

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE

RESEARCH, BANGLADESH

REPORT OF

BOARD OF TRUSTEES MEETING

JUNE 8-10, 1993

PROGRAMME OF  
THE BOARD OF TRUSTEES MEETING  
JUNE 8-10, 1993

DRAFT  
28.4.93

PROGRAMME  
BOARD OF TRUSTEES MEETING  
8-10 JUNE 1993

Venue: All meetings will be held in the Sasakawa International Training facility on the first floor of the hospital building.

Monday, 7 June

Trustees arrive

3.30 p.m. - 5.00 p.m.

Seminar by the Cholera Working Group entitled "Outbreak of cholera like disease due to V. Cholerae 0139 Bengal"

Tuesday, 8 June

8.30 a.m. - 10.00 a.m.

Programme Committee Meeting (Open)

10.00 a.m. - 10.30 a.m.

TEA

10.30 a.m. - 12.30 p.m.

Programme Committee Meeting continues

12.30 p.m. - 2.15 p.m.

LUNCH at Guest House with Centre staff

2.30 p.m. - 3.45 p.m.

Personnel & Selection Committee Meeting (Closed)

3.45 p.m. - 4.00 p.m.

TEA

4.00 p.m. - 5.00 p.m.

Personnel & Selection Committee Meeting continues (Closed)

5.00 p.m. - 7.00 p.m.

Programme Committee Meeting (Closed)

Wednesday, 9 June

8.30 a.m. - 10.00 a.m.	Finance Committee Meeting (Open)
10.00 a.m. - 10.30 a.m.	TEA
10.30 a.m. - 12 noon	Finance Committee Meeting (Open)
12 noon - 12.30 p.m.	Meet with Staff Welfare Association Executive Committee (Closed)
12.30 p.m. - 2.15 p.m.	LUNCH
2.30 p.m. - 3.15 p.m.	Seminar by Dr D. Ashley
3.15 p.m. - 4.00 p.m.	Seminar by Professor A.A. Lindberg
4.00 p.m. - 4.15 p.m.	TEA
4.15 p.m. - 5.00 p.m.	Seminar by Professor V.I. Mathan
5.30 p.m. - 6.30 p.m.	Programme Coordination Committee (PCC) meeting with Programme Committee (Closed)

Note: Trustees who are Chairpersons of Committees will have the afternoon of Wednesday, 9 June to write-up reports

Thursday, 10 June

8.00 a.m. - 8.30 a.m.	TEA
	Full Board Meeting Commences (Open)
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 1992 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

Thursday, 10 June (cont'd)

10.30 a.m. - 11.30 a.m.	Presentation and Discussion of Programme Committee Report
11.30 a.m. - 12.30 p.m.	Presentation and Discussion of Finance Committee Report
12.30 p.m. - 2.15 p.m.	LUNCH

**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 Chairperson 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/JUNE '93

APPROVAL OF AGENDA

DRAFT  
8.3.93

FULL BOARD AGENDA

10 June, 1993

1. Approval of Agenda
2. Approval of Revised Draft Minutes of meeting held in November 1992
3. Director's Report  
(including 1992 Annual Report)
4. Programme Committee Report
5. Finance Committee Report
6. Personnel & Selection Committee Report
7. Selection of Trustees
8. Election of Chairperson 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 folder for those Committee meetings only.

2/BT/JUNE '93

APPROVAL OF REVISED DRAFT MINUTES  
OF MEETING HELD IN NOVEMBER  
1992



REVISED DRAFT

Minutes of the meeting of the Board of Trustees, ICDDR,B  
held in Dhaka, Bangladesh on 29 November, 1992

Members Present

Mr S. Ahmed  
Dr D. Ashley - Chairperson  
Prof. J.C. Caldwell  
Mr E.A. Chaudhury (Agendas 1-4)  
Prof. Chen Chunming  
Prof. Dr K.M. Fariduddin  
Prof. D. Habte - Secretary  
Prof. J.R. Hamilton  
Dr R.H. Henderson  
Dr M. Law  
Prof. A.A. Lindberg  
Prof. F. Mhalu  
Prof. A.S. Muller (Agendas 1-5)  
Prof. T. Wagatsuma

Apologies

Dr Y.Y. Al-Mazrou  
Dr J. Rohde \*  
Prof. V.I. Mathan\*

Invited Staff (Agendas 1-5)

Mr W. Ahmed  
Dr R.L. Akbar  
Dr R. Bairagi  
Dr A. Bhuiya  
Mrs J. Chowdhury (Minute Secretary - all agendas)  
Dr M. Islam  
Dr D. Mahalanabis  
Mr M.A. Mahbub

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\* Trustees were present during Committee Meetings

Mr N. Paljor  
Dr A.S.M. Mizanur Rahman  
Dr M. Rahman  
Dr S.K. Roy  
Dr R.B. Sack  
Dr M. Strong  
Mr K. Tipping  
Mr G.A.N. Wright

#### Observers

Dr Amir Ali, Aga Khan Foundation, Dhaka  
Dr R. Wilson, Aga Khan Foundation, Geneva  
Dr C. Kenna, Australian High Commission, Dhaka  
Dr J. Ross, The Ford Foundation, Dhaka  
Dr M. Currey, ODA/UK, Dhaka  
Mr S. Chard, ODA/UK, Dhaka  
Dr K. Streatfield, The Population Council, Dhaka  
Mr T. Rothermel, UNDP, New York (Agenda 5 only)  
Dr C. Miller, USAID, Washington

Dr D. Ashley, Chairperson of the Board of Trustees, opened the 27th meeting of the Board at 8.30 a.m. on Sunday, 29 November, 1992. She welcomed the Trustees, Donors, the Director and staff to the meeting, with a special welcome for those who had travelled from overseas and the new Trustee, Professor Chen Chunming. The Chairperson introduced Professor Chen who is President of the Chinese Academy of Preventive Medicine.

Dr Ashley said apologies had been received from Dr Jon Rohde and Professor V.I. Mathan who had attended the committee meetings but were unable to remain for the Board due to other commitments and from Dr Y.Y. Al-Mazrou who was unable to attend the Board Meetings due to important commitments at home.

Before proceeding with the agenda, the Chairperson informed the meeting of changes in the timing of the programme which would enable the completion of all agenda items prior to the departure of a number of Trustees at noon.

Agenda 1: Approval of Agenda

The agenda was adopted as presented.

Agenda 2: Approval of Draft Minutes of meeting held in May 1992

The revised draft minutes of the Board of Trustees meeting held on 31 May, 1992 were approved without change.

Agenda 3: Director's Report

The Director, Professor D. Habte, highlighted some of the more important activities which have taken place since May.

He said that the volume of research undertaken at the Centre is steadily increasing and a significant rise in community-based field studies is taking place. This has meant that the progressive reduction in number of staff evident over the last few years can no longer be sustained. However, the utilization of research trainees in protocols has kept the salary burden of NO and GS staff on the Centre's budget at the same level. At the same time, this initiative contributes to the health research manpower development in this country.

Dr Habte did not give details of the Centre's research programmes as these were presented in the Scientific Programme Committee Meeting. However, he indicated that major research programmes embraced studies on Vitamin A and other micronutrients; dietary and drugs management of dysentery and persistent diarrhoeas; development of energy dense infant/child food; operations research on family planning, urban health care, control of dysentery, acute respiratory infections, etc.; etiology of pathogenesis of

diarrhoeas; and the challenging undertaking with BRAC to look into the health outcomes of non-health interventions. In noting the increase in the number of publications and research protocols in progress, Dr Habte cautioned that the increase in the number of publications in 1992 reflects research activities of the last two or three years.

The Training Coordination Bureau conducted six courses/workshops, including a research methodology workshop and courses on biostatistics and on epidemiological methods in public health. It has also administered six fellowship programmes and assisted 52 project-based research trainees as well as the training provided through orientation, brief lectures, visits and demonstrations. The Centre has initiated an international fellowship programme with the acceptance of three health and training fellows, one each from Asia (People's Republic of China), Africa (Nigeria) and South America (Peru). This is further proof of the ongoing re-orientation of the Training Bureau to focus on measures that contribute to building research capability in the developing world. There are also at least three other fellows/interns currently working in the Centre, from the developed world.

Provision of health care at the two hospitals - Matlab and Dhaka - has been marked by increased activity during the epidemic months. In particular, attendance at the hospital in Matlab has broken an all time record stretching the resources of the hospital and Centre to the limits. In view of such major dislocations of the Centre's activities and finance, efforts are underway to design treatment services in the locality of Dhaka from which most of the patients are drawn (in cooperation with NGO's working in these areas). The role of ICDDR,B will be to provide technical assistance to NGO's and its name (viz. ICDDR,B field station). Opening of a temporary field diarrhoea treatment facility in Matlab thana during the recent epidemic yielded valuable experience. Such measures, it is hoped, will relieve the Dhaka hospital from recurrent congestion while taking health services to the people.

The Centre during the period, continued with its sustained efforts in

maintaining the personnel costs at an acceptable level. The policy to severely limit new hirings and the continuation of the process of natural attrition to diminish the number of staff working at the Centre remained in force. However, the reduced level of staffing which was achieved until 1991 is now stable.

The 1992 budget was almost identical to the 1987 budget, despite inflation of almost 100%, because of reductions in staff and cost containment. Increased expenditures projected for 1993 are due to the fact that our research activities are now more in the area of operational research, which is labour intensive, and the expansion of our training activities.

Besides assisting with epidemics in 26 upazillas in Bangladesh (between July and October), the ICDDR,B staff have provided technical assistance to the Ministry of Public Health to control epidemics of cholera and dysentery in the Republic of Yemen. They also conducted two training courses on the clinical management of diarrhoeal diseases. In Iran, Centre staff conducted two weeks of training courses on the clinical management of diarrhoeal diseases, and provided technical assistance in preparation for the establishment of the Diarrhoeal Training and Treatment Units in Shiraz and Isfahan. Three of the Centre's senior physicians conducted a week long clinical course on diarrhoeal diseases with special emphasis on the management of cholera, in Phnom Penh. Discussions were held on developing collaboration between ICDDR,B and the National Paediatric hospital, where Cambodia's only diarrhoea treatment unit was recently established.

Dissemination of the centre's newsletters "Glimpse" and "Shastho Sanglap" has continued.

Preparations are going ahead for the Second Annual Scientific Conference scheduled for 16-18 January, 1993. The theme for this year is "Health Research and Policy Perspectives". At this annual conference the First ICDDR,B Annual Lecture will be given by Professor W.B. Greenough III, beginning a tradition that we hope will be maintained.

Attendance of ICDDR,B staff at international conferences/workshops has increased considerably in 1992 and raised the visibility of the Centre as a centre of excellence.

The Centre recognizes the need for assistance in disseminating its findings more effectively. A project proposal to assist the Centre to develop its communication capabilities has been prepared; however a donor has not yet been found to support this activity.

The current 5 year Strategic Plan is coming to a close and in preparation for the revision of the ICDDR,B Strategic Plan, Professor Mathan spent seven days at the Centre working with senior management to prepare and discuss an issues paper. This has formed the basis to stimulate the Centre's senior management and commence the strategic planning process. A first draft of the Strategic Plan will be presented to the Board of Trustees in May 1993.

In thanking the Director for his report, the Chairperson congratulated him for producing a report which shows that the Centre is moving forward and has not plateaued. Dr Ashley noted the completion of the Sasakawa Training Centre and congratulated the management, not only for having negotiated the grant but also for putting it to good use in a timely fashion. In response to the Director's comments on the increase in the number of patients at its Dhaka and Matlab hospitals, the Chairperson said that this is one of the hazards of giving good service. She said that the Director's report was now open for discussion.

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

- 1) Gratitude was expressed to the Sasakawa Foundation for providing the funds for the new training facilities.

- 2) The Centre is increasingly enjoying a good reputation both locally and internationally. However, it needs to develop a system whereby persons in other countries who do not know about the Centre's facilities are made aware of them.

The Director agreed saying that the Centre disseminates its research findings through journals and scientific conferences, and to institutions and agencies similar to ours in developed and developing countries, but the gap lies in reaching policy makers, health planners and implementors.

- 3) The development of an updated Strategic Plan is most important and it should be discussed with Trustees and others, e.g. donors, prior to its submission in the next meeting.

- 4) It is gratifying to learn what the Centre has achieved and the development of good relations with the host Government is appreciated. However, it is noted that the Centre is having difficulty in funding core activities. It should continue to reduce core expenditure and also try to find another way to get the recurring costs of the hospitals funded. These measures should help the Centre to be more competitive for research grants.

The Director said that the Centre is slowly but surely trying to do both. In 1990 it received \$475,000 as competitive grants and the projected receipts for 1993 are \$600,000.

The donors were given an opportunity to comment on the Director's Report.

The Centre staff were commended on balancing the budget for 1992. A question was raised as to the balance between the expenditure on research and service, explaining that a budget with 50% of its expenditure on service would jeopardize the research work.

The Director said that the Centre management has been aware of this for a

long time and is hoping to secure the services of a health economist to determine the actual health care cost. Probably 20% of the budget is spent on service. Members of the Board added to the Director's comments saying that without some clinical services being provided the Centre's research and training activity would be threatened as patients are required for clinical research and training. This also extends to providing service where the Centre is undertaking community health research. However, the burden of health care cost on the Centre's budget, and the impact of this on its competitiveness to win research grants was acknowledged.

Agenda 4: Programme Committee Report

(including Report on Laboratory Sciences Division Review)

The Chairman of the Committee, Professor J.R. Hamilton, highlighted the Committee's Report.

He said that Dr Mahalanabis, the Associate Director of the Clinical Sciences Division, had given a concise account of his Division's response to the External Review Committee's Report. The Division in general, agrees with the recommendations made and has begun to implement changes in response to what was a supportive assessment of the Division. In the Programme Committee's subsequent discussion of the response several important points had been made:

- a) efforts should continue to reduce the service load of those physicians expected to undertake major commitments to research; high quality research requires total commitment;
- b) the importance of a medical audit process which the Division has introduced, and is underway, was emphasized;
- c) caution was advocated in initiating extensive research at the Clinical Research Centre dealing with acute respiratory infections, given the need to focus resources on the Division's existing research programmes directed at diarrhoea and malnutrition;



- d) greater efforts are required to enhance originality and quality of the research being undertaken in order to make the Division more competitive.

At the Committee's request, Professor Caldwell, who chaired the earlier review, undertook a one year follow-up assessment of the Population Sciences and Extension Division. Professor Caldwell reported that excellent progress has been made and that a major effort had gone into implementing the 1991 recommendations. Progress had been made toward enhancing the Division's social science capability. He identified two new areas for concern:

- a) as the Population Studies Centre develops under Dr Bairagi's direction, it is in urgent need of resources, particularly additional staff;
- b) as studies in the social sciences have expanded, the ranking of research staff engaged in social science should be evaluated, since some inequities appear to exist when compared to clinical staff.

Further discussion of Professor Caldwell's report in the closed session the Committee emphasized three areas of concern:

- a) in the Extension programme the need to consider carefully any change from a "doorstep" to a satellite system of delivery of services. Interpretation of results from a satellite system would need to take into account the influence of a previous "doorstep" centred programme in the same community. The Committee does recognize the potential need to experiment with different and potentially more cost effective delivery systems;
- b) the need to allocate resources (personnel, equipment) to the Population Studies Centre if it is to be developed;
- c) the extreme importance of the validation of an appropriate technique for the determination of cause of death in field studies.

The Associate Directors of the four scientific divisions gave updates on the achievements and plans of each division.

Professor Alf Lindberg, Chairman of the Programme Committee Review team which reviewed the Laboratory Sciences Division, gave a brief report on the review committee's findings. The report has been submitted to the Centre and a response is expected at the next meeting of the Programme Committee in June 1993.

The Review Committee noted a vast improvement in the quality of the work of the Division compared with the situation at the time of the previous review in 1989 and acknowledged the past contributions of Dr Saul Tzipori and of Dr Moyenu'l Islam as well as of the current head, Dr Bradley Sack. They recommended that studies of acute respiratory infections, hepatitis and HIV be added to the several existing very promising areas of research. They recommended also that the Division should:

- a) expand its virology laboratory;
- b) update existing equipment and procure new equipment to allow it to achieve its important research objectives.

The Committee had discussed the feasibility of the Centre establishing a diagnostic facility for AIDS testing, specifically in relation to HIV being a cause of diarrhoeal disease. The Committee was unanimous in strongly voicing the opinion that the Centre must carefully study all potential implications and potential repercussions of developing HIV diagnostic capacity, before embarking on such a programme. In particular, they emphasized that the Centre should consider HIV testing in the context of the national AIDS programme, the existence of public education on HIV in the community, and legal and ethical issues related to HIV infections, in Bangladesh, etc. The Committee recommended that the Centre develop a clear policy on issues of ethics of HIV infection before embarking on setting up an HIV laboratory.

The Programme Committee expressed strong support for the principle that the Centre must remain an important resource for the field testing of candidate vaccines against cholera. However, experience has shown that such studies necessitate the allocation of a large proportion of the Centre's resources over an extended period of time.

In the closed session the Committee again affirmed its policy that ICDDR,B should whenever feasible involve itself in studies related to candidate cholera vaccines. The decision as to which, if any, of the vaccines currently being developed or being assessed ICDDR,B should test, remains a matter for Centre management to decide. The decision should be determined by the potential benefits of the vaccine under consideration and by the priorities for resource allocation of the Centre at the time. The Committee does feel that every effort should be made by the Centre to be active in this area of research, given these considerations.

Professor Hamilton, on behalf of the Committee, thanked the Director and Division Heads for the concise and impressive presentations of their work.

The Programme Committee's report was opened for discussion.

Professor Caldwell expanded on comments made regarding the follow-up to the Population Sciences and Extension Division review. He said that the Demographic Surveillance System (DSS), with 200,000 persons under study, makes the Centre unique, since such a facility doesn't exist anywhere else in the developing world. On the other hand he noted that the size of the staff engaged in population and social science research is inadequate. Yet the DSS is not fully exploited even though material is made available outside. The MCH-FP Extension project is moving to new areas and is an invaluable bridge between Matlab and the National Programme. Excellent work is being done in data management. He pleaded that more persons be employed in what is now a more rational set-up.

The Programme Committee Report was endorsed and accepted. Dr Ashley thanked the Chairman and members of the Programme Committee for their report. She asked the donors to provide funds to facilitate the activities the Centre wishes to undertake.

Agenda 5: Finance Committee Report

Professor A.S. Muller, Chairman of the Finance Committee, presented the Committee's report. He highlighted the following points:-

a) 1992 Budget

The net operating deficit, after depreciation, is expected to be \$611,000 and the cash operating surplus, before depreciation, is anticipated to be \$16,000.

b) 1993 Budget

The figures given when the finance Committee papers were prepared indicated a net operating deficit, after depreciation, of \$871,000 and a cash operating deficit, before depreciation, of \$223,000.

While confirming their confidence in the Centre's management, Committee members expressed grave concern about the figures presented. It was considered unacceptable to present a deficit of \$223,000 before depreciation without indicating what the Centre will do about it. It was pointed out that the Board had insisted that there be a cash surplus and that the Centre aim at full funding of depreciation. Several members were concerned that the cost of research was too high. Core costs should be reduced. High core costs also have a negative impact on acquiring competitive grants.

In response, the Director and the Associate Director, Finance pointed out that the budget was prepared some two months ago and that it did not include significant new funding now committed. Also, the history of the Centre indicated that budgeted income is normally surpassed when the year is over.

Much discussion centred on the need to fund depreciation. The Associate

Director, Finance advised that, although desirable, 100% funding is not essential as many of the fixed assets are donor-funded and this is likely to continue in the future.

Nevertheless the members insisted that the Director should provide an insight where cuts in expenditure would be made if anticipated funding would not eventuate. It was suggested that in future the Centre prepares two versions of the budget, a best case and a worst case scenario, neither of which should project a deficit.

In respect of the 1993 budget, the Director, during the Finance Committee's discussion, had agreed to submit to the Board a revised estimate of income and its effect on the net operating and cash position.

Consequently, Mr Tipping, the Associate Director, Finance, now informed the Board that he and his colleagues had reviewed the budget, in the light of new commitments received over the last two months. The 1993 budget will now show a net operating deficit of \$431,000 and a cash operating surplus of \$217,000.

The Board requested that a revised 1993 budget be presented to it at its June, 1993 meeting in which activities are adjusted to assure, on the basis of firm pledges, that a cash surplus of at least \$100,000 is realized by the end of the year.

#### c) Resources Development

Professor Muller informed that Mr Graham Wright presented the ICDDR,B revised draft Resources Development Strategy, requesting the Trustees' advice before finalising the document for formal adoption at the May 1993 Board meeting. The objectives of this strategy are to:

- increase annual income by more than 10% per annum;
- maintain long term core funding under multi-year agreements;

- use of bilateral funding for health care services, etc.;
- have an institutional reserve fund of \$30 million in two \$15 million or three \$10 million phases;
- have a hospital endowment fund of \$10 million in two \$5 million phases.

During discussion the Committee members showed great interest in the initiative and the suggested strategy. Generally, preference was expressed for a cautious, step by step approach. Initial activities should be concentrated in Bangladesh rather than in the United States. Some doubts were raised as to the feasibility to realize the two proposed, large endowment funds. It would certainly be of greatest importance to look into the possibilities of acquiring bilateral funds for service activities. Several members supported the idea of a consortium of donors for ICDDR,B. This would increase the efficiency for the Centre in maintaining regular contacts with a variety of donors and was likely to be appreciated by donors as well as a mechanism to increase coordination.

The Committee indicated that it was looking forward to being presented with a final draft of the resource development strategy document during its next meeting, which takes into account the points raised during its deliberations.

#### d) National Staff Salaries and Allowances

The Finance Committee met jointly with the Personnel & Selection Committee in a closed session to consider the revision of emoluments for national staff. The basic issues involved were discussed in the meeting of the Personnel & Selection Committee the previous day. These issues included the fact that: (i) there is a differential in pay with GS staff receiving 83% of their local UN scale and the NO staff receiving only 76% of their local UN scale; (ii) the professional national staff constitute the backbone of the Centre's research strength; and (iii) the Centre is losing staff to the NGO's and international commercial organizations as

our salaries are no longer competitive. Centre management had recommended that all NO and GS staff salaries be brought to 85% of local UN rates. This would mean a nominal increase of 2% to GS staff and a 9% increase to NO staff at a total cost of approximately \$208,000.

The Committee, after a long and thoughtful discussion, came to the conclusion that if a revision of the income estimates for the 1993 budget confirms the probability of being able to realize a cash surplus for 1993 after the provision for the proposed salary increase, it would recommend the increase to the Board for consideration. (This was, in fact, confirmed: see page 13, para 4.)

**e) UNROB Loan**

By letter dated 23 November, 1992, the Government of Bangladesh has advised the Centre that litigation to recover the UNROB loan has been withdrawn and:

all amounts (including interest) repayable by the Centre will be converted to a grant to be utilised for the implementation of programmes undertaken for human welfare and development; and the total amount of the loan (including interest) will be deemed annual voluntary contribution provided by the Government of Bangladesh in advance.

**f) Presentation of Financial Statements**

The Committee agreed with the recommendation of Centre management that the annual report of the Centre only include abbreviated financial statements.

**g) Fixed Assets Charged to Fixed Asset Acquisition and Replacement Fund**

Fixed assets obtained from this fund in 1992 totalling \$321,292 were

discussed. Additional commitments against this fund for 1992 are \$1,187,308 as of October 1992 of which \$300,000 has been funded by the Sasakawa Foundation with an additional \$350,000 expected in 1993.

The Finance Committee Report was opened for discussion.

There were questions from the Board and Donors on the raising of the NO and GS salaries. These included:

- is the increase to 85% included in the budget?
- is there a rise in the allowances?
- can the Centre afford to raise staff salaries?
- are the revised calculations correct and is there a contingency plan if they are not?

The Board and Committee Chairpersons, the Director and the Associate Director, Finance responded to these questions as follows:

- the 1993 budget does not include the salary adjustment;
- the salary discussion was on the salary component only, there will be no adjustment to allowances;
- with an estimated cash surplus for 1993 of \$217,000 and the salary rise costing approximately \$208,000, a small cash surplus is expected after providing for the raises. The Centre does not undertake any financial commitment it is unable to meet;
- the Committee is happy with the revised income estimate and believes this is a true picture. However, there will be a budget update at the Board's June 1993 meeting and measures can be taken then to reduce expenditure, if required. Donors were urged, whenever possible, to give commitments in advance to ensure the proposed budget is more realistic.

There was a query as to where the remainder of the funds required for fixed assets would come from. It was advised that the balance would hopefully come from donors, otherwise the Fixed Asset Acquisition and Replacement Fund would be charged.



Management was asked what percentage of donors give multi-year commitments. It was estimated that roughly 60% of funds are received on a long-term basis. The details can be given later. Multi-year funding allows the Centre to carry out its work more effectively.

Dr Ashley thanked the Chairman and members of the Finance Committee for their report which was endorsed and accepted by the Board. The following resolutions were passed:

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|-------------------------|---|
| Resolution<br>1/Nov. 92 | The Board resolved that the budget as presented be accepted on the proviso that a revised estimate of income would lead to an estimated cash surplus.   |
| Resolution<br>2/Nov. 92 | The Board resolved to award National Officers and General Services staff salary increases to an extent which will bring both to 85% of present local UN levels.   |
| Resolution<br>3/Nov. 92 | The Board resolved to record its greatest appreciation to the Government of Bangladesh for converting the UNROB loan to a grant and to record its gratitude to the Bangladeshi Trustees for their sustained efforts to bring the issue of the UNROB loan to such a satisfactory conclusion. |
| Resolution<br>4/Nov. 92 | The Board resolved to include only abridged financial statements in future Centre annual reports.   |
| Resolution<br>5/Nov. 92 | The Board resolved to accept and approve the expenditure of \$321,292 be charged to the Fixed Asset Acquisition   |

and Replacement Fund.

This being the end of the open session, the Chairperson thanked those donors and senior staff present for participating in the open session of the Board Meeting.

Agenda 6: Personnel & Selection Committee Report

Dr M. Law, Chairperson of the Personnel & Selection Committee, presented the Committee's report.

She reported that:

- a) The Committee agreed to recommend to the Board that the post of Scientist, Population & Statistics be reclassified to a P5 position and that Dr R. Bairagi (Bangladesh) be appointed to that position. This would be effective from 1 January, 1993.
- b) The Committee agreed to recommend to the Board that Dr L.A. de Francisco's (Colombia) contract as MCH-FP Physician (P5) be renewed for three years from 6 November, 1993.
- c) The request for new positions (i) Head, Department of Laboratory Research (P5) and (ii) Head, Department of Laboratory Services (P4/P5) were discussed simultaneously. The Committee agreed that, in view of the recommendations of the Programme Committee Review of the Laboratory Sciences Division just undertaken, the Centre management should first respond to the recommendations and the whole issue be taken up again next meeting.
- d) The position of Senior Scientist & Head, Clinical Sciences Division (D1) will be advertised and the "head hunting" process initiated.

Trustees were asked to assist in identifying suitable candidates to ensure that the position is filled when it falls vacant on 4 January, 1994.

- e) The position of Senior Administrative Officer and Head, Administration & Personnel Division (D1) falls vacant on 1 July, 1993. It will be advertised immediately and the Board will be asked to select a candidate at the June 1993 Board Meeting.
- f) The Committee agreed to recommend to the Board that the appointment of Dr Sushila Zeitlyn (Britain) as Social Anthropologist (P3) be endorsed. The Committee also noted that her appointment is for three years from 5 October, 1992.

The majority of Trustees having been present in the Committee discussions, there was no discussion on the Report and its recommendations. The Board endorsed and accepted the report.

Dr Ashley thanked Dr Law and the Personnel & Selection Committee for their report. The following resolutions were passed:

Resolution 6/Nov. 92	The Board resolved to accept the Report of the Personnel and Selection Committee.
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Resolution 7/Nov. 92	The Board resolved that the post of Scientist, Population and Statistics (P4) be reclassified to a P5 (Senior Scientist) position and that Dr R. Bairagi (Bangladesh) be appointed as Senior Scientist, Population and Statistics from 1 January, 1993.
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Resolution            The Board resolved that Dr L.A. de Francisco's  
8/Nov. 92            (Colombia) contract as MCH-FP Physician (P5) be renewed  
for three years from 6 November, 1993.

Resolution            The Board resolved to endorse the appointment of Dr  
9/Nov. 92            Sushila Zeityln (Britain) as Social Anthropologist (P3)  
for three years from 5 October, 1992.

Agenda 7: Selection of Trustees

Dr M. Law, Chairperson of the Personnel & Selection Committee, presented the Committee's recommendations to the Board. Once again, the majority of Trustees having been in the Personnel & Selection Committee discussions on this agenda item, there was little discussion on it.

The Board elected Professor Fehmida Jalil (Pakistan) to fill the developing country (Asia) position which will fall vacant on 1 July, 1993. The Board also re-elected Professor Fred Mhalu for a second term of three years from 1 July, 1993. The positions for developed country (Europe) and developing country (South America) will be finalized in the June 1993 Board Meeting.

The following resolutions were passed:

Resolution            The Board resolved that Professor Fehmida Jalil  
10/Nov. 92            (Pakistan) be appointed as a Trustee of the Centre for  
three years from 1 July, 1993.

Resolution            The Board resolved that Professor Fred Mhalu (Tanzania)  
11/Nov. 92            be appointed as a Trustee of the Centre for a second  
term of three years from 1 July, 1993.

Agenda 8: Dates of Next Meeting

It was agreed that the next meeting of the Board should be held in Dhaka from 8-10 June, 1993. The schedule will be as follows:

Monday, 7 June	Trustees arrive
Tuesday, 8 June	Programme Committee Meeting Personnel & Selection Committee Meeting
Wednesday, 9 June	Finance Committee Meeting Report writing, lectures, etc.
Thursday, 10 June	Full Board Meeting

The Director's suggestion that a consultant be hired to review the Training Coordination Bureau, rather than it undergoing a Programme Committee Review, was welcomed and accepted by the Board. This review will take place sometime prior to the June 1993 Board Meeting.

There was a discussion on the general schedule for Board meetings. During this discussion it was suggested that Chairpersons of Committees could come a day in advance to interact with staff on the agenda. It is hoped that the so called "free" afternoon can be kept free and that this time be devoted to one or two Trustees giving a lecture on his/her area of expertise. These could be advertised so as to benefit not only the staff of the Centre but outside scientists as well. It was suggested that the outgoing Trustees give a lecture at the June 1993 Board Meeting.

It was agreed that the November 1993 meeting would be held in Dhaka and that the dates be set as follows:

Monday, 22 November	Programme Committee reviewers arrive in Dhaka
Tuesday, 23 November to Thursday, 25 November	Programme Committee Review of Community Health Division
Thursday, 25 November	Remaining Trustees arrive
Friday, 26 November to Sunday, 28 November	Board of Trustees Committee and full Board Meetings
Monday, 29 November	Support Group Meeting

Drs Jon Rohde and Maureen Law and Mr Syed Ahmed were selected as the Trustees to undertake the Programme Committee Review of the Community Health Division in November 1993. In the event that Mr Syed Ahmed is unable to participate then he should be replaced by a Bangladeshi scientist. The Director is to follow-up on this and select an additional reviewer from outside the Centre.

Agenda 9: 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 12.30 p.m. on Saturday, 28 November, 1992.

The SWA President, Dr A.S.M. Mizanur Rahman, presented a plea to the Board for i) an increase in salary for NO and GS staff so they are on par with UN scales; ii) the Centre to take action on Retirement Fund contributions (employees are losing in terms of payments towards the fund); iii) an incentive for employees who keep to a maximum of two

children; iv) strengthening the family planning component of the staff clinic.

The Chairperson of the Board responded by assuring SWA that the Board was sympathetic to the problems and would discuss these matter later in the afternoon and in its meeting on 29 November, 1992.

The Board discussed the issues and requested the Director to meet with the SWA Executive Committee to share the outcome of their deliberations.

**b) Preparation for the Support Group Meeting**

The Board reviewed the programme and agenda for the Support Group Meeting.

Dr Ashley thanked everyone for their contributions.

The meeting closed at 12.20 p.m.

:jc

26.4.93

3/BT/JUNE '93

DIRECTOR'S REPORT  
(including 1992 Annual Report)



**DIRECTOR'S REPORT**

**1.0 OVERVIEW**

The unseasonal diarrhoea epidemic caused by Vibrio cholerae non 01 (0139 Bengal) that started in early January (and still continues) dominated and largely preoccupied the Centre's staff during this period. The epidemic not only tested the Centre's ability to meet the challenge of providing health care to the thousands that flocked to its gates but also the flexibility to mount a rapid response to the research challenges of a new potential global pandemic.

The number of patients seen in January to March 1993 (normally non-epidemic months) was easily the biggest for this period in the history of the Centre, and the monthly attendance exceeded all previous records including those during epidemic months (see graph, page 17). To cope with this increased load, tents and "shamianas" had to be erected, new cholera cots made, additional medical and support staff employed, drugs and medicines procured and the entire logistic support services mobilized. Thanks to the remarkable dedication and ingenuity of the staff, many of whom worked long hours, the entire operation was conducted as if it were a routine undertaking! Not one patient died from acute dehydrating diarrhoea.

The epidemic hit Matlab in mid-February and also quickly affected record numbers of patients. Matlab had experienced a similar extraordinary load of patients in October and November 1992 but the cause then was the E1 Tor organism. In both instances the resources of the Matlab hospital were stretched to the limits.

The Epidemic Control Preparedness Programme dispatched teams to several

areas where the epidemic had broken out, and provided assistance to local health facilities. They were the first to identify the epidemic in Southern Bangladesh in late December 1992.

Perhaps the most exciting aspect of the epidemic was the speed with which the Centre's research infrastructure was mobilized to define the nature of the new pathogen, establish diagnostic reagents, determine its clinical characteristics and epidemiologic significance within three months of its appearance in Bangladesh, and to alert the world to a probable new pandemic (? VIIIth Cholera Pandemic). Studies were coordinated on trans-divisional lines within the Centre, and active collaboration secured with over ten institutions in India, Japan, Sweden and the United States of America.

These achievements were only possible because of the presence of research capability *in situ* where the problem exists and further vindicates any lingering doubts of the rationale for the existence of ICDDR,B.

In reporting the above, it should be noted that the Centre could not have responded to the epidemic in the way it did without the generous support and understanding of the donor community and the Government of Bangladesh.

The diarrhoea epidemic overshadowed a number of important events.

- 1) The Second Annual Scientific Conference was held in early January and was greatly appreciated. It was organized primarily for the benefit of policy and decision makers, but also provided a forum for presentation of the latest research findings of the Centre.
- 2) The BRAC-ICDDR,B joint venture looking into the impact of social economic development completed collection of baseline survey, and convened the Second Expert Group Meeting.
- 3) The first census in Matlab since 1982 is being carried out.

- 4) An international workshop was held on Helicobacter pylori bringing experts from both developing and developed countries.
- 5) Construction of the first floor of the hospital block is rapidly progressing, and the Laboratory Sciences Division are expected to shift by the end of May 1993.
- 6) Funds were committed by Ford Foundation to obtain professional assistance in finalizing the Centre's Resource Development Strategy.

## 2.0 RESEARCH AND RELATED ACTIVITIES

### 2.1 Research Output

Table 1 attempts to quantify the research productivity during this reporting period and indicates that the Centre continues to generate a respectable number of publications as well as a steady increase in the number of studies being undertaken (see Appendix A-D).

Table 1: Research Output

	CHD	CSD	LSD	PSED	Total
<b>Papers published</b>					
1 May - 30 Sept 91	6	8	10	4	28
1 Oct 91-31 Mar 92	11	15	26	8	60
1 Apr - 30 Sept 92	8	11	17	8	44
1 Oct 92-31 Mar 93	10	15	15	1	41
<b>Papers in press</b>					
1 May - 30 Sept 91	7	14	15	5	41
1 Oct 91-31 Mar 92	9	12	9	7	37
1 Apr - 30 Sept 92	5	14	10	11	40
1 Oct 92-31 Mar 93	6	11	16	11	44
<b>TOTALS</b>					
1 May - 30 Sept 91	13	22	25	9	69
1 Oct 91-31 Mar 92	20	27	35	15	97
1 Apr - 30 Sept 92	13	25	27	19	84
1 Oct 92-31 Mar 93	16	26	31	12	85
<b>Research protocols/ programmes in progress</b>					
1 May - 30 Sept 91	12	24	11	3	50
1 Oct 91-31 Mar 92	18	23	16	4	61
1 Apr - 30 Sept 92	24	28	17	4	73
1 Oct 92-31 Mar 93	28	27	17	5	77

## 2.2 Research Programmes

Appendix A to D list the protocols currently in progress at the Centre. A brief perusal shows that the Centre is getting increasingly involved in addressing other health problems besides diarrhoeal diseases. Some of the major research areas that have preoccupied the Centre's staff are mentioned below.

### 2.2.1 DIARRHOEAL DISEASES

The Centre continues studies on etiology/pathogenesis and management of both invasive and persistent diarrhoea. Dietary and drug therapy trials as well as the search for improved formulation of ORS are expected to provide a firm anchor for better case management of diarrhoeal diseases.

### 2.2.2 WATER AND SANITATION/ENVIRONMENTAL HEALTH

Several studies are in progress in this area including: looking at water quality and environmental health aspects of embankments, promotion of safe water and sanitation practices through schools and women's clubs, and examining the link between environment and shigella dysentery as well as the larger issue of environment and child survival.

### 2.2.3 NUTRITION

Micronutrients: Several studies on vitamin A are now nearing completion and have yielded important results that will have wide implications.

Weaning food: Similarly the studies on the use of amylase enriched germinated flour are also approaching conclusion at both the clinic and community.

### 2.2.4 URBAN HEALTH

Analysis of information being gathered from the urban surveillance system (USS) has accelerated with release of a unique and useful

data set. A study to look into the health care patterns of slum residents in Dhaka city has just commenced.

#### 2.2.5 SOCIAL SCIENCE

The BRAC-ICDDR,B joint project looks into the impact of social and economic development on health and well-being and is progressing satisfactorily. Similar but smaller in scope is a study examining the impact of the Grameen Bank.

Other studies look into empowering women for health and identifying barriers to good health seeking behaviour.

#### 2.2.6 CHILD SURVIVAL AND WOMEN'S HEALTH

In addition to protocols on diarrhoeal diseases and nutrition, other areas under study that promote child survival include acute respiratory infections, measles and immunizations.

Operational research to develop better maternity care services continues. Plans are underway for studies looking into reproductive tract infections and maternal malnutrition.

#### 2.2.7 FAMILY PLANNING AND POPULATION STUDIES

Operational research on improving delivery of family planning services continues. One study undertook a situation analysis to uncover the reasons for low performance in Chittagong Division that might be addressed by management changes or operations research, and came out with a number of recommendations.

Methodological studies to validate techniques of rapidly and easily determining mortality levels and trends using known Matlab data were undertaken.

#### 2.2.8 LABORATORY METHODS

State of the art procedures to assist in epidemiological studies (e.g. biochemical fingerprinting) and laboratory methods to assist

health workers in arriving at a correct diagnosis (e.g. shigella and amoebic dysentery) are being developed.

## 2.3 Divisional Highlights

### 2.3.1 COMMUNITY HEALTH DIVISION (CHD)

Much effort was put into developing new protocols during these past six months, and eight major ones are awaiting final approval and implementation.

A number of investigators in the Division presented papers at the Sixth Asian Conference on Diarrhoeal Disease; other papers were presented in Thailand and Tanzania. In February 1993, an international workshop on Helicobacter pylori infections in the developing world, was held in conjunction with the Laboratory Sciences Division and the Clinical Sciences Division.

A Centre-wide Coordinating Committee for HIV infections has been established; three of its members, including the Chairman, are members of CHD. A large NIH Programme Project grant (International Centers for Infectious Diseases Research [ICIDR]) is being put together jointly by members of the CHD and LSD. A book on the experiences from Matlab during the past 15 years, edited by Dr Vincent Fauveau, a former member of the CHD, is in the final stages of review prior to being published by the ICDDR,B.

A number of projects and findings are of particular interest and need to be highlighted:

1. The contraceptive prevalence rate in the MCH-FP intervention area in Matlab has now reached 62%.
2. A double-blind, randomized, placebo-controlled trial was conducted in Matlab to evaluate the safety in infants under six months of Vitamin A supplementation given through the EPI

programme. This study showed that 11% of 191 infants given 50,000 IU of Vitamin A during the three EPI visits, developed bulging fontanelles, whereas only 1% of the placebo group were affected. No other clinical toxicities were seen, but this questions the wisdom of giving these large doses of Vitamin A to young infants.

3. The Urban Health Extension Project (UHEP) recently concluded a Cooperative Agreement between the Centre and USAID, which will be in place through 1997. The UHEP has also reached an understanding to collaborate with a large NGO, the Concerned Women for Family Planning.
4. A large protocol "Health Care Use Patterns in Slum Residents of Dhaka City" has just begun.
5. The study on "The effectiveness of Oral Polio Vaccine in children with gastroenteritis" has been completed and showed that children with diarrhoea at the time of the administration of oral polio vaccine have a reduced antibody response to the vaccine. It is not clear, however, whether this is important from a public health standpoint.
6. We now have a detailed map of Matlab, prepared by "SPARSO (the Bangladesh Space agency); this map will be entered into a computer format by GIS (Geographic Information System) so that households can be linked to the Demographic Surveillance System's identification numbers. This information will make it possible to further study the geographic patterns of disease in considerable detail.

### 2.3.2 CLINICAL SCIENCES DIVISION (CSD)

The diarrhoea epidemic that hit Dhaka in the unusual period of late January has persisted until the writing of this report and has occupied most of the time and resources of the Division (see 4.0). The epidemic due to V. cholerae non-01 also exerted considerable scientific interest and is the subject of several studies in collaboration with other divisions.



The Division took part in offering courses on clinical management of diarrhoea and is now preparing for the forthcoming international research methodology course (May 1993). Staff also took active part in the multi-disciplinary workshop on Helicobacter pylori held in early February.

Several staff members presented papers at international scientific conferences and presented papers (see 10.6).

Some of the research findings during this period include the following:

1. A social anthropological study of the acceptance of germinated wheat flour for use in preparing semi solid foods for infants recovering from diarrhoeal illness found that the acceptance was very good when it was promoted as a digestive powder; and on follow up after two weeks this was confirmed when most mothers demanded a further supply of the "digestive powder" (ARGC) for use to prepare meals for their children.
2. Another study on safety of Vitamin A supplementation in infants less than six months of age using the immunization programme as an entry point (at the EPI Centre of CRC, ICDDR,B) confirmed the findings of a similar study just concluded in Matlab, viz. a higher incidence of bulging of fontanelles in infants receiving 50,000 IU Vitamin A at each scheduled immunization.
3. Does Bicarbonate in ORS make it more absorption efficient? To answer this, a pilot study was conducted on two groups of adult diarrhoeal patients (30 patients in each group) who were given the ORS solution with or without bicarbonate. Considering purging rate as a proxy indicator of water absorption in actively purging diarrhoeal patient, the study did not demonstrate any improved absorption efficiency due to the bicarbonate.
4. Studies of Helicobacter pylori infections show that in

Bangladesh, H. pylori infections seem to be nearly universal. Generally children acquire this infection early in infancy and by the age of three years, 60% are infected. Several one month old infants were found infected. More than 90% of adults undergoing upper GI endoscopies are infected.

### 2.2.3 LABORATORY SCIENCES DIVISION (LSD)

The Laboratory Sciences Division has been extremely productive during these past six months. Construction is nearly completed for the new laboratory space above the hospital which will be ready by mid-May 1993. The planning stages of this construction have occupied many of the staff during the past six months.

In December 1992 a number of investigators presented papers at the 6th Asian Diarrhoeal Disease Conference in Karachi. Other presentations were made in Thailand and the United States during this period (see 10.6).

In February, a three day international workshop was held at ICDDR,B (which involved persons from CHD, LSD and CSD) on "Helicobacter pylori infections in the developing world". This was attended by 11 persons from outside Bangladesh, and four persons from ICDDR,B. A summary of the workshop has been submitted for publication.

Some major research highlights from the Divisional activities during the past six months are:

1. Antibody assays for H. pylori (HP) have been established; patients with HP-related gastritis, as diagnosed at gastroscopy, uniformly have antibodies, as would be expected. Studies are now beginning to look at age-related acquisition of antibodies in small children.
2. Biochemical fingerprinting, the technology for which has been transferred from the Karolinska Institute, Sweden, has now

been used to successfully differentiate strains among the species of E. coli and V. cholerae.

3. Molecular biological techniques (Restriction Fragment Length Polymorphisms and ribotyping) have been used to characterize V. cholerae and Shigella. They confirm that the classical V. cholerae was never completely replaced by the El tor biotype in Bangladesh.
4. Monoclonal antibodies have been produced against S. dysenteriae type 1, which recognizes both the LPS and the slime polysacchide, a newly described virulence factor, of the organism.
5. A plasmidless strain of Shigella dysenteriae has been constructed in the laboratory. This is an efficient recipient strain that can be used in genetic studies.
6. Thermal stability studies have been conducted with the killed whole-cell B subunit oral cholera vaccine; the vaccine appears to be very stable under temperatures of 42<sup>0</sup>C for up to six months, suggesting that the vaccines does not need a cold chain to be used effectively in a public health programme.
7. A number of non-typable rotaviruses have been adapted to tissue culture, to determine whether they are new human serotypes or are strains from animals.
8. Methods have been developed to determine carotenoids in breast milk and foods, and for extracting Vitamin A2 from the livers of fresh water fish.
9. Shigella organisms were found to survive for prolonged periods (up to 5 days) on inanimate objects in the viable, but unculturable state. These organisms could be important in the transmission of the disease.

#### 2.3.4 POPULATION SCIENCE AND EXTENSION DIVISION (PSED)

As previously reported, the Bangladesh Rural Advancement Committee (BRAC) is introducing its Rural Development Programme (RDP) into Matlab thana. ICDDR,B, on the other hand, has a long established

system of longitudinal data collection there. Thus a unique opportunity arises to carry out research on the impact of social and economic development that occurs in the presence or absence of special maternal and child health and family planning programmes.

During the fall of 1992, BRAC and the ICDDR,B successfully completed a major baseline survey in the 60 study villages, both inside and outside the BRAC area. Questionnaires for males and females, as well as a basic learning achievement test and household and community modules, provided data on approximately 12,000 households. In February, the second meeting of the Expert Committee advising this project was held in Dhaka. After a week of discussions and visits the group identified six areas of special interest:

- empowerment of women
- empowerment of the poor
- adult (especially women's reproductive) health
- child health
- economic change
- education.

Other research on the impacts of social and economic change includes the Rockefeller funded study of the effects on fertility and women's status of the Grameen Bank, another major NGO, in the area near Chittagong. Pretesting of the survey instrument was recently completed and field work will start in May.

In April, the Demographic Surveillance System started the first complete census of the Matlab study area since 1982. This census will verify the vital statistics reporting and data base work since 1982, and update the information on household creation and relationships within households. It will also provide a baseline and sampling frame for the rolling census, scheduled to start later in 1993, which will provide social and economic data on a continuing basis. These censuses and other special DSS projects are now funded by the British ODA.

Once again the work - and the data resources - of the Division were highlighted at the annual meeting of the Population Association of America. Four researchers from the PSED were awarded prestigious Hewlett Foundation travel awards to attend the meetings and visit research centres and universities. A total of twelve papers using ICDDR,B data were presented, on topics as diverse as the mathematical modeling of infant mortality, the access of rural women to family planning services, and excess female child mortality.

The MCH-FP Extension Project was awarded a 5 year continuation of its cooperative agreement from USAID, enabling it to continue research on improving the effectiveness and efficiency of the national family planning and MCH programmes. The main goals of the project are to identify barriers to effective delivery of services, to test the feasibility of proposed solutions in the field and at central levels, to evaluate policy changes, and to advise the Government on how to implement programme and policy changes on a wider basis. During the next five years the programme of work will be grouped under three broad themes: management improvement, quality of care, and sustainability.

As part of the process of developing a strategic plan to guide us to the year 2000 the Division conducted a retreat, led by three facilitators using "Visualization In People's Participation (VIPPP)" techniques. Two days of exciting discussions resulted in a major advance in the planning process. The PSED has the extra need to rapidly complete the Strategic Plan since part of the USAID Cooperative Agreement includes planning how best to manage the activities of the MCH-FP Extension Project and the Urban Health Extension Project, both of which are funded under the same agreement.

Staff members attended several international conferences and provided technical assistance to both national and international institutions.

### 3.0 TRAINING (see Table 2)

One international and five national short training courses were held during this period. This often meant that more than one course was being conducted at any given time. The excellent physical environment of the newly completed Sasakawa Training Centre enabled such a challenge to be met.

Attempts to exploit the Centre's potential in health research training continues, and three health research training fellows (one each from China, Nigeria and Peru) are now receiving training partially meeting the Centre's mandate as an international training centre. The use of bright young Bangladeshi graduates in various research protocols is also being promoted as a novel approach to widening opportunities for research training. As much as possible a structured training programme is being used for all trainees to ensure acquisition of specific research skills.

The clinical fellowship programme has been strengthened with improvement in supervision, the re-organization of medical staff in the Dhaka hospital into teams, holding of regular seminars for junior house staff, and the employment of senior consultants to make regular teaching rounds.

The Centre also hosts an increasing number of trainees from the developed world who seek clinical exposure or wish to participate in specific research activities. Some are conducting research towards their graduate degrees. The increasing number has required the assignment of a senior staff of the centre (Dr M. Bateman) as coordinator for this group of students.

Another important trend is the increased frequency of lectures/seminars/workshops that are now being held at the Centre.

The training activities of the Centre will be evaluated by a consultant in October 1993. It is hoped that the review will be the basis for planning the direction of the Centre's training involvement in the latter half of

this decade.

Table 2: Summary of Training Activities - 1 October 1992 to 31 March 1993

Description of activities	Number of courses	Number of participants
<b>HEALTH RESEARCH TRAINING PROGRAMME</b>		
Health Research Training Fellowship		3
Research Traineeship		17
Postgraduate students (M.Sc. - 8, M.Phil. - 3, Ph.D. - 2)		13
<b>CLINICAL FELLOWSHIP PROGRAMME</b>		
Govt. of Bangladesh Fellows		8
SAARC Fellows		5
Project-based Fellows - Physicians		4
- Health Assistants		6
<b>SHORT INTERNATIONAL TRAINING COURSES</b>		
Clinical Management of Diar. Dis. with Special Emphasis on Persistent Diarrhoea	1	16
<b>SHORT NATIONAL TRAINING COURSES</b>		
Epidemiological Methods in Public Health	1	20
Integrated course on Management of Diar. & Acute Respiratory Infection	2	33
Nursing Management of Dia. Dis. for Paed- iatric Nurses from Dhaka Med. Coll.	1	18
Clinical Management of Dia. Dis. for post- graduate (DCH & FCPS) students fr. IPGM&R and Dhaka Shishu Hosp.	1	16
<b>OTHERS</b>		
Study visits		7
Orientation/Training		20
Seminars (weekly 28, inter-divisional 24, clinical 7)		59
<b>Total</b>	<b>6</b>	<b>186</b>

## 4.0 SERVICE -- HEALTH CARE

### 4.1 Hospital

#### 4.1.1 DHAKA

The normal peak in the number of patients attained in late fall was expected to be followed by a virtual disappearance of cholera in January to March. This was not to be in 1993. The largest outbreak of epidemic watery diarrhoea ever witnessed during this period occurred starting in mid-January and reaching patient numbers exceeding the great epidemic of 1979. The comparative patient load during the last few years is shown in Figure 1 (see page 17). This extraordinary outbreak is caused by a previously unidentified organism belonging to the *V. cholerae* non-01 group. The organism appears to have almost completely displaced El Tor.

The large number of patients had to be accommodated in several make-shift tents, and additional staff had to be urgently recruited. As usual the international donor community was quick to respond to appeals for more funds and the Government of Bangladesh also supplied staff and medicines towards the emergency. The staff of the Centre - both medical and support - rose to the challenge and successfully provided treatment to 30,000 patients in two and a half months (see Figure 1 and Table 3).

Most of the patients were adults during the first two months of the epidemic but the proportion of children has now started to progressively increase.

While the epidemic has probably passed its peak, it is likely to continue for a few more months.



# Patient Visits to CRC ICDDR,B, Dhaka

Figure 1.

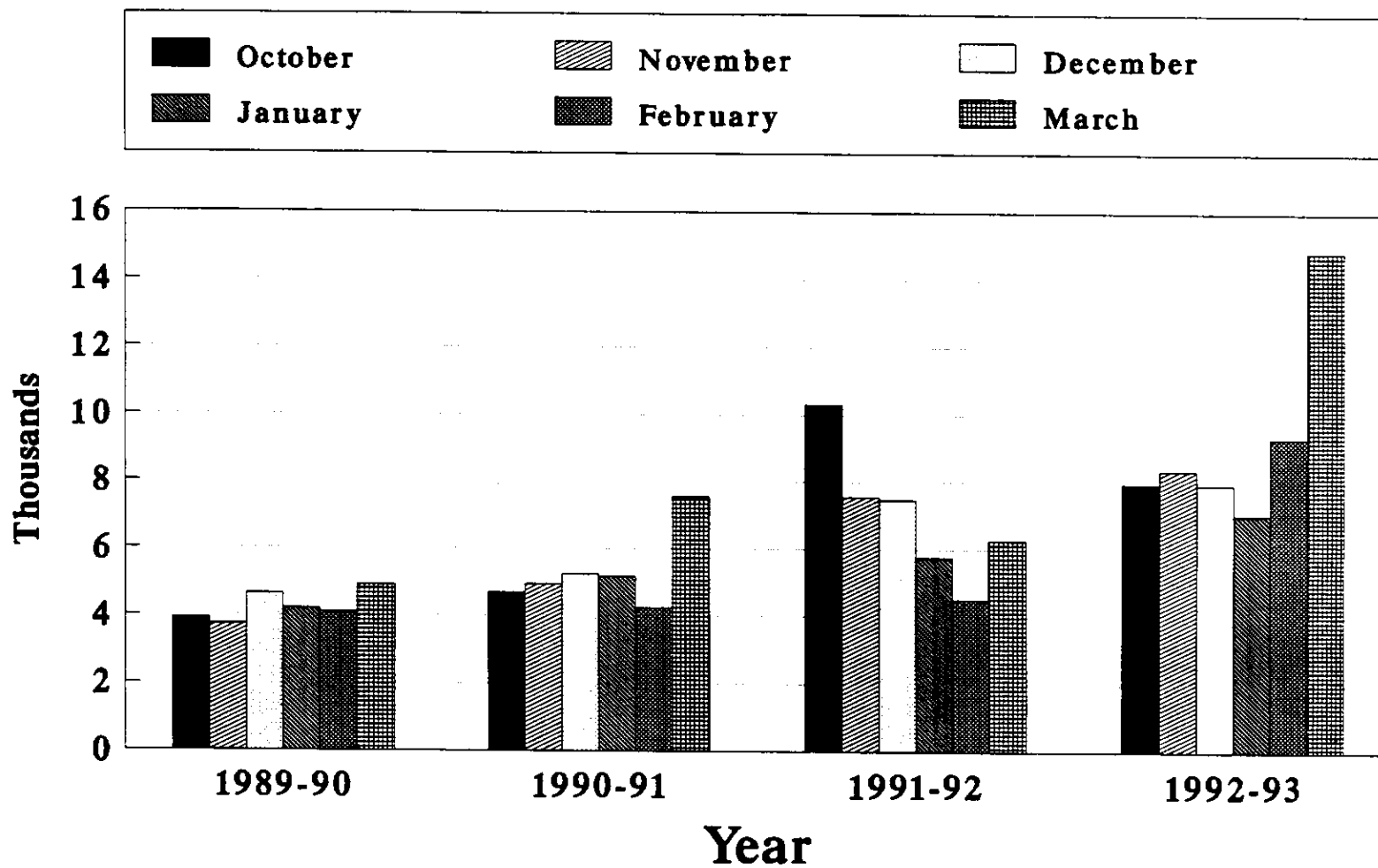


Table 3: Patient load at Clinical Research Centre - Dhaka  
1 October 1992 to 31 March 1993

Month & Year	Visits		Admissions					
	OPD		In-patient			ICU		
	<12 hrs	>12 hrs	< 1 day	1-7 days	> 7 days	< 1 day	1-7 days	> 7 days
Oct. 1992	4925	2734	0	207	85	12	65	16
Nov. 1992	5542	2811	2	202	75	5	67	12
Dec. 1992	5374	2559	1	212	64	10	56	16
Jan. 1993	4425	2604	0	181	84	16	65	24
Feb. 1993	5801	3527	1	208	84	12	67	16
Mar. 1993	9902	4946	5	380	120	11	107	21
Total	35969	19381	9	1390	512	66	427	105

#### 4.1.2 MATLAB

The record number of patients set in the August-October cholera season last year is threatened to be broken. The new epidemic reached Matlab in mid-February 1993 and caused a large flow of patients again stretching the resources of the hospital to the limits and requiring a tent to be pitched to accommodate the extra patients.

Table 4 (see page 19) shows the patient load at the Diarrhoea Treatment Centre in Matlab.

Table 4: Number of patients with duration of stay at Matlab  
Diarrhoea Treatment Centre - 1 October 1992 to 31 March 1993

Month & Year	< 1 day	1 day	2-6 days	> 7 days	Total
Oct. 1992	900	949	732	22	2603
Nov. 1992	349	503	672	27	1551
Dec. 1992	203	258	344	11	816
Jan. 1993	124	212	242	14	592
Feb. 1993	126	180	260	10	576
Mar. 1993	714	885	406	13	2018
<b>Total</b>	<b>2416</b>	<b>2987</b>	<b>2656</b>	<b>97</b>	<b>8156</b>

#### 4.2 MCH-FP Activities in Matlab

The Matlab population in the treatment area continued to receive health care services (curative and preventive) at home, in subcentre clinics and at the hospital. The population now enjoys the highest coverage in rural Bangladesh of services for immunization, family planning and selected MCH.

Tables 5 and 5a (see pages 20 and 21) show details of services offered at the Matlab hospital.

Table 5: Number of patients treated (Matlab MCHJ-FP Project)  
1 October 1992 to 31 March 1993

Out patient Department											
Mth	Maternal Care									Child Care	
	A	B	C	D	E	F	G	H	Tot	0-1 Year	1-4 Years
Oct	87	37	525	642	260	156	9	63	1779	558	1180
Nov	86	46	546	605	220	121	11	66	1701	450	904
Dec	82	44	456	518	226	123	11	68	1528	416	832
Jan	68	43	662	756	303	185	6	81	2104	659	1381
Feb	47	37	617	707	268	141	5	82	1904	667	1304
Mar	40	22	773	929	332	184	9	118	2407	730	1747
Tot	410	229	3579	4157	1609	910	51	478	11423	3480	7348

Key to table 5:

- A = Antenatal care
- B = Postnatal care
- C = Female morbidity
- D = Depoprovera
- E = Pill
- F = Tubectomy
- G = IUD, new
- H = IUD, follow-up

Table 5a: Number of patients treated (Matlab MCH-FP Project)  
1 October 1992 to 31 March 1993

Inpatients							
	Maternity	Mother	Wards Child	ARI	NRU	Total	Tubectomy Done
Oct.	25	5	41	51	8	130	2
Nov.	19	8	24	18	5	74	1
Dec.	21	9	27	13	7	77	5
Jan.	11	8	31	80	6	136	3
Feb.	13	1	19	55	4	92	5
Mar.	18	9	34	32	3	96	1
<b>Total</b>	<b>107</b>	<b>40</b>	<b>176</b>	<b>249</b>	<b>33</b>	<b>605</b>	<b>17</b>

Key: ARI = Acute respiratory infections  
NRU = Nutrition rehabilitation unit

#### 4.3 Urban Health Care

Table 6 (see page 22) depicts the output of the Urban Health Extension Project staff engaged in service delivery to slum dwellers.

Table 6: Urban Health Extension Project Service Output Statistics  
All Thanas - 1 October 1992 to 31 March 1993

	Age		Total
	< 5 years	> 5 years (Adult)	
<b>Health Product Distribution</b>			
No. of patients	20,080	28,199	48,279
ORS distribution	53,038	82,361	135,399
<b>Health Education/Motivation Sessions (includes ORS preparation, hygiene, nutrition, immunization and family planning)</b>			
		73,412	73,412
<b>Referral to Health Facilities</b>			
ICDDR,B	134	100	234
Nutrition Centres	82	-	82
Immunization Centres (EPI)	834	470	1304
Family Planning Clinics		205	205
Other Health Facilities	60	182	242

#### 4.4. Epidemic Control Preparedness Programme (ECPP)

The ECPP staff have been busy sending teams to areas where the Government of Bangladesh has requested assistance. The first outbreak with the *V. cholerae* non-01 organism started in the south in January and the ECPP provided medical assistance and collected stool specimens that led to the identification of the organism. Since then the unit has been busy tracking the epidemic and conducting epidemiological studies on the new outbreak.

## 5.0 TECHNICAL SERVICE

### 5.1 Computer Information Services

The computer centre continues to put most of its efforts towards increasing the usage level of the mainframe. This period showed an increase of about 30% over the previous six months period. The use of the Centre's computer by outside users remains at approximately 4%.

The computer centre put a significant amount of its resources, both personnel and computing, towards the BRAC-ICDDR,B joint collaborative project. The work involves data capturing, editing, file management and report generation. An Inventory Management System for Centre's personal computers was completed during this period. A number of data processing and analysis projects were undertaken for the Community Health Division.

An Analyst Programmer returned on completion of 8 weeks training from the Asian Institute of Technology (AIT), Bangkok on Data Communication and Computer Networking.

The Engineering Support services continues to provide the PC maintenance and installation across the Centre.

### 5.2 Diarrhoeal Diseases Information Services Centre (DISC)

#### 5.2.1 LIBRARY USE

More than 400 of the Centre's researchers, physicians, research support personnel, nurses, and trainees, and 6,750 from universities, NGO's, IPH, NIPSOM and other organizations used the library.

During the period 8,869 volumes of books and journals were loaned to staff members, while 205 books and journals were borrowed by

national institutions; the greatest beneficiaries were the users of the National Health Library and Documentation Centre in Dhaka.

#### 5.2.2 DATA BASE BIBLIOGRAPHIC SERVICE

DISC continues to maintain and develop its own databases of journal holdings, book collection, Centre's publications and non-indexed periodical articles, and Centre's ongoing and completed research projects.

#### 5.2.3 INFORMATION DISSEMINATION

During the period, 14 issues of the Current Awareness Service Bulletin and 59 issues of the Fast Bulletin were produced to inform library users about incoming books, relevant journal articles and issues.

Journal of Diarrhoeal Diseases Research: The publication schedule of the quarterly journal (JDDR) was maintained.

Glimpse: The publication schedule of the newsletter was maintained with three issues published.

Shasthya Sanglap: The Bengali newsletter was launched on Bengali New Year 1399, and one issue of the newsletter was published during this period. 25,000 copies of each issue (4 issues a year) are being printed. The newsletter has generated serious interest among health workers at the grass-roots level. Copies are distributed to health workers at the union level through Thana Health Complexes, Civil Surgeons, Deputy Directors of Family Planning, senior health education officers, district health superintendents, thana health and family planning officers, thana family planning officers, non-government organizations, libraries and others.

ICDDR,B News: During the year, two issues of the in-house bilingual bimonthly newsletter were published.



Internal scientific publications: One issue (v.18) of the Demographic Surveillance System: Registration of Demographic Events, 1987 and a 63-page "Second Annual Scientific Conference programme and abstracts" were published.

#### 5.2.4 EARNING OF REVENUE

Revised subscription rates for the JDDR helped DISC earn nearly US\$ 11,000 from journal subscriptions (154) and from the sale of publications during the year. DISC also introduced various types of pricing systems for all types of users for the Medline and Popline searches to generate revenue.

#### 5.3 Animal Research Branch

This excellent facility continued to provide invaluable support to several research protocols (15), as well as to diagnostic services. It also provided small animals as well as animal blood to several national health institutions including the Institute of Public Health. The Animal pet clinic has attracted wide publicity and goodwill amongst the community and earned modest income.

#### 5.4 Audio-Visual Unit

The Audio-Visual Unit (AVU) produced charts, illustration, maps, posters, book cover designs and other visual aids for the Centre's published work. It also played a valuable support to the public relations and information unit.

#### 5.5 Bio-Engineering Cell

The unit installed several new equipment and undertook major repairs of equipment.

## 6.0 ADMINISTRATION & PERSONNEL

### 6.1 Personnel

The Centre continued enforcing the policy of containing personnel costs. The staffing status as of 31 March, 1993 indicates that there was a net separation of six staff members, the details of which are given below:

<u>Additions</u>		<u>Separations</u>	
<u>NO &amp; GS</u>		<u>NO &amp; GS</u>	
a) Conversions from short-term, contractual service agreement	: 4	a) Retirement/Death	: 4
b) New appointments	: 11	b) Resignation	: 18
	--		--
	15		22

#### International Professional

a) Conversion from short-term	: 1		
	--		
Total	16	Net separations	6

During this period Dr Sushila Zeitlyn, a British Social Anthropologist, was appointed to work in the Community Health Division on a fixed term basis. Dr Zeitlyn has earlier been employed on a contractual service agreement.

New performance appraisal forms for different categories of staff have been introduced, and the Centre's Staff Rules have been updated, in line with UN/WHO.

## 6.2 General and Support Services

Estate, Travel, General Services and Transport Offices continued to provide routine support services to facilitate smooth functioning of the Centre's research, training and service activities.

## 6.3 Supply Branch

Plans are underway to separate stores from procurement and to assign stores within Finance.

## 6.4 Maintenance and Engineering Branch

This unit has been very busy supervising the following:

- Shifting of Finance Division to the area formerly occupied by Training Coordination Bureau on the ground floor of the IPH building.
- Installation of an 800 KVA transformer and 825 KVA standby generator.
- Construction of the remaining half of the first floor of the hospital building (research laboratories of LSD). Shifting into the new premises has started.

Discussion on the second phase of the Centre's physical plant development plan has been initiated. This will hopefully consist of the construction of:

- service building adjacent to recently completed generator house;
- second floor of the Library building to accommodate expanding needs of CHD (optimal);
- second floor of the hospital building (northern wing).

Several temporary sheds will also be demolished. The Centre will look for funds to realize this new phase.

## 6.5 Staff Development

The Centre continues to pursue an active programme of staff development. These are detailed in Tables 7 and 8. Four staff returned after completion of their training and two have left for training. As of 31 March, 1993, twenty-seven staff members are training abroad.

Table 7: List of Staff Members who returned after completing training  
1 October 1992 to 31 March 1993

Name, designation and Division	Funding Agency	Support level	Period	Area of training/study
Ms Nurun N. Banu Research Officer LSD	SAREC	II	4.4.92 to 3.1.93	Training in virology at St. Pierre Hosp., Free Univ. of Brussels in Belgium
Dr Khaleda Haider Associate Scientist, LSD	ICDDR,B/ SDC Inst. Collab.	I	14.6.92 to 29.10.92	Training on the "role of shigella dysenteriae type 1 in virulence" at Dept. of Microbiology, Kyoto Univ., Japan
Mr Rafique-ul Islam, UHEP, CHD	ICDDR,B/ UHEP/SDC	I	10.9.92 to 2.12.92	Course on "Advanced Tools & Techniques in Computer Appc'lns Devt" at AIT, Bangkok
Mrs Saleha Begum Analyst Prog. CIS, PSED	ICDDR,B/ SDC/DSS UNFPA	I	8.9.92 to 11.11.92	Course on "Data Commcn. & Computer Networking at AIT, Bkk
Mr K.A. Mazumder Senior Demographer MCH-FP Ext. Proj. & Mr M.M. Hassan Snr. Op. Research MCH-FP Ext. Proj.	USAID	I	29.1.93 to 13.2.93	Visit to Population & Hlth Res Inst, Gujrat & Rajasthan, India to learn about FP Op Res. & identify areas for future collaboration

Table 8: Distribution by discipline and outcome of training of staff who are abroad as of 31 March 1993

Field of study/ training	Type of studies or training or research			
	Ph.D./ MRCP/ Post Doc.	Masters	Non-degree training/ short course	Total
Demography/ Population Planning	4	2	0	6
Public Health/ Community Health	0	2	0	2
Microbiology/ Clinical Bacteriology	7	1	0	8
Nutrition	1	0	0	1
Gastroenterology/ Medicine	5	0	1	6
Primary Health Care/Medical Sc.	0	3	0	3
Computer Sciences	0	0	1	1
Total	17	8	2	27

## 7.0 FINANCE

During the period 1 October 1992 to 31 March 1993 the following were new activities of the Finance Division.

- On 31 December 1992 all personnel type agreements with Institute of International Education (IIE) were terminated. We now deal with Van Breda through Association of International Agricultural Research Centres (AIARC) for personnel insurance and directly with Generali for the pension and retirement funds which has reduced both our costs and communications problems.
- On 31 December 1992 the purchasing agreement with IIE was also terminated and the outstanding issues satisfactorily resolved.
- A full inventory of all personal computers was completed and given to IBM for their advice as to how we should consider our future computer/systems development and integration.
- Refinements to our reporting systems continue to be made with the aim of producing more meaningful and actionable reports.
- Lengthy discussions with USAID resulted in their agreement to allow the Centre to appoint USAID approved auditors to perform annual audits on the income and expenditure of the USAID Dhaka cooperative agreements. This positive step, while only giving the Centre a small cost reduction, takes away the need for us to keep all records immediately available for a USAID audit which can come up to 4 years after the end of a year.
- The 1992 Financial Statements were signed on 18 March 1993.

An update of the financial status during 1993 will be provided at the meeting of the Finance Committee of the Board.

## 8.0 RESOURCES DEVELOPMENT

The first draft of the Centre's resource development strategy was presented to the Board at the November meeting by Graham Wright and was warmly received. Graham Wright left the Centre in February 1993 for personal reasons, and was replaced by Mr Tim Bridges in January 1993.

### 8.1 Epidemic Funding

At the time of writing, eight donors have made contributions and a few others have indicated their willingness to assist. A total of about \$150,000 has been raised in cash. The Government of Bangladesh provided medical and nursing staff, drugs and other supplies.

### 8.2 New funding, committed and potential

Committed or potential funding has been obtained or indicated from the following sources:

#### 8.2.1 ODA (U.K.)

As well as increasing support to core funding by 10% on 1992's figure, the ODA have given a 3 year commitment to the partial funding of the Demographic Surveillance System at Matlab and are also considering 3 new project proposals (Reproductive Tract Infection, Contraceptive Use Dynamics and Satellite Clinic Establishment).

#### 8.2.2. JAPAN

The Japanese Government has indicated that it is willing to consider support on family planning, and that it would be preferable if this is a collaborative project between the Centre and the International

Planned Parenthood Federation (IPPF). A proposal will be submitted soon.

#### 8.2.3 GOVERNMENT OF BANGLADESH

A proposal was submitted for the funding of the two ICDDR,B hospitals and is under consideration by the Government of Bangladesh. The request was fully supported by the Ministry of Health and Family Welfare.

#### 8.2.4 IDRC

IDRC have given verbal commitment to fund an umbrella project designed to strengthen the Centre's social research capabilities.

#### 8.2.5 AIDAB

AIDAB has consented to sponsor the secondment of an Epidemiologist to work at the Centre (approx. cost A\$ 100,000).

#### 8.2.6 FORD FOUNDATION

The Ford Foundation have agreed to fund the Capital Fund Drive in 3 stages from April to November 1993 (see 8.4). The Ford Foundation have also made a grant of US\$ 57,500 for the Centre to get involved in HIV research.

#### 8.2.7 USAID

The MCH-FP Extension Project Cooperative Agreement was renewed in March and will run for just over four years. From September 1994 the extension of the Urban Health Extension Project (UHEP) is also included in the Agreement.

#### 8.2.8 THE NETHERLANDS

A request is being considered by the Netherlands for institutional support to the Centre.



### 8.3 New contacts

#### 8.3.1 REPUBLIC OF KOREA

The Republic of Korea has agreed to consider assistance to the Centre in kind (equipment, vehicles, supplies).

#### 8.3.2 EUROPEAN COMMUNITY (EC)

Two meetings have taken place between the Centre and representatives of the European Community's delegation in Bangladesh. A comprehensive proposal on control of diarrhoea epidemics is currently being considered by them.

### 8.4 Endowment Funds

#### 8.4.1 INSTITUTIONAL ENDOWMENT FUND

The Ford Foundation agreed to provide funds for a 3 stage feasibility study and strategy planning initiative for the institutional endowment fund. A senior consultant, Mr. J. Bausch, has agreed to assist and take charge of this. Mr. Bausch will address the following: the examination of the potential donor market; the determination of the optimal structure of the fund and the financial management of it; the preparation of a capital fund plan for presentation to the BOT in November 1993; the developing and testing of marketing strategies and other initiatives.

#### 8.4.2 HOSPITAL ENDOWMENT FUND

The hospital endowment fund committee have started a number of innovative marketing and merchandising initiatives.

9.0 COORDINATION/MANAGEMENT COMMITTEES

9.1 Meetings of both the management and/or scientific bodies of all the divisions were held regularly. The Consultative Management Committee of the Centre met once, and the Council of Associate Directors convened 17 meetings.

9.2 The various committees involved in giving ethical and scientific clearance for research protocols continued to meet regularly. The Research Review Committee held five meetings, and the Ethical Review Committee similarly had five meetings. The Animal Ethics Experimentation Committee had one session.

9.3 The Programme Coordination Committee approved two collaborative research protocols. The Committee will soon be reconstituted as the term of the current members expired at the end of 1992.

## 10.0 MISCELLANEOUS

### 10.1 Second Annual Scientific Conference (ASCON II)

ASCON II was held during 16-18 January 1993 as a continuing manifestation of the commitment of the Centre to share the results of its research efforts with the community and to provide a forum for exchange of ideas. Invited guests included health care providers, health planners, administrators, medical educators, policy and decision makers, the donor community and other development organizations. The theme for the meeting was "Health Research and Policy Perspectives" and focussed to identify research findings that were likely to find application. In addition 44 free papers and 20 poster sessions were held to highlight some of the most exciting research at the Centre. Discussion on health policy issues involved active participation of representatives from the Government of Bangladesh, international organizations and the donor community. Recommendations were made on relevance of research findings to policy, on their application and future research direction for the Centre.

Another new feature of this year's Conference was the holding of the Annual Lecture Series of ICDDR,B (an idea suggested by a Trustee). The series presentations to be given by prominent and outstanding scientists from around the world on topics relevant to the work of the Centre. The speaker selected for this year was Dr William B. Greenough III, former director of ICDDR,B and noted for his outstanding contribution to the development of oral rehydration therapy. His talk was entitled "Simple Solution" and was well received.

### 10.2 Coordination Meeting with USAID/Washington, CDR/WHO, ADDR/Boston and ICDDR,B

This regular meeting was held during 6-8 December 1992 in Matlab and Dhaka

at which exchange of information of activities of the concerned institutions and agencies took place. Participants were briefed as well on the Matlab MCH-FP project and the various field studies in progress, and also made field visits to witness activities. Those present were Dr Richard Cash (ADDR), Dr Caryn Miller (USAID/Washington) and Dr Jim Tulloch (CDR/WHO).

The meeting enabled our visitors to have a better understanding and appreciation of the work of the Centre. It also provided occasion to learn from each other's experience.

### 10.3 Visitors

#### 10.3.1 OSWALDO CRUZ FOUNDATION

Dr Schatzmeyer, President of the Oswaldo Cruz Foundation, and a member of his scientific staff, Dr J.P. Leite, visited the Centre from 24 to 29 January, 1993. The purpose of the visit was to develop linkage between our two institutions and foster technical cooperation in our respective expertise. The visitors were particularly keen to see the service and research facilities of the Centre for diarrhoeal diseases, and of prospects of training health workers from Brazil in cholera control and management.

The strength of Oswaldo Cruz Foundation in virology and that of ICDDR,B in microbiology were considered as two areas in which further collaboration can develop. However, external funds are necessary for implementation since neither of the institutions has funds for such an exchange.

#### 10.3.2 DR WILLIAM GREENOUGH III

Dr Greenough spent a three-month sabbatical leave at the Centre during which he assisted senior management in writing a draft of the Centre's strategic plan for 1995 - 1999. He delivered several talks to the staff including the Annual Lecture of ICDDR,B at the Second

Annual Scientific Conference. He also worked closely with the Resource Development Office on developing strategies to raise the Centre's endowment fund.

#### 10.3.3 PROFESSOR JOHN HAMILTON

Professor Hamilton, Dean of the Faculty of Medicine, The University of Newcastle, in Australia, and Chairman of the Technical Advisory Group of the Division of Diarrhoeal and Acute Respiratory Diseases of the World Health Organization visited the Centre from to March 1993. Professor Hamilton was given a full briefing on the activities of the Centre and visited the facilities in both Dhaka and Matlab. In return Professor Hamilton gave an overview of the programme of CDR in WHO. The visit is expected to cement further the close relationship between the two institutions.

#### 10.4 Strategic Plan

The process of developing a strategic plan for the Centre has continued. Each division has had a meeting of the respective staff at a retreat lasting 1-2 days. Dr Greenough attended some of these retreats and also met with most of the senior staff on a one to one basis to gather further information. Dr Greenough also had access to the paper by Professor Mathan (prepared six months ago) as well to evaluation reports of the Centre undertaken in the past few years. The first draft was written by Dr Greenough on the basis of the above and following an outline suggested by the Council of Associate Directors. This internal draft will then be further modified by senior staff. A second draft (edited by Dr Brad Sack) will be hopefully ready for the Board Meeting in June.

#### 10.5 International Conferences

Staff of the Centre participated in a number of international conferences and presented several papers (Table 9).

Table 9: Attendance at overseas seminars and workshops by ICDDR,B staff  
1 October 1992 - 31 March 1993

	Title of Conference/Workshop	No. of Staff who attended
1.	WHO Workshop on "Foods and Fluids in the Treatment and Prevention of Diarrhoea", Gebze, Turkey 15-25 October 1992	3
2.	Australian Tropical Health & Nutrition Conf., Brisbane, Australia 16-23 October 1992	2
3.	VII Congress of the Federation of Asia Oceania Perinatal Societies, Bangkok, Thailand 27-28 October 1992	1
4.	10th Annual Convention of Indian Society for Medical Statistics, Bombay, India 1-3 November 1992	2
5.	UNDP sponsored meeting on Urban Health, Basel, Switzerland 5-14 November 1992	1
6.	WHO-ARI Ad hoc Committee Meeting, Bangkok, Thailand 25-28 November 1992	1
7.	XIII International Congress for Tropical Medicine & Malaria, Pattaya, Thailand 29 November - 4 December 1992	2
8.	Annual international conference of Microbiological Society of the Philippines, Manila, Philippines November 1992	1
9.	WHO/UNICEF Informal Consultation on the measure- ment of overall and cause specific mortality in infants and children, Geneva, Switzerland 15-17 December 1992	2

cont'd.

Title of Conference/Workshop	No. of staff who attended
10. Sixth Asian Conference on Diarrhoeal Diseases (ASCODD), Karachi, Pakistan 11-13 December 1992	11
11. "Giardia: from Molecules to Disease and Beyond" Western Australia 6-9 December 1992	1
12. MN De Memorial Lecture on "Emerging Problems in Diarrhoeal Diseases", Calcutta, India 29 January 1993	1
13. Verbal autopsy workshop, London School of Hygiene & Tropical Medicine, London, UK 11-15 January 1993	1
14. XIV International Vitamin A Consultative Group Meeting, Arusha, Tanzania 8-12 March 1993	2
15. Cooperative Agencies' meeting on Depoprovera introduction providing quality services, New York, USA 4 March 1993	1

DH: jc

10.5.93

## COMMUNITY HEALTH DIVISION

PAPERS PUBLISHED DURING SEPT 1992 - MARCH, 1993

1. Baqui AH, Sack RB, Black RE. Enteropathogens associated with acute and persistent diarrhoea in Bangladeshi children under five years of age. *J Infect Dis* 1992;166:792-6.
2. Baqui AH, Black RE, Sack RB, Chowdhury HR, Yunus M, Siddique AK. Malnutrition, cell-mediated immune deficiency and diarrhoea: A community-based longitudinal study in rural Bangladeshi children. *Am J Epidemiol* 1993; 137(3): 355-365.
3. Baqui AH, Black RE, Sack RB, Yunus M, Siddique AK, and Chowdhury Hr. Epidemiologic and clinical characteristics of Acute and Persistent Diarrhoea in Rural Bangladeshi Children. *Acta Pediat Scand Suppl* 1992; 381:15-21.
4. Chowdhury AI, Fauveau V, Aziz KMA. Effect of child survival on contraceptive use in Bangladesh. *J Biosoc Sci*; October 1992;24 (4), 427-432.
5. Clemens JD, Sack DA, Rao M, Chakraborty J, Khan MR, Kay BA, Ahmed F, Banik AK, Van Loon FPL, Yunus M, Harris JR. Evidence that inactivated Oral Cholera Vaccines both Prevent and Mitigate *Vibrio Cholera* 01 Infections in a Cholera Endemic Area. *J Infect Dis* 1992; Nov;166 (5) : 1029-33.
6. Fauveau V, Henry F.J, Briend A, Yunus M and Chakraborty J. "Persistent diarrhea as a cause of childhood mortality in rural Bangladesh", *Acta Paediatr.*, 192, Suppl. 381:12-14.
7. Henry FJ, Uday AS, Wanke CA, Aziz KMA. Epidemiology of persistent diarrhea and etiologic agents in Mirzapur, Bangladesh. *Acta Paediatr* 1992 Sep;81 (suppl 381):27-31.
8. Fauveau V, Yunus M, Islam MS, Briend A, Bennish ML. Does ORT reduce diarrhoeal mortality? *Health Pol Plann* 1992 Sep;7(3): 243-50
9. Fauveau V, Henry FJ, Briend A, Yunus M, Chakraborty J. Persistent diarrhoea as a cause of childhood mortality in rural Bangladesh. *Acta Pediatr* 1992 Sep;81(suppl 381):12-4
10. Clemens JD, Sack DA, Rao MR, Chakraborty J, Khan MR, Kay B, Ahmed F, Banik AK, van Loon FPL, Yunus M, et al. Evidence that inactivated oral cholera vaccines both prevent and mitigate *Vibrio cholera* 01 infections in a cholera-endemic area. *J Infect Dis* 1992 Nov;166(5):1029-33



## PAPERS IN PRESS

1. Baqui AH, Sack RB, Black RE et al. Malnutrition and cell-mediated immune deficiency are independent risk factors for persistent diarrhoea in Bangladesh children. Am J Clin Nutr.
2. Bilqis AH, Sack RB, Siddiqi M, Alam MJ, Nazrul H & Ali N. Environmental Health and the Bangladesh Cyclone of 1991. J Disaster Stud and Management 1993. Disasters volume 17 number 2, 143-152.
3. Bilqis AH, Shahid NS, Zeitlyn S, Rahman N and Sack RB. Proceedings of the workshop on Mobilization of non-governmental organizations (NGOs) in water supply and sanitation; ICDDR,B publication.
4. Chowdhury AI, Bairagi R, Koenig MA. Effect of sex composition on fertility preference and behavior in rural Bangladesh. J Biosoc Sci.
5. Salway S, Roy NC, Koenig M and Cleland J. Levels and trends in post-partum amenorrhoea, breast-feeding and birth intervals in Matlab, Bangladesh 1978-1989: accepted for publication, by Asia-Pacific Pop J.
6. Zeitlyn S. Measuring Hygiene Behaviour: The importance of meaning and definition. (Accepted for publication in Sante Culture Health).

### Dr Fauveau's book chapters:

V. Fauveau, editor. Mother and child health in Bangladesh: what has been learned in Matlab; Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh, 1993.

1. Nimal Attanayake. Cost-effectiveness of MCH.
2. KMA Aziz, et al. The Matlab People: Physical Setting and Cultural Background.
3. KMA Aziz, et al. Perceptions on Childbearing in Matlab.
4. KMA Aziz, et al. The History, Methodology and Main Findings of the Matlab Project in Bangladesh.
5. Baqui AH, et al. Diarrhoeal Diseases: Matlab Experience.
6. Briend A. Nutrition
7. Fauveau V. Data and Methods of data collection
8. Fauveau V. Assessment of cause of death
9. Fauveau V. et al. Family Planning.
10. Fauveau V. Maternal Health.
11. Fauveau V. Perinatal and Neonatal Health.
12. Fauveau V. Measles.
13. Stark N. Perceptions on Maternity Care
14. Stewart K. Acute Respiratory Infections
15. Md. Yunus et al. Perceptions of Health and Disease in the Matlab Community.

UHEP Working Reports in Press: (ICDDR,B publications)

1. Contraceptive behavior in Dhaka slums
2. Immunization practices and coverage in Dhaka slums
3. Knowledge on diarrhoea prevention and management in Dhaka slums
4. Infant and childhood feeding practices in Dhaka slums
5. Reproductive health behavior of adolescent girls
6. Health facilities in urban slums of Dhaka
7. Levels and correlates of maternal nutritional status
8. Volunteers' perceptive of their community services
9. Nature of violence of in urban slums in Dhaka
10. Slum Mapping - key findings
11. Issues for family planning in urban slums of Dhaka: Opinions and perceptions of field-level workers

\* All of these reports will be printed and disseminated prior to the BOT meeting. Many of these reports will result in eventual publication in peer review journals.

PROTOCOLS IN PROGRESS

PI - KMA Aziz

- Development and implementation of nutrition education strategy for promotion of Beta-carotene rich foods as a source of vitamin A in children. (30 52 11)
- Socio-economic, demographic and cultural factors related to patients at Matlab Diarrhoea Treatment Centre: an epidemiological and ethnomedical analysis. (30 33 11)

PI - O.M. BATEMAN

- Initiation of HIV-Related Research (30-49-71)
- Collaboration with CARE in monitoring and evaluation of hygiene education activities

PI - KIRK DEARDEN

- Empowering Women for Health: Assessing the impact of training and service delivery in Dhaka slums

PI - AH BAQUI

- Urban Surveillance System (USS)
- Safety and Efficacy of Vitamin A Supplementation in infancy using the EPI as an entry point: An urban and rural project. 30 51 21 (urban)
- A comparative study on the correct utilization and sustained use of rice packet ORS vs. standard glucose packet ORS by urban community mothers in Bangladesh.

PI - MAARTEN DESMET

- Health Care Use Patterns of Slum Residents in Dhaka City". (30-45-21)

PI - ANDRES DE FRANCISCO

- Matlab MCH-FP Programme: Design, implementation and monitoring of MCH-FP services and Record Keeping System in Matlab (30 07 11)
- Safety and efficacy of vitamin A supplementation using EPI as an entry point: An urban and rural project (30 51 11 rural)
- An approach to the management of acute respiratory infections in children in rural Bangladesh
- An approach to improving maternity care (30 12 31)
- Nutritional Surveillance System (30 34 11)
- Measles Surveillance System (30 14 41)
- Measles Maternal Antibody Decay in Infants (30 54 11)

PI - DR BILQIS A HOQUE

- Water Quality and Environmental Health Aspects of Meghna-Donagoda Embankment.
- Environment and Shigella Dysentery. (30 45 11)
- Water Supply and Sanitation beyond project: A follow-up study. (30 49 31)
- Promotion of safe water and sanitation practices through schools and women clubs: A feasibility study (305021).
- A long term follow-up of water supply and sanitation in the Mirzapur intervention project (305011)
- Environment and child survival. (30 44 11)

PI - DR JACQUES MYAUX

- The Effectiveness of trivalent oral polio vaccine in children with gastroenteritis. (30 48 11)
- Dysentery: Surveillance system for children under five/MCH-FP Matlab (30 50 21)

PI - DR NIGAR SHAHID

- Impact of infection at birth with rotavirus strain on subsequent rotavirus infection. (30 47 11)

PI - K. ZAMAN

- Epidemiology of Acute Respiratory Infections (ARI) among rural Bangladeshi children - an analysis of the existing data. (waiting funds)

PI - SUSHILA ZEITLYN

- Identifying the barriers to timely treatment for acute respiratory infections in infants and young children.
- Developing a strategy to identify and overcome barriers to utilization of maternal health services in Matlab through increased participation.

## APPENDIX B

### PUBLICATIONS- Clinical Sciences Division: Oct 1992-March 1993

1. Bennish ML, Ronsmans C. Health and nutritional consequences of the 1991 Bangladesh Cyclone (Special Article), Nutrition Reviews, Vol. 50, No. 4, 1992 (1)102-105.
2. Bennish ML, Salam MA, Khan WA, Khan AM. Treatment of shigellosis: III. Comparison of one or two-dose ciprofloxacin with standard 5-day Therapy. Annals of Internal Medicine, 1992; 117:727-734.
3. Bennish ML, Salam MA, Hossain MA, Myaux J, et al. Antimicrobial Resistance of Shigella isolates in Bangladesh, 1983-1990: Increasing frequency of STraains Multiply Resistant to Ampicillin, Trimethoprim-Sulfamethoxazole and Nalidixic Acid. Clinical Infectious Diseases, 1992; 14:1055-60.
4. Bennish ML, Salam MA, Wahed MA. Enteric protein loss during shigellosis. Am J Gastroenterology, 1993, 88:53-57.
5. Nielsen CC, Islam AM, Thilsted SH, Ishrat F. Why do some families become defaulters in a hospital based nutrition rehabilitation follow-up programme ? Tropical & Geographic Medicine, 1992, 44:346-351.
6. Hall A, Anwas KS, Tomkins AM. INTensity of reinfection with Ascaris lumbricoides and its implications for parasite control. The Lancet 1992; 339:1253-1253-1257.
7. Hall A, Nahar Q. Albendazole as a treatment for infections with Giardia duodenalis in children in Bangladesh. Trans of the Royal Society of Trop Med and Hyg, 1993, 87:84-86.
8. Islam MA, Thilsted SH, Mahalanabis D. Evaluation of preventive Health services for hospitalised children under a Child Health Programme. JDDR 1992 Dec. 10(4):205-212.
9. Kabir I, Malek MA, Mazumder RN, Rahman MM, Mahalanabis D. Rapid catch-up growth of children fed a high protein diet during convalescence from shigellosis<sup>1-3</sup>. Am J Clin Nutr 1993; 57:001-005.
10. Kabir I, Butler T, Underwood LE, Rahman MM. Effects of a Protein-rich diet during convalescence from shigellosis on catch-up growth, serum proteins and Insulin-like growth factor - 1. Pediatric Research 1992, Vol 32(6):689-692.

11. Rahman AKSM, Islam Am. Trends of immunisation status of the children and women attending an urban diarrhoea hospital in Bangladesh. JDDR 1993 Mar(1):35-37.
12. Rahman M.M, Mahalanabis D, Islam MA, Biswas E. Can infants and young children eat enough green leafy vegetables from a single traditional meal to meet their daily vitamin A requirements ? European Journal of Clinical Nutrition (1993), 48, 68-72.
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#### **In Press**

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3. Islam MA et al. Maternal and Child Health Services: Evaluating mothers' perceptions and participation. Public Health.
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5. Mahalanabis D, Faruque ASG, Islam A, Hoque S, Hasnat Md. Parental education and family income as determinants of severe disease following acute diarrhoea in infants. BMJ.
6. Mahalanabis D. Faruque ASG. Wahed MA. Energy dense

porridge liquified by amylase of germinated wheat: use in infants with diarrhoea (short communication). Acta Paediatr 1993.

7. Mitra Ak, Rabbani GH. Activity of Bioflorin Streptococcus faecium (SF 68) in acute diarrhoea (letter). Gastroenterology.

8. Rahman MM, Roy SK, Ali M, Mitra Ak, ALan AN, Akbar MS. Maternal nutritional status as a determinant of child health. J. Trop Paed.

9. Roy SK, Tomkins AM, Haider R, Behrens R, Akramuzzaman SM, Mahalanabis D. Impact of zinc supplementation on clinical outcome, morbidity and mortality in Bangladeshi children with acute diarrhoea. BMJ.

10. Roy SK, Akramuzzaman SM, Majid A, Khatun M, Haider R, Akbar MS, Alam AN. Persistent diarrhoea: factors affecting recovery and prognosis during management with a rice-based diet. Acta Paediatrica Scandinavica Supplement.

11. Roy Sk, et al. Persistent Diarrhoea: efficacy of a rice-based diet and role of nutritional status in recovery and nutrient absorption. The British Journal of Nutrition.

**CLINICAL SCIENCES DIVISION**

**List of ongoing protocols - 1993**

1. The role of cytokines in the pathogenesis of shigellosis.  
Dr. M.A. Salam
  
2. Comparison of two L-alanine glucose based oral rehydration solutions with standard WHO-ORS formula in adults and children with acute watery diarrhoea  
Dr. D. Mahalanabis
  
3. Evaluation of TMP-SMX in the treatment of infants and children with persistent diarrhoea  
Dr. PK Bardhan
  
4. Evaluation of hyperimmune bovine colostrum in the treatment of (a) rotavirus diarrhoea in infants and (b) shigella disease in children  
Dr. D. Mahalanabis
  
5. Evaluation of the beneficial effects of supplementation with a mixture of trace elements on growth and morbidity of infants and children in a poor peri-urban village community: a community based trial.  
Dr. S. Akramuzzaman
  
6. Prognostic and risk factors for prolongation of acute diarrhoe: a clinic based cohort study  
Dr. D. Mahalanabis
  
7. Small bowel microbial ecology of severe persistent diarrhoea with particular refence to diarrhoeagenic E.coli: a descriptive study of pathogenesis and pathophysiology of severe persistent diarrhoea.  
Dr. D. Mahalanabis



8. The role of entamoeba histolytica in the dysenteric syndrome in children and adults.  
Dr. D. Mahalanabis
  
9. Controlled trial of an energy dense porridge for children with acute watery diarrhoea  
Dr. Mujibur Rahman
  
10. Controlled trial of an energy dense porridge for children with acute dysentery  
Dr. D. Mahalanabis
  
11. Impact of ready to use packaged rice ORS on morbidity and nutrition of infants and young children, and response of mothers when provided as an antidiarrhoeal medicine in rural Bangladesh.  
Dr. ASG Faruque
  
12. Evaluation of diets based on cooked rice powder liquified by ARGF and yoghurt in persistent diarrhoea: a controlled clinical trial.  
Dr. Asma Khanam
  
13. Role of amylase rich germinated cereal based weaning food in the rehabilitation of severely undernourished children aged 5 months to 18 months during convalescence from diarrhoea.  
Dr. Aminul Islam
  
14. Role of micronutrient mixture containing zinc, selenium, iron, copper folate in reducing the incidence and severity of acute diarrhoea.: a randomized community intervention trial  
Dr. ASG Faruque
  
15. Comparison of a single-dose ciprofloxacin therapy with single-dose doxycycline in the treatment of cholera in adults: a double-blind randomised trial  
Dr. Wasif Ali Khan

16. Study of the effect of vitamin A status and its supplementation to the disease process of pneumonia.  
Dr. AN Alam - Prof. MS Akbar
  
17. Vitamin A supplementation in the treatment of shigellosis in children  
Dr. Shahadat Hossain
  
18. Algorithm for the management of persistent diarrhoea in hospitalized children in Bangladesh.  
Dr. Hassan Ashraf
  
19. Safety of vitamin A supplementation in infants less than 6 months of age using the immunization programme as an entry point (at the EPI Centre of CRC of ICDDR,B)  
Dr. Aminul Islam & D. Mahalanabis
  
20. Randomized double-blind study of efficacy of cefixime in the treatment of shigellosis  
Dr. MA Salam
  
21. Effect of folic acid in acute diarrhoea in children  
Dr. Hassan Ashraf
  
22. ICDDR,B Surveillance Programme - CRC  
Dr. D. Mahalanabis
  
23. Volatile fatty acid (VFA) in experimental cholera and shigellosis  
Dr. GH Rabbani
  
24. Role of vitamin A and zinc in reducing diarrhoea duration and rate of persistent diarrhoea and improving nutritional recovery: a randomised double-blind clinic based trial with community follow-up.

Dr. ASG Faruque

25. Therapeutic efficacy of oral 5-ASA in acute shigellosis

Dr. M.R. Islam

26. Helicobacter pylori infection as a risk factor for acute and persistent diarrhoea: a prospective case control study

Dr. P.K. Bardhan

27. Promotion of exclusive breastfeeding in infants aged 1-10 weeks in a diarrhoeal disease hospital: how effective can it be ?

Dr. Rukhsana Haider

## PAPERS PUBLISHED

1. Albert MJ, Alam K, Ansaruzzaman M, Islam MM, Rahman ASMH, Haider K, Bhuiyan NA, Nahar S, Ryan N, Montanaro J, Mathan MM. Pathogenesis of *Providencia alcalifaciens*-induced diarrhoea. *Infect Immun* 1992; 60:5017-24.
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4. Bern C, Unicomb L, Gentsch JR, Banu N, Yunus M, Sack RB, Glass RI. Rotavirus diarrhea in Bangladeshi children : correlation of disease severity with serotypes. *J Clin Microbiol* 1992; 30:3234-8.
5. Faruque SM, Haider K, Rahman MM, Alim ARMA, Ahmad QS, Albert MJ, Sack RB. Differentiation of *Shigella flexneri* strains by ribosomal RNA gene restriction patterns. *J Clin Microbiol* 1992; 30:2996-9.
6. Haider K, Faruque SM, Albert MJ, Nahar S, Neogi PKB, Hossain A. Comparison of a modified adherence assay with existing assay methods for identification of enteroaggregative *Escherichia coli*. *J Clin Microbiol* 1992; 30:1614-6.
7. Islam D, Lindberg AA. Detection of *Shigella dysenteriae* type 1 and *Shigella flexneri* in feces by immunomagnetic isolation and polymerase chain reaction. *J Clin Microbiol* 1992; 30:2801-6.
8. Islam D, Tzipori S, Islam M, Lindberg AA. Rapid detection of *Shigella dysenteriae* type 1 and *Shigella flexneri* in feces by an immunomagnetic assay with monoclonal antibodies. *Eur J Clin Microbiol Infect Dis* 1993; 12:25-32.

9. Islam MS, Hasan MK, Khan SI. Growth and survival of *Shigella flexneri* in common Bangladeshi foods under various conditions of time and temperature. *Appl Environ Microbiol* 1993; 59:652-4.
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11. Jarecki-Khan K, Tzipori SR, Unicomb LE. Enteric adenovirus infection among infants with diarrhea in rural Bangladesh. *J Clin Microbiol* 1993; 31:484-9.
12. Rahman MM, Hossain SMI, Islam M, Azad AK. Clinical and autopsy findings of a nine month old girl with malnutrition and pneumonia - clinicopathological conference of the ICDDR,B. *JDDR* 1992, 10-235-8.
13. Sayeed S, Sack DA, Qadri F. Occurrence of a large plasmid in a strain of *Plesiomonas shigelloides* with cross-reactivity against *Shigella sonnei*. *Indian J Med Res* 1992; (A)95:21-2.
14. Sayeed S, Sack DA, Qadri F. Protection from *Shigella sonnei* infection by immunisation of rabbits with *Plesiomonas shigelloides* (SVC 01). *J Med Microbiol* 1992; 37:382-4.
15. Schultsz C, Qadri F, Ciznar I, Bastkova G, Hossain SA, Wadstrom T. Binding of *Shigella* species to hydrophobic gels. *Biologia* 1992; 47:249-56.

PAPERS IN PRESS

1. Albert MH, Qadri F, Haque MA, Bhuiyan NA. Bacterial clump formation at the surface of liquid culture as a rapid test for identification of enteroaggregative *Escherichia coli*. *J Clin Microbiol* 1993; 31:000-000.
2. Albert MJ, Ansaruzzaman M, Qadri F, Hossain A, Kibriya AKMG, Haider K, Faruque SM, Nahar S, Alam AN. Characterization of *Plesiomonas shigelloides* strains that share type-specific antigen with *Shigella flexneri* 6 and common group 1 antigen with *Shigella flexneri* spp. and *Shigella dysenteriae* 1. *J Med Microbiol* (in press).
3. Albert MJ, Qadri F, Haque MA, Bhuiyan NA. Bacterial clump formation at the surface of liquid culture as a rapid test for identification of enteroaggregative *Escherichia coli*. *J Clin Microbiol* (in press).
4. Ansaruzzaman M, Kibriya AKMG, Mitra AK, Sack RB, Albert MJ. Isolation of *Shigella dysenteriae* 11, 12, and 13 serotypes from patients with diarrhoea in Bangladesh. *J Clin Microbiol* (in press).
5. Ansaruzzaman M, Kibriya AKMG, Sack RB, Albert MJ. Isolation of *Shigella dysenteriae* 11, 12 and 13 from diarrheal patients in Bangladesh. *J Clin Microbiol* 1993 (in press).
6. Faruque SM, Alim ARMA, Rahman M, Siddique AK, Sack RB, Albert MJ. Classical cholera: clonal relationships among *Vibrio cholerae* 01 isolated between 1961 and 1992 in Bangladesh. *J Clin Microbiol* (in press).
7. Faruque SM, Rahman MM, Alim ARMA, Hoq MM, Albert MJ. Antibiotic resistance pattern of heat-labile enterotoxin (LT) producing *Escherichia coli* isolated from children with diarrhoea in Bangladesh: clonal relationship among different resistance phenotypes. *J Diarrhoeal Dis Res* (in press)
8. Giri DK, Ashraf MM, Ahmed ZU. Heterologous protection of bonnet monkeys from experimental shigellosis after oral immunization with *Shigella Flexneri* serotype Y thymine-dependent temperature-sensitive mutant TSF21. *Immunol Infect Dis* (in press).
9. Huq A, Parveen S, Qadri F, Colwell RR. Comparison of *Vibrio cholerae* serotype 01 strains isolated from patients and the aquatic environment. *J Trop Med Hyg* 1993; 000-000.

10. Mathan M, Mathan VI, Albert MJ. Electron microscopic study of attachment and penetration of rabbit intestinal epithelium by *Providencia alcalifaciens*. J Pathol (in press).
11. Mitra AK, Albert MJ, Alam AN. Bacteremia and meningitis complicating diarrhoea. Trans R Soc Trop Med Hyg (in press).
12. Qadri F, Azim T, Hossain A, Mondal G, Faruque SM, Albert MJ. Characterization of a monoclonal antibody to *Shigella dysenteriae* 13 cross-reacting with Shiga toxin. FEMS Microbiol Lett (in press).
13. Qadri F, Haque MA, Hossain A, Azim T, Alam K, Albert MJ. Role of *Shigella dysenteriae* type 1 slime polysaccharide in resistance to serum killing and phagocytosis. Microbiol Pathogen 1993; 000-000.
14. Qadri T, Azim T, Hossain A, Islam D, Mondol, G, Faruque SM, Albert MJ. A monoclonal antibody *Shigella dysenteriae* serotype 13 cross-reacting with Shiga toxin. In J. McGhee, J. Mestecky, H. Tlaskalova, J. Sterzl (ed), Adv Exp Med Biol, 1993; 000-000.
15. Raqib R, Tzipori S, Islam M, Lindberg A. Immune responses to *Shigella dysenteriae* and *Shigella flexneri* lipopolysaccharide and polysaccharide antigens in Bangladesh patients with shigellosis. Serodiag Immunoth Infect Dis 1993; 000-000.
16. Unicomb LE, Bingnan F, Rahim Z, Banu NN, Gomes JG, Podder G, Munshi MH, Tzipori SR. A one-year survey of rotavirus strains from three locations in Bangladesh. Arch Virol (in press).

April 27, 1993

Laboratory Sciences Division

LIST OF ONGOING PROTOCOLS - 1993

1. TITLE: Identification of enteric pathogens using specific DNA probes as an aid to clinical and epidemiological investigations  
  
PRINCIPAL INVESTIGATOR : Dr. Shah Md. Faruque  
  
DATE STARTED : January 1990  
EXPECTED COMPLETION : December 1993
  
2. TITLE: Study of the immune response to *S. dysenteriae* 1 in an effort to identify abnormalities leading to the development of leukemoid reaction  
  
PRINCIPAL INVESTIGATOR : Dr. Tasnim Azim  
  
DATE STARTED : August 1990  
EXPECTED COMPLETION : June 1993
  
3. TITLE: Establishment and application of virological techniques to study the epidemiology of rotaviruses and other viral agents causing diarrhoea in rural and urban Bangladesh  
  
PRINCIPAL INVESTIGATOR : Ms. Leanne Unicomb  
  
DATE STARTED : January 1990  
EXPECTED COMPLETION : June 1993
  
4. TITLE: Development of an immunodiagnostic assay for the detection of *Shigella* and identification of species/serotype specificity directly from human samples  
  
PRINCIPAL INVESTIGATOR : Ms Dilara Islam  
  
DATE STARTED : 1990  
EXPECTED COMPLETION : 1994



5. TITLE: Local and systemic immune response to shigellosis  
in adult humans

PRINCIPAL INVESTIGATOR : Ms Rubhana Raqib

DATE STARTED : 1990

EXPECTED COMPLETION : 1994

6. TITLE: Haemagglutination (HA) ability and adhesiveness of  
*Shigella* species: (Part-II) Characterization of  
the adhesin/haemagglutinin and other outer  
membrane components, including the use of  
monoclonal antibodies

PRINCIPAL INVESTIGATOR : Dr. Firdausi Qadri

DATE STARTED : June 1990

EXPECTED COMPLETION : July 1993

7. TITLE: The role and characteristics of diarrhoeagenic  
*E. coli* in clinical and epidemiological  
investigations

PRINCIPAL INVESTIGATOR : Dr. M. John Albert

DATE STARTED : March 1991

EXPECTED COMPLETION : June 1993

8. TITLE: Genetic analysis and phenotypic correlation of the  
plasmids universally present in strains of  
*S. dysenteriae* type 1

PRINCIPAL INVESTIGATOR : Dr. Khaleda Haider

DATE STARTED : April 1991

EXPECTED COMPLETION : March 1994

9. TITLE: Investigation of the carrier state and the role of  
animate and inanimate objects as reservoirs or  
secondary hosts of shigellae

PRINCIPAL INVESTIGATOR : Dr. Md. Sirajul Islam

DATE STARTED : July 1991

EXPECTED COMPLETION : June 1993

10. TITLE: Immune status of children who develop persistent diarrhoea

PRINCIPAL INVESTIGATOR : Dr. Tasnim Azim

DATE STARTED : January 1992

EXPECTED COMPLETION : December 1994

11. TITLE: Establishment of techniques: Relative dose response (RDR) and modified relative dose response (MRDR) to assess vitamin A status

PRINCIPAL INVESTIGATOR : Mr. M.A. Wahed

DATE STARTED : March 1992

EXPECTED COMPLETION : December 1993

12. TITLE: Biochemical fingerprinting in the epidemiological studies of bacterial diarrhoeal pathogens in Bangladesh

PRINCIPAL INVESTIGATOR : Dr. M. John Albert

DATE STARTED : September 1992

EXPECTED COMPLETION : August 1994

13. TITLE: Direct identification of enteric pathogens in biological specimens by specific DNA amplification: part I

PRINCIPAL INVESTIGATOR : Dr. Shah M. Faruque

DATE STARTED : July 1992

EXPECTED COMPLETION : June 1995

14. TITLE: Stability of killed-whole-cell cholera vaccine containing the B-subunit of cholera toxin under heat-stress conditions

PRINCIPAL INVESTIGATOR : Dr. Zia Uddin Ahmed

DATE STARTED : August 1992

EXPECTED COMPLETION : April 1993

15. TITLE: Pathological and microbiological studies on fatal cases of diarrhoeal illness and acute lower respiratory infections

PRINCIPAL INVESTIGATOR : Dr. M. Moyenul Islam

DATE STARTED : December 1989

EXPECTED COMPLETION : November 1994

16. TITLE: Cloning of gene(s) that code for toxin production by enterotoxigenic *Bacteroides fragilis* and development of diagnostic tests based on the toxin

PRINCIPAL INVESTIGATOR : Dr. Zia Uddin Ahmed

COINVESTIGATORS : Dr. R.B. Sack  
Mr. A.A.M. Al-Mamun

DATE STARTED : January 1992

EXPECTED COMPLETION : December 1994

17. TITLE: A study of live oral cholera vaccine candidates in the RITARD model

PRINCIPAL INVESTIGATOR : Dr. R.B. Sack

DATE STARTED : January 1993

EXPECTED COMPLETION : December 1994

Publications appearing since November 1992  
(or not previously reported)

**PUBLISHED PAPERS**

Koenig, M., U. Rob, M.A. Khan, J. Chakraborty, and V. Fauveau. "Contraceptive Use in Matlab, Bangladesh in 1990: Levels, Trends, and Explanations." Studies in Family Planning, Vol. 23, No. 6 (Nov/Dec 1992): 352-364.

**SUBMITTED PAPERS**

Bairagi, R. and M.K. Chowdhury. "Interrelation of Socioeconomic Status, Nutritional Status, and Mortality of Young Children in Rural Bangladesh."

Bairagi, R. and M.K. Chowdhury. "On Validity of Some Anthropometric Indices for Identifying Determinants of Mortality of Young Children."

Bairagi, R. and M.K. Chowdhury. "Discrimination against Female Children in Rural Bangladesh: Is It Changing."

Bairagi, R., M.A. Koenig, and K.A. Mazumder "Mortality Discriminating Power of Some Nutritional, Socio-demographic, and Diarrhoeal Disease Indices."

Bhuiya, A. and G. Mostafa. "Levels and Differentials in Weight, Height and Body Mass Index Among Mothers in a Rural Area of Bangladesh."

Chowdhury, A.Y. and A. Bhuiya. "The Effects of Biosocial Variables on Changes in Nutritional Status of Rural Bangladeshi Infants Pre- and Post-monsoon Flooding."

Mostafa, G., A. Foster, and V. Fauveau "The Influence of Sociodemographic Variables on Perinatal Mortality."

Rahman, F., M. Islam, and R. Maru. "Home Delivery of Injectable Contraceptives: An Operations Research Study in Bangladesh."

Rahman, M. and J. DaVanzo "Gender Preference and Birthspacing in Matlab, Bangladesh."

Salway, S. "Low-dose and Standard Dose Oral Pills in Rural Bangladesh: Utilization, Continuation, and Failure."

Salway, S., N.C. Roy, and M.A. Koenig. "Levels and Trends in Postpartum Amenorrhoea, Breast-feeding, and Birth Intervals in Matlab, Bangladesh 1978-1989."

### ALSO NOTED

Caldwell, J.C. and P. Caldwell. "What does the Matlab fertility experience really show?" Studies in Family Planning Vol. 23, No. 5 (Sep/Oct 1992): 292-310.

### PROTOCOLS IN PROGRESS:

1. 87-016 The MCH-FP Extension Project Protocol 1987-92
2. 88-030 Demographic Surveillance System (DSS) - Matlab
3. 91-011 Maternal mortality in Matlab, Bangladesh
4. 92-021 The demography of fetal loss in rural Bangladesh
5. 92-028 The impact of social and economic development programmes on health and well-being: a BRAC-ICDDR,B collaborative project in Matlab

4/BT/JUNE '93

PROGRAMME COMMITTEE REPORT

**REPORT OF THE PROGRAMME COMMITTEE MEETING OF THE BOARD OF  
TRUSTEES, ICDDR,B, HELD ON JUNE 8, 1993**

Present at this open meeting, which began at 8.00 am and  
concluded at 12.30 pm were:

**Members**

Prof. R. Hamilton (Chairman)  
Dr. D. Ashley (Chairperson of the Board)  
Prof. J. Caldwell  
Prof. K.M. Fariduddin  
Prof. D. Habte (Director)  
Prof. A. Lindberg  
Prof. F. Mhalu

**Invited Trustees**

Mr. Syed Ahmed  
Dr. C. Chunming  
Dr. R. Henderson  
Dr. M. Law  
Prof. A. Muller  
Prof. T. Wagatsuma

**Donors**

Mr. David Piet, USAID  
Mr. Brian Proskurniak, CIDA  
Mr. James Ross, Ford Foundation  
Dr. Sharad Sapra, UNICEF  
Mr. Kim Streatfield, Population Council

**Associate Directors**

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

**Scientific Staff, ICDDR,B**

1. The Agenda was accepted as proposed.
2. Centre's Response to the Programme Committee Review of the Laboratory Sciences Division

In his written report, submitted prior to the meeting, Dr. Sack had outlined the progress made by the Division in responding to the November 1992 review committee's recommendations. He selected a few points for comment:

- \* Excess staffing in the Division: Efforts to upgrade staff in order to raise productivity and reduce the number of employees are continuing. Because many technical staff are very long term members of the core staff, this down-sizing and renewal process will occur largely through retirements. The Board learned that the earliest retirements were anticipated in 3 years when approximately 7 staff would have reached retirement age. Members stressed the importance of dealing with this matter at the earliest possible opportunity.
- \* Rotation of research staff through the Diagnostic Laboratory: Dr. Sack feels that the current research staff do not have the breadth of skills or experience to permit this desirable initiative to begin now but he expects that with new planned recruitment, it will be possible. Dr. Lindberg urged that efforts be made to



initiate this change as soon as possible.

- \* **Establishment of new technology: Expansion of the laboratory capacity for the diagnosis of acute respiratory infections is underway.** Consultations have been undertaken with WHO. Visits have been made to centres in India regarding HIV diagnostic procedures and the laboratory will soon be ready to enter this field.
  
- \* **Animal Research: New procedures have been established and an incinerator will be purchased.** The animal clinic has been moved to a separate site.
  
- \* **New equipment purchases: No progress has been made yet in identifying funding for the extensive number of needed items.**
  
- \* **Clinical laboratory services to the public: This program generated a US\$ 100,000 profit for the Centre last year.** However the Centre was cautioned to maintain the right balance between income generating activities and research.
  
- \* **Quality Control and Quality Assurance: Programs have been implemented and at very low cost.**

3. Strategic Plan - ICDDR,B

A draft of the plan had been circulated to all members in advance of the meeting. The Director outlined the process followed to date in developing the plan. Dr. Greenough had had an extended visit to the Centre and had prepared an initial draft. Then the Director and Associate Directors had, through a series of meetings, undertaken revisions of the document in consultation with key members of the staff. He proposed that once the views of Board Members had been received another revision would be circulated to the Board and then to the donor community before a final version is produced.

A productive, highly participatory discussion ensued. The current draft of the plan was felt to contain many appropriate elements. However, it is too long, somewhat redundant, at times contradictory, and it lacks adequate focus. To assist with the next revision trustees were urged to submit detailed suggestions in writing to Centre Management. Most of the discussion dealt with the following broad issues:

- \* General direction of the proposed plan: In proposing several new directions for future research, the Centre runs the risk of overwhelming its financial and human resources. All trustees expressed anxiety over the

issue and many stressed the crucial importance of careful selection of priorities and areas of focus.

- \* **Social and Behavioural Sciences:** Most trustees support the proposed enrichment of research expertise in the social and behavioural sciences. The way in which these initiatives are integrated with the Centre's organisational structure is a matter for the Management to decide. The Board members emphasised the central importance of ensuring that this integration be achieved in a way that fostered excellent productive science in this important area. Concern was expressed that social and behavioural science activity should not be free standing or solely observational but that it must be linked to relevant, practical programs and objectives central to the Centre's mission.

- \* **Acute respiratory illness:** Several trustees were concerned that extensive activities in this admittedly important area would dilute the Centre's scientific effort and overstretch its resources. Dr. Sack suggested that community studies designed to develop preventive programs against the major respiratory infections might be most relevant and appropriate.

There was general agreement that this initiative was appropriate but that new programs in this area must be strictly prioritised and kept within the Centre's

resources. Tuberculosis may be an important consideration. Prof. Caldwell emphasised that increased research activities in the area of ARI would make it particularly important to significantly improve data collection on cause of death in the DSS.

- \* Operations Research: The Centre's expertise in the areas of operations research, health services and policy research is located in the family planning programs.

In proposing what is essentially an extension of the "extension" project, Centre Management was cautioned to ensure that the Government of Bangladesh was requesting expertise of this nature and to ensure that the Centre has some competitive advantage in this field. The Health Secretary, Mr. S. Ahmed and Mr. David Piet of USAID both spoke in favour of this initiative. Since the proposed extension of operations research activities would involve the Centre's Urban Health programs, Dr. Henderson asked that careful consideration be given to the focus of these services.

- \* Subjects, Issues not in the Current Version of the Plan:  
Several trustees suggested that the Centre consider incorporating at least 2 additional items:

- a) Development of Scientific Staff: It was suggested that a strategy be designed to promote the growth and development of a strong national and

international scientific staff in order to assure the Centre's long range health.

- b) Fiscal/Management Strategy: Obviously these issues are of equal importance to the health and survival of ICDDR,B. They are highly relevant to all decisions made regarding scientific priorities and objectives.

\* Miscellaneous Comments On the Draft

- In some respects the Centre has oversold its achievements but important achievements have been omitted - eg Demographic Surveillance System, decreased birth rate, tetanus toxoid work.
- The introduction should briefly outline strengths but also weaknesses/problems as a logical lead in to the proposed plan.
- Separation of the Strategic Plan from "planned actions" or "Action Plan" would allow for a more concise compelling statement of direction, objectives, and priorities. Then if all the consequent proposed actions are listed together in a separate section it would be easier to grasp the complete picture and determine what (or how much) is

feasible, given the available resources.

4. Report of HIV Voordination Committee

Dr. Masee Bateman, who chaired the committee composed of ICDDR,B staff, presented the committee's report, having previously circulated a written document. Through discussion and through communication with and visits to other institutions working with HIV, the committee has formulated clear recommendations dealing with:

- a) improved availability of information on HIV in the Centre
- b) networking with organisations involved in AIDS, nationally and internationally
- c) guidelines for HIV testing
  - diagnosis
  - screening (ICDDR,B should not engage in mandatory screening)
  - surveillance
  - research
  - confidentiality
  - consent
  - counselling
- d) Biosafety for workers and patients (blood transfusion)
- e) Staff education
- f) Research strategy (which was not discussed)

Top priority will be given first to education and safety

(workers, patients). The Director emphasised that the Centre's "niche" in the context of the national AIDS program will be very small. To date actual reported cases of the infection are very rare but all signals point to a sharp increase in incidence soon. The Health Secretary, Mr. S. Ahmed, assured the trustees that the Government would be taking active steps to develop policies and programmes to deal with this expected epidemic.

There being no further business, the meeting adjourned at 12.30 pm.

The scheduled closed meeting of the Committee was cancelled since all the Committees' business had been conducted in the course of the open meeting.

J.R. Hamilton  
Chairman  
Programme Committee  
ICDDR,B

June 9, 1993

5/BT/JUNE '93

FINANCE COMMITTEE REPORT



## **REPORT OF THE MEETING OF THE FINANCE COMMITTEE**

**HELD ON JUNE 9 1993 AT ICDDR,B.**

### **PRESENT**

#### **Finance Committee Members**

Dr. D. Ashley - Chairman of the Board - ex-officio member  
Mr. Md. L. Majid  
Dr. R.H. Henderson  
Prof. A.S. Muller - Chairman  
Prof. V.I. Mathan  
Prof. T. Wagatsuma  
Prof. D. Habte - Director - ex-officio member

#### **Board Members**

Prof. J.C. Caldwell  
Prof. C. Chunming  
Dr. K.M. Fariduddin  
Dr. J.R. Hamilton  
Dr. M. Law  
Prof. A. Lindberg  
Dr. Y.Y. Al-Mazrou  
Prof. F.S. Mhalu

#### **Associate Directors, ICDDR,B and invited staff**

Mr. K.J.J. Tipping  
Dr. R.B. Sack  
Dr. D. Mahalanabis  
Dr. M.A. Strong  
Mr. M.A. Mahbub  
Mr. T.J. Bridges

The Committee convened at 8:30 a.m. on 9 June at the Training Lecture Room number 1.

1. **Approval of the Agenda**

The draft agenda was approved with the inclusion of Resource Development as an additional item. It was decided to take up agenda items 1-4 and item 6 subsections 1-5 in open session and to consider agenda item 5 and 6 subsection 6 jointly with the Personnel and Selection Committee in relation to their agenda item 5 in closed session.

2. **1992 Audited Financial Statements and Auditors' Reports**

The audit of the 1992 accounts was completed and signed on 18 March 1993. The audited Financial Statements and Management Letters from the two audit firms together with the response of Management was circulated to the members of the Finance Committee and were made available to the other Trustees in arrival in Dhaka.

**INCOME**

**Donor Contributions**, after deducting contributions for fixed asset expenditure of \$235,031 (1991 \$629,768), decreased by \$427,173 (4.4%) from \$9,719,152 to \$9,291,979. This decrease reflects the abnormal income received in 1991 relating to prior years' overhead rate adjustment offset by a one time contribution received in 1992 from the Arab Gulf Fund.

**Other Income** decreased by \$54,397 (8.2%) from \$662,180 to \$607,783 primarily caused by decrease interest income offset by an increase in exchange gains.

**Total Income** decreased by \$481,570 (4.6%) from \$10,381,332 to \$9,899,762

**EXPENDITURE**

**Operating Expenditure** before depreciation, increased by \$516,357 (5.5%) from \$9,365,338 to \$9,881,695. The main increase was in personnel and consultancy costs of \$662,710 (10.6%) which rose from \$6,256,255 to \$6,918,965 reflecting recruitment of additional international staff and the effect of the Board awarded increase to both national and international staff.

**Depreciation** increased by \$135,207 (23.8%) from \$568,772 to \$703,979 as a result of increased depreciation on newly acquired fixed assets and the implementation of the November 1992 Board's decision to depreciate all fixed assets costing \$200 or below to \$1..

**Total Expenditure** increased by \$651,564 (6.6%) from \$9,934,110 to \$10,585,674.

## **BALANCE**

**Net Operating Deficit** changed by \$1,133,134 from a surplus of \$447,222 to a deficit of \$685,912.

**Cumulative Operating Deficit**, mainly because of the adjustment for the conversion of \$1,135,480 of the UNROB loan to a grant offset by the 1992 net operating deficit of \$685,912, was reduced by \$633,250 (13.6%) from \$4,672,409 to \$4,039,159.

**Cash Operating Surplus** decreased by \$1,001,654 (98.8%) from \$1,013,591 to \$11,937.

**Cumulative Cash operating Surplus** increased by \$1,331,099 (116.3%) from \$1,144,221 to \$2,475,320. Again this was caused mainly by the UNROB loan conversion.

## **Discussion**

Comments were raised on apparent minor discrepancies between the figures in the text and the tables in the Finance Committee file which made reading rather arduous.

The Associate Director, Finance explained that the figures in the text related to the 1992 audited financial statements which appeared in the annexed auditors' report. He agreed, that in future reports, reference should be made in the text to the appropriate annexure.

The Associate Director, Finance explained the difference in the accounting treatment for the forgiveness of the UNROB loan between the audited accounts and the Centre's internal accounts.

The Committee noted that the operating cash surplus of \$11,937 fell well short of funding the 1992 depreciation of \$703,979.

## **Draft Resolution FIN: 01**

The Committee resolved to present the following draft resolution to the Board for its approval:

The Board resolved to accept the audited Financial Statements for year 1992.

3. **1993 Budget Update**

**WORST CASE SCENARIO**

**DONOR INCOME**

**Core Direct Income** is expected to be \$3,574,000 (1992 \$4,049,000). This decrease of \$475,000 comprises the one time funding in 1992 from Arab Gulf Fund (\$350,000), UNDP (\$106,000), Netherlands (\$119,000) and net others (\$27,000) offset by UNFPA-DSS (\$127,000).

**Project Income** of \$6,115,000 (1992 \$5,478,000). This increase of \$637,000 comprises carry overs and on going projects from 1992 and new projects sourced by competitive grants.

**Total Donor Income** of \$9,689,000 (1992 \$9,527,000) is expected to increase by \$162,000.

**EXPENDITURE**

**Core Expenditure**, after depreciation and net of all other income and recoveries, of \$5,346,000 (1992 \$5,465,000). The main reason for the reduction of \$119,000 is the effect on payroll costs of the April 1993 Taka 2.1% devaluation and more rational charging to projects of senior scientists' salary costs.

**Project Expenditure** of \$5,089,000 (1992 \$4,748,000) is envisaged. This is an increase of \$341,000 over 1992. The increase is in line with the expected increase in project income after adjusting for overhead recovery.

**Total Net Expenditure** of \$10,435,000 (1992 \$10,213,000) is expected to increase by \$222,000.

**BALANCE**

**Net Operating Deficit** of \$746,000 after depreciation compared to 1992 deficit of \$686,000.

**Cash Operating Deficit** of \$29,000 compared to 1992 cash surplus of \$12,000.

## BEST CASE SCENARIO

		<u>\$000</u>
<b>INCOME</b>		
Worst Case		9,689
Add: Core	Bangladesh	88
	China	20
	SRK	7
	Korea - in kind 10	
Projects	UNICEF - various	80
	ODA - various	61
	IDRC - health barriers	26
<b>Best Case Income</b>		<b>9,971</b>
 <b>EXPENDITURE</b>		
Worst Case		10,435
Add: additional project costs		65
	Korea in kind cost savings and others	- 15
<b>Best Case Expenditure</b>		<b>10,485</b>
 <b>NET OPERATING DEFICIT</b>		<b>514</b>
Less: depreciation		717
<b>NET CASH SURPLUS</b>		<b>203</b>

### Discussion

The Associate Director, Finance advised that the best case scenario was based on the latest available information on new projects and funding and is considered to be indicative of the likely situation at the end of the year excluding the cost effect of any changes in International and National salaries.

Committee members noted that under the best case scenario it would not be possible to fully fund depreciation. It calls for further reduction of costs, particularly in the core area combined with an increase in productivity.

A crucial issue is the cost of routine patient care in the Centre's two hospitals. In addition these costs have risen substantially in recent months due to the new epidemic.

The Director pointed out that productivity in the Centre is increasing as evidenced by a growing number of publications. A move from fixed to short-term staff also helps in reducing costs.

The costs to the Centre of the epidemic are not expected to have any adverse effect on the financial situation since it is anticipated that they will be fully funded through Donor emergency funds.

It was further emphasized that the Government of Bangladesh is working with the Centre in dealing with the implications of this epidemic and the financial health of the Centre.

Committee members expressed their appreciation to the Government of Bangladesh for its support in this matter.

It was noted with gratitude that the People's Republic of China has agreed to contribute \$20,000 to the core funding of the Centre.

#### 4. Appointment of Auditors for 1993

Deloitte, Haskins & Sells, Calcutta and Hoda Vasi Chowdhury & Co., Dhaka were the auditors for 1992. Deloitte Haskins & Sells were, with the approval of USAID, appointed to audit the USAID, Dhaka, Cooperative Agreements.

Deloitte, Haskins & Sells, Calcutta have been the Centre's auditors for the last four years and Hoda Vasi Chowdhury & Co., Dhaka for five years. Both auditors continue to give constructive management letters and no reason is seen to appoint alternate auditors.

Management recommends that the above firms be reappointed as joint auditors for the year 1993 at a fee not to exceed the 1992 fee of \$12,500. Additionally, Deloitte, Haskins & Sells are recommended to be reappointed, subject to the continuing approval of USAID, to audit the USAID, Dhaka, Cooperative Agreements and the USAID, Washington, Cooperative Agreements if approval is given by USAID Washington to use external auditors.

## **Discussion**

Arguments in favour of and against changing auditors were discussed and the members requested that a survey be conducted among similar institutions to ascertain practices on appointment of auditors and be informed about the outcome at its next meeting. The question was raised as to why the Centre has to have so many different audits.

The Associate Director, Finance advised that the world's six big audit firms, of which Deloitte, Haskins & Sells is one, are all guided by international generally accepted auditing standards and generally accepted accounting principles and that the quality of the audit would essentially not vary whoever is appointed. Also the joint auditors do change their areas of audit activity each year.

A separate audit for each agreement was required by certain donors, in particular USAID, where in addition to compliance with generally accepted accounting principles there is the need to fulfill USAID procurement etc. requirements.

## **Draft Resolution FIN: 02**

The Committee resolved to present the following draft resolution to the Board for its approval:

The Board resolved to appoint Deloitte Haskins & Sells, Calcutta, and Hoda Vasi Chowdhury & Co., Dhaka as Auditors for the year 1993 at a fee not to exceed \$12,500 and to appoint Deloitte Haskins & Sells, Calcutta as Auditors for the 1993 audit of the USAID, Dhaka, Cooperative Agreements and the USAID, Washington, Cooperative Agreements subject to approval being given by USAID Washington to use external auditors.

## **5. Resource Development**

The Director advised that the Resource Development Strategy document is being revised based on suggestions and comments made by members of the Board during its previous meeting. At his request Mr. James Bausch had prepared a proposal for the Capital Fund Drive in the USA on a 3 phase approach with each phase dependent on the outcome of the previous phase. The Ford Foundation have funded phase one and in principle agreed to fund all 3 phases at an estimated cost of \$150,000.

The Director further advised that Mr. G. Wright would give a report to the November meeting on fund raising outside the USA.

6. **Investment Loan for Income Tax Reduction**

76.6% of eligible employees applied for investment loans for the 1993 tax year compared to 81.3% for 1992. The loans granted were \$471,780 for 1993 compared to \$679,000 for 1992. The decrease in amounts loaned was caused by changes in deductibility for income tax purposes. The Centre will save \$71,000 in income tax payments in 1993 compared to \$69,000 in 1992.

7. **Hospital Endowment Fund**

The balance of the Hospital Endowment Fund at December 31 1992 was \$55,077. Receipts for the first five months of 1993 were \$24,541 giving a balance at May 31 1993 of \$79,618. No hospital expenditure has been charged to the fund since inception.

8. **Bank Overdraft**

The Centre's current overdraft facility with American Express Bank stands at \$2,000,000 and expires on July 30 1993. Even though it is considered unlikely that we will need to access this facility during the year, it is considered prudent to request Board approval to renew the overdraft agreement for the year to July 30 1994.

**Draft Resolution FIN: 03**

The Committee resolved to present the following draft resolution to the Board for its approval:

The Board resolved to authorize the continuation of the overdraft facility of up to \$2 million with the American Express Bank for the year to July 30 1994.



9. **Fixed Assets charged to Fixed Asset Acquisition and Replacement Fund**

Capital expenditure charged to the fund for 1992 totalled \$578,880 comprising:

Laboratory and Hospital Equipment	171,452
Motor Vehicles	40,974
Computers	13,927
Other Equipment	83,087
Buildings	269,440

**Draft Resolution FIN: 04**

The Committee resolved to present the following draft resolution to the Board for it's approval:

The Board resolved to approve the expenditure of \$578,880 from the Fixed Asset Acquisition and Replacement Fund for 1992.

10. **Fixed Assets committed to Fixed Asset Acquisition and Replacement Fund**

The following capital expenditure totalling \$374,398 has been committed up to the end of April 1993.

Laboratory and Hospital Equipment	64,283
Motor Vehicles	5,375
Computers	3,677
Other Equipment	26,261
Buildings	274,802

**Discussion**

Responding to a question from Dr. Henderson, the Associate Director, Finance advised that the uncommitted balance in the fund was \$364,000 at the April 30 1993 and agreed that in future documents the amount of money left in the fund should be reported along with the amount already committed.

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

### **International Staff Salaries and Allowances**

#### **UN ACTIONS**

Effective November 1, 1992 the post adjustment for Dhaka was increased from 16% to 22% and on January 1, 1993 the children's allowance was raised from \$1,050 to \$1,270. Effective January 1, 1993, Dhaka was reclassified from duty station B to C which in addition to increasing the hardship element changed the home leave cycle from every twenty four months to every twelve months. Effective March 1, 1993 base salaries were increased by 6.9%, post adjustment decreased by 6.9% and hardship and mobility allowance increased by 6.9%.

#### **CENTRE'S REACTIONS**

By Board resolution the Director is empowered to vary allowances to follow UN scales but requires Board approval to alter salary scales. In view of the bleak financial outlook for 1993 coupled with the inability to fund the Board recommended salary rise for national staff, the Director, with the support of the Council of Associate Directors, did not implement any changes in allowances.

#### **MAY 1992 BOARD COMMENTS**

At the May 1992 Board meeting "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 .... it was clearly recognized that market forces and availability are a major factor in determining salary levels and that this is a major factor which should influence international salaries .... Donors are sympathetic to the need to recruit top level international staff".

#### **IMPLICATIONS**

Failure to comparatively match UN scales will most likely deny the Centre the recruitment and retention of the top international staff it must have to remain scientifically productive and retain Donor confidence. At the moment the position of Associate Director, Laboratory Services Division remains unfilled and the positions of three Associate Directors (Administration and Personnel, Community Health and Clinical Sciences) will become vacant within the next nine months. Difficulty in filling the positions at current Centre remuneration could be experienced.

## **RECOMMENDATIONS**

The Centre recommends that no change be made to the salaries and allowances of international staff at the moment. However the Board must consider the long term effect of this and the impact it may have on the recruitment, in particular of Associate Directors. It is also recommended that the issue of international staff remuneration be taken up in the November Board meeting as any effect of the "no change" may be able to be seen in the recruitment of senior international staff.

### **Discussion**

In response to questions of the effect of salary and allowances being below UN rates on the recruitment of international staff the Director expressed concern that the Centre's remuneration package was too low to recruit the level of people the Centre needs. He pointed out that he had considered adopting varying allowances to attract senior staff at the Associate Director level.

It was generally expressed that allowances may not be a suitable instrument particularly if they were selective within the same rank. The alternative of fully implementing UN pay and conditions should be seriously considered if this would help in the recruitment and retention of Associate Directors.

The Director was requested to calculate the cash impact of both alternatives and subsequently consult with the Chairpersons of the Board, the Personnel and Finance Committees prior to approaching possible candidates.

It was agreed that the question of international salaries be raised again at the November meeting.

### **National Staff Salaries**

Continuing uncertainty as to the cash surplus for 1993 has prevented any implementation of the salary raises proposed and conditionally agreed to by the Board in November 1992. During late April 1993 the UN raised salaries by 16.9% for General Service staff (effective August 1 1992) and by 19.1% for National Officers (effective October 1 1992).

To reach the recognized target of 85% of local UN salary scales National Officers and General Services staff salaries would need to be increased by 27% and 19% respectively and would cost the Centre an additional \$822,000 per annum on top of the \$208,000 per annum contingently committed at the last Board meeting.

## **Discussion**

The members of the Committee agreed that the salaries of National Staff should be raised according to its decision at the last Board meeting. The revised 1993 projection would be able to accommodate this and still produce a modest cash surplus if the raise was implemented from July 1 1993.

It was recognized that National Officers and General Service levels 5 and 6 form the backbone of the Centre and that their salaries must be reasonably competitive with the outside market. Future levels of remuneration of General Service level 1 to 3 should be guided by outside market forces and delinked from any reference to local UN scales.

## **Draft Resolution FIN: 05**

The Committee resolved to present the following draft resolution to the Board for its approval:

The Board resolved that National Officer and General Service staff salaries be increased as of July 1 1993 to a level 85% of the local UN salary scales which were in force on November 1 1992.

6/BT/JUNE '93

PERSONNEL & SELECTION COMMITTEE REPORT

**REPORT OF THE PERSONNEL & SELECTION COMMITTEE MEETING  
TUESDAY, 8 JUNE, 1993**

The Personnel & Selection Committee met in Dhaka at 2.30 p.m. on Tuesday, 8 June, 1993.

**1. Staffing**

**3.1 Overview of Staffing Situation**

The overall staffing situation of the Centre was reviewed. It was advised that the Centre continued to enforce a freeze on hiring new fixed term staff in the NO and GS categories. The meeting noted that the total number of fixed term staff has reduced by six persons since 30 September, 1992. On 31 March, 1993 the Centre had 984 fixed term staff whereas on 30 September, 1992 there were 990.

While appreciating the Centre's achievements so far, it was recognized that the process of natural attrition will not rid the Centre of redundant staff quickly enough. Several suggestions were made.

The Committee agreed to recommend to the Board that the staff levels be reviewed by Centre Management to determine the number of staff, at the NO and GS level, required for efficient functioning. All attempts should be made to reduce the number of unskilled workers. A report of this study including the ways in which the identified reductions can be achieved and the anticipated cost savings should be presented to the next Board meeting.

1.2 Contract Renewals

a) **MS LEANNE UNICOMB, RESEARCH VIROLOGIST (P2)**

It was advised that Ms Unicomb will complete her two years' employment contract on 30 April, 1994.

The Committee reviewed the situation and agreed to recommend to the Board that Ms L. Unicomb's (Australia) contract as Research Virologist (P2) be renewed for three years from 1 May, 1994.

1.3 Status of Recruitment of International Staff

a) **SENIOR ADMINISTRATIVE OFFICER & HEAD, ADMINISTRATION & PERSONNEL (D1)**

The meeting was advised of the procedure, which led to a short-listing of candidates. Full documentation of the process, including names of applicants, is available for those Trustees who are interested.

The Committee agreed to recommend to the Board that Mr M.A. Mahbub (Bangladesh) be appointed as Senior Administrative Officer and Head, Administration and Personnel Division (D1) for three years from 1 July, 1993.

b) **SENIOR SCIENTIST & HEAD, CLINICAL SCIENCES DIVISION (D1)**

The above position, which falls vacant on 4 January, 1994, has been advertised locally and internationally.

## **2. Selection of Trustees**

In its November 1992 meeting the Board agreed that the positions for developed country (Europe) and developing country (Americas) will be finalized in the June 1993 meeting. In the meantime, the Director was to contact the first name on each of the two short-lists, submitted by the P&S Committee, to ascertain whether or not he/she would be available for consideration. Accordingly, the Director contacted Professor P. Helena Makela (Finland) and Dr Julio J. Frenk (Mexico) and both have responded positively.

The Committee agreed to recommend to the Board that:

- Professor P. Helena Makela (Finland) be appointed as a Trustee for three years from 1 July, 1993 to the vacant position for developed country (Europe); and
- Dr Julio J. Frenk (Mexico) be appointed as a Trustee for three years from 1 July, 1993 to the vacant position for developing country (Americas).

## **3. Update on Salaries**

In November 1992 the Board agreed in principle (Resolution 2/Nov. 92) that the Centre increase the salaries of the NO and GS staff to an extent which would bring both to 85% of UN local salaries as of November 1992. However, this was contingent on availability of funds. Due to non-availability of funds the revision has not been implemented.

The UN has again revised the local GS and NO salaries and with this revision ICDDR,B salary for GS and NO staff stands at 72% and 66% of UN local salaries, respectively.

The Committee approved in principle that staff should receive a salary



rise but this is subject to funds being available to manage it. This will be discussed in a "closed" joint session with the Finance Committee.

It was noted that the international professional staff salary now stands at 94% of the UN salary.

## 6. Miscellaneous

### 6.1 Personal Promotions

#### a) DR JOHN ALBERT

In the November 1992 meetings it was decided that consideration of the creation of the posts of Head, Department of Laboratory Research (P5) and Head, Department of Laboratory Services (P4/P5) should wait until the Centre management had responded to the recommendations of the Programme Committee Review of the Laboratory Sciences Division. The management agrees that the level of the former position is appropriate at P4 and that the latter position should be at the NO level.

Therefore, Dr John Albert, Research Microbiologist (P4) is recommended for a personal promotion to P5 level. The position would return to P4 level on Dr Albert's departure.

The Committee discussed Dr Albert's performance and agreed to recommend to the Board that he receive a personal promotion to P5 level.

On a general note, the management was cautioned that, although the system of personal promotion is well appreciated by staff, the possibility of abuse exists and there should be specific criteria for the circumstances in which it will be provided.

**b) DR O. MASSEE BATEMAN**

Dr Bateman is an Epidemiologist, currently at P4 level, and is recommended for a personal promotion to P5 level.

The Committee discussed this proposal and agreed that the management should consider restructuring the post to reflect the administrative expertise it requires.

**6.2 New International Level Position**

**a) SENIOR SCIENTIST, SOCIAL AND BEHAVIOURAL SCIENCE (P6/D1)**

The creation of the above post had been discussed at length in the Programme Committee meeting. It was agreed that the Centre needs a senior person who is a capable leader and resource person for the social and behavioural science staff.

The Committee agreed to recommend to the Board that the post of Senior Scientist, Social and Behavioural Science (P6/D1) be created subject to availability of funds.

The meeting closed at 4.55 p.m.

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DRAFT RESOLUTIONS

1. Resolution /June 93

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

2. Resolution /June 93

Resolution on staffing

3. Resolution /June 93

The Board resolved that Ms Leanne Unicomb's (Australia) contract as a Research Virologist, P2 level, be renewed for three years from 1 May, 1994.

4. Resolution /June 93

The Board resolved that Mr M.A. Mahbub (Bangladesh) be appointed as Senior Administrative Officer and Head, Administration & Personnel, D1 level, for three years from 1 July, 1993.

5. Resolution /June 93

The Board resolved that Dr John Albert (India/Australia), Research Microbiologist be given a personal promotion effective from 1 July, 1993 (?). After completion of his contract on 3 May, 1994, the position will return to P4 level.

6. Resolution /June 93

The Board resolved to create, subject to availability of funds, the position of Senior Scientist, Social and Behaviour Science at the P6/D1 level.

Resolutions re Trustees and Committees

1. Resolution /June 93

The Board resolved that Professor P. Helena Makela (Finland) be appointed as a Trustee of the Centre for three years from 1 July, 1993.

2. Resolution /June 93

The Board resolved that Dr Julio J. Frenk (Mexico) be appointed as a Trustee of the Centre for three years from 1 July, 1993.

3. Resolution on Chairperson  
on three Committees  
thanking outgoing Trustees

7/BT/JUNE '93

SELECTION OF TRUSTEES

## SELECTION OF TRUSTEES

In its November 1992 Meeting the Board of Trustees considered replacements for the three Trustee positions which fall vacant on 1 July 1993 and for which the current Trustees are not eligible to be re-elected due to completion of their terms. The current status is as follows:

- (i) The Board of Trustees passed a resolution (10/Nov. 92) appointing Professor Fehmida Jalil (Pakistan) as a Trustee for three years from 1 July 1993 to fill the developing country (Asia) position which falls vacant then. Professor Jalil has written to accept this appointment.
  
  - (ii) The Board agreed that the positions for developed country (Europe) and developing country (South America) will be finalized in the June 1993 meeting. In the meantime, the Director was to contact the first name on each of the two short-lists, submitted by the P&S Committee, to ascertain whether or not he/she would be available for consideration. Accordingly, the Director contacted Professor P. Helena Makela (Finland) and Dr Julio J. Frenk (Mexico) and both have responded positively.
- 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, 1994.

List of outgoing Board Members (to June 1994)

Prof. Dr K.M. Fariduddin (6 Feb. - GOB)

Dr M. Law

\* Prof. A.S. Muller

\* Prof. T. Wagatsuma

\* Unable to serve another term without a break

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 of the nominating body withdraws them. Professor Dr K.M. Fariduddin's first three year term ends on 6 February, 1994. Mr Md. Lutfullahil Majid automatically became a Trustees in January 1993 when the Government of Bangladesh appointed him Secretary, Economic Relations Division. The Government of Bangladesh needs to be contacted to ascertain whether or not it wishes Prof. Dr. Fariduddin to continue on the Board for a further three years. This may be deferred until after the November 1993 Board Meeting.

Assuming Dr M. Law whose term expires on 30 June, 1994, and who is eligible for re-election, would wish to be considered for re-election the vote may be deferred until November 1993.

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, ...".

Two members at large need to be replaced.

A list of current Trustees with country and discipline is on page 4 and a list of current Trustees with their terms is on page 5.

Action Required

Pass resolutions to:

1. Appoint Professor P. Helena Makela (Finland) as a Trustee for 3 years from 1 July, 1993 to the vacant position for developed country (Europe); and
2. Appoint Dr Julio J. Frenk (Mexico) as a Trustee for 3 years from 1 July, 1993 to the vacant position for developing country (South America).

Decide:

1. Whether or not it is necessary to call for nominations now for the two Trustees to replace Professors Muller and Wagatsuma. If agreed to this would allow selections to be made at the November 1993 Board Meeting.



LIST OF MEMBERS (AS AT APRIL 1993) 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 *
Prof. Chen Chunming	China	Nutrition Res./ Preventive Med.	1992/1995
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.	1990/1996 *
Dr M. Law	Canada	Int. Health/Hlth. Policy & Admin.	1991/1994
Prof. A. Lindberg	Sweden	Bacteriology/ Immunology	1987/1993 *
Mr Md. L. Majid	Bangladesh	Civil Servant	1993/1996
Prof. V.I. Mathan	India	Gastroenterology	1987/1993 *
Prof. F.S. Mhalu	Tanzania	Microbiology/ Immunology	1990/1996 *
Prof. A.S. Muller	Netherlands	Epid./Social Med./Pub. Hlth./ Res. Management	1990/1994 *
Dr J. Rohde	UNICEF	Public Health/ Paediatrics/Hlth Planning	1990/1996 *
Prof. T. Wagatsuma	Japan	Internat. 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 *
Prof. Chen Chunming	1 July 1992	30 June 1995
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 1996 *
Dr M. Law	1 July 1991	30 June 1994
Prof. A. Lindberg	1 July 1987	30 June 1993 *
Mr Md. L. Majid	January '93	January 1996
Prof. V.I. Mathan	1 July 1987	30 June 1993 *
Prof. F.S. Mhalu	1 July 1990	30 June 1996 *
Prof. A.S. Muller (completed Prof. Feachem's term)	9 July 1990	30 June 1994 *
Dr J. Rohde	18 June 1990	17 June 1996 *
Prof. T. Wagatsuma (completed Dr Tanaka's term)	December 1989	30 June 1994 *

\* Unable to serve another term without a break

8/BT/JUNE '93

ELECTION OF CHAIRPERSON OF THE BOARD

**ELECTION OF CHAIRPERSON OF THE BOARD**

By-law 26 gives the procedures for electing a new Chairman of the Board. This by-law reads as follows:

**"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."

A list of previous Chairpersons of the Board, with their term, 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, 1987-88
Prof. D. Rowley	1988-89
Dr P. Sumbung	1989-90, 1990-91, 1991-92
Dr D. Ashley	1992-93

#### ACTION REQUIRED

1. Appoint, by resolution, a Chairperson for a period of one year from 1 July, 1993 to 30 June, 1994.

8(a)/BT/JUNE '93

APPOINTMENT TO COMMITTEE

**APPOINTMENTS TO COMMITTEES OF THE BOARD**

As per resolutions 17, 18 and 19/May 92 and taking into account subsequent changes in Membership of the Board, the present composition of the Committees is as listed below. The Chairperson of the Board and Director of the Centre are both ex officio members of all Committees.

Personnel & Selection  
Committee \*\*

Dr M. Law (Chairperson)  
Dr Y.Y. Al-Mazrou  
Mr S. Ahmed  
Dr J. Rohde

Dr D. Ashley  
Dr D. Habte

Finance Committee \*\*

Prof. A.S. Muller (Chairman)  
Mr Md. L. Majid \*  
Dr R.H. Henderson  
Prof. V.I. Mathan  
Prof. T. Wagatsuma

Dr D. Ashley  
Dr D. Habte

Programme Committee \*\*

Prof. J.R. Hamilton (Chairperson)  
Prof. J.C. Caldwell  
Dr Chen Chunming  
Prof. Dr K.M. Fariduddin  
Prof. A. Lindberg  
Prof. F. Mhalu

Dr D. Ashley  
Dr D. Habte

\* Assignment suggested on basis of previous practice

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

ACTION REQUIRED

1. Appoint, by resolution, Chairpersons and Members to each of the three committees, taking into account

(a) that Dr Ashley and Professors Lindberg and Mathan will leave the Board; and

(b) Dr Frenk and Professors Jalil and Makela are the new members.

The term of appointments will be from 1 July 1993 to 30 June 1994.



9/BT/JUNE '93

DATE OF NEXT MEETING

**DATES OF NEXT MEETING**

In the November 1992 Meeting of the Board of Trustees it was agreed that the November 1993 Board Meeting should be held in Dhaka from 26 to 28 November, 1993 with a Programme Committee Review of the Community Health Division from 23 to 25 November and a Support Group Meeting on 29 November, 1993.

However, it has been suggested that the Programme Committee Review will take longer than the three days allocated. If an additional day is allowed for the Programme Committee Review, i.e. 23 to 26 November, 1993 inclusive, the Programme for the November 1993 meeting would be as follows:

Alternative 1

Monday, 22 November	Programme Committee reviewers arrive in Dhaka
Tuesday, 23 November to Friday, 26 November	Programme Committee Review of Community Health Division
Friday, 26 November	Remaining Trustees arrive
Saturday, 27 November	Programme Committee Meeting Personnel & Selection Committee Mtg.
Sunday, 28 November	Finance Committee Meeting Seminars by Trustees
Monday, 29 November	Full Board Meeting
Tuesday, 30 November	Support Group Meeting

There has been a request that, if at all possible, the Board meetings should not clash with the American Thanksgiving Day celebration on 25 November. As alternative 1 does clash, the following alternatives are suggested for consideration:

Alternative 2

Sunday, 14 November	Programme Committee reviewers arrive in Dhaka
Monday, 15 November to Thursday, 18 November	Programme Committee Review of Community Health Division
Thursday, 18 November	Remaining Trustees arrive
Friday, 19 November	Programme Committee Meeting Personnel & Selection Committee Mtg.
Saturday, 20 November	Finance Committee Meeting Seminars by Trustees
Sunday, 21 November	Full Board Meeting
Monday, 22 November	Support Group Meeting

Alternative 3

Monday, 29 November	Programme Committee reviewers arrive in Dhaka
Tuesday, 30 November to Friday, 3 December	Programme Committee Review of Community Health Division
Friday, 3 December	Remaining Trustees arrive
Saturday, 4 December	Programme Committee Meeting Personnel & Selection Committee Mtg.
Sunday, 5 December	Finance Committee Meeting Seminars by Trustees
Monday, 6 December	Full Board Meeting
Tuesday, 7 December	Support Group Meeting

A list of meeting dates, circulated to Trustees in November 1991 suggests that the May 1994 meeting be held in Dhaka from 27 to 29 May, 1994 with an External Review of Integrated Activities of the Centre from 20-24 May and two days to write-up the review, i.e. 25 & 26 May, 1994.

ACTION REQUIRED

1. Confirm dates of the November 1993 Board of Trustees meetings.
2. Decide on dates for the External Review of Integrated Activities of the Centre and names of reviewers.
3. Agree on dates for the May 1994 Board of Trustees meetings.

10/BT/JUNE '93

ANY OTHER BUSINESS

10/BT/JUNE '93

ANY OTHER BUSINESS

10(a)/BT/June '93

ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B AT THE  
BOARD OF TRUSTEES' MEETING TO BE HELD IN JUNE, 1993

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

MAY 4, 1993

**ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B**

Honourable Chairperson and the distinguished members of the Board of Trustees' from home and abroad.

I am thankful to the Board of Trustees' and to the honourable Director of ICDDR,B for allowing me the opportunity to place before you some important issues related to welfare of the staff of the Centre. I hope that you will deliberate on these matters patiently despite your many preoccupations during the meeting.

Hon'ble Trustees':

During the last Board meeting held in November, 1992, certain issues were submitted by the Staff Welfare Association for your consideration and after the meeting, we were given understanding that the Board has approved some salary increases for the NO and GS staff but as of to-day, the decision has not been implemented. Meanwhile, the UN agencies have announced another salary revision; No. 16 for GS level employees and revision No. 9 for NO level employees, with retroactive effect from August, 1992 and October, 1992 for GS and NO categories staff respectively. The latest revisions of UN salary for local staff has further increased the difference between the salary of ICDDR,B staff and corresponding UN local staff. The current difference stands 35.9% for GS level and 47.1% for NO level staff. Under the above

3....



circumstances, we expect that some reasonable decisions would be taken by the Board on the above issue.

Learned Trustees':

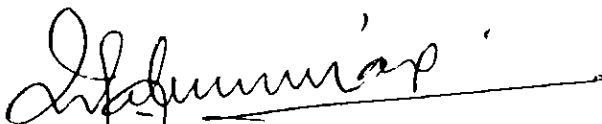
The local currency (taka) devaluation during the last two years is 21.30% which has further effected our already existing high living cost and our Retirement Fund contribution.

To protect an employee from such losses we suggest that the Centre can make salary payments by determining the US \$ equivalent salary for each staff as on July 1, 1993 and pay the salary for each month on the basis of conversion to taka as of first of the month. This should be applicable to Centre's contribution to Retirement Fund also.

We fervently request the Honourable Trustees' to consider the possibility of such arrangement or suggest alternative to protect the employees against losses occurring due to devaluation.

We assure you of our best cooperation to uphold and enhance the Centre's prestige, reputation and scientific productivity.

Thank you all,



Md. Mujibur Rahman  
President  
Staff Welfare Association (SWA)  
ICDDR,B