 annual accounts were finalized and signed on March 18 1992. The major change in presentation from prior years was to make the Funds employed more understandable to the reader by changing the names of the Funds and including descriptions where necessary.

The Associate Director, Finance, visited IIE and agreed with them that,

from July 1 1992, the Centre would handle all salary payments for expatriate staff with the only involvement of IIE being retirement and separation funds, insurance and specialty services as and when required. The new contract with IIE, which is currently being prepared, will save the Centre at least \$30,000 per annum in direct costs and will relieve the many frustrations experienced working with IIE.

The Associate Director, Finance also visited American Express and Morgan Guaranty in New York and American Express in London to discuss how to invest the Centre's surplus cash to generate a higher yield yet maintain maximum security. The various suggestions are still being studied but it appears that although the Centre may be able to get a marginally higher return it is probably not worth the time and effort involved. This is particularly since Dhaka is too far away from either London or New York to allow the Centre to monitor investments and financial trends effectively.

The Centre has prioritized its equipment and other capital investment needs, and has used this to plan the utilization of the Fixed Asset Replacement Fund for the year.

8.0 RESOURCE DEVELOPMENT

A management consultant with long experience in Bangladesh and extensive knowledge of ICDDR,B has been hired to work with the Director to coordinate the development of the resources development strategy.

In the first six months of 1992, the files and information systems of the Resources Development Office (RDO) are being reviewed and reorganized. Computerized history files are to be maintained on all the Centre's past, current and potential donors. These files will record and summarize the interactions between the Centre and donors, noting past contributions, current project proposals and the areas of interest for each donor. This will allow the Centre management to approach donors in full knowledge of the past and present issues.

The RDO database has already been developed to improve compliance with grant regulations and the timeliness of reporting to donors. In addition, key information on the donors: personnel, addresses telephone and fax numbers etc. has now been loaded into the system.

A booklet documenting the proceedings of the donor support group has been distributed among Board of Trustees and Donor Agencies. The proceedings reflected growing optimism and confidence in the Centre, and document donors' input into the planning process. The booklet stresses the need to increase annual funding to the Centre if it is to realize its potential.

Late in 1991 David Nabarro of the British ODA visited the ICDDR,B and

indicated that he was favourably impressed with what he saw.

Subsequently, John Cleland (LSHTM) visited in the spring of 1992 to help draft a proposal to ODA for funding. The project proposal comprises two main sections:

- A. The ODA is prepared to give circa \$250,000 per year for three years to help improve the DSS and to bring it up to date. This will include assistance with the DSS annual reports and a new "early indicators" series, starting a rolling census to update social and economic background information, and DSS operational research activities to investigate how to further improve field work and data management.
- B. ODA has also expressed an interest in funding operational research on contraceptive use dynamics. Although not yet approved by ODA, these projects could be funded at \$350-400,000 per year for five years.

Some signs of progress are emerging in the attempts by UNDP to secure the release of the \$350,000 grant made to the Centre by the Arab Gulf Fund in 1989.

9.0 COORDINATION/MANAGEMENT

Enhancements have been made to the coordination and management committees, to further improve the care, use and management of laboratory animals and to streamline the research review procedures for smaller collaborative protocols. The broad diversity of national institutions with which the Centre is now collaborating is particularly worthy of note.

9.1 Management Committees

Meetings of the Consultative Management Committee (1) the Council of Directors (13), have continued according to schedule. After its review of the Centre and its work, the Scientific Advisory Council (Health) issued its report.

9.2 Review Committees

9.2.1 Research Review Committee (RRC)

The RRC met six times during the period from October 1991 to March 1992, to consider 17 protocols of which 16 were approved.

The RRC has also developed a mechanism for the expeditious review and approval of small collaborative protocols with outside institutions which do not require ethical clearance.

9.2.2 Ethical Review Committee (ERC)

The ERC met three times during the period from October 1991 to March 1992, to consider 8 protocols of which all were given ethical

clearance.

9.2.3 Animal Experimentation & Ethics Committee (AEEC)

The AEEC approved the draft of the "Manual for care and management of laboratory animals", and cleared two protocols involving the use of animals prior to consideration by the RRC.

9.3 Programme Coordination Committee

As a follow-up to PCC recommendations, a second "Course on Epidemiological Methods in Public Health" was organized by the Centre in February/March 1992. Faculty drawn from ICDDR,B, NIPSOM, BIRPERHT and the Institute of Epidemiology and Disease Control Research worked with 16 trainees in a successful course.

During the last six months four PCC-collaborative research protocols (three with Dhaka University, and one with IPGM&R) were completed. Final reports are expected shortly. Four PCC-collaborative research protocols (with Dhaka University, Chittagong University, Dhaka Shishu Hospital and BIRPERHT) are continuing in collaboration with ICDDR,B scientists.

10.0 MISCELLANEOUS

10.1 "Partnership in Progress: ICDDR,B's Contributions to and Collaboration with Bangladesh"

This glossy booklet is being prepared and will be used to assist in public relations exercises, and for Government and donor liaison purposes. It captures some of the many ways that ICDDR,B works with, and in Bangladesh.

10.2 Relief Activities

At the request of the Government of Bangladesh, the Centre's epidemic control teams have been working in Barisal since April 12. They established a twenty bed hospital and have treated thousands of patients in the course of implementing epidemic control measures.

10.3 Research Communication & Dissemination

In February 1992 ICDDR,B received the report of the AID, Washington communications consultant, Dr. Michael Mueller. The report called for the establishment of a Communication and Dissemination Office, the development and implementation of a communication and dissemination strategy and the training of a local counterpart to run the office. The Centre has already implemented most of the recommendations relating to internal communication, but recognizes the need for assistance in disseminating its findings more effectively. A project proposal has been prepared for submission to AID, Washington.

The new health newsletter to be issued monthly in Bangla to thousands of front-line health workers in Bangladesh is an important step forward in

the Centre's attempts to broaden and deepen the dissemination of its results.

10.4 International Activities

The Centre's expertise and technical assistance continues to be sought by the Governments of Peru and Ecuador, and several ICDDR,B staff are assisting in the fight against the cholera epidemics raging through these countries.

ICDDR,B staff presented two papers to the African Conference on Diarrhoeal Disease (AFCODD), held in Lagos, Nigeria from 23 - 29 March, 1992.

The Centre participates in the Diarrhoeal Disease Research Coordination meetings of which CDD/WHO and ADDR are also members. These meetings are organized and conducted by USAID/Washington. There was one meeting in Geneva in October 1991, which the Director attended, and another in Boston in April this year at which Dr Dilip Mahalanabis represented the Centre. It is expected that the next meeting will be held in Dhaka in December 1992.

28.4.92

APPENDIX A

COMMUNITY HEALTH DIVISION

1. Papers published (October 1991 - April 1992)

1. Baqui AH, et al. Methodological issues in diarrhoeal diseases epidemiology: definition of diarrhoeal episodes. *Int. J Epidemiol* 1991 Dec;20(4):1057-63.
2. Fauveau V, et al. Effect on mortality of community-based maternity care programme in rural Bangladesh. *Lancet* 1991 Nov 9;338(8776):1183-1186.
3. Fauveau V, Stewart MK, Chowdhury J, Khan SA. Impact on mortality of a community-based programme to control acute lower respiratory tract infections. *Bull WHO* 1992;70(1):109-16.
4. Hasan, KZ et al. Isolation of Shigella spp. using transport media and by direct plating in rural communities of Bangladesh: a comparative study. *Bangladesh J Microbiol* 1991 Dec;8(2):97-101.
5. Hoque BA, et al. Maintaining village water pumps by women volunteers in Bangladesh. *Health Pol Plann* 1991 June;6(2):176-184.
6. Sack RB, et al. Enterotoxigenic Bacteroides fragilis: epidemiologic studies of its role as a human diarrhoeal pathogen. *J Diarrhoeal Dis Res* 1992 March;10(1):4-9.
7. Sack RB. Prospects of control of cholera with oral vaccines (editorial). *J Diarrhoeal Dis Res* 1992 March;10(1):1-3.
8. Siddique AK, et al. 1988 floods in Bangladesh: pattern of illness and causes of death. *J Diarrhoeal Dis Res* 1991 Dec;9(4):310.
9. Weikel CS, Grieco FD, Reuben J, Myers LL, Sack RB. Human colonic epithelial cells, HT29/C₁, treated with crude Bacteroides fragilis enterotoxin dramatically alter their morphology. *Infect Immun* 1992 Feb;60(2):321-7.

10. Zeitlyn S, et al. Compliance with diphtheria, tetanus, and pertussis immunization in Bangladesh: factors identifying high risk groups. Br Med J 1992 Mar 7;304(6827):606-9.
11. Zeitlyn S. The use of soap and water in two Bangladeshi communities: implications for the transmission of diarrhea, rev Infect Dis 1991 Apr;13(suppl 4):S259-64. desh: a comparative study. Bangladesh J Microbiol 1991 Dec;8(2):97-101

Papers in Press

1. Baqui AH, et al. Epidemiological and clinical characteristics of acute and persistent diarrhoea in rural Bangladeshi children. Acta Paediatr Scand.
2. Chowdhury AI, Fauveau V, Aziz KMA. Effect of child survival on contraceptive use in Bangladesh. J Biosoc Sci 1992;24.
3. Dearden K. The educational antecedents of teen fatherhood. Br J Educ Psychol (In press).
4. Henry F, et al. The risk approach for intervention on severe malnutrition in rural Bangladesh. A Journal of Epidemiology.
5. Hoque BA, et al. Handwashing traditions in rural Bangladesh. J Social Science and Medicine.
6. Hoque BA, et al. Environmental health during cyclone 1990.
7. Hoque BA, et al. Proceedings of the Regional Workshop on Water and Sanitation Priorities for the 1990's, Nov 23-26, 1991.
8. Islam MS, et al. Food preference and avoidance beliefs during pregnancy and after childbirth in Matlab, Bangladesh. Bangladesh J Nutr.
9. Siddique AK, et al. Cholera epidemics in Bangladesh: 1985-1991. J Diarrhoeal Dis Res 1992.

2. Protocols in progress

300711

1. Matlab MCH-FP Programme: Design, implementation and monitoring of MCH-FP services and Record Keeping System in Matlab/ since 1986.

A. de Francisco

305111 (Rural) 305121 (Urban)

2. Safety and Efficacy of Vitamin A Supplementation in infancy using the EPI as an entry point: An urban and rural project.

A. de Francisco

302221

3. An approach to the management of acute respiratory infections in children in rural Bangladesh.

A. de Francisco

No BC # has yet been allocated.

4. Intervention to reduce deaths from dysentery in the Matlab MCH-FP area.

A. de Francisco

301231

5. An approach to improving maternity care.

A. de Francisco

303411

6. Nutritional Surveillance System.

A. de Francisco

301431

7. Measles Surveillance System.

A. de Francisco

- No BC # has yet been allocated
8. Empowering women for health: Assessing the impact of training and service delivery in Dhaka slums.

Kirk Dearden

- 305211
9. Development and implementation of nutrition education strategy for promotion of Beta-carotene rich foods as a source of vitamin A in children.

K.M.A. Aziz

- 303311
10. Socio-economic, demographic and cultural factors related to patients at Matlab Diarrhoea Treatment Centre: an epidemiological and ethnomedical analysis.

K.M.A. Aziz

- 300241
11. Urban Health Extension Project.

N. Paljor

- 304411
12. Environment and child survival.

Bilqis A. Hoque

- 304931, 305011
13. Handwashing education.

Bilqis A. Hoque

- 305011
14. Water and sanitation project.

Bilqis A. Hoque

- 304511
15. Shigella and the environment.

Bilqis A. Hoque

- 304611
16. Emergency epidemiology control.

A.K.M. Siddique

- 304711
18. Impact of infection at birth with rotavirus strain on subsequent rotavirus infection.

N. Shahid

APPENDIX B

CLINICAL SCIENCES DIVISION

1. Papers published (October 1991 - April 1992)

1. Alam AN, Abdal NM, Wahed MA, Rao B, Kawser CA, Hoque M, Rahaman MM. Prostacyclin concentrations in haemolytic uraemic syndrome after acute shigellosis in children. *Arch Dis Child* 1991 Oct;66(10):1231-4.
2. Bardhan PK, Salam MA, Molla AM. Gastric emptying of liquid in children suffering from acute rotaviral gastroenteritis. *Gut* 1992 Jan;33(1):26-9.
3. Bardhan PK, Gyr K, Beglinger C, Vogtlin J, Frey R, Vischer W. Diagnosis of bacterial overgrowth after culturing proximal small-bowel aspirate obtained during routine upper gastrointestinal endoscopy. *Scand J Gastroenterol* 1992 Mar;27(3):253-6.
4. Haider R, Khan AKA, Aziz KMS, Chowdhury A, Kabir I. Evaluation of indigenous plants in the treatment of acute shigellosis. *Trop Geogr Med* 1991 Jul;43(3):266-270
5. Mahalanabis D (member -The International Study Group on Improved ORS. Impact of glycine-containing ORS solutions on stool output and duration of diarrhoea: a meta-analysis of seven clinical trials. *Bull WHO* 1991;69(5):541-8.
6. Mahalanabis D, Alam AN, Rahman N, Hasnat M. Prognostic indicators and risk factors for increased duration of acute diarrhoea and for persistent diarrhoea in children. *Int J Epidemiol* 1991 Dec;20(4):1064-72.
7. Mahalanabis D, Bhan MK. Development of an improved oral rehydration solution. *Indian J Pediatr* 1991;58(6):757-61
8. Mitra AK, Khan MR, Alam AN. Complications and outcome of disease in patients admitted to the intensive care unit of a diarrhoeal diseases hospital in Bangladesh. *Trans Roy Soc Trop Med Hyg* 1991 Sep-Oct;85(5):685-7.

9. Patra FC, et al. Enhanced sodium absorption by citrate: an in vivo perfusion study of rat small intestine. *J Paediatr Gastroenterol Nutr* 1990 Oct;11(3):385-8.
10. Rabbani GH, Lu R-B, Horvath K, Lebenthal E. Short-chain glucose polymer and anthracene-9-carboxylic acid inhibit water and electrolyte secretion induced in dibutyryl cyclic AMP in the small intestine. *Gastroenterology* 1991 Oct; 101(4):1046-53.
11. Rabbani GH, Butler T, Shahrier M, Mazumder R, Islam MR. Efficacy of a single dose of furazolidone for treatment of cholera in children. *Antimicrob Agents Chemother* 1991 Sep;35(9):1864-67.
12. Roy SK, Akramuzzaman SM, Akbar MS. Persistent diarrhoea: total gut transit time and its relationship with absorption and clinical response. *J Pediatr Gastroenterol Nutr* 1991 Nov;13(4):409-14.
13. Struelens M, Bennish ML, Mondal G, Wojtyniak BJ. Bacteremia during diarrhoea: incidence, etiology, risk factors and outcome. *Am J Epidemiol* 1991 Mar;133(5):451-9.
14. Van Loon FPL, et al. Low gastric acid as a risk factor for a cholera transmission: application of a new non-invasive gastric acid field test. *J Clin Epidemiol* 1990;43(12):1361-7.
15. Zeitlyn S, Rahman AKSM, Nielsen BH, Gomes M, Kofoed P-E, Mahalanabis D. Compliance with diphtheria, tetanus, and pertussis immunisation in Bangladesh: factors identifying high risk groups. *Br Med J* 1992 Mar 7;304(6827):606-9.

Papers in press

1. Alam NH, Ahmed T, Khatun M, Molla AM. Effects of food with two oral rehydration therapies: a randomised controlled clinical trial. *Gut* 1992;33.
2. Faruque ASG, Mahalanabis D, Islam A, Hoque SS, Hasnat A. Breastfeeding and oral rehydration at home during diarrhoea prevents dehydration. *Arch Dis Child*.

3. Islam MA, et al. Can mothers safely prepare labon-gur salt-sugar solution after demonstration in a diarrhoeal hospital? Trop Geog Med 1991;43(4):
4. Mitra AK. An approach to protect workers' health. Bangladesh Priv Med Pract J.
5. Mitra AK, Rabbani GH. Activity of Bioflorin Streptococcus faecium SF68) in acute diarrhoea (letter). Gastroenterology.
6. Rahman M, Roy SK, Ali M, Mitra AK, Alam AN, Akbar MS. Maternal nutritional status as a determinant of child health. J Trop Paediatr.
7. Roy SK, Tomkins AM, Haider R, Behrens R, Akramuzzaman SM and Mahalanabis D. Impact of zinc supplementation on clinical outcome, morbidity and mortality in Bangladeshi children with acute diarrhoea. BMJ.
8. Roy SK, Haider R, Tomkins AM, Behrens R, Wahed MA, Akramuzzaman SM and Mahalanabis D. Impact of zinc supplementation on intestinal permeability in Bangladeshi children with acute diarrhoea and persistent diarrhoea syndrome. J Ped Gastroenterol Nutr.
9. Roy SK, Akramuzzaman SM, Khatun M, Haider R, Akbar MS, Alam AN. Persistent diarrhoea: factors affecting absorption and clinical prognosis during management with a rice based diet. Acta Pediatr Scand.
10. Sarker SA, Gyr K. Non-immunological defense mechanisms of the gut. Gut.
11. Struelens MJ, Mondol G, Kabir I, Salam A, Nath SK, Patte D, Roberts M, Baldwin T, William PH. Pathogenesis of Shigella septicemia: bacteria and host factors. Euro J Clin Invest.
12. Van Loon FPL, Rabbani GH, Rask-Madsen J, Bukhave K. Indomethacin decreases jejunal fluid secretion, in addition to luminal release of prostaglandin E₂, in patients with acute cholera. Gut.

2. Ongoing protocols - 1992

1. 202411 (to be transferred to CSD)
ICDDR,B Surveillance Programme, Dhaka Hospital.
D. Mahalanabis, AN Alam

2. 102711
Management of acute diarrhoea in diabetic patients.
R. Haider (BIRDEM collaborative)

3. 106711
The role of cytokines in the pathogenesis of shigellosis.
M.A. Salam

4. 104211
Comparison of two L-alanine-glucose based oral rehydration solutions with the standard WHO-ORS formula in adults and children with acute watery diarrhoea.

5. 104021
Trial of coconut oil based communitied chicken meat diet in persistent diarrhoea in children.
P.K. Bardhan

6. 103921
Evaluation of trimethoprim-sulphamethaxazole in the treatment of infants and children with persistent diarrhoea.
P.K. Bardhan

7. 104111
High nutrient feeding of undernourished children with shigellosis during acute stage.
D. Mahalanabis (R. Majumder)

- 103721
8. Evaluation of the beneficial effects of supplementation with a mixture of trace elements on growth and morbidity.

A.K. Mitra (Akramuzzaman)

- 105111
9. Prognostic and risk factors for prolongation of acute diarrhoea: a clinic based cohort study.

D. Mahalanabis and ASG Faruque

- 105011
10. Small bowel microbial ecology of severe persistent diarrhoea with particular reference to diarrhoeagenic E.coli: a descriptive study of pathogenesis and pathophysiology of severe persistent diarrhoea.

D. Mahalanabis

- 106511
11. Controlled trial of energy dense porridge for children with acute watery diarrhoea.

A.K. Mitra

- 106411
12. Controlled trial of an energy dense porridge for children with acute dysentery.

D. Mahalanabis (Ramendro Majumder)

- 107011
13. Impact of ready-to-use packaged rice ORS and response of mothers when provided as an antidiarrhoeal medicine in rural Bangladesh.

ASG Faruque and D. Mahalanabis

- 107311
14. Evaluation of diets based on cooked rice powder liquified by amylase rich germinated wheat cereal flour and yoghurt in persistent diarrhoea.
- D. Mahalanabis and Asma Islam (FC Patra)
- 107911
15. Role of micronutrient mixture containing zinc, selenium, iron, copper, folate in reducing the incidence and severity of acute diarrhoea and acute respiratory infections, and in improving nutrition in children: a randomised community intervention trial.
- D. Mahalanabis and ASG Faruque
- 107711
16. Environment & Shigella Dysentery (CHD collaborative).
- Bilquis A. Hoque and D. Mahalanabis
- 105121
17. Evaluation of a precooked ready to use rice ORS in reducing diarrhoea duration and in improving weight gain in infants and small children with mild diarrhoea attending the outpatient department.
- D. Mahalanabis and ASG Faruque
- 101051 (to start as soon as drugs are received)
18. Double-blind randomised study of the safety and efficacy of ciprofloxacin in the treatment of childhood shigellosis.
- M.A. Salam
- 107511 (to be started as soon as drugs are received)
19. Randomised double-blind trial of single dose doxycycline in the treatment of cholera in children.
- A.N. Alam

- 108131
20. Safety and efficacy of Vitamin A supplementation in infants less than 6 months of age using the immunization programme as an entry point.

Mujibur Rahman

- 108141
21. Vitamin A supplementation in the treatment of shigellosis in children.

Shahadat Hossain

- 108121
22. RDR and MDR techniques for vitamin A status (LSD collaboration).

M.A. Wahed and Mujibur Rahman

- 108111
23. Study of the effect of Vitamin A status and its supplementation to disease process of pneumonia.

A.N. Alam (Shishu Hospital Collaboration)

APPENDIX C

LABORATORY SCIENCES DIVISION

1. Papers published (October 1991 - April 1992)

1. Albert MJ, Ansaruzzaman, M, Neogi PKB, Haider K, Faruque SM, Tzipori S. An ELISA for the detection of localized adherent classic enteropathogenic Escherichia coli serogroup. J Infect Dis 1991 Nov;164(5):986-9.
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9. Bennish ML, Azad AK, Yousefzadesh D. Intestinal obstruction during shigellosis: incidence, clinical features, risk factors and outcome. *Gastroenterology* 1991 Sep;101(3):626-4.
10. Ciznar I, Qadri F, Haq S, Hossain SA. Haemagglutinating Shigellae: In: Wadstrom T, ed. Molecular pathogenesis of gastrointestinal infection. New York: Plenum Press, 1991:231-6.
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Papers in Press

1. Albert MJ, Ansaruzzaman M, Alim ARMA, Mitra A. Fluorescent antibody test for rapid diagnosis of Shigella dysenteriae 1 infection. *Diagnost Microbiol Infect Dis* 1992.
2. Albert MJ, Faruque SM, Ansaruzzaman M, Islam MM, Haider K, Alam K, Kabir I, Robins-Browne R. Sharing of virulence-associated properties at the phenotypic and genetic levels between enteropathogenic Escherichia coli and Hafnia alvei. *J Med Microbiol* 1992.
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7. Rahman MM, Qadri F, Albert MJ, Hossain A, Moshuzzaman M. Lipopolysaccharide composition and virulence properties of clinical and environmental strains of Vibrio fluvialis and Vibrio mimicus. *Microbiol Immunol* 1992.
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2. List of ongoing protocols

204011

1. Haemagglutination (HA) ability and adhesiveness of Shigella species (Part 2): Characterization of the adhesin/haemagglutinin and other outer membrane components, including the use of monoclonal antibodies.

F. Qadri

205211

2. Establishment and application of virological techniques to study the epidemiology of rotaviruses and other viral agents causing diarrhoea in rural and urban Bangladesh.

L. Unicomb

205911

3. Establishment of techniques to identify pathogenic strains of E. histolytica for use in clinical and epidemiological investigations.

R. Huq

205811

4. Identification of enteric pathogens using specific DNA probes as an aid to clinical and epidemiological investigations.

S.M. Faruque

205511

5. Study of immune response to S. dysenteriae 1 in an effort to identify abnormalities leading to the development of leukemoid reaction.

T. Azim

207111

6. Immune status of children who develop persistent diarrhoea.

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- 207111
6. Immune status of children who develop persistent diarrhoea.

T. Azim

- (Awaiting for budgetary clearance)
13. Direct identification of enteric pathogens in biological specimens by specific DNA amplification.

S.M. Faruque

- 207711
14. Cloning of gene(s) that code for toxin production by enterotoxigenic bacteroides fragilis and development of diagnostic tests based on toxin.

Z.U. Ahmed

- (Funded by the University of Maryland, but no BC # has yet been allocated)
15. A comparative study of four different methods for the identification of V. cholerae 01 in stool and water samples.

A. Huq

- (PCC-2/1988)
16. An evaluation of coagglutination technique, reversed passive haemagglutination and Enzyme-linked immunosorbent assay (ELISA) for diagnosis of rotavirus diarrhoea and their correlation with clinical illness.

A. Hossain and Prof. N. Islam, IPGM&R

APPENDIX D

POPULATION SCIENCE AND EXTENSION DIVISION

1. Papers published (October 1991 - April 1992)

1. Alam N, Wai L. Importance of age in evaluating effects of maternal and domestic hygiene practices on diarrhoea in rural Bangladesh. *J Diarrhoeal Dis Res* 1991 Jun;9(2):104-10.
2. Fauveau V, Koenig MA, Wojtyniak B. Excess female deaths among rural Bangladeshi children: an examination of cause-specific mortality and morbidity. *Int J Epidemiol* 1991 Sep;20(3):729-35.
3. Fauveau V, Chakraborty J, Sarder AM, Khan MA, Koenig MA. Measles among under-9-month-olds in rural Bangladesh: its significance for age at immunization. *Bull WHO* 1991;69(1):67-72.
5. Koenig MA, Whittaker M. Increasing the application of operations research findings in public sector family planning programs: lessons from the ICDDR,B Extension Project. In Seidman M, Horn MC, eds. *Operations research: helping family planning programs work better*. New York; Wiley-Liss, 1991:451-60.
6. Mita R, Simmons R. Indirect effect of the Matlab family planning program on contraception among unmarried women. *Stud Faml Plann* 1992 Mar-Apr;23(2).
7. Mostafa G, Wojtyniak B, Fauveau V, Bhuiya A. The relationship between sociodemographic variables and pregnancy loss in a rural area of Bangladesh. *J Biosoc Sci* 1991 Jan;23(1):55-63.
8. Simmons R, Mita R, Koenig MA. Employment in family planning and women's status: the personal transformation of community workers. *Stud Fami Plann* 1992 Mar-Apr;23(2).

2. List of ongoing protocols

1. Umbrella protocol No. 87-016
The MCH-FP Extension Project Protocol 1987-92.
J. Haaga

2. Umbrella protocol No. 88-030
Demographic Surveillance System (DSS) - Matlab and Teknaf.
M.A. Strong

3. Protocol No. 91-011
Maternal Mortality in Matlab, Bangladesh.
Md. Shahidullah

4. Evaluation of the sisterhood method for estimation of maternal mortality (collaboration with ANU).
Md. Shahidullah

**International Centre for Diarrhoeal
Disease Research, Bangladesh.**

ICDDR,B

**Resource Development Strategy
Outline**

I. Background:

A. Workplan (see attached Gantt chart): With the assistance of USAID, Washington, ICDDR,B has begun work on preparing a Resource Development Strategy. The 1992 workplan includes the following measures:

1. Preparation of public relations materials.
(Status: Completed)
2. The reorganization of the Resource Development Office. (Status: In process)
3. Attempts to identify and recruit experienced fund-raisers to more effectively advocate the Centre (in particular to Foundations). These advocates will form the Resource Development Advisory Council.
(Status: Commenced)

4. The preparation of a detailed Resource Development Strategy. (Status: Future)
5. Revision of the ICDDR,B Strategic Plan, in order to sharpen and focus the direction and presentation of the plan. (Status: Future)
6. Attendance of the November Board of Trustees' and Donors' Support Group Meetings by the Resource Development Advisory Council. (Status: Future)
7. Revision of the Resource Development Strategy in accordance with inputs from:
 - a. Board of Trustees
 - b. Donors' Support Group
 - c. Resource Development Advisory Council(Status: Future)

B. 1991 Donors' Support Group Meeting. There was a great deal of constructive input from the donors at the Support Group Meeting, held in November 14, 1991. This included:

1. Mr. Binayak Ray (AIDAB) emphasized that AIDAB strongly believed that other international agencies, like WHO, UNDP, or even UNFPA, in designing their programmes, should take some input from the results that have been achieved through the scientific research in ICDDR,B. Everyone was aware that funds were drying up everywhere, and that it was necessary to manage better with less. Sharing the research results was one of the ways to achieve this. He stressed the need to do some work to publicize the work of ICDDR,B to the donor community, not in the sense that it was conducting cholera research, but rather that cholera research activities were leading to wider activities and helping other programmes.

2. Mr. William Goldman (USAID-Dhaka) saw the establishment of the joint global level coordination committee for diarrhoeal disease control as another example of positive efforts towards coordination and dissemination. It was this

type of activity and forum where ICDDR,B could play an important role. He stressed the importance of preparedness, so that involvement was not just reaction to the natural disasters which are so frequent in Bangladesh.

3. Mr. Fujita (Japanese Embassy, Dhaka) considered that Bangladesh should receive as much direct and indirect benefit from the Centre as possible while respecting the character of ICDDR,B as an international institution.

4. Dr. Immita Cornaz (SDC, Berne) said that the strategic plan was an important instrument which gave SDC confidence in the way the Centre works, but thought that the plan should be developed further. The research programme, should be presented in clusters of related research, clearly demonstrating the relationships between these clusters, and the priorities within the strategic plan. With the more transparent work of the Board, and close collaboration with the donors, would enable donors to fund the Centre as a whole.

ICDDR,B's Response

ICDDR,B continues to offer technical assistance to countries affected by diarrhoeal disease throughout the world. This is done through training and epidemic response, through presentations at conferences and through international publications, the new Glimpse and JDDR. In addition to the new Bangla Newsletter to improve dissemination among field-level health personnel, the Centre is further strengthening its dissemination activities in line with the recommendations made by the USAID, Washington communications consultant. A project proposal has been submitted to USAID, Washington for additional assistance to do this.

The "Partnership in Progress" booklet will be used to highlight the benefits that the Centre brings to Bangladesh. Renewed efforts are being made to secure the use of bilateral funds (in particular for service provision). It is hoped that all donors (in particular the Japanese) will assist in this.

The ICDDR,B Strategic Plan is to be updated, revised and reformatted in preparation for the 1992 Donors' Support Group Meeting.

II. Objectives of the ICDDR,B Resource Development Strategy:

- A. To increase annual flow of funds by at least 10% per annum.
- B. To maintain the current trend of long-term core funding.
- C. To secure Government of Bangladesh agreement for the use of bilateral funding for the provision of health care services.
- D. To establish an Institutional Development (previously known as the Reserve Fund) of \$15 million.
- E. To establish a Hospital Endowment Fund of \$5 million.

III. Funding Mechanisms Targeted:

- A. **Background.** Objectives A. -> C. are the objectives for the on-going annual cycles of donor funding which has been the traditional source of funds for the Centre. However, Objective C. has a direct bearing on Objective E., since the agreement of the Government of Bangladesh to the use of bilateral funding for the provision of health care services would permit the Centre to seek funds for the Hospital Endowment Fund from bilateral donors.

In order to attract funds to secure the longer-term security and sustainability of the Centre, it is considered important to emphasize the two major funds (Institutional Development (previously known as the Reserve) and Hospital Endowment). These have the advantage of being clearly distinct, one for research and the other for the provision of health care services, and the Centre is therefore likely to be able to appeal to a broad range of potential donors.

B. **Hospital Endowment Fund.** The establishment of a hospital endowment fund has been a key part of the Centre's medium and long-term fund-raising strategy. The fund has grown to a little over \$17,000 in 7 months, and its administrators are confident that, over time, it will accumulate to reach its target of \$5,000,000. The hospital endowment fund is an important part of ICDDR,B's long-term fund-raising strategy since it provides an opportunity to tap the charitable and foundation funding sources in the developed countries and Bangladesh itself.

C. **Institutional Development (previously known as Reserve Fund).** The ICDDR,B Reserve Fund was established in November 1981, and as of December 31, 1991, stood at \$2,109,695, primarily due to the Ford Foundation grant of \$500,000 in 1985. The Institutional Development Fund will

be the focal point of the Centre's long-term resources development strategy for institutional and research oriented funding. In accordance with the resolutions of the Board of Trustees, the Institutional Development Fund will be used for three main functions:

1. To provide a source of funds to permit the scientific work of the Centre to continue, pending the receipt of committed donor funds, without the necessity and expense of borrowing interim funding.
2. To provide a source of flexible funds for the Centre, through its scientists, to use in exploring new lines of research or training.
3. To provide funds for one-time emergencies (of which the principal example would be the unexpected need to reduce sharply the scale of the Centre, if, as a hypothetical example, a major donor suddenly withdrew its support and no other replacement funds could be found).

IV. Short Term Actions Implemented:

- A. **Expertise.** A management consultant with long experience in Bangladesh and extensive knowledge of ICDDR,B has been hired to work with the Director to coordinate the development of the resources development strategy. The initial steps that they have made are as follows.

- B. **Annual Funding Drive.** The attempts to raise funds this year will focus on the fact that in 1992 the Centre is running on a similar level of funds as were made available to it in 1986, despite inflation in the intervening period in excess of 100%. The importance of increasing both the level and length of funding to give the stability that the Centre needs if it is to fulfill its mandate effectively.

- C. **Publication of Proceedings of Donors' Support Group Meeting.** A booklet documenting the proceedings of the donor support group has been distributed among Board of Trustees and Donor Agencies. The proceedings reflected growing optimism and confidence in the Centre, and document donors' input into the planning process. The booklet stresses the need to increase annual funding to the Centre if it is to realize its potential.

D. Publication of "ICDDR,B and Bangladesh: Partnership in Progress". A booklet documenting the Centre's collaboration with and contributions to Bangladesh has been developed, and is to be distributed to Government officials and donor agencies. It is hoped that this will assist attempts to gain access to bilateral funds, particularly for the areas of service provision.

E. Reorganization of Resource Development Office (RDO). In the first six months of 1992, the files and information systems of the RDO are being reviewed and reorganized. Computerized history files are to be maintained on all the Centre's past, current and potential donors. These files will record and summarize the interactions between the Centre and donors, noting past contributions, current project proposals and the areas of interest for each donor. This will allow the Centre management to approach donors in full knowledge of the past and present issues.

The RDO database has already been developed to improve compliance with grant regulations and the timeliness of reporting to donors. In addition, key information on the donors: personnel, addresses telephone and fax numbers etc. has now been loaded into the system.

V. Medium Term Actions Initiated/Planned:

- A. Mechanisms for Resource Development, and Strategy Formulation. The Centre will be working in the following ways to develop both a Resource Development Strategy and resources.
- B. Expertise. Robert G. Smith, who previously was responsible for fund-raising for the University of Maryland, has been contacted with the assistance of USAID. After initial discussions, and exchange of correspondence and documents, Mr. Smith the consultant assisting the Director with Resource Development Strategy will have extensive discussions with Mr. Smith in July. Additional expertise will be recruited during the Director's fund raising tour of July 1992. Visits will be made to the Switzerland, UK, USA, Canada and Japan.
- C. Resource Development Advisory Council. During these visits, the Director will attempt to identify and recruit committed, experienced fund-raising experts to form a Resources Development Advisory Council, to assist in the development and implementation of the Resource Development Strategic Plan and fund-raising initiatives.

In particular, attempts will be made to identify and

approach Foundations which might be interested in supporting the Centre through its Institutional Development Fund (Research) or Hospital Endowment Fund (Health Care Service).

The members of the Resource Development Advisory Council will meet in Dhaka to coincide with the November meetings of the Board of Trustees and the Donor Support Group. This will allow them to gain a greater understanding of the Centre, its work, and the donors currently supporting it. During this period, the Resource Development Strategy will be revised.

D. The International Child Health Foundation. The Board of the ICHF has voted to sponsor a program in support of ICDDR,B. American citizens who wish to make tax deductible charitable gifts to ICDDR,B can make their cheques payable to ICHF, noting that the money is for ICDDR,B. The Board of ICHF comprises experienced fund raisers dedicated to "Saving the maximum number of children's lives at the lowest possible cost**", including:

1. Dr. William Greenough, (Johns Hopkins University, Ex-Director, ICDDR,B)
2. Barry D. Gabberman (The Ford Foundation)
3. James Bausch (Save the Children Federation)
4. David Bell (Harvard School of Public Health, Ex-Chairman of the Board of Trustees)

During his visit to the USA the Director will meet with the ICHF, its Board members in an attempt to resolve administrative issues, and improve communication and collaboration between the two organizations.

4/BT/MAY '92

PROGRAMME COMMITTEE REPORT

**Report of the Meeting of the Programme Committee of the Board
of Trustees held on May 29, 1992 at ICDDR,B, Dhaka**

Committee Members in attendance were Prof. K.M. Fariduddin, Prof. F. Mhalu and Prof. R. Hamilton (Chairman). Several members of the Board of Trustees were also present. The open portion of the meeting was attended also by the Associate Directors, and other members of staff of ICDDR,B.

1. The agenda was adopted (attached).
2. The Centre's Response to the Review of the Population Sciences and Extension Division

Dr. John Haaga and Dr. Michael Strong described the responses to this review, undertaken in November, 1991 and presented at that time by the Chairman of the Review Committee, Prof. J.C. Caldwell. They provided a clear, detailed outline of the status of their responses to the issues raised by the review. Through restructuring and rescheduling, several positive steps have been taken to improve collegiality and efficiency in the Division. Data collection functions have been separated administratively from data processing functions with the creation of a Population Study Centre under Dr. Bairagi's direction. New emphasis has been placed on social science research and on the study of the "demand" rather than supply side of issues. Further advice has been sought on the merits of a

rolling census since the review committee had advised caution in initiating a rolling census. The Division however plans to continue to develop such a census. Prof. Fariduddin expressed strong support for a rolling census.

The Committee and the other members of the Board in attendance expressed general support for the Division's prompt, comprehensive and aggressive response to the review.

3. Community Health Division - Accomplishments and Plans (Dr. Bradley Sack)

The Associate Director, Dr. Bradley Sack, outlined the extensive accomplishments and plans for the 5 major interest groups in this Division. The Division has moved into new office facilities which will improve communications and efficiency in the group. A written document outlines the various protocols in operation. Six new international faculty have been recruited, two workshops were held on Water and Sanitation and several initiatives taken to develop more research in the behavioural sciences and in studies related to the empowerment of women. Research Plans include two new studies on Vitamin A administration; a birth cohort and family study of diarrhoea, fever and respiratory diseases have been started, and several protocols for vaccine studies (E.coli, V. cholerae, measles, S. pneumonia) are being developed.

The Division continues to mount extensive educational activities. An exchange program has been started with the London School of Hygiene and Tropical Medicine.

Several questions were raised about the practical application, safety and feasibility of some of the candidate vaccines. Dr. Sack stressed that the studies planned were preliminary and directed at specific focussed research issues.

4. Laboratory Sciences Division - Accomplishments and Plans
(Dr. Bradley Sack)

Dr. Sack, recently appointed Director, provided a written outline. He has restructured the Division, placing Dr. John Albert in charge of research and Dr. Moyenuul Islam in charge of service. Notable new developments include the development of PCR technology for the diagnosis of Shigellae, a tissue culture assay for E. fragilis enterotoxin assay and the use of DNA probes for diarrhoeagenic bacterial diagnoses. In the near future, plans call for a range of new projects as outlined by Dr. Sack. They include surveys of H.Pylori antibody prevalence, assessment of oral cholera vaccines in a RITARD model, evaluation of duckweed treatment of contaminated water and 3 collaborative projects with the University of Maryland, the University of Alabama, and Walter Reed Hospital, proposed to USAID. Several members commented on the importance of

collaborative efforts with national institutions and on the importance of Research Capability Strengthening.

5. Urban Health Extension project (UHEP)

The status and plans of this large project were presented by Mr. N. Paljor. Dr. Baqui discussed some of this group's research activities and presented preliminary data.

The project has shown that a community can be reached by volunteers; and, their impact on health care measurements appears to be modest and on a par with what is achieved by NGO's. The cost benefits of this volunteer program remain to be determined.

Concerns were expressed over a lack of clarity in the definition of this project and its size and scope. The rate of turnover of volunteers is low although the turnover rate of the population is very high in urban slums.

6. Clinical sciences Division - External Review: Dr. Grant Gall

A review committee chaired by Dr. Grant Gall (Canada) including two additional members, Dr. Gunnar Meeuwisse (Sweden) and Prof. M-Q K Talukder (Bangladesh) and 3 trustees (Dr. D. Ashley, Prof. R. Hamilton and Prof. V.I. Mathan) had spent 3 days reviewing the Clinical Sciences Division. Their report was presented briefly by Dr. Gall who expressed a very positive opinion of the Division's accomplishments.

The committee made 15 specific recommendations (see attached) designed to further strengthen the patient care, educational and research activities of the Division. It was suggested that expanding research into pathophysiological studies of diarrhoea should be considered and that research attention should be directed toward improving the acceptability in the community of established beneficial management strategies.

It was noted that the advice to pursue pathophysiological studies was counter to the advice provided by a previous Scientific Advisory Committee report. However, the review committee presented compelling reasons to support consideration of pathophysiological research initiatives; an opinion was supported by the Committee.

7. Closed Meeting

The Committee was joined by other Board members and the Director in a closed session later in the day (May 29). The following matters were discussed:

a) Process for Programme Committee meetings

The current format in which Associate Directors briefly presented the achievements and plans for their group was judged to be very successful. For the next meeting it was suggested that the Associate Directors need not

prepare a formal written statement describing their achievements since the information provided has tended to be duplicated in the Director's report.

b) **The Centre's Response to the November 1991 Review of the Population Sciences and Extension Division**

The Programme Committee applauds the prompt, extensive, constructive response of the Division and its director to the review committee recommendations.

External Review of the Clinical Sciences Division

c) The Committee felt that the report, submitted by the Chairman of the external review committee, Dr. Grant Gall was constructive and appropriate and had no further comment at this point. The Committee expects to receive the Centre's response to this report at its next meeting in November 1992.

d) **Cholera Vaccine**

Dr. Bradley Sack attended this portion of the meeting. The Committee was informed of the current status of the research in progress related to the evaluation of the production, quality control and effectiveness of a specific cholera vaccine. The Committee was satisfied that the Centre's involvement is confined to research activities which are within its expertise and capacity, that inappropriate costs are not being incurred by the Centre through its involvement in this project, that

the Board will be kept abreast of developments related to this program and that the WHO Diarrhoeal Disease Program will also be consulted and kept informed of progress.

The Committee thanks the Director, the Associate Directors, and all staff members for the excellence of their presentations to the Committee. The Committee was privileged to receive a large body of interesting information, prepared and presented in a very concise manner. Our questions were answered with patience and clarity.

Prof. J.R. Hamilton
Chairman

Attachments: Agenda
CSD External Review
Recommendations

JRH:ls

RECOMMENDATIONS

1. Consideration be given to more research in areas other than those focussed on case management, for example pathogenesis and pathophysiology of diarrhoeal disease.
2. Additional research should be initiated to devise and evaluate strategies for implementation of established management methods (e.g. community use of ORS). These initiatives should be inter-divisional and should involve individuals with expertise in behavioural science.
3. Research collaboration between divisions has improved greatly over the last three years but the committee feels that there is still room for further improvement.
4. Money available for initiation of new research projects should be expanded and there should be a formal mechanism established to evaluate applications from division members.
5. Division staff should be encouraged to submit research operating grant applications to outside agencies and a mechanism should be established internally to assist the applicants in developing excellent applications.
6. Effort should be made to reestablish the three international scientists positions that have been

discontinued and strong efforts should be made to recruit appropriate scientists.

7. The committee supports the initiatives planned to strengthen nutrition research. However, care should be taken to assure that these efforts are pursued with focus and in some depth.
8. Consideration should be given to develop research activities in areas relevant to "Essential National Health Research", other than diarrhoeal disease, for example acute respiratory infections.
9. Consideration should be given to providing protected research time for productive scientists by relieving them of clinical duties for periods of time.
10. Effort should be continued to enhance clinical training for Division members by utilising both national and international centres.
11. Consideration should be given to establishing training rotations to accommodate trainees from other national institutions.
12. Attempts should be made to provide continuing education for the nursing staff and other allied health care professionals.
13. An appropriate system for medical audit needs to be

established.

14. International level clinical scientists should take part in the training activities of the Division.

15. Further attempts should be made to encourage other consultant paediatricians of the country to participate in the clinical activities of the Clinical Sciences Division.

**EXTERNAL REVIEW OF THE CLINICAL SCIENCES DIVISION OF THE
INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, DHAKA,
BANGLADESH - May 26-28, 1992**

REVIEWERS

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INTRODUCTION

The formal review of the Clinical Sciences Division of the International Centre for Diarrhoeal Disease Research was conducted on May 26 & May 27, 1992. Prior to the visit reviewers received for information the 1990 Annual Report of the Centre, a report of the last review conducted in 1988, a summary of the Division's activities over the past three years prepared by the Division Director, list of membership of the Division, updated curriculum vitae for members of the division and other related material. Prior to formal sessions those individuals in the review panel that had not previously visited the Centre were offered an opportunity to tour the facilities.

The reviewers spent the initial period of the site review meeting with the Divisional Director, Dr. Dilip Mahalanabis who provided an overview of the Division and responded to specific enquiries. The next sessions consisted of selected presentations by division members. After a preliminary meeting of the review committee exit interviews were conducted with members of the Division and with the Division Director.

The overall activities of the Clinical Sciences Division including clinical services, education and research were examined, however the major focus of the review evaluation was on the research activities of the Division.

The members of the review committee are grateful to the

Director, Dr. D. Habte, the Associate Director, Dr. D. Mahalanabis, members of the Division and administrative staff of the Centre for their efficient organization of the review process, the time spent with the Committee and for their gracious hospitality.

CLINICAL SCIENCES DIVISION

The primary objective of the Clinical Sciences Division is to develop and improve case management of diarrhoeal diseases to reduce morbidity and mortality. This objective is accomplished by the promotion of research on diarrhoeal diseases, dissemination of knowledge through publications, presentations at national and international meetings, training programmes for all nationalities and the development of educational programmes for professionals and the lay public.

Research is coordinated through task forces that were identified and developed as part of an overall strategic plan of the Division. The areas of the task forces are as follows:

1. watery diarrhoea; 2. invasive diarrhoea; 3. persistent diarrhoea; 4. nutrition management; and 5. clinical epidemiology and maternal child health.

The foundation for these research activities is based on a high quality and active clinical service. The activities of the Division are primarily focused at the hospital setting of the Centre where approximately 92,000 patients are seen per year and in two outreach clinics: the Nandipara clinic which is semiurban, and the Narayanganj clinical research clusters which are in a rural setting. An important development over the past three years is

the Child Health Programme which focuses on nutrition rehabilitation, health teaching and immunization. The programme is funded as a service but has provided the basis for increased research activity. The majority of the research protocols in the Division use the wealth of clinical material seen at the main centre. In addition to patients entering specific research protocols, 4% of all patients (i.e. 1 in 25 patients seen) are entered into an ongoing surveillance data base.

Educational opportunities are provided to medical graduates (approximately 8 per year) and clinical fellows (approximately 5 per year) and to nurses (10 to 11 per year) in one year training programmes. In addition national and international case management training workshops are held by the Division throughout the year.

The Centre as well as the Division have responded successfully to the financial constraints of the past few years. The Division has been down sized without an apparent impact on service load or research activities. The overall budget appears to be fairly adequate but there continues to be difficulty in obtaining funding for clinical research projects. An important development since the last review is the provision of a core budget to the Associate Director which can be utilised for initiation of pilot projects. Recently the Division Director has initiated a plan to establish a hospital endowment fund. The aim of the endowment would be to provide a financial basis for the budgetary requirements of the hospital and clinical service thereby freeing monies for research activities.

MEETING WITH DIVISION MEMBERS

The review committee met with Division members as a group in order to obtain their views on the direction and overall function of the Division. There was a frank and open discussion. Members were enthusiastic and proud of the Division.

The clinical service load is handled by five teams which consist of at least two senior medical officers, scientists, assistant scientists, medical officers and trainees. The senior medical officers round twice daily and are available for consultation at other times. In addition senior colleagues from the other teams are frequently consulted. A consultant paediatrician (retired Professor of Paediatrics) from the community conducts rounds twice weekly. The Division has developed specific guidelines and procedures for the referral of complicated patients and patients requiring additional medical care. One clinical team is responsible for outpatient care and the remaining four teams are responsible for inpatient care in the following areas: 1. watery diarrhoea; 2. invasive diarrhoea; 3. persistent diarrhoea; and 4. a special care facility. Division members rotate on a regular basis through the various teams.

Division members felt that overall they provided excellent clinical care. The system in place for triage of patients and increased responsibility within individual teams were seen as

appropriate. Members felt that in general their expertise was appropriate for the clinical problems they deal with but that greater expertise in paediatrics for many members was desirable since most patients are children. Mechanisms are in place to allow clinical upgrading to occur. Several members have or plan in the near future to take study leave to increase their expertise in paediatrics. In general, Division members felt there was an appropriate opportunity for career development. There is an ongoing continuing medical education programme which includes journal club, division rounds, inter-divisional rounds and seminars. Conferences are regularly held to review complex patients and to review deaths. A system for medical audit is not in place. Library facilities were considered adequate. Members of the Division did express concern that they did not receive sufficient recognition for their clinical activities. They would like the evaluation process to reward individuals for clinical commitment and expertise.

The Clinical Sciences Division strives for a balance between service, education and research. Members felt that their commitment to research was beneficial to patient care and did not detract from the care provided. Members appear committed to the concept that excellent clinical research must rest on a solid foundation of excellent clinical care. Research activities are appropriate in relation to the patient problems seen. The scope of research activities was thought to be appropriate. Members recognized the need for a major commitment to clinical research but felt there needed to be a

mixture of clinical and basic research to strengthen and facilitate clinical research. Research activities in the Division are coordinated through, as indicated, task forces which directly relate to clinical care i.e. 1. watery diarrhoea, 2. invasive diarrhoea, 3. persistent diarrhoea, 4. nutrition management, and 5. clinical epidemiology and maternal child health. Research activities within the Division were felt to be productive, innovative and relevant. Research discoveries are quickly moved from the research arena to the clinical setting both in the hospital and in the community.

Two senior nurses attended the meeting. They concurred that the level of clinical care was excellent and appropriate within the constraints of the patient load and the facility. Nursing staff are involved in the clinical research projects but to-date have not been involved in the design of research projects. Concern was expressed by one of the senior nurses that nursing staff did not have the opportunity or did not avail themselves of the opportunity for continuing nursing education.

MEETING WITH DR. DILIP MAHALANABIS

Following the meeting with Division members the committee met with Dr. Mahalanabis to address specific issues. Dr. Mahalanabis outlined changes in the Division that had occurred in response to the last review. The Division developed a strategic plan and research priorities. Diagnostic capabilities have been expanded in microbiology to include E.coli pathogens and capabilities for endoscopy and intestinal

biopsy have been developed. Finally, collaboration between divisions has been actively pursued and mechanisms such as inter-divisional rounds and other activities put in place to stimulate inter-divisional collaboration and interaction.

Dr. Mahalanabis expressed the opinion that the Centre is an outstanding primary care facility with some specific expertise in paediatrics and internal medicine. He stressed that the intent of the facility was not to provide tertiary care but rather the mandate was primary care. The training programmes and development of case management needed to be at the primary care level to ensure that the training and protocols developed were appropriate for use at the community level. Referral patterns have been established with other institutions to ensure that patients requiring additional care are referred to tertiary care facilities as required. Monitoring of clinical care is ongoing but as indicated a mechanism for medical audit is not in place. Dr. Mahalanabis felt that the reputation of the Division, the facilities, and the clinical and research opportunities allow for recruitment of excellent personnel at the national level. He informed the committee that it has become almost impossible to obtain clinical training positions nationally and particularly internationally for members of his Division. He stressed however that mechanisms are in place to ensure appropriate career development of Division members.

Dr. Demissie Habte joined the meeting for discussions on inter-divisional activities. Dr. Habte concurred with Dr. Mahalanabis's opinion that there were strong and active collaborations and interactions between various divisions. Many research protocols were jointly developed between the various divisions especially the Clinical Sciences Division, the Laboratory Sciences Division and the Community Health Division. Dr. Habte did not feel that there was duplication of facilities or expertise but rather the facilities and expertise were shared. Dr. Habte indicated that the Clinical Sciences Division played a central role in clinical care and in research activities within the Centre.

ASSESSMENT/EVALUATION

The committee was impressed with the major changes that have occurred in the Division of Clinical Sciences over the past three years. Major improvements have occurred in the organization of the Division, in the provision of clinical care, in educational activities and in research activities. In contrast to the 1988 report of the Division there is now excellent "Espirt de corps" within the Division. Morale is high. Division members are enthusiastic and committed. The majority of the issues raised in the previous review have been dealt with. Dr. Mahalanabis is to be congratulated on his achievements and outstanding leadership and Dr. Habte for his support of the Division.

The International Centre for Diarrhoeal Disease Research and the Division of Clinical Sciences is an important international facility. The Centre provides an extraordinary human laboratory for the study of diarrhoeal disease. The variety and extent of the patient population provides an excellent foundation for educational and research activities.

Clinical coverage is appropriate. The Centre is an outstanding clinical facility for the care of patients with diarrhoeal disease. Because of the limited nature of the review process it is difficult for the committee to provide a full evaluation of the clinical service. The committee felt however that the clinical service for primary clinical care was

of the highest quality. Appropriate referral mechanisms have been established for patients requiring additional expertise. The development of the Child Health Programme has been an excellent innovation in an important area.

Educational programmes are relevant to the mandate of the Division. The Division continues to conduct appropriate international workshops as well as national workshops. Case management workshops for the international community are assessed by the participants as being of very high quality. The new initiatives for continuing medical education of Division members appears to be of high quality and very effective. The ongoing training of Division members is an important initiative which is being maintained.

In general there is an appropriate balance between clinical and research activities. Some members commit more time than others to clinical care, but this is appropriate in order to maintain the excellence of the human laboratory. The Division has shown increased productivity over the past years. The quality of the publications as well as numbers has increased. As importantly, a higher percentage of the publications in the last year have been derived from projects initiated and completed by Division members as opposed to visiting scientists. The Committee felt that there was an improvement in the originality and relevance of recent publications. We expect that the expansion of research activities will continue in the upcoming years. The individual scientific presentations were generally of an excellent quality

and demonstrated the strength and breath of research activities within the Division.

International links have been developed. The balance between Division members and International scientists is appropriate. The inter-relation and collaboration between divisions has increased noticeably over the past three years. The committee was of the opinion while there is room for further improvement, major strides have been made in establishing productive collaborative activities between divisions. Research activities are primarily focussed on case management. The patient population and facilities allow the potential for a broader spectrum of research activities in future years.

RECOMMENDATIONS

1. Consideration be given to more research in areas other than those focussed on case management, for example pathogenesis and pathophysiology of diarrhoeal disease.
2. Additional research should be initiated to devise and evaluate strategies for implementation of established management methods (e.g. community use of ORS). These initiatives should be inter-divisional and should involve individuals with expertise in behavioural science.
3. Research collaboration between divisions has improved greatly over the last three years but the committee feels that there is still room for further improvement.
4. Money available for initiation of new research projects should be expanded and there should be a formal mechanism established to evaluate applications from division members.
5. Division staff should be encouraged to submit research operating grant applications to outside agencies and a mechanism should be established internally to assist the applicants in developing excellent applications.
6. Effort should be made to reestablish the three international scientists positions that have been

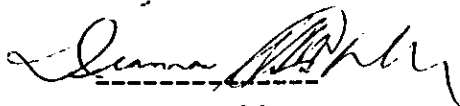
discontinued and strong efforts should be made to recruit appropriate scientists.

7. The committee supports the initiatives planned to strengthen nutrition research. However, care should be taken to assure that these efforts are pursued with focus and in some depth.
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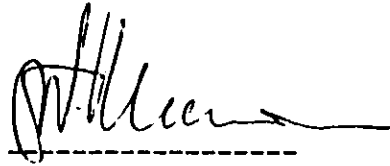
established.

14. International level clinical scientists should take part in the training activities of the Division.
15. Further attempts should be made to encourage other consultant paediatricians of the country to participate in the clinical activities of the Clinical Sciences Division.


REVIEWERS



Dr. D. Ashley



Dr. G. Meeuwisse



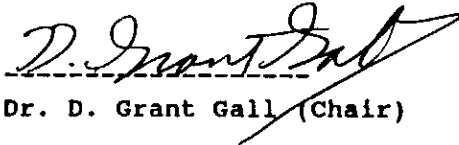
Prof. J.R. Hamilton



Prof. M-Q K Talukder



Prof. V.I. Mathan



Dr. D. Grant Gall (Chair)

5/BT/MAY '92

FINANCE COMMITTEE REPORT

REPORT OF THE MEETING OF THE FINANCE COMMITTEE

HELD ON 30 MAY 1992 AT ICDDR,B.

PRESENT

Finance Committee Members

Mr. E. A. Chowdhury
Dr. R.H. Henderson
Prof. A.S. Muller
Prof. V.I. Mathan - Chairman
Dr. P. Sumbung - Chairman of the Board - ex-officio member
Dr. D. Habte - Director - ex-officio member

Board Members

Mr. Syed Ahmed
Dr. Deanne Ashley
Dr. K.M. Fariduddin
Dr. Maureen Law
Prof. Fred S. Mhalu
Dr. Jon E. Rohde
Dr. Richard Hamilton

Associate Directors, ICDDR,B (invited staff)

Mr. K.J.J. Tipping
Dr. R.B. Sack
Dr. D. Mahalanabis
Dr. M.A. Strong
Mr. M.A. Mahbub
Mr. G.A.N. Wright

The Committee convened at 9:00 a.m. on 30 May 1992 at the Training Lecture Room #1.

1. Approval of the Agenda

The draft agenda was approved and it was decided to take up agenda items 1-4 and item 6 in open session and to consider agenda item 5 jointly with the Personnel and Selection Committee in relation to their agenda item 4 in closed session.

2. 1991 Audited Financial Statements and Auditors' Report

The audit of the accounts for the year 1991 was completed and signed on 18th March 1992. The Audited Financial Statements and Management Letters from the two Audit firms together with the response of the Management was circulated to the members of the Finance Committee and were made available to the other Trustees on arrival at Dhaka.

Contributions from donors after deducting contributions for fixed asset expenditure of \$629,768 (1990 \$309,777) increased by 12.9% from \$8,611,886 to \$9,719,152. Net expenditure after deducting miscellaneous receipts of \$662,180 (1990 \$453,645), but excluding depreciation, increased by 7.0% from \$8,131,170 to \$8,703,158.

The increase in revenue resulted mainly from additional commitments to core funds, prior years overhead rate adjustment and contributions to disaster relief activities.

After providing for depreciation of \$568,772 (1990 \$865,041), a net operating cash surplus for the year of \$447,222 was available (the Centre's first net surplus since 1987) compared to a net deficit of \$384,325 for 1990.

The Management has responded satisfactorily to the concerns raised in Auditors' letters. Steps are being taken to improve policies and practices where they result in a positive benefit to the Centre.

Discussions:

It was realised that 1991 was an exceptional year with two major contributions, CIDA and USAID, which are unlikely to be repeated. Stringent controls over expenditure, added to the additional income resulted in an operating cash surplus of over a million dollars. It was pointed out by the Committee that for the first time depreciation could be fully funded and that there was a net surplus. The Centre

management was commended and requested to continue the stringent controls that are in place.

A question was raised as to the position regarding the cumulative operating cash deficit which was reported to be \$896,000 as of December 1990. The Associate Director, Finance reported that he was concerned as to the correctness of this deficit and accordingly prepared a composite financial history of the Centre and found that the cumulative deficit of \$896,000 was in fact a surplus of \$132,000 - a difference of \$1,028,000. Of this difference \$988,000 was caused by the incorrect assumption that 3 major transfers from Operating Fund to Reserve Fund and Fixed Asset Replacement Funds in the years 1983, 1984 and 1990 were cash operating costs. In fact, these transfers have nothing to do with the calculation of the cash operating surplus as they were appropriations from the Operating Fund and were not operating cash costs of those years. Put in simple terms the transfers were treated as a cash operating cost but no cash cost was incurred. In other words the Centre simply shifted money from one pocket to another. The remaining difference of \$40,000 is represented mainly by miscellaneous adjustments relating to the disposal of fixed assets.

The Chairman and the Director confirmed that they had gone over in detail the financial history of the Centre prepared by the Associate Director and could confirm that in actual fact that there was no cash deficit as at December 1990 and the details of this history is available for the Board members who wished to study it.

It was also pointed out that although the Centre does not have a net operating cash deficit, the significant deficit in funding depreciation, as of 31 December 1991 was \$5,495,805 and is of great concern to the Centre's management and the Board of Trustees. This is a major deterrent in the development of fixed assets and the maintenance of appropriate technological capability.

The Committee considered all the issues that were raised in the audited statement of accounts for 1991. It noted and appreciated the changes in fund terminology and descriptions of fund purposes included in the audited statement of accounts and requested the Associate Director, Finance to refine the descriptive terms further and to bring recommendations back to the Board.

With regard to the surplus before depreciation of \$1,015,994 the Committee felt that \$568,772 should be used to fund depreciation and be transferred to the Fixed Assets Acquisition and Replacement Fund. The surplus of income of \$447,222 should also be added to the Fixed Assets Acquisition and Replacement Fund in view of the large outstanding amount of unfunded depreciation. This leaves unfunded depreciation at \$4,479,811.

The Committee also noted that Centre's management was carrying out a dialogue with the Government of Bangladesh regarding the UNROB loan and recommends to the Board that it should also urge the GOB to resolve this issue in the best interest of all parties concerned.

Resolution FIN: 01

Resolved to recommend to the Board to accept the audited Statement of Accounts and Balance Sheet for 1991 (Appendix - 1).

Resolution FIN: 02

Resolved to recommend to the Board to approve the following changes in Fund descriptions:

| <u>Present name</u> | <u>New name</u> |
|-------------------------------------|--|
| Capital Development Fund | Fixed Assets Fund |
| Capital Development Reserve Fund | Fixed Assets Acquisition and Replacement Fund |

Resolution Fin: 03

Resolved to recommend to the Board that for the year 1991 depreciation of \$568,772 be fully funded and transferred to the Fixed

Assets Acquisition and Replacement Fund and that the net cash surplus of \$447,222 be also transferred to the Fixed Assets Acquisition and Replacement Fund (Total transfer \$1,015,944).

3. 1992 Budget update

The Associate Director, Finance presented the 1992 Budget update (Appendix - 2).

Core Income for 1992 was budgeted at \$3,526,000. This will increase by \$350,000 receivable from Arab Gulf Fund (for some technical disbursement formalities this grant stopped in 1989, however, it is expected that the donor will continue to donate in future years) and \$106,000 from UNDP for DSS activities.

If no additional Donors are found for DSS, Core will be required to fund the DSS shortfall of approximately \$214,000.

Project Income funding is not assured for two studies aggregating \$226,000. These studies cover "Effect of Zinc Supplementation in Persistent Diarrhoea" and "Algorithm for Management of Persistent Diarrhoea in Hospitalized Children in Bangladesh" and are anticipated to be funded by Wellcome Trust and WHO respectively.

NORAD's share of 50% for MCH-FP activities at Matlab is awaiting confirmation from the donor. The other 50% will be borne by Core in addition to the cost of Matlab Treatment Centre.

All other project activities have identified donor support, and it is not anticipated that any shortfall will occur in other project activities.

Expenditure during the first three months of 1992 was only 22.9% of budget (1991 19.5%). While expenditures tend to increase in the last half of the year, the budget should be adequate to cover all expenditures this year.

Surplus: The cash surplus for 1992 is anticipated to be \$487,000 which after the expected charge for depreciation of \$575,000 will result in an operating deficit of \$88,000.

The Committee was concerned that there was an anticipated shortfall of \$88,000 in funding depreciation. The Committee urged the Centre's management to ensure that depreciation was fully funded and that a net cash surplus of at least \$100,000 should be available at the end of 1992. Stringent measures of cost containment and careful monitoring of staff strength is essential to achieve this.

4. International Staff Salaries

The Finance Committee met jointly with the Personnel and Selection Committee in a closed session to consider the revision of emoluments for International staff. The basic issues involved were discussed in the meeting of the P&S Committee the previous day.

ICDDR,B although adopting the WHO staff rules and manual for its personnel administration has been offering its international professional staff salary and allowances below the Common System followed by the UN agencies.

The current salary offered by ICDDR,B to its international professional staff is not adequate to attract and retain scientists of high calibre and repute and this subject has been discussed in a number of Board meetings in the past.

A comparison of professional staff salaries of various research institutions/ universities of the United States and of Europe was presented in the November 1987 Board meeting wherein the above fact was substantiated. The Board was then informed that the Consultative Committee on Administrative Questions (CCAQ) set up by the International Civil Service Commission (ICSC) of the UN was conducting a salary survey for a revision of the UN emolument package which remained at the same level for over a decade. As a

result of this survey conducted by the CCAQ of the ICSC and on its recommendations, the 44th session of UN General Assembly approved a number of improvements in the remuneration package offered to the International professional staff members. The Executive Board of the World Health Organization adopted the revised package in its 85th and 86th sessions. These changes were effective July 1, 1990.

The salient features of the above and other revisions are:

1. Revised net base salary schedule (implemented by WHO effective March 01, 1991 and March 01, 1992).
2. Revised computation formula for the Post Adjustment Allowance. (Current multiplier 15.2 for Dhaka).
3. Dependents Allowance: Rate enhanced to \$1050 per child effective January 01, 1989. (Placed before BOT in June 1989 but implementation deferred).
4. Assignment Allowance: Replaced by Mobility and Hardship Allowance.
5. Employer's contribution to Pension Fund: Revised per new schedule (July 01, 1990 and November 1991).
6. Education Grant: Revised up to a maximum of \$6,750 per child/year effective June 1989. (Placed before BOT meeting in June 1989 but implementation deferred).
7. Installation Allowance: Replaced by Assignment Grant.
8. Home Leave Cycle: Changed to 24 months.

The revision of International professional salaries was discussed in the June 1991 BOT meeting and the then post adjustment factor of 22 was granted.

Our experience shows that the Centre has had difficulties in recruiting international level scientists at the current ICDDR,B salary package. To cite a specific example, the Centre's job offer was turned down by Dr. Jack Melling and Dr. Roland Molby predominantly for reasons of salary.

There was a long thoughtful and sympathetic discussion in which all members of the Board present took part. It was reiterated that the International level scientific staff are the major strength of the institution and that recruitment of crucial personnel was essential for the Centre to continue to be scientifically productive.

The financial implications of a full revision to UN level as at 01 July 1992 were presented. Implementation of UN salary and allowances, on an annual basis, would raise salary costs by \$105,000 (15.8%) and allowances by \$66,000 (18.9%). Of this total of cost of \$171,000, \$103,000 is funded by projects and a minimum of \$30,000 per annum will be contributed through the discontinuance of IIE payroll services from 01 July 1992 leaving only \$38,000 to be funded by Core.

Two other issues were also given serious consideration. Firstly the impact of international salary revision on the questions of parity of NO and GS staff with UN scales. At present NO is at 89% and GS at 85% of UN local salary levels, while International is only at 82%. The Board has decided that International salary revision would be considered at the June meeting and NO and GS salary at the November meeting. It was clearly recognised that market forces and availability are a major factor in determining salary levels and that this is a major factor which should influence International level salaries. The NO and GS staff clearly recognise the need for good International level scientific and administrative leadership. International level positions are offered on a competitive basis, for which Bangladesh Nationals also compete and in fact several occupy such positions.

The group also considered the impact of a mid-year revision particularly on project budget, but were aware of the fact that Donors are sympathetic to the need to recruit top level international staff.

After a long and thoughtful discussion:

Resolution FIN: 04

Resolved to recommend to the Board to revise the International level staff salaries and allowances to 100% of the UN rate at 01 July 1992. The Director is authorised to take necessary actions to fix the individual salaries appropriately and to vary the post adjustment in line with the rate as issues from time to time by the UN.

It was further resolved to recommend to the Board that the dependent allowance for all future international employees be limited to a maximum of two dependent children.

5. Appointment of Auditors for 1992

Centre Management requested that M/S. Deloitte Haskins and Sells, Calcutta and Hoda Vasi Chowdhury & Co., Dhaka be reappointed as Auditors for 1992 at an enhanced fee not to exceed \$12,500 (Fee 1990 & 1989 \$11,000) It was pointed out that one of these firms had been Auditors for four years, but Centre Management felt that it was appropriate to extend both Auditors for one more year.

Resolution FIN: 05

Resolved to recommend to the Board to appoint M/s Deloitte Haskins & Sells, Calcutta, and Hoda Vasi Chowdhury & Co, Dhaka as Auditors for the year 1992 at a fee not to exceed \$12,500.

6. Bank Overdraft

The Centre Management recommended that it was prudent to request Board approval for continuing the Centre's current overdraft facility of \$2 million with the American Express Bank although it was anticipated that there will be no need to access this facility. There are no commitment fees on unused limit on this facility.

Resolution FIN: 06

Resolved to recommend to the Board to authorise the continuation of the overdraft facility of up to \$2 million with the American Express Bank for 1992.

7. Low Value Fixed Assets

In 1982 the Board resolved that all fixed assets costing \$50 or below be depreciated to \$1 in the year of purchase. Inflation over the last decade has made this figure unrealistic. Board approval is requested to raise the amount from \$50 to \$200. The additional one time depreciation charge in 1992, a non cash item, is not expected to exceed \$26,000. Physical control will still be exercised over low value fixed assets and the Centre will benefit through reduced administrative costs.

Resolution FIN: 07

Resolved to recommend to the Board to approve that all fixed assets of US\$200 or below be depreciated to \$1 in the year of purchase starting from 1992 and that existing fixed assets costing \$200 or less be depreciated in 1992 to \$1.

8. Fixed Assets Charge to Fixed Asset Replacement Fund

A list of fixed assets obtained from this fund totalling \$57,746 was provided (Appendix - 3). Commitments against this fund for 1992 is \$196,784 as of April 1992.

Resolution FIN: 08

Resolved to recommend to the Board to accept and approve the expenditure of \$57,746 from the Fixed Asset Acquisition and Replacement Fund for 1991.

9. **Items for information**

Investment Loan for Income Tax Reduction

81.3% of eligible employees applied for investment loans for the 1992 tax year compared to 66.7% for 1991. The loans granted were \$679,000 for 1992 compared to \$526,000 for 1991. The increase is very encouraging particularly as the maximum allowable amounts were reduced by the National Board of Revenue from Taka 200,000 to Taka 100,000. The Centre will save \$169,000 in income tax payments in 1992 compared to \$130,000 for 1991

Hospital Endowment Fund

The balance of the Hospital Endowment Fund at December 31, 1991 was \$15,577. Receipts for the first four months of 1992 were \$2,223 giving a closing balance at the end of April 1992 of \$17,800. No expenditure has been charged against this Fund since its inception.

Note: Appendices 1 and 2 were provided to all Board members in the Finance Committee papers.

APPENDIX 3

CAPITAL REPLACEMENT 1991

| BUDGET CODE | PARTICULARS | | | US\$ |
|----------------|--------------------------------|--------|------|-----------|
| 71 02 20 | TOYOTA HIACE-MICROBUS | | | 12,226.02 |
| 21 02 10 | DNA THERMAL CYCLER-SWITZERLAND | | | 10,409.94 |
| 11 01 30 | OXY THERAPY SET | 113.51 | 6.00 | 681.06 |
| 11 01 30 | RESUCTION KIT | 219.26 | 2.00 | 438.52 |
| 50 01 70 | INCUBATOR -USA | | | 5,167.04 |
| 21 05 10 | CENTRIFUGE -USA | | | 1,248.27 |
| 21 05 10 | ANALYZER | | | 5,726.44 |
| 21 02 30 | BALANCE | | | 839.80 |
| 11 01 30 | BABY RESUCTION SET | 303.56 | 4.00 | 1,214.24 |
| 21 02 40 | BLENDER | | | 462.65 |
| 21 05 20 | PUMP VACUUME PRESSURE | | | 511.27 |
| 21 05 10 | SPECTO PHOTOMETER | | | 18,118.46 |
| 21 02 40 | ACUARIES STILL | | | 702.74 |
| | | | | ----- |
| | | | | 57,746.45 |
| | | | | ===== |

S/7:CAPREP91 WK1.

There was much discussion regarding the allocation of the funds available at the end of 1991. Centre Management provided the details of the integrated plan for the development of the physical plant which involves the completion of the entire floor over the hospital. The north wing as a training area has been financed by a grant from the Sasakawa Foundation. An application has been forwarded to the same Foundation for additional funding. The completion of this facility would provide adequate space for the Laboratory Science Division and enable provision of appropriate space for the Population Studies Division. The Committee felt that under the terms already approved for the utilisation of the Fixed Asset Acquisition and Replacement Fund, the Centre Management has the freedom to use these funds to continue the construction activity on this floor, while pursuing the Sasakawa Foundation Grant.

(Note: To be inserted as last para in section 2 before the Resolutions)

6/BT/MAY '92

PERSONNEL & SELECTION COMMITTEE REPORT

REPORT OF THE PERSONNEL & SELECTION COMMITTEE MEETING

FRIDAY, 29 MAY, 1992

The Personnel & Selection Committee met in Dhaka at 2.30 p.m. on Friday, 29 May, 1992.

1. Up-date from last Report

1.1 Head, Clinical Research Centre

The Director advised that, after considerable thought, it has been decided to abolish the post. The Division is depleted of international research staff so it has been proposed that the position, which is primarily for the clinical service, be replaced by one or more positions for international research staff. [See also agenda 2.3 (a), (b) and (c).]

1.2 Programme Office

The Director advised that the Centre has secured the services of a Consultant, Mr Graham Wright, to assist him in the External Relations activities. This is adequate at the moment. The future structure of the External Relations Office will be decided after recommendations from the

Resources Development Advisory Council have been received and reviewed.

1.3 Senior Scientist & Head, Laboratory Sciences Division, (D1)

In response to a query on contacts with "head hunting" firms, it was advised that several firms had been contacted. However, these were unsuccessful as they were found to be inappropriate for the Centre's needs. [See also agenda 2.2(a).]

2. Staffing

2.1 Overview of the staffing situation

The overall staffing situation of the Centre was reviewed.

It was noted that the total number of staff has increased by 16 since 1 November, 1992; 14 of these being fixed term staff. On 1 November, 1991 the Centre had 965 fixed term staff whereas on 31 March, 1992 there were 979. Also, on 1 November, 1991 the total number of staff was 1275 and on 31 March, 1992 it was 1291. It was explained that the increase in NO and GS staff has been due to the conversion of holders of contractual service agreements to fixed term positions.

The Committee expressed concern at the increase in the number of staff, especially in the area of "research administration", and requested the Director to ensure continuation of the efforts to reduce excess staff.

The Director agreed to pursue this matter with his staff.

In response to a request, it was agreed that in future a comprehensive table showing the functions of staff in the different categories will be provided. This will allow members to ascertain where the changes are taking place.

2.2 Status of Recruitment of International Staff

a) SENIOR SCIENTIST & HEAD, LABORATORY SCIENCES DIVISION, (D1)

The Director advised that Professor Melling declined to join the Centre and that the "head hunting" had failed. Meantime, he has appointed Dr R. Bradley Sack to the abovementioned position, effective 1 January, 1992, Dr Sack agreeing to undertake these responsibilities in addition to those he has as Head of the Community Health Division.

The Committee supported the Director and agreed with his decision.

b) SCIENTIST, POPULATION & STATISTICS, (P4)

The Committee agreed to recommend to the Board that the appointment of Dr R. Bairagi (Bangladesh) as Scientist, Population and Statistics, P4 level, be endorsed. It was noted that his appointment is for three years from 15 January, 1992.

It was suggested that, in view of the reorganization of the

Division, the management may wish to consider proposing to the Board, at its next meeting, that this position be upgraded to P5.

c) **DEMOGRAPHER STATISTICIAN, (P4/P5)**

This position will not be filled during 1992 due to non-availability of funds.

d) **EPIDEMIOLOGIST, (P4)**

The Committee agreed to recommend to the Board that the appointment of Dr O. Masee Bateman Jr. (U.S.A.) as Epidemiologist, P4 level, be endorsed. It was noted that his appointment is for three years from 29 March, 1992.

e) **OPERATIONS RESEARCH SCIENTIST, (P4)**

It has been difficult to find a person for this position. Meantime, it is being covered by Dr Peter Miller, a Population Council staff member in Dhaka, who is working at the Centre part-time.

2.3 New Positions

a) **ANTHROPOLOGIST, (P3)**

It was agreed to recommend to the Board that the position of Anthropologist at P3 level be created.

- b) **INTERNATIONAL RESEARCH ASSOCIATE, (P2-P4)**
- c) **INTERNATIONAL RESEARCH COORDINATOR, (P2-P3)**
- d) **INTERNATIONAL RESEARCH FELLOW, (P1-P2) - 2 positions**

The Committee discussed these positions together.

It was noted that these positions will strengthen the research activities of the Clinical Sciences Division and the Committee agreed to recommend to the Board that the positions be created, subject to the availability of funds.

3. Selection of Trustees

3.1 Replacement for Dr Peter Sumbung

In short-listing persons from 26 nominations, criteria taken into consideration for selection were the geographical area, the sex, the country (preference was given for a country not previously represented on the Board) and the discipline of the candidate.

Four persons were short-listed and are recommended to the Board for consideration. These are:

Dr Mediadora C. SanieI (The Philippines)

Dr Indra Psthmanathan (Malaysia)

Dr Chen Chunming (China)

Professor Earnporn Thongkrajai (Thailand).

Copies of the curriculum vitae of the abovementioned persons were circulated.

3.2 Nominations for Trustees to replace members-at-large whose terms end on 30 June, 1993

It was agreed that the management should start the process now for seeking replacements for Dr D. Ashley and Professor A. Lindberg and V.I. Mathan, all of whom complete six years on the Board on 30 June, 1993. This will allow the Committee and the Board to review progress at the November 1992 meetings.

4. Working Papers

4.1 Revision of Salary: International level staff

Several points were raised during discussion:

- the Centre is having difficulty in recruiting international level staff on the current salary, i.e. they are interested to come to the Centre but are not satisfied with the remuneration;
- that it is an issue of "supply and demand" and the Centre's remuneration to the international level staff has to be made attractive, and, even with the 100% UN salary, it will still be difficult to find staff;

- the Centre has to sustain its scientific leadership;
- the survival of the Centre depends on the quality of the international level staff (good proposals attract funds to support the proposals);
- concern was expressed that, should the international level staff receive 100% of the UN salary, where does this leave the NO and GS staff? It was explained that GS and NO staff are currently receiving 85% and 88% of UN salaries, respectively, whereas the international level staff are only receiving 83%. Also, last meeting, because of the supply and demand issue, there was a differential in the levels of increase given to NO and GS staff. NO and GS salary scales will be reviewed again in November 1992;
- as with NO and GS level staff, dependents' allowance should only be given to two children.

It was agreed that no recommendation would be made on this item in the Personnel & Selection Committee but that a decision would be made at a joint meeting of the Personnel & Selection and Finance Committees, after the Finance Committee has deliberated the issue.

6. Miscellaneous

6.1 Contracts nearing completion

It was noted that more than one senior position will fall vacant in 12-18

months due to the rule that all positions must be advertised internationally after the incumbent has held the position for six years. In view of the fact that it is difficult to fill vacancies, it was suggested that the management start advertising these positions now and consider filling the positions by secondment, sabbatical leave extended to three years, etc.

It was advised that persons currently holding the positions may re-apply and compete with other candidates.

Details of these and other agenda items appear in the minutes of the meeting.

The meeting closed at 5.05 p.m.

:jc

7/BT/MAY '92

SELECTION OF TRUSTEES

SELECTION OF A NEW TRUSTEE

- A. One vacancy needs to be filled at this meeting, i.e. that created by Dr Sumbung having completed his two three-year terms.

As required by ICDDR,B By-Law 27 (see pages 11 & 12), members of the Board, countries and agencies interested in the Centre, WHO Regional Offices, etc. were contacted and requested to provide nominations for a candidate from a developing country and from Asia. Recipients of the letters were advised that we are specially interested in receiving nominations for female candidates with an expertise in public health.

It was requested that nominations reach the Centre by 15 April, 1992. The list of nominations received follows on pages 5 to 10. 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, 1993.

List of outgoing Board Members (June 1993)

- * Dr D. Ashley
Dr R.H. Henderson (WHO)
- * Prof. A. Lindberg
- * Prof. V.I. Mathan
Prof. F. Mhalu
Dr J. Rohde (UNICEF)

* 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, ...".

Three members at large need to be replaced.

Assuming that Professor F. Mhalu whose term expires on 30 June, 1993, and who is eligible for re-election, would wish to be considered for re-election the vote may be deferred until November 1992.

In March 1991 the Director wrote to the Executive Director, UNICEF and to the Director-General, WHO advising that the terms of Dr Jon Rohde and Dr R.H. Henderson, respectively were ending (June 1991 and May 1991 respectively) and requesting confirmation that they

should continue for a second term. (Dr Rohde completing Dr Ramalingaswami's term and Dr Henderson completing Dr Merson's term.) The Executive Director, UNICEF and Director-General, WHO responded that they had pleasure in renewing the terms of Drs Rohde and Henderson, respectively.

In the June 1991 Board Meeting the Board noted and agreed with the Personnel & Selection Committee decision that the policy for the 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. Accordingly, both Drs Rohde and Henderson's first terms now end in June and May 1993, respectively. As the responsible persons have already agreed wholeheartedly that their nominees should continue for a second term, it is considered that this should stand and that they need not be contacted a second time. Mr Syed Ahmed automatically became a Trustee in February 1992 when the Government of Bangladesh appointed him Secretary of the Ministry of Health and Family Welfare.

A list of current Trustees with country and discipline is on page 13 and a list of current Trustees with their terms is on page 14.

Action Required

1. Select a new Trustee to replace Dr Peter Sumbung (this person would start a new three-year term from 1 July, 1992).

2. Decide whether or not it is necessary to call for nominations now for the three Trustees to replace Dr D. Ashley and Professors A. Lindberg and V.I. Mathan. If agreed to this would allow selections to be made at the November 1992 Board Meeting.

LIST OF NOMINATIONS FOR TRUSTEES 1992

| Name | Date of Birth & Nationality | Sex | Discipline | Current Occupation | Nominated By |
|---------------------------|--------------------------------|-----|--|---|--|
| Dr Sudhir C. Pal | 1.5.1931 Indian | M | Microbiology | Director, National Inst. of Cholera and Enteric Diseases, Calcutta | Prof. Dr. K. M. Fariduddin |
| Dr Yati Soenarto DSA | Indonesian Prof. J.R. | F | Paediatrician | Diarrhoea Information Centre, c/- Community Medicine Edcn. Prog., School of Medicine, Gadjah Mada University, Yogyakarta, Indonesia. | Prof. J.R. Hamilton/ Rockefeller Foundation |
| Dr Perla Santos Ocampo | 25.7.1931 Filipino | F | Paediatrician/ Child Health - Development, Gastro. & Nutritn. | - | Dr R.H. Henderson |
| Dr Fehmida Jalil | Pakistani | F | Primary Health Care/Infant & Child Nutrition/ Epidemiology | Prof. of Social & Preventive Paediatrics, King Edward Med. Coll., Lahore, Pakistan | SAREC |

| | | | | | |
|-------------------------------|-----------------------|---|---|--|---|
| Dr Gelia T. Castillo | Filipino | F | Rural Sociology | Prof. of Rural Soclgy., Univ. of Philippines, Los Banos | CIDA |
| Dr Mediadora C. Sanie | 26.4.1949 Filipino | F | Research Scientist & Pub. Hlth. Admin | Director, Research Inst. for Tropical Med., Medicine, Philippines | WHO Reg. Office for West Pacific/ AIDAB |
| Dr Yulfita Raharjo | 1940 Indonesian | F | Anthropology/ Demography | Head, Centre for Popln. & Manpower Studies, Indonesian Inst. of Sc. | AIDAB |
| Dr Suchitra Nimmannitya | - Thai | - | - | Formerly Director of Children's Hospital, Bangkok | Rockefeller Foundation |
| Dr Mary Ann Lansang | 8.9.1951 Filipino | F | Clinical Epidemiology | Assistant Director, Research Institute for for Tropical Medicine, Manila, Philippines | Rockefeller Foundation |
| Dr Tessa L. Tan Torres-Edejer | 4.3.1959 Filipino | F | Clinical Econ./ Infectious/Trop. diseases/Hosp. Admin. | Asst. Prof. I, Clinical Epidemiology Unit, Dept. Medicine, Phil- ippine General Hosp. | Rockefeller Foundation |

| | | | | | |
|---------------------------|-----------------------|---|---|---|------------------------------|
| Dr Mercedes Conception | Filipino | F | Demographer/ Popln. Structure changes and their implications | Professor, Population Institute, University of the Philippines | Dr Takashi Wagatsuma |
| Dr Orapin Singhadej | 14.4.1942 Thai | F | Paediatrician/ Popln. dynamics/ Family Planning Admin. | Associate Director, ASEAN Inst. for Health Devt., Mahidol Univ., Salaya Campus, Thailand | Dr Takashi Wagatsuma |
| Dr Sakorn Dhanamitta | Thai | F | - | Professor & Director, Inst. of Nutrition, Mahidol Univ. Salaya, Thailand. | Dr Takashi Wagatsuma |
| Dr Indra Pathmanathan | 21.10.36 Malaysian | F | Medicine/Health Systems Research | Formerly Head, Divsn. of Research & Edcn., Public Health Inst., Malaysia, now short- term consultant, WHO | IDRC |
| Prof. Bina Agarwal | Indian | F | Economist | Visiting Professor, Harvard Univ., Cttee. on Degrees in Women's Studies | The Population Council |

| | | | | | |
|-------------------------------|----------------------|---|-----------------------------|---|------------------------------|
| Ms Sandra M. Kabir | Bangladeshi/ U.K. | F | Women in Development | Executive Director & Founder President, Bangladesh Women's Health Coalition | The Population Council |
| Prof. Earmporn Thongkrajai | Thai | F | Nursing | Dept. of Medical - Surgical Nursing, Faculty of Nursing, Khon Kaen University, Thailand | The Population Council |
| Dr Gita Sen | Indian 30.10.1948 | F | Economist | Centre for Develop- ment Studies, Trivandrum, India | The Population Council |
| Dr Bando J. Coyaji | Indian 7.9.1917 | F | Obstetrics & Gynaecology | Director, K.E.M. Hospital, Pune & Chairman K.E.M. Hosp. Research Centre, Pune, India | The Population Council |
| Rani Bang | Indian | F | - | - | The Population Council |

| | | | | | |
|--------------------------------|-----------------------------------|---|---|--|--|
| Dr Naila Kabeer | 28.1.1950 Bangaldeshi/ U.K. | F | Economist | Fellow, Institute of Development Studies University of Sussex | The Population Council |
| Dr Zohair Ahmed Sebai | 1939 Saudi Arabian | | Public health & health admin. | Dean, Faculty of Med. & Health Sciences, Univ. of Abha, Saudia Arabia | WHO office for Eastern Mediteran. |
| Dr Nafsiah Mboi | 14.7.1940 Indonesian | F | Paediatrician/ Civil servant | Office of the Secretary General, Department of Health, Jakarta | The Ford Foundation SE Asia Reg. Off. |
| Dr Chen Chunming | 30.9.1925 Chinese | F | Nutrition Research & Preventive Med. | President & Prof. of of Nutrition, Chinese Academy of Preventive Medicine | Ministry of Public Health China |
| Prof. Moeljono Trastotenoyo | Indonesian | | Paediatrician/ Research/Mangmnt. | Rector, Diponegoro University, Semarang, Indonesia | Prof. A.S. Muller |

Dr Anna
Alisjabana

Indonesian

F

-

Head, Research Centre,
Faculty of Medicine,
Padjadjaran University,
Bandung, Indonesia &
Head, WHO Coll. Centre
for Research on MCH

Prof. A.S.
Muller

Nominations from 1990 & 1991

Dr Zheng Qingsi

23.9.1940
Chinese

F

Epidemiology

Assistant Professor,
Inst. of Epidemiology,
Chinese Academy of
Preventive Medicine

Ministry of
Public Health
China

Dr Qi Guoming

Chinese

M

Epidemiology

Assistant Professor
Inst. of Epidemiology,
Chinese Academy of
Preventive Medicine

Ministry of
Public Health
China

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 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 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 1992) WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES

| Name | Country | Discipline | Joined Bd/ end date |
|------------------------------|----------------|---|--------------------------------|
| Mr Syed Ahmed | Bangladesh | Civil Servant | 1992/1995 |
| Dr Y.Y. Al-Mazrou | Saudi Arabia | Public Health | 1989/1995 * |
| Dr D. Ashley | Jamaica | Public Health/ MCH-FP | 1987/1993 * |
| Prof. J.C. Caldwell | Australia | Demography | 1989/1995 * |
| Mr E.A. Chowdhury | Bangladesh | Civil Servant | 1991/1994 |
| Prof. Dr. K.M. Fariduddin | Bangladesh | Medicine | 1991/1994 |
| Prof. D. Habte | Ethiopia | Paediatrics | 1989/1995 * |
| Prof. J.R. Hamilton | Canada | Paediatrics | 1989/1995 * |
| Dr R.H. Henderson | WHO | Scientific Admin. | 1990/1993 |
| Dr M. Law | Canada | Int. Health/Health Policy & Admin. | 1991/1994 |
| 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./ Public Health/ Research Management | 1990/1994 * |
| Dr J. Rohde | UNICEF | Public Health/ Paediatrics/Health Planning | 1990/1993 |
| Dr P. Sumbung | Indonesia | Public Health | 1986/1992 * |
| Prof. T. Wagatsuma | Japan | Internat'l. Health | 1989/1994 * |

* Unable to serve another term without a break

LIST OF MEMBERS (AS AT APRIL 1992) WITH TERMS

| Name | Joined Board | End of Term |
|---|---------------------|--------------------|
| Mr Syed Ahmed | February '92 | February '95 |
| Dr Y.Y. Al Mazrou | 1 July 1989 | 30 June 1995 * |
| Dr D. Ashley | 1 July 1987 | 30 June 1993 * |
| Prof. J.C. Caldwell | 1 July 1989 | 30 June 1995 * |
| Mr E.A. Chaudhury | 7 Feb. 1991 | 6 Feb. 1994 |
| Prof. Dr K.M. Fariduddin | 7 Feb. 1991 | 6 Feb. 1994 |
| Prof. D. Habte | 1 Aug. 1989 | 31 July 1995 * |
| Prof. J.R. Hamilton | 1 July 1989 | 30 June 1995 * |
| Dr R.H. Henderson | 25 May 1990 | 24 May 1993 |
| Dr M. Law | 1 July 1991 | 30 June 1994 |
| Prof. A. Lindberg | 1 July 1987 | 30 June 1993 * |
| Prof. V.I. Mathan | 1 July 1987 | 30 June 1993 * |
| Prof. F.S. Mhalu | 1 July 1990 | 30 June 1993 |
| Prof. A.S. Muller (completed Prof. Feachem's term) | 9 July 1990 | 30 June 1994 * |
| Dr J. Rohde | 18 June 1990 | 17 June 1993 |
| Dr P. Sumbung | 1 July 1986 | 30 June 1992 * |
| Prof. T. Wagatsuma (completed Dr Tanaka's term) | December 1989 | 30 June 1994 * |

* Unable to serve another term without a break

26.4.92

8/BT/MAY '92

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.

A list of previous Chairpersons of the Board, with their terms, 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, 1990-91 and 1991-92 |

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.

8(a)/BT/MAY '92

APPOINTMENTS TO COMMITTEE OF THE BOARD

APPOINTMENTS TO COMMITTEES OF THE BOARD

As per resolutions 17, 18 and 19/June 91 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 (Chairperson)
Mr S. Ahmed *
Dr M. Law
Dr J. Rohde

Dr P. Sumbung
Prof. D. Habte

Finance Committee **

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

Dr P. Sumbung
Prof. D. Habte

Programme Committee **

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

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

9/BT/MAY '92

DATES OF NEXT MEETING

DATES OF NEXT MEETING

In the November 1991 Meeting of the Board of Trustees it was agreed that the November 1992 Board Meeting should be held in Dhaka from 27-29 November, with the Programme Committee Review of the Laboratory Sciences Division being held on 25 and 26 November and the Support Group Meeting being held on 30 November, 1992.

Accordingly, the Programme for the November 1992 meetings will be as follows:

| | |
|--|---|
| Tuesday, 24 November | Programme Committee reviewers arrive in Dhaka |
| Wednesday, 25 and Thursday, 26 November | Programme Committee review of Laboratory Sciences Division and report writing |
| Thursday, 26 November | Remaining Trustees arrive |
| Friday, 27 November | Programme Committee Meeting Personnel & Selection Committee Meeting |
| Saturday, 28 November | Finance Committee Meeting Report Writing, Lectures, etc. |
| Sunday, 29 November | Full Board Meeting |
| Monday, 30 November | Support Group Meeting |

It was also suggested that the May 1993 meetings be held from 28-30 May and the Programme Committee Review of (Training or PSED) from 25-27 May. However, we now find that these need to be adjusted either by holding the

meetings a week earlier or by postponing them for two weeks. The above-mentioned dates fall during the Eid holidays.

Alternatives, therefore would be:

| | |
|---------------|--|
| 18 and 19 May | Programme Committee Review of |
| 20 May | Write-up report/Remaining Trustees arrive |
| 21 May | Programme Committee meeting Personnel & Selection Committee meeting |
| 22 May | Finance Committee meeting |
| 23 May | Full Board meeting |

OR

| | |
|--------------|--|
| 8 and 9 June | Programme Committee Review of |
| 10 June | Write-up report/Remaining Trustees arrive |
| 11 June | Programme Committee meeting Personnel & Selection Committee meeting |
| 12 June | Finance Committee meeting |
| 13 June | Full Board meeting |

Earlier it had been suggested that once in every two years a meeting of the Board should be held outside Bangladesh. As the last outside meeting was held in Jakarta in June 1991, the next outside meeting falls due in May 1993. Consideration should be given as to whether or not the Board wishes to hold the meeting in Dhaka or elsewhere and to the venue, if not held in Dhaka. It will not be possible to hold a Programme Committee Review if the meeting is held outside Bangladesh.

ACTION REQUIRED

- 1) Confirm dates of the November 1992 Board of Trustees meetings.
- 2) Decide on dates of May 1993 Board of Trustees meetings.
- 3) Decide on venue for the May 1993 Board of Trustees meeting.

:jc

25.3.92

10(a)/BT/MAY '92

REPORT OF THE STAFF WELFARE ASSOCIATION (SWA)

10/BT/MAY. 1992

**ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B AT THE
BOARD OF TRUSTERS' MEETING TO BE HELD IN MAY 1992**

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

April 16, 1992

ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B

Honourable Chairman, Board of Trustees', Dr. Peter Sumbung and the distinguished Members from home and abroad:

At the very outset, I, on behalf of the members of the Staff Welfare Association and myself, I would like to extend to you our warmest and heartiest welcome and felicitation on this occasion. Further I wish to express my sincere gratitude and thanks to the Chairman of Board of Trustees and the Director of ICDDR,B Professor D. Habte for allowing me the opportunity to place before you some important issues related to welfare of the general employees of this Centre. I earnestly hope that you will patiently deliberate on these matters despite your many preoccupations in this meeting.

Hon'ble Trustees:

I would now present before you an issue which is not new but, of necessity, needs to be repeated. This is about salary raise for the national staff. We are grateful to you and our Director for sanctioning us a salary raise in your last meeting in November, 1991, which has been effective January, 1992. At the same time, I shall be failing in my duties if I do not appraise you of the fact that this raise was not enough, under the prevailing circumstances, to satisfy the need and expectations of the employees. There are 3 reasons for this dissatisfaction.

a) Firstly, as pointed out by my predecessor, between 1988 and 1991, there had been 37.7% salary increase for GS level employees and 35.6% increase for NO level employees in UN Agencies. These raises have not been implemented at ICDDR,B as yet. There had been only one increase of 10% for both GS and NO staff in ICDDR,B in January 1991 without retrospective effect. Thus, upto December, 1991 the staff of ICDDR,B were not only far below the UN comparative scale, but also have been deprived of their due share of raise for many months (Table -1).

b) Secondly, the cost of living during the year 1990-1991 has risen by 18.32% and prices of commodities by 15.77% (Bangladesh Observer, 1.6.91). Under these circumstances, the buying capacity for people in general have decreased, specially for essential commodities. Further, the Government of Bangladesh had declared an average of 75% salary increase for its employees in 1991. This declaration by GOB specifically has decreased the purchasing capacity for our staff by causing a further price hike of essential commodities. Prices of commodities have further risen in 1992 (Ittefaq, 16.4.92).

c) Lastly, between March, 1990 and March, 1992 there has been about 20% devaluation of Taka compared to US Dollar (Table 2). The currency devaluation by the Government of Bangladesh has

further aggravated the sufferings of all our local staff members. Thus, the recent raise, effective January, 1992 (10% for GS and 12% for NO level staff), though have apparently minimized the difference between the UN and ICDDR,B salary scales to some extent (Table 3), yet its benefits have been negated by the currency devaluation.

Therefore, we would fervently urge upon the Honourable Trustees to consider the situation with all the seriousness and magnanimity to implement salary raise comparable to UN level immediately with retroactive effect and to ensure that the staff are not deprived of their due benefits.

Learned Trustees:

We would like to draw your attention to another important aspect. It is observed with great concern that the Centre's staff members are becoming financially looser due to devaluation of the local currency compared to US Dollar, against which ICDDR,B salary is tagged. To cite example, an employee X is paid US\$ 200 equivalent in Taka in January 1, 1992. The same employee receives salary in April in Taka which is less than US\$ 200 due to currency devaluation. The employees are again losing in terms of payments towards retirement fund. This value gradually declines in each quarter, again due to devaluation, as is seen in our respective annual statements of Retirement Fund.

It is recommended that the Centre should be consistent in payments by determining US Dollar equivalent salary for each staff as of January 01, and pay the salary for each month on the basis of conversion to Taka as of the 1st of each month. This should be applicable in case of Centre's contribution to Retirement Fund also.

Distinguished Trustees:


The general policy of the Centre is to pay salary and allowances in line with the WHO/UN system. To our great surprise we have noticed that the Centre has started deviating from this policy. While the salary is still less than the UN scale, with a back log of payments yet to be paid to the staff, the Centre has restricted payment of dependent allowance to 2 children from October, 1992 (vide Director's Memo dated 24th December, 1991). this year. This is a gross deviation from the Staff Rules of the UN/WHO. It is suggested that the matter be reviewed and reversed immediately.

ICDDR,B is a Centre of excellence in its field and is considered as a premier Centre. The successful scientific productivity essentially needs professional and comparable support to attain the objectives. We have observed over the years that the Centre is yet to develop a well defined policy on promotion for its staff members. While there were occasional efforts for some

promotion of scientific staff e.g. Scientific Ranking (1986,1991), nothing has been done for the non-scientific support staff. This double standard is very much frustrating and causes morale decline amongst various categories of specialities. We strongly discourage this policy and urge upon you to advise ICDDR,B management to install a uniform policy for career growth of all categories of staff.

Finally the SWA expresses its deep gratitude and thanks to the Hon'ble Chairman and Members of the Board of Trustees once again for the opportunity given to the Staff Welfare Association for presenting its views before such a distinguished forum of representatives from various countries of the world. We would also like to assure you our best cooperation and discharge of responsibility in order to uphold the Centre's prestige and reputation as in the past.

Kindly accept our warmest regards,
Thank you all.

 16.4.92.

Dr. A. S. M. Mizanur Rahman
President,
Staff Welfare Association (SWA)
ICDDR,B

TABLE-1
UN SALARY RAISE AS PER LOCAL SALARY SCALE

| Un salary Scales Revision no. | Rate of increase % | With effect from | Implemented or not | Increased salary due (in months) |
|--|-----------------------|---------------------|-----------------------|-------------------------------------|
| GS level | | | | |
| 13 | 20.7 | 01.04.88 | Not | 48 at 31.3.92 |
| 14 | 17.0 | 01.01.90 | Not | 27 " |
| Total increase | | | Not | |
| Salary increased by ICDDR,B | | *10.0 | 01.01.91 | Yes |
| NO level | | | | |
| 6 | 14.6 | 01.04.88 | Not | 48 " |
| 7 | 21.0 | 01.04.90 | Not | 24 " |
| Total increase | | | Not | |
| Salary increased by ICDDR,B | | *10.0 | 01.01.91 | Yes |
| * Only basic salary | | | | |

TABLE 2**Percent Devaluation Of TAKA Compared To US DOLLAR**

| <u>Devaluation Date</u> | <u>Percent Devaluation</u> |
|--------------------------------------|----------------------------|
| Mar - 04, 1990 | 5.00 |
| Apr - 25, 1990 | 1.00 |
| May - 10, 1990 | 1.96 |
| Aug - 01, 1990 | 1.98 |
| Sep - 06, 1990 | 0.22 |
| Nov - 22, 1990 | 0.28 |
| ----- | |
| | 10.44 |
| ----- | |
| Jun - 30, 1991 | 0.56 |
| Jul - 06, 1991 | 1.39 |
| Aug - 19, 1991 | 1.10 |
| Sep - 12, 1991 | 2.17 |
| Nov - 09, 1991 | 1.06 |
| Dec - 01, 1991 | 0.39 |
| Dec - 08, 1991 | 0.41 |
| Dec - 21, 1991 | 0.47 |
| ----- | |
| | 7.55 |
| ----- | |
| Jan - 01, 1992 | 0.60 |
| Mar - 31, 1992 | 0.48 |
| ----- | |
| Total Devaluation In 2 Years: | 19.07 |

TABLE-3

**COMPARISON OF SALARY WITH UN ORGANIZATIONS
& ICDDR,B AS OF April, 1992**
(after 10% and 12% increase for GS and NO level staff)

| UN Organization | ICDDR,B | % Less in ICDDR,B |
|-----------------------------------|-----------------|-------------------|
| GS Level I Tk. 5,579.00/month | Tk. 4,740/month | 15.04 |
| NO Level A Tk. 18,998.00/month | Tk.16,877/month | 11.17 |

Cost of living rises by 18 p.c

Staff Correspondent

The cost of living recorded a rise by 18.32 per cent during the year 1990-91 while the prices of different commodities have risen by 15.77 per cent during the same period.

A survey conducted by Consumers' Association of Bangladesh (CAB) revealed that the cost of living and prices of different commodities have shown an upward trend following increase in the expenditures of house rent, fuel, cloths and edible oil. The prices of rice, egg, tea, sugar, salt and soap were relatively less compared to other commodities during the last fiscal year. The CAB survey revealed further.

During the period the prices of vegetables and spices increased moderately while the prices of different essentials have marked a steady rise during the period of last July-December. Meanwhile, the prices have risen by 4.91 per cent during the month of January-June, the survey

(See Page 10 Col. 4)

Cost of living

(From Page 1 Col. 1)

disclosed.

The CAB survey unveiled that a section of profit mongers raised the prices of different commodities taking the advantage of Gulf crisis, democratic movement, increase in the price of fuel, Ramadan and cyclone, etc. The survey further revealed that there was no variation in the prices of various essentials at the peak of the democratic movement.

The following percentage of increase in the prices of various commodities mentioned against each item:

Fuel by 41.26 per cent, clothes by 30.48 per cent, house rent by 20.59 per cent, vegetables by 16.80 per cent, oil by 16.65 per cent, fish by 13.57 per cent, rice by 9.07 per cent, crushed wheat and flour by 8.49 per cent, milk by 13.44 per cent, spices by 13.42 per cent, meat by 12.73 per cent, pulse by 12.46 per cent, rice by 9.07 and other commodities by 7.14 per cent and egg by 4.61 per cent.

During the last financial year the prices of green chilli and sugar have registered a fall by 18.58 per cent and 16.21 per cent respectively.

সারা দেশে চাউলের মূল্য বৃদ্ধি

ইত্তেফাক রিপোর্ট ॥ সারাদেশে চাউল ও আটার দাম বৃদ্ধি পাই-
রাছে। অনেক এলাকার চাউলের
ডালনার আটার দাম বেশী। সদ্য
উঠা গর বাজারে কোন প্রভাব
ফেলিতে পারে নাই। চাউলের মূল্য
চাউলের বাজারে উর্ধ্বগতির কারণ
সরকার কর্তৃক ১লা এপ্রিল হইতে
খোলা বাজারে বিক্রয়ের অন্য
চাউলের মূল্য কেজি প্রতি ১০ টাকা
হইতে গড়ে ১১ টাকার নির্ধারণ।
এই দরে সরকারী গুদাম হইতে
ডিলারদের নিকট চাউল সরবরাহ
করা হইতেছে। ডিলারগণ সাধারণ
ক্ষেত্রের নিকট ওপেন মার্কেট সেন-
এর অধীনে ১১ টাকা ৮৫ পয়সা
কেজি দরে চাউল বিক্রয় করি-
তেছে। এই বিক্রয় কর্মসূচীও
চাউলের উর্ধ্বগতি রোধে এখনও
তেমন প্রভাব ফেলিতে পারে নাই।

দিনাজপুর, রাজশাহী, রংপুর
ও অন্যান্য এলাকার আড়তপারগণ
চাউলের বাজার নিয়ন্ত্রণ করিতেছে।
ঢাকার বাসামতলীর পাইকারী
বাজারের ব্যবসায়ীরা মনে করেন,
খরায় ফসল হানির আশঙ্কার আড়ত-
পারগণ চাউলের সরবরাহ নিয়ন্ত্রণ
করিতে শুরু করায় বাজারে চাউলের
মূল্য বৃদ্ধি পাইয়াছে। অনেকেই
চাউল মওজদ করিতেছে। ইরি-
বোরো চাউল উত্তরাঞ্চলের পাই-
কারী বাজারে ১৩ হইতে ১৫
টাকা। লক্ষ চাউল প্রকার ভেদে
১৭ টাকা।

ঢাকার বাসামতলীর পাইকারী
আড়তে মমের হিসাবে কাটারী-
ভোগ ছিল ৬৩০ হইতে ৬৪০
টাকা, নাঝিরশাইল ৫৯০ টাকা,
পায়জাম ৫৬০ টাকা। এবং ইরি-
বোরো ৪৮০ হইতে ৫০৫ টাকা।

খুচরা বাজারে চাউলের দাম
কেজি প্রতি ৩ হইতে ৪ টাকা
পর্যন্ত বৃদ্ধি পাইয়াছে। আটার
কেজি ১২ টাকা।