

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH,

BANGLADESH

REPORT OF THE

BOARD OF TRUSTEES MEETING

14-16 JUNE, 1994

PROGRAMME OF THE

ICDDR,B BOARD OF TRUSTEES MEETING

14-16 JUNE, 1994

DRAFT  
12.5.94

PROGRAMME  
BOARD OF TRUSTEES MEETING  
14-16 JUNE, 1994

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

Monday, 13 June                      Trustees arrive

Tuesday, 14 June

8.30 a.m. - 10.00 a.m.	Programme Committee Meeting (Open)
10.00 a.m. - 10.30 a.m.	TEA
10.30 a.m. - 12.30 p.m.	Programme Committee Meeting continues (Open)
12.30 p.m. - 2.15 p.m.	LUNCH
2.30 p.m. - 3.30 p.m.	Personnel & Selection Committee Meeting (Closed)
3.30 p.m. - 3.45 p.m.	TEA
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)

Thursday, 16 June (cont'd.)

10.30 a.m. - 11.00 a.m.	Presentation and Discussion of Programme Committee Report
11.00 a.m. - 11.30 a.m.	Presentation and Discussion of Finance Committee Report
11.30 a.m. - 11.45 a.m.	BREAK

Closed Session of Board Meeting

11.45 a.m. - 12.15 p.m.	Presentation & Discussion of Personnel & Selection Committee Report
12.15 p.m. - 12.45 p.m.	Selection of Trustees
12.45 p.m. - 1.00 p.m.	Election of Chairman of the Board
1.00 p.m. - 1.15 p.m.	Dates of next meeting
1.15 p.m. - 1.30 p.m.	Any other business
1.30 p.m.	Closure of meeting
3.00 p.m. - 5.00 p.m.	Consultation meeting between Trustees and Divisions *

\* This is a new activity which will allow Centre staff to take advantage of Trustees' expertise and advice on various matters. Trustees will be divided into groups and assigned to a Division (both scientific and administrative).

1/BT/JUNE '94

APPROVAL OF AGENDA

DRAFT

FULL BOARD AGENDA

16 June 1994

1. Approval of Agenda
2. Approval of Draft Minutes of meeting held in November 1993
3. Director's Report  
(including 1993 Annual Report)
4. Programme Committee Report
5. Finance Committee Report
6. Personnel & Selection Committee Report
7. Selection of Trustees
8. Election of Chairman of the Board
  - (a) Appointments to Committees
9. Dates of next meeting
10. Any other business
  - (a) Report from Staff Welfare Association (SWA)

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

PERSONNEL & SELECTION COMMITTEE MEETING  
June 1994

1. Approval of Agenda
2. Approval of the Minutes of November 1993 meeting and matters arising
3. Staffing
  - 3.1 Overview of the staffing situation
  - 3.2 Contract renewals
    - a. Dr R. Bairagi, Director, Population & Studies Council (Contract end date: January 14, 1995)
  - 3.3 Status of recruitment of International staff
    - a. Director, ICDDR,B
    - b. Senior Scientist - Associate Director, CSD
    - c. Senior Scientist - Associate Director, CHD
    - d. Senior Scientist - Associate Director, LSD
    - e. Senior Scientist - Associate Director, PSED
    - f. Research Microbiologist, LSD
    - g. Epidemiologist, CHD
    - h. Executive Assistant to the Director
  - 3.4 New positions
    - a. Cost Analyst/Health Economist P3
    - b. Health Scientist P3
4. Selection of Trustees
5. Update on salaries
  - 5.1 International Professional Category
  - 5.2 NO & GS Categories
6. Miscellaneous
  - 6.1 Follow up action on steps to promote early retirement
  - 6.2 Follow up of Personnel Consultant's report
7. Any other business

# ICDDR,B BOARD OF TRUSTEES MEETING

FINANCE COMMITTEE - JUNE 15 1994

## A G E N D A

1. Approval of Agenda.
2. 1993 Audited Financial Statements and Auditors' Reports.
3. 1994 Budget Update.
4. Appointment of Auditors for 1994.
5. Resources Development Report.
6. International Staff Salaries and Allowances.
7. Fixed Asset Requirements for the next 5 years
8. Miscellaneous.
  - a) Fixed Asset Acquisition and Replacement Fund
  - b) Hospital Endowment Fund
  - c) Bank Overdraft
  - d) USAID 1992 Audit

### Attachments:

- Table 1. Income and Expenditure 1993 and 1994.
- Table 2. Central/Project Income and Expenditure - 1994.
- Table 3. Donor Contributions 1993 and 1994.
- Graph 1. Income and Expenditure 1992 to 1994.
- Graph 2. Annual and Cumulative Operating Surplus/Deficit.
- Graph 3. Annual and Cumulative Cash Surplus/Deficit.

### Annexures:

- "A" - Report of the Finance Committee of November 28 <sup>1993</sup> 1994.
- "B" - 1993 Auditors' Report and Audited Financial Statements - Full.
- "C" - 1993 Auditors' Report and Audited Financial Statements - Abridged.
- "D" - 1993 Constructive Services Letter - Deloitte Haskins & Sells.
- "E" - 1993 Management Letter - Hoda Vasi Chowdhury & Co.



2/BT/JUNE, '94

APPROVAL OF DRAFT MINUTES OF

MEETING

HELD ON 21 NOVEMBER, 1993

DRAFT

Minutes of the meeting of the Board of Trustees, ICDDR,B  
held in Dhaka, Bangladesh on 21 November, 1993

Members Present

Mr S.S. Ahsan (Agendas 1-5)  
Dr Y.Y. Al-Mazrou (Agendas 1-5)  
Prof. J.C. Caldwell  
Prof. Chen Chunming  
Prof. Dr K.M. Fariduddin (Agendas 1-3)  
Dr D. Habte - Secretary  
Prof. J.R. Hamilton  
Dr R.H. Henderson  
Prof. F. Jalil  
Dr M. Law - Chairperson  
Mr Md.L. Majid (Agendas 1-3)  
Prof. H. Makela  
Prof. F. Mhalu  
Prof. A.S. Muller  
Dr J. Rohde  
Prof. T. Wagatsuma

Apology

Dr J. Frenk

Staff (Agendas 1-5)

Dr L. Akbar  
Dr A. Ara  
Dr K.M.A. Aziz  
Dr R. Bairagi  
Dr A.H. Baqui (Agendas 4 & 5)  
Dr M. Bateman (Agendas 4 & 5)  
Dr A. Bhuiya  
Mr T. Bridges

Dr A. de Francisco  
Dr A. Eusof  
Dr Z. Hassan (Agendas 4 & 5)  
Dr K. Jamil (Agendas 4 & 5)  
Dr S. Laston  
Dr D. Mahalanabis  
Mr M.A. Mahbub  
Mr N. Paljor (Agendas 4 & 5)  
Dr R.B. Sack  
Ms S. Salway (Agendas 4 & 5)  
Dr A.K.M. Siddique (Agendas 4 & 5)  
Dr M. Strong  
Mr K. Tipping  
Dr A.M. Vanneste (Agendas 4 & 5)  
Dr E. Weiss  
Mr G. Wright  
Dr Md. Yunus

Observers (Agendas 1-5)

Mr J. Bausch, Resources Development Advisor  
Dr K. Callahan, USAID, Washington  
Dr M. Currey, British High Commission, Dhaka  
Dr C. Miller, USAID, Washington  
Dr K. Streatfield, The Population Council, Dhaka (Agendas 4 & 5)

Dr M. Law, Chairperson of the Board of Trustees, opened the 29th meeting of the Board at 8.30 a.m. on Sunday, 21 November, 1993. She welcomed the Trustees, Donors, the Director and staff to the meeting with a special welcome for the new Trustees, Mr S.S. Ahsan, Drs Fehmida Jalil and P. Helena Makela. She said that an apology had been received from Dr Julio Frenk who was unable to attend due to a prior commitment.

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 10 June, 1993 were approved without change.

Agenda 3: Director's Report

The Director, Dr D. Habte, highlighted some of the more important activities which have taken place since June 1993.

He presented an overhead which showed trends in the number of research protocols and the total number of papers published over the past two years. A steady increase in the number of protocols was observed which is expected to plateau at some point, as the Centre's resources are finite.

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, 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.

The finding that doses of vitamin A (50,000IU) given to infants causes some toxicity (also published in The Lancet) is expected to have policy implications on Vitamin A supplementation.

A second overhead, which showed the percentage of research protocols undertaken by subject, indicated that the Centre is engaged in a spectrum

of activities not far from those outlined in the Strategic Plan, viz. diarrhoea 37%, nutrition 20%, operations research (mainly family planning) 13%, child survival (excluding diarrhoea) 7%, reproductive health 6%, social and behavioural sciences 6%, water and sanitation 5% and vaccines 5%.

There was a comprehensive review of the Training Coordination Bureau in October which pinpointed a number of important points.

The recent history of participants in the Clinical Management of Diarrhoeal Disease course indicated that the number of participants is going down. This is in line with Centre's policy that the activity should be handled nationally in Bangladesh, SAARC countries and elsewhere.

The courses on Laboratory Diagnosis on Common Diarrhoeal Disease Agents will continue, as there are very few such courses being offered elsewhere. This course brings together international as well as Bangladeshi participants.

It is felt that the Research Methodology Courses are an area in which the Centre should get more and more involved. However, these courses are time consuming and expensive.

There are a number of fellows and post graduate students from Bangladesh in the Centre at the moment. This is most important as, while they are learning, they are also contributing to the work of the Centre. There are also nine international research fellows, three of whom are supported by the Centre.

The number of patients with diarrhoea started to increase in August and reached an all time peak in late September. The monthly attendance has been consistently greater than the previous few years for all the months in 1993. The year 1993 will easily beat all previous records. This has placed a tremendous load on our staff and resources. The hospital in Matlab has faced a similar challenge.

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 shortly to start working on this.

In the past, the library was a project supported activity. Realizing that it is a core activity, the donor gradually withdrew funding, leaving us with a core activity for which we are considering imposing a "library tax".

The Animal Resources Branch, which provided support to 15 research protocols, is one of the best in this part of the world and is an asset which will be maintained.

The Centre's policies on cost containment and reduction in staff have continued. There will be major changes in the composition of senior international staff in 1994.

The Laboratory Sciences Division has completed its move into the new premises above the hospital; the Personnel and Travel offices have moved across into the IPH building, thus freeing up additional room for the Community Health Division; and the MCH-FP Extension Project has moved to the ICDDR,B campus. With these moves, the Centre is now more compact and efficiently organised. Funds are required to carry out phase III of our physical development plan.

Centre staff benefit from a most active staff development programme and we are grateful to our contacts and donors who enable our staff to obtain further training.

The major concern of the Finance Division was a potential cash deficit at the end of the year due to reduction in core revenue and additional expenditure resulting from the increased patient load. However, with the stricter control of core expenditure, success in raising disaster funds

from donors and an unexpected windfall from one donor, we shall come out with a small cash surplus.

Mr James Bausch, fund raising consultant, submitted a report on the first phase of his work 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 Centre received US\$ 400,000 for the purchase of laboratory equipment from the Sasakawa Foundation. In total US\$ 1 million has been contributed by the Sasakawa Foundation to the Centre during the past two years.

The Ford Foundation provided US\$ 750,000 over three years towards strengthening the Centre's social and behavioural science research capability.

Over US\$ 600,000 has been received from donors in response to the request for contributions to meet the cost of the diarrhoea epidemic. The Director expressed the Centre's appreciation and gratitude to the Government of Bangladesh and other donors for their positive support.

Approximately US\$ 20,000 was raised for the Hospital Endowment Fund at the recent barbecue dinner dance.

As well as Centre staff going abroad to attend conferences and workshops, a number of international and national conferences and workshops have been held at the Centre during 1993. These included the Second Annual Scientific Conference and First Annual Lecture held in January; an international workshop on Helicobacter pylori and the Second BRAC-ICDDR,B Expert Group Meeting held in February.

An international workshop on cholera vaccines held in mid-October considered, among other things, the implications of the emergence of the Bengal strain on existing vaccine research. The Demographic Surveillance System (DSS) staff ran a UNFPA-sponsored workshop entitled "Collecting and

Applying Longitudinal Demographic Data" in October. There will be an HIV Symposium in November and an ICOMP-UNFPA funded seminar in December on Improving Family Planning Programme Effectiveness through Operations Research.

The Third Annual Scientific Conference will take place in January 1994 and will concentrate on the environmental aspects of health. The 25th Anniversary of ORT will be celebrated during 1994 with a series of activities.

The Chairperson thanked the Director for his excellent report on the Centre's activities, appreciating his use of the overheads to illustrate these. 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) Course on Laboratory Diagnosis on Common Diarrhoeal Disease Agents - This is a popular and useful course. However, the Centre should make greater efforts to link this to the quality assurance programme regionally and globally, and less to the gains of individuals.
- b) Research Methodology Workshop - This workshop should be seen as contributing to global efforts to build capacity in Essential National Health Research (ENHR). The Centre should learn from the experience of others similarly engaged. Has the Centre contacted Tropical Disease Research of WHO about their experiences with such courses?

Dr Mahalanabis said that the Centre workshops are modelled on the WHO/Diarrhoeal Diseases Control Programme model in which he had taken a lead during his tenure in Geneva. He said that participants are selected carefully through informal contacts with informed persons in the countries. The Centre finds the Workshops extremely



useful as 30-40% of the participants are its own research fellows who produce protocols immediately after the course.

The Director added that the Centre does work closely with the ENHR Coordinating Working Group and is involved in its workshops, administration of research funds, and other activities.

- c) Computer Information Service - Orientation should be towards empowering microcomputer users and retaining the mainframe for "e-mail", thus linking the Centre to other researchers throughout the world.

The Director said that the Centre is committed to linking up with an international electronic mail facility and that not too many funds will be involved in this.

- d) Strategic Plan - This should emphasize the central foci, i.e. diarrhoeal disease and reproductive health, where the Centre is acknowledged globally as having expertise, and have a number of supporting activities which are complimentary, e.g. STD, RTI.

- e) The DSS workshop on "Collecting and Applying Longitudinal Demographic Data" builds on the considerable fame around the world of DSS. Is there a way to have a less intensive (slimmed down) process of data collection for the DSS without compromising the quality of data?

It was agreed that the DSS can be streamlined.

- f) The Population Studies Centre got off to a running start and is playing an important role with the setting-up of a system of seminars for people in and outside the Centre.

- g) Cholera Vaccine Workshop - The developing world looks to the Centre to provide guidance in such activities. Will there be any results from this workshop?

Dr Sack advised that due to the new organism, new vaccines need to be developed. It will take as long as two years before this is

achieved. In the meantime, none of the existing vaccines can be used.

- h) The Centre should play a bigger role in coordinating research and epidemiological activities with developing countries on V. cholerae 0139.

Donors also had some comments:

- a) Has the Centre documented its experiences with the Research Methodology Workshops?

The Director advised that this is a recent involvement and that we have not yet looked at our past performance.

- b) The pie diagram on the distribution of research subjects was most effective and could be used as part of the Strategic Plan, by showing how it looks now and what it will be in 5 years.

- c) Was there any discussion on prevention at the international conference on cholera vaccines?

Dr Sack said that the conference was specifically organized to address vaccines, not other preventive strategies. However, the Centre itself is aware of these and is looking into means of interrupting transmission. The importance of the environment is being given increasing priority.

#### Agenda 4: Programme Committee Report

(including Report on Community Health Division Review)

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

He said that for the report of the achievements and plans of the divisions, each Scientific Associate Director had 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.

Research plans for the Clinical Sciences Division include: a) stable isotope studies to evaluate protein turnover, intestinal permeability, zinc absorption, and body composition; and b) treatment trials evaluating the response to exogenous immunoglobulins produced in colostrum, hens' eggs or as monoclonals.

The recommendations of last year's Laboratory Sciences Division review committee had all been implemented with the exception of a programme to upgrade the expertise of the clinical laboratory staff which will require additional time.

In addition to the characterisation of V. cholerae 0139, scientists in the Laboratory Sciences Division have developed diagnostic tests for 0139 and E. histolytica.

Plans for the Laboratory Sciences Division are ambitious. An array of new diagnostic assays will be established, new microbiological molecular technology will be introduced now that there are three 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 (e.g., cholera, ETEC).

The Population Sciences and Extension Division reported that the Demographic Surveillance System report for 1988 has been published and a preliminary report for 1992 is also ready.

The Principal Investigator of the protocol "Improvement of health through community development oriented programme in rural Bangladesh: a project

for operations research" outlined, for the Committee, this challenging programme in which strategies for improving health in rural areas would be evaluated. Implementation, which will rely on self reliance, will be compared between three 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 Committee was informed that all three study groups will be comparable. However, the Committee expressed serious concern about the likelihood of obtaining three comparable study groups and advocated a more descriptive rather than an experimental approach.

The most notable finding of research in the Community Health Division was a 60% reduction in mortality of infants 0-6 months born to mothers who had received a single mega-dose of vitamin A supplement post-partum in mothers.

The Community Health Division Review Team was led by Professor Jack Bryant. In his absence, Dr Richard Morrow of Johns Hopkins University presented the Team's findings to the Committee. This report will be reviewed by the Division; and the response will be discussed at the next Board Meeting in June 1994. However, it is important to note that 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 division review. The review team supports the general direction taken by the division and its efforts to constrain the scope of its research agenda while expanding its effort to apply its research findings to practical programmes in the community.

The consultant's review of the Training Coordination Bureau, prepared by Mr Larry Marlow, was discussed. His extensive recommendations, directed at strengthening the position of training programmes in the centre and improving the quality of the training programmes provided will be considered by Centre management and a response given at the next meeting (June 1994). The Committee endorsed the

importance of the training and educational role of the Centre, a view that was supported by the representative of the Swiss Development Cooperation.

A revised draft of the Strategic Plan 1995-2000 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 main points made were that:

- a) 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.
- b) The choice of focus and priorities should take into account the strengths and competitive advantages of the Centre.
- c) Attention should be given to the training and education activities of the Centre as emphasized by the recent review.
- d) 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 and 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.
- e) The Strategic Plan is an important instrument in the Centre's communications with current 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 above comments into account when revising

the Strategic Plan draft. Board members were urged to submit specific comments in writing.

Dr Law thanked Professor Hamilton for his summary of the Programme Committee meeting. The Report was endorsed and accepted by the Board. Noting that all members had been present and all points had been discussed extensively in the Programme Committee Meeting, Dr Law asked if there were any additional comments.

The following comments were made:-

- a) Social Science - While being aware of the important role social scientists in the Community Health Division have played to date, it was stressed that professionals were needed and plans to give it further prominence with the Ford Foundation contribution were welcomed.
- b) The need to maintain expertise in data collection and management should not be forgotten.

#### Agenda 5: Finance Committee Report

##### a) 1993 Budget Update

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

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

The Associate Director, Finance, advised the Committee that, even though there was a projected operating deficit, there will be a surplus before depreciation. While a reasonable cash surplus is a basic necessity, an operating surplus after charging depreciation is not always essential as the 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.

**b) 1994 Budget**

The net operating deficit (after depreciation) is expected to be US\$ 332,000. This represents a decrease of US\$ 190,000 from 1993 (US\$ 522,000).

The cash operating surplus (before depreciation) is expected to be US\$ 336,000. This represents an increase of US\$ 199,000 from 1993 (US\$ 137,000). Concerted efforts to increase this surplus will be made by actively seeking new donors and continuing cost constraints.

c) **Resources Development Strategy**

Despite preoccupation in securing funds for the epidemic, some progress has been made with the implementation of the resource development strategy. Funded by the Ford Foundation, Jim Bausch (the Former President of Save the Children, USA), conducted a detailed review of the market for the Centre in the USA. His recommendations (which are detailed in the Finance Committee Report) included the comment that the Centre should concentrate most of its large-gift fund raising energies now and into the foreseeable future on philanthropic foundations and corporations.

Questions were raised as to why the Centre was concentrating its efforts on the US and Canada, and not looking to Japan, the rest of Asia or Europe. Mr Bausch and Mr Wright clarified to the Committee 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.

d) **Update on Appointment of Auditors**

In June 1993 the Board requested the Centre to conduct a survey among similar institutions to ascertain practice on appointment of auditors. A survey was conducted on members of the CGIAR group with fourteen respondents. Many CGIAR members are now considering adopting the following consensus that was resolved at the May Board Meeting of ICADA, that a change of External Auditors should be considered not less frequently than five to seven years. This policy does not preclude a change of External Auditors at a shorter period should performance prove unsatisfactory, nor extending their appointment beyond seven years should the Board consider such an extension in the best interest of the Centre.

The Finance Committee agreed that the Centre should follow the CGIAR



group's approach on the appointment of auditors.

**e) Hospital Endowment Fund**

Receipts for the first nine months of 1993 were US\$ 43,053 giving a balance at 30 September, 1993 of US\$ 98,310. No expenditure has been charged to the fund since inception. Dr Mahalanabis and his staff were commended on the work they have done to make the fund a success.

**f) Fixed Asset Acquisition and Replacement Fund**

Unfunded capital expenditure to be charged to the fund for the nine months to 30 September, 1993 totalled US\$ 365,000. The balance remaining in the fund at 30 September, 1993 totalled US\$ 373,000.

**g) Presentation of Financial Statements**

The Centre believes that it 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.

The Finance Committee agreed that, as long as the financial statements are prepared in accordance with generally accepted standards, the CGIAR presentation should be followed.

This being the end of the open session, the Chairperson thanked those donors and senior staff present for participating in the Board meeting and said that she looked forward to seeing them in the Support Group meeting tomorrow.

## CLOSED SESSION

### Agenda 5: Finance Committee Report (cont'd)

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) **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 1 November, 1992 was implemented on 1 July, 1993. Subsequent changes to the UN scale have been implemented by the UN system; the Centre is now paying at the following percentages against UN rates:

National Officers	71.4%	General Service Staff	72.7%
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To raise salaries to full UN rates would necessitate the following percentage increases:

National Officers	40.1%	General Service Staff	37.5%
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and would cost the Centre US\$ 1,863,000.

The generally accepted target is for National Officers and General Service staff in Grades 5 and 6 to be at 85% of local UN rates and General Service staff in Grades 1 through 4 to be at 75%. However, after lengthy discussion it was recommended that an increase in the salaries of national officers and general service staff be given as outlined in Resolution 2/Nov. 93 (see below).

#### b) **International Staff Salaries and Allowances**

International staff salaries and allowances were adjusted to 100% of

UN levels effective 1 July, 1992. Upward adjustments to UN scales since that date has resulted in them receiving a total of 90% of the salaries and allowances and home leave every second year instead of every year as allowed by the UN.

On the recommendation of the management, the question of adjusting salaries and allowances of international staff was deferred to the June 1994 Finance Committee meeting.

Dr Law thanked Professor Muller for his report. The report was endorsed and accepted by the Board. The following resolutions were passed:-

Resolution                    The Board resolved to approve the 1994 Budget.  
1/Nov. 93

Resolution                    The Board resolved that the salaries of National Officer  
2/Nov. 93                    and General Service staff grades 5 and 6 be increased as  
of 1 January, 1994 to a level of 77% of the local United  
Nations salary scales which were in force on 1 November,  
1993. The Board further resolved that the salaries of  
General Service staff grades 1 to 4 be increased as of  
1 January, 1994 to a level of 75% of the local United  
Nations salary scales which were in force on 1 November,  
1993.

#### Agenda 6: Personnel & Selection Committee Report

Dr R.H. Henderson, Chairman of the Personnel & Selection Committee, presented the Committee's Report.

He reported that:

- a) The overall staffing situation of the Centre was reviewed. 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.

- b) After reviewing the situation the Committee 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.
- c) 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.
- d) The Committee recommended that the search continue for a Senior Scientist and Head, Clinical Sciences Division (D1) and 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. Dr Mahalanabis' excellent service to the Centre was acknowledged.
- e) 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 the post of Senior Scientist and Head, PSED.
- f) The Committee noted the secondments of Drs Hiroaki Miura (JICA), Eugene Weiss (Johns Hopkins University) and James Ross (London School of Hygiene and Tropical Medicine), the first two being non-reimbursable and the third reimbursable.
- g) The Committee recommended to the Board that the project positions of

Cost Analyst/Health Economist (P3) and Health Scientist (P3) be established. It was noted that these positions will automatically terminate when the project is over.

- h) The Committee recommended to the Board that the position of External Relations Officer (P4) be established.
- i) The Committee considered the report on the rationalization of the Centre's staffing patterns. This paper suggests that, in addition to natural 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.
- j) 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 Board Chairperson was requested to consult with the Director and others on this and make a recommendation to the Board meeting.

Dr Law thanked Dr Henderson for his report and asked for any comments. The following points were discussed:-

- a) "Golden Handshake" - It was agreed that the Director could use the cash surplus (after giving raises to NO and GS staff) to fund this. However, should the amount required exceed US\$ 100,000 the Director should consult with the Chairpersons of the Board, Finance and Personnel & Selection Committees.

- b) Search Committee - Dr Law informed the Board that she would conduct the consultations before she left. If action is required before the June 1994 Board Meeting she will advise the Chairman of the Personnel & Selection Committee, otherwise it will be discussed at the June 1994 meeting.

The following resolutions were passed:-

- |                         |   |
|-------------------------|---|
| Resolution<br>3/Nov. 93 | The Board resolved to accept the Report of the Personnel & Selection Committee.   |
| Resolution<br>4/Nov. 93 | The Board resolved to renew Mr K.J.J. Tipping's (Australia) contract as Associate Director, Finance (D1) for three years from 16 October, 1994.   |
| Resolution<br>5/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<br>6/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<br>7/Nov. 93 | The Board resolved to establish the position (project) of Cost Analyst/Health Economist (P3).   |
| Resolution<br>8/Nov. 93 | The Board resolved to establish the position (project) of Health Scientist (P3).  |
| Resolution<br>9/Nov. 93 | The Board resolved to establish the position of External Relations Officer (P4).  |

Agenda 7: Dates of Next Meeting

It was agreed that the next meeting of the Board should be held in Dhaka from 7 to 9 June, 1994\*\*. The schedule agreed to is as follows:-

Monday, 6 June	Trustees arrive
Tuesday, 7 June	Programme Committee Meeting Personnel & Selection Committee Meeting
Wednesday, 8 June	Finance Committee Meeting Report writing, Trustee lectures
Thursday, 9 June	Full Board Meeting

There was a lengthy discussion on the External Institutional Review of Programme and Management planned for June 1994. In view of the numerous changes at the Division Head level and the re-shaping of scientific divisions expected in 1994, the Board agreed that it was not an appropriate time to have an External Institutional Review of Programme and Management and that this should be deferred. Recognizing that the Ordinance of the Centre requires that the Centre undergo an External Review every two years and that the next Review is due in early 1994, the Board agreed that the Review of the Community Health Division (Chaired by an External Reviewer), just undertaken would supplant the 1994 Review. A resolution (10/Nov. 93) was passed to this effect.

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\*\* The dates of the June 1994 Board Meeting were changed, after contacting all Trustees, on 4.1.94. The revised dates for the meeting are 14-16 June, 1994.

It was agreed that the dates for the November 1994 Board Meeting would be Friday, 18 November to Sunday, 20 November, inclusive and that the Support Group Meeting would be held on Monday, 21 November, 1994.

The following resolution was passed:-

Resolution 10/Nov. 93	The Board resolved that the Review of the Community Health Division, held in November, 1993, would supplant the 1994 External Review.
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Agenda 8: Miscellaneous

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

As part of its agenda, the Board met with the Staff Welfare Association (SWA) Executive Committee at 12.30 p.m. on Saturday, 20 November, 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 view of another increase in local UN salaries which leaves GS staff 37.52% and NO staff 40.13% behind UN salaries; and ii) to protect employees from the effects of devaluation of the Taka, they suggest that the Centre make monthly salary payment in US dollars converting the same into Taka since the salary of employees is budgetted in US dollars. This should also be applicable to the Centre's contribution to the Retirement Fund.

The Chairperson of the Board responded by assuring SWA that the Board was sympathetic to the problems, that there had been some discussion in the Committee meetings and that there would be further



discussion on the salary issue in the Board meeting on 21 November, 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.

**b) 25th Anniversary of ORT**

The Director informed members of plans which will take place in 1994 to celebrate the 25th Anniversary of ORT. These included i) a seminar on ORT early in 1994, to which the Honourable Prime Minister and Honourable Minister for Health and Family Welfare would be invited, and depending on the date, Heads of UN Agencies; and ii) a commemorative stamp.

The Trustees appreciated the Centre's role in this and asked to be kept informed on these and other activities.

**c) Selection of Trustees**

It was advised 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. The Board agreed that, in view of the considerable number of nominations already on file, only the Trustees themselves should be contacted with a request for nominating candidates.

Dr Maureen Law's first term as a member-at-large ends on 30 June, 1994. The Board re-elected Dr Maureen Law for a second term of three years from 1 July, 1994.

Professor Dr K.M. Fariduddin's first term ends on 6 February, 1994.

As a nominee of the Government of Bangladesh, the Government will be contacted to ascertain whether they wish Professor Fariduddin to continue for a further three years from 7 February, 1994, or whether he will be replaced from that date.

The following resolution was passed.

Resolution 11/Nov. 93	The Board resolved that Dr Maureen Law (Canada) be appointed as a Trustee of the Centre for a second term of three years from 1 July, 1994.
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Dr Law thanked everyone for their contributions and there was a warm vote of thanks to Dr Law for Chairing the meeting.

The meeting closed at 12.10 p.m.

:jc

25.4.94

3/BT/JUNE '94

DIRECTOR'S REPORT  
( including 1993 Annual Report)

## DIRECTOR'S REPORT

### 1.0 OVERVIEW

Continued pre-occupation with the Bengal vibrio and the celebrations of the silver jubilee of the first successful clinical trial of ORS were the highlights of this period.

#### 1.1 Research

- Investigations on V. cholerae 0139 syn. Bengal have continued and have resulted in a number of publications. The origin of this vibrio has yet to be determined with certainty but possibilities include mutations and genetic changes in a V. cholerae 01 strain or the acquisition of virulence genes by a previously unrecognized V. cholerae non-01 strain. Epidemiologically the information that a high proportion of positive family contacts of 0139 develop disease demonstrated another difference from El Tor disease.
- Two studies just completed on the safety of administration of 25,000 IU of Vitamin A in association with EPI to infants under six months of age showed a level of toxicity (as measured by bulging fontanelles) similar to the study using 50,000 IU of Vitamin A. An intriguing additional finding was the apparent predisposition of toxicity amongst infants with very low levels of serum retinol.
- Preliminary studies on assessment of Vitamin A studies in very young infants indicate that Vitamin A deficiency occurs commonly in this age group, a fact previously unappreciated. This finding is

supported by a retrospective study which showed a significant reduction in mortality amongst infants born (and breastfed) to mothers who received Vitamin A supplementation soon after delivery.

- The use of the preceding birth technique to estimate child mortality was found to be an effective and feasible proxy in situations where registration of vital events are not in place. This study was made possible because of the existence of the DSS data. This study and other conducted by the recently established Population Studies Centre point to its successful evolution as a population sciences research unit.

- Etc.

## 1.2 Training

- Two international workshops - one on demography and the other on family planning - held during this period exploited the Centre's training potential in fields other than diarrhoea.
- A review of the training activities of the Centre concluded with a number of recommendations requiring urgent attention.

## 1.3 Service

- The year 1993 ended with a record number of patients for the hospital in Dhaka. In 1994, the patient load was lower than the comparable period in 1993 but higher than 1992.
- An excellent review of the Computer Information Service Centre was done with consultants from the Asian Institute of Technology. The Centre is in the process of implementing the recommendations.

- The reorganization within the Director's Bureau to create an External Relations and Institutional Development Office and the appointment of Mr Graham Wright as assistant director in charge of the Office, has considerably strengthened the ability of the Director to meet the manifold obligations of the Office, and greatly improved the Centre's liaison with donors.
  
- Efforts to recruit senior staff to fill posts soon to be vacated is continuing with expectations that all will be filled before the end of the year.

## 2.0 RESEARCH AND RELATED ACTIVITIES

### 2.1 Research Output

The level of research activity peaked to a new high as measured by the number of publications and ongoing research protocols (Table 1). The Laboratory Sciences Division has been particularly productive. A list of publications appears in Appendix A-D.

Table 1: Research Output

	CHD	CSD	LSD	PSED	Total
<b>Papers published</b>					
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
1 Oct 93-31 Mar 94	8*	13	21	3	45
<b>Papers in press</b>					
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
1 Oct 93-31 Mar 94	15*	18	17	5	55
<b>TOTALS</b>					
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
1 Oct 93-31 Mar 94	23*	31	38	8	100
<b>Research protocols/ programmes in progress</b>					
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
1 Oct 93-31 Mar 94	38	28	17	10	93

\* Excludes briefing papers

## 2.2 Research Programmes and Divisional Highlights

Child Survival - The major focus of study continued to be on diarrhoeal diseases (acute, persistent and invasive diarrhoeas) and included etiology, pathogenesis, management and prevention. The Bengal vibrio received prominent attention with studies on the characterization of the organism, clinical and epidemiologic studies and development of diagnostic methods. A few studies on basic mechanisms of diarrhoea were undertaken including the effect of dietary protein supplementation on Insulin-like growth (IGF) factors and IGF-binding proteins in children with shigellosis.

A big study of the epidemiology of acute respiratory infection is being undertaken in a new field site (Mirzapur), and a clinical study to determine the role of hypoxemia in children with wheezing respiratory disorders and pneumonia is ongoing in Matlab. Preliminary studies on the possible protective role to infants of maternal immunization with pneumococcal vaccine are nearing completion.

Exciting studies on Vitamin A supplementation to infants have now been completed raising doubt of the safety of even low doses of Vitamin A given to infants under six months of age. On the other hand, evidence is accumulating from other studies indicating that Vitamin A deficiency is a real problem in young infants in Bangladesh.

Family Planning & Reproductive Health - Applied research focussed on improving management, quality of care and accessibility of MCH and FP services. Studies to understand family planning workers' perceptions of project interventions, quality of care, working conditions, and effects of employment on personal life are being undertaken. A special study looked at the situation of family planning and MCH programmes in Chittagong Division which is categorized as a low performance area. This is a



prelude to the Centre's move to this area to establish its new extension project field site.

A research protocol on reproductive tract infections will be implemented in Matlab soon.

Population - Demographic research focussed on the relationship of family planning with child health and nutrition, adverse pregnancy outcomes due to high fertility among adolescents, and correlates of injectable contraceptive choice. Other studies looked into gender differentials in mortality and use of preceding birth techniques to estimate child mortality.

Health Services Research - Besides studies in family planning, the Centre is embarking on health services research in urban Dhaka.

#### 2.2.1 COMMUNITY HEALTH DIVISION (CHD)

The major accomplishments of the Division during these six months are given below:

- Epidemiologists and physicians continued to visit areas of the country affected by outbreaks of cholera, defining the epidemic caused by the newly recognized strain of Vibrio cholerae 0139 Bengal. V. cholerae 01 has also increased in frequency during these six months, and now both vibrio strains are responsible for the disease. The competition between these two strains is being watched carefully.
- A controlled study in Dhaka showed that 10% of infants given 25,000 IU of Vitamin A at the EPI visits developed transient bulging of the fontanelles, indicating toxicity. These

results were essentially identical to those previously found when 50,000 IU were given. These findings may have important implications on strategies to control Vitamin A deficiency in young infants.

- A new rural study area was opened in Mirzapur, in collaboration with Kumudini Hospital, with the implementation of a study of diarrhoeal and respiratory illness in 250 newborns, who will be followed for two years. The acquisition of H. pylori infections is also being monitored in these infants.
- A study of the transplacental transfer of antibodies to Streptococcus pneumoniae from immunized mothers to their newborn children showed that antibodies were effectively transferred, and thus points to a new preventive strategy for severe pneumococcal disease in infants.
- The second Divisional Retreat was held at Rajendrapur on 6 and 7 November. A re-structuring of the scientific interest groups was made, which will be implemented in 1994.
- A Scientific Review Committee, appointed by the Board of Trustees, spent four days in November reviewing the operations of the Division, gave a very favourable report, and made suggestions for future improvements.
- A three year Urban MCH-FP Operations Research project proposal has been developed and finalized. USAID has agreed to fund the project up to 31 July 1997. The Operations Research project will start in July 1994 after concluding the current phase of the UHEP.
- Several planning and dissemination meetings were held to share UHEP's research and programme activity findings and to

plan and develop the Operations Research project. The first meeting, included a week long discussion/planning meeting with our Operations Research collaborating partner Concerned Women for Family Planning (CWFP) which also involved the Dhaka City Corporation officials and other selected NGO's active in MCH-FP programmes in urban areas. The second dissemination meeting involved several NGOs, ICDDR,B, USAID and EPI programme to share the conceptual framework of the Operations Research agenda and to explore collaborative arrangements with other organizations in Operations Research activities. The third dissemination meeting was held to share lessons learned from the volunteer service delivery system and to set up formal mechanisms to introduce UHEP volunteers into the service delivery programmes of NGO service providers in urban Dhaka. Over 50 NGOs participated in this discussion meeting. In March another meeting was held aimed at the mid-level Government of Bangladesh officials which included the Ministry of Health and Family Welfare, Dhaka City Corporation, UNICEF, UNFPA, WHO, NGOs and donors.

#### 2.2.2 CLINICAL SCIENCES DIVISION (CSD)

Despite the high patient attendance at the hospital, which was sustained since the last Board meeting, research and training activities were maintained, thanks to the dedicated efforts of the staff.

Highlights of the results of some of the studies completed are as follows:

- Exclusive breastfeeding could be reinstated in over 60% of a group of partially breastfed infants under three months of age, attending the diarrhoea treatment centre with appropriate counselling and lactation support.

- Vitamin A supplementation at a dose of 25,000 International Units (IU) given with the EPI schedule causes bulging fontanelle in 9% of the infants. Of interest is that many of these infants had very low fasting serum retinol levels (less than 10 micro gm per decilitre).
  
- Administration of folic acid by mouth during an acute episode of diarrhoea was ineffective in reducing diarrhoea severity and duration in infants.
  
- Short chain fatty acids in an animal model of shigellosis was shown to reduce inflammatory response in the colon.
  
- Preliminary results show that non-invasive tests for gastric acid output i.e. titrable urinary acid output and applied potential tomography (using impedance imaging) correlate well with standard pentagastrin stimulated gastric acid output tests.
  
- Family studies of patients with Vibrio cholerae 0139 showed that a high proportion of positive family contacts develop clinically severe disease.

Dr D. Mahalanabis visited the University of Alabama as part of ongoing efforts to establish a lasting institutional linkage and develop collaborative research projects on development of tools (e.g infra-red spectroscopy for detection of stable isotopes) for nutritional studies. He negotiated an umbrella agreement between the University of Alabama, Birmingham and ICDDR,B.

Dr Lennart Hammarstrom, Clinical Immunologist from Karolinska Institute, Sweden visited the Centre to develop collaborative research on immunoglobulins for therapy.

Professor Rolf Zetterstrom of Karolinska Institute, Sweden, visited the Centre to further work on the collaborative projects, including the project on renal function in shigellosis and its complications. His visit will be followed-up by Dr Hans Lindblad (a paediatric nephrologist) and Ms Helena Oborn (a metabolic nurse) also from the Karolinska Institute who will initiate this project.

A number of CSD staff have participated in providing technical assistance to various organizations (viz. Rukhsana Haider, S.K. Roy, Aminul Islam and Md. Abdus Salam)

The Travellers Clinic has moved to a more convenient location and a nurse has joined the clinic on a part-time basis.

### 2.2.3 LABORATORY SCIENCES DIVISION (LSD)

Some of the major accomplishments of the Division during this period are:

- Characterization of the new V. cholerae 0139 Bengal strain, and continued development of rapid diagnostic assays. Monoclonal antibodies prepared in our Immunology Laboratory are now being used in the SMART test being made by New Horizons Laboratory in the USA. The tissue culture clone was sold to the New Horizons laboratory. A contract to receive royalties from the commercial sale of these diagnostic kits was also signed.
- Immunogenicity studies of the new, killed, oral enterotoxigenic E. coli vaccine have been successfully carried out, and these results are being compared to those seen following natural infection with ETEC.
- Assays of serum antibodies to Helicobacter pylori in persons

participating in the cholera vaccine study in 1985, revealed that the presence of these antibodies, which indicate active infection with H. pylori, are a risk factor for the development of severe cholera in persons who have no vibriocidal antibodies. This is probably due to the decreased gastric acid that is seen with H. pylori infection.

- In July, the entire Division was moved to the newly constructed first floor of the Hospital building. Purchase of new equipment, made possible by a grant from the Sasakawa Foundation, Japan, has started.
- The Division organized an International Cholera Vaccine Workshop on 12-14 October; 25 participants from ten countries were involved. Recommendations were made for further development and testing of candidate oral cholera vaccines which would be protective against cholera due to both 01 and 0139 serogroups. A summary of the proceedings has been submitted for publication.
- Two LSD scientists made presentations at the US-Japan Cholera Meeting in California in December, 1993.
- The Outpatient Clinical Diagnostic Laboratory continues to increase its activity; it now services about 150 paying patients per day, and this number is increasing by about 25-30% annually.

#### 2.2.4 POPULATION SCIENCES & EXTENSION DIVISION (PSED)

##### Highlights

- The first UNFPA-sponsored workshop on "Collecting and Applying Longitudinal Demographic Data" was held in Dhaka 10-21

October, 1993. Participants came from projects in Ghana, Ethiopia, and South Africa. Dr Fred Sai, President of IPPF, also attended as a film was being made demonstrating this "South-South" collaboration and the family planning programmes in Bangladesh and Africa. This film is for the UN Population Conference in Cairo.

- A field oriented workshop "International Workshop on Improving Family Planning Programme Effectiveness and Quality of Care through Operations Research" was jointly organized by the ICDDR,B and the International Council on Management of Population Programmes (ICOMP). The workshop was attended by 16 participants from nine countries. This workshop has led to development of Matlab-Extension type projects in Gujarat and Maharashtra, India; and a proposal for a similar project in Pakistan and two West African countries.

#### Population Studies Centre

- The Population Studies Centre recently started a project to validate the event calendar, which is widely used in demographic surveys. This will be another study which can only be done using our longitudinal data.
- Monitoring Child Survival. The use of the preceding birth technique (PBT) to estimate child mortality in Bangladesh was examined using information collected from mothers bringing their children for immunization (EPI). It was concluded that the PBT can be a very effective tool to monitor child survival.
- The Population Studies Centre's interest in gender differentials in mortality and their implications resulted in a project for UNICEF to examine whether the level of this discrimination has changed over time. The results suggest

that discrimination against female children is decreasing and its nature is changing in the Matlab area.

#### MCH-FP Extension Project Activities

- Two major studies were initiated in collaboration with the University of Michigan to understand family planning workers' perception of project interventions, quality of care, working conditions and effects of employment on personal life.
- The Extension Project has over the years worked with the Government of Bangladesh to improve programme management through design and institutionalization of a field-worker record-keeping and reporting system for family planning. The next stage in development of management information system is the design of a feedback system and use of information for performance assessment and planning at the local level.
- Quality assurance of MIS data is another priority area for management improvement. The project staff continued to assist the MIS Unit of the Directorate of Family Planning in design, implementation and monitoring of a national training programme for field workers and supervisors.
- A special study analyzed the situation of family planning and MCH programme in Chittagong Division, the region where performance has lagged in the last decade. It proposed a number of strategies to strengthen programme performance.
- Several studies were carried out to assess the type and quality of MCH services at various levels with the Government programme, viz. a study on utilization of Trained TBAs; an evaluation of the Family Welfare Centres (FWC) and Satellite Clinics (SC); assessment of availability and use of technical reference manuals at the FWC, etc.



- Several other studies are underway to analyze the complaint profile of patients and treatment patterns at FWC and SC, and to assess client satisfaction of MCH services.
- The findings of service utilization studies have provided guidelines for design of interventions to reduce maternal mortality and morbidity.
- A field test of new IUD sterilizer, a modified version of the existing EPI sterilizer, demonstrated its utility in improving quality of IUD services by ensuring sterility of instruments.
- Another field project to implement home-delivery of injectable contraceptives through the Family Welfare Assistants (FWAs) within the normal Government programme in eight non-project thanas was initiated on behalf of the Directorate of Family Planning. A Steering Committee chaired by the Director General (FP) is overseeing this important intervention.

#### DSS Reports

- By the end of 1993 the DSS Annual Reports for 1988 and 1989 were published and tabulations for the 1990 report were well under way.
- Since DSS Annual Reports are large and complex and thus somewhat difficult to produce and understand, a brief report presenting key demographic indicators was proposed. Issues in the Early Indicators series would appear shortly after the end of the year. With encouragement from UNICEF, the DSS produced a trial key indicators report for 1992. This brief report, "Demographic Surveillance System: Early Indicators: Matlab - 1993" was distributed in July 1993. Lessons learned in producing this report will be invaluable next year when

regular annual production begins.

#### BRAC-ICDDR,B Project in Matlab

- The BRAC development activities in Matlab have been progressing as planned. About 100 Village Organizations have been formed with over 4,000 female members. A total of Taka 2.5 million has been distributed among the members as credit for undertaking various income generating activities. Over 100 non formal primary schools, with over 3,000 students - 70% of whom are girls, have been established.

The report of the baseline survey conducted in connection with the project is being published. Secondary analysis of the baseline data is being carried out by researchers from the participating organizations and a series of working papers is expected to be published soon.

A system of data collection to link the BRAC group members with the information available in DSS and RKS of ICDDR,B has been developed and put in operation. Computer facilities in Matlab are being set up to carry out the necessary linking and MIS related activities.

A field research station has been established in a village within the ICDDR,B comparison area. Resident researchers are carrying out in-depth investigations. Small scale pilot studies are being carried out in Matlab and elsewhere to develop appropriate methodologies to study the impact of BRAC's programme on health and well-being of the population and to understand its mechanisms.

#### Social and Behavioural Sciences

- As part of the strategy to strengthen and institutionalize the

social and behavioural sciences at the Centre, the Centre was successful in the recruitment of Dr James L. Ross, a medical anthropologist. Dr Ross joined as a Senior Research Scientist in mid-January on secondment from the Centre for Population Studies, the London School of Hygiene and Tropical Medicine. His contribution was immediately felt in the course of finalizing the Centre's strategic plan through the year 2000, and in articulating the role of the social and behavioural sciences in pursuit of institutional objectives. Dr Ross is currently working with the principal investigators of the BRAC-Matlab initiative in designing and implementing the agenda for that programme of research, as well as developing an institutional strategy for human resource and skill development in the social and behavioural sciences.

Improvement of Health through Community Development Oriented Programme in Rural Bangladesh

- An agreement with the Swiss Red Cross, representing a consortium of the German, the Dutch and the Swiss Red Cross societies was signed last January to implement the project. The first phase of the project will be of 3-5 years' duration. The project site has been chosen to be Chokoria thana of Cox's Bazaar district.
  
- A planning workshop was held last January last work out the activity schedule for 1994. Another workshop was held last March to develop a training curriculum for the project staff currently in the process of recruitment. Field offices will be opened soon and the field activity will commence in due course.

### 3.0 Training

Table 2 summarizes the routine activities undertaken during this period. In addition to these, the Centre is being increasingly involved in sharing its experience on the development of effective family planning programmes (see 2.2.4). It is likely that this will occupy a greater attention over the coming years. The Centre has also offered training courses on qualitative methods of research given by a visiting expert, Dr Bert Pelto.

An evaluation of the training activities of the Centre was conducted in October 1993 by Mr Larry Marlow, School of Medical Education, University of New South Wales, Sydney, Australia. The review concluded that whilst the Training Coordination Bureau has made a significant contribution, it has "currently lost strategic direction and leadership and is failing to realise its true potential". The review is being carefully studied and some of its recommendations are being carried out. An important pre-requisite appears to be availability of funds to recruit training consultants in the short term and to train our national staff in the long run.

In the meantime two of the senior staff of the Training Coordination Bureau - Dr R. Laila Akbar and Dr A.S.M. Mizanur Rahman - have left the Centre. Interim arrangements are in place to ensure continuation of the training programme while planning for radical restructuring.

Regular seminars of the Population Studies Centre (monthly), weekly inter-divisional forums and presentations by visiting guests have contributed to the continuing education of the staff as well as our regular trainees. (Appendix E).

Table 2: Summary of Training Activities - 1 October, '93 to 31 March, '94

Description of activities	Number of courses	Number of participants
<b>HEALTH RESEARCH TRAINING PROGRAMME</b>		
Health Research Training Fellowship		3
Course on Epidemiology Methods in Public Health	2	39
Project-based Fellows (Clinical 3, Physicians 9, Health Assistants 9, Others 6)		27 *
Research Traineeship		7
Post-graduate students (M.Sc. 7, M. Phil. 5)		12
<b>CLINICAL FELLOWSHIP PROGRAMME</b>		
Govt. of Bangladesh Fellows		8
Nursing Fellows		9
SAARC Fellows		9
<b>SHORT INTERNATIONAL TRAINING COURSES</b>		
Clinical Management of Diarrhoeal Dis. with Special Emphasis on Cholera	1	13
<b>SHORT NATIONAL TRAINING COURSES</b>		
Clinical Management of Diarrhoeal Dis.	2	40
<b>OTHERS</b>		
Orientation visits	1	4
Orientation training		199
Seminars (weekly 18, inter-divisional 13, clinical 9, population studies centre 6)	46	
<b>Total</b>	<b>52</b>	<b>370</b>

\* New recruitment during the period - 3 (physicians 2, others 1)

Participants' from: Bangladesh, Bhutan, China, India, Japan, Maldives, Nepal, The Netherlands, Nigeria, Pakistan, Peru, Sri Lanka, UK and USA.

#### 4.0 SERVICE - HEALTH CARE

#### 4.1 Hospital

##### 4.1.1 **DHAKA**

The patient load (Table 3) was lower than during the last reporting period but higher than the same period in 1992. Thanks to the outdoor pavilion that was erected last year, accommodation of patients has been possible without recourse to tents. The number of cases of the Bengal vibrio has steadily declined but has not disappeared.

Table 3: Patient load at Clinical Research Centre - Dhaka  
1 October, 1993 to 31 March 1994

Month & Year	Visits		Admissions					
	OPD		In-patient			ICU		
	<12 hrs	>12 hrs	< 1 day	1-7 days	> 7 days	< 1 day	1-7 days	> 7 days
Oct. 1993	9814	4493	1	366	101	-	119	22
Nov. 1993	7872	4047	3	348	86	16	104	24
Dec. 1993	7356	4012	6	293	84	8	119	22
Jan. 1994	6219	3395	4	315	77	12	105	30
Feb. 1994	4110	2347	3	218	89	5	94	15
Mar. 1994	5920	2701	4	269	83	9	99	19
Total	41291	20995						
	62,286		21	1809	520	50	640	132

#### 4.1.2 MATLAB

The number of patients in Matlab Diarrhoea Treatment Centre were comparable to the last two reporting periods (Table 4).

Table 4: Number of patients with duration of stay at Matlab Diarrhoea Treatment Centre - 1 Oct. 1993 to 31 March 1994

Month & Year	< 1 day	1 day	2-6 days	> 7 days	Total
Oct. 1993	724	1030	708	31	2493
Nov. 1993	654	998	629	31	2312
Dec. 1993	243	393	431	21	1088
Jan. 1994	215	308	356	11	890
Feb. 1994	100	205	242	22	569
Mar. 1994	197	227	212	14	650
Total	2133	3161	2578	130	8002

#### 4.2 MCH-FP Activities in Matlab

The MCH-FP field services statistics are shown in Table 5.

Table 6 gives details of the number of patients admitted to the Matlab hospital with non-diarrhoea related health problems.

Table 5: Number of patients treated (Matlab MCH-FP Project)  
1 October, 1993 to 31 March, 1994

Out patient Department											
Mth	Maternal Care									Child Care	
	A	B	C	D	E	F	G	H	Tot	0-1 Year	1-4 Years
Oct	98	23	447	556	226	139	6	66	1561	495	836
Nov	73	47	486	582	247	149	10	62	1656	992	881
Dec	76	40	421	527	187	121	13	79	1464	490	819
Jan	77	56	395	525	209	130	13	94	1499	531	894
Feb	73	51	408	425	170	84	9	73	1293	472	735
Mar	59	49	357	396	154	85	3	56	1159	409	715
Tot	456	266	2514	3011	1193	708	54	430	8632	3389	4880

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 6: Number of patients treated (Matlab MCH-FP Project)  
1 October, 1993 to 31 March 1994

Inpatients							
	Maternity	Mother	Wards Child	ARI	NRU	Total	Tubectomy Done
Oct.	18	10	27	38	8	101	35
Nov.	21	7	22	34	5	89	37
Dec.	5	4	20	46	8	83	3
Jan.	12	2	12	36	6	68	4
Feb.	16	5	19	41	5	86	2
Mar.	16	8	30	33	2	87	1
Total	88	36	130	288	34	516	82

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

#### 4.3 Urban Health Extension Project (UHEP)

The health services output is shown in Table 7.

Table 7: Urban Health Extension Project Service Output Statistics  
All Thanas - 1 October, 1993 to 31 March, 1994

	Age		Total
	< 5 years	> 5 years (Adult)	
<b>Health Product Distribution</b>			
No. of patients	24,935	36,207	61,142
ORS distribution	59,767	99,844	159,611
<b>Health Education/Motivation Sessions</b>			
(includes ORS preparation, hygiene, nutrition, immunization and family planning)		35,452	35,452
<b>Referral to Health Facilities</b>			
ICDDR,B	106	111	217
Nutrition Centres	36		36
Immunization Centres (EPI)	666	352	1,018
Family Planning Clinics		300	300
Other Health Facilities	125	186	311

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

The ECPP physicians in collaboration with Government of Bangladesh Health Services continued their investigations to monitor the progress of epidemic diarrhoeal diseases in the country and to study the antibiotic sensitivity and resistant patterns of V. cholerae 0139 (new) and V. cholerae 01. They also assisted the Government health personnel to set up temporary treatment centres in the affected areas.

Between October 1993 and March 1994 ECPP physicians spent a total of 64 person-days in the field covering epidemic affected districts of Sylhet, Sunamganj, Bogra, Pabna, Sirajganj, Jamalpur, Sherpur, Barisal, Patuakhali and Jhalokati. A total of 945 diarrhoea patients were treated: 761 (81%) of these were acute watery diarrhoea. A total of 149 systematic (every 5th) rectal swabs were collected from acute watery diarrhoea patients. V. cholerae 0139 was isolated from all the districts except from Sherpur district. In the northern districts V. cholerae 01 was isolated at a higher rate than V. cholerae 0139. All 0139 isolates were sensitive to tetracycline, whereas, V. cholerae 01 isolates were resistant.

#### 4.5 Satellite Diarrhoea Treatment Centres (SDTC)

The first SDTC was opened at Islambagh on 27 September, 1993. Before the formal opening, an intensive week long training was organized in ICDDR,B on the management of diarrhoeal diseases with emphasis on ORT. The training was attended by five physicians and eight health workers from the Dhaka City Corporation (DCC) and six physicians and ten health workers from the Gonoshasthya Kendra (GK).

During the last six months, a total of 3,709 patients were treated at the Islambagh SDTC. On the average, 4% of patients had severe dehydration and 5% had some dehydration; and the rest had mild diarrhoea.

The second SDTC at Jurain could not be started due to the lack of running water. Negotiations are underway to provide water.

This venture is meeting some constraints:

- GK cannot run the SDTC for a long period without their own

health programme in the area, for which they need authorization from the DCC. The authorization has not yet been given due to various administrative problems. As a result, GK may withdraw their support.

- The GK cannot provide clinical staff for the second SDTC, and the staff from the DCC will be only able to man the centre during office hours, i.e. from 8 a.m. to 3 p.m.
- Medical supplies from the Ministry of Health and Family Welfare can only be obtained if there is an epidemic.

It is hoped that the above are only teething problems that will be overcome.

## 5.0 TECHNICAL SERVICE

### 5.1 Computer Information Services

A new PC Laboratory, ICDDR,B-UNFPA Training Computer Laboratory was installed in December 1993 in the CIS area to provide computing facilities to ICDDR,B staff. The lab will be used to conduct computer based training on research and academic activities as well as for data analysis.

A team of consultants from the Asian Institute of Technology (AIT), Thailand, carried out a Centre-wide survey in March 1994, to evaluate the current computing environment and future computing needs of ICDDR,B as part of the ICDDR,B's Information Technology Strategy for the future. A seminar with a practical demonstration of communicating with AIT Campus Network Services was presented to the ICDDR,B staff during the survey. The team will present a formal report to the Director in April 1994.

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

Major activities of DISC performed from 1 October, 1993 to 31 March, 1994 are highlighted below:

**Library use:** Researchers, health professionals, research support personnel, trainees and students from universities, NGOs, IPH, NIPSOM and other organizations used the library facilities.

**Collection development:** A total of 225 new books (121 purchased), and 175 volumes of bound journals were added to the library collection. 403 journal titles were on the acquisition list for 1994. The Nuffield Library of the British Medical Association, London continued to honour request for photocopies of articles without charge. The library also received 86 reprints on diarrhoeal disease related subjects from authors and other sources.

**Borrowing facilities:** 8,023 volumes of books and journals were loaned to staff members, while 262 volumes of books and journals were borrowed by national institutions under the inter-library loan arrangement. The National Health Library and Documentation Centre, Dhaka, continued to be the greatest beneficiary of the service.

**Database and bibliographic service:** In addition to Medline, Popline, Compact AIDS Library databases on CD-ROMS, and the Current Contents on diskettes, the library added the DEVINSA Development Abstracts on diskettes.

**Information dissemination:** 10 issues of DISC Bulletin and 51 issues of Fast Bulletin were produced to inform library users about incoming books, relevant journal articles and issues.

**National collaboration:** Under the programme of collaborative activities with the national institutions, as many as 296 issues of duplicate journals and books were offered to some national organizations and institutions.

**Publications:** Two issues each of the Journal of Diarrhoeal Disease Research, Glimpse and Shasthya Sanglap and one issue of ICDDR,B News were published. In addition eight other internal publications were produced.

**Mailing and distribution:** Over 67,000 copies of the Centre's publications were either mailed or distributed to relevant points worldwide.

**Revenues:** DISC earned about US\$ 9,400 by selling publications and through subscription and memberships.

**Staff development:** Mr Farhad Hossain, Librarian, attended a Training Workshop on Information Technologies and Population Science

for Information Professionals from 12-21 October, 1993 in Beijing, China.

### 5.3 Animal Resources Branch

The Animal Resources Branch provided support to 21 activities, including ongoing research protocols. It also maintained inter-institutional collaboration with the Institute of Public Health (IPH) and other national research and educational institutes.

Dr A.S.M. Hamidur Rahman, Associate Scientist, was sent to CDC, Atlanta and JHU, Baltimore, USA for a short training on health monitoring of laboratory animals. After his return a small diagnostic laboratory has been set up for routine health monitoring of laboratory animals.

An incinerator, which will cost around US\$ 61,000, has been ordered. This was a long-felt need of the Branch and the Centre. The water supply of ARB has vastly improved by construction of an underground water reservoir.

### 5.4 Audio-Visual Unit

In addition to its routine activities of preparing slides, other audio-visual aids and documenting pictorially events at the Centre, the Unit is preparing itself to participate in the preparation of videos of the Centre, Matlab, etc.

### 5.5 Bio-Engineering Cell

This unit has considerably improved its services under its new head. It repaired 43 and installed nine pieces of equipment.

6.0 ADMINISTRATION & PERSONNEL

6.1 Personnel

6.6.1 STAFFING STATUS

Strict adherence to the current policy of restricting hiring of fixed-term staff in the core areas has continued. However, in some instances where replacements were considered absolutely essential, limited deviations had to be made. The Centre's staffing status as of 31 March, 1994, as detailed below thus shows a net separation of 14 staff members:

<u>Additions</u>		<u>Separations</u>	
<u>NO &amp; GS</u>		<u>NO &amp; GS</u>	
Conversions from contractual service agreement	: 4	Retirement/Abolition of post/Termination/Death	: 9
New appointments	: 5	Resignation	: 8
		Separation by mutual agreement	: 6
	-		--
	9		23

International Professional

New appointment	: 1	End of tenure	: 1
	--		--
Total	10		24

Net Separations : 14



#### 6.1.2 INTERNATIONAL PROFESSIONAL STAFF

- Mr Graham Wright joined the Centre as Assistant Director, External Relations & Institutional Development on 1 January, 1994 for a period of 3 (three) years. Mr Wright has earlier been with the Centre on a Contractual Service Agreement.
- Recruitment to fill vacancies including those of heads of three scientific divisions is actively being pursued.
- Mr Abdullah Hel Mostafa, CIS Manager, was released on 24 January, 1994 on completion of his six years of service at the international professional level. He will be replaced by a national officer.
- Dr James Ross, an American national, joined the Social and Behavioural Sciences of the Population Sciences and Extension Division on 1 January, 1994 as Senior Scientist under a secondment agreement with the London School of Hygiene and Tropical Medicine.
- Dr John Haaga, Project Director of the MCH-FP Extension Project, left the Centre on 31 December, 1993 on completion of his two and a half years' secondment agreement with the Centre. Recruitment for his replacement has been started.
- Dr Hioraki Miura, Visiting Scientist in the Laboratory Sciences Division and seconded by the Japan International Cooperation Agency (JICA), left in March 1994.
- Dr Abbas Uddin Bhuiya, a National Officer staff, was offered an international short-term appointment as Social Scientist, PSED from 1 January, 1994 to lead the Swiss Red Cross supported protocol.

### 6.1.3 ACHIEVEMENTS/NEW DEVELOPMENTS

- As agreed upon during the November 1993 Board of Trustees' Meeting, the scheme for Separation by Mutual Agreement (Golden Handshake) was offered to selected staff and generated a great deal of interest among the staff. By 31 March, 1994 six core staff members signed for this, out of which four were senior NO staff members and two from the GS category. By the end of April, 1994 another eleven staff members left the Centre by availing of this scheme.

### 6.2 General and Support Services

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

### 6.3 Staff Clinic

The Staff Clinic provided the usual health care services to national staff members and their dependents. A total of 12,701 patients attended the Staff Clinic since the last Board of Trustees' meeting.

### 6.4 Maintenance and Engineering Branch

This unit has been busy during this period. Some of the activities were:

- Construction of an underground water reservoir in Animal Resources Branch, road pavement on the south gate of the hospital building and of a fibre glass permanent shelter adjacent to the hospital;
- Shifting the Travellers' Clinic to a new site;
- Development of the IPH parking area; and

- Copper sulphate washing and painting of the north wing of the LSD Laboratory.

### 3.5 Procurement Office

The Supply Office has been reorganized and renamed as "Procurement Office", abolishing the position of Chief Supply Officer. Stores has been transferred to the Finance Division.

During this period this office received 1136 requisitions and issued 753 purchase orders valued at approximately US\$ 664,774.

## 7.0 STAFF DEVELOPMENT

Eight staff members returned after completing their prescribed course of study (one Ph.D., three Masters, and four non-degree). Another seven left for further training. In all, 21 staff members are currently pursuing courses abroad (14 for Ph.D., six for Masters and one for skill training). More details are available in Tables 8 and 9.

Following the recommendation of the review of the Training Coordination Bureau, the impact of training of staff will be evaluated.

Table 8: Distribution by discipline of staff studying abroad as of 31 March, 1994

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	6	2	0	8
Public/Community Health/Economics	1	3	0	4
Microbiology/Virology/ Clinical Microbiology/ Ser-diagnosis	3	1	0	4
Nutrition/Community Nutrition	1	0	0	1
Gastroenterology/ Medicine	3	0	1	4
<b>Total</b>	<b>14</b>	<b>6</b>	<b>1</b>	<b>21</b>

Table 9: List of Staff Members who returned after completing training  
1 October, 1993 to 31 March, 1994

Name, designation and Division	Funding Agency	Support level	Period	Area of training/ study
Mamun Shahrier Medical Officer CRC, CSD	C'wealth S/ship	III	2.10.89 16.10.93	Ph.D. in Gastro- enterology, Queen Eliz. Hosp. for Children, UK
Dewan S. Alam Medical Officer Matlab Health & RC, CHD	AIDAB	II	12.3.91 9.3.94	Master of Medical Science, Uni. of Queensland, Aust.
Md. Zeaur Rahim Asst. Scientist LSD	French Govt.	II	10.5.91 9.1.94	MS in Molecular Genetics, Pasteur Inst., France
Shamim A. Khan Medical Officer Matlab Health & RC, CHD	ODA/Brit. Council	II	30.7.92 3.10.93	MSc in Community Health in Devlpng. Countries, LSHTM, UK
A.S.M. Hamidur Rahman Asst. Scientist ARB, LSD	ICDDR,B	I	25.10.93 24.12.93	Trng. on health monitoring of lab. animals, NIH, USA
M.M. Hassan Head, Financial Accounting, Fin.	ICDDR,B	I	21.11.93 2.12.93	Orientation visit to IRRI, The Philippines
Shamima Moin Head, Budget Accounting, Fin.	ICDDR,B	I	21.11.93 2.12.93	Orientation visit to IRRI, The Philippines
Syed Saiful Huq Biomedical Eng. LSD	Beckman/ ICDDR,B	II	18.10.93 29.10.93	Trng. on Beckman's equip. Switzerland Austria & Poland.

## 8.0 FINANCE

During the period 1 October, 1993 to 31 March, 1994, the Finance Division continued to perform the necessary functions of a service support division. Highlights of its activities include the following:

- The 1993 annual accounts were signed on 21 March, 1994 without any qualification and the management letters from the joint auditors contained only minor matters. This reflects the continuing enhancements of the Division to improve systems, control and reporting.
- Stores were transferred from Administration and Personnel to Finance during the period and specific performance criteria and targets have been established.
- The position of Fixed Asset Manager has been abolished and functions transferred from Administration and Personnel to Finance.
- The 1994 USAID Dhaka review of the independent auditor's report on the Dhaka based agreements was completed. After intense lobbying and questions on the interpretation of USAID guidelines, only costs totalling some \$600 were disallowed compared to questioned cost in excess of \$100,000. As a result of this audit, controls and procedures on all procurements and payments under USAID agreements have been amended and strengthened.
- Computer programmes were developed to bypass manual calculation of employee payroll data for new staff and for change of grade and within grade increments, recording of imports against letters of credit and cash against documents to prevent any possibility of double payment. The time savings for national staff are only a few minutes per amendment but for the international staff it is about

one hour per amendment because of the complex calculations on insurance.

The constant review of systems and procedures of the Finance Division has resulted in productivity gains which have been directly translated into cost savings by a significant reduction in overtime and staff. Whereas overtime was a normal event two years ago, it is now only used at critical periods or for special exercises.

## 9.0 EXTERNAL RELATIONS & INSTITUTIONAL DEVELOPMENT OFFICE (ER&ID)

The External Relations Office has been renamed as above and reorganized to include the External Relations, Grants Administration, Public Relations and Information, and Committee Coordination offices.

### 9.1 Important personnel changes have characterized the reporting period:

- Mr Graham A.N. Wright has been appointed as a full-time international staff member as Assistant Director, External Relations and Institutional Development. Mr Wright's knowledge of the Centre allowed him to start work immediately.
- Mr Arifuzzaman Khan, the Grants Administration Officer, left the Centre in February and Dr Istiaque Zaman has been recruited to take his place. Dr Zaman is now undergoing training under the direction of Mr Wright.
- Mr Z.B.M. Bakht will add to his responsibilities that of public relations and information.
- Mr James Bausch, the consultant leading the efforts to prepare for the Centre Fund drive in North America resigned to become President of the National Charities Information Bureau. The Child Health Foundation has agreed to take over the administration of the funds remaining in Phase I of the project and that the balance has been transferred to CHF (\$2365.24), and the CHF will become the coordinating organization for the US-based Centre Fund drive efforts. Mr Robert Smith, former President of the University of Maryland Foundation, has agreed to serve as a consultant to CHF and ICDDR,B in carrying out the work described in the Centre's request to the Ford Foundation for the next phase of the



Centre Fund project. James Bausch had not written the Case Statement and another consultant, Mr Donald Batchelder, was identified to write it. A project proposal has been submitted to Ford Foundation for Phase II of the Centre Fund drive.

- 9.2 The ER&ID office also played a key role in the organization of the award ceremony in celebration of 25 Years of ORS, together with all the accompanying promotional literature and the special edition of the "Glimpse". Finally, on 5 February, 1994, amid much pomp and glamour, ICDDR,B in conjunction with the Ministry of Health and Family Welfare of the Government of Bangladesh, celebrated 25 Years of ORS. In a brief ceremony, awards were presented to Bangladesh Rural Advancement Committee (BRAC), the Government of Bangladesh, UNICEF, UNDP, USAID and WHO in grateful recognition of their contributions to ORS and international health and population research.

The awards were presented by the Prime Minister, Begum Khaleda Zia, and accepted by Mr Fazle Abed, Executive Director, BRAC; Mr Chowdhury Kamal Ibne Yusuf, the Minister of Health and Family Welfare; Mr James Grant, Executive Director, UNICEF; Mr James Speth, Administrator, UNDP; Ms Margaret Carpenter, Assistant Administrator, USAID; and Dr James Tulloch, Director, Control of Diarrhoeal and Respiratory Disease Programme, WHO. Dr Nafis Sadik, the Executive Director of UNFPA also attended the ceremony along with ministers, ambassadors, heads of mission and some of the scientists who were instrumental in the discovery of "the miracle solution" 25 years ago. The event was widely covered by national and international media.

- 9.3 The ER&ID office has been responsible for the coordination of the finalization of the Strategic Plan. In order to ensure the maximum possible involvement of all interested parties both within and

outside the Centre, this has taken some considerable time, and involved workshops and retreats as well as the review and incorporation (where appropriate) of reviewers' comments.

9.4 The ER&ID office is currently working closely with a Bangladeshi video company to produce two promotional videos for the Centre:

- **Centre Promotional Video (15-20 minutes)**

ICDDR,B is launching an endowment fund-raising campaign in the USA/Canada in 1995, and will require a promotional video to explain the role and importance of the Centre and its work on international health research. In addition, this video will be used to promote ICDDR,B to international donor agencies throughout the world.

- **Matlab Introduction Video (20-25 minutes)**

At present visitors to ICDDR,B's complex in Dhaka are shown around the hospital, laboratories and library facilities. This risks leaving the visitor with the impression that the Centre only conducts diarrhoeal disease research. The Matlab video will be used to provide an introduction to ICDDR,B's extensive field-based activities for those visitors who do not have the time to go down to Matlab.

9.5 The ER&ID continues to prepare project proposals to seek funding for the Centre. To date the following have been produced:

- Annual proposals for Australia, Arab Gulf Fund, Japan and UNICEF.

- Special proposals for SDC (for reorienting the Training Coordination Bureau), EEC (for funding the Matlab research infrastructure), Ford Foundation (for the Centre Fund drive),

NORAD (for ECPP), CIDA (for V. cholerae 0139 epidemic response), and the Government of Thailand (for the implementation of the Information Technology Strategy).

- Capital proposal for UNCDF (for an additional floor on the hospital).
- Tables 10 and 11, on pages 41 and 42 respectively, summarize the projected contributions for 1994 and donations received for epidemic assistance.

9.6 The ER&ID coordinated a workshop to examine the Centre's longer term plans and structure, and then efforts to enlist the support of UISAID to provide financial and personnel assistance to promote Health Services Research capacity strengthening in the Centre.

9.7 The ER&ID has been preparing the Proceedings of the 1993 Donors' Support Group meeting, which was generally perceived to have been a great success. These Proceedings will be finalized and circulated before the Board of Trustees meeting in June.

#### 9.8 Committee Coordination

##### 9.8.1 RESEARCH REVIEW COMMITTEE

The Research Review Committee (RRC) met five times and considered ten protocols and one project proposal.

##### 9.8.2 ETHICAL REVIEW COMMITTEE

The Ethical Review Committee (ERC) met seven times. During these meetings the Committee considered thirteen protocols, including two PCC-collaborative protocols.

Table 10: Summary of Projected Contributions for 1994 as of 31 March, 1994 by Donor

<u>Name of Donor</u>	<u>Estimated Revenue</u> \$
<b>CENTRAL FUNDS:</b>	
Arab Gulf Fund	350,000
Australia - AIDAB	293,000
Bangladesh	206,000
Belgium	88,000
Canada - CIDA (Core)	360,000
- CIDA (Prog. Support)	360,000
China	20,000
Japan - (Matlab/FP)	300,000
Saudi Arabia	58,000
Sweden - SAREC	309,000
Switzerland - SDC	768,000
United Kingdom - ODA	511,000
United States - USAID	325,000
UNICEF	250,000
UNFPA	200,000
<b>Total Central</b>	<b>4,398,000</b>
<b>PROJECT FUNDS:</b>	
Asian Development Bank	24,000
Bayer AG	68,000
Belgium - BADC	205,000
Canada - IDRC	106,000
Denmark - DANIDA	89,000
Ford Foundation	473,000
Japan (LSD, CSD, Training)	407,000
Johns Hopkins University	66,000
Norway - NORAD	105,000
Rockefeller Foundation	30,000
Sweden - SAREC	247,000
Switzerland - SDC	349,000
Swiss Red Cross	224,000
United Kingdom - ODA (RTI)	68,000
UNDP/WHO	350,000
United States - USAID & NIH	3,141,000
UNICEF	38,000
WHO	62,000
Others	144,000
<b>Total Project</b>	<b>6,196,000</b>
<b>GRAND TOTAL</b>	<b>10,594,000</b>

Table 11: Epidemic Assistance from Donors (in chronological order)  
to 31 March, 1994

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	28 October, 1993	107,930
United Kingdom	3 November, 1993	73,813
Norway - 3rd contribution	5 December, 1993	60,720
Total		637,055

### 9.8.3 PROGRAMME COORDINATION COMMITTEE (PCC)

The Scientific Review Committee (SRC) of PCC met on two occasions to consider two new proposals emanating from Dhaka University and Dhaka

Shishu Hospital, and to review the final reports of four completed protocols.

Presently the following two PCC protocols are ongoing:

- "A study to determine the impact of intervention to reduce the maternal, neonatal and perinatal deaths in rural areas." PI Professor M.A. Matin;
- "Antigenic characterization of human rotavirus serotypes by ELISA and RNA electrophoretotyping in Mymensingh." PI Professor Muzahed Uddin Ahmed.

#### 9.8.4 ANIMAL ETHICS EXPERIMENTATION COMMITTEE

The Animal Ethics Experimentation Committee (AEEC) met on 29 December, 1993 to finalize and approve the draft manual for "Care and Management of Laboratory Animals". The meeting approved the manual, and appreciated the efforts of the members of the Subcommittee for drafting the much needed manual. The meeting requested the Member-Secretary, AEEC (Dr K.A. Al-Mahmud) to circulate copies of the manual to the concerned institutes/ departments of the Government.

10.0 MISCELLANEOUS

10.1 ASCON III

The Third Annual Scientific Conference of ICDDR,B was held on 15 and 16 January, 1994. The theme was Environmental Health and Policy Perspectives. The conference examined issues of water, sanitation and hygiene practices in the control and prevention of diarrhoeal disease as well as the related factors of urbanization and population growth. Speakers included experts from the Government and NGOs as well as from the Centre. The conference concluded with a set of recommendations on policy-making issues relating to health, population, social and environmental factors.

During the free paper sessions, recent findings of research at the Centre were presented. This year's Annual Lecture was delivered by Professor Richard Feachem on "World Health: The Role of the Environment". The talk was much appreciated.

10.2 ORS 25th Anniversary Celebration, 5 February, 1994 (see 9.2)

To mark the silver jubilee of the first successful trial of the use of ORS, the Centre organized a gathering at the International Conference Centre, Prime Minister's Office.

The occasion provided considerable opportunity to highlight the Centre's role in international health and enabled the heads of the related UN agencies to better appreciate ICDDR,B's importance.

A few days later, an ORT Symposium was held at ICDDR,B at which some of the key actors of the ORS drama reminisced of their work 25 years

ago. Those present and who participated were Dr Abram Benenson (Director July 1962 - June 1965) who gave an "Overview of Dhaka Experiences"; Drs David Nalin, Richard Cash, Rafiqul Islam, Md. Yunus and A.S.M. Mizanur Rahman who spoke on "The Dhaka Experience" and Drs R. Bradley Sack and Dilip Mahalanabis who spoke on "The Calcutta Experience".

Commemorative plaques were awarded to those who took part in the first successful trial, namely Drs David Nalin, Richard Cash, Rafiqul Islam and A. Majid Molla (in absentia).

A similar (but less glamorous) event was held in Washington on 2 and 3 March, 1994, which again gave significant publicity to the Centre.

### 10.3 Strategic Plan

The strategic planning process continued during this period culminating in a two-day retreat to finalize the document. The organizational restructuring necessary to accommodate the Centre's new direction were also agreed upon.

It has been decided that both the MCH-FP Extension Project and the Urban Health Extension Project (UHEP) will be merged under one organizational unit (currently they are in separate divisions). Thus, the Centre's initial plan is to develop a Department of Operations and Systems Research under the Family Planning and Population (the current Population and Extension) Division. The two extension projects will form the core of this Department. A Senior Scientist will be recruited through the Population Council mechanism to lead this Department. He/she will have dual responsibility to provide intellectual leadership to the two projects and to work with other divisions in the Centre and outside to develop new initiatives in health systems research.



The Community Health Division will additionally house the following: Social and Behavioural Science Unit, BRAC-ICDDR,B joint project and the Swiss Red Cross project.

The Strategic Plan will be presented to the Board (Programme Committee) for approval at this meeting.

#### 10.4 HIV

An update on Centre's activities in HIV will be presented in the Programme Committee meeting. The Centre continues to search what the best role of the Centre should be in HIV involvement. A symposium held in November presented key institutional issues related to HIV activities, in which Government and NGO officials participated.

The symposium points to the direction of the Centre's involvement, viz. dissemination of information, sensitization of policy makers and a forum to air issues.

#### 10.5 Communication/Dissemination

##### 10.5.1 CONFERENCES

The staff of the Centre participated in a number of national and international conferences to present research findings of the Centre (Appendix F).

#### 10.5.2 PUBLICATIONS

In addition to scientific publications, the Centre disseminated its findings through "Glimpse", "Shasthya Sanglap".

A number of television crews visited the Centre and filmed the Centre's activities which were later aired in Europe and America. This has assisted in publicizing the Centre's international role.

DH:jc

11.5.94

## APPENDIX A

### COMMUNITY HEALTH DIVISION

PUBLICATIONS - October, 1993 to March 31, 1994

#### MANUSCRIPTS PUBLISHED

1. Attanayake N, Fauveau V, and Chakraborty J. Cost-effectiveness of the Matlab MCH-FP Project in Bangladesh. Health Policy and Planning, 1993; 8(4):327-338.
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4. Bilqis AH and Sack RB. Environment and women in disaster preparedness activities of Bangladesh, Waterfront; Issue 4: Aug 1993.
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6. Chowdhury AI, Bairagi R, Koenig MA. Effects of Family Sex composition on fertility preference and behaviour in rural Bangladesh, J Biosoc Sci, 1993;425(4):455-464.
7. Hall A, Nahar Q. Albendazole and infections with *Ascaris lumbricoides* and *Trichuris trichiura* in children in Bangladesh. Transactions of the Royal Society of Tropical Medicine and Hygiene. 1994;88,110-112.
8. Hall A, Nahar Q. Albendazole as a treatment for infections with *Giardia duodenalis* in children in Bangladesh. Transactions of the Royal Society of Tropical Medicine and Hygiene, 1993;87,84-86.

## Special Papers

**Published - During 1 October 1993 - 31 March 1994**

1. Arifeen SE, Mahbub AQM (Editors), Baqui AH, Islam N, Jahangir NM, Mahbub AQM, Paljor N, Siddiqi SM (Contributors). A survey of slums in Dhaka metropolitan area 1991. October 1993. (ICDDR,B working paper no. 39) (Urban FP/MCH working paper no. 11). ISBN:984-551-014-25.
2. Baqui AH, Arifeen SE, Amin S, Black RE. Levels and correlates of maternal nutritional status and consequences for child survival in urban Bangladesh. October 1993. (ICDDR,B working paper no. 42) (Urban FP/MCH working paper no. 14). ISBN: 984-551-017-43.
3. Fronczak N, Amin S, Nahar Q. Health facility survey in selected Dhaka Slums. October 1993. (ICDDR,B working paper no. 40) (Urban FP/MCH working paper no. 12). ISBN: 984-551-015-)
4. Laston SL, Baqui AH, Paljor N. Urban Volunteer Service in the slums of Dhaka: community and volunteer perceptions. October 1993. (ICDDR,B working paper no. 41) (Urban FP/MCH working paper no. 13). ISBN: 984-551-016-25.
5. Salway S, Jamil K, Nahar Q, Nurani S. Perceptions of pregnancy risk and contraceptive use in the postpartum period among women in Dhaka slums. November 1993. (ICDDR,B working paper no. 43) (Urban FP/MCH working paper no. 15). ISBN: 984-551-020-5.
6. Zeitlyn S, Brahman S, Jahan RA, Bateman OM. Sanitation and family education pilot project (SAFE): Report on qualitative assessments. CARE/Bangladesh, January, 1994.

## MANUSCRIPTS IN PRESS

1. Ahmed F. "Family latrines and paediatric shigellosis in rural Bangladesh: benefit or risk?" Int'l J Epidemiol.
2. Aziz KMA, Yunus M and Bhuiya A. Recent contributions of behavioral and biomedical scientists in applied anthropology on hygiene practices and management of diarrhoea in Bangladesh. Int'l J Anthropol.
3. Baqui AH, Arifeen SE, Amin S, Black RE. Levels and correlates of maternal nutritional status in urban Bangladesh. Eur J Clin Nutr.
4. Bilqis AH and Hoque MM. Partnership in rural water supply and sanitation. Health Policy and Planning.
5. Bilqis AH, Zeitlyn S, Ali N, Rosario S, Shaheed N and Yahya FSM. An integrated approach to promote sanitation in Banaripara, Bangladesh. World Health Forum
6. Bilqis AH, Aziz KMA, Hasan KZ and Sack RB. Women's involvement in a rural Bangladesh water and sanitation project. Southeast Asian Journal of Tropical Medicine and Public Health.
7. Chowdhury AI, Aziz KMA and Fauveau V. Seasonality of contraceptive acceptance and discontinuation in Matlab, rural Bangladesh. Int. J Indian Anthropological Society, India.
8. de Francisco A, Fauveau V, Sarder AM, Chowdhury HR, Chakraborty J. Measles in rural Bangladesh: issues of validation and age distribution. Int. J Epidemiol.
9. V. Fauveau, editor. Mother and child health in Bangladesh: what has been learned in Matlab, Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh, 1993.
10. Islam MS, Bateman OM. Cholera control in developing countries. Waterlines
11. Siddique AK. Emergence of new epidemic strains of *Vibrio cholerae* in Bangladesh: an epidemiological study. J Tropical and Geographical Medicine. Vol 46 No.3, 1994.
12. Zeitlyn S. Measuring hygiene behaviour: the importance of definition and meaning. Accepted 1993 by Sante, Culture, Health, Montreal.
13. Zeitlyn S. Breastfeeding: privileged knowledge or mothers perceptions. Medical Anthropology Quarterly.
14. Zeitlyn S. The ethno-physiology of digestion and diarrhoea in Bangladesh. JDDR.

### Special Paper in press

1. Bateman OM, Maru MR, eds.: Report on a symposium, "Responding to the HIV/AIDS Epidemic: Institutional Issues." ICDDR,B Publication.

COMMUNITY HEALTH DIVISION

LIST OF ONGOING PROTOCOLS - APRIL 1994

1. Determinants of birth weight, gestational age, and perinatal mortality among the urban poor in Dhaka, Bangladesh  
Ms Gretchen Antelman
2.  $\beta$ -carotene rich foods as a source of vitamin A  
Dr K.M.A. Aziz
3. Birth weight and infant mortality in the slums of Dhaka City: a prospective study  
Dr Shams El Arifeen
4. Safety and efficacy of vitamin-A supplementation in infancy using the EPI as an entry point: an urban and rural project  
Dr Abdullah H. Baqui
5. Initiation of HIV-related research  
Dr O. Masee Bateman
6. The Sanitation and Family Education (SAFE) pilot project  
Dr O. Masee Bateman
7. Health care use patterns of slum residents in Dhaka city  
Dr Maartinus Desmet
8. Empowering women for health: Assessing the impact of training and service delivery in Dhaka slums  
Dr K Dearden and Mr GNI Faisal
9. Wheezing associated respiratory disorders (WARD) and hypoxemia in hospitalised children under five years of age in rural Bangladesh  
Dr Samuel Erny, A. de Francisco,
10. Matlab Maternal and Child Health and Family Planning (MCH-FP) Programme and Record Keeping System (RKS)  
Dr Andrés de Francisco, Mr J. Chakraborty

11. Analysis of the effect of maternal vitamin A supplementation after delivery on infant morbidity and mortality  
Dr Andrés de Francisco, Y. Yasui,
12. Measles maternal antibody decay in infants  
Dr Andrés de Francisco, AJ Hall,
13. Maternity care in rural Bangladesh  
Dr Andrés de Francisco
14. Nutrition surveillance system  
Dr Andrés de Francisco, Mr J. Chakraborty
15. Measles surveillance system  
Dr Andrés de Francisco, Mr A.M. Sarder,
16. Maternal morbidity and choice of delivery care provider in the urban slums of Dhaka, Bangladesh  
Ms Nancy Fronczak
17. Epidemiology of diarrhoea and ARI in a cohort of new borns in rural Bangladesh  
Dr Zahid Hasan
18. Socio-environmental assessment of Meghna-Donagoda irrigation project (collaboration with Asian Development Bank)  
Dr Bilqis A. Hoque, AH Baqui, RB Sack
19. Environment and shigella dysentery in Dhaka city  
Dr Bilqis A. Hoque, D. Mahalanabis
20. Environment and child survival in rural Bangladesh  
Dr Bilqis A. Hoque,
21. Development of appropriate handwashing practices for Bangladesh (collaboration with Employment and Technology Development Agency, GoB & UNICEF)  
Dr Bilqis A. Hoque, Mr MS Islam, Dr D. Mahalanabis

22. Home management of water and ingestion of safe water project (collaboration with Employment and Technology Development Agency, GoB & UNICEF)  
Dr Bilqis A. Hoque, Mr MS Islam, Dr D. Mahalanabis
23. Water sanitation in slums in Dhaka city: situation analyses and appropriate intervention (collaboration with the Slum Improvement Project of GoB)  
Dr Bilqis A. Hoque, Dr D. Mahalanabis
24. Dysentery: surveillance system for children under five years of age  
Dr Jacques Myaux
25. Geographic information system  
Dr Jacques Myaux
26. Urban Health Extension Project - a child survival effort in Dhaka slums  
Mr Ngudup Paljor
27. Urban Surveillance System - a health & demographic data collection effort  
Dr A.H. Baqui
28. The effect of retinol and B carotene supplementation in lactating women on Breastmilk quality and Vit A status in infants  
Ms Amy Rice
29. Feasibility study of local production of cholera vaccines  
Dr R. Bradley Sack
30. Impact of infection at birth with rotavirus strain on subsequent rotavirus infection  
Dr Nigar Shahid
31. Maternal immunization with pneumococcal polysaccharide vaccines  
Dr Nigar Shahid
32. Epidemic Control Preparedness Programme (ECP)  
Dr A.K. Siddique



33. 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  
Dr Anna-Maria Vanneste
34. Epidemiology of acute respiratory infections Bangladeshi children--an analysis of the existing data  
Dr K. Zaman
35. Identifying the barriers to timely treatment for acute respiratory infections in infants and young children  
Dr Sushila Zeitlyn
36. Women and health: exploring the socio-cultural barriers and determinants of women's health status in rural Bangladesh  
Dr Sushila Zeitlyn
37. Technical assistance to Swiss Development Cooperation/BRAC's WHDP Programme  
Dr Sushila Zeitlyn

## LIST OF UHEP STUDIES

1. Opinions and perceptions of field-level family planning workers  
Ms Sarah Salway
2. Perception of pregnancy risk and contraceptive use in the post-partum period among women in Dhaka slums and family planning service providers  
Ms Sarah Salway
3. The determinants of cessation of exclusive breast feeding in the urban slums of Dhaka  
Dr Quamrun Nahar
4. Modes of family planning service delivery in the urban slums of Dhaka and its effect on contraceptive use  
Dr Kanta Jamil
5. Women's mobility in the urban slums  
Dr Kanta Jamil
6. Efficacy of Vitamin A in the first 6 months of life  
Dr A.H. Baqui
7. Immunization beliefs and coverage in Dhaka slums  
Dr Sandra Laston
8. The prevention and treatment of diarrhoea in Dhaka urban slums  
Dr A.H. Baqui
9. Mothers' management of diarrhoea in Dhaka urban slums  
Dr A.H. Baqui
10. A survey of slums in Dhaka metropolitan area  
Dr Shams El Arifeen
11. Mothers' perceptions of rice packet and glucose packet oral rehydration solutions for treatment of diarrhea in young children  
Dr Sandra Laston
12. Evaluation of diarrhea epidemic activities in Dhaka slums  
Dr Sandra Laston

## APPENDIX B

PUBLICATIONS- Clinical Sciences Division: October, 1993 to March 31, 1994

### MANUSCRIPTS PUBLISHED

1. Akbar M.S, Roy S.K, Banu N. Persistent Diarrhoea: Management in algorithmic approach using a low-cost rice-based diet in severely malnourished Bangladeshi children. J trop Paed 1993, 39:332-337.
2. Bardhan P.K., Rahman A.S.M.M. Islam S, Rahman M, Gyr. Effects of Tropisetron, a 5-hydroxytryptamine Type 3 Receptor Blocker, on Intestinal Secretion Induced by Cholera Toxin or Deoxyxholic Acid in Rabbits In vivo. Journal of Intl Med Res, 1993;21:323-333.
3. Haider R, Khan A.K.A., Roy S.K., Dewan N, Alam A.N., Mahalanabis D. Management of acute diarrhoea in diabetic patients using oral rehydration solutions containing glucose, rice, or glycine. BMJ 1994; 308:624-626.
4. Haider R. The baby-friendly hospital initiative and activities in Bangladesh (review article). Bangladesh J Child Health, 1993; 17(2):72-74.
5. Islam M.A., Biswas E, Rahman AKSM, Chakma DB. Factors Associated with Safe Preparation and Home Use of Sugar-Salt solution. Public Health 1994, 108,55-59.
6. 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, 1994; 59:5-9.
7. 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, 1994; 18(18): 63-65.
8. Mitra Ak, Albert M.J., Alam A.N. Bacteraemia and meningitis among hospital patients with diarrhoea. Transactions of the Royal Society of Tropical Medicine and Hygiene, 1993; 87:560-563
9. Roy S.K., Akramuzzaman SM, Haider R, Akbar MS. Persistent Diarrhoea: Role of nutrition in prognosis and nutrient absorption from a rice based diet. Br J Nutr 1994; 71:123-34.

10. Roy S.K. & Tomkins A.M. Persistent Diarrhoea: role of zinc and other micronutrients. In McNeish AS, Mittal S.K. and Walker Smith J-A (Eds) Recent trends in Diarrhoea and Malnutrition, New Delhi, India 1993: 52-63.
11. Roy S.K. Persistent Diarrhoea. In Hussain M Ed. Pediatric Diagnostic Approach. Dhaka, 1993:71-6.
12. Roy S.K. & Tomkins AM. Zinc Diarrhoea link. Dialogue on Diarrhoea, 1994;56-7.
13. Zeitlyn S, Rowshan R, Mahalanabis D, Faruque ASG. The ethnophysiology of diarrhoea and digestion in a Bangladeshi hospitalised population. J. Diarrhoeal Disease Res 1993; 11: 243-248.

#### MANUSCRIPTS ACCEPTED FOR PUBLICATION (IN PRESS)

1. Alam AN, Sarker SA, Wahed MA, Khatun M, Rahaman MM. Enteric protein loss and intestinal permeability changes in children during acute shigellosis and after recovery: effect of zinc supplementation. GUT
2. Alam AN, Islam MR, Hossain S, Mahalanabis D, Hye AKMA. Comparison of pivmecillinam and nalidixic acid in the treatment of acute shigellosis in children". Scandinavian Journal of Gastroenterology.
3. Faruque ASG, Mahalanabis D, Hoque S.S. Albert J. Relationship between ABO blood groups and susceptibility to Vibrio cholerae O139 diarrhoea. Clinical Infectious Diseases.
4. Faruque ASG, Mahalanabis D, Albert MJ, Hoque MS. Studies of Vibrio cholerae O139 synonym Bengal infection in family contacts of index case. Roy Soc Trop Med Hyg
5. Hoque SS, Faruque ASG, Mahalanabis D. Infectious causes of acute watery diarrhoea in infants and young children and their public health implications. J Trop Pardiatics.
6. Islam M.A, Hemalatha P, Bhaskaran P, Kumar A. Leukocyte and plasma zinc in maternal and cord blood: their relationship to period of gestation and birth weight. Nutrition Research.
7. Islam MA, Mahalanabis D, Majid N. Use of rice-based Oral Rehydration Solutions in a large diarrhoea treatment centre in Bangladesh: In-house production, use and relative cost. J Trop Med Hygiene.

8. Islam MA, Rahman MM, Mahalanabis D. Maternal and socioeconomic factors and the risk of deverse malnutrition in a child: a case control study, European J Clin Nutr
9. Islam MR, Alam AN, Hussain MS, Mahalanabis D. Effect of antimicrobial (Nalidixic acid) therapy in shigellosis and predictive values of outcome variables in patients susceptible and resistant to it. J Trop Med and Hyg.
10. Islam MR, Alam AN, Hossain MS, Mahalanabis D, Hye AKMA. Double blind comparison of oral gentamicin and nalidixic acid in the treatment of acute shigellosis in children. J Trop Paediatrics.
11. Mahalanabis D, Faruque ASG, Albert MJ, Salam MA, Hoque SS. An epidemic of cholera due to Vibrio cholerae 0139 in Dhaka, Bangladesh: Clinical and epidemiological features. Epidemiol Infect.
12. Rabbani GH and Islam A. Human Giardiasis: clinical aspects and prospects for control. In: Thompson RCA (ed). Giardiasis. University of Western Australia, Perth 1993.
13. Rahman MM, Islam MA, Mahalanabis D, Chowdhury S, Biswas E. The impact of health education on the feeding of green leafy vegetables at home to children of the urban poor mothers of Bangladesh. Public Health
14. Rahman MM, Islam AM, Mahalanabis D, Biswas E, Majid N, Wahed MA. Intake from an energy dense porridge liquefied by amylase of germinated wheat: a controlled trial in severely malnourished children during convalescence from diarrhoea. European Journal of Clinical Nutrition.
15. Rahman MM, Islam MA, Mahalanabis D. Mothers knowledge about vaccine preventable diseases and immunization coverage of a population with high rate of illiteracy. J Trop Paed 1994
16. Roy S.K., Tomkins AM, Haider R, Behrens R, Akramuzzaman SM and Mahalanabis D. Impact of zinc supplementation on clinical outcome, morbidity and mortality in Bangladeshi children with acute diarrhoea. BMJ
17. Roy S.K., Tomkins A.M., Draser B.S. Fluid and electrolyte transport in experimental zinc deficiency. GUT
18. Wahed MA, Mahalanabis D, Begum M, Rahman M, Islam S. Energy dense meals liquified by amylase from wheat: effect on viscosity, osmolality, macronutrients and on the growth of pathogenic bacteria. Food & Nutr. Bull.

CLINICAL SCIENCES DIVISION

List of ongoing protocols - April 1994

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

Dr. D. Mahalanabis

2. 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

3. The role of Entamoeba histolytica in the dysenteric syndrome in children and adults.

Dr. D. Mahalanabis

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

Dr. Mujibur Rahman

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

Dr. D. Mahalanabis

6. Double-blind randomised study of safety and efficacy of ciprofloxacin in the treatment of childhood shigellosis.

Dr. M.A. Salam

7. 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

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

Dr. Asma Khanam

9. 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

10. 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

11. 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

12. Study of the effect of vitamin A status and its supplementation on pneumonia.

Dr. AN Alam - Prof. MS Akbar

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

Dr. Shahadat Hossain

14. Algorithm for the management of persistent diarrhoea in hospitalized children in Bangladesh.

Dr. Hassan Ashraf

15. 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

16. Randomized double-blind study of efficacy of cefixime in the treatment of shigellosis

Dr. MA Salam

17. Effect of folic acid in acute diarrhoea in children

Dr. Hassan Ashraf

18. ICDDR,B Surveillance Programme - CRC

Dr. D. Mahalanabis

19. Volatile fatty acid (VFA) in experimental cholera and shigellosis

Dr. GH Rabbani

20. 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

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

Dr. M.R. Islam

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

Dr. P.K. Bardhan

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

Dr. Rukhsana Haider



24. Establishment of techniques: RDR and MRDR to assess vitamin A Status

MA Wahed & Dr. D. Mahalanabis

25. Assessment of vitamin A status using the deuterated retinol dilution technique: preliminary study of plasma kinetics in Vitamin A depleted and replete adult volunteers.

Dr. M. Aminul Islam (Univ. of California collaborative Protocol)

26. Development of non-invasive test to assess gastric acid output in children

Dr. Shafiq Sarker

## APPENDIX C

PUBLICATIONS- Laboratory Sciences Division: October 1, 1993, to March 31, 1994

### MANUSCRIPTS PUBLISHED

1. Albert M.J., Alam K., Ansaruzzaman M., Qadri F., Sack R.B. Lack of cross-protection against diarrhoea due to *Vibrio cholerae* 0139 synonym Bengal after oral immunization of rabbits with *Vibrio cholerae* 01 vaccine strain, CVD103-HgR. J Infect Dis 1994; 169:230-231.
2. Albert M.J., Ansaruzzaman M., Qadri F., Hossain A., Kibriya A.K.M.G., Haider K., Faruque S.M., Nahar S., Alam A.N. Characterization of *Plesiomonas shigelloides* strains that share type-specific antigen with *Shigella flexneri* 6 and common group 1 antigen with *Shigella flexneri* spp. and *Shigella dysenteriae* 1. J Med Microbiol 1993; 39:211-217.
3. Albert M.J. Personal reflections on the discovery of *Vibrio cholerae* 0139 synonym Bengal: A tribute to team work and international collaboration. J Diarrhoeal Dis Res 1993; 11:207-210.
4. Bardhan P.K., Rahman A.S.M.H., Islam S., Rahman M., Gyr K. Effects of tropisetron, a 5-hydroxytryptamine type 3 receptor blocker, on intestinal secretion induced by cholera toxin or deoxycholic acid in rabbits *in vivo*. J International Medical Res 1993, 21:323-333.
5. Faruque S.M., Alim A.R.M.A., Rahman M.M., Siddique A.K., Sack R.B., Albert M.J. Clonal relationships among classical *Vibrio cholerae* 01 strains isolated between 1961 and 1992 in Bangladesh. J Clin Microbiol 1993; 31:2513-2516.
6. Faruque S.M., Alim A.R.M.A., Roy S.K., Khan F., Nair G.B., Sack R.B., Albert M.J. Molecular analysis of rRNA and cholera toxin genes carried by the new epidemic strain of toxigenic *Vibrio cholerae* 0139 synonym Bengal. J Clin Microbiol 1994; 32:1050-1053.

7. Faruque S.M., Rahman M.M., Alim A.R.M.A., Hoq M.M., Albert M.J. Antibiotic resistance pattern of heat-labile enterotoxin (LT) producing *Escherichia coli* isolated from children with diarrhoea in Bangladesh: Clonal relationships among isolates with different resistance phenotypes. J Diarrhoeal Dis Res 1993; 11:143-147.
8. Haider K., Malek M.A., Albert M.J. Occurrence of drug-resistance in *Shigella* species isolated from patients with diarrhoea in Bangladesh. J Antimicrobial Chemother 1993; 32:509-511.
9. Haider K., Rahman H., Hossain A., Qadri F., Bhuiyan N.A. Construction of a plasmidless *Shigella dysenteriae* type 1 strain for genetic studies of *Shigella*. Bangladesh J Microbiol 1993; 85-93.
10. Higa N., Honma Y., Albert M.J., Iwanaga M. Characterization of *Vibrio cholerae* 0139 synonym Bengal isolated from patients with cholera-like disease in Bangladesh. Microbiol Immunol 1993; 37:971-974.
11. Hossain M.A., Hasan K.Z., Albert M.J. *Shigella* carriers among non-diarrhoeal children in an endemic area of shigellosis in Bangladesh. Trop Geog Med 1994; 48:40-43.
12. Iida T., Shrestha J., Yamamoto K., Honda T., Albert M.J. Cholera isolates in relation to the "eighth pandemic". Lancet 1993; 342:926.
13. Islam M.M., Azad A.K., Bardhan P.K., Raquib R., Islam D. Pathology of shigellosis and its complications. Histopathology 1994; 24: 65-71.
14. Islam M.S., Drasar B.S., Sack R.B. The Aquatic Environment as Reservoir of *Vibrio cholerae* : A review. J Diarrhoeal Dis Res 1993; 11:197-206.
15. Islam M.S., Hasan M.K., Miah M.A., Qadri F., Yunus M., Sack R.B., Albert M.J. Isolation of *Vibrio cholerae* 0139 Bengal from water in Bangladesh [Letter]. Lancet 1993; 342:430.
16. Kabir I., Malek M.A., Mahalanabis D., Rahman M.M., Khatun M., Wahed M.A., Majid N. Absorption of macronutrients from a high protein diet in children during convalescence from shigellosis. J Pediat Gastroenterol Nutr 1994; 18:63-67.

17. Mathan M., Mathan V.I., Albert M.J. Electron microscopic study of attachment and penetration of rabbit intestinal epithelium by *Providencia alcalifaciens*. J Pathol 1993; 171:67-71.
18. Mitra A.K., Albert M.J., Alam A.N. Bacteremia and meningitis among hospital patients with diarrhoea. Trans R Soc Trop Med Hyg 1993; 87:560-563.
19. Qadri F., Azim T., Chowdhury A., Hussain Z., Sack R.B., Albert M.J. Monoclonal antibodies of *Vibrio cholerae* 0139 synonym Bengal: Production, characterization and diagnostic application. Clin Diagn Lab Immunol 1994; 1:51-54.
20. Qadri F., Haque A., Hossain A., Albert M.J. Production of slime polysaccharides by *Shigella dysenteriae* type 1. Microbiol Immunol 1994; 38:11-18.
21. Qadri F., Haque M.A., Robins-Browne R., Albert M.J. Hemagglutinating properties of enteroaggregative *Escherichia coli*. J Clin Microbiol 1994; 32:510-514.
22. Rahman H., Haider K., Hossain A. Conjugal transfer of large virulence plasmid of enteroinvasive *Escherichia coli* of plasmidless strain of *Shigella dysenteriae* type 1 and *Escherichia coli* K-12. Banladesh J Microbiol 1993; 10:57-63.
23. Ramamurthy T., Albert M.J., Huq A., Colwell R.R., Takeda Y., Takeda T., Shimada T., Mandal B.K., Nair G.B. *Vibrio mimicus* with multiple toxin types isolated from human and environmental sources. J Med Microbiol 1994; 40:194-196.
24. Sack R.B., Albert M.J., Alam K., Neogi P.K.B., Akbar M.S. Isolation of enterotoxigenic *Bacteroides fragilis* from Bangladeshi children with diarrhea: a controlled study. J Clin Microbiol 1994; 32:960-963.

#### Papers in press

1. Albert M.J., Kabir I., Azim T., Hossain M.A., Ansaruzzaman M., Unicomb L. Diarrhoea associated with *Cyclospora* sp. in Bangladesh. Diag Microbiol Infect Dis 1994; 00:000-000.
2. Faruque A.S.G., Mahalanabis D., Albert M.J., Hoque S.S. Studies on *Vibrio cholerae* 0139 synonym Bengal infection in family contacts of index cases. Trans R Soc Trop Med Hyg 1994; 00:000-000.

3. Faruque A.S.G., Mahalanabis D., Hoque S.S., Albert M.J. Relationship between ABO blood group and susceptibility to *Vibrio cholerae* 0139 diarrhoea. Clin Infect Dis 1994; 00:000-000.
4. Haque R., Neville L., Hahn P., Wood S., Petri W.A. Jr. Detection of *Entamoeba histolytica* and *Entamoeba dispar* directly in stool. Am J Trop Med Hyg 1994; 00:000-000.
5. Hossain M.A., Kibriya A.K.M.G., Alam K., Jalal Sk. Isolation of salmonellae from stools of diarrhoeal patients in Bangladesh. Bangladesh J Microbiol 1994; 00:000-000.
6. Islam M.S., Alam M.J., Khan S.I., Huq A. Faecal Pollution of fresh water environment in Bangladesh. Intern J Environ Stud 1994; 00:000-000.
7. Islam M.S., Hasan M.K., Miah M.A., Huq A., Bardhan P.K., Sack R.B., Albert M.J. Specificity of Cholera Screen<sup>TM</sup> test during an epidemic of cholera-like disease due to *Vibrio cholerae* 0139 synonym Bengal. Trans R Soc Trop Med Hyg 1994; 00:000-000.
8. Islam M.S., Hasan M.K., Miah M.A., Yunus M., Zaman K., Albert M.J. Isolation of *Vibrio cholerae* 0139 synonym Bengal from the aquatic environment in Bangladesh: Implications for disease transmission. Appl Environ Microbiol 1994; 00:000-000.
9. Islam M.S., Miah M.A., Hasan M.K., Sack R.B., Albert M.J. Detection of non-culturable *Vibrio cholerae* 01 associated with a cyanobacterium from an aquatic environment in Bangladesh. Trans R Soc Trop Med Hyg 1994; 00:000-000.
10. Johnson J.A., Salles C.A., Panigrahi P., Albert M.J., Johnson R.J., Morris J.G. Jr. *Vibrio cholerae* 0139 synonym Bengal is closely related to *Vibrio cholerae* 01 El Tor, but has important differences. Infect Immun 1994; 00:000-000.
11. Mahalanabis D., Faruque A.S.G., Albert M.J., Salam M.A., Hoque S.S. An epidemic of cholera due to *Vibrio cholerae* 0139 in Dhaka, Bangladesh: clinical and epidemiological features. Epidemiol Infect 1994; 00:000-000.
12. Nakasone N., Yamashiro Y., Albert M.J., Iwanaga M. Pili of *Vibrio cholerae* 0139. Microbiol Immunol 1994; 00:000-000.

13. Nur-E-Kamal M.S.A., Al Mamun A.A.M., Ahmed Z.U. 1994. Molecular cloning of wild type and mutant *thyA* gene from *Shigella flexneri* Y. Microbiol. Immunol 1994; 38:000-000.
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15. Qadri F., Chowdhury A., Hossain J., Chowdhury K., Azim T., Shimada T., Islam K.M.N., Sack R.B., Albert M.J. Developemnt and evaluation of a rapid monoclonal antibody-based coagglutination test for direct detection of *Vibrio cholerae* synonym Bengal in stool samples. J Clin Microbiol 1994; 32:000-000.
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18. Shimada T., Arakawa E., Itoh K., Okitsu T., Matsushima A., Asai Y., Yamai S., Nakazato T., Nair G.B., Albert M.J., Takeda Y. Extended serotyping scheme for *Vibrio cholerae*. Current Microbiol 1994; 00:000-000.
19. Weintraub A., Widmalm G., Jansson P-E., Jansson M., Albert M.J. *Vibrio cholerae* 0139 possesses a capsular polysaccharide which may confer increased virulence. Microb Pathogen 1994; 00:000-000.
20. Yamamoto T., Albert M.J., Bardhan P.K., Sack R.B. Adherence to the human small intestines of capsulated *Vibrio cholerae* 0139. FEMS Microbiol Lett 1994; 00:000-000.
21. Yamashiro T., Nakasone N., Honma Y., Albert M.J., Iwanaga M. Purification and characterization of *Vibrio cholerae* 0139 pili. FEMS Microbiol Lett 1994; 00:000-000.

List of ongoing protocols - April 1994

1. Genetic analysis and phenotypic correlation of the plasmids universally present in strains of *Shigella dysenteriae* type 1.

Dr. Arifur Rahman

2. Haemagglutination ability and adhesiveness of *Shigella* species (Part 2).

Dr. Firdausi Qadri

3. Local and systemic antibody response to a peroral inactivated ETEC vaccine.

Dr. P.K. Bardhan  
Dr. Firdausi Qadri

4. Local and systemic immune response in patients in a diarrhoeal epidemic due to *Vibrio cholerae* 0139.

Dr. Firdausi Qadri

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

Ms. Leanne Unicomb

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

M.A. Wahed

7. Vitamin A status in Bangladeshi children.

M.A. Wahed

8. The role and characteristics of diarrhoeogenic *Escherichia coli* in clinical and epidemiological investigations.

Dr. M. John Albert

9. Biochemical fingerprinting in the epidemiological studies of diarrhoeal pathogens in Bangladesh.

Dr. M. John Albert

10. Role of *Helicobacter pylori* infection as a risk factor for cholera and as a modifier of oral cholera vaccine efficacy.

Dr. M. John Albert

11. Pathological and microbiological studies on fatal cases of diarrhoeal illness and acute lower respiratory infections.

Dr. M. Moyenul Islam

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

Dr. Md. Sirajul Islam

13. Rapid diagnosis of pathogenic *E. histolytica* infection.

Dr. Rashidul Haque

14. An evaluation of immune response in *Aeromonas*- associated diarrhoea and characterization of the strains for some important virulence markers.

Dr. Sunday A. Alabi

15. Identification of enteric pathogens using specific DNA probes.

Dr. Shah M. Faruque

16. Identification of enteric pathogen in biological specimens by specific DNA amplification.

Dr. Shah M. Faruque

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

Dr. Tasnim Azim



18. Immune status of children who develop persistent diarrhoea.

Dr. Tasnim Azim

19. A study of live oral cholera vaccine candidates in the RITARD model.

Dr. R.B. Sack

Dr. Zia Uddin Ahmed

20. Development of an immunodiagnostic assay for the detection of *Shigella* and identification of species/serotype specificity directly from human samples

Ms. Dilara Islam

21. Local and systemic immune response to shigellosis in adult humans

Ms. Rubhana Raqib

## Appendix D

### Population Sciences and Extension Division

#### Papers Published

Bhuiya, A. "Health programme inputs and infant and child survival in rural Bangladesh: Evidence from the Bangladesh Fertility Survey, 1989." In J. Cleland et al. (ed.) Secondary Analysis of BFS 1989 Data, pp 153-59.

Chowdhury, A.I., R. Bairagi, and M.A. Koenig, "Effects of family composition on fertility preference and behavior in rural Bangladesh." Journal of Biosocial Science 25:455-64, 1993.

Chowdhury, A.M.R., A. Bhuiya, A.Y. Chowdhury, and R. Sen. "The Bangladesh cyclone of 1991: Why so many people died." Disasters 17: 291-303, 1993.

#### Papers Accepted for Publication

Bairagi, R. and M.K. Chowdhury, "Interrelationship of socioeconomic status, anthropometric status, and mortality of young children in rural Bangladesh." Submitted for publication in International Journal of Epidemiology.

Alam, N. "Predictors of diarrhoea in Bangladeshi young children." Submitted to Journal of Tropical Pediatrics.

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 Demography India.

#### Research Protocols

##### Population Studies Centre

1. Can we use the preceeding birth technique (PBT) to estimates and monitor child survival in Bangladesh?  
PI: R. Bairagi.

2. Levels, trends and differentials of discrimination against female children in rural Bangladesh. PI: R. Bairagi.
3. Impact of the Grameen Bank on women's status and fertility in Bangladesh. PI: Mizanur Rahman.
4. Matlab Demographic Health Survey. PI: R. Bairagi.

#### Demographic Surveillance System Project

5. Demographic Surveillance System (DSS) - Matlab and Teknaf. PI: Michael A. Strong.
6. Demography of fetal loss in rural Bangladesh. PI: Darryl J. Hollman.
7. Maternal mortality in Matlab, Bangladesh. PI: Mohammad Shahidullah.

#### MCH-FP Extension Project

8. Operations research in MCH-FP. PIs: J. Haaga and R. Maru. [14 studies]

#### BRAC-ICDDR,B Joint Project

9. The importance of social and economic development programmes on health and well-being: A BRAC-ICDDR,B collaborative program in Matlab. PIs: Abbas Bhuiya and Mushtaque Chowdhury. [14 studies]

#### Swiss Red Cross Project

10. Improvement of health through community development oriented program in rural Bangladesh: A project for operations research. PI: Abbas Bhuiya.

Sl. No.	Date	Speakers	Titles of the seminars
15.	03-Mar-94	Ms. Nancy Fronczak International Fellow Urban Health Extension Project ICDDR,B	- Food Aid and Nutritional Assessment in Ex-Yugoslavia.
16.	07-Mar-94	Dr. Charoon Chirapaisarnkul Executive Director Regional Computer Centre Asian Institute of Technology Bangkok	- Campus Network Services: A Case Study - AITNET.
17.	23-Mar-94	Dr. Inger Kuhn Department of Bacteriology Karolinska Institute Sweden	- Biochemical fingerprinting system for the study of bacterial pollutants in the environment.
18.	31-Mar-94	Prof. Ruth McLin Department of Epidemiology & Social Medicine Albert Einstein College of Medicine USA	- Ethics and the Protection of Human Subjects in Research.

Sl. No.	Date	Speakers	Titles of the seminars
9.	03-Jan-94	Dr. Lennart Hammerstrom Karolinska Institute Sweden	- Immunoglobulins for Therapy.
0.	20-Jan-94	Dr. Zarina Rahman Khan Department of Public Administration, University of Dhaka & Dr. Helaluddin Khan Arifeen Department of Sociology Dhaka University	- Prostitutes and Health.
1.	20-Jan-94	Dr. Nate Pierce Medical Officer Division of Diarrhoeal and Acute Respiratory Disease Control, WHO, Geneva.	- WHO Priorities in Diarrhoeal Disease Research
2.	09-Feb-94	Prof. Christopher J. Hawkey Professor of Gastroenterology Department of Medicine Division of Gastroenterology University Hospital Queen's Medicine Centre, UK	- Mucosal integrity and inflammation in the gastrointestinal tract.
3.	07-Feb-94	SYMPOSIUM ON 25 YEARS OF ORAL REHYDRATION SOLUTIONS -----	-
		Dr. David Nalin Dr. Richard Cash Dr. Rafiqul Islam Dr. Md. Yunus Dr. A. S. M. Mizanur Rahman	- The Dhaka Experience
		Dr. R. Bradley Sack Dr. Dilip Mahalanabis	- The Calcutta Experience
		Dr. Abraham Benenson	- Overview of Dhaka Experiences
4.	13-Feb-94	Professor Klaus Gyr Department of Internal Medicine Kantonsspital Basel Switzerland	- Non-shigella invasive diarrhoea

## SEMINARS ORGANISED IN THE CENTRE

Sl. No.	Date	Speakers	Titles of the seminars
01.	07-Oct-93	Dr. Jose Ramiro Cruz Jefe, Infection, Nutrition and Immunologia INCAP Carretera Roosevelt Guatemala, Central America	- Diarrhoea and dysentery in Guatemalan children.
02.	14-Oct-93	Dr. Fred Sai President, International Planned Parenthood Federation, UK.	- Family Planning in Africa.
03.	21-Oct-93	Mr. Larry Marlow Gibson Marlow Consulting Australia & External Reviewer of the Training Coordination Bureau	- Theoretical Introduction to Effective Presentation.
04.	28-Oct-93	Dr. Mark C. Steinhoff Associate Professor Department of International Health and Paediatrics The Johns Hopkins University USA	- Bacterial Vaccines for ARI.
05.	20-Nov-93	Professor J. C. Caldwell Member, Board of Trustees, ICDDR,B	- AIDS Pandemic.
06.	20-Nov-93	Dr. Y. Y. Al-Mazrou Member, Board of Trustees, ICDDR,B	- Quality Assurance in Primary Health Care, A Review and Example.
07.	24-Nov-93	Dr. Ira M. Longini, Jr. Associate Professor Department of Biostatistics Emory University School of Public Health USA	- Estimation of Vaccine Efficacy and Effectiveness from Field Trials and Observational Studies.
08.	19-Dec-93	Dr. Shams N. Zaman Institute of Liver Studies King's College Hospital UK	- Primary Hepatocellular Carcinoma and Viral Hepatitis B and C Infection in Bangladeshi Subjects.

Sl. No.	Date	Division	Speakers	Titles of topics
10.	28/02/94	PSED	Ms. Lutfun Nahar	Child mortality differentials under maternal and child health and family planning programme in Matlab, Bangladesh.
11.	07/03/94	LSD	Dr. Mahbubur Rahman	Use of polymerase chain reaction (PCR) to detect quinolone resistant mutation in <u>gyrA</u> Gene of <u>Shigella Dysenteriae</u> type-1.
12.	21/03/94	CHD	Dr. Martinus Desmet	Health care costs for slum residents in Dhaka city, Bangladesh.
13.	28/03/94	CSD	Dr. M. A. Salam	Cefixime in the treatment of Shigellosis.

APPENDIX-E2

**INTER-DIVISIONAL SCIENTIFIC FORUM**  
**PERIOD: 01 OCTOBER 1993 - 31 MARCH 1994**

Sl. No.	Date	Division	Speakers	Titles of topics
1.	11/10/93	CSD	Dr. Wasif Ali Khan	Antimicrobial therapy for Diarrhoea due to <i>V.cholerae</i> 0139 Bengal.
2.	18/10/93	CHD	Dr. Shams El-Arifeen	Infant feeding practices in the slums of Dhaka and determinants of exclusive and predominant breast-feeding in the first six months of life.
3.	25/10/93	PSED	Dr. Peter Aaby Epidemiology Research Unit, Statens Serum- institut, Copenhagen Denmark	Long-term consequences of measles infection and measles immunization.
4.	01/11/93	LSD	Dr. Ziauddin Ahmed	Thermal stability of WC/rCTB killed cholera vaccine.
5.	08/11/93	CSD	Dr. Mamun Shahrier	Epithelial cell migration rates and lactase in group-B rotavirus infected suckling and weanling rats.
6.	06/12/93	PSED	Dr. Darryl Holman	The Penn State/ICDDR,B Foetal loss pruject: Methods and Preliminary Results.
7.	24/01/94	LSD	Dr. Tasnim Azim	Immunity in shigellosis.
8.	31/01/94	CSD	Dr. P. K. Bardhan	Choloyl Paba: A simple test for diagnosis of bacterial overgrowth in the small intestine.
9.	14/02/94	CHD	Dr. Eugene Weiss	Family planning in traditional markets in Nigeria: An example of health systems research (operations research).



**List of Seminars Organized by the  
Population Studies Centre**

Sl. No.	Date	Speakers	Titles of seminars
1.	30-Oct-93	Dr. Tanzina Mirza Dr. Parveen Akhter Khanam Dr. Therese Juncker	Utilization of trained traditional birth attendant
2.	25-Nov-93	Mr. Ali Ashraf	Field Level Management Information System of Bangladesh Family Planning Program
3.	30-Dec-93	Mr. Nurul Alam	Gender Difference in Childhood Mortality in Bangladesh: Its Trend Areal Variations and Correlates
4.	27-Jan-94	Prof. M. Humayun Kabir	The Ageing and the Aged in Bangladesh
5.	24-Feb-94	Dr. Karen B. Allen	Program Versus Demographic and Socioeconomic Contributions to Demand, attitude and contraceptive use
6.	28-Apr-94	Dr. Micheal A. Strong	Assessing the mortality Impact of Health Interventions: Lessons from the Matlab program.

## INTERNATIONAL CONFERENCES / WORKSHOPS ATTENDED BY ICDDR,B STAFF

PERIOD: 01 OCTOBER 1993 - 31 MARCH 1994

Sl #	Titles, venue, and duration of the conferences/ workshops	Staff members attended		
		Sl.	Name and designation	Division
01.	ICAAC meeting held during 17-20 October, 1993 in Orleans, USA.	01.	Dr. Mahbubur Rahman Associate Scientist & Head, Clinical Microbiology	LSD
02.	First Research Coordinated Meeting organised by the International Atomic Energy Agency, Austria, held in Boston, USA during 22-28 October 1993.	02.	Dr. M. Iqbal Kabir Scientist	CSD
		03.	Dr. S. K. Roy Scientist	CSD
03.	Global and European Conference on Environment and Public Health and Urbanization held in Antwerp, Belgium between 25-30 October 1993	04.	Dr. Abdullah-Hel Baqui Associate Project Director Urban Health Extension Project	CHD
04.	Workshop on Health System focussing on Reproductive Health organised by the Indian Institute of Management in Ahmedabad, India during 26-29 October 1993.	05.	Dr. Rushikesh Maru Operations Research Scientist MCH-FP Extension Project	PSED
05.	US-Japan Cholera meeting held in the USA during 1-3 December 1993	06.	Prof. R. Bradley Sack Associate Director	LSD
		07.	Dr. M. John Albert Research Microbiologist & Head, Department of Laboratory Research	LSD
06.	SAREC course on Population held in Harare, Zimbabwe during 5-10 December	08.	Dr. Mizanur Rahman Associate Scientist	PSED
07.	Seminar at the USAID on the Cholera 0139 in January as requested by Dr. Caryn Miller.	09.	Prof. R. Bradley Sack Associate Director	LSD
08.	Workshop on the design and evaluation of maternal mortality project held in Baroda, India during 7-11 February 1994	10.	Mr. J. Chakraborty Manager, Health Services Matlab Health & Research Centre	CHD

Sl #	Titles, venue, and duration of the conferences/ workshops	Staff members attended		
		Sl.	Name and designation	Division
09.	XII Biennial Conference of Pakistan Paediatric Association held in Lahore during 3-4 February 1994.	11.	Dr. Iqbal Kabir Scientist	CSD
		12.	Dr. Shafiqul A. Sarker Associate Scientist	CSD
		13.	Dr. Rukhsana Haider Assistant Scientist	CSD
10.	8th Asian Congress of Paediatrics held in New Delhi, India during 6-11 February 1994	14.	Dr. S. K. Roy Scientist	CSD
11.	Workshop on Maternal and Infant Mortality - Policy and Interventions' organised by the Aga Khan University, NIH, UNICEF and the World Bank in Karachi during 5-10 February 1994.	15.	Dr. LA de Francisco MCH-FP Physician	CHD
12.	International Conference on Safe Motherhood in South Asia: Challenges Ahead held during 3-5 March 1994 in Chandigarh, India	16.	Dr. Therese Juncker Visiting Scientist MCH-FP Extension Project	PSED
		17.	Dr. Tanjina Miza Senior Medical Officer MCH-FP Extension Project	PSED
		18.	Dr. Mobarak Hossain Medical Officer MCH-FP Extension Project	PSED
13.	Meeting on the Risk/benefits of Vit. A Supplementation in infants held in Washington on 8 April 1994	19.	Dr. Abdullah-Hel Baqui Associate Project Director UHEP	CHD

4/BT/JUNE '94

PROGRAMME COMMITTEE REPORT

Report of the Programme Committee Meeting  
Tuesday, June 14,15, 1994

The Open meeting was attended by:

Programme Committee Members:

Prof. J.R. Hamilton (Chairman)  
Prof. J.C. Caldwell  
Prof. Chen Chunming  
Maj. Gen. (Retd.) M.R. Chowdhury  
Dr. D. Habte (Director)  
Prof. F. Jalil  
Dr. M. Law (Chairperson of the Board)  
Prof. F. Mhalu

Other Members of the Board of Trustees:

Dr. R. H. Henderson  
Prof. A.S. Muller  
Dr. J. Rohde  
Dr. T. Wagatsuma

Senior Staff of the Centre.  
Representatives of the Donor Community.

1. The agenda was approved as revised.

2. Response of the Centre to the External Review of the  
Community Health Division held in November 1993:

Dr. R.B. Sack, the Associate Director of the Division outlined the response to what was a very complimentary review. An urban equivalent of the MCH-FP rural extension project is being developed. The division's work plan document has been restructured. Collaborative ties with a range of agencies and programs including the Bangladesh Government are being strengthened. Until funds are

available to support programs to strengthen staff training up to the PhD levels external consultants in epidemiological design will be used and approval to hire a health economist has been agreed to. Efforts are underway to strengthen services directed at improving pregnancy and perinatal care, through improved surveillance and care of pregnant women by nurses and mid-wives and, better, more effective referral channels to obstetrical care centres. As yet these latter initiatives have had no measurable impact on maternal health. The Committee asked for a progress report on these maternal health initiatives.

3. Response to the Review of the Training Coordination Bureau:

Dr. Habte responded to the report of a Consultant, Dr. Larry Marlow, who had spent 3 weeks reviewing training programs at the Centre in October 1993. This report acknowledged the Centre's contributions to training but it identified significant weakness in the loss of a strategic direction for the Centre's educational activities. A project proposal document was circulated which had been developed by the Centre from the reviewer's recommendations, outlining strategies to reestablish and reorient the Training Coordination Bureau. A new director, Dr. A.N. Alam, has been appointed. Training efforts will focus on high level trainees in an effort to influence future policy makers and on the trainers of trainers in order to exert the greatest impact. Priority will be given

to enhancing research capabilities, on the creation of innovative programs and on the use of modern teaching techniques. Subject material will be concentrated in those areas where special expertise exists in the Centre.

The written outline presented included a detailed work plan for 1994-1996 and a budget calling for additional expenditures of approximately US\$ 81,000 in 1994, increasing to US\$ 107,000 in 1996. The training budget would, with these additions, still constitute less than 3% of the Centre's budget.

The Committee felt that the plan presented was appropriate; it permitted the necessary integration of educational programs with the divisional structure while promoting improvements in the quality, quantity and focus of the Centre's educational efforts.

4. Strategic Plan:

A revised version of the Plan incorporating many of the suggestions received from Trustees, donors and staff was circulated; it was very well received. Discussion focused on issues related to the Centre's evolving role and ever changing research agenda. While the central focus of its research remains diarrhoeal diseases it is important to promote the message that its work extends well beyond a narrow definition of that subject to include a wide range of areas and disciplines including population studies,

behavioural research, maternal health felt to be relevant to diarrhoea.

Several suggestions were received and other written comments invited. It was agreed that

1. No effort to change the official name of the Centre should be made at this time. However, it is appropriate to place on the title page under the ICDDR,B logo the term "The Centre for Health and Population Research".
2. Some minor revisions should be made in the introduction to reemphasiz the Centre's continuing central commitment to the study of diarrhoeal diseases.
3. The final version of the Plan should be prepared immediately and published without further discussion.

Mr. Graham Wright and all those involved in the production of the document were complimented for their superb effort.

5. Presentation of New Divisional Structure:

The Director reported on some minor adjustments made in the structure of the Centre's divisions.

Each division is responsible for its programs and its projects, the latter being supported by specifically targeted funds. In each division there are branches in which there are sections in which there are units.



Specific rank is assigned to those with responsibility at each level. With the divisional director now being a "Director", the Centre Director is the "Executive Director".

The Population Sciences and Extension Division becomes the Family Planning and Population Division (FPPD). A Social and Behavioural Sciences program incorporating the Social and Behavioural Unit, the BRAC-ICDDR,B and the Swiss Red Cross-ICDDR,B projects will transfer to Community Health while UHEP will transfer to the new FPPD.

The Committee felt that these proposals were logical and appropriate.

6. Update on HIV:

Dr. M. Bateman reported on the significant progress made by the HIV Coordinating Committee he chairs.

In November 1993 the Centre hosted a successful symposium "Responding to the HIV/Aids Epidemic - Institutional Issues" sponsored by NORAD and the Ford Foundation.

The safety of transfused blood is being improved by establishing a small blood bank in the Centre; efforts are also being made to shift from paid to volunteer donors and testing for VDRH and Hepatitis B, but not HIV. The Centre has no plans to begin testing for HIV. This decision which stimulated considerable discussion, received the support of

committee members.

A small workshop is planned to focus on the basics of program development for HIV prevention.

A Committee to link with the International HIV/Aids Alliance has been formed in Bangladesh. It includes Dr. Bateman and Maj. Gen. Chowdhury of the Board. This group will evolve as an independent group but their initial institutional home is ICDDR,B.

7. Other Business:

a) Information Technology Strategy

Dr. Strong and a Consultant, Dr. Charoon outlined a detailed proposal for the Centre's Information Technology Strategy. The Centre's needs are clear and not in dispute. The mainframe computer is old, obsolete and in need of replacement. The Centre has not yet been able to take advantage of new communication technology. Dr. Charoon presented a proposal which favours replacement of the main frame computer with an IBM AS/400 mid-range computer and a UNIX-based host. He recommended the establishment of a local area network for existing PC's and a linkage to an international leased line to connect with Internet.

An implementation period of 18 months is proposed. The costs involved would include US\$ 282,000 for installation of equipment and annual costs of US\$ 146,000. Committee members expressed support for the proposal, recommending

that it proceed when funds were available. From the discussion, it was suggested that a more gradual pace of installation might be feasible and necessary given the high cost.

b) BRAC/ICDDR,B Project

Dr. Abbas Bhuiya outlined the extensive newly launched collaborative project in the Matlab area. Through an extensive involvement in a large number of villages the project will assess the impact of independent initiatives on a range of parameters of human well-being. Thirteen specific studies are now underway.

This project has relied on DSS data for baseline findings and will use these data supplemented by maternal health and other measurements to assess the impact of interventions made.

c) Improvement of Health Through a Community Development Programme in Rural Bangladesh

An outline of this ambitious project had been circulated. The document was briefly discussed. The project aims to mobilise local community initiatives as self-help activities which, with some outside assistance, will promote health. Involving approximately 45,000 subjects, ICDDR,B will be involved in this collaborative study to assess impact over a 3-4 year period.

d) Communications between Divisions and Disciplines at ICDDR,B and between ICDDR,B and Other Groups

Dr. Rhode asked for information on mechanisms in place at the Centre to promote coherence and coordination of plans and actions in the Centre. The discussion that followed revealed a very reassuring very lengthy list of established regular conferences, committees and interactions, all directed at facilitating these important communications.

Prof. J.R. Hamilton

5/BT/JUNE '94

FINANCE COMMITTEE REPORT

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

**HELD ON JUNE 15 1994 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**

Mr. S.S. Ahsan  
Prof. J.C. Caldwell  
Maj. Gen. M.R. Choudhury (Retd.)  
Prof. C. Chunming  
Dr. J.R. Hamilton  
Dr. R.H. Henderson  
Prof. F. Jalil  
Prof. F.S. Mhalu  
Dr. J.E. Rhode

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

The Committee convened at 9.15 on June 15 in the Sasakawa Training Lecture Room number 1

1. **Approval of the Agenda**

The draft agenda was approved with agenda item 6 being deleted as it had already been discussed during the closed session of the Personnel and Selection Committee held on the evening of June 14.

2. **1993 Audited Financial Statements and Auditors' Reports**

The audit of the 1993 accounts was completed and signed on March 21 1994.

The joint auditors considered that there were no matters of significance which needed to be reported to the Board. However, they have submitted letters to Management covering minor matters which have already been replied to.

**INCOME**

**Donor Contributions** increased by \$643,000 (6.7%) from \$9,527,000 to \$10,170,000. This increase comprised:

	<u>1993</u> <u>ACTUAL</u>	<u>1992</u> <u>ACTUAL</u>	<u>DIFF.</u>
Central contributions	3,902,000	4,049,000	(147,000)
Disaster relief	<u>603,000</u>	<u>45,000</u>	<u>558,000</u>
<b>Total Central</b>	4,505,000	4,094,000	411,000
Project contributions	4,760,000	4,468,000	292,000
Fixed assets	<u>176,000</u>	<u>235,000</u>	<u>(59,000)</u>
	4,936,000	4,703,000	233,000
Project overhead	<u>729,000</u>	<u>730,000</u>	<u>(1,000)</u>
<b>Total Project</b>	5,665,000	5,433,000	232,000
<b>Total Contributions</b>	10,170,000	9,527,000	643,000

**Other Income** comprises sales of laboratory services, interest earned, exchange gains, equipment rentals, travelers and veterinary clinic income, tuition fees etc. It increased by \$178,000 (29.3%) from \$608,000 to \$786,000.

**Total Income** increased by \$821,000 (8.1%) from \$10,135,000 to \$10,956,000.

## **EXPENDITURE**

**Operating Cash Cost** increased by \$889,000 (8.8%) from \$10,117,000 to \$11,006,000. This increase comprised:

	<u>1993</u> <u>ACTUAL</u>	<u>1992</u> <u>ACTUAL</u>	<u>DIFF.</u>
Project costs	4,760,000	4,472,000	288,000
Project fixed assets	<u>176,000</u>	<u>235,000</u>	<u>(59,000)</u>
<b>Total Projects</b>	4,936,000	4,707,000	229,000
<b>Central Costs</b>	6,070,000	5,410,000	660,000
<b>Total Operating Cash Cost</b>	11,006,000	10,117,000	889,000

The increase in Central cost was the result of expenditure related to the epidemic and the remuneration increment granted to National Staff in January 1993.

**Depreciation** increased by \$2,000 (0.3%) from \$704,000 to \$706,000.

**Total Expenditure** increased by \$891,000 (8.2%) from \$10,821,000 to \$11,712,000.

## **BALANCE**

**Net Operating Deficit** increased by \$70,000 (10.2%) from \$686,000 to \$756,000.

**Cumulative Operating Deficit** increased by \$756,000 (18.7%) from \$4,039,000 to \$4,795,000.

**Cash Operating Deficit**, after adjusting for profit on sale of fixed assets of \$2,000 (1992 \$6,000), fell from a surplus of \$12,000 to a deficit of \$52,000.

**Cumulative Cash operating Surplus** decreased by \$52,000 (2.1%) from \$2,475,000 to \$2,423,000.



## **Discussion**

The Associate Director, Finance advised that the income and expenditure for 1993 was seriously affected by the 0139 epidemic with the costs probably being in excess of emergency relief funds received.

The meeting found it very disturbing that the Centre had again been unable to fund depreciation.

## **Draft Resolution FIN:01**

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

The Board resolved to accept the audited Financial Statements for the 1993 year.

### 3. **1994 Budget Update**

#### **INCOME**

**Donor Contributions** which were budgeted at \$11,585,000 are expected to decrease to \$10,594,000. This decrease of \$991,000 (8.6%) comprises:

	<u>1994</u> <u>BUDGET</u>	<u>1994</u> <u>FORECAST</u>	<u>DIFF.</u>
<b>Central Contributions</b>	<u>4,578,000</u>	<u>4,398,000</u>	<u>180,000</u>
Project contributions	5,787,000	5,166,000	621,000
Fixed Assets	<u>254,000</u>	<u>250,000</u>	<u>4,000</u>
	6,041,000	5,416,000	625,000
Project overhead	<u>966,000</u>	<u>780,000</u>	<u>186,000</u>
<b>Total Project</b>	<u>7,007,000</u>	<u>6,196,000</u>	<u>811,000</u>
<b>Total Contributions</b>	11,585,000	10,594,000	991,000

The causes of the expected decrease in Central contributions are:

a) Unanticipated Income

UNFPA for DSS		200,000
AIDAB - increased contribution		82,000
CIDA - program support		<u>360,000</u>
		642,000

b) Unanticipated loss of Income

CIDA - 50% reduction	440,000	
Netherlands	250,000	
Norway - now ECPP under projects	100,000	
Currency fluctuations and other	<u>32,000</u>	<u>822,000</u>
		180,000

Project contributions have fallen in line with expenditure and are commented on under expenditure below. Project overhead is forecast to fall because of late start and yet to start projects.

**Other Income** for 1994 was budgeted at \$650,000 and, unless there are substantial movements in interest rates, currency fluctuations or a Taka devaluation, this is expected to increase by \$25,000 (3.9%) to \$675,000.

**Total Income** for 1994 was budgeted at \$12,235,000. After incorporating the above it is now forecast at \$11,269,000, a decrease of \$966,000 (7.9%).

**EXPENDITURE**

**Operating Cash Cost** which was budgeted at \$12,126,000 is forecast to decrease by \$821,000 (6.8%) to \$11,305,000. This decrease comprises:

	<u>1994</u> <u>BUDGET</u>	<u>1994</u> <u>FORECAST</u>	<u>DIFF.</u>
Project costs	5,787,000	5,166,000	621,000
Project fixed assets	<u>254,000</u>	<u>250,000</u>	<u>4,000</u>
<b>Total Projects</b>	6,041,000	5,416,000	625,000
<b>Central Costs</b>	6,085,000	5,889,000	196,000
<b>Total Operating Cash Cost</b>	12,126,000	11,305,000	821,000

Project costs will decrease because of late start and yet to start projects mainly comprised of USAID and Swiss Red Cross.

Central costs will decrease mainly as a result of the late hiring of Associate Directors at a saving of \$157,000 in international salaries. Other costs are up and down reflecting a more up to date review of likely expenditure. Even though local salaries are forecast to rise by \$27,000 the trend is downwards as the forecast includes \$67,000 for the net cost effect of central staff rationalization.

**Depreciation**, which was budgeted at \$668,000, is forecast to increase by \$94,000 (14.1%) to \$762,000. The increase results from depreciation on fixed asset acquisitions and a conceptual calculation error made in preparing 1994 budget.

**Total Expenditure** was budgeted at \$12,794,000 and is anticipated to decrease by \$727,000 (5.7%) to \$12,067,000.

#### **BALANCE**

**Net Operating Deficit** after depreciation was budgeted at \$559,000. This is anticipated to increase by \$239,000 (42.8%) to \$798,000 because of the net effect of changes in income and expenditure.

**Net Cash Surplus** before depreciation was budgeted at \$109,000. This is now anticipated to decrease by \$145,000 and give a **deficit** of \$36,000.

#### **Discussion**

The Associate Director, Finance advised that recent developments indicated that expenditure will increase due to essential electrical repairs and a projected higher patient count.

On the other hand additional donor income may turn the projected cash deficit into a surplus.

Mr. Majid reminded the meeting that the Government of Bangladesh had increased its' contribution for 1993 and, when this is added to benefits in kind, Bangladesh is one of the major funders of the Centre.

Mr. Majid also advised on the distinct possibility that Bangladesh would exempt the Centre from income tax on employees' remuneration. This was warmly received by the Committee and the Chairman expressed his thanks to Mr. Majid and the Government of Bangladesh for this generous gesture and their continuing strong support.

In response to a question from Maj. Gen. M.R. Choudhury (Retd.), the meeting was advised that the net income from the sale of Laboratory services is increasing and now generates an annual surplus in excess of \$100,000 and this is likely to increase.

The Chairman, while noting that the cash deficit may turn into a surplus, expressed serious concern that depreciation for 1994 is most unlikely to be funded.

In view of the considerable uncertainty as to total income and expenditure by the end of the year, the Committee did not entertain an extensive discussion on the subject.

4. **Appointment of Auditors for 1994**

Deloitte, Haskins & Sells, Calcutta and Hoda Vasi Chowdhury & Co., Dhaka were the auditors for 1993.

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

Management recommends that the above firms be reappointed as joint auditors for the year 1994 at a fee not to exceed \$13,500. The fee for 1992 and 1993 was \$12,500.

**Draft Resolution FIN:02**

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

The Board resolved to appoint Deloitte, Haskins & Sells, Calcutta and Hoda Vasi Chowdhury & Co., Dhaka as Auditors for year 1994 at a fee not to exceed \$13,500.

5. **Fixed Asset Requirements for the next 5 years**

As requested by the Finance Committee a review was carried out to ascertain the probable capital expenditure requirements of the Centre over the next five years. The summaries by division and asset items are:

**By Division**

Clinical Sciences	1,072,000
Community Health	519,000
Laboratory Sciences	480,000
Population Sciences	40,000
Centre Wide Administration	<u>810,000</u>
<b>Total</b>	<b>\$2,921,000</b>

**By Asset Item**

Laboratory, Research and Hospital Equipment	1,457,000
Integrated Computer System including Internet and Email	500,000
Civil Works	415,000
Motor Vehicles	349,000
Office Equipment	<u>200,000</u>
<b>Total</b>	<b>\$2,921,000</b>

**Discussion**

Discussion centered around the cost of the integrated computer system and how Computer Information Services recovers capital and operating costs. Management advised that costs are charged directly to the users with uncharged costs forming part of the Central Overhead Pool.

When costs are charged to projects the Centre does recover part of the capital and operating costs.

6. **MISCELLANEOUS**

a1). **Fixed Assets charged to Fixed Asset Acquisition and Replacement Fund**

Capital expenditure charged to the fund for 1993 totalled \$561,403 comprising:

Laboratory and Hospital Equipment	95,241
Motor Vehicles	5,676
Computers	13,777
Other Equipment	32,919
Buildings	<u>413,790</u>
	561,403

**Draft Resolution FIN:03**

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

The Board resolved to approve expenditure of \$561,403 from the Fixed Asset Acquisition and Replacement Fund for 1993.

**a2). Fixed Assets committed to Fixed Asset Acquisition and Replacement Fund**

Capital expenditure committed up to the end of April 1994 totalled \$508,240 comprising:

Laboratory and Hospital Equipment	413,790
Motor Vehicles	31,679
Computers	24,848
Other Equipment	18,820
Buildings	<u>19,103</u>
	508,240

The balance remaining in the fund at April 30 1994 totalled \$364,301.

**b). Hospital Endowment Fund**

The balance of the Hospital Endowment Fund at December 31, 1993 was \$116,944. Receipts for the first four months of 1994 were \$12,436 giving a balance at April 30, 1993 of \$129,380. No hospital expenditure has been charged to the fund since inception.

The Committee expressed their appreciation for the efforts of Dr. Mahalanabis in continuing to increase the fund.

**c). Bank Overdraft**

The Centre's current overdraft facility with American Express Bank stands at US\$2 million and expires on July 30, 1994. Even though it is considered unlikely that we will need to access this facility during the year, it is considered prudent to request Board approval to renew the overdraft agreement for the year to July 30, 1995.

### **Draft Resolution FIN:04**

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

The Board resolved to authorize the continuation of the overdraft facility of up to \$2 million with the American Express Bank for the year to July 30 1995. Replacement Fund for 1993.

**d). USAID 1992 Audit**

With the approval of USAID, Dhaka, Deloitte Haskins & Sells were appointed to audit the Centre's compliance with USAID regulations under the Dhaka cooperative agreements. Of the initial "questionable costs" in excess of US\$100,000 USAID only disallowed some US\$600. As a result of this audit we have amended and strengthened controls and procedures on all procurement and payments under USAID agreements. The audited overhead was in excess of the provisional estimates in the agreements and on the completion of the close out audits we can expect to recover additional overhead in excess of US\$100,000. We have been verbally advised that the close out audits will be conducted during the second half of 1994.

**e). Investment Loan for Income Tax Reduction**

66.9% of eligible employees applied for investment loans for the 1994 tax year compared to 76.6% for 1993. The loans granted were \$395,300 for 1994 compared to \$471,780 for 1993. The decrease in amounts loaned was caused by reduced number of eligible employees. The Centre will save \$59,300 in income tax payments in 1994 compared to \$71,000 in 1993.

**f). The Director advised that Prof. A.S. Muller will be leaving the Board and expressed thanks for his valuable contribution as the Chairman of the Finance Committee.**

6/BT/JUNE '94

PERSONNEL & SELECTION COMMITTEE REPORT



DRAFT

REPORT OF THE PERSONNEL & SELECTION COMMITTEE MEETING  
TUESDAY, 14 JUNE, 1994

The Personnel & Selection Committee met in Dhaka at 6.00 p.m. on Tuesday 14 June 1994.

1. Staffing

1.1 Overview of Staffing Situation

Attention was drawn to Tables 1-10. It was noted that the Board's instructions have continued to be followed and there has been a reduction in staff of 14. At 31 March 1994 the total staff numbered 958 compared to 972 at 30 September 1993. It was noted that to 30 June 1994 there has been an additional reduction of 16 but this will be included in the next report to the Board. It was noted that the reductions have been in the administration area not research.

The Chairman suggested that this Committee recommend to the BOT that the personnel policy should be continued in the foreseeable future.

1.2 Contract Renewals

a) DR. R. BAIRAGI, STUDIES DIRECTOR, POPULATION STUDIES CENTRE

It was reported to the meeting that Dr. Radheshyam Bairagi, Studies Director, Population Studies Centre, will have completed his three year's

employment contract with the Centre on January 14, 1995. It was agreed to recommend to the BOT that Dr. Bairagi's contract be renewed for a period of three years beginning January 15, 1995.

### 1.3 Reclassification

#### a. EPIDEMIOLOGIST, CHD (P4)

It was reported to the meeting that the post description of Epidemiologist has been re-examined with the help of Mr. Imre Soos, WHO Consultant. The job requirements for the position, as reflected in the post description, were found to justify reclassification of the post from level P4 to P5. Dr. Masee Bateman is currently carrying out these duties.

The Committee agreed to recommend to the BOT that the post be reclassified and the incumbent Dr. Bateman be appointed to that post.

### 1.4 Status of recruitment of international staff

#### a) DIRECTOR, ICDDR,B

It was noted that Dr. Habte's contract expires in August 1995. Dr. M. Law, chairperson of the Board proposed names for a committee to consider nominations for the position of Director.

The Board will meet in a closed session (8.30 a.m. on Wednesday, 15 June) to further discuss this issue.

#### b) SENIOR SCIENTIST AND ASSOCIATE DIRECTOR, CLINICAL SCIENCES DIVISION (D1)

It was noted that Dr. Mahalanabis' contract will terminate on 3 January 1995.

At the time of preparing the papers, there was only one candidate for this position. Since then, there have been two further applications. The c.v.'s of the two additional candidates were circulated prior to the meeting.

During discussion it was advised that a short-listed candidate from November 1993 (who was not at that time available for a full time appointment) still seemed interested in the position.

If it is found that the short listed candidate from November is interested then his c.v. is to be circulated and considered along with the other candidates.

It was agreed to recommend to the Board that a resolution be passed recognising the qualifications of Dr. Shamim Ahmed in the field of maternal and child health and proposing that if possible the Centre utilise her services at an appropriate level in her field.

c) **SENIOR SCIENTIST AND ASSOCIATE DIRECTOR, CHD (D1)**

It was noted that Dr. Sack's contract expires on 30 June 1994.

The Director advised that he has initiated a search and one excellent candidate is interested in the position. If negotiations are successful the applicant would come on a reimbursable secondment.

The Committee agreed that this would be an excellent choice and advised the Director to go ahead and offer the candidate the position.

It was agreed to recommend to the Board that in the event that the candidate does not accept the position the search should be

recommended and that the Director and Chairpersons of the Board and Personnel and Selection Committee be given the authority to make a decision on the appointment.

d) **SENIOR SCIENTIST AND ASSOCIATE DIRECTOR, LSD (D1)**

It was noted that Dr. Sack's contract expires on 30 June 1994.

From the applications received the Centre has identified a potential candidate, Dr. Orjan Olsvik, a Norwegian national currently working at the CDC. He is a Professor of Microbiology and Gene Technology at the Norwegian College of Veterinary Medicine, Oslo, Norway, with an outstanding record of achievement in research as well as in winning grant funds.

The Committee agreed to recommend to the Board that the position be offered to Dr. Orjan Olsvik (Norway).

e) **SENIOR SCIENTIST AND ASSOCIATE DIRECTOR, PSED**

As reported to the Program Committee, some restructuring of the PSED and CHD has begun to accommodate the shifting emphasis envisioned in the Strategic Plan to the year 2000. Accordingly, the PSED is now renamed the Family Planning and Population Division (FPPD) with the following main component/departments:

- (1) Demographic Surveillance System
- (2) Population Studies Centre
- (3) Operations and Health Systems Research (made up of rural and urban MCH-FP Projects).

Each of the above would be now headed by senior international level scientists. Dr. Strong's contract expires on 31 August 1994 and it is expected that he will be replaced by a candidate on secondment.

A Senior Operations Research Scientist will be recruited to head the department of Operations and Health Systems Research. He will be seconded by Population Council with funds coming from USAID (Dhaka).

The most senior of the three will be appointed as Associate Director of the Division. No new recruitment will be necessary for this position.

The Director requested that Dr. Michael Strong's contract be extended up to a maximum of one year after it expires. The purpose of this request is to enable Dr. Strong to remain on the staff as a Senior Scientist without administrative responsibility enabling him to finalise and write up his research results. The Committee agreed to recommend to the Board that this request be accepted.

f) **RESEARCH MICROBIOLOGIST, LSD**

It was pointed out that this position should be advertised at the P4 level. The current incumbent was given a personal promotion so the position should revert to its original level when his term expires.

g) **EXECUTIVE ASSISTANT TO THE DIRECTOR**

It was reported to the meeting that about 150 applications received earlier were reviewed in addition to the 79 applications from new advertisements. Applicants were short-listed and these candidates interviewed by an internal selection committee. The Personnel and Selection Committee accepted the appointment of Miss Julie Banfield (Australia) and agreed to recommend to the Board that a resolution to this effect be passed.

h) **HEALTH SCIENTIST, MCH-FP EXTENSION PROJECT (P3)**

It was reported to the meeting that this position has been announced

in both local and international press and that applications are awaited.

#### 1.5 New Positions

##### a) PROJECT DIRECTOR, ICDDR,B-SRC PROJECT, (P4)

Following signing of the agreement between the ICDDR,B and the Swiss Red Cross (SRC) for the project, "Improvement of health through community development oriented program in rural Bangladesh" and the availability of earmarked funds, a project fixed-term international position of Project Director at pay level P4 as incorporated in the agreement, needs to be established.

The Committee agreed to request the approval of the BOT for the establishment of this new position of Project Director at P4 for the above-mentioned project and for the appointment of Dr. Abbas Bhuiya to this post.

##### b) MATERNAL HEALTH SPECIALIST, RTI (P3)

It was reported to the meeting that the Centre's RTI Programme funded by ODA needs to establish a position of Maternal Health Specialist at pay level P3 as per the attached Post Description.

The Committee agreed to request the approval of the BOT for the establishment of this post.

## 2. SELECTION OF TRUSTEES

After discussion, the Committee agreed to recommend to the Board that Professors Klaus Gyr (Switzerland) and Yoshifumi Takeda (Japan) be

appointed as Trustees for 3 years from 1 July 1994.

The Committee noted that since preparing the papers, Maj. Gen. M.R. Chowdhury (Retd) has been appointed by the Government of Bangladesh to replace Prof. Dr. K.M. Fariduddin on the Board. Maj. Gen. Chowdhury's appointment will be for 3 years from 11 June 1994.

### 3. UPDATE ON SALARIES

Agenda items 5.1 International Professional Category, and 5.2 NO and GS Categories, were not discussed as the Centre is not in a position to recommend an increase in salaries in view of the cash deficit expected at the end of 1994. The situation will be reviewed at the November 1994 meeting.

### 4. MISCELLANEOUS

#### 4.1 Follow up action on early retirement/separation by mutual agreement

As agreed upon during the November 1993 Board Meeting, the scheme for Separation by Mutual Agreement (Golden Handshake) was announced by the Director at the Consultative Management Committee meeting on December 09, 1993. The Committee members were requested to disseminate the scheme in their respective areas. 17 persons have received the golden handshake so far, although more requested it.

The total cost involvement so far for the above-mentioned mutual separations is US\$145,476. Savings of US\$78,476 have also been realized, however, making the net cost US\$67,000.

#### 4.2 Follow up on Personnel Consultant's Report

The Committee noted and accepted the follow up action taken by the management in response to Mr. Soos' consultancy report received in December 1993.

The management was complimented on the progress made and requested to keep the committee informed on new developments.

The meeting closed at 8.40 p.m.



## DRAFT RESOLUTIONS

- 1/BT/June 94      The Board resolved to accept the Report of the Personnel & Selection Committee.
- 2/BT/June 94      The Board resolved to renew Dr. R. Bairagi's (Bangladesh) contract for three years from 15 January 1995.
- 3/BT/June 94      The Board resolved to reclassify the post of epidemiologist CHD to a P5 position and to appoint Dr. M. Bateman to this position, effective from
- 4/BT/June 94      The Board resolved to establish a Consultation Committee to consider nominations for Director for a term beginning August 1995. Members of the Committee are Dr. Law, Chairperson of the Board of Trustees, Dr. R. Henderson, Chairperson of the Personnel and Selection Committee, Prof. Chen Chunming, Maj. Gen. M.R. Chowdhury (Retd), and Prof. P.H. Makela.
- 5/BT/June 94      The Board resolved that it might be desirable, in exceptional circumstances, to extend the appointment of a sitting Director beyond a normal maximum of six years. It requests the Government of Bangladesh to confirm the authority of the Board to make such an appointment.
- 6/BT/June 94      The Board requests the Director to make all possible efforts to utilize the services of Dr. Shameem Ahmed in an appropriate position within the Centre, appreciating that her qualifications in maternal and child health provide the potential for her to make substantial contributions to the work of the Centre.

- 7/BT/June 94           The Board resolved that the position of Senior Scientist and Associate Director LSD (D1) be offered to Dr. Orjan Olsvik (Norway).
- 8/BT/June 94           The Board resolved that the position of the Research Microbiologist should be advertised at the P4 level.
- 9/BT/June 94           The Board resolved to accept the appointment of Miss Julie Banfield (Australia) to the position of Executive Assistant to the Director for three years effective 12 June 1994.
- 10/BT/June 94           The Board resolved that the position of Project Director (P4), ICDDR,B-SRC Project, be established and that Dr. Abbas Bhuiya be appointed for three years effective
- 11/BT/June 94           The Board resolved that the position of Maternal Health Specialist, RTI (P3), be established.
- 12/BT/June 94           The Board resolved that Professor Klaus Gyr (Switzerland) be appointed to the Board of Trustees for three years effective 1 July 1994.
- 13/BT/June 94           The Board resolved that Professor Yoshifumi Takeda (Japan) be appointed to the Board of Trustees for three years effective 1 July 1994.
- 14/BT/June 94           The Board resolved that                            be the chairperson of the Board for one year effective 1 July 1994.

15/BT/June 94      The Board resolved to record its appreciation of the services provided by Professors Fariduddin, Muller, and Wagatsuma to the Board of Trustees .....

16/BT/June 94      The Board resolved to express its appreciation to Mrs. Judy Chowdhury for her exceptionally dedicated and competent services to the Centre over the past 17 years, including the past 9 years while serving as Executive Assistant to the Director.

7/BT/JUNE '94

SELECTION OF TRUSTEES

SELECTION OF TRUSTEES

A. In its November 1993 Meeting the Board of Trustees:

- agreed that, in view of the considerable number of nominations already on file, only the Trustees themselves should be contacted with a request for nominating candidates to replace the two members-at-large, Professors A.S. Muller and T. Wagatsuma, who complete their terms on 30 June, 1994 and are not eligible for re-election without a break.

Trustees were contacted and the list of earlier nominations plus new ones from Trustees appear on pages 4 to 10 of this document.

- re-elected Dr Maureen Law for a second term of three years from 1 July, 1994 and passed a resolution to this effect; and
- noted that the Government of Bangladesh will be contacted to ascertain whether they wish Professor Dr K.M. Fariduddin, as a nominee of the Government, to continue for a further three years from 7 February, 1994 or whether he will be replaced from that date.

The Government of Bangladesh was contacted and we were advised that Professor Dr K.M. Fariduddin has been nominated for another term of three years, provided he is in Government service.

B. According to the suggestion made in November 1987, election procedures should commence one year beforehand (June) and, whenever possible, finalized at the November meeting. Listed below are those

members who will complete their terms on 30 June, 1995.

List of outgoing Board Members (to 30 June 1995)

- \* Dr Y.Y. Al-Mazrou
- \* Prof. J.C. Caldwell
- Prof. Chen Chunming
- \* Prof. J.R. Hamilton

- \* Unable to serve another term without a break

It should be noted that as per Ordinance Section 8(6) "Vacancies in seats of members at large shall be filled by the Board. A member appointed to a vacancy arising from a cause other than the normal expiration of a term shall serve for the remainder of the term of the member being replaced. No member may serve more than two consecutive three-year terms or portion thereof, ...".

Three members-at-large need to be replaced.

According to the Ordinance Section 8 (3) "At any given time, the Board shall be so composed that, not counting the members nominated by the World Health Organisation and a member to be nominated by a United Nations agency ..., more than 50% must come from the developing countries, including the members nominated by Bangladesh, and not less than one-third from developed countries. The Director shall be counted as coming from the developed or developing countries depending upon nationality."

A list of current Trustees with country and discipline is on page 11 and a list of current Trustees with their terms is on page 12.

Assuming Professor Chen Chunming whose term expires on 30 June, 1995, and who is eligible for re-election, would wish to be

considered for re-election the vote may be deferred until November 1994.

Action Required

1. Appoint a replacement for Professor A.S. Muller (developed country - European region) for 3 years from 1 July, 1994 and pass a resolution to this effect.
2. Appoint a replacement for Professor T. Wagatsuma (developed country - Pacific region) for 3 years from 1 July, 1994 and pass a resolution to this effect.
3. Record that Professor Dr K.M. Fariduddin has been nominated by the Government of Bangladesh for another term of three years, provided he is in Government service.

Decide:

1. Whether or not it is necessary to call for nominations now for the three Trustees to replace Dr Al-Mazrou and Professors Caldwell and Hamilton. If agreed to this would allow selections to be made at the November 1994 Board Meeting.
2. Whether to vote on Professor Chen Chunming's re-election now or in the November 1994 Board Meeting.

NOMINATIONS FOR TRUSTEES - 1994

(A) Developed Country (Europe)

<u>Name</u>	<u>Nationality &amp; Date of Birth</u>	<u>Sex</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated</u>
Prof. Elizabeth Wollast	Belgian	F	-	Ecole de Sante Publique, Universite Libre de Bruxelles	UNFPA, NY
Dr David J. Bradley	British Jan. 1937	M	Tropical & Communicable Disease.	Prof. Trop. Health Epid. Unit, London Sch Hyg. & Trop Med	CDC
Dr John Cleland	-	M	-	Centre for Popln. Studies, London	UNFPA, NY
Dr Felicity T. Cutts	British 6.10.1954	F	Epidemiolog/ Community Hlth	Snr Lect Communcble Dis. Epid., London Sch Hyg. & Top Med	CDR-WHO
Dr Felicity Savage King	British	F	Int. Public Hlth/Paedcn	CDD Programme, WHO	J. Rohde



Dr Andrew Tomkins	British	M	Paediatrician	Director, Inst of Child Hlth, London	World Bank
Prof. J. Patrick Vaughan	British 27.12.1937	M	Clin. & Trop. Med/Pub Health & Epidemiology	Prof. of Hlth Care Epid. & Head, Dept of Public Hlth & Policy, LSHTM	British H.C.
Dr Anthony R. Meashem	Brit/Canadian 21.4.1934	M	Public Health Policy	Chief, Hlth & Nut Divsn. World Bank, Washington	World Bank
Dr Pieter Streefland	Dutch 29.8.1946	M	Prim Hlth Care, Water & Sanit., Res. evaluatn.	Prof. of Applied Dev. Sociology, Uni of Amsterdam	Cole P. Dodge
Prof. Jane Kusin		F	Nutritionist	Royal Tropical Inst., Amsterdam	A.S. Muller
Dr J. Chabot		M	Medicine/Anthrop/Econ.	Royal Tropical Inst., Amsterdam	A.S. Muller

Dr Pieter Speelman	Dutch 27.4.1946	M	Trop Medicine & Infect Dis.	Assoc. Prof. Unit of Infect Dis & Trop Med, Academic Med Centre, Amsterdam	A.S. Muller
Dr Bjarne Bjorvatn	Norwegian	M	Policy/Mgmt. Int. Health	Prof. Infect. Dis. & Int. Health, Cent. Int. Health, Univ. of Bergen, Norway	F. Mhalu
Prof. S. Lie	-	-	-	Chairman, Dept. of Paediatrics, Rikshospitalet, Oslo	CDR-WHO
Prof. Vladimir Tatochenko	Russian	M	Paediatrician/Gastroenter.	Chief, Dept. Infect Disc, Inst. of Paed., Moscow	WHO Reg. Off for Europe
Dr Karin Edstrom	-	-	-	Repslagaregatan 1B, S-272 31 Simishamn, Sweden	UNFPA
Dr Kerstin Hagenfeldt	Swedish	F	Medical Ethics	Dept of Obstetrics, Karolinska Inst., Stockholm	Ford Fdn. NY and T. Wagatsuma

Dr Ann-Marie Svennerholm	Swedish	F	Microbiologist	Dept. Med. Micro., Uni of Goteborg, Sweden	CDS-WHO
Prof. Stig Wall	Swedish 7.12.1942	M	Epicemiologist	Prof of Hlth Care, Res. & Epid. Univ. of Umea, Sweden	SAREC, Stockholm
Dr Klaus Gyr	Swiss	M	Gastroent.	Dept. Clinical Med, Kantonsspital, Liestal	SDC
(B) Developed Country (Pacific)					
Dr Ruth Bishop	Australian	F	Microbiologist	Royal Children's Hosp., Melbourne	J.R. Hamilton
Prof. Riley	Australian	M		Brisbane	A.S. Muller
Prof. Frank Schofield	Australian	M		Brisbane	A.S. Muller

Prof. Yoshifumi Takeda	Japanese	M	Microbiologist	Director, Res. Inst. Int. Med. Centre of Japan	T. Wagatsuma
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(C) Developing Country (Pacific)

Prof. Jane Baltazar	Filipino 27.12.1934	F	Epidemiology	Dean, Dept Epid & Biostatistics, Univ. of Philippines	J. Tulloch - WHO and Ford Fdn, Philpns
Dr Mediadora C. Sanie1	Filipino 26.4.1949	F	Res. Scientist & Public Hlth Admin.	Director, Res. Inst. for Trop Med., Philippines	J. Tulloch - WHO/AIDAB/WHO-Pacific
Dr Perla Santos Ocampo	Filipino 27.7.1931	F	Paediatrician/ Child Health Dev. Gastro & Nutrition	Dept. of Paed., Philippine Gen. Hospital	R.H. Henderson/ J. Tulloch
Dr Gelia T. Castillo	Filipino	F	Rural Sociology	Prof. of Rural Soc. Univ. of Philippines Los Banos	CIDA
Dr Thelma Tupasi		F	-	Acute Resp. Infect Res Proj, Res Inst for Trop Med, Manila	CDC

Dr Mary Ann Lansang	Filipino 8.9.1951	F	Clinical Epid.	Asst. Dir., Research Inst for Trop Med, Manila	Rockefeller Foundation
Dr Terra L. Tan Torres- Edejer	Filipino 4.3.1959	F	Clinical Econ/ Infect/Trop Dis./Hosp Admn	Asst Prof I, Clin. Epid. Unit, Dept. Med, Philippine General Hosp.	Rockefeller Foundation
Dr Mercedes Conception	Filipino	F	Demographer/ Popln Structure changes & their implications	Prof. Popln Inst. Univ. of Philppines	T. Wagatsuma
Dr Nafsiah Mboi	Indonesian 14.7.1940	F	Paediatrician/ Civi Servant	Office of the Sec General, Dept. of Health, Jakarta	Ford Fdn. SE Asia Reg Office
Dr Yulfita Raharjo	Indonesian 1940	F	Anthropology/ Demography	Head, Cent for Popln & Manpower Studies, Indon. Inst of Sc.	AIDAB

Dr Yati Soenarto DSC	Indonesian	F	Paediatrician	Diar. Info. Cent., c/- Comm. Med. Ednc. Prog., Gadjah Mada Univ., Yogyakarta	J.R. Hamilton/ Rockefeller Foundation
Prof. Moeljona Trastotenoya	Indonesian		Paediatrician/ Res. Management	Rector, Diponegoro Univ., Semarang, Indonesia	A.S. Muller
Dr Anna Alisjabana	Indonesian 20.2.1931	F	Nutrition Research	Head, Res Centre, Faculty of Med., Padjadjaran Univ. Bandung & Head, WHO Coll. Cent for Res on MCH	A.S. Muller
Prof. Seon-Ja Rhee	Korean 5.11.1943	F	Public Health	Prof. Public Hlth Nursing, School of of Public Health, Seoul	WHO Reg. Off Western Pacific
Dr Indra Pathmanathan	Malaysian 21.10.36	F	Med/Health Systems Res.	Formerly Head, Divsn of Res & Edcn, Public Health Inst, Malaysia	IDRC
Prof. S.S. Rathan	Singaporean	-	-	Dept. of Obstet. & Gyncolgy, Nat. Uni. Hosp., Singapore	UNFPA, NY

LIST OF MEMBERS (AS AT MAY 1994) WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES

Name	Country	Discipline	Joined Bd/ end date
Mr S.S. Ahsan	Bangladesh	Civil Servant	1993/1996
Dr Y.Y. Al-Mazrou	Saudi Arabia	Public Health	1989/1995 *
Prof. J.C. Caldwell	Australia	Demography	1989/1995 *
Prof. Chen Chunming	China	Nutrition Res./ Preventive Med.	1992/1995
Prof. Dr K.M. Fariduddin	Bangladesh	Medicine	1991/1997 *
Prof. J.J. Frenk	Mexico	Pub Hlth/Med Care Org. & Soclygy	1993/1996
Prof. D. Habte	Ethiopia	Paediatrics	1989/1995 *
Prof. J.R. Hamilton	Canada	Paediatrics	1989/1995 *
Dr R.H. Henderson	WHO	Scientific Admin.	1990/1996 *
Prof. F. Jalil	Pakistan	Prim. Hlth Care/ Inf & Child Nut/Epid	1993/1996
Dr M. Law	Canada	Int. Health/Hlth. Policy & Admin.	1991/1997 *
Mr Md. L. Majid	Bangladesh	Civil Servant	1993/1996
Prof. P.H. Makela	Finland	Microbiology/ Vaccine dev.	1993/1996
Prof. F.S. Mhalu	Tanzania	Microbiology/ Immunology	1990/1996 *
Prof. A.S. Muller	Netherlands	Epid./Social Med./Pub. Hlth./ Res. Management	1990/1994 *
Dr J. Rohde	UNICEF	Public Health/ Paediatrics/Hlth Planning	1990/1996 *
Prof. T. Wagatsuma	Japan	Internat. Health	1989/1994 *

\* Unable to serve another term without a break

LIST OF MEMBERS (AS AT MAY 1993) WITH TERMS

Name	Joined Board	End of Term
Dr S.S. Ahsan	July 1993	July 1996
Dr Y.Y. Al-Mazrou	1 July 1989	30 June 1995 *
Prof. J.C. Caldwell	1 July 1989	30 June 1995 *
Prof. Chen Chunming	1 July 1992	30 June 1995
Prof. Dr K.M. Fariduddin	7 Feb. 1991	6 Feb. 1997 *
Dr J.J. Frenk	1 July 1993	30 June 1996
Prof. D. Habte	1 Aug. 1989	31 July 1995 *
Prof. J.R. Hamilton	1 July 1989	30 June 1995 *
Dr R.H. Henderson	25 May 1990	24 May 1996 *
Dr M. Law	1 July 1991	30 June 1997 *
Mr Md. L. Majid	January '93	January 1996
Prof. P.H. Makela	1 July 1993	30 June 1996
Prof. F.S. Mhalu	1 July 1990	30 June 1996 *
Prof. A.S. Muller (completed Prof. Feachem's term)	9 July 1990	30 June 1994 *
Dr J. Rohde	18 June 1990	17 June 1996 *
Prof. T. Wagatsuma (completed Dr Tanaka's term)	December 1989	30 June 1994 *

\* Unable to serve another term without a break



8/BT/JUNE '94

ELECTION OF CHAIRMAN OF THE BOARD

**ELECTION OF CHAIRPERSON OF THE BOARD**

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

**"IV. ELECTIONS**

26. As per Resolution 16/November 81 the Board agreed that the following procedure shall replace that of Resolution 7/June 81. Procedure for electing the Chairman of the Board of Trustees.
- (a) Each member of the Board proposes one name only by secret ballot. The name obtaining a simple majority of votes has been elected Chairman.
  - (b) If the candidate elected is unable or unwilling to serve the procedure shall be repeated in full.
  - (c) If there is no majority the two names with the highest number of votes will be regarded as candidates.
  - (d) Each member of the Board will elect one candidate only by secret ballot. A simple majority of members present and voting will elect the candidate.
  - (e) A ballot with two names is regarded as void.
  - (f) Should a tie vote occur the incumbent Chairman will not vote."

In April 1990 the late Dr C.E. Gordon and Dr David Sencer carried out an external review of the Centre. Under point 5 (a) of their recommendations they said that "... We recommend that the Chairman should serve for 3 years; and that he/she should preferably be able to visit the Centre fairly frequently so as to develop a working relationship not only with the Director and his senior staff, but also with the Bangladeshi trustees and other members of the Dhaka scientific community."

A list of previous Chairpersons of the Board, with their term, follows:-

Dr J. Sulianti Saroso	1979-80 and 1980-81
Prof. M.A. Matin	1981-82
Prof. D.J. Bradley	1982-83
Prof. J. Kostrzewski	1983-84
Dr I. Cornaz	1984-85
Prof. D. Bell	1985-86, 1986-87, 1987-88
Prof. D. Rowley	1988-89
Dr P. Sumbung	1989-90, 1990-91, 1991-92
Dr D. Ashley	1992-93
Dr M. Law	1993-94

#### ACTION REQUIRED

1. Appoint, by resolution, a Chairperson for a period of one year from 1 July, 1994 to 30 June, 1995.

:jc

3.5.94

8 (a)/BT/JUNE '94

APPOINTMENTS TO COMMITTEE

APPOINTMENTS TO COMMITTEES OF THE BOARD

As per resolutions 16, 17 and 18/June 93, the present composition of the Committees is as listed below. The Chairperson of the Board and the Director of the Centre are both ex officio members of all Committees.

Personnel & Selection  
Committee \*\*

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

Dr M. Law  
Dr D. Habte

Finance Committee \*\*

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

Dr M. Law  
Dr D. Habte

Programme Committee \*\*

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

Dr M. Law  
Dr D. Habte

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

ACTION REQUIRED

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

- (a) that Professors Muller and Wagatsuma will leave the Board; and
- (b) the expertise of the two new members.

The term of appointments will be from 1 July, 1994 to 30 June, 1995.

9/BT/JUNE '94

DATE OF NEXT MEETING

**DATES OF NEXT MEETING**

In the November 1993 Meeting of the Board of Trustees it was agreed that the November 1994 Board Meeting should be held in Dhaka from 18-20 November, 1994 with the Support Group Meeting on 21 November, 1994.

According to the schedule of Programme Committee/External Reviews, the Population Sciences & Extension Division will be reviewed by the Programme Committee in November 1994. Allowing the Committee three days for the review and one day to write its report, the Review should be held from 14-17 November, 1994.

Accordingly, the Programme for November 1994 would be as follows:

Sunday, 13 November	Programme Committee Reviewers arrive
Monday, 14 November to Wednesday, 16 November	Programme Committee Review of the Population Sciences & Extension Division
Thursday, 17 November	Programme Committee Reviewers write-up Report Remaining Trustees arrive
Friday, 18 November	Programme Committee Meeting Personnel & Selection Committee Meeting
Saturday, 19 November	Finance Committee Meeting Report Writing/Trustees' Lectures
Sunday, 20 November	Full Board Meeting
Monday, 21 November	Support Group Meeting

Using the June 1994 meeting dates as a guideline, the following dates are



suggested for the June 1995 Board Meeting, i.e. Tuesday, 13 June to Thursday, 15 June, 1995 inclusive.

As per the list of Programme Committee/External Reviews, there will be a Programme Committee Review of the Clinical Sciences Division in June, 1995. Allowing three days for the Review and one day to write the report, the Review would be held from Friday, 9 June to Monday, 13 June, 1995 inclusive.

Action Required

1. Confirm dates of November 1994 Board of Trustees and Support Group Meetings.
2. Confirm dates of Programme Committee Review of the Population Sciences & Extension Division in November 1994 and identify reviewers.
3. Agree on dates for the June 1995 Board Meeting.
4. Agree on dates for the Programme Committee Review of the Clinical Sciences Division in June 1995.

:jc

17.4.94

10(a)/BT/JUNE '94

REPORT OF THE STAFF WELFARE ASSOCIATION (SWA)

**ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION,  
ICDDR,B AT THE BOARD OF TRUSTEES' MEETING TO BE  
HELD IN JUNE, 1994**

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

**MAY 5, 1994**

SPEECH OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B

Honourable Chairman, Board of Trustees', Dr. Maureen Law and the distinguished Members from home and abroad. I am very much thankful to the Chairman of Board of Trustees and the Director of ICDDR,B, Professor D. Habte for allowing me this opportunity to place before you the most important issue related to salary raise of the general employees of this Centre. We earnestly hope that you will patiently go through on this matter inspite of your manifold preoccupations in this meeting. On behalf of all the members of the Staff Welfare Association (SWA) as well as of my own behalf, I would like to extend to you our warmest and heartiest welcome and felicitation on this occasion.

Hon'ble Trustees:

As the President of the ICDDR,B Staff Welfare Association I would like to present before you a most vital issue of utmost concern to all the employees of the Centre which was also placed before you earlier for your patient hearing, reasonable consideration and approval. We would like to inform you that the present UN salary raise as per Local Salary Scale (Revision 16-General Services (GS) effective 1st August, 1992 and Revision 9-National Officers (NO) effective 1st October, 1992, the Director of ICDDR,B announced for an adjustable increase effective 1st January, 1994 @77% for NO including GS V & VI and 75% for GS I-IV. To reach the present UN salary Revision Nos.

16 & 9, we are still behind 29.87% and 33.32% of salary adjustment of NO and GS respectively. It would not be out of place to mention here that the UN authorities made the salary revisions considering the cost of living of respective area on the basis of their zonal survey report. Due to non-implementation of pending salary raise, the national staff members of the Centre are put on untold disappointment and anxiety. The currency devaluation of 22.18% by the Government of Bangladesh since March, 1990 (copy enclosed) has aggravated the sufferings of all our local staff members beyond measures. This currency devaluation has not only negative effect on the salary of national staff members but also on the retirement fund contribution although the salary is budgeted in U.S. dollar converting the same into taka. This should also be applicable to Centre's contribution to retirement fund. It is further to be noted here that we have been deprived of our legitimate and proportionate increase of dependant allowance by the Centre which has been excluded for a long time. We would like to be ensured that we are not deprived of any such allowance in the future and request you to readjust this allowance accordingly.

In the past we used to get the benefit of salary raise in full but since 1988 we have been constantly deprived of the same. Whenever we make a request for salary raise, the management takes the plea that ICDDR,B salary level is higher compared to other research organisations. Unfortunately, the management does not consider the fringe benefits and other facilities admissible in such organisations.

Further we would like the management should adhere to ICDDR,B Ordinance No. LI of 1978 where it is clearly mentioned, "Salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations Organisation in Bangladesh."

Under the above mentioned circumstances, we would fervently urge upon the Honourable Trustees' to consider the situation with all the seriousness and magnanimity to implement the above mentioned salary revisions and other related issues immediately with retroactive effect.

Last but not least, the SWA expresses its deep gratitude and thanks to the honourable Chairman and Members of the Board of Trustees' once again for the opportunity given to us for presenting our views before this forum of representatives from various countries of the world.

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

Thank you all,



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

As per Bangladesh Bank circular percentage of devaluation of  
Taka compared to US dollar during the period 1990-1994

Devaluation date	Percent devaluation
Mar - 04, 1990	5.00
Apr - 25, 1990	1.00
May - 20, 1990	1.96
Aug - 01, 1990	1.98
Sep - 09, 1990	0.22
Nov - 24, 1990	0.28
	10.44
Jun - 30, 1991	0.56
Jul - 07, 1991	1.39
Aug - 19, 1991	1.10
Sep - 12, 1991	2.17
Nov - 09, 1991	1.06
Dec - 01, 1991	0.39
Dec - 08, 1991	0.42
Dec - 21, 1991	0.47
	7.56
Jan - 01, 1992	0.57
Mar - 31, 1992	0.50
	1.07
Apr - 24, 1993	2.13
	2.13
Feb - 24, 1994	0.68
Mar - 27, 1994	0.30
	0.98
Total devaluation:	22.18