

7/BT/NOV. '93

DATES OF NEXT MEETING

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In a list of meeting dates, circulated to Trustees in November 1991, it was suggested that the May 1994 Board Meeting be held in Dhaka from 27 to 29 May, 1994 with an External Institutional Review of Programme and Management from 20-24 May and two days to write-up the review, i.e. 25 and 26 May, 1994. It is now known that the Eid Holidays will fall in the middle of this programme.

Accordingly, the Programme for the May 1994 meetings may be re-scheduled as follows:

Monday, 30 May	External Reviewers arrive
Tuesday, 31 May to Saturday, 4 June	Review of Programme & Management
Sunday, 5 June & Monday, 6 June	Reviewers write-up Review Report
Monday, 6 June	Trustees arrive
Tuesday, 7 June	Programme Committee Meeting Personnel & Selection Committee Mtg.
Wednesday, 8 June	Finance Committee Meeting Report writing, Trustee lectures.
Thursday, 9 June	Full Board Meeting

Persons to undertake the abovementioned External Review need to be identified.

8/ET/NOV. '93

ANY OTHER BUSINESS

8 (A) / BT / NOV. '93

REPORT FROM STAFF WELFARE ASSOCIATION (SWA).

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 very much 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 June, 1993, the Executive Committee of ICDDR,B SWA met you with some vital issues for your kind consideration. In our discussion, you were convinced to redress our grievances. After the Board meeting was over, the Director announced salary revision for National Officer and General Service staff, an adjustable increase effective July 01, 1993 to 85% of UN salary revision No. 15 and No. 8 of GS and NO level staff respectively. But as per UN salary revision No. 16 of GS level staff and No. 9 of NO level staff our actual salary increase comes up 62.48% and with this adjustment, still we are behind 37.52% for GS level and 40.13% for NO level staff. In the present economic crisis in Bangladesh, we firmly believe and expect that some appropriate and reasonable decisions would be taken by the Board on the above issue.

Learned Trustees' :

The local currency (taka) devaluation upto now is 21.30% which has further affected our already existing high living cost and causes loss of Retirement Fund contribution.

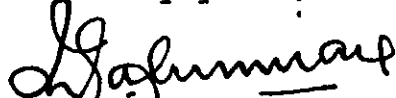
To protect employees from such losses, we feel and suggest that the Centre can make monthly salary payment in US dollar converting the same into taka since the salary of the employees are budgetted in US dollar. This should also be applicable to Centre's contribution to Retirement Fund.

We most earnestly request the Honourable Trustees' to consider the possibilities of such arrangement or suggest alternative to protect the losses of the employees 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,

Sincerely yours,



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

কর্মী মঙ্গল সংস্থা

Staff Welfare Association

আন্তর্জাতিক উদরাময় গবেষণা কেন্দ্র বাংলাদেশ।

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

মহাখালী, ঢাকা-১২১২

MOHAKHALI, DHAKA-1212

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

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

OCTOBER 7, 1993

6/BT/NOV. '93

PERSONNEL & SELECTION COMMITTEE REPORT

DRAFT

REPORT OF THE PERSONNEL & SELECTION COMMITTEE MEETING
FRIDAY, 19 NOVEMBER, 1993

The Personnel & Selection Committee met in Dhaka at 2.30 p.m. on Friday, 19 November, 1993.

1. Staffing

1.1 Overview of Staffing Situation

The Chairman drew attention to Tables 1-10. It was noted that, since last meeting, the number of staff has reduced by 12 (a decrease of 13 core positions, an increase of 1 project position). The management was complimented on this, but, at the same time, requested to continue with the hiring freeze, and encouraged to reduce the number of staff even further.

1.2 Contract Renewals

a) MR K.J.J. TIPPING, ASSOCIATE DIRECTOR, FINANCE (D1)

It was advised that Mr Tipping will complete his three years' employment contract on 15 October, 1994.

The Committee reviewed the situation and agreed to recommend to the Board that Mr Tipping's (Australia) contract as Associate Director, Finance (D1) be renewed for a further three years from 16 October, 1994.

b) **MR NGUDUP PALJOR, PROJECT DIRECTOR, UHEP (P5)**

Mr Paljor will complete his contract on 31 December, 1994.

The Committee reviewed the situation and agreed to recommend to the Board that Mr Paljor's (USA) contract as Project Director of the Urban Health & Extension Project (P5) be renewed for three years from 1 January, 1995.

1.3 Status of recruitment of international staff

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

The above position was advertised in international journals and national newspapers. Eleven applications were received and three of these were short-listed for further consideration. The Committee reviewed the short-list and agreed, for varying reasons, that selection should be deferred. It was agreed that the search continue and members were requested to assist the Director with this. The Director is to give an update at the next Personnel & Selection Committee Meeting.

The Committee recognized that Dr Mahalanabis' contract expires on 3 January, 1994 and that the Division would be left without a head from 4 January, 1994. In view of the excellent service Dr Mahalanabis has given to the Centre and the need for leadership in the Division, the Committee agreed to recommend to the Board, that the Director be given the authority to extend Dr Mahalanabis' contract for a further year from 4 January, 1994 or until such time as a suitable candidate or alternative solution is found, whichever is the earlier.

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

It was noted that Dr Michael Strong's contract expires on 31 August, 1994.

The Committee was briefed by the Director on various recruiting activities already underway as well as ideas on evolution in the organization of the Population Sciences and Extension Division (PSED). Given this information, the Committee recommended to defer advertising for the post of Senior Scientist and Head, PSED.

1.4 Information on Seconded Staff

The Committee reviewed and noted the following secondments.

a) **DR HIROAKI MIURA, JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)**

Dr Miura (Japan) joined the Centre, as an International Research Fellow in the Laboratory Sciences Division, on 22 July, 1993. He is seconded (non-reimbursable) through the Japan International Cooperation Agency (JICA).

b) **DR EUGENE WEISS, JOHNS HOPKINS UNIVERSITY**

Dr Weiss (USA) joined the UHEP in the Community Health Division on 14 September, 1993 for a period of three years. He is seconded (non-reimbursable) by the Johns Hopkins University.

c) **DR JAMES ROSS, LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE**

Dr Ross' secondment (reimbursable) as a Senior Scientist, Social and Behavioural Sciences is being negotiated with the London School of Hygiene and Tropical Medicine. It is expected that Dr Ross will join the Centre in mid-January, 1994.

1.5 New Positions

a) **COST ANALYST/HEALTH ECONOMIST (P3)**

The Committee agreed to recommend to the Board that the position of Cost Analyst/Health Economist (P3) be established.

It was noted that this is a project position, which will be filled by a non-reimbursable secondment. The position will automatically collapse when the project is over.

b) **HEALTH SCIENTIST (P3)**

The Committee agreed to recommend to the Board that the position of Health Scientist (P3) be established.

It was noted that this is a project position which will be filled by a non-reimbursable secondment. The position will automatically collapse when the project is over.

c) **EXTERNAL RELATIONS OFFICER (P4)**

Currently the Director assumes the responsibility of the Centre's fund-raising efforts. In order to implement the Resources Development Strategy (presented to the last Donors' Support Group Meeting) and to assist the Director in keeping the momentum of the Centre's resource development efforts, an External Relations Officer is now required to be recruited. The officer will be a part of the Director's office.

After discussion, the Committee agreed to recommend to the Board that the position of External Relations Officer (P4) be established.

2. Working Papers

2.1 Rationalization of Centre's Staffing Patterns

The Committee reviewed the working paper on this and noted that, to date, the Centre has been relying on the process of natural attrition in order to reduce its staff size.

The paper suggests that in addition to attrition a "golden handshake" scheme be implemented whereby the Centre would offer early retirement to selected staff members - this selection would be based on age and length of service with the Centre, as well as other factors.

It was pointed out that several organizations have had experience with reducing staff and that the Centre could consult with them. The Centre management is expected to adapt the scheme to the Centre's particular needs and implement it, at least in part, in 1994. The importance of keeping the Staff Welfare Association informed about methods for reducing staff size was emphasized.

The difficulty the Centre has been facing with the third alternative of contracting out services was noted. The Committee was advised that remedial action has been taken with respect to the security services and the problem is being resolved.

2.2 Personnel Policies

The Centre has adopted UN/WHO rules and follows the international civil service guidelines. It maintains close contact with WHO to ensure that these rules are implemented correctly. Mr Soos, from WHO HQ, is currently in the Centre as a Consultant with the aim of providing certain management tools.

Mr Soos informed the Committee of his recommendations to date which he is working on with Centre staff. These include:

- as a priority, the Centre should build-up its appraisal report system, starting from the top;
- the duties and responsibilities of all posts should be clearly defined; and
- the channels of communication should be improved between personnel/administration and other areas of the Centre.

Mr Soos concluded by saying that the Personnel system should be totally transparent.

The Chairman noted that Mr Soos will provide the Director with his report, which the Director will in turn discuss with Associate Directors and other senior management staff. The Committee will be advised in its next meeting on specific actions being taken.

3. Update on Salaries

This agenda item will be discussed in a joint meeting with the Finance Committee. Decision on international professional salaries are usually taken in the May/June meetings and on NO and GS levels in November.

3.1 International Professional Category

The Committee noted that staff in the international professional category currently receive 93% salary and 90% allowances of the UN scale.

3.2 NO & GS Categories

It was noted that the NO staff are currently receiving 71.37% of the UN scale and GS 72.71%.

The need for the Centre to remain competitive, in order to maintain its standards, at the GS 5 level upwards was also noted.

4. Miscellaneous

6.1 Search Committee for Director

The Director advised that his contract expires in August 1995 and suggested that a Search Committee be formed, either now or at the next meeting. The Search Committee usually consists of several Trustees.

The Board Chairperson was requested to consult with the Director and other on this and to make a recommendation to the Board Meeting.

The meeting closed at 5.15 p.m.

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DRAFT RESOLUTIONS

Resolution 1/BT/Nov. 93

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

Resolution 2/BT/Nov. 93

The Board resolved to renew Mr K.J.J. Tipping's (Australia) contract as Associate Director, Finance (D1) for a three years from 16 October, 1994.

Resolution 3/BT/Nov. 93

The Board resolved to renew Mr N. Paljor's (USA) contract as Project Director, UHEP (P5) for three years from 1 January, 1995.

Resolution 4/BT/Nov. 93

The Board resolved to request the Director to explore with Dr Dilip Mahalanabis (India) the possibility of extending his contract with the Centre for one year from 4 January, 1994 or until a suitable replacement/alternative solution is found, whichever is the earlier.

Resolution 5/BT/Nov. 93

The Board resolved to establish the position (project) of Cost Analyst/Health Economist (P3).

Resolution 6/BT/Nov. 93

The Board resolved to establish the position (project) of Health Scientist (P3).

Resolution 7/BT/Nov. 93

The Board resolved to establish the position of External Relations Officer (P4).

DRAFT

**REPORT OF THE EXTERNAL REVIEW TEAM
COMMUNITY HEALTH DIVISION
ICDDR,B**

Dhaka, Bangladesh

15-18 November, 1993

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 - Study Design**
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 - Need for an Economic Component**
- **Services and Training**
- **Dissemination, Follow-up and Utilization of Research Findings**

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INTRODUCTION

Within the context of the ICDDR,B, the Community Health Division pursues the following overall goal:

Based on sound epidemiologic, sociologic, and clinical data, to develop, test, implement

Cost-effective, sustainable interventions (prevention and treatment)

Which will improve the health of children under 5 years of age and decrease the fertility and improve the health of women of child-bearing age.

As an overall observation, the Review Team is very impressed with the work of the Community Health Division. The direction and appropriateness of subject matter, the scientific content of the research, the enthusiasm of its staff, both professional and supportive, reflect strong leadership, professional commitment, and able management in an important and complex enterprise.

Presentations by the members of the Division, conversations with them, and review of written materials reflect their interest in collaborative research and openness to sharing of ideas and resources. Overall there is the sense of high morale, mutual support and enthusiasm that bring special strength to this research and development effort.

The service activities deserve special mention. The ICDDR,B has accepted responsibility for providing a high quality of service to populations in great need. This approach presents the Centre with problems of heavy cost burdens which have to be balanced with the resource requirements of research. The hospital in Matlab illustrates the close interactive commitment of the Community Health Division to life saving care of patients with severe diarrhea, and other problems of mothers and children, while simultaneously pursuing advances in the scientific understanding of the diseases that afflict them. The personal interest and professional pride of the staff of the hospital are admirable.

SCOPE AND BOUNDARIES

Historically, the ICDDR,B has evolved in its interests and commitments, from its initial contributions to the core of the world's knowledge about cholera and other diarrheal diseases, to include problems of population growth and the health of mothers and children. At this time, its organization and resources are focussed on:

> the threats to child survival, including

- diarrheal diseases
- acute respiratory infections
- diseases preventable through immunizations
- nutritional deficiencies

> population and women's reproductive health, including

- family planning and population
- maternal mortality
- reproductive tract infections, sexually transmitted diseases, and HIVs

> application and policy

- extension, communication and dissemination
- training

One of the important challenges to the ICDDR,B, with particular relevance to the Community Health Division, has to do with the scope of the work to be undertaken. How are the boundaries of its research efforts to be drawn? Given the great research strengths of the institution, there is understandable pressure, from both without and within, to enlarge its research agenda. While the gains from doing so could be advanced understanding of new sets of problems, the risks would be the diluting of its current efforts, and diminishing the quality of its research, which, in the end, is its most valuable asset.

There are two major options for broadening the institutional agenda: one is to take on new diseases or threats to health, the other is to proceed further in the applications of research findings to national and international health policy and health system development.

The challenge to add new diseases or threats to health to the research agenda.

The Centre has recently decided to address the research challenges of **reproductive tract infections, sexually transmitted diseases, and HIVs**. This represents an extraordinary challenge in terms of both the complexity of the diseases and the resources required to deal with them. Given the undeniable importance of this cluster of problems, and their growing importance globally, the Review Team sees this decision as appropriate.

Another problem area that poses a policy challenge to the Centre is that of the research and service activities required to deal effectively with **maternal mortality, specifically emergency obstetrical care**. Appropriate components of routine maternal care are already underway at the community and health center level of the Matlab programs. The next step, which is essential for the effective reduction of maternal mortality, involves referral of women at risk or who are suffering complications, to facilities that can provide life saving procedures, such as transfusions and obstetrical surgery. The challenge to the Centre and the Division is how to carry along the research required to advance understanding of these steps of maternal care while not taking on the major responsibilities involved in establishing the services required for this level of care. Some combination of operations research coupled with partnerships in health system development will be the required policy direction.

An example of bringing further diseases or threats to the health of populations on to the research agenda would be **tuberculosis**, as a disease that threatens adults as well as children, and remains one of the most serious disease entities of our time. Another example would be the broad cluster of illnesses that are categorized as **non-communicable diseases**, which are increasingly prominent in adults in developing countries. Both of these examples are rising on the lists of insistent priorities of the major international organizations. While there is no denying the importance of those problems, the Review Team is firm in its support of the position of the ICDDR,B and CHD that the institutional agenda should remain as it is currently focussed, with ever so careful consideration of change in the future.

Extending research findings to health policy and health systems.

The ICDDR,B and the Division have been responsive to the inherent obligation of the institution to facilitate the incorporation of its research findings into policies and systems that will benefit the larger public. There is a duality to that obligation -- a special obligation to the people of Bangladesh, and a wider international obligation. But the two come together to a considerable extent in the fact that what is done to apply those findings in Bangladesh can serve as

examples or models for others, much as the development of ORS has proven to be so immensely useful to both Bangladesh and the world.

The Centre and Division have proceeded constructively in such applications. The work of the Maternal Child Health/ Family Planning special interest group in establishing a rural health care system for the population of Matlab, is an excellent example of integrating a number of proven cost-effective interventions into a population-based health care system. This system and setting provide evolving opportunities for the Division to continue to test interventions, and at the same time to probe at new questions that are not answered by current knowledge. For example, if the infant mortality rate has reached a plateau, why has that happened, and what needs to be done to ensure its continued improvement?

The Centre has taken a major step in the direction of extending research findings to the public sector in establishing the MCH-FP Extension Program, which has the primary purpose of assisting the Government of Bangladesh in incorporating knowledge derived from the Centre's work in family planning into national programs. The Extension Program has the potential for using its relationships with government and NGOs, and its capacities for policy and system development, to promote the wider uses of findings in other areas of maternal and child health and family planning, as in relation to the Urban Health Extension Project of the Community Health Division (see below)

The Urban Health Extension Project provides an example of research that will carry the Division well beyond the focus on individual health problems, with two important dimensions. One is that the health problems to be addressed will include family planning and the major threats to maternal and child health. The other is the intent to help NGOs and government to incorporate findings from the research into urban health systems, and even to assist in the design and monitoring of those evolving systems. In other words, the intent is not to develop a health services prototype and hand it over to others for upscale implementation, an effort that would surely fail. Rather, the intent is to work with others in planning, managing and monitoring health services on a limited scale, carrying out research appropriate to the needs of providing such services, and then assisting those collaborating partners in extending such services to larger populations. The research is multidisciplinary in nature -- clinical, epidemiological, anthropological, managerial -- and cannot be separated from interaction with the partners in action. A further aspect of this project that deserves special attention is the process whereby the Division personnel and their collaborative partners interact, identify problems, and work through to solutions, including incorporation of research findings into system development. The potential sustainability of the products of this project will lie in the capacities of the partners to extend the process to serve larger populations.

The proposed involvement of the FP-MCH Extension Program would seem to provide the ingredients necessary to pursue both research and application activities.

In brief, the Review Team believes the Centre and the Division are taking the right direction, and making the appropriate decisions in constraining the scope of its research agenda, and at the same time in expanding the ways in which it extends its research findings to the public sector.

STRATEGIES AND PRIORITIES

Strategic Planning

One area which the review team believes should be strengthened is that of strategic planning. While it is clear that there has been considerable improvement in this area since the last review of the Division, it appears that additional effort is needed to better define the objectives and to link the various activities/protocols and outcomes to those objectives.

While the work plan for 93-94 does identify some 40 research "objectives" (as well as numerous objectives for service, training and administration), it appears that some of these are not really objectives and others are the objectives of particular protocols rather than program objectives. In some cases the activities are not clearly related to the stated objectives and in other cases the "expected outcomes" do not adequately reflect the objectives or activities.

Moreover, the present format makes it difficult for the reader (e.g. trustee or donor) to find the answers to questions such as:

What is the CHD doing to contribute to our knowledge of the prevention of diarrhoea?

What studies is the CHD undertaking to explore the relationship between nutrition and diarrhoeal diseases?

What studies are being carried out on the management of ARI's?

Answers to such questions are scattered over several sections of the plan so that it is difficult to get a sense of the overall strategy being pursued.

If the current format is required for management purposes, consideration might be given to producing a summary document which would present the research strategy

and the major activities in a form which can be more readily understood by people outside the Division. Such a document should also be helpful in negotiating with donors who often have their own priorities - which can present opportunities for the Centre but which also have the potential to distort the Centre's own research priorities particularly if these have not been clearly articulated.

Priority Setting

The question of priority setting among the various possible studies is even more difficult. This is true for any research institution because of the need to maintain an appropriate balance between problem-oriented research undertaken in response to strategic priorities and that which is investigator-initiated.

It is recognized that even when resources are limited, it is important to undertake some investigator initiated research since the potential importance of research, especially basic research, is not always immediately apparent, and it is important not to stifle intellectual creativity. Nevertheless, the review team concluded that the current research agenda may be too heavily oriented to investigator-initiated research.

The team welcomed the references in the draft strategic plan for the Centre to the World Development Report's identified priorities. More effort might be made by the CHD to relate the presentation of their research program to such internationally identified research priorities.

Another factor complicating priority-setting in the Centre is the need to balance research which is of international interest with that which is country-specific. In regard to the latter, it is recommended that the Division continue to collaborate with the GoB and, in particular with the Bangladesh ENHR group in the identification of the strategic research priorities for Bangladesh which are within the scope of the Centre's research program.

Finally, priority-setting is also required in considering the appropriate mix of research, service, technical assistance and training activities in the Division. It is the view of the review team that this balance is about right at the present time, but it will require continuing effort to ensure that interventions are referred to the Extension Program and ultimately to the GoB or NGO's so that they do not become ongoing responsibilities to the detriment of the Division's research program.

Examples of Research Priorities

The Committee considers a number of topics of particularly high priority:

- ◆ Environmental studies of *Vibrio Cholerae*. Renewed efforts to look for the organism in the environment during inter-epidemic periods appear to be highly promising with newly available technology such as PCR.
- ◆ Studies aimed at understanding barriers to improved health and to health care seeking by mothers. Such studies are likely to be methodologically complicated and difficult to carry out, but knowledge of these barriers is crucial to improved health and to health care seeking by mothers for themselves and their children.
- ◆ In the field of diarrhoea and ARI, intervention studies have focussed on the effect on mortality. The Committee feels that there is increasingly a place for the study of determinants of severe disease and investigations aiming at elucidating why and under what conditions infection leads to disease.
- ◆ The Committee was presented with an example of collaboration between Centre staff and an NGO involved in community health after its cyclone disaster relief operations. The Committee considers this an excellent model for collaboration with other agencies in Bangladesh since it can be of benefit to both partners and promotes the Centre's goodwill within the country.

QUALITY AND EFFICIENCY OF RESEARCH

Overall the increase in both the quantity and the quality of the research carried out by the Division in the last 3 years has been remarkable. Since the last review there has been a substantial increase in publications, particularly in peer reviewed journals and in presentations to national and international meetings. Most of the research has benefited from careful attention to quality control measures; especially notable has been the meticulously conducted field research including the training and supervision of the field workers, the cross checking of interview and observational data and the computerized record systems with their built-in check points.

Study Design

However, one important area of the research that sometimes seemed weak was that of epidemiological study design. Although it was not possible to do a detailed review of individual research protocols, the impression from the presentations and research

outlines was that the efficiency of study design and/or the robustness of the conclusions that could be drawn might have been usefully strengthened. On the positive side, there does seem less reliance on a "one area" vs "one area" design that had characterized some of the earlier research; some use has been made of appropriate case-control designs (an approach which can be dangerously misused in unsophisticated hands); and in some studies there was an integration (piggy backing) of different studies into one with fewer stand-alone descriptive studies on the agenda. Study design concerns will become more critical as the Division moves into health systems research especially in the complex setting of the UHEP. The main factor underlying these concerns is the relative lack of senior researchers experienced in epidemiological study design issues. The careful proposal review process undertaken by the Centre cannot be expected to examine these issues in the detail generally needed for judgement of optimum study design.

In the long run, more staff trained in advanced epidemiological/statistical methods will be required. In the meantime, a greater awareness of these issues during the initial review process and identification of external reviewers with particular expertise in epidemiological study design could help.

Information System for Research

As mentioned the Review Team is impressed by the meticulous way of collecting and processing data in the field. In Matlab the DSS is a crucial element to this. Its overriding importance as a component of the Centre's activities both in its own right and as a tool for carrying out longitudinal intervention studies has been repeatedly emphasized and is beyond dispute.

However, in the course of the Team's deliberations two questions came up, which - in the short period of time available - it has not been able to adequately address, but which need further consideration:

- 1) the feasibility of simplifications, and resulting savings, in data collection and processing without loss of accuracy. This applies to individual projects as well as to the MCH-FP programme and DSS as a whole;
- 2) the justification of more or less transferring DSS into an Urban Surveillance System (USS) for the Urban Health Extension Project.

The Team is of the opinion that a critical look at these issues is required.

- What are the costs and benefits of the longitudinal data collection systems presently in place in Matlab and in the Dhaka urban study area?
- What are the research issues that require such sophisticated systems?
- To what extent is their simplification possible and acceptable?

The Review Team suggests that a small group of outside experts, experienced in field research, consisting, perhaps, of an epidemiologist, a demographer and a statistician, carry out a thorough study of these issues.

The Need for an Economic Component

The increase in social science research and social science input into many of the projects is to be applauded, but as the research agenda has evolved and expanded and particularly with the development of the health systems interest group, the need for expertise in economics is becoming increasingly evident. At least two major research directions require an economist's input: 1. the role of economic factors as determinants of disease patterns and health seeking behaviors and 2. cost effectiveness analyses related to the introduction of new disease control interventions and strategies. Particularly in the light of the WDR recommendations, it will become increasingly valuable for the Centre to develop a substantial competence in economics.

SERVICE AND TRAINING

The services of Matlab and UHEP are impressive. The atmosphere at the Matlab hospital is very pleasant and the services there are evidently satisfactory. The fact that 80% of the patients are now coming from outside the DSS area demonstrates the respect and trust of the population. But, providing the neighbouring areas free treatment for diarrhoeal diseases has been an extra financial burden for Matlab. This does raise questions as to what should be done in the neighboring area to meet the health care needs for which they are now coming to Matlab. As a model of community health service, Matlab is outstanding; its principles should be replicable in the developing countries.

The Community Health Workers at Matlab provide MCH-FP services. Care and education in diarrhoea diseases and ARI as well as nutrition improvement give a clear picture of primary health care focusing on the local priority health problems. Problems may arise, however, in that other disease problems will require attention at the community level as well, so in the long run, broader health education and services may become necessary.

The volunteers in the slum communities in the UHEP provide health care for women and children under 5, mostly on diarrhoeal disease control through health education and distribution of prepackaged ORS, and also nutrition and family planning. The feasibility of such a service delivery system in the future extension project is being evaluated and plans are for the volunteers to be working under an established health

evaluated and plans are for the volunteers to be working under an established health worker framework/system. In this way volunteer system can be more efficient and productive.

There have been 24 students at the Division since 1992, including 16 for short-term study or visit, 8 students for study more than 6 months mainly from the United States and the U.K. With a few exceptions most training of Bangladeshi scientists from the Division has been at the MPH level. To meet the need for qualified scientists for public health research and services, the Review Team strongly urges that more effort should be put on training to the doctoral level. The Centre provides unique opportunities for field research and extension projects; it will certainly serve as an excellent training center for all of Bangladesh as well as for manpower development for ICDDR,B.

DISSEMINATION, FOLLOW UP AND UTILIZATION

The question was raised how far and to what extent are ICDDR,B research findings and related information disseminated both inside and outside the ICDDR,B, followed-up and utilized?

From the information the Review Team gathered from documents and dialogue with project coordinators and scientists, they observed that during the past three years considerable effort has been made toward presentations and information about project activities and findings both inside and outside the ICDDR,B. This has been done through participation by project coordinators and scientists in various GOB and NGO's sponsored forums. In addition, seminars, workshops, conferences and symposia are held from time to time where policy and decision makers, planners, program managers and service providers from GOB and NGOs are invited. There seem to be few indications, however, about the follow-up and utilization of research findings disseminated at national level health care system and any other level. It is felt that efforts should be made to facilitate utilization of important research findings. This can be done as part of a larger collaboration with the Government of Bangladesh (GOB) and non-governmental organization (NGOs,) with the objectives of building greater research capacities with the GOB and NGOs.

ICDDR,B has developed a number of mechanisms for involvement of representatives from GOB and NGOs, Universities, Govt. and post graduate health science institutes, including the Board of Trustees and the Program Coordinating Committee (PCC). Through this PCC, ICDDR,B has provisions for providing funds for collaborative research projects. In collaborative research projects, the member institutes submit protocols as PIs and the ICDDR,B counterparts act as co-investigators. ICDDR,B scientists provide advisory and other services to GOB and NGOs in various fields whenever required and requested. Training programmes in diarrhoeal diseases

management, research methodology, and epidemiological methods in public health are organized every year for GOB/NGOs people.

The relationship with Governmental bodies (GOB) and institutes are flexible but are existent at top and mid top level only. The appropriate mechanisms must be developed and system be devised for effective collaboration and coordination with GOB and institutes at all level. This will help strengthening of relationship with GOB institutes for support, continuation, utilization and implementation of research projects and its findings.

There is need, therefore, for continuing collaboration to strengthen relationships with colleagues in GOB and NGOs, and particularly to enhance their capacities in research and health system development.

5/ET/NOV. '93

FINANCE COMMITTEE REPORT

REPORT OF THE MEETING OF THE FINANCE COMMITTEE

HELD ON NOVEMBER 20 1993 AT ICDDR,B.

PRESENT

Finance Committee Members

Dr. M. Law - Chairman of the Board
Prof. A.S. Muller - Chairman
Mr. Md. L. Majid
Prof. T. Wagatsuma
Prof. D. Habte - Director - ex-officio member

Board Members

Dr. Y.Y. Al-Mazrou
Mr. S.S. Ahsan
Prof. J.C. Caldwell
Prof. C. Chunming
Dr. J.R. Hamilton
Dr. R.H. Henderson
Prof. F. Jalil
Prof. P.H. Makela
Prof. F.S. Mhalu
Dr. J.E. Rhode

Associate Directors, ICDDR,B and invited staff

Representatives of Donor Agencies

Ms. C. Miller - USAID
Mrs. E. Da Costa - Netherlands

Invited Observer

Mr. J Bausch

The Committee convened at 9:00 a.m. on November 20 at the Sasakawa Training Lecture Room number 1.

1. **APPROVAL OF THE AGENDA**

The draft agenda was approved. It was decided to take up agenda items 1-5 and item 7 in open session and to consider agenda item 6 jointly with the Personnel and Selection Committee in relation to their agenda item 5 in closed session.

2. **1993 BUDGET UPDATE**

INCOME

Core Direct Income for 1993 was budgeted at \$3,574,000. This is anticipated to increase by \$296,000 to \$3,870,000. The difference is due to two factors:

a) Unanticipated Income

Arab Gulf Fund	250,000
Bangladesh - emergency core contribution	89,000
China - first time contribution	20,000
Currency adjustments	<u>11,000</u>
	\$370,000

a) Unanticipated loss of Income

Due to the lack of utilization of \$74,000 of the UNFPA DSS training grant.

Project Income for 1993, including indirect overhead recovery of \$924,000, was budgeted at \$5,946,000. This is expected to decrease by \$287,000 to \$5,659,000. The decrease is mainly due to delay in starting or completing planned projects for:

Ford Foundation	96,000
SDC	82,000
Danida	48,000
USAID	<u>92,000</u>
	\$318,000

However this reduction is partly offset by unanticipated income on new projects of \$59,000 (of which the major item was \$52,000 for the Helicobacter workshop funded by Leistel University Hospital) and other factors. As a result of reduced project income, overhead recovery will fall by \$31,000.

Epidemic Relief Income was budgeted at \$169,000. The continuing epidemic dramatically increased the need for emergency relief and receipts are estimated now to reach \$612,000 of which \$41,000 was used to construct a permanent patient overflow pavilion. This amount is expected to be sufficient to cover the increased hospital costs providing there is no new upsurge in patient load.

EXPENDITURE

Core Expenditure for 1993 was budgeted as follows:

Cash expenditure	5,392,000
Depreciation	<u>711,000</u>
Gross Core expenditure	6,103,000
Less Other income	<u>690,000</u>
Net Core expenditure	\$5,413,000

Actual expenditure for 1993 will be around \$5,897,000 (\$484,000 over budget). This increase arose as follows:

Additional epidemic related costs	443,000
Reduction in other receipts	32,000
Cost of July 1993 national staff salary increase	<u>94,000</u>
	569,000
Less Reduced spending on DSS	74,000
Other	<u>11,000</u>
	<u>85,000</u>
	\$484,000

Although there is no reduction in real terms, the underlying trend in core expenditure, after adjusting for epidemic costs, is downward in constant dollar terms. Stringent cost controls regimes are in place, staffing levels are being slowly reduced and personnel are charged directly to projects.

Project Expenditure was budgeted at \$5,022,000. This is anticipated to decrease by \$256,000 to \$4,766,000. The decrease is in line with the expected fall in project income.

Total Net Expenditure was budgeted at \$10,435,000 and is anticipated to increase by \$228,000 to \$10,663,000.

BALANCE

Net Operating Deficit after depreciation for 1993 was budgeted at \$746,000. This is anticipated to decrease by \$224,000 to \$522,000 because of the net effect of changes in income and expenditure.

Cash Operating Deficit before depreciation for 1993 was budgeted at \$29,000. This is now anticipated to decrease by \$166,000 and give a surplus of \$137,000. The difference results from the decrease in the net operating deficit (\$224,000) less lower than anticipated depreciation (\$58,000) caused by timing deferral in the acquisition of fixed assets and our most recent calculations that show a higher than average number of fixed assets will become fully depreciated in this year.

COMPARISON TO 1993 BEST CASE SCENARIO

All the above comparisons are against the worst case scenario revised budget presented to the Finance Committee meeting in June 1993 which anticipated a cash operating deficit of \$29,000. This meeting was also presented with a best case scenario indicating a cash operating surplus of \$203,000. The 1993 projected cash surplus is \$137,000 and the difference of \$66,000 comprises:

Contribution from Arab Gulf Fund		<u>250,000</u>
<u>Less</u>		
Net income of anticipated projects for UNICEF, ODA and IDRC which will now commence in 1994	102,000	
Effect of increase in local salaries	94,000	
Reduction in overhead due to underspending on projects	31,000	
Core DSS funded project underspent	74,000	
Net all other	<u>15,000</u>	<u>316,000</u>
		66,000

Discussion

After clarifying some minor questions, discussion centred around the topics of funding depreciation and overhead.

The Associate Director, Finance advised that, even though there was a projected operating deficit, there will be a surplus before depreciation. Whilst a reasonable cash surplus is a basic necessity, an operating surplus after charging depreciation is not essential as the vast majority of fixed assets acquisitions have and hopefully will continue to be funded by donors such as Sasakawa Foundation and projects.

Management explained the constituent parts of overhead, its necessity to the Centre, and how it attempts to recover the shortfall where donors for projects will not allow the standard percentage rate to be charged.

3. **1994 BUDGET**

INCOME

Core Direct Income is expected to be \$4,578,000 (1993 \$3,870,000) of which 57% is already confirmed. This increase of \$708,000 comprises:

Arab Gulf Fund	100,000
Bangladesh	111,000
Japan	350,000
Netherlands	250,000
United Kingdom - ODA - DSS	<u>108,000</u>
	\$919,000

which is reduced by \$211,000 due to uncertainty of contributions from UNFPA of \$186,000 and net all others of \$25,000 including currency adjustments.

In the event that the expected new core contributions do not materialize in full, contingency plans have been made to reduce expenditure proportionately.

Project Income for 1994, including indirect overhead recovery of \$1,021,000 is budgeted at \$6,976,000 (1993 \$5,659,000). This increase of \$1,317,000 comprises \$485,000 from carry overs and on going projects from 1993 (including enhanced funding for MCH/FP and UHEP) and new projects of \$832,000. The new projects are \$234,000 from the Ford Foundation and \$598,000 to be allocated from SDC, USAID targeted and other funds.

EXPENDITURE

Core Expenditure for 1994 is budgeted as follows:

Cash expenditure	5,919,000
Depreciation	<u>662,000</u>
Gross Core expenditure	6,581,000
Less Other income	<u>650,000</u>
Net Core expenditure	\$5,931,000

This is an increase of \$34,000 over the 1993 which was affected by epidemic related costs. Although this is a small increase, the underlying trend of core expenditure is downwards in constant dollar terms.

Project Expenditure of \$5,955,000 (1993 \$4,766,000) is envisaged. This is an increase of \$1,189,000 over 1993 which is in line with the expected increase in project income after adjusting for overhead recovery. The major increases are in local and international salaries associated with the new Ford Foundation project and expanded MCH/FP project. Project international staff will increase by five people.

Total Net Expenditure of \$11,886,000 (1993 \$10,663,000) is an increase by \$1,223,000.

BALANCE

Net Operating Deficit of \$332,000 (1993 \$522,000) after depreciation is expected to decrease by \$190,000.

Cash Operating Surplus of \$336,000 (1993 \$137,000) before depreciation is expected to increase by \$199,000. Concerted efforts to increase this surplus will be made by actively seeking new donors and continuing cost constraints.

Discussion

It was noted with unanimous thanks that the budgeted income included an increased contribution from the Government of Bangladesh. Mr. Majid, though hopeful, indicated that he was presently not in a position to make a definite commitment.

In response to a question, the Director advised that the budget did not include a contribution from UNFPA. However he had recently received indications that UNFPA will make a financial contribution.

Management advised that no emergency had been budgeted for 1994. Hopefully none will arise but if one occurs it is assumed with some confidence, based on past experience, that the Donor community will give funds approximately matching the costs.

The Board discussed at some length the possibility of bilateral donor funds being diverted to the Centre. Members were made aware, however, of the inherent difficulties.

Draft Resolution FIN: 01

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

The Board resolved to approve the 1994 Budget.

4. **RESOURCES DEVELOPMENT REPORT**

Overview

The total projected donor receipts for 1994 are \$11.5 million, a 21% increase on the 1993 estimated revenue after adjustment for disaster relief. Currently, the Centre has firm commitments for \$8.8 million (76%), and estimates that an additional \$2.7 million (24%) will be received. These funds will come from over 20 different donor countries and agencies.

Central Funds

In 1994 ICDDR,B expects to receive a total of \$4.6 million (\$2.6 million confirmed) central funds from its traditional government and multilateral donors which is an increase of almost \$1 million over 1993. The major additional funding will come from such traditional sources as Arab Gulf Fund \$100,000, Japan \$350,000 and Netherlands \$250,000 and we are extremely hopeful (and have budgeted for) from the Government of Bangladesh as a contribution towards the service aspect of the hospitals. 1993 saw a first time contribution of \$20,000 from China and first time contributions in kind from Korea and Germany. We are hopeful that these new donors will continue their support.

Negotiations are being conducted with EEC for a significant multi year contribution to core and it is anticipated that the funding will commence in 1995.

Disaster Relief

The response from donors to the epidemic was positive and quick and contributions received or expected to received from donors totals \$612,000 including amounts of \$50,000 or more from Australia, Netherlands, ODA, SDC, SIDA (Sweden) and UNICEF.

Project Funds

ICDDR,B expects to receive a total of \$6.9 million project funds in 1994, of which \$6.2 million has already been committed. MCH-FP Extension Project's grant was renewed until July 1997 and, from September 1994, the UHEP project will be merged into this grant. New projects for 1993 included Swiss Red Cross and 1994 will include Ford Foundation.

Capital Funds

In 1993, the second level of the Dhaka hospital incorporating the Sasakawa International Training Centre and laboratories was completed and predominantly funded by a \$600,000 contribution from the Sasakawa Foundation. This construction completes the current phase of planned major civil works. Attention is now focussed on the replacement and upgrading of scientific equipment which the Centre must have to remain at the cutting edge of research. In 1993, Sasakawa Foundation gave \$400,000 for the purchase of equipment and we look for continuing support from this and other donors in 1994 and future years.

Discussion

It was suggested that Management could be over optimistic in expecting major core funding from the EEC in 1995. In reply the Director advised that very good relationships have been established with EEC both in Dhaka and Brussels which could well lead the way to substantial core funding. The Centre has also submitted three competitive grant proposals to the EEC program for Science and Technology for Development, jointly with research institutions in EEC member states.

5. **RESOURCES DEVELOPMENT STRATEGY**

In the six months, a great deal of the resource development officer's time was spent in attempts to secure funds for the Dhaka hospital. The 1993 cholera epidemic meant that the hospital will have dealt with around 140,000 patients by the end of 1993. Resource development to meet this additional burden through special contributions was necessary to protect the busy research agenda outlined in the Centre's work plan for the year.

The epidemic has bought opportunities to meet the commitment of the Centre to broaden its funding-base. Donations in kind were received from Germany and Korea, and it is hoped to develop these initial relief contributions into core and research grants.

Despite preoccupations with the epidemic, some progress has been made with the implementation of the resource development strategy. Funded by the Ford Foundation, Jim Bausch (the former director of Save the Children Fund Inc., USA), conducted a detailed review of the market for the Centre in the USA. He will also submit reports on Asia and the Middle East in the near future. He concluded that ICDDR,B should:

1. Concentrate most of its large-gift fund raising energies now and into the foreseeable future on philanthropic foundations and corporations.
2. Continue to explore effective ways to raise current funds and planned (deferred) gifts from individuals, first from those who are now ages 28 through 45, next from those born since 1964, and third from those over the age of 45. Special emphasis should be given to investigating the cultivation of a small group of potential major private donors known to be interested in health and international activities, and to include members of minority groups among its funders.
3. Investigate U.S. governmental sources of funding beyond USAID.
4. Consider the adoption of an alternative, second name that would enhance the prospects of successful fund raising in the United States.

5. **Develop a set of ambitious, demanding and unifying statements of values, mission, vision, strategy, goals and objectives as an essential pre-fund raising task.**
6. **Develop an effective fund raising (and volunteer committee recruitment) tool, namely a clear and compelling case statement built on its mission, vision, goals and objectives. The case statement should be drafted before widespread fund raising is attempted, and should constitute ICDDR,B's formal definition of the needs it perceives and the solutions it proposes to meet those needs.**
7. **Prepare an essay that links the Centre's work to health-related concerns in the United States as an essential accompaniment to the case statement**
8. **Build a diverse and effective volunteer Centre Fund Committee that views its members as the Director's partners, includes significant minority representation, is about evenly divided between men and women, and is led by a strong chair of national reputation, before it can raise significant funds.**
9. **Investigate the possibility of cause-related marketing as early as 1994.**
10. **Before seeking foundation and corporate operating funds, and even before seeking Centre Fund support, ICDDR,B would be well advised to:**
 - (A) **draft, in a form appropriate for consideration by interested donors, a manual of basic financial operating procedures and practices which acknowledge the realities and internal requirements of accepting and using donor support, and which link that support to the accomplishment of ICDDR,B's goals and objectives;**
 - (B) **recognize -- strategically, operationally and intellectually -- that indirect costs are every bit as real and legitimate as direct costs and need to be paid if the organization is to continue to operate, and define as direct costs everything that can legitimately be so defined;**
 - (C) **document the full costs and sources of funding for every activity that ICDDR,B undertakes; and**
 - (D) **implement rigorous systematic procedures to monitor proposed grant-funded work against the stated purposes for which the grant was given, the goals and objectives of ICDDR,B's strategic plan, and the organization's definitions of direct and indirect costs. The adoption of a program-based annual budget and a rolling biennial or triennial program plan and budget would help to accomplish these objectives.**

11. Use the proceeds from the Centre (endowment) Fund to support operations and as leverage to attract other foundation and corporate funding, and should reserve some specific portion of those funds to undertake desirable and risk-taking activities that will advance its mission.
12. Simultaneously with drafting its fund raising case statement, ICDDR,B, in conjunction with the International Child Health Foundation (ICHF), should prepare draft approaches to five or more of the foundations identified in the report. This should be done during the first half of 1994.
13. ICDDR,B and ICHF should strengthen their long-term partnership to assist the Centre in raising funds during and beyond this Centre Fund Campaign.
14. The direct participation of the Centre Director in soliciting support from major donors will be an essential component of a successful U.S. campaign.

Through this consultancy and continuing liaison with the ICHF, these links are being strengthened. Problems with the alumni - database are being resolved, and the External Relations Office (ERO) database will be merged with that of Diarrhoeal Diseases Information Services Centre (DISC) by the end of the year.

Discussion

Mr. Jim Bausch presented his plans for the raising of "endowment" funds in the USA. He said that the preparation of vision and case statement was essential, but this can only be completed once the Strategic Plan has been finalized. In addition the Centre must prepare a clear statement of its financial procedures, and this had been discussed with Mr. Tipping. The following step was to form a prestigious advisory committee to spearhead the fund drive in the US/Canada. ICDDR,B should also look at an additional name for the Centre for fund-raising purposes, and this should be done in conjunction with a professional public relations organization. Then the Centre would move to identify corporations, foundations and individuals targeted to contribute to the fund.

Mr. Bausch noted that the fund should be a "quasi-endowment fund" (i.e. permitting the invasion of capital subject to the Board's approval), and that it should be referred to as the "Centre Fund", since many foundations (including Rockefeller) are not permitted to fund endowments. In addition, the initial target (for the US-based fund drive) should be \$20 million. The additional \$10 million could come from Japan/Asia and/or Europe or the Middle East.

Mr. Bausch outlined aims of the drive as follows:

May Board Meeting:

Draft Case Statement and campaign plan outline

November Board Meeting:

- Committee formed and in place
- Alumni networks contacted and developed
- Mailing lists and letters prepared
- Final campaign literature ready
- Campaign video ready
- \$2-4 million dollars identified

He stressed the importance of the role of ICHF and the ICDDR,B desk officer (part-time) in this fund drive.

A lively discussion followed. The possibility of the Centre requesting the Government of Bangladesh to change the Ordinance to amend the Centre's official name was discussed. The Secretary, ERD agreed that this was feasible, but the Board agreed that a supplementary name was all that was required. Board members stressed the importance of the "vision" and "mission" statements, and offered to assist in the preparation of these. However, it was agreed that this was best prepared by the Director working with Mr. Bausch and Mr. Wright.

Some discussion as to the costs of this campaign followed, and the Board was assured that the preparatory stages were funded by the Ford Foundation, and that the Centre would find the modest funds necessary for the part-time ICDDR,B desk officer.

Questions were raised as to why the Centre was concentrating its efforts on the US/Canada, and not looking to Japan/Asia or Europe. Mr. Bausch and Mr. Wright clarified that this was an initial step, and that expansion of the fund-raising campaigns into these other areas would be considered in the light of the US/Canada experience.

It was generally agreed that all Board of Trustee members should contribute to the fund, as this was a necessary and tangible demonstration of their commitment to the Centre and the fund. Dr. Habte stressed the importance of Board of Trustee members in the fund-raising process.

6. **MISCELLANEOUS**

a). **Update on Appointment of Auditors**

During the meeting of June 1993 the Board discussed arguments in favor of and against changing auditors and requested that a survey be conducted among similar institutions to ascertain practice on appointment of auditors.

A survey was conducted on members of the CGIAR group with fourteen respondents. The findings were that there was no general policy or commonality. However we were advised that this subject was discussed at the 1993 meeting of CGIAR accountants and the general consensus was:

wherever possible one of the "big six" auditors should be used

there should not be an automatic "rotation" because this tends to load the charges and there are also real costs in new auditors climbing the "learning curve"

the auditors should be evaluated by the Board each year and such an evaluation should include another firm about every 5 to 7 years to test the market and hopefully keep charges in check.

Many of the CGIAR members are now considering adopting the above consensus and at the May Board meeting of ICARDA it was resolved:

that a change of External Auditors should be considered not less frequently than 5 or 7 years. This policy does not preclude a change of External Auditors at a shorter period should performance prove unsatisfactory, nor extending their appointment beyond 7 years should the Board consider such an extension in the best interest of the Center.

Discussion

It was agreed that the Centre should follow the CGIAR group's approach on the appointment of auditors.

b). Hospital Endowment Fund

The balance of the Hospital Endowment Fund at December 31, 1992 was \$55,077. Receipts for the first nine months of 1993 were \$43,053 giving a balance at September 30, 1993 of \$98,310.

No expenditure has been charged to the fund since inception.

Discussion

The Finance Committee expressed its great appreciation for the considerable amount of work by Dr. Mahalanabis and his staff to make the fund a success.

c). Fixed Asset Acquisition and Replacement Fund

Unfunded capital expenditure to be charged to the fund for the nine months to September 30 1993 totalled \$365,000 comprising:

Laboratory and Hospital Equipment	120,000
Motor Vehicles	6,000
Computers	48,000
Buildings	175,000
Other	16,000

The balance remaining in the fund at September 30 1993 totalled \$373,000.

d). Presentation of Financial Statements

The Centre's annual financial statements are predominantly based on the practices adopted by the CGIAR group with the major exception being that CGIAR did not recognize depreciation. A review of the latest CGIAR annual reports shows that they now charge depreciation in determining the operating result for the year and, after making allowance for any sale of fixed assets, effect a transfer between the Fixed Asset Fund and the Operating Fund so that the net book value of fixed assets is always equal to the Fixed Asset Fund. The Centre, while it does charge depreciation, always keeps the Fixed Asset Fund equal to the gross book value of fixed assets. We believe that the Centre should follow the CGIAR presentation as it correctly recognizes that the Fixed Asset Fund is equal to the net book value of fixed assets and complies with generally accepted accounting standards.

If CGIAR presentation is adopted, the 1992 accounts comparison would be:

FUNDS \$000	<u>NEW</u>	<u>OLD</u>
Fixed Assets	4,412	10,604
Fixed Assets Acquisition and Replacement	738	738
Reserve	2,209	2,209
Hospital Endowment	55	55
Operating	<u>533</u>	<u>(5,929)</u>
Total Funds	<u>7,677</u>	<u>7,677</u>
FIXED ASSETS		
Cost	10,604	10,604
Less Depreciation	<u>6,192</u>	<u>6,192</u>
	<u>4,412</u>	<u>4,412</u>

Discussion

It was agreed that, as long as the financial statements are prepared in accordance with generally accepted accounting standards, the CGIAR presentation should be followed.

7. STAFF SALARIES AND ALLOWANCES

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

NATIONAL STAFF SALARIES AND ALLOWANCES

The decision of the June 1993 Board meeting to raise the base salaries of NO and GS staff to 85% of the local United Nations scale as at November 1 1992 was implemented on July 1 1993.

Subsequent changes to the UN scale have been implemented by the UN system and the Centre is paying at the following percentages against UN rates:

National Officers	71.4%
General Service Staff	72.7%

To raise salaries to full UN rates would necessitate the following percentage increases:

National Officers	40.1%
General Service Staff	37.5%

and would cost the Centre \$1,863,000:

	<u>Core</u>	<u>Project</u>	<u>Total</u>
National Officers	415,000	259,000	674,000
General Service Staff - 5/6	255,000	132,000	387,000
General Service Staff - 1/4	<u>598,000</u>	<u>204,000</u>	<u>802,000</u>
Total	\$1,268,000	\$595,000	\$1,863,000

Implementation of each 1% increment would cost \$48,700:

	<u>Core</u>	<u>Project</u>	<u>Total</u>
National Officers	10,900	6,800	17,700
General Service Staff - 5/6	6,900	3,600	10,500
General Service Staff - 1/4	<u>15,200</u>	<u>5,300</u>	<u>20,500</u>
Total	\$23,000	\$15,700	\$48,700

The disparity between the National Officers being 71.4% of UN scales compared to 72.7% for General Service Staff should be noted.

To give approximate net salary increases of 3.1% and 5.1% to General Services Staff and National Officers respectively would bring all national employees to 75% of local UN rates and cost \$185,200.

	<u>Core</u>	<u>Project</u>	<u>Total</u>
National Officers	52,700	32,900	85,600
General Service Staff - 5/6	21,300	11,100	32,400
General Service Staff - 1/4	<u>50,100</u>	<u>17,100</u>	<u>67,200</u>
Total	\$124,100	\$61,000	\$185,200

The generally accepted target is for National Officers and General Service 5/6 to be at 85% of local UN rates and General Service 1/4 to be at 75%. To implement this would necessitate the following percentages raises:

National Officers	19.1%
General Service Staff - 5/6	16.9%
General Service Staff - 1/4	5.1%

and would cost \$562,600

	<u>Core</u>	<u>Project</u>	<u>Total</u>
National Officers	197,700	123,300	321,000
General Service Staff - 5/6	114,700	59,700	174,400
General Service Staff - 1/4	<u>50,100</u>	<u>17,100</u>	<u>67,200</u>
Total	\$362,500	\$200,100	\$562,600

Discussion

After lengthy discussion was it was recommended that an increase in the salaries of national officers and general service staff be given.

Draft Resolution FIN: 02

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

The Board resolved that the salaries of National Officer and General Service staff grades 5 and 6 be increased as of January 1 1994 to a level of 77% of the local United Nations salary scales which were in force on November 1, 1993. The Board further resolved that the salaries of General Service staff grades 1 to 4 be increased as of January 1 1994 to a level of 75% of the local United Nations salary scales which were in force on November 1, 1993.

This measure will cost the Centre \$258,000 and result in the cash surplus for 1994 being reduced to \$78,000.

It was agreed that during its next meeting in June 1994 the Committee should discuss in depth whether or not a link with United Nations salary scales for National Officers and General Service staff should be maintained and, if so, whether that should apply for all grades.

The Director agreed to present a brief paper to the Committee listing the possible alternatives and presenting the management's view on the matter.

INTERNATIONAL STAFF SALARIES AND ALLOWANCES

International staff salaries and allowances were adjusted to 100% of UN levels effective July 1 1992. Upward adjustments to UN scales since that date has resulted in the following differentials:

Salaries	6.9%
Allowances	<u>14.5%</u>
Total	10.0%
Home Leave	100.0% (UN leave every year, Centre every second year)

Full implementation of UN scales for salary and allowances on existing and planned replacement staff for 1994 would cost:

Salaries	52,500
Allowances	<u>74,400</u>
Total	\$126,900

and implementation for a whole year would amount to:

Salaries	49,000
Allowances	<u>71,000</u>
Total	\$120,000

The apparent anomaly of a full year cost being less than 1994 cost is caused by the timing of localization of positions and the timing of departure and arrival of staff.

The 1994 budget recognizes that certain international positions will be localized and replacement international staff will join at the same grade but at step one. The localization of two international staff will permanently reduce the cost base for those positions. The \$110,700 savings from these moves have been reflected in the budget and a full year saving will amount to \$179,100:

	<u>1994</u>	<u>Year</u>
Localization	101,000	156,200
Replacement staff	<u>9,700</u>	<u>22,900</u>
Total	\$110,700	\$179,100

A move to or closer to UN rates would enable the Centre to more easily attract staff without having to artificially grade them.

Discussion

On the recommendation of Management, the question of adjusting salaries and allowances of International Staff was deferred to the May 1994 Finance Committee meeting.

POPULATION SCIENCES & EXTENSION DIVISION

PUBLISHED PAPER

Bairagi, R., M.A. Koenig, and K.A. Mazumder: Mortality-discriminating Power of some Nutritional, Sociodemographic, and Diarrhoeal Disease Indices. American Journal of Epidemiology 138(5):1-8, 1993.

Bhuiya A., and G. Mostafa: Levels and Differentials in Weight, Height and Body Mass Index among Mothers in a Rural Area of Bangladesh. Journal of Biosocial Science 25:31-38, 1993.

Chowdhury A.Y., and A. Bhuiya: Effects of Biosocial Variables on change in Nutritional Status of Rural Bangladeshi Children, Pre- and Post Monsoon Flooding. Journal of Biosocial Science 25:351-357, 1993.

Rahman M. and J. Da Vanzo: Gender Preference and Birth Spacing in Matlab. Demography 30(3):315-329, 1993.

Salway, S., N.C. Roy, M.A. Koenig and J. Cleland. "Levels and Trends in Post-partum Amenorrhoea, Breast-feeding and Birth Intervals in Matlab, Bangladesh: 1978-1989." Asia-Pacific Population Journal, Vol. 8, No. 2 (June 1993): 3-22.

PAPERS UNDER PROCESS OF PUBLICATION

Phillips, J.F., M.B. Hossain, R. Simmons and M. Koenig. "Worker-Client Exchanges and Contraceptive Use in Rural Bangladesh." April, 1986. Submitted for publication in Studies in Family Planning.

Rahman, F., M. Islam and R. Maru. "Home Delivery of Injectable Contraceptives: An Operations Research Study in Bangladesh." January, 1992. Submitted for publication in International Family Planning Perspectives.

Hasan, Y., R.M. Maru, R. Simmons and A. Ashraf. "Supply Side Determinants of Sterilization Trends in Bangladesh." April, 1992. Submitted for publication in International Family Planning Perspectives.

Koenig, M.A., M.B. Hossain and M. Whittaker. "The Influence of Fieldworker Quality of Care Upon Contraceptive Adoption in Rural Bangladesh." April, 1992. Submitted for publication in Studies in Family Planning.

LIST OF PROTOCOLS

Demographic Surveillance System (DSS).

Maternal Mortality in Matlab, Bangladesh.

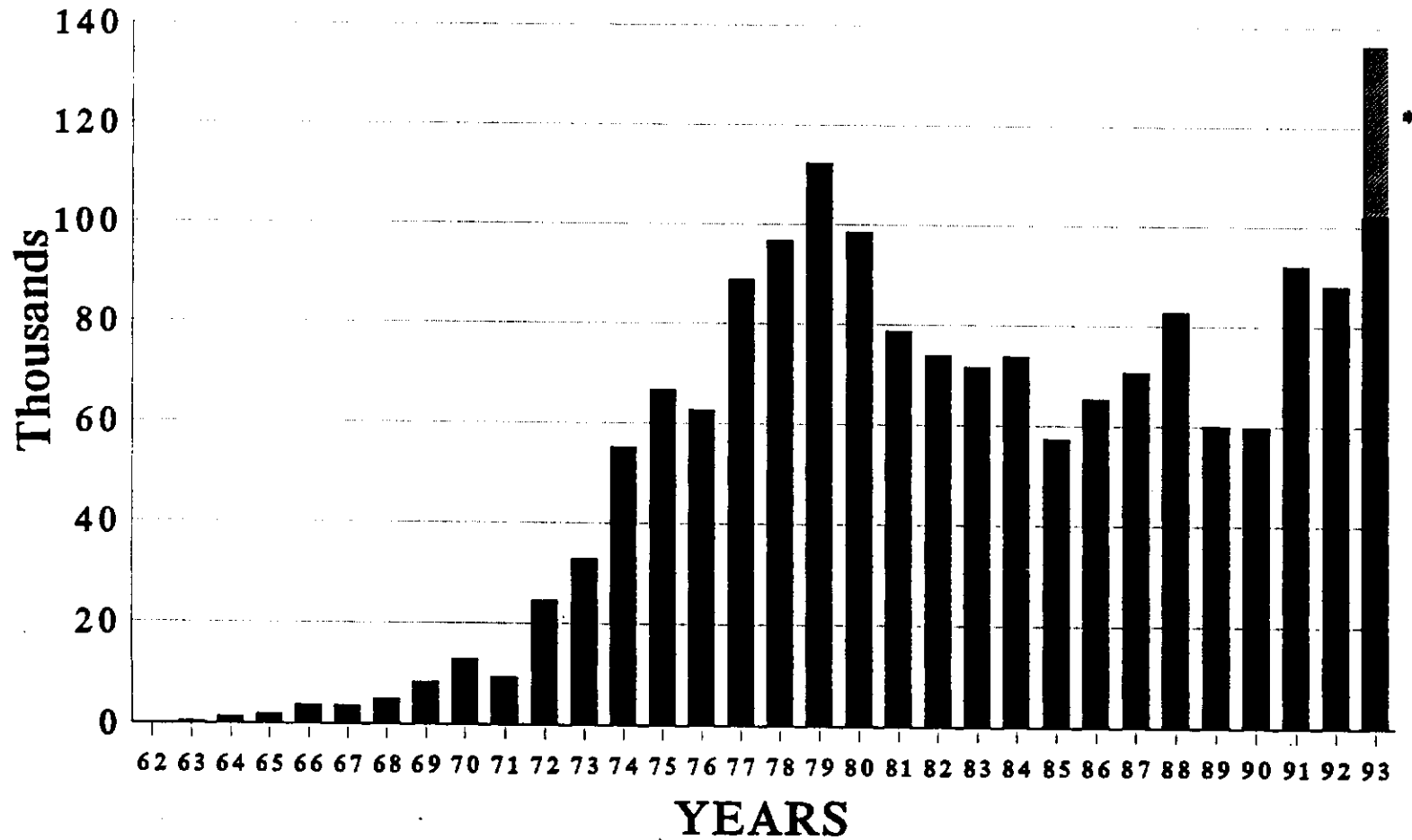
MCH-FP Extension Project, 1993-97.

Demography of Fetal Loss in Rural Bangladesh.

The Impact of Social and Economic Development Programmes on Health and Well-being: A BRAC-ICDDR,B Collaborative Program in Matlab.

YEARLY PATIENT VISITS

CLINICAL RESEARCH & SERVICE CENTRE:DHAKA
(FORMERLY CHOLERA HOSPITAL)



* extrapolated from 30th September

INTER-DIVISIONAL SCIENTIFIC MEETINGS
PERIOD: 01 APRIL - 30 SEPTEMBER 1993

Sl. #	Date	Division	Name of the speakers	Titles of the seminars
1.	12-Apr-93	LSD	Dr. Firdausi Qadri Assoc. Scientist/ Immunologist	Monoclonal Antibodies developed at ICDDR,B
2.	19-Apr-93	CSD	Dr. M. Mujibur Rahman Assistant Scientist	Energy dense meal liquefied with amylase from germinated wheat flour: use in the nutritional management of acute shigellosis
3.	26-Apr-93	CHD	Dr. Sushila Zeitlyn Anthropologist Ms. Rabeya Rowshan	The ethno-physiology of digestion
4.	03-May-93	PSED	Mr. Md. Mafizur Rahman Sr. Operations Researcher	Access of rural women to family planning service: A study in Bangladesh.
5.	10-May-93	LSD	Dr. Sunday A. Alabi Health Research Fellow	Studies on Aeromonas - associate Diarrhoea in Lagos, Nigeria.
6.	17-May-93	CSD	Dr. Rukhsana Haider Assistant Scientist	Breastfeeding: what is happening in Bangladesh ?
7.	24-May-93	LSD	Prof. Adam Ewert Department of Microbiology University of Texas Medical Branch at Galveston USA	The effect of helminth infections on the human gut
8.	31-May-93	CHD	Dr. Kh. Zahid Hasan Associate Scientist	Epidemiology of Diarrhoea and ARI in a cohort of new borns in rural Bangladesh
9.	07-Jun-93	CHD, CSD & LSD	Dr. AKM Siddique. Sr. Scientist Dr. M. Yunus, Head, Matlab H&RC Dr. M A. Salam, & Chief Physician Clinical Research & Service Centre Dr. John Albert Research Microbiologist	Outbreak of cholera like disease due to V. cholerae 0139 Bengal
10.	14-Jun-93	PSED	Ms. Amy Sullivan Intern	Clients' perception of the non-technical quality of care in family planning: Methods for developing an index.

Sl. #	Date	Division	Name of the speakers	Titles of the seminars
11.	21-Jun-93	CSD	Prof. Jose O. Alvarez Public Health Sciences University of Alabama Birmingham, USA	Vitamin A excretion in the urine of patients with sepsis and pneumonia
12.	28-Jun-93	CHD	Prof. R. Bradley Sack, Associate Director Prof. David A Sack & co-investigators	Inter-divisional NIH grant proposal for being an international centre for infectious disease research
13.	05-Jul-93	PSED	Dr. Mizanur Rahman Associate Scientist	Religious affiliation, reproduction, and child survival in Matlab.
14.	12-Jul-93	LSD	Dr. M. Sirajul Islam Associate Scientist	Impact of salinity on survival and toxigenicity of entero- toxigenic E. Coli in Laboratory Microcosms.
15.	26-Jul-93	CSD	Dr. Hasan Ashraf Assistant Scientist	Algorithm for the dietary management of persistent diarrhoea in hospitalized children.
16.	02-Aug-93	PSED	Dr. Abbas Bhuiya Associate Scientist	Update on BRAC-ICDDR,B joint research: salient findings from baseline survey.
17.	09-Aug-93	LSD	Dr. S. M. Faruque Head, Molecular Biology	Characterization of epidemic strains of vibrio cholerae.
18.	16-Aug-93	CSD	Dr. R. N. Mazumder Assistant Scientist	Transport of ¹⁴ C and ¹⁵ N glutamine across rabbit ileum.
19.	23-Aug-93	CHD	Dr. K M A Aziz, & Senior Scientist Dr. M. Yunus Head, Matlab Health & Research Centre	Diarrhoea: Hygiene practices and perceptions of management.
20.	30-Aug-93	CSD	Dr. G. H. Rabbani Scientist	Short-chain fatty acids: their mechanisms of absorption and effects on experimental shigellosis.

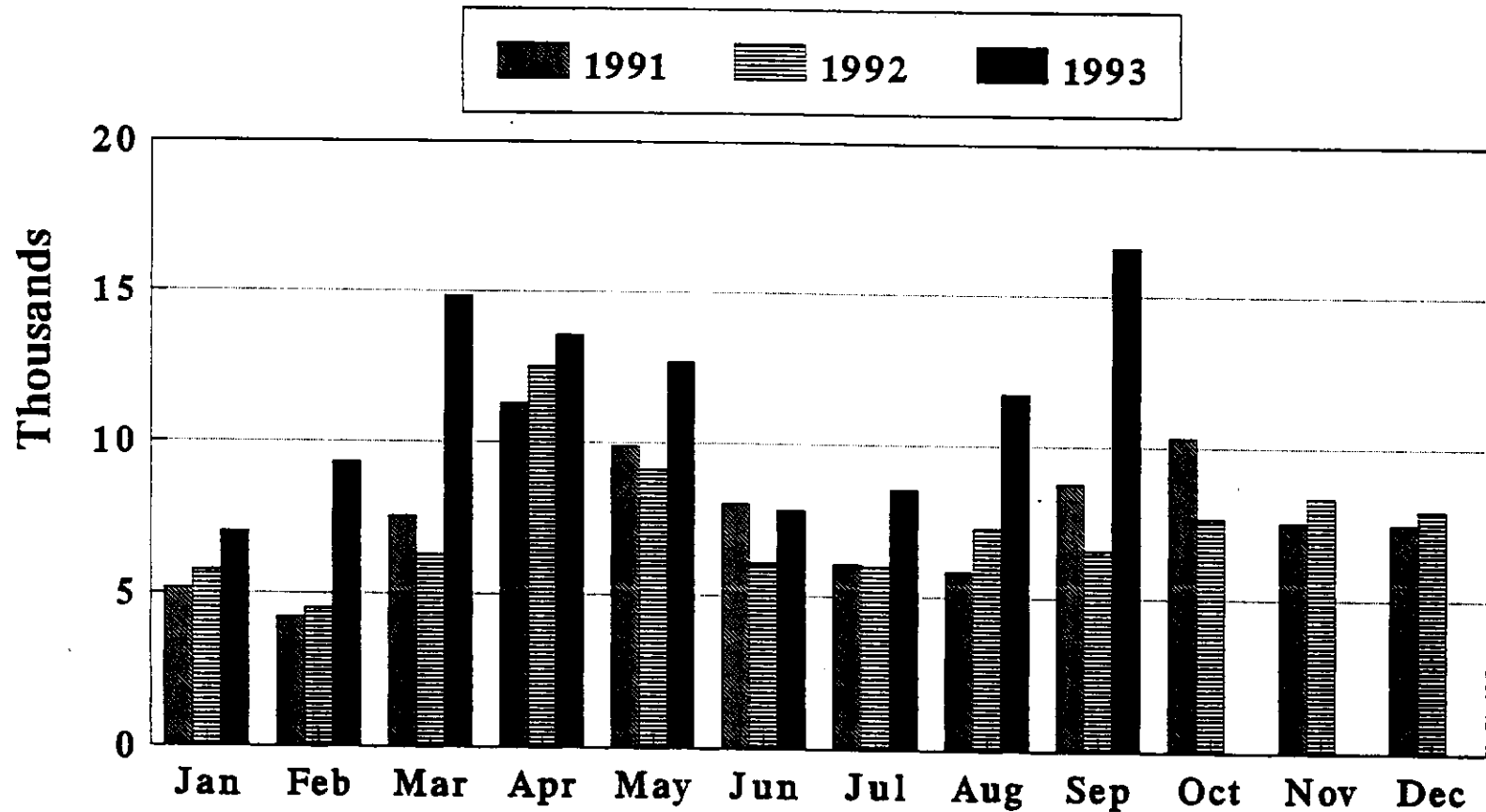
Sl. #	Date	Division	Name of the speakers	Titles of the seminars
21.	06-Sep-93	LSD	Dr. M. Moyenu Islam Research Pathologist	Pathology of Shigellosis and its complications
22.	20-Sep-93	CHD	Dr. J. Myaux Visisting Scientist Mr. M. Emch Fellow	Application of Geographical information system (GIS) techniques in Matlab.
23.	27-Sep-93	PSED	Mr. Mehrab Ali Khan Assistant Scientist	Factors affecting use of contraception in Matlab, Bangladesh.

**List of Seminars held in ICDDR,B during
01 April-30 September 1993**

Sl.No.	Date	Speaker	Title
1.	1.4.93	Prof. Rolf Zetterstrom Chief Editor ACTA PAEDIATRICA Stockholm, Sweden	Water retention in protein energy malnutrition
		Dr. Ulla Berg Associate Professor & Head of the Paediatric Nephrology Division Huddinge University Hospital, Sweden	Sodium and water handling in minimal change Nephro- tic Syndrome
2.	7.4.93	Dr. Adam Ewert Professor Deptt. of Microbiology University of Texas Medical Branch at Galveston, USA	An animal model for a parasitic infection involving the lymphatic system
3.	12.5.93	Dr. Felicity Cutts Senior Lecturer in Epidemiology Communicable Disease Epidemiology Unit London School of Hygiene and Tropical Medicine London, U.K.	Progress in global measles control
4.	18.5.93	Prof. Yoshifumi Takeda Deptt. of Microbiology Faculty of Medicine Kyoto University Kyoto, Japan	Enterohaemorrhagic Escher- ichia coli and Vero toxins (Shiga-like toxins)
5.	9.6.93	Dr. D. Ashley Chairperson of BOT & Principal Med. Officer (Secondary & Tertiary Care) Ministry of Health, Jamaica	Improving Pregnancy Out- come:Quality of Antenatal Care
		Prof.A.A. Lindberg Member of BOT & Professor Deptt. of Clinical Bacte- riology, Karolinska Instt. Sweden	Auxotrophic Mutants as Live Shigella Vaccine

- Prof.V.I. Mathan
Member of the BOT &
Head, Wellcome Research
Unit & Deptt. of Gastro-
enterology, Christian
Medical College Hospital
Vellore, India
- Novel Strategies for the
Control of Diarrhoea
6. 14.6.93 Dr. Chrales W. Hoge
Deptt.of Bacteriology
USA Medical Component
AFRIMS, Bangkok
Thailand
- Studies of diarrhoea caused
by the new coccidian orga-
nisms in travellers to
Nepal
7. 23.6.93 Dr. Anwarul Huq
Res.Asst.Professor
Deptt. of Microbiology
University of Maryland
USA
- Updates on the rapid dete-
ction of V.cholerae 01
8. 22.7.93 Dr. Andrew Hall
Field Operations Manager
Scientific Coordinating
Centre
Partnership for Child
Development
Imperial College of Sc.
Technology & Medicine
London, U.K.
- The Partnership for Child
Development:an inter-
national programme to
improve the health and
educability of school age
children through school
based health services
9. 29.7.93 Prof.Kenneth H. Brown
Director
Programme of International
Nutrition
Univ. of California
Davis, USA
- a) Kinetics of plasma equi-
librium following oral
in take of deuterated
retinol
- b) Effects of energy den-
sity and feeding frequ-
ency on total energy
intake by young children
recovering from malnu-
trition
10. 8.9.93 Ms. Orla Murphy
Student, Deptt. of
Medical Parasitology
London School of Hygiene
and Tropical Medicine
U.K.
- Nematode eggs on mother's
hand and in the environment
of rural Matlab:a descrip-
tive study
11. 16.9.93 Dr.Christine Wenneras
Deptt. of Medical Micro-
biology & Immunology
University of Goteborg
Sweden
- Immune responses in human
volunteers to enterotoxi-
genic Escherichia coli
after oral immunization
with a prototype vaccine

Total Patient Visits by Month, CRSC



*CRSC=Clinical Research & Service Centre

Resource Development Strategy Implementation

Funded by the Ford Foundation, Jim Bausch (the former director of Save the Children Fund Inc., USA), conducted a detailed review of the market for the Centre in the USA. He will also submit reports on Asia and the Middle East in the near future. He concluded that ICDDR,B should:

1. Concentrate most of its large-gift fundraising energies now and into the foreseeable future on philanthropic foundations and corporations.
2. Continue to explore effective ways to raise current funds and planned (deferred) gifts from individuals, first from those who are now ages 28 through 45, next from those born since 1964, and third from those over the age of 45. Special emphasis should be given to investigating the cultivation of a small group of potential major private donors known to be interested in health and international activities, and to including members of minority groups among its funders.
3. Investigate U.S. governmental sources of funding beyond USAID.
4. Consider the adoption of an alternative, second name that would enhance the prospects of successful fundraising in the United States.
5. Develop a set of ambitious, demanding and unifying statements of values, mission, vision, strategy, goals and objectives as an essential pre-fundraising task.
6. Develop an effective fundraising (and volunteer committee

recruitment) tool, namely a clear and compelling case statement built on its mission, vision, goals and objectives. The case statement should be drafted before widespread fundraising is attempted, and should constitute ICDDR,B's formal definition of the needs it perceives and the solutions it proposes to meet those needs.

7. Prepare an essay that links the Centre's work to health-related concerns in the United States as an essential accompaniment to the case statement
8. Build a diverse and effective volunteer Centre Fund Committee that views its members as the Director's partners, includes significant minority representation, is about evenly divided between men and women, and is led by a strong chair of national reputation, before it can raise significant funds.
9. Investigate the possibility of cause-related marketing as early as 1994.
10. Before seeking foundation and corporate operating funds, and even before seeking Centre Fund support, ICDDR,B would be well advised to:
 - (A) draft, in a form appropriate for consideration by interested donors, a manual of basic financial operating procedures and practices which acknowledge the realities and internal requirements of accepting and using donor support, and which link that support to the accomplishment of ICDDR,B's goals and objectives;
 - (B) recognize -- strategically, operationally and intellectually - - that indirect costs are every bit as real and legitimate as direct costs and need to be paid if the organization is to continue to operate, and define as direct costs everything

that can legitimately be so defined;

(C) document the full costs and sources of funding for every activity that ICDDR,B undertakes; and

(D) implement rigorous systematic procedures to monitor proposed grant-funded work against the stated purposes for which the grant was given, the goals and objectives of ICDDR,B's strategic plan, and the organization's definitions of direct and indirect costs. The adoption of a program-based annual budget and a rolling biennial or triennial program plan and budget would help to accomplish these objectives.

11. Use the proceeds from the Centre (endowment) Fund to support operations and as leverage to attract other foundation and corporate funding, and should reserve some specific portion of those funds to undertake desirable and risk-taking activities that will advance its mission.
12. Simultaneously with drafting its fundraising case statement, ICDDR,B, in conjunction with the International Child Health Foundation (ICHF), should prepare draft approaches to five or more of the foundations identified in the report. This should be done during the first half of 1994.
13. ICDDR,B and ICHF should strengthen their long-term partnership to assist the Centre in raising funds during and beyond this Centre Fund Campaign.
14. The direct participation of the Centre Director in soliciting support from major donors will be an essential component of a successful U.S. campaign.

4/BT/NOV. '93

PROGRAMME COMMITTEE REPORT
(Including report of the Community
Health Division)

MINUTES OF THE MEETING OF THE PROGRAMME COMMITTEE OF THE BOARD
OF TRUSTEES HELD ON NOVEMBER 19, 1993

Present:

Members

Prof. J.C. Caldwell
Prof. Chen Chunming
Prof. K.M. Fariduddin
Prof. J.R. Hamilton (Chairman)
Prof. F. Jalil
Prof. P.H. Makela
Prof. F. S. Mhalu
Dr. M. Law (ex-officio)
Prof. D. Habte (ex-officio)

Additional Trustees

Mr. S.S. Ahsan
Dr. Y.Y. Al-Mazrou
Dr. R.H. Henderson
Mr. M.L. Majid
Prof. A.S. Muller
Dr. J.E. Rohde
Prof. T. Wagatsuma

Donor Representatives

Mr. K. Callahan - USAID, Washington
Mrs. E.A. Da Costa-Geveke, Embassy of Netherlands, Dhaka
Mr. M. Kerker - Swiss Development Corporation, Geneva
Dr. Caryn Miller - USAID, Washington

Centre Staff

1. The Committee was joined by other Board members, representatives of the donor group and Centre staff for this open meeting.

The Chairman welcomed the two new members of the Board of Trustees to the Committee, Prof. F. Jalil, Lahore, and Prof. P.H. Makela, Helsinki.

2. The proposed agenda was approved.
3. Report of the achievements and plans of the divisions

Each Associate Director provided a brief overview without a detailed written report. This process proved to be an effective means of providing information for discussion without placing a large burden of document preparation on the Associate Directors.

a) Clinical Sciences Division: Dr. Dilip Mahalanabis

The first 9 months of 1993 were marked by a dramatic rise in cholera cases as a result of the emergence of an O139 (Bengal) Strain. This epidemic has dominated much of the clinical and research agenda of the division. Clinical studies completed or in progress are evaluating the epidemiology, antibiotic responsiveness, natural history, ORS response, and natural history of this infection. There were additional important findings dealing with

- a) acute diarrhoea - response of rotavirus diarrhoea to hyperimmune colostrum
- b) persistent diarrhoea - clinical treatment trials showing benefits from a WHO designed feeding algorithm and oral trimethoprim-sulpha therapy
- c) malnutrition - no significant impact of zinc supplementation on diarrhoea morbidity was observed. Amylase rich flour significantly improves food intake and net nutrient balance in children with dysentery and in malnutrition. An educational program was shown to significantly improve intake of green leafy vegetable.
intake.

The research plans for this division include

- a) Stable isotope studies to evaluate protein turnover, intestinal permeability, zinc absorption, and body composition;

b) Treatment trials evaluating the response to exogenous immunoglobulins produced in colostrum, hens' eggs or as monoclonals.

b) Laboratory Sciences Division - Dr.R.Bradley Sack

Dr. Sack reviewed the recent and anticipated staff changes in the Division including his own expected departure in June 1994.

The major activities of the division have been

- * characterization of the newly identified V. cholerae 0139 which had been shown to be similar to the El Tor Strain in its impact yet distinct in its antigenicity
- * the development and equipping of new laboratories
- * a workshop on cholera vaccines
- * a divisional retreat
- * the preparation and submission of a large 5-year NIH-ICDDR Program Grant
- * an increase of 25% in the diagnostic laboratory workload

In addition to the characterization of V. cholerae 0139, scientists have developed a diagnostic test for 0139, and E. histolytica. Research has shown the inadequacy of the single MRDR test for vitamin A levels, expanded investigations of respiratory tract pathogens, launched an extensive case control study of diarrhoeal pathogens, assessed an oral ETEC vaccine and used the RITARD model to evaluate cholera vaccines.

Dr. Sack stated that the recommendations of last year's review committee had all been implemented with the exception of a program to upgrade the expertise of the clinical laboratory staff which will require additional time.

The plans for this division are ambitious. An array of new diagnostic assays will be established; new microbiological molecular technology will be introduced now that there are 3 staff members with expertise in this area, an improved vitamin A assay will be developed and the laboratory will continue to assess responses to vaccines (eg. cholera, ETEC).

c) Population Sciences and Extension Division - Dr. Michael Strong

Dr. Strong emphasised the Division's recent achievements in education including the recent successful workshop on "Collecting and Applying Longitudinal Demographic Data", the planned session on "Improving Family Planning Program Effectiveness through Operations Research", the many presentations by his staff to major international conferences and the BRAC-ICDDR,B workshops here and at Harvard to discuss research methods. These latter discussions have fostered new methodologies to be applied to future research. In response to questions regarding the relationship between BRAC and ICDDR,B in the conduct of joint programs Dr. Strong pointed out that a committee structure had been created with BRAC to expedite management of future collaborative research and to minimize conflict.

The Demographic Surveillance System report for 1988 has been published and a preliminary report for 1992 will be ready soon. This schedule represents a significant acceleration of the reporting process for DSS.

The MCH-FP Extension project has moved to the main centre site and has begun a new cooperative agreement with USAID. Dr. John Haaga the Project Director will depart in the Spring of 1994 and recruitment of a replacement has begun.

Dr. Abbas Bhuiya then outlined an ambitious program in which strategies for improving health in rural areas would be evaluated. Implementation, which will rely on self reliance, will be compared between 3 sites; in one an existing club will be involved, in another a local government committee and in the third a group will be created for this purpose. In response to questions the Board was assured that all 3 study groups would be comparable. Details on instruments for measuring health were not provided.

d) Community Health Division - Dr. R. Bradley Sack

Because this division was the subject of a detailed review at the time of this meeting, Dr. Sack spoke briefly about some of the recent achievements of the division. Most notable of these was a 60% reduction in mortality of infants 0-6 months born to mothers who had received a single vitamin A supplement in late pregnancy.

4. Report of the Review of the Community Health Division

Dr. Richard Morrow of Johns Hopkins University presented the report on behalf of the review committee composed of Dr. John Bryant (Chairman), Prof. A.J.M. Mizanur Rahman, Drs. M. Law, Chen Chunming and A. Muller of the Board and himself.

The report was very complimentary of the leadership of the division, the morale of the staff and the content of its research.

These observations represent a substantial improvement in comparison with the last external divisional review. The review team supports the general direction taken by the division, its efforts to constrain the scope of its research agenda while expanding its effort to apply its research findings to practical programs in the community.

The division was urged to further strengthen its strategic planning by better defining its objectives and linking its research to these foci. A well focussed plan will be an effective instrument in dealing with donor agencies and in assisting the Centre to continue to define its own priorities. Research output has increased impressively in quantity and quality during the past 3 years. The review identified a need to strengthen expertise in advanced epidemiological/statistical methods. They advocated a strong thrust to train students at the doctoral level as an appropriate initial preparation for careers in research. They questioned whether simplifications and cost savings could be applied to current data collection procedures and suggested that the cost/benefits of longitudinal data collection be reviewed, recommending that a small consultant group be invited to consider this matter. Professor Caldwell pointed out that a detailed longitudinal surveillance system was an important asset to the extent that the data collected generates significant research questions, promote an important long term perspective in considering a range of health issues and permit access to and integration with other surveillance systems.

The review team suggested that efforts continue to strengthen links between the division and colleagues in various governmental bodies and NGO's to enhance dissemination and utilisation of research findings and to strengthen research capacity building in Bangladesh.

This report will be reviewed by the Division; their response will be discussed at the next Board meeting in June. Dr. Rohde asked that the final version of the report contain a list of specific recommendations.

4. Consultants Report on Review of Training Coordination Bureau

The report prepared by Dr. Larry Marlow had been received recently and was discussed. His extensive recommendations directed at strengthening the position of training programs in the Centre and improving the quality of the teaching programs provided, will be considered by Centre management. The Committee endorsed the importance of the training/educational role of the Centre; a view that was

supported by the representative of the Swiss Development Cooperation. The Director emphasised that educational activities were an important function for the Centre as stated in the Ordinance. They were essential components to research capacity building and to dissemination of new knowledge. Furthermore its experience in education gives the Centre a comparative advantage in this area.

5. Strategic Plan 1995-2000

A revised draft had been circulated in advance to the Board and the donor community.

It was the general view that the current draft represented a significant improvement over the previous version. The comments and suggestions received followed a similar theme.

The main points made were that:

1. The Strategic Plan should be better focussed with a clear definition of major priorities. The reader should gain a clear impression of where excellence will be achieved.
2. The choice of focus and priorities should take into account the strengths and competitive advantages of the Centre.
3. Attention should be given to the training/education activities of the Centre as emphasized by the recent review.
4. The Centre should be cautious in opening up new research directions. Particular concerns were expressed over proposed extensive initiatives in the areas of
 - * acute respiratory infections
 - * reproductive health
 - * HIV

Given the limited resources available the Centre's specific involvement in these potentially vast research fields requires careful scrutiny in the context of the Centre's central priorities.

5. The Strategic Plan is an important instrument in the Centre's communications with donors and potential donors. Therefore the Plan should present a clear picture of the Centre's activities and strengths. However, most felt that this component of the document could be abbreviated.

Centre management will take the extensive comments received into consideration in revising the Strategic Plan draft. Board members were urged to submit specific comments in writing.

At the conclusion of the open meeting of the Committee it was agreed that there was no need for a closed meeting of the Committee.

Prof. J.R. Hamilton
Chairman, Programme Committee

6.1.2 SECONDMENT

Dr Hiroaki Miura, from Japan, joined the Centre on secondment from JICA on 22 July, 1993 as a Visiting Scientist in the Laboratory Sciences Division.

Dr Eugene Weiss, an American national, joined the Urban Health Extension Project of the Centre on 14 September, 1993 as an Operations Research Advisor on secondment from the Johns Hopkins University, USA.

6.1.3 ACHIEVEMENTS/NEW DEVELOPMENTS

With the recent reassignment of one of its Managers to the MCH-FP Extension Project, the Personnel Office has reduced its staff from the original 14 to 9. As no replacement has been made even after reduction of five staff members, this branch has clearly taken the lead in containing personnel costs in the Centre.

As per management's decision, Personnel Office has successfully implemented the introduction of uniform identity cards for all staff members of the Centre.

Personnel Office shifted to its new location in the Director's wing on 15 August, 1993.

6.2 General and Support Services

Estate, Travel, General Services and Transport units have maintained support to all the Divisions of the Centre.

6.3 Staff Clinic

The Staff Clinic provided the usual health care services to national staff

and their dependents. A total of 12,543 patients attended the staff clinic since the last Board Meeting.

6.4 Engineering Branch

To support the overall scientific, research and service activities of ICDDR,B the following improvements of the physical facilities were made during the period 1 April to 30 September, 1993.

- Reconstruction of the internal road in front of the north gate of the hospital and library building. As a first phase, brick soling has been laid on this road.
- Renovation of the first floor of the IPH building to accommodate the MCH-FP Extension Project. Project staff are expected to move in early October.
- To accommodate patients at the hospital during epidemics, we have constructed 1500 sq ft "Emergency Permanent Pavilion" in front of the south side of the hospital with iron pillars and fibre glass roofing.
- Renovation of the old Nutrition-Biochemistry Laboratory to accommodate Personnel Office.
- Further renovations are being made in the Director's Wing (second floor of the IPH building) and in the former Clinical Laboratory to create office space for staff and to accommodate the Travellers' Clinic.

6.5 Supply Branch

Supply office purchased goods worth US\$ 851,272 and also undertook other related tasks. The planned separation of store from procurement is due to take place in October 1993.

7.0 STAFF DEVELOPMENT

The status of the staff development activity is shown on Tables 7 and 8. During the period four persons returned after obtaining doctorates and two after M.Sc. degrees. Another twelve left for further training. In all, fourteen staff are currently abroad working for their Ph.D. and eight for their M.Sc. degrees. The majority are in training in the USA, UK and Australia.

In addition, 31 persons attended training courses in various institutions within Bangladesh.

Table 7: List of Staff Members who returned after completing training
1 April to 30 September 1993

Name, designation and Division	Funding Agency	Support level	Period	Area of training/ study
M.K. Ali Talukder Research Officer, LSD	Mumbusho S/ship Govt. of Japan	III	25.10.87 to 30.4.93	MD in Molecular Biology
Arifur Rahman, Research Officer, LSD	"	III	27.1.88 to 30.4.93	Ph.D. in Micro- biology
Mahbubur Rahman Asst. Scientist, LSD	Belgian Int'l. Dev. Corp.	III	1.4.89 to 29.9.93	Ph.D. in Micro- biology
Md. M.A. Khan, Data Management Supervisor, PSED	The Ford Foundation/ ICDDR,B	II	28.4.91 to 28.7.93	MA in Demo- graphy
R.N. Mazumder, Medical Officer, CSD	French Govt.	II	7.6.91 to 20.7.93	Doctoral Prog. in Gastroenterology

Name, designation and Division	Funding Agency	Support level	Period	Area of training/ study
Md. N.H. Alam, Sr. Med. Officer, CSD	SDC	II	8.8.91 to 15.8.93	MD in Gastro- enterology
A.K.S.M. Rahman, Prev. Hlth. Off., CSD	ICI	III	22.9.92 to 21.9.93	M.Sc. in Primary Health
A. Hasnat, Data Mgmt. Off., CSD	ICDDR,B/ SDC	I	15.3.93 to 26.5.93	Course on Computer Processing and Information
M. Rahman, Snr. Personnel Off., A&P	"	I	19.4.93 to 14.5.93	Basic Management Programme
N.C. Roy, Sr. Data Mgmt. Off., PSED	East- West Pop. Centre	II	1.4.93 to 15.5.93	Training on analyses of birth and inf. health
M. Akbar Ali, Lab. Manager, LSD	ICDDR,B/ USAID/ SDC	I	21.6.93 to 8.7.93	Control of Bio- hazards in the Research Lab. & orientation trng. on bio-safety
Z. Hasan, Assoc. Sc., CHD	ICDDR,B/ SDC	I	21.6.93 to 9.7.93	Grad. Summer Programme in Epidemiology
R. Haque, Parasitologist, LSD	ICDDR,B/ SDC/Univ. Virginia	II	7.9.93 to 22.9.93	Orientation visit Dept. of Med. & Micro., Virginia
A. Wazed, Field Res. Mgr., PSED	USAID	I	21.7.93 to 9.8.93	Course of Info. Edcn. & Communcn. in a Nat. FP Prog.

Table 8: Distribution by discipline and outcome of training of staff who are abroad as of 30 September 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	2	0	2	4
Public Health/ Epidemiology	0	2	1	3
Microbiology/ Parasitology	0	0	1	1
Gastroenterology	1	0	0	1
Computer	0	0	1	1
Management/ Lab. Safety	0	0	2	2
Total	3	2	7	12

8.0 FINANCE

The major concern of the Division was a potential cash deficit at the end of the year due to reduction in core revenue and additional expenditure resulting from increased patient load. Stricter control of core expenditure was put in force while attempting to raise disaster funds from donors (See 9.4). A small cash deficit is expected despite these measures.

The continuing enhancements of reports, systems and procedures of Finance Division has resulted in productivity gains which have been directly translated into cost savings by a significant reduction in overtime.

In conjunction with organizations similar to our own, the constant dialogue with the Government resulted in the issuance of a Central Excise General Order by the National Board of Revenue of procedures allowing for a refund of VAT on transactions after 14 July, 1993.

Contact with the CGIAR group has been initiated on the appointment of auditors and the inclusion of the findings in the November 1993 Finance Committee papers will enable the Board of Trustees to make a policy decision as to the appointment of and length of service of future auditors.

The 1992 audit of USAID, Dhaka was completed. This was the first time that USAID allowed the audit to be conducted by a Bangladeshi external auditor as opposed to their own internationally appointed auditors. The Centre paid for the audit but we believe the long term cost benefits and the goodwill generated with USAID easily out weigh the audit cost. We have yet to hear from USAID as to any cost disallowances or additional overhead recovery.

9.0 RESOURCES DEVELOPMENT

9.1 Follow-up on the Resource Development Strategy

Mr James Bausch, fund raising consultant, submitted a report on the first phase of his work on 23 August, 1993 in which he "set down a general view of the fund raising landscape that the Centre is entering, and presented how ICDDR,B might best position itself in a crowded field".. The formidable document has a 33 page commentary, and detailed information on 116 foundations that fund both international and health activities. The report also underlines the importance of forming a prestigious volunteer Campaign Committee, with a nationally respected and forceful Chair, and the preparation of a first-class case statement on the Centre (see Appendix H).

9.2 Status of Contributions of Donors

Table 9 (see page 36) summarizes the projected contributions for 1993 as of 30 September, 1993 by donor.

Expected receipt of funds for specific research projects from ODA/UK, IDRC/Canada have not materialized to date but written confirmation has been received for at least two projects.

UNICEF/Dhaka has also not made final decisions on contributions to the Epidemic Control Preparedness Programme.

The Director will meet with officials of the EEC in Brussels in late October to follow-up on possible involvement of EEC in financing the Centre.

Table 9: Summary of Projected Contributions for 1993 as of 30 September, 1993 by Donor

<u>Name of Donor</u>	<u>Estimated Revenue</u> \$
CENTRAL FUNDS:	
Australia	211,000
Arab Gulf Fund	250,000
Bangladesh	115,000
Belgium	52,000
Canada	800,000
China	20,000
Norway	100,000
Saudi Arabia	58,000
Switzerland	772,000
Sweden	276,000
United States	350,000
United Kingdom	430,000
UNICEF	250,000
UNFPA	186,000
Disaster/Epidemic	612,000
Total Central	4,482,000
PROJECT FUNDS:	
Bayer AG	57,000
Belgium	283,000
Denmark	185,000
Ford Foundation	273,000
IDRC	50,000
Japan	386,000
Rockefeller Foundation	40,000
Sweden	96,000
Switzerland	473,000
Swiss Red Cross	35,000
UNDP/WHO	350,000
United States	3,128,000
UNICEF	37,000
WHO	78,000
Others	188,000
Total Project	5,659,000
GRAND TOTAL	10,141,000

9.3 New Funds

9.3.1 SASAKAWA EQUIPMENT GRANT

The Centre received US\$ 400,000 for purchase of laboratory equipment. This is part of the US\$ 1 million contributed by Sasakawa Foundation to the Centre during the past two years.

9.3.2 FORD FOUNDATION

The Centre was verbally informed that the Board of Trustees of the Ford Foundation approved in August the allocation of US\$ 750,000 towards strengthening the Centre's social and behavioural science research capability. The fund is expected to be transferred in October.

9.4 Epidemic Assistance

In response to the sustained increase of diarrhoea cases since mid-January 1992, several donors contributed funds to meet the cost of the epidemic. The table below (Table 10, page 38) summarizes in chronological order, the contribution of donors.

9.5 Hospital Endowment Fund

Local fund raising efforts have intensified, and almost US\$ 100,000 has now been deposited in the specific account of this fund.

Table 10: Epidemic Assistance from Donors (in chronological order)

Name	Date of Receipt	Amount in US\$
Australia - carried over	9 May, 1991	5,605
Canada - carried over	17 November, 1991	17,403
Norway - 1st contribution	17 March, 1993	28,667
Denmark	1 April, 1993	9,520
Switzerland - 1st contrib.	4 April, 1993	40,000
Canada - 1st contribution	5 April, 1993	8,894
Australia - 1st contrib.	13 April, 1993	35,709
Canada - 2nd contribution	21 April, 1993	1,294
American Express Bank	28 April, 1993	25,000
Sweden	June 1993	63,196
The Netherlands	9 June, 1993	41,250
Australia - 2nd contrib.	16 June, 1993	34,051
Switzerland - 2nd contrib.	25 July, 1993	26,445
Norway - 2nd contribution	29 July, 1993	57,558
UNICEF	Anticipated	108,000
United Kingdom & others	Anticipated	109,408
Total		612,000

10.0 COORDINATION/MANAGEMENT COMMITTEES

The various committees of the Centre have continued to function effectively during this period.

11.0 MISCELLANEOUS

11.1 Strategic Plan

A further draft of the Strategic Plan is currently being circulated widely, and will be an important topic for discussion at the meeting of the Board. This current draft has had the benefit of views of members of the Board as well as the style of one individual (Graham Wright).

11.2 Third Annual Scientific Conference (ASCON III)

ASCON III will be held on 15 and 16 January 1994. An organizing committee has already started preparations for the meeting. The theme for ASCON III is Environment and Health. The ICDDR,B Annual Lecture will be given by Professor Richard Feachem, Dean of the London School of Hygiene and Tropical Medicine and former member of the Board of Trustees of the Centre.

11.3 Coordination Meeting with USAID, WHO/CDR, ADDR & ICDDR,B

Dr Brad Sack represented the Centre at this meeting which took place in Guatemala 15-21 August, 1993. Dr Sack also visited INCAP and held discussions with the senior management staff, and with a potential candidate for the position of Head of LSD. During the Coordination meetings, a review was conducted of the programmes of the various institutions on research in diarrhoea, Vitamin A and micronutrients and of plans for the future.

11.4 International Conferences

Table 11 shows the conferences and workshops attended by staff of the Centre. Thirty-one staff members participated in seventeen conferences and workshops.

Table 11: International Conferences/Workshops attended by ICDDR,B staff
1 April - 30 September, 1993

Title, venue, duration of Conference/Workshop	Attended by Name & Designation	Division
Annual Meeting of the Population Assoc. of America, Cincinnati, USA 1-3 April, 1993	Dr Michael Strong, Associate Director	PSED
	Dr R. Bairagi, Director, Pop. Studies Centre	PSED
	Dr Mizanur Rahman, Associate Scientist	PSED
	Mr Khorshed A. Mazumder, Senior Demographer	PSED
	Mr Mafizur Rahaman, Snr. Op. Researcher	PSED
Study visit on HIV- related issues, Madras, India 2-6 May, 1993	Dr O.M. Bateman, Senior Epidemiologist	CHD
	Dr M.A. Salam, Chief Physician	CSD
ICOMP Int. Seminar on Management Challenges in Popln. Programmes Nanjing, China 3-7 May, 1993	Dr R. Maru Op. Research Scientist	PSED

Title, venue, duration of Workshop/Conference	Attended by Name & Designation	Division
Ann. Mtg. of American Gastroentlogical Assoc. Boston, USA 16-19 May, 1993	Dr P.K. Bardhan, Associate Scientist	CSD
BRAC/ICDDR,B W/shop Cambridge, USA 2-4 June, 1993	Dr Michael Strong, Associate Director	PSED
	Dr Abbas Bhuiya, Associate Scientist	PSED
NCIH Conference, Crystal City, USA 21-23 June, 1993	Dr O.M. Bateman, Senior Epidemiologist	CHD
	Dr Bilquis Hoque, Scientist	CHD
18th Int. Congress of Chemotherapy Symposium, Stockholm, Sweden, 27 June - 2 July, 1993	Dr M.A. Salam, Chief Physician	CSD
Conf. & Ann. Mtg. of Int. Lactation Consltn. Assoc., Arizona, USA 15-18 July, 1993	Dr Rukhsana Haider, Assistant Scientist	CSD
Falk Symposium, France 6-21 August, 1993	Dr G.H. Rabbani, Associate Scientist	CSD
Joint USAID/ADDR/WHO/ ICDDR,B Coordination Mtg. Guatemala 16-20 August, 1993	Dr R.B. Sack, Associate Director	CHD/ LSD
4th Australian Conv. for Professional Secretaries, Gold Coast, Australia 18-22 August, 1993	Mrs Loretta Saldanha, Executive Secretary	CSD

Title, venue, duration of Workshop/Conference	Attended by Name & Designation	Division
Study visit on HIV- related issues, Bangkok, Thailand 15-21 August, 1993	Dr O.M. Bateman, Senior Epidemiologist	CHD
	Dr Sandra L. Laston, Head, Service Br., UHEP	CHD
General Popln. Conf. of Sc. Studies of Popln. (IUSSP) Montreal, Canada 29 August - 1 Sept. 1993	Dr Michael A. Strong, Associate Director	PSED
	Dr R. Bairagi, Director, PSC	PSED
	Dr Mizanur Rahman, Associate Scientist	PSED
	Dr John Haaga, Project Director	PSED
	Dr Abbas Bhuiya, Associate Scientist	PSED
Int. Symp. on Short- Chain Fatty Acid, Strasbourg, France 8-10 September, 1993	Dr G.H. Rabbani, Scientist	CSD
Conf. on Amoebiasis, NIH, USA 7-22 September, 1993	Dr Rashidul Haque, Parasitologist	LSD
Micronutrient Analysis W/Shop by NIST, USA 25-26 September, 1993	Mr M.A. Wahed, Head, Biochemistry & Nutrition	LSD

Title, venue, duration of Workshop/Conference	Attended by Name & Designation	Division
XV Int. Congress of Nutrition, Adelaide, Australia 26 Sept.-1 Oct., 1993	Dr S.K. Roy, Scientist	CSD
	Dr Mujibur Rahman, Assistant Scientist	CSD
	Dr Aminul Islam, Assistant Scientist	CSD

DH: jc

19.10.93

COMMUNITY HEALTH DIVISION

PAPERS PUBLISHED DURING 1 APRIL - 30 SEPTEMBER 1993

1. 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):355-65.
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4. de Francisco A, Chakraborty J, Chowdhury HR, Yunus M, Baqui AH, Siddique AK, Sack RB. Acute toxicity of vitamin A given with vaccines in infancy. Lancet :342:ii:526-7, 1993.
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8. Figueroa-Quitania D, Salazar-Lindo E, Sack RB, Leon-Barua R, Sarabia-Arce S, Campos-Sanchez M, Eyzaguirre-Maccan E. A controlled trial of bismuth subsalicylate in infants with acute watery diarrheal disease. New England J of Med; 328: 1653-1658, 1993.
9. Cholera Working Group. Large epidemic of cholera-like disease in Bangladesh caused by *Vibrio cholerae* 0139 synonym Bengal. Lancet;342:387-390, 1993.
10. 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, Asia-Pacific Population J 8(2):3-22, 1993.

11. Victoria CG, Huttly SRA, Fuch SC, Barros FC, Garenne M, Leroy O, Fontaine O, Beau JP, Vauveau V, Chowdhury HR, Yunus M, Chakraborty J, Sarder AM, Kapoor S K, Bhan MK, Nath LM, and Martines JC. International Differences in Clinical Patterns of Diarrhoeal Deaths: A Comparison of Children from Brazil, Senegal, Bangladesh and India. J Diarrhoeal Dis Res, 1993: 11;25-29.

Reports/meetings proceedings/seminars

12. Baqui AH, and Paljor N. The prevention and treatment of diarrhoea in Dhaka urban slums. Urban FP/MCH working paper no. 4, International Centre for Diarrhoeal Disease Research, Bangladesh, May 1993.
13. Baqui AH, Paljor N, Nahar Q. Infant and childhood feeding practices in Dhaka urban slums. Urban FP/MCH Working Paper No. 6, International Centre for Diarrhoeal Disease Research, Bangladesh, May 1993.
14. Baqui AH, Paljor N, Lerman C, Silimperi DR. Mothers' Management of Diarrhoea: Do Urban Volunteers of Dhaka Have an Impact? Urban FP/MCH Working Paper No. 8, International Centre for Diarrhoeal Disease Research, Bangladesh, May 1993.
15. Baqui AH, Paljor N, Silimperi DR. The prevention and treatment of diarrhoea in Dhaka slums. May 1993. (ICDDR,B working paper no. 32) (Urban FP/MCH working paper no. 4). ISBN: 984-551-007-
16. Baqui AH, Paljor N, Nahar Q, Silimperi DR. Infant and child feeding practices in Dhaka slums. May 1993. (ICDDR,B working paper no. 34) (Urban FP/MCH working paper no. 6). ISBN: 984-551-009-4.
17. Chaudhury N, Mohiuddin QN, Momtaz S, Ghosh KR, Lili FB, Leena MM. Violence in the slums of Dhaka city. May 1993. (ICDDR,B working paper no. 35) (Urban FP/MCH working paper no. 7). ISBN: 984-551-010-8.
18. Fronczak N, Amin S, Laston SL, Baqui AH. An evaluation of community-based nutrition rehabilitation centers. May 1993. (ICDDR,B working paper no. 38) (Urban FP/MCH working paper no. 10). ISBN: 984-551-013-2.
19. Jamil K, Baqui AH, Paljor N. Contraceptive behavior in Dhaka urban slums. Urban FP/MCH Working Paper No. 3. International Centre for Diarrhoeal Disease Research, Bangladesh, May 1993.

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21. Laston SL, Baqui AH, Paljor N and Silimperi DR. Immunization Beliefs and Coverage in Dhaka Urban Slums. May 1993 (ICDDR,B Working paper No. 34.) (Urban FP/MCH working paper no. 6).
22. Salway S, Jamil K, and Nahar Q et al. Issues for family planning in urban slums of Dhaka, Bangladesh: opinions and perceptions of field-level workers' Urban Health Extension Project working paper No. 9, ICDDR,B.

CHD Papers in Press

01. Baqui AH, Sack RB, Black RE et al. Malnutrition and cell-mediated immune deficiency are independent risk factors for persistent diarrhoea in Bangladeshi children. Am J Clin Nutr.
02. Chowdhury AI, Bairagi RS and Koenig MA. Effects of sex composition on fertility preference and behaviour in rural Bangladesh. J of Biosoc Sci, 25 (4) 1993 UK.
03. Chowdhury AI, Aziz KMA and Fauveau V. Seasonality of contraceptive acceptance and discontinuation in Matlab, rural Bangladesh. Int'l J Indian Anthropological Society, India.
04. de Francisco A, Hall AJ, Armstrong JRM, Greenwood AM, Greenwood BM. The pattern of infant and childhood mortality in the upper river division-the Gambia. Annals of Tropical Paediatrics, 1993.
05. de Francisco A, Morris J, Hall AJ, Armstrong JRM, Greenwood BM. A case-control study of risk factors for mortality from acute respiratory infections in young, Gambian children. Int'l J Epidemiol 1993
06. de Francisco A, Armstrong Schellenberg JRM, Hall AJ, Greenwood AM, Cham K, Greenwood BM. Comparison of mortality between village with and without primary health care workers in Upper River Division, the Gambia. J of Hygiene and Trop Med 1993
07. de Francisco A, Fauveau V, Sarder AM, Chowdhury Hr, Chakraborty J. Measles in rural Bangladesh: issues of validation and age distribution. Int'l J Epidemiol 1993.

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09. Salway S. and O. Campbell (1994) 'Attitudes to family planning and discussion among wives and husbands in Ghana' International Family Planning Perspectives 20(1).
10. Zeitlyn S. Measuring hygiene behaviour: the importance of definition and meaning. Sante, Culture, Health, Montreal. 1993.

CHD PROTOCOLS/PROGRAMS IN PROGRESS

Sl #	Name of Principal Investigator/ Title of the Protocols
PI - Dr KMA Aziz	
01	Development and implementation of nutrition education strategy for promotion of Beta-carotene rich foods as a source of vitamin-A in children
02	Socio-economic, demographic and cultural factors related to patients at Matlab Diarrhoea Treatment Centre: an epidemiological and ethno-medical analysis
PI - Dr AH Baqui	
03	Safety and efficacy of vitamin-A supplementation in infancy using the EPI as an entry point: an urban and rural project (urban)
04	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.

05 Urban Surveillance System

Studies under Urban Surveillance System

Dr SE Arifeen

Health service availability, use, and community needs assessment (in the non-slum area of Dhaka City Corporation, zone-3)

Ms N Fronczak, Dr S Amin, Dr Q Nahar

Health Facility Survey in selected Dhaka Slums

Ms Sarah Salwa

Contraceptive behavior during the post-partum period

Drs Kanta Jamil & AH Baqui

Water and sanitation in the slums:
Who is paying?

Drs AH Baqui, S Laston, S Amin

Effect of miking and bleaching powder solution distribution in the slum communities

Ms S Salway, Dr K Jamil, Dr Q Nahar & Ms S Nurani

Perceptions of pregnancy risk and contraceptive use in the post-partum period among women in Dhaka slums

Ms S Salway, Dr Q Nahar, Mr M Ishaque

Investigating the determinants of infant feeding patterns in the slums of Dhaka

Ms E Carter, Ms G Antelman, Dr K Jamil

The adoption of injectables by women in the urban slums and the quality of care received by them in family planning clinics

Ms C Arnold, Ms G Antelman, Dr K Jamil

Opinions and perceptions of UHEP volunteers on family planning use and services in the urban slums

**Dr Laston, Dr Q Nahar, Dr SE Arifeen,
Ms G Antelman**
Health service use, satisfaction, and needs
assessment of USS households in Dhaka City
Corporation - Zone 3.

Dr K Jamil, Ms S Salway
Women's mobility in the urban slums

... End of USS studies ...

- PI- Dr O.M. Bateman**
06 Initiation of HIV-related research
- 07 Collaboration with CARE in monitoring and
evaluation of hygiene education activities
- PI- Dr Maartenus Desmet**
08 Health care use patterns of slum residents
in Dhaka city
- PI- Dr Samuel Erny**
09 Wheezing-associated respiratory disorders and
hypoxemia in hospitalized children under 5
years of age in rural Bangladesh
- PI- Dr K Dearden and Mr GNI Faisal**
10 Empowering women for health: Assessing
the impact of training and service delivery
Dhaka slums
- PI - Andres de Francisco**
11 Matlab Maternal and Child Health and
Family Planning (MCH-FP)
Project protocol-1990-93
- 12 Measles surveillance system
- 13 Measles maternal antibody decay in infants

- 14 **PI-Andres de Francisco**
Effect of Vitamin-A supplementation to mothers immediately after delivery on their infants - Retrospective analysis.
- 15 **PI - Dr Zahid Hasan**
Epidemiology of diarrhoea and ARI in a cohort of new borns in rural Bangladesh
- 16 **PI- Dr Bilqis A. Hoque**
Water quality and environmental health aspects of Meghna-Donagoda embankment
- 17 Environment and shigella dysentery in Dhaka city
- 18 Environment and child survival in rural Bangladesh
- 19 **PI- Dr Jacques Myaux**
Dysentery: Surveillance system for children under five years of age
- 20 **PI- Dr R. Bradley Sack**
Feasibility study of local production of cholera vaccines
- 21 **PI- Dr Nigar Shahid**
Impact of infection at birth with rotavirus strain on subsequent rotavirus infection
- 22 Maternal immunization with pneumococcal polysaccharide vaccines
- 23 **PI- Dr A.K. Siddique**
Epidemic Control Preparedness Programme
- 24 **PI- Dr Anna-Maria Vanneste**
Anemia during pregnancy in an urban community of Bangladesh: a study of prevalence, validation of simple screening methods and impact of iron folic acid supplementation

- 25 **PI- Dr Yu Weili**
Women's attitude towards child desire and family planning in Matlab
- 26 **PI- Dr K. Zaman**
Epidemiology of acute respiratory infections Bangladeshi children--an analysis of the existing data
- 27 **Dr Sushila Zeitlyn**
Identifying the barriers to timely treatment for acute respiratory infections in infants and young children

CLINICAL SCIENCES DIVISION : April-September, 1993

MANUSCRIPTS PUBLISHED

1. Bennish ML, Salam MA, Wahed MA. Enteric protein loss during shigellosis. Am J Gastroenterology 1993, 88:53-57.
2. Faruque ASG, Mahalanabis D, Islam A, Hoque SS, Hasnat A. Common diarrhoea pathogens and the risk of dehydration in young children with acute watery diarrhoea: a case control study. Am J Trop Med Hyg, 1993; 49(1):93-100.
3. Islam A, Butler T, Alam NH, Kabir I, Kneer Johannes. Treatment of typhoid fever with ceftriaxone for 5 days or chloramphenicol for 14 days: A randomized clinical trial. Antimicrob Agent Chemotherapy August 1993: 1572-1575.
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9. Rahman MM, Roy SK, Ali M, Mitra Ak, Alam AN, Akbar MS. Maternal nutritional status as a determinant of child health. J. Trop Paed 1993, Vol. 39:86-88.

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2. Akbar MS, Roy SK, Banu N. Efficacy of a rice-based low cost diet in the management of persistent diarrhoea in Bangladeshi children. J Trop Paediatr, 1993.

3. Faruque ASG, Mahalanabis D, Hoque S.S. Albert J. Relationship between ABO blood groups and susceptibility to Vibrio cholerae 0139 diarrhoea. Clinical Infectious Diseases.

4. Hoque SS, Faruque ASG, Mahalanabis D. Infectious causes of acute watery diarrhoea in infants and young children and their public health implications. J Trop Paediatrics.

5. Islam MR. double blind comparison of oral gentamicin. J Trop Paediatrics.

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7. Kabir I, Malek MA, Rahman MM, Khaled MA, Mahalanabis D. Changes in Body composition of malnourished children after a dietary supplementation as measured by bioelectrical impedance. Am J Clin Nutr.
8. Kabir I, Malek MA, Mahalanabis D, Rahman MM, Khatun M, Wahed MA, Majid N. Absorption of macronutrients from a high-protein diet in children during convalescence from shigellosis. J Pediatr Gastroenterol Nutr
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10. Rabbani GH and Islam A. Human Giardiasis: clinical aspects and prospects for control. In: Thompson RCA (ed). Giardiasis. University of Western Australia, Perth 1993.
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CLINICAL SCIENCES DIVISION

LIST OF ONGOING PROTOCOLS

1. Evaluation of hyperimmune bovine colostrum in the treatment of (a) rotavirus diarrhoea in infants and (b) shigella disease in children

Dr. D. Mahalanabis

2. 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

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

Dr. D. Mahalanabis

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

Dr. D. Mahalanabis

5. The role of entamoeba histolytica in the dysenteric syndrome in children and adults.

Dr. D. Mahalanabis

6. Controlled trial of an energy dense porridge for children with acute watery diarrhoea

Dr. Mujibur Rahman

7. Controlled trial of an energy dense porridge for children with acute dysentery

8. 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

9. Evaluation of diets based on cooked rice powder liquified by ARGF and yoghurt in persistent diarrhoea: a controlled clinical trial.

Dr. Asma Khanam

10. 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

11. 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

12. 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

13. Study of the effect of vitamin A status and its supplementation to the disease process of pneumonia.

Dr. AN Alam - Prof. MS Akbar

14. Vitamin A supplementation in the treatment of shigellosis in children

Dr. Shahadat Hossain

15. Algorithm for the management of persistent diarrhoea in hospitalized children in Bangladesh.
Dr. Hassan Ashraf
16. 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
17. Randomized double-blind study of efficacy of cefixime in the treatment of shigellosis
Dr. MA Salam
18. Effect of folic acid in acute diarrhoea in children
Dr. Hassan Ashraf
20. ICDDR,B Surveillance Programme - CRC
Dr. D. Mahalanabis
21. Volatile fatty acid (VFA) in experimental cholera and shigellosis
Dr. GH Rabbani
22. 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
23. Therapeutic efficacy of oral 5-ASA in acute shigellosis
Dr. M.R. Islam
24. Helicobacter pylori infection as a risk factor for acute and persistent diarrhoea: a prospective case control study
Dr. P.K. Bardhan

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

Dr. Rukhsana Haider

LABORATORY SCIENCES DIVISION

PAPERS PUBLISHED

1. Albert MJ, Ansaruzzaman M, Bhuiyan NA. Invasiveness of non-enteropathogenic serotypes of *Escherichia coli*. J Diarrhoeal Dis Res 1993; 11:101-104.
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4. Albert MJ, Siddique AK, Islam MS, Faruque ASG, Ansaruzzaman M, Faruque SM, Sack RB. Large outbreak of clinical cholera due to *V. cholerae* non-01 in Bangladesh [Letter]. Lancet 1993; 341:704.
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9. Islam MS, Hasan MK, Miah MA, Qadri F, Yunus M, Sack RB, Albert MJ. Isolation of *Vibrio cholerae* 0139 Bengal from water in Bangladesh [Letter]. Lancet 1993; 342:430.

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11. 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; 14:441-449.
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13. Shimada T, Nair GB, Deb BC, Albert MJ, Sack RB, Takeda Y. Outbreak of *V. cholerae* non-O1 in India and Bangladesh [Letter]. *Lancet* 1993; 341:1347.
14. 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* 1993; 132:201.
15. 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. *Immun Infect Dis* 1993; 3:23-26.

PAPERS IN PRESS

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4. Haider K, Malek MA, Albert MJ. Occurrence of drug-resistance in *Shigella* species isolated from patients with diarrhoea in Bangladesh (letter). *J Antimicrob Chemother* 1993; 000-000.
5. Hossain MA, Hasan KZ, Albert MJ. *Shigella* carriers among non-diarrhoeal children in an endemic area of shigellosis in Bangladesh. *Trop Geog Med* 1993; 000-000.

6. Islam MM, Azad AK, Bardhan PK, Raquib R, Islam D. Pathology of Shigellosis and its complications. Histopathology 1993.
7. Mathan M, Mathan VI, Albert MJ. Electron microscopic study of attachment and peneration of rabbit intestinal epithelium by *Providencia alcalifaciens*. J Pathol 1993; 000-000.
8. Mitra AK, Albert MJ, Alam AN. Bacteremia and meningitis complicating diarrhoea. Trans R Soc Trop Med Hyg 1993; 000-000.
9. Qadri F, Azim T, Chowdhury A, Hossain J, Sack RB, Albert MJ. Monoclonal antibodies to *Vibrio cholerae* 0139 synonym Bengal: Production, characterization and diagnostic application. Clin Diag Lab Immunol 1994; 000-000.
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PROTOCOLS IN PROGRESS

- 1) Title: Genetic analysis and phenotypic correlation of the plasmids universally present in strains of *Shigella dysenteriae* type 1
Principal Investigator : Dr. Arifur Rahman
- 2) 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
- 3) Title: The impact of infection at birth with rotavirus strains on subsequent rotaviruses infection. July 1991 to December 1993 (Collaboration with CHD)
Principal Investigator : Ms Leanne Unicomb
- 4) Title: Measles surveillance system antibody decay in infants. April to December 1993. Collaboration with CHD.
Principal Investigator : Ms Leanne Unicomb

- 5) Title: The role and characteristics of diarrhoeagenic *E. coli* in clinical and epidemiological investigations.
Principal Investigator : Dr. M. John Albert
- 6) Title: Biochemical fingerprinting in the epidemiological studies of bacterial diarrhoeal pathogens in Bangladesh
Principal Investigator : Dr. M. John Albert
- 7) Title: Role of *Helicobacter pylori* infection as a risk factor for cholera and as a modifier of oral cholera vaccine efficacy
Principal Investigator : Dr. M. John Albert
- 8) Title: Cross-protection studies in rabbits with *V. cholerae* 0139 Bengal
Principal Investigator : Dr. M. John Albert
- 9) Title: The role of *E. histolytica* in the dysenteric syndrome in children and adult (collaboration with Clinical Sciences Division)
Principal Investigator : Dr. Rashidul Haque
- 10) Title: Investigation of the carrier state and the role of animate and inanimate objects as reservoir secondary hosts of shigellae
Principal Investigator : Dr. Md. Sirajul Islam
- 11) Title: Thermal stability studies of killed cholera WC/rCTB vaccine
Principal Investigator : Dr. Zia Uddin Ahmed
- 12) Title: Cloning of the toxin gene of enterotoxigenic *Bacteroides fragilis*
Principal Investigator : Dr. Zia Uddin Ahmed
- 13) 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

- 14) Title: Immune status of children who develop persistent diarrhoea
Principal Investigator : Dr. Tasnim Azim
- 15) Title: Haemagglutination ability and adhesiveness of *Shigella* species (Part 2): Characterization of the adhesin/haemagglutinin and other outer membrane components, including the use of monoclonal antibodies.
Principal Investigator : Dr. Firdausi Qadri
- 16) Title: Local and systemic immune response to a peroral inactivated ETEC vaccine. Co-PI.
Co-Principal Investigator: Dr. Firdausi Qadri
- 17) Title: Identification of enteric pathogens using specific DNA probes as an aid to clinical and epidemiological investigations
Principal Investigator : Dr. Shah M. Faruque
- 18) Title: Direct identification of enteric pathogens in biological specimens by specific DNA amplification (Part I)
Principal Investigator : Dr. Shah M. Faruque
- 19) Title: Relative dose response (RDR) and modified relative dose response (MRDR) to assess vitamin A status.
Principal Investigator : M. A. Wahed
- 20) Title: Assessment of vitamin A status with the deuterated retinol dilution technique: Validation and application in vitamin A deleted population (Collaboration with UCD, ICDDR,B and DMCH)
Principal Investigators : M. Huskel
M.A. Wahed
- 21) Title: Vitamin A status of young children who died at ICU, Dhaka Hospital
Principal Investigator : M.A. Wahed

- 22) Title: Anaemia during pregnancy in an urban community of Bangladesh: A study of prevalence, validation of simple screening methods and impact of iron, folic acid supplementation
- Principal Investigators : T. Juncker
A. Vanneste
- Co-Principal Investigator: Mujibur Rahman
- 23) Title: Development of an immunodiagnostic assay for the detection of *Shigella* and identification of species/serotype specificity directly from human samples
- Principal Investigator : Dilara Islam
- 24) Title: Local and systemic immune response to shigellosis in adult humans
- Principal Investigator : Rubhana Raqib
- 25) Title: Pathological and microbiological studies on fatal cases of diarrhoeal illness and acute lower respiratory infections
- Principal Investigator : Dr. M. Moyenu'l Islam
- 26) Title: A study of live oral cholera vaccine candidates in the RITARD model
- Principal Investigator : Dr. R. Bradley Sack

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE

RESEARCH, BANGLADESH

REPORT OF THE

BOARD OF TRUSTEES MEETING

NOVEMBER 19-22, 1993

PROGRAMME OF THE
BOARD OF TRUSTEES MEETING HELD
ON NOVEMBER 15-22, 1993

DRAFT
18.10.93

PROGRAMME
BOARD OF TRUSTEES MEETING
15-22 NOVEMBER, 1993

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

Sunday, 14 November Trustees participating in Programme Committee Review of the Community Health Division arrive

Monday, 15 November Programme Committee Review
to of the
Thursday, 18 November Community Health Division

Thursday, 18 November Remaining Trustees arrive
7.30 p.m. Endowment Fund Fundraising BBQ Dinner at Sheraton - tickets on sale

Friday, 19 November

8.00 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. - 3.30 p.m.	Personnel & Selection Committee Meeting (Closed)
3.30 p.m. - 3.45 p.m.	TEA

Friday, 19 November (cont'd)

- 3.45 p.m. - 5.00 p.m. Personnel & Selection Committee Meeting continues (Closed)
- 5.00 p.m. - 7.00 p.m. Programme Committee Meeting (Closed)

Saturday, 20 November

- 9.00 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 continues
- 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 - Dr Y.Y. Al-Mazrou
"Quality Assurance in Primary Health Care"
- 3.15 p.m. - 4.00 p.m. Seminar - Professor J.C. Caldwell
"AIDS Pandemic"
- 4.00 p.m. TEA with MCH-FP Extension Project Staff
(First Floor, IPH Building)
- 7.30 p.m. Dinner at Director's Residence

Note: Trustees who are Chairpersons of Committees will have the afternoon of Saturday, 20 November to write-up reports

Sunday, 21 November

- 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 June 1993 Meeting

Sunday, 21 November (Cont'd)

9.00 a.m. - 10.00 a.m.	Presentation and Discussion of Director's Report
10.00 a.m. - 10.30 a.m.	TEA
10.30 a.m. - 11.30 a.m.	Presentation and Discussion of Programme Committee Report (including Programme Committee Review of Community Health Division)
11.30 a.m. - 12.30 p.m.	Presentation and Discussion of Finance Committee Report
12.30 p.m. - 2.00 p.m.	LUNCH
2.15 p.m. - 5.00 p.m.	Closed Session of the Board Meeting
2.15 p.m. - 3.15 p.m.	Presentation and Discussion of Personnel & Selection Committee Report
3.15 p.m. - 3.45 p.m.	Dates of next meeting
3.45 p.m. - 4.00 p.m.	TEA
4.00 p.m. - 5.00 p.m.	Free for outstanding discussion
5.00 p.m.	Closure of meeting

Monday, 22 November

	Support Group Meeting
6.00 p.m.	Reception at Guest House

1/BT/NOV. '93

APPROVAL OF AGENDA

DRAFT
24.8.93

FULL BOARD AGENDA

21 November 1993

1. Approval of Agenda
2. Approval of draft Minutes of meeting held in June 1993
3. Director's Report
4. Programme Committee Report
(including Report on Community Health Division Review)
5. Finance Committee Report
6. Personnel & Selection Committee Report
7. Dates of next meeting
8. Any other business
 - (a) Report from Staff Welfare Association (SWA)

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

2/BT/NOV. 93

APPROVAL OF DRAFT MINUTES OF MEETING

HELD IN JUNE, 1993

DRAFT

Minutes of the meeting of the Board of Trustees, ICDDR,B
held in Dhaka, Bangladesh on 10 June, 1993

Members Present

Mr S. Ahmed (from Agenda 4)
Dr Y.Y. Al-Mazrou
Dr D. Ashley - Chairperson
Prof. J.C. Caldwell
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
Mr Md.L. Majid (Agendas 1-5)
Prof. V.I. Mathan
Prof. F. Mhalu
Prof. A.S. Muller
Prof. T. Wagatsuma

Apology

Dr J. Rohde

Staff (Agendas 1-5)

Dr J. Albert
Dr M. Bateman
Dr A.H. Baqui
Mr T. Bridges
Mrs J. Chowdhury (Minute Secretary - all agendas)
Dr A. de Francisco
Dr J. Haaga
Dr B. Hoque
Dr K. Jamil
Dr S. Laston
Dr D. Mahalanabis
Mr M.A. Mahbub

Dr R.B. Sack
Dr N. Shaheed
Dr M. Strong
Mr K. Tipping
Dr S. Zeitlyn

Observers (Agendas 1-5)

Dr C. Kenna, Australian High Commission, Dhaka
Mr B. Proskurniak, Canadian High Commission, Dhaka
Dr J. Ross, The Ford Foundation, Dhaka
Mr A.R.M. Schutte, The Netherlands Embassy, Dhaka
Dr M. Currey, British High Commission, Dhaka
Dr K. Streatfield, The Population Council, Dhaka
Dr P. Gowers, The World Bank, Dhaka

Dr D. Ashley, Chairperson of the Board of Trustees, opened the 28th meeting of the Board at 8.30 a.m. on Tuesday, 10 June, 1993. She welcomed the Trustees, Donors, the Director and staff to the meeting and said that an apology had been received from Dr Jon Rohde who was unable to attend due to important commitments at UNICEF.

Before proceeding with the agenda, the Chairperson informed the meeting of changes in timing of the programme which would enable the completion of all agenda items prior to the departure of two Trustees at noon. As the majority of Trustees had participated in the Committee meetings this was not felt to be unreasonable.

Dr Ashley also indicated that there would be a tea break at 10.30 a.m. after which the break in the Board's proceedings would continue to enable the Honourable Minister for Health and Family Welfare of the Government of the People's Republic of Bangladesh to make a presentation, on behalf of the Government, towards meeting the cost of the recent diarrhoea epidemic in Bangladesh.

Agenda 1: Approval of Agenda

The agenda was adopted as presented.

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

The revised draft minutes of the Board of Trustees meeting held on 29 November, 1992 were approved without change.

Agenda 3: Director's Report

(including 1992 Annual Report)

The Director, Professor D. Habte, highlighted some of the more important activities which have taken place since November 1992.

He said that the unseasonal diarrhoea epidemic caused by Vibrio cholerae 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. 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.

The Epidemic Control Preparedness Programme (ECP) dispatched teams to several areas where the epidemic had broken out, and provided assistance to local health facilities. In fact, the ECP first investigated the epidemic in Southern Bangladesh in late December 1992. The Urban Health

Extension Project has also been involved. The epidemic hit Matlab in mid-February and also quickly affected record numbers of patients.

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 known appearance in Bangladesh. 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.

It was 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.

There are 77 ongoing research protocols and programmes. These include:

- Studies on etiology/pathogenesis and management of both invasive and persistent diarrhoeas. Dietary and drug therapy trials as well as the search for improved formulation of ORS are expected to provide a firm anchor for improved case management of diarrhoeal diseases.
- Micronutrients: Several studies on vitamin A now nearing completion promise to yield important results with wide implications.
- Urban Health: Analysis of information being gathered from the urban surveillance system (USS) has accelerated with release of unique and useful data sets.
- 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 on operations research, and came out with a number of recommendations.

- 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.

In February 1993, the Community Health Division, in conjunction with the Laboratory Sciences and Clinical Sciences Divisions, held an international workshop on Helicobacter pylori infections in the developing world.

A study in the hospital in Dhaka 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. an increased incidence of increased intracranial pressure in infants receiving 50,000 IU Vitamin A at each scheduled immunization.

The Laboratory Sciences Division has been extremely productive during these past six months even though it has been disrupted with the move to the new premises.

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 discussion and visits the group identified six areas of special interest.

There will be an External Review of the Training Programme in October 1993. Meantime, the number of activities has increased.

There has been a steady reduction in core costs for staff salaries. In the area of staff development the Centre is fortunate to have access to several scholarships.

The Centre's Second Annual Scientific Conference (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.

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 presents prominent scientists from around the world discussing 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, entitled "Simple Solution", was well received.

The next Annual Scientific Conference will be a joint venture with the Asian Conference on Diarrhoeal Diseases. It may also celebrate the 25th Anniversary of the first successful ORT trial.

Professor John Hamilton, Dean of the Faculty of Medicine, The University of Newcastle, in Australia and Chairman of the Technical Advisory Group of the Division on Diarrhoeal and Acute Respiratory Diseases of the World Health Organization visited the Centre in 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 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. The draft should be finalized for submission to the Board in November 1993.

Centre staff participated in a number of international conferences and presented several papers. In October this year the Centre will hold an international conference on cholera vaccines with international experts participating. It is hoped that a consensus will be reached as to where we stand and what needs to be done.

To conclude, the Director thanked Trustees for their help in raising funds for the Centre. The 1992 Annual Report was distributed to Trustees but not discussed.

The Chairperson thanked the Director for his comprehensive overview of the Centre's activities. Productivity has definitely increased and the Director and his staff are to be congratulated on their improvements and achievements. 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.

- a) How will the identification of a major new strain of V. cholerae (0139 Bengal) affect the vaccine study?

Dr Sack responded to this query, saying that the new organism is unrelated to classical V. cholerae 01 and so it is expected that the 01 vaccine will not protect against it. By October there should be more information, and we may be looking at two vaccines. This will be a topic for discussion at an international workshop on cholera vaccines to be hosted by the Centre in October 1993.

- b) The Centre was commended on its efforts in confronting the ongoing outbreak. It was hoped that the experience gained would be published widely so other countries will be able to ascertain if they have the same problem or not.

- c) It was noted that the book, edited by Dr V. Fauveau and based on 15 years' experience in Matlab, entitled "Mother and child health in Bangladesh: what has been learned in Matlab" will be extremely useful and should be distributed widely. As it is difficult to procure such books in the developing world, the question was raised as to how this book will be distributed - who will publish and market it?

The Director advised that McMillan's will put it into a form which will enable it to be published in Bangladesh. Initially, McMillan's had been requested to publish it also but this request was withdrawn as it proved to be too expensive. The Centre will distribute the book free to developing country institutions.

- d) Trustees asked for two points to be placed on record:

- i) Congratulations to Professor D. Habte on being elected a Fellow of the London School of Hygiene and Tropical Medicine. The Fellowship was conferred by H.R.H. Prince Phillip in March 1993. Dr D.A. Henderson (a former Trustee of the Centre), Mr J. Grant and Prof. J. Waterlow also received fellowships.
- ii) The appreciation of the Board to all employees for their dedication and hard work during the recent epidemic.

Agenda 4: Programme Committee Report

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

He said that Dr Sack, the Associate Director of the Laboratory Sciences Division (LSD), had submitted a written report which outlined the progress made by the Division in responding to the recommendations of the Programme Committee Review of LSD held in November 1992. These points included:

- a) Excess staffing in the Division - Efforts to update 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. Members stressed the importance of dealing with this matter at the earliest possible opportunity.
- b) Rotation of research staff through the Diagnostic Laboratory - Dr Sack felt 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.
- c) 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.

The Committee believed that the Division is taking full advantage of the Report in bringing about changes and improvement.

A draft Strategic Plan 1995-2000 had been circulated to all members in advance of the meeting. The current draft of the plan was felt to contain many appropriate elements but that a more concise and focussed plan was needed. The Director 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. During discussion of the current draft the following points were raised:

- a) 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.

- b) Social and Behavioural Sciences - Trustees support the proposed enrichment of research expertise in the social and behavioural sciences. However, concern was expressed that social and behavioural science involvement should not be solely free-standing but must be linked to programmes central to the Centre's mission.

- c) 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. It was suggested that community studies designed to develop preventive programmes against major respiratory infections would be the most appropriate direction for the Centre to pursue.
It was emphasized that increased research focus on ARI would make it particularly important to significantly improve data collection on cause of death in the DSS.

- d) Operations Research - The Centre's expertise in the areas of operations research, health services and policy research is located in the family planning programme. 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.

- e) Subjects and issues not in the current version of the Plan - Several Trustees suggested that the Centre consider incorporating at least two additional items:
 - 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.
 - 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.

f) Miscellaneous comments on the draft:

- It was noted that some of the Centre's achievements have been omitted - e.g. Demographic Surveillance System, decreased birth rate, tetanus toxoid work.
- The introduction should briefly outline strength 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.

Dr Masee Bateman presented the Report of the HIV Committee (a written document had been circulated earlier). The Director emphasized that the Centre's niche in the context of the national AIDS programme will be very small.

The Programme Committee believed that it is clear that the Centre is giving very careful consideration to the real issues it faces in the area of HIV and supported the recommendations of the HIV Committee.

Dr Ashley thanked Professor Hamilton and members of the Programme Committee for their report which was endorsed and accepted by the Board. She said that the Programme Committee Report was now open for discussion.

During discussion of the Programme Committee Report, the following points were made:

- The Programme Committee should continue to co-opt outside experts to assist in Programme Committee Reviews of the Centre's activities;
- Trustees would appreciate access to the next draft of the Strategic

Plan, i.e. the version which will have their input, for comment before the final draft is prepared for the November Board meeting;

- It was suggested that the Strategic Plan should contain more history describing the past achievements on which today's activities have been built;
- The Centre is unique in that it is the only international centre in the medical field located in the Third World and also has the potential of integrating medical and social sciences. However, the management was cautioned not to become a donor-driven centre. The Strategic Plan should address all the issues the Centre wishes to undertake, not merely what the donors would like to see the Centre doing.

In concluding, the Board appreciated the participatory process by which the Strategic plan is being prepared. Trustees were requested to submit specific comments to the Director in writing. It was noted that the target date for completion of the Plan is December 1993.

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 Audited Financial Statements and Auditors' Report**

The Committee noted that in 1992 the Centre had a net operating deficit of \$685,912 and a cash operating surplus of \$11,937. It noted that the operating cash surplus fell well short of funding the 1992 depreciation of \$703,979. The Committee recommended to the Board that the audited Financial Statements for 1992 be accepted.

b) **1993 Budget Update**

A worst case scenario budget (cash operating deficit of \$29,000) and best case scenario budget (cash operating surplus of \$203,000) were presented to the Committee. In both cases the figures exclude the costs of depreciation and of any changes in salary.

Members noted that even 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. However, 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 financial health of the Centre. Committee members expressed their appreciation of 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.

The Board reiterated its serious concern about the inability of the Centre to finance depreciation to an appreciable extent in 1993 given the outcome predicted under the best case scenario. Management should make all possible efforts to reduce costs in the hope that at least some component of the depreciation can be funded in 1993.

There was a break in Board proceedings at this point to welcome the Honourable Minister for Health and Family Welfare, Mr Chowdhury Kamal Ibne Yusuf.

Mr Syed Ahmed, Secretary of the Ministry of Health and Family Welfare and a member of the Board of Trustees, introduced the Honourable Minister to the Trustees and senior staff. Mr Ahmed said that the Minister had come to the Centre on his own initiative. He said that the Government has realized that it should bear some of the cost of treating the numerous patients who visit the Centre's hospitals in Dhaka and Matlab and had decided to give a donation of 3.5 million Taka towards meeting the cost of the recent epidemic in Bangladesh.

The Honourable Minister said that the Government was grateful to the Centre for treating patients as it realizes that the main function of the Centre is to do research. In presenting the cheque, the Minister said that this was a first step made on an ad hoc basis and that he would try to formalize a regular contribution to the health care costs and increase substantially in the future his Government's financial contribution to the Centre.

The Director thanked the Honourable Minister and the Secretary most sincerely and said that the Government's contribution will go a long way to assist the current epidemic. He mentioned the positive contributions of the Bangladeshi Trustees to the Board and the Centre.

The Board placed on record their warm appreciation to the Government of Bangladesh for this initial contribution as a sign of collaboration and recognition of the services given by the Centre. It was hoped that this would grow in the future.

Mr Ahmed responded and said that the Government is looking forward to continued and expanded collaboration in the future.

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

CLOSED SESSION

Agenda 5: Finance Committee Report (cont'd)

c) Appointment of Auditors for 1993

Arguments in favour of and against changing auditors were discussed and 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 Committee agreed to recommend to the Board that Deloitte, Haskins & Sells, Calcutta and Hoda Vasi Chowdhury & Co., Dhaka be reappointed as joint auditors for the year 1993 at a fee not to exceed the 1992 fee of \$12,500.

d) Resource Development

The Committee was 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 the Director's 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 provided funds for phase one and in principle agreed to fund all 3 phases at an estimated total 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.

e) **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 Centre will save \$71,000 in income tax payments in 1993 compared to \$69,000 in 1992.

f) **Hospital Endowment Fund**

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

g) **Bank Overdraft**

The Centre's current overdraft facility with American Express Bank stands at \$2,000,000 and expires on 30 July, 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 30 July, 1994.

h) **Fixed Assets charged to Fixed Asset Acquisition Replacement Fund**

Unfunded capital expenditure charged to the fund for 1992 totalled \$578,880.

The Finance Committee met jointly with the Personnel & 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 Personnel & Selection Committee.

a) **International Staff Salaries and Allowances**

The Committees were advised that effective 1 November, 1992 the UN post adjustment for Dhaka was increased from 16% to 22% and on 1 January, 1993 the children's allowance was raised from \$1,050 to \$1,270. Effective 1 January, 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 1 March, 1993 base salaries were increased by 6.9%, post adjustment decreased by 6.9% and hardship and mobility allowance increased by 6.9%.

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's recommended salary rise for national staff, the Director, with the support of the Council of Associate Directors, did not implement any changes in allowances.

The Centre recommended 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.

In response to questions, during discussion in the Joint Committee meeting, 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.

The Board agreed that the question of international salaries be raised again at the November meeting.

b) National Staff Salaries

The Committee was advised that 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 1 August 1992) and by 19.1% for National Officers (effective 1 October 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.

The members of the Joint Committee agreed to recommend to the Board that the salaries of National Staff should be raised as per the resolution 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 1 July, 1993.

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

- | | |
|-------------------------|---|
| Resolution
1/June 93 | The Board resolved to accept the audited Financial Statements for year 1992. |
| Resolution
2/June 93 | The Board resolved to appoint Deloitte Haskins & Sells, Calcutta, and Hoda Vasi Chowdhury & Co., Dhaka as Auditors for the 1993 at a fee not to exceed \$12,500. |
| Resolution
3/June 93 | 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 30 July, 1994. |
| Resolution
4/June 93 | The Board resolved to approve the expenditure of \$578,880 from the Fixed Asset Acquisition and Replacement Fund for 1992. |
| Resolution
5/June 93 | The Board resolved that National Officer and General Service staff salaries be increased as of 1 July, 1993 to a level 85% of the local UN salary scales which were in force on 1 November, 1992. |

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 overall staffing situation of the Centre was reviewed. 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 status 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.

- b) The Committee reviewed the virology research situation and agreed to recommend to the Board that Ms L. Unicomb's (Australia) contract as a Research Virologist (P2) be renewed for three years from 1 May, 1994.
- c) The Committee was advised of the procedure which led to a short-listing of candidates for the Senior Administrative Officer and Head, Administration & Personnel (D1) position. 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 & Personnel (D1) for three years from 1 July, 1993.
- d) The position of Senior Scientist and Head, Clinical Sciences Division (D1), which falls vacant on 4 January, 1994, has been advertised locally and internationally.
- e) The Committee agreed to recommend to the Board that Dr John Albert, Research Microbiologist (P4) receive a personal promotion to P5 level. The position would revert to P4 level on Dr Albert's departure.
- f) 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.

- g) 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 creation of this post had been discussed at length in the Programme Committee meeting.

The majority of Trustees having been present in the Committee discussion, there was no discussion on the Report and its recommendations. It was, however, emphasized that scientific associate directors must have research credentials.

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

Resolution The Board resolved to accept the Report of the Personnel
6/June 93 & Selection Committee.

Resolution The Board resolved that the staff levels be reviewed by
7/June 93 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.

Resolution The Board resolved that Ms Leanne Unicomb's (Australia)
8/June 93 contract as a Research Virologist, P2 level, be renewed
for three years from 1 May, 1994.

Resolution The Board resolved that Mr M.A. Mahbub (Bangladesh) be
9/June 93 appointed as Senior Administrative Officer and Head,
Administration and Personnel, D1 level, for three years
from 1 July, 1993.

Resolution The Board resolved that Dr John Albert (India/
10/June 93 Australia), Research Microbiologist be given a personal
promotion effective from 1 July, 1993.

Resolution
11/June 93

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

Agenda 7: Selection of Trustees

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

The Board agreed with the above recommendations.

The Chairperson of the Board brought the Board's attention to the fact that two members-at-large, Professors A.S. Muller and T. Wagatsuma, complete their terms on 30 June, 1994 and are not eligible for re-election without a break.

It was agreed that the process of collecting nominations for their replacement should commence now so these could be considered at the November 1993 Board meeting. As a first step, Trustees requested that the list of persons already available with the Centre management, in the regions of the retiring Trustees, be circulated to them to ensure that they do not duplicate nominations.

The Board agreed to pass a resolution thanking Dr Deanna Ashley, Professor Alf A. Lindberg and Professor V.I. Mathan for their contributions. In responding to this the three Trustees had suggestions and advice for their colleagues on the Board and Centre Management:

- prior to coming to their first Board meeting new Trustees should have read the "Trustees Directory";
- if not before their first Board meeting, definitely before their second Board meeting, new Trustees should spend 1-2 days meeting with the Director and his staff, visiting the facilities in Dhaka and Matlab as well as the urban slums;
- the change in feeling between the Board and staff, the support of the Government of Bangladesh, the relationship of the Centre to its donors and Dr Habte's leadership in this was recognized. However, the Board continues to have a responsibility to respond to external forces and internal pressures but at the same time remain detached and objective. In its relationship with the Director, it has to support him but also to evaluate his performance.

All three Trustees appreciated the opportunity to have been members of the Board.

The following resolutions were passed:

Resolution
12/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.

Resolution
13/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.

Resolution
14/June 93

The Board expressed its appreciation for the exceptional contributions which have been made to the Centre by Dr Deanna Ashley, Professor Alf Lindberg and Professor V.I. Mathan during their six-year term as Members of the Board. They have been instrumental during a critical period of the Centre's existence in catalyzing changes which have strengthened both science and management within the Centre and which permit it to look with optimism towards its future.

Agenda 8: Election of Chairperson of the Board

Dr Maureen Law was nominated, seconded and unanimously elected Chairperson of the Board for one year from 1 July, 1993. A resolution was passed on this.

a) Appointments to Committees

Dr R.H. Henderson was elected as the new Chairman of the Personnel & Selection Committee and Professors J. Hamilton and A.S. Muller agreed to continue as Chairmen of the Programme and Finance Committees, respectively. Dr J. Frenk was assigned to the Finance Committee and Professors F. Jalil and P.H. Makela to the Programme Committee.

The following resolutions were passed:

Resolution
15/June 93

The Board resolved that Dr Maureen Law be appointed Chairperson of the Board of Trustees for one year from 1 July, 1993.

Resolution
16/June 93

The Board resolved that the following members be appointed to the Personnel & Selection Committee for a one year term effective 1 July, 1993.

Dr R.H. Henderson (Chairman)
Mr S. Ahmed
Dr Y.Y. Al-Mazrou
Dr J. Rohde

Chairperson of the Board and Centre Director are ex officio members.

Resolution
17/June 93

The Board resolved that the following members be appointed to the Finance Committee for a one year term effective 1 July, 1993.

Prof. A.S. Muller (Chairman)
Dr J. Frenk
Mr Md. L. Majid
Prof. T. Wagatsuma

Chairperson of the Board and Centre Director are ex officio members.

Resolution
18/June 93

The Board resolved that the following members be appointed to the Programme Committee for a one year term effective 1 July, 1993.

Prof. J.R. Hamilton (Chairman)
Prof. J.C. Caldwell
Prof. Chen Chunming
Prof. Dr K.M. Fariduddin
Prof. F. Jalil
Prof. P.H. Makela
Prof. F. Mhalu

Chairperson of the Board and Centre Director are ex officio members.

Agenda 9: Dates of Next Meeting

It was agreed that the next meeting of the Board should be held in Dhaka from 19 to 21 November, 1993. There will be a Programme Committee Review of the Community Health Division just prior to the Board meeting and a Support Group meeting immediately afterwards. The schedule agreed to is as follows:

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 Meeting
Saturday, 20 November	Finance Committee Meeting Report writing - Trustees Lectures
Sunday, 21 November	Full Board Meeting
Monday, 22 November	Support Group Meeting

The Director confirmed that the Trustees participating in the Programme Committee Review of the Community Health Division are: Drs J. Rohde, M. Law, Chen Chunming, A.S. Muller and Mr Syed Ahmed (or a Bangladeshi scientist). In addition, there will be one or two reviewers from outside the Centre. Suggested names were Dick Morrow from the Johns Hopkins University, Patrick Vaughan from the London School of Hygiene and Tropical Medicine and Jack Bryant, currently working in Pakistan.

Agenda 10: Any other business

a) **Report from Staff Welfare Association (SWA)**

As part of its agenda, the Board met with the Staff Welfare Association (SWA) Executive Committee at 12 noon on Tuesday, 8 June, 1993.

The SWA President, Mr Mujibur Rahman, presented a plan to the Board for i) an increase in salary for NO and GS staff - in lieu of the Board's resolution in November 1992 and another increase in local UN salaries, both of which have not been implemented by the Centre; and ii) to protect employees from the effects of devaluation of the Taka, they suggest that the Centre make salary payments by determining the US\$ equivalent salary for each staff as on 1 July, 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.

The Chairperson of the Board responded by assuring SWA that the Board was sympathetic to the problems and would discuss these matters in its meeting on 10 June, 1993.

In taking up this agenda item, the Chairperson noted SWA's concerns and said that there is some positive feedback on the request for a salary rise.

There was a discussion on the request concerning devaluation. The tying of the salary scale to the US\$ could not be considered as it was not certain that this was legal according to the laws of Bangladesh. However, the Board did agree that devaluation of the Taka would be taken into account whenever they reviewed salaries and made adjustments to the salary scale.

Dr Ashley thanked everyone for their contributions.

The Chairperson was thanked for the splendid way in which she chaired the Board meeting. In bidding farewell to Dr Ashley and Professors Lindberg and Mathan it was hoped that they will be able to participate in future scientific activities of the Centre.

The meeting closed at 12.40 p.m.

:jc

13.10.93

3/BT/NOV. '93

DIRECTOR'S REPORT

DIRECTOR'S REPORT

1.0 OVERVIEW

1.1 Research

- Exciting research centred around studies on V. cholerae 0139 Bengal. These studies coordinated by an inter-divisional working group, looked into the clinical and epidemiological aspects of the disease caused by the organism, as well as the microbiology and molecular structure of the organism itself, including its similarities and differences with El Tor. The Centre made available polyclonal and monoclonal antibodies to research and public health laboratories around the world.
- Earlier results published in The Lancet attracted wide attention, and once again put the Centre into the international limelight.
- An international workshop on cholera vaccines will be held at the Centre in mid-October to consider, among other things, the implications of the emergence of the Bengal strain on existing vaccine research.
- The finding that doses of vitamin A (50,000 IU) given to infants causes some toxicity (also published in The Lancet) is expected to have policy implications on Vitamin A supplementation.
- Two important workshops were held as part of the BRAC/ICDDR,B project. The first, held in Matlab, covered anthropology and qualitative research, and the second held in Cambridge,

Massachusetts, resulted in two concept papers, one on assessing changes in women's lives and the other on linkages between socio-economic determinants and health outcomes.

- The Demographic Surveillance System (DSS) successfully completed its 1993 census of Matlab, and the Annual Reports for 1988, 1989 and 1990 are nearing completion.

1.2 Training

The trend towards more international courses, and greater emphasis on health research training was continued. Three international courses were held during this period, in which 33 individuals from 17 countries participated. In October, DSS staff will run a UNFPA-sponsored workshop entitled "Collecting and Applying Longitudinal Demographic Data" to which participants from several African countries have been invited.

The planned review of the Training Branch will start on October 12, 1993.

1.3 Service

The number of patients in the hospital started to increase in August, and reached an all time peak in late September - 728 on 11 September, the greatest number of patients seen in a single day in the history of the hospital. Extrapolating the number of patients seen in the year to 30 September, suggests that it will reach nearly 140,000 by 30 December. Recognizing the physical difficulties of accommodating this number of patients, the Netherlands provided financial assistance to construct a large pavillion on the entrance road running parallel to the hospital. Eleven other donors provided assistance in cash and kind to meet some of the additional costs of the epidemic.

In an attempt to reduce the burden on the hospital and the Centre's

resources, a diarrhoea treatment facility was set up in the city in an area known to be a source of many patients. This centre was established in collaboration with Dhaka City Corporation and Gonoshasthya Kendra. Other treatment centres are to be established when Government and Non Government agencies are identified to run them.

1.4 Other

- LSD completed its move into the new premises above the hospital, the Personnel and Travel offices moved across and into the IPH building, thus freeing up additional room for CHD. The MCH-FP Extension project has crossed the dangerous Airport Road and returned to the ICDDR,B campus. With these moves, the Centre is more compact and effectively organized.
- The Strategic Plan has been redrafted, and now presents a coherent and clear vision of the plans of the Centre to the year 2000. The Board of Trustees and Donors Support Group, as well as other key people in the international health research arena will be invited to make comments. These will then be incorporated and the Strategic Plan will be published at the beginning of 1994.
- The third Annual Scientific Conference will take place at the beginning of next year. It has been shortened to two days and will concentrate on the environmental aspects of health.
- The Centre's staff have participated in many international and national conferences including the International Union for the Scientific Study of Population. The Centre is preparing to present several papers at the VIIth Asian Conference on Diarrhoeal Diseases in February 1994.

2.0 RESEARCH AND RELATED ACTIVITIES

2.1 Research Output

Table 1 depicts the research output as well as activities during this reporting period. Clearly the Centre has maintained 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
Papers published					
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
1 Apr - 30 Sept 93	11*	11	15	5	42
Papers in press					
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
1 Apr - 30 Sept 93	8*	14	11	4	37
TOTALS					
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
1 Apr - 30 Sept 93	19	25	26	9	79
Research protocols/ programmes in progress					
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
1 Apr - 30 Sept 93	33	25	26	5	89

* Excludes briefing papers

2.2 Research Programmes - Divisional Highlights

Appendix A to D list the titles of protocols that Centre's staff are engaged in currently. The research programmes have not changed since the last report except for additional studies on V. cholerae 0139 synonym Bengal. The latter covered clinical, epidemiological, laboratory and environmental aspects of the new organism. A report on the work at the Centre that appeared in The Lancet attracted wide international attention.

2.2.1 COMMUNITY HEALTH DIVISION (CHD)

The CHD has continued to expand, but at a somewhat slower pace than in the past year. It has added one international investigator, Dr Gene Weiss, who is seconded from Johns Hopkins University School of Hygiene and Public Health, Department of International Health. He will work in the Urban Health Extension Project (UHEP) in areas of operations research. A graduate student, Amy Rice, from the same department at Hopkins is here to do her Ph.D. thesis on Vitamin A supplementation to nursing mothers during the first nine months following delivery. In May, Mr Paljor, Director of the UHEP became ill, and was evacuated to Thailand; he returned at the end of September. Dr Kirk Dearden, Child Survival Fellow, left Dhaka in May, following his two year project on women's empowerment.

The number of protocols continues to increase from all the Scientific Interest Groups. Along with other investigators of the ICDDR,B a major five year Programme Project grant proposal to the National Institutes of Health (NIH) to compete for the International Centres for Infectious Diseases Research (ICIDR) awards was submitted. The results will be announced in November.

The space for the Division has increased now that the Personnel Office has moved to the Institute of Public Health (IPH) wing, and

the Laboratory Sciences Division moved to the Hospital building. The UHEP project will move into the space vacated by Personnel, and the Mirzapur Project staff will move into a vacated laboratory space on the ground floor of the IPH building. Space for the new group of Social Scientists has been allotted from part of the space UHEP is presently occupying.

A study of transplacental transfer of pneumococcal antibodies to infants of mothers immunized during pregnancy with the 23 valent pneumococcal vaccine has begun, in collaboration with Johns Hopkins University, financed by a United States Government agency.

A major new protocol has started in Mirzapur, in collaboration with Kumundini Hospital, in which a cohort of 250 newborns will be followed over a two year period. Diarrhoeal and acute respiratory diseases will be identified and etiologic agents determined. The acquisition of Helicobacter pylori infections will also be determined in this group of infants and their families.

The UHEP signed a collaborative agreement with Concerned Women for Family Planning, in which this NGO will be a partner in developing a health delivery system in the Dhaka slums. The first of a series of communications seminars was held by UHEP in order to disseminate its findings to Governmental and non-Governmental agencies in Dhaka. Two major protocols on causes of low birth weight, peri-natal mortality, and infant mortality in the slums of Dhaka have begun.

An international Workshop on Cholera Vaccines will be held at ICDDR, B from 12-14 October. The CHD is one of the organizers of the Workshop.

Some of the major findings from the Division over the past six months have been:

- The description of the epidemiology of cholera being produced by the new V. cholerae 0139, which was published in The Lancet

recently.

- The finding that doses of Vitamin A (50,000 IU) given to infants at the time of EPI contacts results in a high incidence (10%) of bulging fontanelles in these children, which indicates some form of toxicity. This was also recently published in The Lancet.
- The finding that the simultaneous occurrence of diarrhoea seems to interfere, although minimally, with the success of oral polio immunizations.
- Major strides have been made in defining the activities of the ICDDR,B in the anticipated HIV epidemic. Although the HIV committee is Centre-wide, the Chairman and several members are from CHD.

2.2.2 CLINICAL SCIENCES DIVISION (CSD)

Major effort of the staff and resources of the Division was containing the demands of a record number of patients coming to the Dhaka hospital. This number exceeded all previous attendance during the 31 years of the hospital's existence (see Appendix E). Despite this, research and training activities have proceeded with little impediments thanks to generous contributions from donors which have enabled the hospital to employ extra staff to carry out the service activities. Ongoing research activities include the following:

- Micronutrients (Vitamin A, zinc, etc.) and effect on growth and morbidity.
- Dietary management of watery diarrhoea.
- Clinical drug trials in shigellosis.
- Breast-feeding promotion - re-establishing lactation.
- Basic pathogenesis in persistent diarrhoea.

Highlights of the results of completed studies follows:

- Zinc supplementation reduces clinically severe ARI (i.e. with fever) attack rates by 15% but has no effect on diarrhoea morbidity.

- Rice ORS is well accepted for home use when given as a ready to use packet to infants and young children with diarrhoea; consumption was comparable to those given glucose ORS. No impact was demonstrated on diarrhoea duration and weight gain.
- Medium chain triglyceride (MCT) based diet in persistent diarrhoea is no better than a soya oil (in common use) based diet.
- A recently concluded metabolic balance study showed that amylase rich flour (ARF) treated porridge is better absorbed by infants during diarrhoea. Earlier it was shown that it increased food intake.
- A treatment algorithm in persistent diarrhoea tested as a part of a WHO multicentre study was found to be effective. It is based on appropriate fluid therapy, prompt treatment for systemic infection (e.g. pneumonia, urinary tract infection etc.) and a diet based on milk + cereal + oil as the first line diet and a diet based on rice cereal, egg white and oil (free of animal milk) if improvement does not occur.
- A follow-up study on the impact of health education on feeding infants and young children with dark green leafy vegetables showed that health education at the Clinical Research and Service Centre doubled the rate of feeding dark green leafy vegetables to children compared to neighbourhood controls. This finding has important public health implications for combatting Vitamin A deficiency.
- Vibrio cholerae 0139 disease was associated with blood group O-antigen and in this respect is very similar to Vibrio cholerae 01 El Tor. Severe clinical disease due to Vibrio cholerae 0139 responds to antibiotics e.g. tetracycline, ciprofloxacin, doxycycline and erythromycin which shortens diarrhoea duration and purging rate.

Dr Mahalanabis visited Stockholm and met with Dr Rolf Zetterstrom and Dr Linblad at Karolinska Institute to further develop a collaborative protocol on hypernatraemia in shigellosis.

In collaboration with the Training Coordination Bureau, the Division conducted an international course on Research Methodology from 16-27 May, 1993 which included computer analysis of data and its interpretation. Faculty members were Drs M.K. Bhan, Sheila Gore, Dr J.P. Mulyil and D. Mahalanabis.

Two staff members returned after completion of their training. Dr Mahmudur Rahman has recently completed his Masters in Education in Primary Health Care from the University of Manchester. Dr Nurul Hoque Alam returned from Switzerland after receiving training in gastroenterology and obtaining an M.D. degree from the University of Basel. Dr Mamum Sharier completed training at the University of London (Ph.D.) at Queen Elizabeth Hospital for Children in London and will return soon.

Dr S.K. Bhattacharya, from National Institute of Cholera and Enteric Diseases (NICED) in Calcutta, spent two months at the Centre to receive practical training in clinical research methods.

Dr Mahalanabis was re-appointed as a member of the Scientific Advisory Committee of the National Institute of Cholera and Enteric Diseases (NICED) in Calcutta.

2.2.3 LABORATORY SCIENCES DIVISION (LSD)

The major event that has occurred during these past six months has been the move of the LSD to newly constructed laboratory space on the first floor of the hospital building. This occurred primarily in May/June and is now complete. This has facilitated greatly the work of the LSD scientists. In addition, the Sasakawa Foundation has given a grant of US\$ 400,000 to be used to equip these laboratories. The Division is currently ordering equipment which is sorely needed to update the laboratory facilities.

There have been several additions to the scientific staff, as well

as some losses. Staff changes include: Dr Arifur Rahman, who received his Ph.D. recently from Japan, began work in July in the enteric microbiology laboratory; he is replacing Dr Khaleda Haider who immigrated to the United States in June. Dr Mahbubur Rahman returned from his Ph.D. training in Belgium in July and resumed work as head of the clinical microbiology laboratory and as one of the investigators in the enteric microbiology laboratory. Mr Sobhani, head of bio-medical engineering retired after 30 years of service.

The Division also has several new short term scientists. Dr Hiroaki Miura, from Japan, joined the LSD as an international research fellow in the molecular biology laboratory in July for an eight month period. (It is the intention of the Japanese Government that there will be continuously a Japanese Fellow at the ICDDR,B.) Dr Christine Wenneras from the University of Gothenberg spent about six weeks with Dr Qadri, establishing assays which are part of the ongoing immunogenicity study of a candidate enterotoxigenic E. coli vaccine.

A number of LSD staff have spent time abroad for training; Mr Akbar Ali, laboratory manager, spent three weeks in the United States receiving instruction on biosafety issues (Johns Hopkins University, one week course; visits to the University of Maryland and the National Institutes of Health). Dr John Albert spent ten days as a WHO consultant for cholera microbiology to Syria in August. Mr Wahed, head of the nutritional biochemistry laboratory, is currently in the United States attending a training course on Vitamin A laboratory assays.

The LSD is the primary host for the forthcoming Cholera Vaccine Workshop to be held in October.

The major research output of this period has been the extensive characterization of the V. cholerae 0139 organism, its survival characteristics in the environment, the cross-protection that might

be afforded by V. cholerae 01 infection (and vice versa), the development of antibodies (polyclonal and monoclonal) against the 0139 organism, and the study of the immunologic response in patients affected with this organism.

The new vibrio appears to be a single clone, based on several molecular studies, which is now appearing in other countries of Asia, including Thailand, China, Malaysia, Pakistan, Nepal, in addition to India. We have shared strains with investigators all over the world in characterizing this organism and in following its spread. We have also provided large amounts of rabbit polyclonal diagnostic antisera to many countries who have requested it. The organism is completely different serologically from 01, and there is no cross-protection (studied in rabbits) afforded by infection with either 01 or 0139 organisms. We are negotiating with a company in the United States (New Horizons, Columbia, MD) regarding the exclusive rights to our monoclonal antibodies, so that they may be used commercially in a diagnostic kit (the SMART test) for V. cholerae 0139 and 01 identification. The immunologic studies in patients are on-going.

Another major protocol presently underway is the determination of the immunogenicity and safety of an oral enterotoxigenic E. coli vaccine in volunteers. This non-living vaccine, which is produced in Sweden, contains most of the known virulence factors of these organisms (colonization factor antigens, cell wall antigens, and the B subunit of the [cross-reactive] cholera toxin). To date, 20 volunteers have been studied, and the vaccine has been safe and immunogenic. If the results continue to be satisfactory, a field trial of this vaccine is contemplated in the future in collaboration with our Swedish colleagues.

A number of Vitamin A protocols are in progress and more are contemplated. These all necessitate the measurement of retinol and beta-carotene in the nutritional biochemistry laboratory. Our

laboratory has scored very high on its international quality control tests, and we are planning to obtain another HPLC machine in the near future to support these studies.

The LSD is the major component of the NIH-ICIDR grant proposal in collaboration with Johns Hopkins University, submitted in July. This is a five year programme project grant, and is highly competitive. We should know in November whether we have been successful. The grant has four major components: cholera, Shigella, rotavirus and enterotoxigenic B. fragilis.

The clinical laboratory work load is continuing to increase, with more than 150 outpatients each day. This work is generating considerable revenue for the Centre, but also will require additional equipment and personnel if the work load continues to increase.

2.2.4 POPULATION SCIENCES & EXTENSION DIVISION (PSED)

Work on the BRAC/ICDDR,B project continued during this period. A training workshop in anthropology and qualitative research, held primarily in Matlab, was conducted by Drs Bert Pelto and Karobi Battacharyya. This course provided training in basic qualitative methods; explored some basic input elements of the BRAC development programme; developed more concrete research plans; and explored key concepts such as "women's empowerment" and "programme inputs". A workshop held in Cambridge, Massachusetts, under the auspices of Lincoln Chen of Harvard University, also discussed these research plans. This workshop resulted in two concept papers, one on "Assessing Changes in Women's Lives" and another on "Unpacking the Black Box" of linkages between socio-economic determinants and health outcomes. The report on the BRAC/ICDDR,B Baseline Survey will be ready by the November Board Meeting. In addition to generous funding from the Ford Foundation, other donors, such as the Aga Khan Foundation, are becoming interested in this project.

In related areas, field work on the Grameen Bank study has begun and negotiations with the Swiss Red Cross for funding a project entitled "Improvement of health through community development oriented programme in rural Bangladesh" was approved in principle.

The Demographic Surveillance System successfully completed its 1993 census of Matlab. Both field work and data processing proceeded quite quickly and smoothly. The new current identification numbers produced by this census were passed on to the MCH-FP project in Matlab in time for them to print their new field volumes. A publication based on this census will be ready in draft form for the Board Meeting. With the help of ODA's project monitor the DSS Annual Reports for 1988, 1989 and 1990 are nearing completion. The GIS system, incorporating DSS bari numbers, will enable the presentation of spatial data and relationships in Matlab.

The MCH-FP Extension Project began its new five year cooperative agreement on 1 April. During the last few months senior project staff have participated in the Government of Bangladesh's review of its family planning programme now that it has reached maturity. The task here is to ensure that the national programme continues its upwards progress and doesn't stop at a plateau below a level necessary to end rapid population growth. A number of Extension Project working papers have recently been produced informing this review, for example:

- "Management Perspectives on Manpower Development in Health and Family Planning Programme"
- "Satellite Clinics: An Overview of Research from the MCH-FP Extension Project"
- "Utilization of Trained Traditional Birth Attendant"
- "Rural Women's Perspectives on Quality of Family Planning Services"
- "Family Planning Challenges and Research Priorities for the 1990s"

- "Access of Rural Women to Family Planning Service: A Study in Bangladesh"
- "Availability and Use of Reference Manuals at the Union Health and Family Welfare Centres"
- "Performance Improvement Through Local Planning: Findings from an Action Research Project in Bangladesh".

A major accomplishment of the Extension Project achieved during this period was the long-awaited move into its new quarters in the main IPH building. As has long been recognized by the Board and others, this move will ensure a better incorporation of the Project into the Centre (as well as improve staff morale and safety).

Preparations for two major workshops were made during this period. The first, a UNFPA-sponsored workshop entitled "Collecting and Applying Longitudinal Demographic Data" will take place from 10 through 21 October 1993. The objective of this workshop is to bring together people who have experience in the collection and analysis of longitudinal demographic data and those who are considering this kind of activity. We plan formal and informal presentations and trips to our field sites in Matlab and Abhoynagar, and discussions of, where longitudinal surveillance is appropriate, what policy-relevant questions in family planning and health can be addressed, and how this surveillance can be conducted in a cost-effective and timely manner. The second workshop, jointly sponsored by ICOMP and UNFPA, is entitled "Improving family planning programme effectiveness through operations research". It will take place in December 1993, and will disseminate Matlab and Extension Project experiences to programme managers and researchers from other Asian countries.

A wide variety of dissemination activities took place during this period. Division members attended several international conferences. As usual the ICDDR,B was well represented at the annual meeting of the Population Association of America, both by our

own staff and by scientists using Centre data. Five staff members, all with outside funding, attended the meeting of the International Union for the Scientific Study of Population, which is held every four years.

The Extension Project organized briefings for large audiences of policy makers and researchers at the Sasakawa Centre on management problems in the family planning programme in Chittagong Division, satellite clinics for MCH-FP and an update on injectable contraception.

The Population Studies Centre began a monthly seminar series in July, with population people from government, NGOs, national and international organizations being invited. Attendance at these seminars has been very good, with lively discussion following each presentation.

The Computer Information Services began their own needs assessment of the future computing requirements of the Centre. This survey will assist the consultants who have been asked to study computing at the ICDDR,B and give their recommendations. The Data Archiving Unit is in the process of making available well-documented versions of past Matlab censuses and project data.

3.0 Training

The activities of the training programme are shown in Table 2. Three international short courses were held during this period in which 33 individuals from 17 countries participated. The research methodology workshop was intensive and much appreciated. External faculty from the All Indian Institute of Medical Sciences, Oxford University and Christian Medical College, Vellore, India were brought in to assist. The training covered clinical epidemiology and clinical/field intervention research. Clinical fellowship programme was offered to health assistants, nurses and medical doctors.

The three international health research fellows are all in the final stages of the preparation of their research plan, and at least two will require extension of their stay to conduct their research.

The Centre also co-hosted two workshops with the Population Council in Dhaka on the "Integration of qualitative and quantitative methods in population and health research".

Another workshop on "Collecting and applying longitudinal demographic data" will be held from October 10-21, 1993 to which participants from several African countries have been invited.

The four week course for nationals on "Epidemiologic methods in public health" continues to attract wide interest. It may be necessary to increase the number of courses to four a year.

In all 260 persons benefitted from the training programme of the Centre.

In addition to the above, a minimum of three lectures/seminars are held weekly by staff or invited guests. (see Appendix F-1 and F-2).

The planned review of the Training Coordination Bureau will start on 12 October, 1993 and will be conducted by an Australian expert from Sydney.

Table 2: Summary of Training Activities - 1 April to 30 September 1993

Description of activities	Number of courses	Number of participants
HEALTH RESEARCH TRAINING PROGRAMME		
Research Methodology Workshop	1	9
Health Research Training Fellowship		3 *
Research Traineeship		15
Postgraduate students (M.Sc. - 7, M.Phil. - 3, Ph.D. - 2)		12 *
CLINICAL FELLOWSHIP PROGRAMME		
Govt. of Bangladesh Fellows		7 *
Nursing Fellows		10
Project-based Fellows (Physicians 16, Health Assistants 15, Others 2)		33 *
SHORT INTERNATIONAL TRAINING COURSES		
Clinical Management of Diar. Dis. with Special Emphasis on Persistent Diarrhoea	1	14
Laboratory Diagnosis on Common D.D. Agents	1	10
SHORT NATIONAL TRAINING COURSES		
Epidemiological Methods in Public Health	1	17
Integrated course on Management of Diar. & Acute Respiratory Infection	1	18
Demographic Surveillance and census for participants from the Inst. of Child & Mother Health	1	14
OTHERS		
Orientation/Training		115
Seminars (weekly 11, inter-divisional 23, clinical 4) = 38		
Total	5	268

* Also included in the last report

4.0 SERVICE - HEALTH CARE

4.1 Hospital

4.1.1 DHAKA

The number of patients with diarrhoea started to increase in August and reached an all time peak in late September - 728 on 11 September which represents the greatest number of patients seen in a single day in the history of the hospital. The monthly attendance has also been consistently greater than the previous few years for all the months in 1993, and reached the all time record in September. We foresee that 1993 will easily beat all previous records (See Appendix E).

Recognizing the difficulties of physically accommodating the excess number of patients, a large pavilion was constructed, with financial assistance from the Netherlands, on the entrance road to the hospital. However, even this addition was not able to accommodate all patients during some days. Financial assistance in cash and kind was also obtained from eleven other donors to meet part of the additional costs of the epidemic.

Most of the increase of diarrhoea patients was due to the new organism V. cholerae 0139 synonym Bengal and some to shigella. El Tor appears to be displaced by Bengal.

There has been a steady increase in the number of diarrhea cases seen at the Centre during the last three years (Appendix G). For example, there is a 50% increase in patients in 1993 over 1992 for the months of April-September inclusive.

In an attempt to stem the flow of patients from the city, a diarrhoea treatment centre was set up in an area known to be a

source of many of our patients. This was a collaborative effort amongst the Dhaka City Corporation, Gonoshasthya Kendra and ICDDR,B. Plans are under way to open at least two other centre in the city.

Table 3: Patient load at Clinical Research Centre - Dhaka
1 April to 30 September 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
Apr. 1993	9069	4496	12	439	135	9	129	33
May 1993	7601	5092	6	408	107	10	139	29
June 1993	4910	2918	3	310	99	7	78	16
July 1993	5288	3239	7	309	114	9	80	18
Aug. 1993	7538	4187	2	345	116	5	83	19
Sept 1993	10650	5963	2	394	104	4	97	31
Total	45056	25895						
	70,951		32	2205	675	44	606	146

4.1.2 MATLAB

Matlab has been experiencing an increase in the number of patients but not to the same degree as Dhaka, and less than in 1992. The

other interesting difference between Dhaka and Matlab is the fact that El Tor continues to be seen as frequently as 0139 Bengal.

Table 4: Number of patients with duration of stay at Matlab Diarrhoea Treatment Centre - 1 April to 30 September 1993

Month & Year	< 1 day	1 day	2-6 days	> 7 days	Total
Apr. 1993	622	827	710	36	2195
May 1993	303	534	435	33	1305
June 1993	278	267	278	33	856
July 1993	317	342	304	24	987
Aug. 1993	409	488	407	34	1338
Sept 1993	465	612	580	20	1677
Total	2394	3070	2714	180	8358

4.2 MCH-FP Activities in Matlab

Doorstep deliveries of services in MCH-FP have continued and been supported by clinics and the Matlab hospitals (see tables 5 and 5a on pages 21 and 22, respectively).

**Table 5: Number of patients treated (Matlab MCH-FP Project)
1 April to 30 September 1993**

Out patient Department											
Mth	Maternal Care									Child Care	
	A	B	C	D	E	F	G	H	Tot	0-1 Year	1-4 Years
Apr	79	53	629	774	292	145	7	80	2059	597	1309
May	94	23	646	736	292	116	3	69	1979	578	1303
Jun	97	17	456	632	266	98	0	49	1615	446	987
Jly	98	29	545	694	271	158	11	69	1875	509	1058
Aug	115	35	549	688	249	134	8	79	1857	240	1035
Spt	110	26	518	688	284	186	12	74	1898	443	1014
Tot	593	183	3343	4212	1654	837	41	420	11283	2813	6706

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 April to 30 September 1993

Inpatients							
	Maternity	Mother	Wards Child	ARI	NRU	Total	Tubectomy Done
Apr.	15	13	26	30	9	93	2
May	18	10	34	32	2	96	0
June	15	7	22	28	3	75	4
July	15	8	33	26	4	86	9
Aug.	18	6	25	34	14	97	13
Sept	21	9	34	37	12	113	8
Total	102	53	174	187	44	560	36

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

4.3 Urban Health Extension Project (UHEP)

The two main activities of UHEP during the April - September, 1993 period were dissemination and preparation for the next phase of the project. The project held a day long seminar for planners, service providers, policy and decision makers on 30 May, 1993. Eleven papers were presented describing the findings from both the volunteer-based service delivery system as well as from the surveillance system. The project introduced a FP-MCH Working Paper series and published eight working papers. During the next phase (1994-97), UHEP, in collaboration with the Government of Bangladesh (GOB) and non-governmental organizations (NGOs), aims to

develop a sustainable and replicable MCH-FP service delivery system for the urban population with particular emphasis on urban poor through operations and applied public health research. Much of the project's efforts have been devoted towards building linkages with GOB, NGOs and communities and towards the development of an urban MCH-FP project proposal. To this end, UHEP has recently signed an agreement for a collaborative project with the Concerned Women for Family Planning (a well established national NGO) and held a 6-day planning workshop for the next phase of the project. It is anticipated that the new MCH-FP or project proposal will be the basis for USAID's continued support of UHEP through August 1997.

Table 6: Urban Health Extension Project Service Output Statistics
All Thanas - 1 April to 30 September 1993

	Age		Total
	< 5 years	> 5 years (Adult)	
Health Product Distribution			
No. of patients	26,285	36,786	63,071
ORS distribution	67,840	107,542	175,382
Health Education/Motivation Sessions			
(includes ORS preparation, hygiene, nutrition, immunization and family planning)		24,584	24,584
Referral to Health Facilities			
ICDDR,B	175	223	398
Nutrition Centres	73		73
Immunization Centres (EPI)	995	559	1,554
Family Planning Clinics		379	379
Other Health Facilities	210	497	707

4.4. Epidemic Control Preparedness Programme (ECP)

Between April and September 1993, the ECP in collaboration with the Directorate General of Health Services, Government of Bangladesh, investigated and intervened in epidemics of diarrhoea in Laxmipur, Sunamganj, Sylhet, Maulavibazar, Hobiganj, Mymensingh, Netrokona and Kishoreganj districts. The Government of Bangladesh Surveillance reported over 30,000 cases and 558 deaths from these districts. The ECP physicians identified 873 patients with acute watery diarrhoea. A systematic sample of 172 rectal swabs was collected from patients who had not received antibiotic therapy. The samples were cultured at the ICDDR,B laboratory. V. cholerae (serotype 0139) was the most frequently (54.7%) isolated enteropathogens. All the isolates were sensitive to Tetracycline, Erythromycin and Furazolidine. The ECP physicians also assisted the local Government of Bangladesh health personnel to set up temporary treatment centres and provided guidance to the Government and the local NGOs for management and control of the epidemic.

5.0 TECHNICAL SERVICE

5.1 Computer Information Services

As reported earlier, the Computer Centre has embarked on a centre wide study to determine the long and short term computing needs of the centre in order to recommend a plan for its future computing environment. A consultant is also expected to start working shortly on this.

The BRAC-ICDDR,B joint collaborative project was the most resource consuming work for the computer centre during this period. Significant amount of data editing, file creation, matching-merging and tabulating work has been completed. The PC based "Alumni" system is now complete and the documentation has been handed over to Training, Library and External Resource Office. Data from quite a few studies done by CHD was entered, edited and tabulated. Data cleaning and tabulation were provided for staff clinic. The leave calculation programme for personnel office had to be modified. In addition the routine computer centre work of data entry, resource allocation, accounts processing and system management of the computer centre continues unabated.

The Engineering Support Service attended to about 150 calls for hardware and system maintenance support. LAN users had to be supported for their expansion and modification. The office of the Director General of Health was provided with advisory services for maintenance and operations of its computers at IPH.

5.2 Diarrhoeal Diseases Information Services Centre (DISC)

Library use - During the period, more than 400 of the Centre's researchers, physicians, research support personnel, nurses, and trainees, and 1,242 researchers, teachers, physicians, and students from universities, NGOs, IPH, NIPSOM and other organizations used the library.

Collection development - During the period, 426 new books and 680 volumes of bound journals were added to the library collection.

Borrowing facilities - The greatest beneficiaries were the users of the National Health Library and Documentation Centre in Dhaka.

Database and bibliographic service - During the period, 108 Medline and Popline searches (59 were for outsiders) were made and offered to scientists, researchers, health professionals, teachers and students.

Information dissemination - During the period, 8 issues of DISC Bulletin and 51 issues of Fast Bulletin were produced.

Journal of Diarrhoeal Diseases Research - The publication schedule of the quarterly journal was maintained. During the period, two issues (and Bibliography on Diarrhoeal Diseases) were published.

Glimpse - The publication schedule of the newsletter was maintained and three issues were published.

Shasthya Sanglap - Two issues of the newsletter were published during the period under reporting. 25,000 copies of each issue (4 issues a year) are being printed beginning Bengali New Year 1400. The newsletter has generated great interest among health workers at grass-roots level.

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

Internal Scientific Publications - Eight issues were published under the Working Paper Series and two papers were published under the Special Publication Series.

Distribution and mailing of publications - 75,448 copies of the Centre's publications were distributed worldwide.

The Head of the DISC attended a "Consortium Meeting on CD-ROM of Asian Information on Health and the Environment" held in New Delhi from 20-23 September, 1993.

5.3 Animal Resources Branch

During this period the Animal Resources Branch provided research support to 15 research protocols. It also provided 8 weeks supervisory level training to one Veterinarian and one Animal Husbandry personnel in management of animal houses.

The unit successfully developed a rabbit model for the study of shigella infection with scientists from the Clinical Sciences Division.

5.4 Audio-Visual Unit

This unit has maintained its support to the Centre in preparation of slides, audio-visual aids and Centre's publications.

5.5 Bio-Engineering Cell

The chief of this unit, Mr M. Sobhani, retired after many years of distinguished service. He was replaced by Mr S.S. Huq, an electronics engineer.

6.0 ADMINISTRATION & PERSONNEL

6.1 Personnel

The Centre's staffing status as of 30 September, 1993 is detailed below, and shows a net separation of 12 staff members.

<u>Additions</u>		<u>Separations</u>	
<u>NO & GS</u>		<u>NO & GS</u>	
a) Conversions from short-term, contractual service agreement	: 2	a) Retirement/Abolition of post/Termination/Death	: 10
b) New appointments	: 8	b) Resignation	: 12
	--		--
	10		22

International Professional

a) New appointment	: 1	a) End of tenure	: 1
	--		--
Total	11		23

Net Separations : 12

6.1.1 **RECRUITMENT OF INTERNATIONAL PROFESSIONAL STAFF**
Effective 1 July, 1993, Mr M.A. Mahbub (Bangladesh), assumed again the position of Senior Administrative Officer and Associate Director of the Administration & Personnel Division for a period of three years.