

ICDDR,B  
BOARD OF TRUSTEES MEETING

JUNE 1-3, 1996

PROGRAMME  
OF THE  
BOARD OF TRUSTEES MEETING

JUNE 1-3, 1996



INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

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DRAFT **CENTRE**  
6/5/96 FOR HEALTH AND  
POPULATION RESEARCH

## PROGRAMME

### BOARD OF TRUSTEES MEETING

1-3 June 1996

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

Friday 31 May Trustees arrive

#### Saturday 1 June

8.30 a.m. - 10.30 a.m.	Personnel & Selection Committee Meeting (closed)
10.30 a.m. - 10.45 a.m.	TEA
10.45 a.m. - 12.30 p.m.	Personnel & Selection Committee Meeting continues (closed)
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 4.30 p.m.	Programme Committee Meeting (open)
4.30 p.m. - 5.00 p.m.	TEA
5.00 p.m. - 7.00 p.m.	Programme Committee Meeting continues (open)

Sunday 2 June

8.30 a.m. - 10.00 a.m.	Finance Committee Meeting (open)
10.00 a.m. - 10.30 a.m.	TEA
10.30 a.m. - 12.00 noon	Finance Committee Meeting continues (open)
12.00 noon - 12.30 p.m.	Meet with Staff Welfare Association Executive Committee (closed)
12.45 p.m. - 2.00 p.m.	LUNCH at Guest House with Centre staff
2.30 p.m. - 3.30 p.m.	Trustees' Forum - Presentation by Professor Fred Mhalu. Title: "HIV Infection and AIDS in East Africa: Challenges and Possibilities for Prevention and Control".
3.30 p.m. - 4.00 p.m.	TEA
4.00 p.m. - 5.00 p.m.	Board to meet with the Standing Committee of the Programme Coordination Committee.

Note: Trustees who are Chairpersons of Committees will have the afternoon of Sunday 2 June to write reports.

Monday 3 June

FULL BOARD MEETING (open)

8.00 a.m. - 8.30 a.m.	TEA
8.30 a.m. - 8.45 a.m.	Welcome and Approval of Agenda
8.45 a.m. - 9.00 a.m.	Approval of Draft Minutes of November 1995 Meeting
9.00 a.m. - 10.00 a.m.	Presentation and Discussion of Director's Report
10.00 a.m. - 10.30 a.m.	TEA
10.30 a.m. - 12.00 noon	Presentation and Discussion of Programme Committee Report
12.00 noon - 12.30 p.m.	Integrated Institutional Review Update
12.30 p.m. - 1.30 p.m.	Presentation and Discussion of Finance Committee Report
1.30 p.m. - 2.30 p.m.	Sandwich Lunch

Closed Session of Board Meeting

2.30 p.m. - 3.00 p.m.	Presentation and Discussion of Personnel & Selection Committee Report
3.00 p.m. - 3.15 p.m.	Report from SWA
3.15 p.m. - 3.30 p.m.	Selection of Trustee
3.30 p.m. - 3.45 p.m.	Election of Chairperson of the Board
	Appointments to Committees
3.45 p.m. - 4.15 p.m.	Dates of Next Meeting
4.15 p.m. - 5.00 p.m.	Any Other Business
	a. Format of November Board and Donor Support Group meetings
	Closure of Meeting

Tuesday 4 June

~~10:00 a.m. - 11:00 a.m.~~

Meeting of the Search Committee for Director of Centre

Other Trustees are free for consultations and/or visits.

1/BT/JUNE '96

APPROVAL OF AGENDA



INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH  
Mail : ICDDR,B, GPO Box 128, Dhaka 1000, Bangladesh  
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Draft  
6/5/96

**CENTRE**  
FOR HEALTH AND  
POPULATION RESEARCH

1/BT/Jun.96

**FULL BOARD MEETING**

**Monday 3 June 1996**

**AGENDA**

1. Approval of Agenda
2. Approval of Draft Minutes of Meeting held 4-5 November 1995
3. Director's Report (including 1995 Annual Report)
4. Programme Committee Report
5. Integrated Institutional Review Update
6. Finance Committee Report
7. Personnel & Selection Committee Report
8. Selection of Trustee
9. Election of Chairperson of the Board
  - (a) Appointments to Committees
10. Dates of Next Meeting
11. Report from Staff Welfare Association (SWA)
12. Any Other Business
  - (a) Format of November Board and Donor Support Group Meetings



2/BT/JUNE '96

APPROVAL OF DRAFT MINUTES OF MEETING

HELD 4-5 NOVEMBER, 1995

DRAFT

1/2/96

2/BT/June 96

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES, ICDDR,B HELD IN  
DHAKA, BANGLADESH, ON SUNDAY 5 NOVEMBER 1995

Members Present

Mr. S. Ahmed  
Maj. Gen. (Ret'd) M.R. Choudhury  
Dr. D. Habte - Secretary  
Dr. R.H. Henderson  
Prof. F. Jalil  
Dr. M. Law - Chairperson  
Prof. P.F. McDonald  
Mr. L. Majid  
Prof. P.H. Makela  
Mr. J.O. Martin  
Prof. F.S. Mhalu  
Dr. J. Rohde  
Dr. Y. Takeda

Apologies

Prof. Chen Chunming  
Prof. R.R. Colwell  
Dr. T.A.M. Khoja

Senior Management (Agenda 1-5)

Mr. S.S. Ahsan  
Dr. R. Bairagi  
Mr. M.A. Mahbub  
Prof. J.P. Vaughan

Dr. M.J. Albert  
Dr. G. Fuchs  
Mr. K. Tipping  
Mr. G. Wright

Invited

Miss J. Banfield (Minute Secretary)

Observers - Donor Representatives (Agenda 1-5)

Ms Roushan Akhter

Dr. Caryn Miller

Ms Fabia Shah

Mr. Robert Smith

Dr. Myo Thwe

Ms Claire Komives

Ms Hellen Ohlin

Mr. Syed Sharfuddin

Dr. Kim Streatfield

Ms Yukako Yoshimoto

Dr. M. Law, Chairperson of the Board of Trustees, opened the 33rd meeting of the Board at 3.00 p.m. on Sunday 5 November 1995. She welcomed the Trustees, Donor Representatives, the Director, and staff to the meeting, and offered a special word of welcome to the new Trustees Professor Peter McDonald, Professor Rita Colwell, and Dr. Tawfik Khoja. She also welcomed Mr. Robert Smith, consultant to the Centre Fund in North America.

She said that an apology had been received from Professor Chen Chunming. Professor Rita Colwell and Dr. Tawfik Khoja were unable to attend due to the unforeseen rescheduling of the dates of the meeting.

Agenda 1: Approval of Agenda

The agenda was adopted as presented.

Agenda 2: Approval of Draft Minutes of Meeting held on 15 June 1995

The draft minutes of the Board of Trustees meeting held on 15 June 1995 were approved.

### Agenda 3: Director's Report

The Director, Dr. D. Habte, on behalf of the Centre, welcomed Board members and representatives of the donor community to the meeting. He extended a warm welcome to the three new Trustees, Professor R. Colwell, Professor P. McDonald, and Dr. T. Khoja. Senior management of the Centre were introduced to the meeting.

Dr. Habte advised that the Director's Report (document 3/BT/Nov. 1995) had been circulated to the Board and to the donor community. He further said that the report to this meeting will consist of

- A brief overview of the activities of the Centre over the last six months by himself,
- information on fund-raising activities by Mr. G. Wright, Assistant Director, External Relations & Institutional Development, and
- a presentation by Mr. Robert Smith on the Centre Fund campaign.

#### 3.1 Overview of the Activities of the Centre

3.1.1 Research Highlights: The Centre's primary activities are in research and during the last six months the Centre's staff have continued to work prodigiously and productively. Highlights are as follows:

- a. A non invasive method to assess gastric acid output has been developed and validated. Future studies are planned to investigate the role of H. pylori induced achlorhydria on disorders of health and nutrition.
- b. A new method to evaluate hydration status has been developed utilizing bioelectrical impedance analysis. Using this technique, a study comparing cholera and non-cholera diarrhoea indicated differential changes between intra- and extracellular water compartments.

- c. A protocol to assess vitamin A status using the deuterated retinol dilution technique confirmed the advantage of this technique to assess vitamin A status of body using only a single blood sample.
- 
- d. Cytolethal distending toxin (CLDT) producing *Escherichia coli* is a newly described category of toxigenic *E. coli*. Studies showed that CLDT may be an additional virulence factor of EPEC and that CLDT production by otherwise non-pathogenic strains may not confer diarrhoeagenic property on these strains.
- e. A killed oral enterotoxigenic *Escherichia coli* (ETEC) vaccine developed by scientists in Gothenburg, Sweden, consisting of the B-subunit of cholera toxin (CT) and colonization factor antigens (CFAs) of *E. coli* was tested in adult volunteers for reactogenicity and immunogenicity. The vaccine was well tolerated and the majority of volunteers mounted an immune response to both CT and CFAs.
- f. A study of risk factors for acquiring neonatal rotavirus infection showed the following to be important: longer hospital stay after birth, birthing complications and poor hygienic practices of mothers.
- g. Duckweeds were shown to significantly reduce faecal coliform counts in contaminated ponds. Additionally fish fed on duckweeds in such an environment were found to be free of enteric pathogens.
- h. Studies on vitamin A status of young infants showed that about 60% of Bangladeshi infants under one year are vitamin A deficient as assessed by the Relative Dose Response Test.
- i. Field work of research study, "Maternal supplementation with vitamin A (retinol or beta-carotene)" has been completed. A high rate of compliance was recorded. Laboratory work on the serum and breast milk samples is continuing.

- j. The study in Matlab on wheezing associated respiratory distress was concluded. Laboratory work on bacterial and viral etiologies of ALRI on the samples collected continues. Data entry is being carried out currently.
- k. The research projects "Action research and impact studies on community water sanitation and hygiene education intervention in Bangladesh" are being undertaken in rural and urban communities. The baseline and need assessment survey were conducted in Singair Thana (rural area) and three wards in urban Dhaka. A meeting of the national Task Force of these projects was held on August 8, 1995.
- l. A 10-day network analysis training workshop for the Social and Behavioural Sciences staff and others was held as part of the continuing effort to build capacity in social science research.
- m. A baseline study on women's networks-cum-empowerment in the BRAC-Matlab project was undertaken.

In addition, a series of exploratory studies and an interim assessment of the demographic rates in the four study cells of the BRAC - ICDDR,B project was concluded. The first round of quarterly data collection on nutrition, illness behaviour, fertility control, income and expenditure, and various aspects of women's lives in the four study cells has also been completed.

- n. The Chakoria Community Health Project initiated the process of self-help initiatives for the improvement of health other than health education by local organizations. In three villages self-help organizations took initiatives to control malaria in their villages. The project assisted the self-help organizations by linking them with the Government malaria control programme.

- o. The Population Studies Centre has undertaken two research projects in collaboration with the East-West Center Population Institute on the Secondary Analysis Project of the Bangladesh Demographic and Health Survey. (An Evaluation of the BDHS Data, and Proximate Determinants of Fertility.)
- p. With the assistance of the MCH-FP Extension Project (Rural), GoB has established an Emergency Obstetric Care unit in the thana hospital of Mirsarai.
- q. A rapid assessment procedure for the assessment of needs of the MCH-FP programme and the demand and utilization of MCH-FP services at the thana-level and below has been developed.
- r. A management improvement tool named Performance Planning and Monitoring System, has been developed for the thana level MCH-FP managers.
- s. The MCH-FP Extension Project (Rural) developed a Health Assistant Register, which has been approved by the MOHFW for national implementation. As part of nationwide implementation, the Project is introducing it in three project thanas. The lessons learned will be used for implementation of the register by the MOHFW.
- t. The MCH-FP Extension Project (Rural) has held a series of workshops with MOHFW National, District and Thana level officials.
- u. The MCH-FP Extension Project (Urban) identified eight interventions to improve and strengthen the key areas of urban MCH-FP service delivery. Five of these interventions (Phase-I Interventions) have been designed and are being implemented: i) Planning and Coordination of Services, ii) Field Information System, iii) Clinic Information System, iv) Quality Assurance-Community-based services, v) Quality Assurance-Clinic-based services.

3.1.2 Training: Dr. Habte acknowledged the busy training activities at the Centre under the Head of the Training Coordination Bureau, Dr. A.N. Alam.

- a. During the period, the courses and workshops organized included:
- (i) one international training course for nurse trainers in the prevention and treatment of diarrhoeal diseases,
  - (ii) one international workshop on FP Programme Effectiveness and Quality of Care through Operations Research,
  - (iii) one national workshop on "Training of Trainers" on Clinical Management, and Laboratory Diagnosis of Diarrhoeal Diseases,
  - (iv) a workshop on Epidemiological Methods in Public Health,
  - (v) one course for Training for Emergency Response to Cholera and *Shigella* epidemics,
  - (vi) two courses on Disaster Preparedness and Environmental Health Management in Rural Areas,
  - (vii) one workshop on Surveillance, Screening and Control of HIV.

b. Also 65 orientation training programmes and the clinical and research fellowship programmes for 51 fellows were organized.

3.1.3 Service: Once again, the number of patients to visit the Dhaka hospital continued at a very high rate; 70,648 during the six months of the report period. As in past years, epidemics due to cholera have been experienced in their typical bimodal peak (April-May and August-September) in 1995. In addition, a large non-cholera epidemic due to enterotoxigenic *E. coli* was superimposed on the usual seasonal cholera epidemic in April and May of 1995 resulting in a marked increase in patient visits to the hospital (mean 14,269 patients per month for April-May). A second epidemic of cholera was experienced as expected in August and September, however, the patient numbers were substantially more than usual (13,396 patients in August).



The Epidemic Control Preparedness Programme (ECP) with the national CDD programme and local Government health personnel conducted field investigations and interventions in 29 Thanas.

3.1.4 Others:

- a. Several new international level staff were appointed: Dr. George Fuchs III (USA), on secondment from the Louisiana State University has taken over as Division Director, CSD; Dr. Ann Levin, (USA) joined the Centre as Health Economist/Cost Analyst in the MCH-FP Extension Project (Rural); Dr. Mizanur Rahman (Bangladesh), a former National Officer category staff and a Consultant to the MCH-FP Extension Project (Rural) joined as demographer; and Prof. J. Patrick Vaughan (Britain), on secondment from the London School of Hygiene and Tropical Medicine joined the Centre on September 27, 1995 as Division Director, CHD.
- b. Several international level staff left the Centre: Dr. Michael A. Strong, Director of the Population & Family Planning Division; Dr. Osgood Masee Bateman, Epidemiologist of the Community Health Division and Dr. Rushikesh Maru, Senior Operations Researcher in the MCH-FP Extension Project (Rural).
- c. Expert volunteers are being identified and recruited in collaboration with British Executive Services Overseas. The first expert will examine the cost and expenditure of the Centre's Dhaka and Matlab hospitals. A second will help with the design and implementation of the Centre's communication and dissemination strategy.
- d. High level visits to the Centre continued: Mrs. Hillary Rodham Clinton; Ms Carol Lancaster (Deputy Administrator USAID); Ms Robin Raphael (US Assistant Secretary of State for South Asia); Ms Huguette Labelle (President CIDA); Hon. Ministers of Finance, Health and Family Welfare, and Women and Children's Affairs, GoB; Crown Prince Philippe of Belgium; Mrs. Adam BA Konare (wife of President of Mali); H.E. Mr. Atugoda, (Sri Lankan High Commissioner to Bangladesh); and many others.

### 3.2 Fund Raising Activities in Bangladesh

Mr. G. Wright, Assistant Director External Relations and Institutional Development, presented the report on fund-raising activities summarised as follows:

- 3.2.1 Mr. Wright reported briefly on the resource development activities over the last six months including many proposals being negotiated. In the context of declining development budgets he believed the Centre deserved recognition for increasing its annual income over the last three years and simultaneously building up funds in the two endowment funds. He acknowledged the excellent work undertaken by scientists in adapting to more competitive strategies in seeking funding for both short and long term projects.
- 3.2.2 Several large project proposals were prepared and submitted for funding: European Union (Bangladesh Health Action Research Project - \$12,587,000 over 5 years); Japan (International Family Planning Training Program - \$5,614,875 over 5 years; year 1 \$2,324,243 including Matlab Training Centre construction - \$400,000; Dhaka Family Planning Centre - \$970,000): pending; ODA/Thailand (computer systems training and consultancy \$365,000/\$380,350); USAID/Washington (institutional and targeted research - \$8,725,000 over 5 years, including \$3 million for the Centre Fund).
- 3.2.3 The Centre Fund Volunteer Committee is being recruited, and initial approaches are being made to foundations and corporations. USAID has obligated \$1 million for the Centre Fund endowment, The Ford Foundation has informed the Centre that as much as \$1 million would be contributed in this stage of the campaign if it can increase USAID's initial pledge and obtain additional support from other sources, and the Rockefeller Foundation is expected to contribute \$150,000 in unrestricted funds.
- 3.2.4 He reported that large scale mailing has been undertaken to search for new funding opportunities and to identify new foundations and corporations that might provide opportunities for the Centre to broaden its funding base. Attempts have been made to encourage contributions from

the SAARC and ASEAN regions, and those countries which were original signatories of the Interim International Committee on 13-14 February 1979.

~~3.2.5 - The Government of Bangladesh has significantly increased its contributions from \$26,000 in 1992 to \$187,500 in 1995 plus an ad hoc contribution of \$500,000.~~

### 3.3 Fund-Raising Activities in North America

Mr. Robert Smith acknowledged the assistance received from USAID for the Centre Fund activities in North America. He explained to the meeting that the Centre Fund campaign is well planned, well researched, and is on schedule to raise \$20 million by the year 2000. Mr. Smith advised the meeting that the Centre has been nominated by the Ford Foundation and Johns Hopkins University to receive the Conrad N. Hilton Humanitarian Prize. The Hilton Prize will be awarded for the first time in June, 1996, to the organization that has performed with the greatest merit in alleviating human suffering during 1995.

Mr. Smith had no doubt that the goals set for \$20 million to be raised by the year 2000 for the Centre Fund, and \$10 million for the Hospital Endowment Fund, were achievable. The fact that nearly \$7 million have been raised to date for the two funds supports this.

He asked the Trustees to commit themselves to be knowledgeable about the activities of the Centre Fund, the Hospital Endowment Fund, and other fund raising activities. He provided a challenge that for the Centre Fund to be successful, Trustees must be committed to participate and also to personally contribute financially.

The Chairperson thanked Dr. Habte, Mr. Wright and Mr. Smith for their presentations. Members of the Board had several comments and questions. Some are outlined below, and the Centre's response given, as required:

1. It was requested that consideration be given to including in the Director's Report a 1-2 page personal assessment by the Director of the activities of the Centre. This suggestion was received positively and would be enacted upon.
2. It was suggested that manuals for the training courses be provided in published form. He was advised that this used to be the practice before but that hand-outs were found to be better received and more practical.
3. There was continued discussion on the Training Branch in that Trustees be provided with a table indicating the nationalities of the participants of all courses.
4. The meeting was advised that the \$3 million given to the Hospital Endowment Fund by SDC was intended as "seed money" and as a direct appeal to other donors to join them in making substantial donations.
5. The suggestion was made that the parent companies in Europe of subsidiary companies in the USA also be contacted to solicit their support.

Dr. Law reiterated Mr. Smith's plea for Trustees to become personally involved and provide whatever assistance they can for the success of the Centre Fund.

Donors were then invited to make comments or ask questions but no response was received.

#### Agenda 4: Programme Committee Report

The Chairperson of the Programme Committee, Professor P. Helena Makela, presented to the Board of Trustees a verbal report and a draft of the conclusions of the Programme Committee meeting held on Saturday 4 November 1995. The short time for preparation of the report due to rescheduling of the meetings was noted.

The Committee had heard reports from the four scientific divisions and each report was followed by intensive discussion. The Committee also received the report of the Programme Committee's Review of the Clinical Sciences Division and the Centre's response to the report of the Programme Committee's Review of the Population and Family Planning Division held in March 1995 (and presented to the June 1995 Board of Trustees meeting).

Highlights from the Programme Committee report are as follows:

1. Regarding the CSD Review it was agreed that the Centre prepare a response to the Review for the next Board meeting.
2. The Committee noted with satisfaction the establishment of cross divisional working groups and especially the nutrition working group. The quantity and high quality of research being undertaken in different divisions was noted.
3. The Committee suggested that the divisions consider re-defining research protocols to be grouped around selected priority areas in order to achieve major scientific impact and relevance to central health issues.
4. The Committee emphasised the need for collaboration between the divisions to enforce existing capabilities and avoid duplication of facilities and effort.
5. Training was recognized by the Committee as an essential function of the Centre and in this respect the Committee was impressed by the scope of training activities nationally and internationally.

6. Questions were raised regarding the exclusion of enterotoxigenic E. Coli from the surveillance data because of the cost of testing. A plea was made to reconsider this. In addition the Committee requested a review of the hospital surveillance system to examine the goals, scope, costs and value, both scientific and practical, of the surveillance.
7. The Committee expressed concern at the small number of research publications in the Community Health Division but recognized that with a new Division Director the situation is likely to improve.
8. The Committee noted that a review of the Laboratory Sciences Division will be held prior to the June 1996 Board Meeting.
9. The report of a recently completed study that 25% of all births in Matlab during 1984 were due to contraceptive failure prompted a request for additional information, as this single percentage figure could not be interpreted on its own.
10. The Committee was advised of the ongoing consideration being given to the reorganisation of the Population and Family Planning Division as a result of which units and projects in the Centre involved in extension activities would be placed under one division (Extension Division).

Dr. Law, Chairperson of the Board, asked for comments from the meeting. Several questions were asked and information provided. Dr. Law thanked Professor Makela for the presentation of the report which was prepared under time constraints.

The meeting approved the report.

## Agenda 5: Finance Committee Report

Dr. J. Rohde, Chairperson of the Finance Committee, presented the report of the ~~Finance Committee meeting held on Sunday 5 November 1995~~ to the Board of Trustees.

### 5.1 1995 Forecast

The net operating deficit after depreciation for 1995 was budgeted at \$644,000. This is anticipated to increase by \$551,000 (85.6%) to \$1,195,000 because of the net effect of changes in income and expenditure.

The net cash surplus before depreciation was budgeted at \$102,000. This is now anticipated to decrease by \$490,000 to a deficit of \$388,000. Success in the ongoing efforts to collect contributions from the Arab Gulf Fund and UNFPA may alter this picture.

The Board was advised that management appreciates deficits of this magnitude are unsustainable. However, sudden and unexpected curtailment of contributions or reduction of promised contributions by donors make it exceedingly difficult for the Centre to avoid such deficits, particularly when these occur towards the end of the year.

### 5.2 1996 Budget

It was reported to the Board that the net operating deficit is expected to be \$811,000 (1995 \$1,195,000) which is a decrease of \$384,000 (32.1%).

The net cash surplus before depreciation is expected to be \$18,000 compared to the forecast deficit of \$388,000 for 1995.

### 5.3 Cheque Signatories

The Board was advised that the procedure on cheque signatories has been reissued and details of the groupings were provided.

#### 5.4 ICDDR,B Hospital Endowment Fund

It was reported to the Board that the balance of the Hospital Endowment Fund at December 31, 1994 was \$3,163,953. Receipts for the first nine months of 1995 were \$189,023 giving a balance at September 30, 1995 of \$3,352,976. No hospital expenditure has been charged to the fund since inception.

The Board was advised that the Hospital Endowment Fund Council of Investment Advisors, comprising leading Bangladeshi business persons and one international banker, was brought into operation and the Council has formulated an initial investment strategy which aims to place 50% of the Fund in US dollar term deposits with the balance to be targeted for investment in "blue chip" Bangladesh companies in the form of both ordinary shares and high yielding debentures.

#### 5.5 Fixed Asset Acquisition and Replacement Fund

It was reported to the Board that capital expenditure committed to the end of September 1995 totalled \$305,816. The balance remaining in the Fund at September 30, 1995, totalled \$276,606.

#### 5.6 Centre Fund Washington Office

At the November 1994 Board meeting it was resolved to use \$230,000 from the Reserve Fund as a loan to finance the Centre Fund activities in 1995. While no funds were found to finance the campaign itself, around \$3,150,000 has been identified for the Centre Fund during the year. On the basis of this success, the Centre proposes to continue its North American based operations in 1996 with a budget of \$221,000.

As no funding was found for the 1995 activities the Board agreed that the amount of \$230,000 advanced by the Reserve Fund be written off against that Fund in the 1995 annual accounts.



## 5.7 Update on Salaries

A joint closed session of the Finance and Personnel & Selection Committees considered issues of salaries for staff.

It was agreed that there be no change in the remuneration of international level staff.

Dr. Rohde made the following comments at the conclusion of his presentation of the Finance Committee report:

1. The anticipated deficit of \$388,000 was of concern but that the reasons for this were appreciated.
2. With regard to cost containment, it was recognized that the 1996 budget was tight and depends on agreements of \$1.4 million yet to be finalized. Dr. Rohde advised the meeting that management keep Board members apprised of developments during the year.

Dr. Rohde invited comments from the meeting on the Finance Committee Report. A few comments were made and responded to.

It was agreed to accept the report of the Finance Committee.\*

\* As indicated on page 26 of these minutes, the Minister of Health of the Government of Bangladesh made an announcement of \$500,000 additional contribution from the Government of Bangladesh. This will significantly alter the magnitude of the anticipated cash deficit if the funds are received in 1995.

The following resolutions were passed:

- 1/BT/Nov.95            The Board resolved to approve the 1996 Budget.
- 2/BT/Nov.95            The Board resolved to approve that the amount of \$230,000 advanced to the Child Health Foundation to cover the costs of the Centre's North American based operations be written off against the Reserve Fund.
- 3/BT/Nov.95            The Board directs the Centre to continue to explore avenues to find funding for the next phase of the Centre Fund campaign. However, in recognition of the importance of this campaign, should no funds be found the Board resolved that the Centre use up to a maximum of \$221,000 from the Reserve Fund to finance the 1996 campaign activities.
- 4/BT/Nov.95            The Board resolved that the Centre, in consultation with the chairperson of the Board, prepare the documents necessary to give legal status to the Centre Fund.
- 5/BT/Nov.95            The Board resolved, subject to the availability of funds and at the discretion of the Director, to raise the salaries of national staff by an amount not to exceed 2% of the salaries in existence on November 4, 1995.

**Agenda 6: Personnel & Selection Committee Report** (closed session)

Dr. R.H. Henderson, Chairperson of the Personnel & Selection Committee, presented the report of the Personnel & Selection Committee meeting held on Saturday 4 November 1995 to the Board of Trustees.

## 6.0 STAFFING

### 6.1 Overview of the Staffing Situation

Attention was drawn to Tables 1-9. It was noted that the Board's instructions on recruitment have continued to be followed although there has been a net increase in staff of 37 most of whom were in projects. At 30 September 1995, the total staff numbered 985 compared to 948 at 31 March 1995. However, core staff has gone down from 606 to 603.

The Board complimented the Centre's management on their continued actions to reduce staff and recommended a continuation of the current policy.

### 6.2 Contract Renewal - Division Director, Administration & Personnel

The meeting noted that Mr. M.A. Mahbub, Division Director, Administration & Personnel will complete his three year's employment contract with the Centre on June 30, 1996.

It was agreed that Mr. Mahbub's current contract be extended by another term of three years effective July 1, 1996.

### 6.3 Status of Recruitment of International Staff

#### a. Director, ICDDR,B

Mr. Syed Ahmed commented to the meeting on the decision of the Government of Bangladesh to amend the Ordinance regarding the tenure of the Director. He reported that it now reads as follows:

Ord. LI of 1978 Section 13 sub-section (1) The Centre shall be administered by a Director who shall be selected and appointed by the Board for a term of three years which may be renewable for another term, provided that, the Board may

in exceptional case, extend the tenure of the Director for a period maximum of which shall not exceed a period equivalent to another term.

b. Division Director, Population & Family Planning Division

The Director informed the meeting of the discussions on the possible restructuring of the division. The meeting encouraged the Director to continue with this, including examining options with respect to the Division Director, recognizing the importance of the nature of the activities to be carried out in the new Division.

c. Division Director, Laboratory Sciences Division (LSD)

The meeting noted that the position of the Division Director of LSD fell vacant after the departure of Dr. R. Bradley Sack in June 1994. Dr. John Albert has been acting as the Division Director, LSD, since then.

It was noted that the management's efforts to identify a suitable person with research, fund raising and administrative capabilities have not yet succeeded. The Board agreed to the continuation and extension of the search process with the expectation that a firm decision could be taken at the next Board of Trustees meeting.

d. MCH-FP Physician

It was reported to the meeting that Dr. L.A. de Francisco Serpa, MCH-FP Physician will complete his six year's employment contract with the Centre on 6th November 1996. He has indicated willingness to extend his stay. As per the Centre's rule however, the position has to be advertised and he will be eligible to apply.

It was agreed that approval be given to advertise the position.

e. Health Economist, CHD

The meeting noted that the position of Health Economist, CHD, was advertised on July 7, 1995 in two national newspapers. The advertisement has been sent to all the prominent universities in the UK, USA, BOT members, Donors, UN Agencies etc. The last date for receiving applications was 15 August 1995.

It was noted that eight applications were received but none were found to be suitable. The search for a suitable applicant will continue.

f. Epidemiologist, CHD

The meeting noted that the position of Epidemiologist, CHD was advertised on July 7, 1995 in two national newspapers. Copies of the advertisement have been sent to all the prominent universities in the UK, USA, BOT members, Donors, UN Agencies etc. The last date for receiving applications was 15 August 1995.

It was noted that twenty applications have been received and are being processed.

g. Communications Specialist, MCH-FP

As reported in the June 1995 BOT meeting, Ms Marsha McCoskrie was offered the position of Communications Specialist in P4 level. She declined the offer.

The Board noted that due to anticipated funding cuts for the Extension Projects, recruitment has to be postponed until funding is assured.

h. Demographer, MCH-FP

As reported in the June 1995 BOT meeting, Dr. Mizanur Rahman was offered the position of Demographer. The meeting was advised that Dr. Rahman assumed the position on July 16, 1995.

i. Health Economist/Cost Analyst, MCH-FP

As reported in the June 1995 BOT meeting, Dr Ann Levin was offered the position of Health Economist/Cost Analyst, MCH-FP. The meeting was advised that Dr. Levin assumed the position on July 16, 1995.

6.4 Information on Seconded Staff

a. Division Director, Community Health Division (CHD)

It was reported to the meeting that Professor J. Patrick Vaughan joined the Centre on September 26, 1995 as Director of the Community Health Division under a reimbursable secondment agreement between the London School of Hygiene and Tropical Medicine and the Centre.

b. Division Director, Clinical Sciences Division (CSD)

It was reported to the meeting that Dr. George Fuchs-III, seconded by the Louisiana State University for a period of 3 years, acted as the Division Director, CSD from February 1995.

On the approval of the Board of Trustees at its meeting in June 1995, Dr. George Fuchs-III has been appointed Division Director, CSD effective July 1, 1995.

Dr. Fuchs is on a reimbursable secondment from LSU. The meeting was advised that Dr. Fuchs accepted the position under this arrangement.

c. Senior Scientist, MCH-FP

The meeting noted that this position will not be filled due to financial constraints.

d. Senior Scientist, CHD

It was reported to the meeting that Dr. Jim Ross, Senior Scientist (Social & Behavioural Sciences) has been working at the Centre since January 15, 1994, on a reimbursable secondment from the LSHTM. It was agreed that this arrangement be terminated and Dr Ross converted to a fixed term employee of the Centre.

6.5 Upgrading the Position of Assistant Director ER&ID to P-5

The case for upgrading the position of Assistant Director ER&ID from P-4 to P-5 was presented to the meeting:

The current responsibilities of the Assistant Director, ER&ID, are the following:

- i. to coordinate the design and implementation of the Centre's resource development strategy.
- ii. to prepare project proposals for funding by bi-lateral and multi-lateral donor agencies, foundations and corporations.
- iii. to liaise, coordinate and negotiate with donor and UN agencies, and Non Government Organizations.
- iv. to develop communication materials, including videos and publications.

In addition to the above responsibilities, the Assistant Director, ER&ID, has been assisting the Director in supervision of the Audio Visual Unit, the Dissemination and Information Service Centre, and the Training Coordination Bureau. The Centre proposes to formalize this arrangement by appointing the Assistant Director ER&ID as Head of these units and bring them under the ER&ID Office with the title of Associate Director, ER&ID.

It was agreed that the post description for this position be graded following the UN system and if it qualifies for a P-5 position, the Director be given the authority to approve a personal promotion for Mr. Graham Wright, Assistant Director, ER&ID, to level P-5 with effect from 1 January 1996.

The following resolutions were passed:

- 6/BT/Nov.95            The Board resolved to accept the Report of the Personnel and Selection Committee.
- 7/BT/Nov.95            The Board resolved that the current contract of Mr. M.A. Mahbub, Division Director, Administration & Personnel, be extended by another term of three years effective July 1, 1996.
- 8/BT/Nov.95            The Board agreed to approve the placement of advertisements for the position of MCH-FP Physician.
- 9/BT/Nov.95            The Board resolved that the employment contract for Dr. James Ross, Senior Scientist (Social and Behavioural Sciences), be converted to a fixed term contract.

#### Agenda 7: Selection of Trustees

- a.    It was agreed that Dr. Cesar G. Victora be invited to join the Board of Trustees effective from 1 July 1995 to complete the 3 year term of Professor J.J. Frenk which concludes on 30 June 1996.
- b.    It was reported to the meeting that Professor Fehmida Jalil's first term as a Trustee concludes on 30 June 1996.

It was agreed that Professor Fehmida Jalil (Pakistan) be reappointed as a Trustee for another period of three years from 1 July 1996.



c. It was reported to the meeting that Professor P. Helena Makela's first term as a Trustee concludes on 30 June 1996.

It was agreed that Professor P. Helena Makela (Finland) be reappointed as a Trustee for another period of three years from 1 July 1996.

d. It was reported to the meeting that Professor Fred S. Mhalu concludes his second term of service in June 1996.

It was agreed to request the Director to obtain as many nominations as possible for potential candidates for a Board of Trustees position from a developing country in the African region effective from 1 July 1996.

The following resolutions were passed:

10/BT/Nov.95      The Board resolved that Dr. Cesar G. Victora be appointed to the Board of Trustees to complete the term of Professor J.J. Frenk.

11/BT/Nov.95      The Board resolved that Professor Fehmida Jalil (Pakistan) be reappointed as a Trustee for another period of three years from 1 July 1996.

12/BT/Nov.95      The Board resolved that Professor P. Helena Makela (Finland) be reappointed as a Trustee for another period of three years from 1 July 1996.

#### Agenda 8: Dates for 1996 Meetings

It was agreed to confirm an earlier decision of the Board that meetings should be held in Dhaka on the first Saturday, Sunday, and Monday of June and November each year.

It was agreed that three days were needed for Programme Committee Reviews of Scientific Divisions. The following programme for 1996 was therefore agreed to:

PROGRAMME COMMITTEE REVIEW OF LSD, JUNE 1996

Tuesday 28th May	Reviewers arrive
Wednesday 29th May to Friday 31st May	Review of the Laboratory Sciences Division and write-up of report

BOARD OF TRUSTEES MEETING - JUNE 1996

Friday 31st May	Trustees arrive
Saturday 1st June	Programme Committee Meeting Personnel & Selection Committee Meeting
Sunday 2nd June	Finance Committee Meeting Report Writing
Monday 3rd June	Full Board Meeting

PROGRAMME COMMITTEE REVIEW OF CHD, NOVEMBER 1996

Tuesday 29th October	Reviewers arrive
Wednesday 30th October to Friday 1st November	Review of Community Health Division and write-up of report

BOARD OF TRUSTEES MEETING - NOVEMBER 1996

Friday 1st November	Trustees arrive
Saturday 2nd November	Programme Committee Meeting Personnel & Selection Committee Meeting
Sunday 3rd November	Finance Committee Meeting Report Writing
Monday 4th November	Full Board Meeting
Tuesday 5th November	Donor Support Group Meeting

### Review Team - LSD Programme Committee Review 1996

It was agreed that the review team for the Programme Committee Review of the Laboratory Sciences Division in 1996 will consist of Professor P. Helena Makela, Professor Fred S. Mhalu, and Dr. Yoshifumi Takeda, representing the Board of Trustees, and two external reviewers to be selected.

### Agenda 9: Report from Staff Welfare Association

As part of its agenda, the Board met with the Staff Welfare Association (SWA) Executive Committee at 12.15 p.m. on Sunday 5 November 1995 and received the report of the President of SWA. A useful exchange of views took place. The chairman expressed the appreciation of the Board for the invaluable contribution of the staff in maintaining ICDDR,B as a centre of excellence.

### Agenda 10: Any Other Business

#### 10.1 Address of the Minister for Health and Family Welfare

On behalf of the Board the chairperson, Dr. Maureen Law, welcomed the Honourable Minister for Health and Family Welfare, Government of the People's Republic of Bangladesh, to the Board Meeting. Board Trustees, donors and senior management were introduced to the Minister.

Dr. Law summarised for the Minister the proceedings of the Board meetings highlighting several areas including the research programme of the Centre, the training programme, the establishment of the two endowment funds, and the continuing financial problems facing the Centre. She stated that the Centre is likely to end 1995 with a large cash deficit.

Mr. Syed Ahmed, Secretary of the Ministry of Health and Family Welfare and Board Trustee, also welcomed the Minister and commented on the excellent

working relationship between the Centre and the Government of Bangladesh. He noted that the Government of Bangladesh has increased its contribution to the Centre by 750% in 3 years which demonstrates its commitment to the Centre.

Mr. Chowdhury Kamal Ibne Yusuf, the Honourable Minister for Health and Family Welfare, Government of the People's Republic of Bangladesh, addressed the Board Trustees and donors and announced that the Government is considering an increase in the annual contribution to the Centre by another \$125,000. This news was received with acclamation. The Minister went on to announce a further grant of \$500,000 which was also received with acclamation. The Government of Bangladesh expects this grant to be used for improvement of the Centre's infrastructure and other facilities commensurate with its international standing. He appealed to the donor community to join hands with the Government and continue to support the Centre in a bigger way thus enabling the institution to realize its true potential in the world community.

Dr. Law thanked the Minister and expressed the Centre's appreciation for not only the financial support received from the Government of Bangladesh, but the assistance this provides the Centre in its approaches to other donors. She also expressed thanks to the Bangladeshi Board Trustees for their continued support and liaison with the Government on behalf of the Centre.

The Minister responded by indicating the high esteem in which Dr. Habte is held by the Minister, the Government, and the Prime Minister.

Dr. Law asked for comments from Board members and several subsequently responded to the announcement by expressing their profound appreciation of the increase in contribution. They said it indicated the appreciation of the people and the Government of Bangladesh and is a sign of the excellent relationship between the Government and the institution. This gesture also symbolises Bangladesh's commitment to share its resources with the people of the world. The Board members requested the Minister to convey to the Government of Bangladesh the Board's profound appreciation for the additional contribution of \$500,000.

Resolution

13/BT/Nov.95

The Board agreed to record its profound appreciation for the additional contribution of \$500,000 from the Government of Bangladesh.

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10.2 Proposed change of format for BOT meetings

The chairperson of the Board, Dr. Maureen Law, opened discussion on the advisability of reformatting the programme of the Board of Trustees meetings.

This evoked considerable discussion and several suggestions were made by Board members. The Board agreed to suggest that Centre management consider the options available.

The meeting closed at 7.40 p.m.

3/BT/JUNE '96

DIRECTOR'S REPORT  
(including 1995 Annual Report)



**CENTRE**  
For Health and  
Population Research

*Developing and disseminating solutions  
to major health and population problems facing the world*

# *Director's Report*

TO  
THE BOARD OF TRUSTEES MEETING

1-3 JUNE 1996

[Period: 1st October 1995 to 31st March 1996]



International Centre for Diarrhoeal Disease Research, Bangladesh

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## 1.0. INTRODUCTION

The six months of this reporting period started in an excellent note with Prof. Patrick Vaughan joining as Division Director of the Community Health Division and Mr. Shamim Ahsan as Division Director of the Health and Population Extension Division. Prof. Vaughan has galvanized the Community Health Division and brought about a fresh spirit and a new look on the old establishment. Mr. Ahsan, on the other hand, coming with a rich experience in management has expanded the limits of cooperation with national institutions. Two other senior scientists also joined, namely Dr. Jeroen van Ginneken, a distinguished demographer, and Dr. J. Bogaerts, a microbiologist with considerable experience in sexually transmitted diseases.

As intimated at the November 1995 BoT meeting, the management proceeded with some restructuring of the Community Health Division and Population and Family Planning Division. All major activities of the Centre that have considerable extension component (i.e. action oriented research) were grouped under the newly named Health and Population Extension Division. This Division now consists of the Rural and Urban MCH-FP Extension Projects, the Environmental Health Programme and the Epidemic Control and Preparedness Programme.

The Community Health Division consolidated its hold on Matlab gaining the DSS and Population Studies Centre (PSC). It now has the Matlab Health Research Centre, the Matlab MCH-FP Programme, the Social and Behavioural Science Programme and the Health and Demographic Surveillance System (DSS+PSC). The imminent recruitment of a health economist, the expected growth of the Social and Behavioural Science Programme, and a restructuring of the Matlab model will prepare the Division for the challenges of the next 5 years.

The Laboratory Sciences Division is expanding its facilities to accommodate a reproductive health laboratory required to support the field research activities in this growing field. The internal structure of LSD will undergo a re-organization based in part on the recommendations of the external review to be conducted in late May.

The publication on maternal immunization with pneumococcal polysaccharide vaccine that showed persisting protective levels of antibodies in infants during the first few months received considerable publicity in the public media around the world since it has the potential of reducing infant deaths by as much as 20%. Follow-on studies will be started soon. In addition, the Centre has submitted an application for a large pneumococcal vaccine trial in infants.

The confirmation of the finding of a significant urinary loss of vitamin A during acute shigellosis has partly unveiled the mechanism of interaction between vitamin A status and well-being.

Leads into the development of diagnostics by the Centre's laboratory scientists for common health problems are likely to find application soon. Equally important are the development of the family welfare assistant register and of the urban field information system which will be critical to monitor the quality of health service by field staff.

The above represent some examples of the diverse research findings from the Centre.

The financial health of the Centre has improved since last November although a number of confounding variables can easily destabilize it. The level of cash deficit at the end of 1995 turned out to be less than determined in November - thanks to late receipt of promised funds. A number of large grants are expected (but not certain) in 1997, including from Japan, NIH, WHO, European Union, etc.; and the campaign for the two endowment funds continue to yield satisfactory results.

The political climate in the country during the past 6 months resulted in frequent hartals (work stoppages). There were 22 days of hartals during this period. Inevitably this negatively affected the Centre's research, training and service activities despite attempts to make up for the lost time by working extra hours during normal working days and during week-ends. The situation further deteriorated when the opposition enforced a non-cooperation movement during March 9th to 30th. This potentially disruptive action for the Centre was largely averted by the mobilization of the Centre's staff to come to work using available means of transport. Over 90% of the staff responded to the call keeping the Dhaka office open throughout March. The Centre was unique in remaining open during this difficult period. Nevertheless, patient attendance at the hospital, and consequently patient recruitment, was severely curtailed. In addition, most of the field activities in Matlab and extension sites could not be conducted because of the movement.

Thus the past 6 months that started with hope ended with challenges that were met head on - thanks to the dedication and devotion of the staff.

## 2.0. RESEARCH AND RELATED ACTIVITIES

### 2.1. RESEARCH OUTPUT

Table 1 attempts to quantify the level of research activity at the Centre during the past few years. It can be surmised that research productivity has been satisfactorily maintained during this reporting period.

Appendices A-D list papers published, in press, and the ongoing research protocols of each Division.

**Table 1: Research Output**

Papers/Protocols	CHD	CSD	LSD	HPED	Total
<b>Papers published</b>					
1 Apr 94 - 30 Sep 94	8	9	30	4	51
1 Oct 94 - 31 Mar 95	6	8	21	4	39
1 Apr 95 - 30 Sep 95	6	14	18	3	41
1 Oct 95 - 31 Mar 96	7	19	19	2	47
<b>Papers in press</b>					
1 Apr 94 - 30 Sep 94	10	23	17	9	59
1 Oct 94 - 31 Mar 95	9	26	10	6	51
1 Apr 95 - 30 Sep 95	10	19	19	4	52
1 Oct 95 - 31 Mar 96	12	18	11	6*	47
<b>Total papers published and in press</b>					
1 Apr 94 - 30 Sep 94	18	32	47	13	110
1 Oct 94 - 31 Mar 95	15	34	31	10	90
1 Apr 95 - 30 Sep 95	16	33	37	7	93
1 Oct 95 - 31 Mar 96	19	37	30	8*	94
<b>Research protocols/ programmes in progress</b>					
1 Apr 94 - 30 Sep 94	27	25	23	13	88
1 Oct 94 - 31 Mar 95	35	23	19	7	84
1 Apr 95 - 30 Sep 95	35	25	16	5	81
1 Oct 95 - 31 Mar 96	32	21	14	13	80

For details of these see Appendix A

\* Does not include 9 published working papers.

## 2.2. CLINICAL SCIENCES DIVISION

Research, service and training activities have continued to be the major pre-occupation of the Division. As indicated earlier, the political climate in the country has affected all spheres of activities in the Division. The impact on research activities were significant, primarily by reducing subject involvement into protocols and by limiting or preventing movement of field staff in the community.

### 2.2.1. Highlights

1. Significant urinary loss of vitamin A is observed during shigellosis in young children, and the loss is associated with malnutrition, fever, and abnormal renal function. Serum retinol is transiently and markedly depressed during the acute stage (admission) but spontaneously improves without supplemental vitamin A during recovery.
2. Antimicrobial trials in cholera and shigellosis continue to result in simplified regimens as well as new treatment options. Azithromycin is found to be as effective as ciprofloxacin in the treatment of shigellosis.
3. A new method to evaluate hydration status has been developed utilizing bioelectrical impedance analysis (BIA). Findings using this technique in a study comparing cholera and non-cholera diarrhoea indicate differential changes between intra- and extracellular water compartments. Extracellular water depletion is common in both cholera- and noncholera-associated dehydration. Unlike noncholera dehydration, dehydration due to cholera additionally has a marked depletion of intracellular water. BIA is an inexpensive, easy bedside method to assess hydration status that is more precise than clinical assessment (WHO guidelines).
4. 5-aminosalicylic acid is shown to be therapeutically ineffective in ameliorating the disease activity of acute shigellosis in adults.
5. *Entamoeba histolytica* infection is shown to be more prevalent in more undernourished and in poorer adults. Among different diagnostic laboratory tests (faecal antibody, faecal antigen, and stool microscopy), detection of specific faecal antibody appears to provide the best discrimination.

6. New activities over the past six months in the Physiology Laboratory (PL) include the successful establishment of the Griess reaction which quantifies metabolites (nitrate and nitrite) of nitric oxide species (NOS). The total radical antioxidative parameters (TRAP) assay which measures antioxidative activity has also been recently established as an additional and complementary assay to the thiobarbituric acid reacting substances (TBARS) assay. The TRAP and TBARS assays reflect reactive oxidative species generation. Both NOS and ROS are postulated to be important mediators of intestinal inflammation. Additional human and animal studies are planned to further define the role of NOS and ROS in shigellosis, and to design potential treatment strategies for further study.

Ussing chamber facilities have been installed in the PL for the study of ion transport across intestinal epithelium. The body composition laboratory with the PL has also undergone further development with new uses of BIA to assess gastric acid output and hydration status under validation.

No significant changes took place in the staff. Dr. Rabbani received a doctorate degree from Københavns Universitet in Denmark on the basis of research done at the Centre between 1980 and 1992.

### **2.2.2. Collaborative activities**

Dr. Jay Rao, Department of Endocrinology, Louisiana State University, visited the Centre in January to discuss the possibility of studying the role of TSH surge in malnutrition.

A visit by Dr. Fuchs to the Agricultural University in The Netherlands to develop further collaborative links with the Agricultural University, was followed up by a successful visit by Dr. Joop van Raaij to the Centre.

Prof. Klaus Gyr, University of Basle, Switzerland visited the Centre in February to follow up on the status of ongoing training of staff from Switzerland and to discuss further training opportunities for staff in the division.

Dr. Mark Miller, Dept. of Paediatrics, Louisiana State University, visited the Centre in February. The objectives of his visit were to explore the possibilities of collaborative research between LSUMC and scientists in the Clinical and Laboratory Sciences Division who are keen in developing laboratory capabilities under his guidance to enable the development of research in the area of nitric oxide at ICDDR,B.

During his visit a method for determination of nitrite concentration from biological samples was developed which will be useful to study the pathogenesis of enteric infections including *Shigella*.

### 2.3. LABORATORY SCIENCES DIVISION

This Division maintained its programme of research, training and service activities under the continuing direction of an acting Division Director. The Division acquired additional expertise by the recruitment of Dr. J. Bogaerts as senior scientist who has a distinguished record in Africa as a researcher in sexually transmitted infections. His presence commits the Division to develop laboratory and clinical research capability in the field of RTI/STI.

Two female national officer staff returned from training in Karolinska Institute having acquired their Ph.Ds, further strengthening the Division's undertaking in enteric (mucosal) immunology.

Notable achievements and new developments include the following:

1. A polymerase chain reaction (PCR) assay has been developed for *V. cholerae* O139 Bengal. When the assay was used on pure cultures of various bacteria, PCR was positive only with *V. cholerae* O139 and negative with all other bacteria. In a preliminary study of stools from diarrhoeal patients, PCR was positive for *V. cholerae* O139-infected patients, and negative for patients infected with other different diarrhoeal pathogens. This PCR assay should prove useful in clinical and environmental studies for detection of *V. cholerae* O139 especially when present in small numbers.
2. Several phages belonging to *Podoviridae* were isolated from the stools of *V. cholerae* O139-infected patients. These phages lysed wild capsulated *V. cholerae* O139 strains; non-capsulated variants of *V. cholerae* O139 and other unrelated bacteria were not lysed. Thus these phages are useful for confirmatory diagnosis of *V. cholerae* O139 and differentiation of variants that lack the capsule.
3. The Parasitology Laboratory had helped to commercialize two ELISA tests - one for pathogenic amoeba (*Entamoeba histolytica* Test) and the other for both pathogenic and non-pathogenic amoeba (*Entamoeba* Test). These tests were developed by Tech Lab and University of Virginia in the USA with our assistance. These commercial tests have now been evaluated using over 2000 stool specimens from individuals with and without diarrhoea. The *Entamoeba* Test showed a sensitivity and specificity of both 94%, and the *E. histolytica* test showed a sensitivity of 86% and a specificity of 98% compared to culture and zymodeme analysis.
4. Monoclonal antibodies to the intimin outer membrane protein of enteropathogenic *Escherichia coli* (EPEC) were derived. These are being characterized for use in an ELISA and agglutination assay for diagnosis of EPEC diarrhoea.

5. The physicochemical properties of water, and plankton and *V. cholerae* populations, have been monitored regularly in 4 ponds in Matlab. As with *V. cholerae* O1, we have shown for the first time *V. cholerae* O139 in association with planktons in a viable, but non-culturable state in a large number of samples.
6. Mannose-sensitive haemagglutinin (MSHA) is an adhesin of *V. cholerae* O1 El Tor biotype. It is believed that MSHA could be a protective antigen. To increase the efficacy of Holmgren's killed oral O1 cholera vaccine, addition of MSHA to the vaccine formulation is being contemplated. However, there are no data on the immunogenicity of MSHA in natural cholera infection. Antibody response to MSHA was studied in *V. cholerae* O1 and *V. cholerae* O139-infected patients. Both groups of patients excreted antibodies to MSHA in the stool suggesting that MSHA is an immunogenic component of *V. cholerae* and might be a protective antigen.
7. The reactogenicity and immunogenicity of a killed oral bivalent vaccine against both O1 and O139 cholera are being studied in adult Bangladeshi volunteers.
8. The Clinical Laboratories tested 54,989 specimens from 31,147 outpatients and 23,842 inpatients. The cash recovery from the outpatient service was US\$161,402, of which approximately US\$70,000 was net profit.
9. In the Clinical Microbiology Laboratory, multi-resistant *Salmonella typhimurium* and *S. gloucester* were further characterized and the resistance trait was found to be mediated by a 157-kb plasmid. An identification scheme has been introduced for newly recognized members of pathogenic *Staphylococcus*. A new set of antimicrobials was selected for *in vitro* susceptibility testing of various bacterial pathogens in view of the increasing resistance to older antimicrobials.

## 2.4. COMMUNITY HEALTH DIVISION

Prof. Patrick Vaughan joined as Director of the Community Health Division in late September. His arrival coincided with the restructuring of the Community Health and the Population and Family Planning Division. The Environmental Health Programme and the Epidemic Control Preparedness Programme moved to the newly created Health and Population Extension Division while the Demographic Surveillance System (DSS) and the Population Studies Centre (PSC) merged with CHD.

The Division now has the following components: Matlab Health and Research Centre, Matlab MCH-FP Programme, Social and Behavioural Science Programme, and the Health and Demographic Surveillance Programme (DSS+PSC).

Dr. van Ginneken joined as head of the Health and Demographic Surveillance Programme. He is seconded by the Government of the Netherlands.

The arrival of a new Director and the restructuring of the Division has led to a necessary re-thinking of the direction of the Division, in particular the future role of Matlab.

**Notable research accomplishments include the following:**

- 1) A maternal immunization trial with pneumococcal polysaccharide vaccine given during pregnancy demonstrated that protective levels of antibodies are transferred to newborns and persist for as long as 20 weeks (half-life 35 days). Publication of this finding elicited considerable publicity in the international public media. Follow-up studies on the clinical efficacy of such an intervention as well as possible effect on active immunization of infants will be started shortly.

In addition, the Centre is submitting an application to WHO for funds to implement a large pneumococcal vaccine trial in infants in Matlab.

- 2) Preliminary observations on the study of reproductive tract infections in Matlab indicated a greater disease burden and a more enlightened health seeking behaviour among the inhabitants. Male clinics have started to function in all subcentres.
- 3) Implementation of a newly developed nutrition education strategy showed significant increase in proportion and frequency of intake of  $\beta$ -carotene rich food by children aged 6-59 months in Matlab.
- 4) Difficulties of immunization documentation in developing countries have led to a dependence on maternal recollection of vaccination to evaluate tetanus toxoid vaccination. To assess the validity of this approval, the Matlab data set on immunization was used. The results suggest that maternal recall may underestimate tetanus toxoid doses received a year before the date of questioning.



- 5) Preliminary results of a study on anaemia during pregnancy shows that selective iron supplementation is more cost-effective than routine iron supplementation.
- 6) A follow-up of children now 3 years old, who took part in the study of effects of vitamin A supplementation in infants, examined children at their homes for development using the Denver Developmental Screening Test (DDST). The test evaluates development based on examination of personal-social, fine motor-adaptive, language and gross-motor development, as well as parents' reports of child milestones. The groups of children who had received vaccines with either vitamin A or placebo did not differ significantly in the result of the developmental scores or mean anthropometric values, and there were no abnormalities in the neurological examination in any of the groups, including those who had bulging fontanelles. Data on morbidity and mortality for the cohort is ongoing at present.

#### **Other developments in the Division:**

##### **1) Social and Behavioural Sciences**

The last 6 months have been a period of consolidation for the SBS Programme. Staff have continued to develop their research skills. At the same time, senior staff have developed a scope-of-work which sets out a research agenda for the social and behavioural sciences for the next 3-5 years. Senior staff have also been recruiting personnel, and attempting to identify and recruit national staff at senior levels:

SBS programme staff made a great effort, to good effect, in preparing for the Centre's annual scientific conference. Three papers were presented.

- An explanatory model of vaginal discharge among women in rural Bangladesh
- Women's health priorities: cultural perspectives on illnesses in a rural area
- Reproductive health care seeking in rural Bangladesh

Several protocols are in development and will be submitted for review including:

- The programme response of the Social and Behavioural Sciences to the ICPD-POA
- Explanatory models of RTIs and Sexual Disease in the culture of Bangladesh (in collaboration with Dr S Hawkes)
- Decision making in EOC: An ethnographic analysis (in collaboration with Dr A-M Vanneste)
- Women's perspectives on the cause and consequence of contraceptive side-effects
- Violence against women
- Dimensions of the proximate determinants of fertility in rural Bangladesh (in collaboration with Dr R. Bairagi)

2) **BRAC-ICDDR,B joint research project in Matlab: Impact of socio-economic development interventions on human well-being**

Much of the time during the last six months was spent in analyzing data from small scale quantitative and qualitative studies, implementing seasonal surveys, and linking demographic registration data with BRAC's programmatic information. Analysis of the data is being carried out. A number of papers from the project were presented at ASCON V.

3) **Self-help for Health: Chakoria Community Health Project**

Training of volunteers nominated by the self-help organizations has been the major activity during the last six months. The self-help organizations have maintained their initiative to disseminate health messages. In five localities, the self-help organizations have established village health posts for holding health related activities. Baseline data collected earlier have also been analyzed. The project had its annual review in February last. The review team was appreciative of the progress and made some recommendations which will be incorporated in due course.

4) **Health & Demographic Surveillance Programme**

This programme has been very active during this period. The DSS Data Base was updated until the beginning of 1994 using results of the 1993 census and incorporating the vital events for 1993.

The 1993 DSS Annual Report was completed and the Supplement included in this Report was near completion. The Supplement will deal with fertility trends in Matlab by birth order, age at birth and birth interval. A beginning was made with processing of the vital events of DSS for the year 1994.

Analysis of results of the 1993 Matlab Census and a report with results of this Census is nearly ready.

Much time was spent on provision of data sets to researchers outside ICDDR,B in particular to Prof. O. Rahman of Harvard University for a project "Matlab Health and Socio-economic Survey 1996". Analysis of DSS data by DSS staff continued on e.g. impact of birth care practices on neonatal mortality and determinants of induced abortion.

## 2.5 HEALTH AND POPULATION EXTENSION DIVISION

### Achievements and New Developments

#### A. HPED Administration

- The Health and Population Extension Division (HPED) was formed after a major reorganization in late 1995. For some of the reporting period, it was known as the Population and Family Planning Division which witnessed changes in the Division leadership. Dr. Radheshyam Bairagi served as the acting Division Director up to November 1995. In December Syed Shamim Ahsan was appointed to head the newly reorganized Health and Population Extension Division.
- The reorganization of the Division entailed the relocation of the Matlab Demographic Surveillance System (DSS) and the Population Studies Centre (PSC) to the Community Health Division and the Environmental Health Programme (EHP) and the Epidemic Control Preparedness Programme (ECP) to the HPED new Division. Thus, the Division has four major programmes or projects: MCH-FP Extension Project (Rural), MCH-FP Extension Project (Urban), Environmental Health Programme and Epidemic Control Preparedness Programme.
- Each of the Projects in the Division was reviewed in December by the new Division Director to enable him to understand and familiarize with various activities of the Projects. The review helped the projects to gain focus and increase the research productivity of the Division.
- The Division initiated the production of a consolidated Intervention Update booklet which provides brief summaries of significant operations research activities of the various projects of the Division for larger dissemination.
- A comprehensive internal review of the MCH-FP Extension Project's (Rural) scientific activities was undertaken in October 1995 by an external expert, Dr. John Stoeckel, who reconfirmed the scientific rigor and relevance of the project's research and technical assistance activities to the national MCH-FP program.
- The MCH-FP Extension Projects undertook an extensive exercise to prioritize its research agenda in consultation with the GoB, NGO and donor partners.
- Dr. Thomas T. Kane, formerly with the Department of Population Dynamics, Johns Hopkins University, joined as operations research specialist in December on secondment from the Population Council.

The major accomplishments of the Division during the reporting period are detailed below:

## B. MCH-FP Extension Project (Rural)

The following interventions are being carried out in the field.

- A monitoring tool, known as the **FPI Diary**, developed by the Project with the objective of improving the performance of FP field workers and the quality of data has been modified for further simplification. The Directorate General-Family Planning (DG-FP) is reviewing it for possible nation-wide implementation.
- The intervention **Performance planning and monitoring at the local level** to enhance the skills of Thana Family Planning Officers (TFPOs) and union supervisors, Family Planning Inspectors (FPIs), for supportive supervision has been in the field for one year. A manual on performance planning and monitoring for thana managers has been developed which is under review by the Director General-Family Planning for possible introduction in the national program.
- The **pictorial multipurpose client card**, developed by the Project as part of Information, Education, and Communication (IEC) strategy is under review by the Director General-Family Planning for field testing in the Project's laboratory thanas.
- The MOHFW found the **FWA Register**, an MIS tool developed by the project for family planning grassroots workers (FWAs), to be useful in improving field workers' performance. Following a similar strategy, a register has been developed for the Health Assistants (HAs), who provide primary health care services to the community. As part of the first phase of nationwide implementation, the **HA Register** has been introduced in the Extension Project thanas in Abhoynagar and Mirsarai for field testing.
- A concept paper on **Basic Health Service Delivery Package** under systems approach has been developed and finalized. A package of services on maternal and child health, family planning, and other reproductive health services will be provided through fixed sites at the community level using available resources within the system. In order to make the system effective and efficient, related sub-systems will be improvised. Referrals and linkages from grassroots level service providers to various fixed-sites, including the Thana Health Complex (THC), will be established. The basic service package will include maternal health, reproductive health including reproductive tract infection (RTI) management; family planning including side effect management, child health including acute respiratory infection (ARI) management, immunization, vitamin A supplementation, ORS, and other selected illnesses. The intervention was approved by the National Steering Committee of the Project in December, 1995. The intervention will begin in one union of Patiya and Abhoynagar thanas shortly.

- Under the "**Networking**" intervention, a coordination of union-level GoB and NGO service providing agencies of FP, health, education, social welfare, agriculture, cooperatives, and Ansar and Village Development Party (VDP) has been developed. Efforts will be made to: (a) raise consciousness on children's health and quality of life; (b) raise awareness of the availability of family welfare services; and (c) increase utilization of these services. The intervention was approved by the Executive Committee of the project in December, 1995 and was implemented in January 1996.
- The successful interventions, currently being field-tested at Mirsarai and Abhoynagar thanas, will be scaled-up in other thanas of Chittagong District under the "**district approach (DA)**" intervention. The concerned family planning and health managers of the other thirteen rural thanas of Chittagong District are being sensitized, motivated, and updated on various project activities being undertaken at Mirsarai and Abhoynagar through quarterly DA workshops, meetings, training, needs assessment, etc.
- Training for improving referral of complicated obstetric cases and linkages between the service providers has been completed in the two intervention unions in Mirsarai to **strengthening maternal and neonatal health**. This linkage and referral is to be facilitated by a **pictorial card** developed by the project. Post abortion contraceptive counselling services and breastfeeding support have also begun at the THC's as part of this intervention. The number of maternity admissions have increased in both the THC's.
- A baseline study on care seeking behaviour of women with **complications of pregnancy and childbirth** has been completed and the results were presented in January 1996 at ASCON V. A survey of 1000 women who had a pregnancy outcome in the last year has been completed and the data is being analyzed.
- Based on a decision made at the bi-monthly meeting with DG-FP in December 1995, door-step services have been discontinued in the cluster unions of both Mirsarai and Abhoynagar in an effort to determine the extent to which the existing **CBD system** can be modified to reduce dependence on the field workers. **Cluster visitations** are held monthly instead of the existing bi-monthly basis. Preliminary findings show that: (a) MCH-FP service delivery from cluster spots has increased, and delivery at the homes of clients has decreased; (b) one-third of the users and more than one-tenth of the non-users visit cluster spots; and (c) there is a need for special IEC involving the house owners of the cluster spots.

- Combining **Satellite Clinic (SC) with EPI** to improve access and utilization of services interventions' preliminary findings show that there is at least a three-fold increase at Abhoynagar and a five-fold increase at Mirsarai in attendance of clients at these satellite clinic sessions. However, contraceptive acceptance has increased only slightly. It is also observed that: (a) SC is utilized more by poor or less educated sections of the community; (b) contraceptive users attend SC for other services more than non-users; and (c) there is a need for IEC to make clients aware of comprehensive services available at SC.
- A concept paper on an intervention "**charging for services and supplies**" has been developed aimed at developing (a) strategies for cost recovery; (b) increasing clients' use of static service delivery points other than their homes; (c) supplementing funds through application of user fees in GOB service delivery points; and (d) enhancing use of long-acting family planning methods. Clients will be required to pay if services are delivered at their homes, and there will be no charge if the clients come to static points such as cluster spots, satellite clinics, family welfare centres or the thana health complex. Since the client is seeking relatively more of MCH than family planning services at the satellite clinic, some kind of registration fee is proposed for the use of services at this service delivery point. Provision will also be made to charge for temporary methods for which demand is high (pill and injectable), and no charge for long-acting methods such as tubectomy, vasectomy, IUD.
- A set of cost-effectiveness analysis instruments has been developed to study the **alternative service delivery approaches** being field-tested at Mirsarai and Abhoynagar.

### C. **MCH-FP Extension Project (Urban)**

The following interventions are successfully being implemented in the field:

- **Urban Field Information System (UFI):** The Urban Field Information System is designed to strengthen the record-keeping and reporting system used by urban field workers. The revised system will improve monitoring of field operations, use of data for problem identification/solution and will allow targeted visits (differential visits) so that the under-served groups receive special attention.
- **Clinic Information System (CIS):** A new card-based system has been designed to enable easy identification of clients' needs for greater continuity and improved services.

- **Planning and Coordination of Services (PCS):** The PCS intervention is already producing solid results in terms of the functioning of Zonal Coordination Committees in all 10 Zones of Dhaka City Corporation (DCC) and plans for reorganization of the DCC Health Department. Based on the project's experience with the planning and coordination committees at the Zonal level of DCC, the national level inter-ministerial committee decided that similar committees should be set up in all cities and municipalities of the country.
- **Urban Health Forum:** The project has managed to acquire the necessary moral and intellectual authority to convene an Urban Health Forum that brings together a group of 40 people with research and programme experience to discuss urban health issues.
- **Quality Assurance for Community-based Services:** The initial phase of work involved two field worker groups of CWFP; the experience from this work has been documented.
- **Basic Service Package - Community and Clinic (BSP):** In the current system, a basic minimum package of services such as FP, EPI, and basic curative care are not offered by the same worker and facility. This increases cost of service delivery and affects service utilization. The BSP interventions have been designed to modify the current system so that each worker and clinic provides a set of essential services.
- **Alternative to Door-Step Service Delivery (ASDS):** The basic premise of this intervention is that conventional door-step distribution should now shift towards more cost-effective service delivery systems that target only the "at-risk" population, and refer them to a clinic providing comprehensive services.
- **Development of Cost Management Strategies at the Unit Level:** This intervention aims at enabling unit-level programme managers to analyze costs and identify feasible strategies to reduce programme costs.

The following studies were completed:

- **Urban Needs Assessment of Bangladesh:** The project has completed an overall needs assessment of the urban population in Bangladesh, through review of previous studies, and secondary analysis of urban data. The purpose of this broader urban needs assessment is to identify areas of concern and provide a basis for further planning of urban health development.
- **A Demand Analysis of Health and Family Planning Services in Zone 3:** This study involved a household survey of choices made between different health and family planning service providers on the basis of expenditures, travel costs and perceived quality in a sub-sample of the Urban Panel Survey (UPS) population.

- **Cost Analyses of MCH-FP Services at CWFP Facilities in Zone 3:** The study was undertaken to have a baseline estimate of costs at unit-level, that would be compared to costs borne later as a consequence of different improvements in quality of care and management capacity and to identify areas for costs reduction and the capacity for the development of cost recovery schemes.

- **Inventory of Urban Health Facilities:** Information on all outreach activities, clinics and hospitals providing services in Dhaka city was gathered during this period and plotted in ward level maps. This information is being used to facilitate local planning and transfer of Zone 3 and Zone 1 lessons in other zones.
- **Study on the impact of the National Immunization Days:** The project carried out a study to provide feedback to the government on the impact of the National Immunization Days for polio eradication which was held in March and April of 1995.

#### D. Epidemic Control Preparedness Programme (ECP)

- The ECP, on request from the Director General, Health Services, Government of Bangladesh (GOB), provided technical assistance in the investigations and interventions of diarrhoea epidemics in 35 thanas.
- The ECP physicians in collaboration with the national CDD programme staff and the thana health staff identified and treated 789 acutely ill patients in the field. A systematic sample of 119 specimens (rectal swabs) were collected for laboratory diagnosis at the ICDDR, B laboratory. An enteropathogen was isolated from 54.6% of the samples. *V. cholerae* O1 El Tor biotypes accounted for 56.9% and *V. cholerae* O139 for 27.7% of the isolates.
- The most striking observation was the re-emergence of *V. cholerae* O139 in the north eastern districts of Sylhet, Sunamganj, Maulavibazar and Hobiganj, where 35.3% organisms were positive for O139. The O139 strain, despite its initial spread to this region in 1993, disappeared from these areas in 1994. The antibiotic sensitivity tests revealed that *V. Cholerae* O1, El Tor biotypes are now sensitive to the drug tetracycline. They, however, are completely resistant to the drug co-trimoxazole which is being used for treating the suspected cholera patients by the government physicians at the health facilities. This was brought to the notice of the programme director of national CDD for action. There were no changes of *V. cholerae* O139 strain in its sensitivity to tetracycline.



## E. Environmental Health Programme (EHP)

- Two different models of water and sanitation programme interventions are being tested in rural Singair under the "Action Research and Impact Studies on Community Water, Sanitation and Hygiene Education Interventions in Rural Areas". Both models are showing encouraging results. An evaluation will be carried out in May. A workshop was held in Singair on January 11, 1996 to share the lessons learned from these interventions and identify more GO and NGO partners for collaborative activities.
- The Environmental Health Education component of the project entitled "Environmental Health Intervention in Selected Poor Areas of Dhaka City" has been revised and started as a sub-contract through JHU, USA.
- A workshop was held on January 14, 1996 with representatives from 11 NGOs and DCC to plan activities by the partners in view of local needs. The local leaders presented their needs based on their experiences and data collected during the baseline survey of "Action Research and Impact Studies on Community Water, Sanitation and Hygiene Education Interventions in Urban Areas".
- EHP has been requested to coordinate Global Applied Research Network (GARNET) activities in South East Asia region.
- EHP has been requested by the Ministry of Local Government, Rural Development and Cooperatives to share its water quality results from piped water samples, which are collected monthly from selected areas in Dhaka city.

## 3.0 TRAINING

The Training Coordination Bureau is now renamed the Training and Education Department. The Department has been active providing seven short courses, running six fellowship programmes and a number of other activities (Table 2).

A new feature was the international workshop on Emergency Response to Cholera and *Shigella* Epidemics sponsored by the Office of Foreign Disaster Assistance in USAID/Washington and held in October 1995.

The international character of the training programme is reflected by the diverse origin of participants: thirteen countries in Asia, four in Africa, three from Europe, etc.

**Table 2: ICDDR,B Training Activities during 01 October 1995-31 March 1996**

Particulars of activities/courses/programmes	Numbers	
	Courses	Participants
1. Health Research Training Programme		
1.1 Health Research Training Fellowship*		2
1.2 Research Methodology Workshop	1	13
1.3 Project-based Fellow:* (Physician)		1
2. Clinical Fellowship Programme***		
2.1 SAARC Fellows	10	
2.2 Clinical Fellows	14	
2.3 Nursing Fellows	10	
2.4 Research Trainees	15	
2.5 Post-graduate Students (M.Sc. - 9 & Ph.D-1)	10	
		59
3. Short International Training Courses		
3.1 Workshop on Emergency Response to Cholera and <i>Shigella</i> Epidemics (1-12 Oct'95)	1	8
3.2 Improving Family Planning Programme Effectiveness and Quality of Care through Operations Research (19-29 Nov.'95)	1	11
3.3 Clinical Management of Diarrhoeal Diseases and Management of DTUs and ORT Corners (3-14 March 1996)	1	14
4. Short National Training Courses		
4.1 Clinical Management of Diarrhoeal Diseases for DCH students	1	11
4.2 Course on Clinical Management of Diarrhoeal Diseases for the physicians from Bangladesh College of General Practitioners	2	33
5. Others		
5.1 Orientation Training		108
5.2 Seminars: Weekly Seminars	- 4	
Inter-divisional Scientific Forum	- 11	
Clinical Seminars	- 3	
<b>Total</b>	<b>7</b>	<b>260</b>

\* No new recruitment during the period.

**Home countries of participants:**

(a) Asia: Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Japan, Maldives, Malaysia, Pakistan, Philippines, Sri Lanka, and Vietnam. (b) Africa: Ethiopia, Ghana, Kenya, Ivory Coast. (c) Europe: U.K., Netherlands and Switzerland. (d) U.S.A.

## 4.0. HEALTH CARE

### 4.1. HOSPITAL - DHAKA

The number of patients to visit the hospital in 1995 continued at a high rate and reached a total of 114,729, which was 578 patients more than that of 1994 and is the second highest number of patients treated at the CRSC since its establishment in 1962. The number of patients to visit the hospital during the six months of the report period was 42,835 (Table 3). Of these, 2,587 patients (mean, 431.17 per mo) required admission to the hospital for more intensive treatment. The patient visits would have undoubtedly been more except that the city- and country-wide strikes due to the political situation substantially reduced patient visits during the last months of 1995 and the first three months of 1996. *Vibrio cholerae* O1 continued to remain the predominant pathogen of epidemic cholera in Dhaka, with relatively few cases of O139 relegating it to a comparatively minor role.

Table 3: Record of patients attendance : October '95 to March '96.

Month	Nos. of Total patient visits	Nos. of patients in ORT	Nos. of Patients treated in							
			Short stay Ward				G. Ward+ICU+Research			
			Duration of stay				Duration of stay			
			Total	<12 hrs.	12-24 hrs.	≥ 24 hrs.	Total	<1 day	1-7 days	≥ 7 days
October '95	8,361	2,952	5,409	2,011	1,441	1,957	471	5	365	101
November '95	7,614	3,013	4,601	1,619	1,383	1,599	478	3	382	93
December '95	7,456	3,401	4,055	1,366	1,068	1,621	446	6	348	92
January '96	7,430	3,660	3,770	1,315	1,006	1,449	426	9	313	104
February '96	5,327	2,477	2,850	941	896	1,013	285	4	222	59
March '96	6,647	2,984	3,663	1,311	961	1,391	482	9	378	95

\*ORT=Oral Rehydration Triage.

ICU=Intensive Care Unit.

Note : Sum of patients treated in ORT+ Short Stay Ward + G. Ward+ICU+Research Ward will exceed total patients visit, due to initial stay of some patients in the Short Stay Ward before their transfer to G. Ward/IUC/Research Ward.

#### 4.2. HOSPITAL - MATLAB

Table 4 shows the number of patients seen at the Matlab Diarrhoea Treatment Centre during this period. Compared to the last two reporting periods, this number is considerably less.

**Table 4:** Number of patients seen at Matlab Diarrhoea Treatment Centre during October 1995 to March 1996

MONTH	< 1 DAY	1 DAY	2-6 DAYS	≥ 7 DAYS	TOTAL
OCT. '95	367	403	277	19	1066
NOV. '95	277	424	253	10	964
DEC. '95	219	304	216	12	751
JAN. '96	199	294	220	7	720
FEB. '96	154	159	184	8	505
MAR. '96	244	187	181	21	633
TOTAL	1460	1771	1331	77	4639

#### 4.3. MATLAB MCH-FP COMMUNITY SERVICE

Routine provision of MCH-FP services continue to be provided to the inhabitants of the intervention area through the community health workers, health assistants, nurses, midwives and medical doctors. The CPR now has approached 70% and levels of immunization exceed 90%.

Table 5 shows the number of patients seen by the MCH-FP service in Matlab at the sub-centres and in the Matlab hospital.

**Table 5.** Number of Patients seen at Matlab MCH-FP Service Locations (Sub-centre & Matlab Clinic) from 01 Oct. '95 to 31 Mar. '96

##### DISTRIBUTION BY DURATION OF STAY

MONTH	1	2	3	4
OCT. '95	3498	17	99	10
NOV. '95	2911	11	61	13
DEC. '95	2440	11	44	17
JAN. '96	2453	13	42	21
FEB. '96	1655	8	31	14
MAR. '96	2403	5	45	13
TOTAL	15360	65	322	88

1 = Outpatients MCH-FP sub-centers and OPD Matlab Clinic; 2 = Inpatient overnight;  
3 = Inpatient 2-7 days; 4 = Inpatient over one week

#### **4.4. EPIDEMIC CONTROL PREPAREDNESS PROGRAMME (ECP) (See 2.5)**

The ECP investigated diarrhoea epidemics in 35 thanas of Sylhet, Sunamganj, Maulavibazar and Hobiganj, Rangpur, Kurigram, Bogra and Joypurhat. Over 42,000 cases and 250 deaths were reported from diarrhoea from these districts.

The ECP team collaborated with national CDD programme and thana health staff to treat 789 patient in the field (see 2.5.D).

### **5.0. TECHNICAL SUPPORT SERVICES**

#### **5.1. COMPUTER INFORMATION SERVICES**

The Computer Information Services (CIS) continued to extend services to the various branches of the Centre. In an effort to rebuild the Centre's existing computing platform to an updated need based environment, the CIS coordinated most of the Information Technology (IT) related development activities. The British ODA has agreed to fund the Centre's project, on building a campus-wide backbone with distributed computing environment having some major host computers. The computer hardware and software requirement of the project have already been identified, specifications have been developed and finalized and are awaiting procurement.

The CIS completed the development of an information system and an internal cost recovery system. The PC Lab located at CIS was used for several training courses and in lean times for data-entry. The e-mail system was extensively used during this period particularly in the months of February - March 1996 when this was the only means of overseas communications for many staff members of the Centre. The CIS Local Area Network (LAN) showed a modest growth with a few more PCs connected to it facilitating higher data-communication among this small network's stations.

#### **5.2 DISSEMINATION AND INFORMATION SERVICES CENTRE (DISC)**

DISC performed the following activities:

- Two issues of Glimpse, two issues of the Shasthya Sanglap, three issues of the ICDDR,B News in English and Bangla, and two issues of the Journal of Diarrhoeal Diseases Research, have been published and distributed. Two issues of the Bibliography on Diarrhoeal Diseases (within JDDR) were also compiled and published. Two special publications, (1) Partnership for Improving Water, Sanitation, Solid Waste and Hygiene Education System in Rural Bangladesh, and (2) Programme and Abstracts of ASCON V, have been published and distributed.
- Eleven issues of the DISC Bulletin and 30 issues of the Fast Bulletin (new journal issues arrival information) were produced. Publication of the Fast Bulletin was stopped beginning 1 January 1996 after undertaking a survey on its use and benefits.
- More than 450 members of the Centre's staff (Dhaka and Matlab) and 2,750 researchers, teachers, physicians, and students from universities, medical institutions, and other organizations used the library facilities.

- The library added 139 new books to its collection, and continued to receive 391 current periodicals (about 250 were on subscription). The Nuffield Library of the British Medical Association, London, continued to send photocopies of requested articles without charge.
- Addresses in the mailing lists of Glimpse, Annual Report, JDDR, and Shasthya Sanglap have been updated.
- Under the national collaboration programme, the Centre's library offered training opportunities on management of information for a 3-month period to a) Mr. Md. Anisur Rahman, an M.A. final year student of the Department of Library and Information Science, University of Dhaka, and 2) Mrs. Nira Nargis, a postgraduate diploma student of the Institute of Library and Information Science (The Library Association of Bangladesh).

About 500 volumes of books and journals were borrowed by different national institutions under the inter-library loan arrangement. The national Health Library and Documentation Centre, Dhaka was the greatest beneficiary of the services.

The total revenue earned through the sale of publications and services, during the period, was about US\$12,038.57.

### **5.3. BIO-ENGINEERING CELL**

The Bio-Engineering Cell (BEC) installed 3 pieces of new equipment in the LSD and other areas during the said period. Also it completed major repair of a high speed centrifuge and a bench top centrifuge. The chief service engineer from Bayer Diagnostics based in Singapore, visited LSD during early March and imparted training to the staff of the unit.

As part of its external assistance programme, BEC repaired one electrolyte analyzer for IPGM&R and also provided technical assistance for maintenance of bio-hazard cabinets and bio-medical equipment of IEDCR.

### **5.4. AUDIO-VISUAL UNIT**

The unit continued to provide support to staff of different divisions in the preparation of audio-visual materials. It also contributed technical assistance in the publication of many reports of the Centre. The unit worked closely with Publication, DISC and the Director's Bureau.

### **5.5. ANIMAL RESOURCES BRANCH**

During this period, the Animal Resources Branch provided research support to 10 research protocols. It also maintained inter-institutional collaboration with the Institute of Public Health (IPH) and other national academic and research institutes.

The small animal clinic treated 75 cases of pets during the period and contributed a modest income to the Centre.

## 6.0. ADMINISTRATION AND PERSONNEL

### 6.1. NATIONAL OFFICER AND GENERAL SERVICES STAFF

During this period, 31 staff members were separated and a total of 48 including 2 international professionals, staff members were recruited. 20 were converted from existing contractual service agreements to fixed term appointments. 28 new recruits were mostly for projects. Thus, the Centre's staffing status as of March 31, 1996 and as detailed below shows a net addition of 17 staff members. All the additions belong to project activities.

ADDITIONS		SEPARATIONS	
<b>National Officer &amp; General Services</b>		<b>National Officer and General Services</b>	
a) Conversion from contractual service agreement	: 18	a) Retirement/abolition of post/ termination/death	: 14
b) New appointments	: 28	b) Resignation	: 8
<b>International Professional (P)</b>		c) Separation by mutual agreement	: 9
a) Converted to fixed term	: 2		
<b>Total</b>	<b>: 48</b>	<b>Total</b>	<b>: 31</b>
<b>Net additions: 17</b>			

### 6.2. INTERNATIONAL PROFESSIONAL STAFF

Mr. Syed Shamim Ahsan (Bangladesh), was offered an international professional fixed-term position on December 1, 1995 as Senior Advisor and Director, Health & Population Extension Division for a period of three years.

Dr. James L. Ross (USA) who was on secondment from the London School of Hygiene & Tropical Medicine was offered an international professional fixed-term position as Senior Scientist, Social & Behavioural Sciences Programme on January 1, 1996 for a period of two years.

Dr. Jeroen S. van Ginneken (The Netherlands) joined the Demographic Surveillance Programme as Project Director on November 1, 1995. Dr. van Ginneken is on secondment from the Netherlands Ministry of Foreign Affairs for a period of three years.

Dr. Thomas T. Kane (USA), seconded from the Population Council joined the Centre on December 30, 1995 as Operations Research Scientist in the Rural MCH-FP Extension Project for a period of two years.

Dr. Josef Bogaerts (Belgium) joined the Centre on January 1, 1996 as Senior Scientist in the Laboratory Sciences Division for a period of two years. Dr. Bogaerts is seconded by the BADC.

### **6.3. STAFF CLINIC**

The Staff Clinic provided health care services to the national staff members and their dependents. A total of 10,709 patients attended the staff clinic since the last BoT meeting. In collaboration with national health institutions, a total of 4 seminars have been organized by the Staff Clinic for the staff members and their dependents.

### **6.4. ENGINEERING DEPARTMENT**

Physical facilities of the Centre have been substantially improved during this reporting period by one construction, a few renovations and installations. The following are the details:

1. Construction of 8000 sq.ft. on the 2nd floor of the existing library building where UEP, EHP and Chakoria projects are housed.
2. Installation of new 2" diameter municipal water supply line has largely resolved the water problem of the hospital as well as laboratories.
3. The existing 200 line PABX telephone system of the Centre has been expanded by another 50 lines.
4. All buildings have been given a coat of weather proof paint.
5. An emergency exit at the Sasakawa auditorium has been constructed.

### **6.5. GENERAL SERVICES BRANCH**

As per the policy of the Centre, security and cleaning services are further contracted out. Conferences and mail services are further improved. The fire safety situation of the Centre reviewed and as per recommendation of the Government Fire Department number of fire extinguishes were refilled and new extinguishers were purchased for various areas. Landscaping of the Centre was improved in a planned manner.

### **6.6. LOGISTICS & FIELD SUPPORT BRANCH**

This branch provided logistic support to the Centre's overall activities by providing transport services. The staff members were supported by 84 vehicles out of which 32 vehicles were rented to individual staff members.

During the abnormal political situation, this branch provided transport by use of ambulance for hospital related activities.

### **6.7. PURCHASE OFFICE**

This office procured oxygen, laboratory equipment, reagents, vehicles, building materials, hospital food items, medicines, hospital supplies, uniforms, and stationery to support the research training and service activities of the Centre.

### **6.8. TRAVEL OFFICE**

The Travel office improved the Guest House facilities and earned a profit. Routine assistance to staff to procure visas and passbooks as well as to organize overseas travels was provided.



## **7.0. STAFF DEVELOPMENT**

While the demands for further training are greater than the available resources, the staff of the Centre continue to enjoy unique opportunities to develop themselves, and to strengthen the Centre's potential to fulfil its mandate.

Four staff members acquired doctoral degrees (two in immunology, one in clinical service and one in demography). Another staff member obtained an M.D. in gastroenterology. Twelve persons are abroad for formal training (6 for Ph.D/M.D. and 6 for Masters) (see Appendix E & F).

Several staff members attended international conferences and made presentations (Appendix G).

## **8.0. FINANCE**

During the six months (October 1995 to March 1996), the Finance Division continued to perform the necessary functions of a service support division.

The 1995 annual accounts for the Centre and the ICDDR,B Hospital Endowment Fund were signed on March 19, 1996 without any qualification and the management letters from the joint auditors contained only minor matters reflecting the continuing enhancements which the Finance Division does and will continue to do to improve systems, control and reporting.

In the latter part of 1995 the Computer Information Services (CIS) and the responsibility for implementation of the Information Technology strategy were transferred to the Finance Division (see 5.1).

The USAID close out audits for all years up to December 31, 1992 have been finalized and except for the final resolution of overhead percentages and some small queries from the recent USAID fixed asset audit there are now no outstanding USAID audits. The close out audits had questioned costs of \$231,093. We challenged or offered reasonable explanations for all potential disallowances which resulted in the Centre having to refund only \$1,590 (use of non US air carrier and depreciation).

Problems associated with the recent hartals and non-cooperation activities placed significant difficulties on the Division. It was only through the dedication of the Finance Division staff that we were able to pay everybody essentially on time and have the signing of the annual accounts delayed by only one day.

## **9.0. EXTERNAL RELATIONS & INSTITUTIONAL DEVELOPMENT OFFICE**

The External Relations and Institutional Development (ER&ID) Office continued to implement the planned activities for 1995/6:

### **9.1 DHAKA OFFICE**

#### **9.1.1. Preparation of Project Proposals**

This activity was dominated by the on-going "process" to develop the "Bangladesh Health Action Research Project" for the **European Union**. A great deal of energy was spent responding to Member States' representatives' comments on the proposal. Finally, a facilitated meeting was held so that the Centre could respond to these comments. Amendments to the project document were proposed.

These amendments were, in principle, accepted by the meeting, and bring the total value of the project to around \$18 million over five years. The Centre is now trying to finalize this proposal for funding.

Also during the period, ER&ID completed the preparation, negotiation and passage of the **USAID/Washington** proposal and cooperative agreement (CA) for \$5.8 million over five years. ER&ID also prepared the institutional components of the **SAREC** proposal and coordinated the preparation of the research components; completed formalities for the **ODA** core grant for 1995 (\$275,000) and the computer systems project (\$465,000). The office continued to follow-up with the **Arab Gulf Fund** to trace the lost agreement, and submitted four project proposals for 1994 Phase VI (\$450,000) and for 1995 Phase VII (3 proposals for \$100,000 each).

ER&ID has continued the Centre's efforts to diversify its funding base, and to liaise with SAARC, ASEAN and countries involved in the establishment of the Centre in Geneva in 1978. **Sri Lanka** has once again made its annual contribution.

A 15 page submission was prepared and delivered as part of a formal application for the \$1 million **Conrad Hilton Humanitarian prize** (see later under North America office).

Finally, expert volunteers are being identified and recruited in collaboration with **British Executive Services Overseas (BESO)**. The first expert, Mr. Shillingford, continues to look at the cost and management of the Centre's Dhaka and Matlab hospitals, but BESO were unable to locate a suitable candidate to help with the detailed design and implementation of the Centre's communication and dissemination strategy.

### **9.1.2. Hospital Endowment Fund Campaign**

To continue the Hospital Endowment Fund efforts, a series of committees have been organized. The *Hospital Endowment Committee (HEC)* is meant to be the engine for the HEF campaign and is chaired by Maj. Gen. (Retd.) M.R. Choudhury with Mr. M.A. Mahbub, Division Director of A&P, as the Vice Chairman. The other committees complementing the efforts of HEC are: *Council of Investment Advisors* for devising an investment strategy; *Council of Goodwill Ambassadors* as volunteer fundraisers; *External Relations Committee* for preparing PR materials; *Events Committee* for organizing annual dinner-dance, concerts, slimathons; *Income-generating Committee* to produce and sell products like T-shirts, mugs, pins etc. HEC has approved the terms of reference for the various committees as well as that for the members of HEC.

A clear and convincing 4-page case statement and its 2-page executive summary were approved by HEC.

Many employees of the Centre contributed to HEF. Still more have expressed willingness to contribute in installments.

### **9.1.3. Grants Administration**

The Technical Cooperation Office has been active to ensure that the terms and conditions of grants are acceptable to the Centre and are in the Centre's interests. These para-legal reviews are made of each grant before agreements are signed.

A special seminar on the USAID regulations was organized for PIs to promote compliance of requirements.

The grants administration database is running successfully. Status reports of financial and technical reports are produced every month and are distributed to the Centre management for review. This has resulted in a much improved donor reporting system. The database has now been handed over to and is administered by the ER&ID Office Manager.

### **9.1.4. Communication**

The ER&ID Office has been preparing the next edition of "Partnership in Progress - The Centre's Collaboration and Cooperation with the Government of Bangladesh" and the "Proceedings of the Donors' Support Group Meeting-November 1995". The ER&ID also played an important coordination role in the preparation of the Annual Report 1995.

### **9.1.5. Institutionalization of ER&ID**

Effective February 1, 1996 ER&ID assumed responsibility for coordinating units key to effective external relations and institutional development activities: the Dissemination and Information Services Centre, the Audio Visual Unit and the Training and Education Department. This move represented the formalization of ad hoc arrangements that had been in place for over a year.

### 9.1.6. Committee Coordination Office

This office has organized the Centre's mandated committees.

- 1) The Research Review Committee held five meetings and deliberated on 13 research proposals.
- 2) The Ethical Review Committee also met five times and cleared 12 proposals.
- 3) The Programme Coordination Committee had no scheduled meeting during this period, but collaborative activities with national institutions have continued.  
Two PCC-collaborative research protocols are currently supported by the Centre.
  - a) Purification and characterization of anti-*Shigella* active principles from herbs (*E. hirta*). PI: Prof. Kamaluddin Ahmad, Bangladesh Institute of Herbal Medicine, Dhaka.
  - b) Impact of zinc and vitamin A supplementation in malnourished children with persistent diarrhoea. PI: Dr. Farida Khatun, Dhaka Medical College Hospital.
- 4) The Animal Ethics Experimentation Committee cleared two protocols.

### 9.2. NORTH AMERICA OFFICE

Since October 1995, the Centre Fund campaign has made great progress and has had a number of successes. The priorities for the Centre Fund Campaign staff in the U.S. during the past six months have been to obtain a leadership gift from USAID; cultivate foundation support; cultivate corporate support; cultivate individuals for major support; maintain and build linkages with U.S. institutions; and identify and solicit donors for project support.

To date, the following progress has been made:

#### 9.2.1. US Government

The last condition the Centre needed to meet in the USAID endowment agreement before the funds could be disbursed was to choose a fund manager for the endowment fund. The Centre Fund Management Committee was formed to select a fund manager for the USAID \$1 million and subsequent contributions. The committee consisted of:

Dr. William Greenough, Committee Chair  
Mr. Norman D'Cruz, Senior Director, American Express Bank  
Mr. Robert Stoll, Senior Director, American Bank  
Mr. Robert Smith, Centre Fund consultant  
Dr. Demissie Habte, Director, ICDDR/B  
Dr. Maureen Law, Chair, ICDDR/B  
Dr. Jon Rohde, Head of Finance Committee, ICDDR,B Board of Trustees  
Mr. Ken Tipping, Director, Finance Division, ICDDR,B

A Ford representative sat in on the Comilla meeting which interviewed Morgan Stanley, Merrill Lynch, J.P. Morgan, Lehman Brothers and Mercantile Trust. There was a unanimous vote to use the services of Morgan Stanley. The decision was based on value, performance history, investment philosophy, long-term intrinsic value of its investments, management costs and their acceptability to the Centre's present and future donors. Availability of liquidity in the event that the Board determines that cash from the fund was needed for operations was also considered.

The Centre Fund staff negotiated the terms of the endowment funding with USAID, who had committed an initial gift of \$1 million. The endowment agreement was drafted and Dr. Demissie Habte signed the agreement on April 1, 1996. The funds will be disbursed to the Centre and then transferred to Morgan Stanley. We plan to request additional funds from USAID in subsequent years.

### 9.2.2. Foundations

The **Ford Foundation** Board approved a gift of \$1 million to the Centre Fund during their meeting in March 1996. A decision on the other \$1 million ("wasting grant") for the behavioural sciences has been deferred.

A contribution of \$150,000 was received from The **Rockefeller Foundation** for the Centre Fund. The Centre plans to approach them again for additional funds.

Contact was made with a number of foundations and individuals in an effort to identify beneficiaries of the Centre Fund.

For the first time, the **Conrad Hilton Foundation** initiated an award of \$1 million to one organization that had done the most to alleviate human suffering in the past year. Nomination letters were signed by Ms. Susan Berresford of Ford Foundation, Dr. Alfred Sommer of Johns Hopkins School of Hygiene and Public Health and Dr. Joshua Lederberg of Rockefeller University. A representative of the Hilton Foundation was meant to visit the Centre in March before a final decision was made; however, due to the political situation, this visit was cancelled.

### 9.2.3. Corporations

With leadership gifts from USAID and the Ford Foundation, a move ahead was made on a new phase of the campaign, namely a **programme of corporate solicitation**. For this, the following are targeted: **Merck & Co., Johnson & Johnson, AT&T and Chase Manhattan Bank, American Express Bank, American Home Products, Archer Daniels Midland, Bristol-Myers Squibb, Coca-Cola Company, Colgate-Palmolive Company, Hasbro Children's Foundation, The Johnson Wax Fund, Kimberly-Clark Foundation, Levi Strauss & Company, PepsiCo, Rhone Poulenc Rorer, Sandoz and Nestle.**

Discovery Channel is an international cable network, based in Maryland, USA, that specializes in science and public affairs programming and has offices in Hong Kong and Bombay. The North America staff met with both the CEO of **Discovery Communication, Inc.**, Mr. John Hendricks, as well as the head of the Discovery Asia operations, Mr. Kevin-john McIntyre, who are both enthusiastic about an involvement in the Centre Fund campaign. Discovery could possibly make a corporate contribution and they are also possibly interested in doing a documentary on the Centre to be aired worldwide. This would not only increase the profile of the Centre but also draw other corporate donors into the campaign.

#### **9.2.4. Individuals**

**Mr. C.B. Pennington** is a wealthy oil executive and a philanthropist from Louisiana who has devoted some of his wealth to nutrition and preventive medicine. The North American staff submitted a draft proposal for support of nutrition research at the Centre. The preliminary proposal asks for \$10 million.

#### **9.2.5. Miscellaneous**

To make presentation of the Centre more effective and appealing, a presentation piece on the Centre was developed. The piece is about 8 pages and contains eye-catching graphics including pie charts and a map, all of which conveys the breadth of the Centre's work as well as its global reach.

### **10. MISCELLANEOUS**

#### **10.1. FIFTH ANNUAL SCIENTIFIC CONFERENCE (ASCON V)**

ASCON V was held on 13 and 14 January 1996 at the Sasakawa International Training Centre. The theme of the Conference was entitled "Health and Development: social and biomedical perspectives", and represented the Centre's growing emphasis on the broader issues of health and development.

The conference drew from the Centre's rich stock of data including the demographic and socio-economic information collected at the Centre's various field sites, most notably from Matlab and the BRAC-ICDDR,B collaborative project on health and development. The existence of a social and behavioural science programme and the presence within the Centre of more than 30 investigators with graduate level research training in one of the social sciences ensured the presentation of fifty papers.

The traditional Annual Lecture was given by Mr. Fazle Hasan Abed, Executive Director of BRAC and was entitled "Health and Development: Lessons from the Grassroots".

#### **10.2. COMMUNICATION/DISSEMINATION**

Dissemination of the Centre's findings through publications, workshops, seminars and presentations at international and national conferences have continued. The Health and Population Extension Division initiated the publication of an Intervention Update booklet which summarizes current operation research activities and findings and is targeted to health care providers, administrators/planners and policy makers.

The Centre continues its search for funds to recruit a communication/dissemination expert to assist in the development of clear strategies.

### **10.3. INTEGRATED INSTITUTIONAL REVIEW**

A year has passed since the Centre initiated the request to have an institutional review of the Centre. This effort which was under the stewardship of the donor community met with a number of obstacles resulting in the delay. It is now envisaged that such a review will take place during the second half of this year.

### **10.4. COPING WITH WORK INTERRUPTIONS RESULTING FROM HARTALS AND NON-COOPERATION MOVEMENT**

During the last six months, hartals became very frequent in Dhaka and the rest of the country, often extending beyond the traditional one day stoppage. Twenty two days of hartals were called during this reporting period. Hartals severely limit movement of people preventing attendance at work. The Centre has a policy of making up for time lost by working extra hours and during week-ends and holidays. However, even this system failed to make-up for all hours lost. Then in early March, a continuous non-cooperation movement was announced calling for non-attendance at work. This extended until the resolution of the political problems at the end of March. The management mobilized staff to come to work using all available transport. It is a testimony of the devotion and commitment to the Centre of the staff that over 90% attendance was recorded during the entire period of non-cooperation. ICDDR,B was unique amongst institutions and organizations in Dhaka to have succeeded to do so.

Despite this, the disturbances have had some effect on productivity. For the first time since 1966, the collection of data for DSS was interrupted. Many of the other field activities could not be carried out in full. The Centre's research programmes will therefore be behind the schedule as much as 4-8 weeks. However, it is hoped to make-up for this before the end of the year.

## CLINICAL SCIENCES DIVISION

[October 1995-March 1996]

## LIST OF PUBLICATIONS &amp; PROTOCOLS

## Papers published:

1. Haider R, Begum S. Working women, maternity entitlements and breastfeeding: a report from Bangladesh. *J Hum Lact* 1995;11(4):273-7.
2. Hoque SS, Alam AN, Kibriya AKMG, & Albert MJ. Moraxella septicaemia in children with diarrhoeal disease. *Diag Microbial Infect Dis.* 1995,21(4):215-7.
3. Islam A, Molla AM, Ahmed MA, et al. Is rice-based oral rehydration therapy effective in young infants ? *Arch Dis Child*, 1994;71:19-23.
4. Khan AM, Albert MJ, Sarker SA, Bhattacharya MK and Azad AK. Septicemia due to *Vibrio cholerae* 0139 Bengal. *Diagnostic Microbio Infectious Dis* 1995,22(4):337-8.
5. Khan WA, Dhar U, Begum M, Salam MA, Bardhan PK, Mahalanabis D. Antimicrobial treatment of adults with cholera due to *Vibrio cholerae* 0139 (Synonym Bengal) *Drugs* 49 (Suppl.) 1995, 460-462.
6. Khan WA, Salam MA, Bemish ML. C-reactive protein and pre-albumin as markers of disease activity in shigellosis. *GUT* 1995;37:402-405.
7. Khan WA, Seas C, Dhar U, Salam MA. Bacterial meningitis in a diarrhoeal disease treatment centre in Bangladesh, and susceptibility of the pathogens to antimicrobials (short communication) *Acta Paediatr* 1995, 84(6):693-4.
8. Mitra AK, Mahalanabis D, Ashraf H, Unicomb L, Eeckels R, Tzipori S. Hyperimmune cow colostrum reduces diarrhoea due to rotavirus: a double-blind, controlled clinical trial. *Acta Paediatr* 1995, 84(9):996-1001.
9. Rabbani GH, Albert J, Rahman H, Islam M. Development of an improved animal model of Shigellosis in adult rabbit by colonic infection with virulent *Shigella flexneri* 2a. *Infection and Immunity*, 1995, 63(11):4350-7.
10. Rahman MM, Mahalanabis D, Wahed MA, Islam MA, Habte D. Administration of 25000 IU Vitamin A doses at routine immunization in young infants. *Eur J Clin Nutr*, 1995, 49(6):439-45.
11. Rahman MM, Islam MA, Mahalanabis D. Mothers knowledge about vaccine preventable diseases and immunization coverage of a population with a high rate of illiteracy. *J Trop Ped* 1995, 63(11):4350-4357.



12. Rahman MM, Mahalanabis D, Alvarez JO, Waged MA, Islam MA, Habte D, Khaled MA. Acute respiratory infections prevent improvement of vitamin A status in young infants supplemented with vitamin A. *J Nutr*, 1995; 628-633.
13. Roy SK, Tomkins AM, Akramuzzaman SM. Current management of persistent diarrhoea and malnutrition in developing countries. *The Hong Kong Journal of Pediatrics* 1995 (Suppl.):100-113.
14. Salam MA, Khan WA, Begum M, Bardhan PK, Islam MR, Mahalanabis D. Antimicrobial treatment of cholera. *Drugs* 1995, 40(2) Suppl:466-9.
15. Salam MA, Seas C, Khan WA, Bennish ML. Treatment of shigellosis: V. Cefixime is ineffective in shigellosis in adults (brief communication) *Ann Intern Med*, 1995, 123(7):505-8.
16. Sarkar SA, Rahman MM, Mahalanabis D, Bardhan PK, Hildebrand P, Beglinger C, Gyr K. Prevalence of *Helicobacter pylori* infection in infants and family contacts in a poor Bangladeshi community. *Dig Dis Sci* 1995, 40(12):2669-72.

#### Book Chapters:

17. Mahalanabis D. Cholera. In: Rakel RE, editor. *Conn's Current Therapy*. Philadelphia: Saunders, 1995:69-72.
18. Rabbani GH. Mechanism and treatment of diarrhoea due to *Vibrio cholerae* and *Escherichia coli*: roles of drugs and prostaglandins. Kobenhavn: Laegeforeningens Forlag, 1995. 17 p.

#### Publications by International Fellows

19. Bhattacharya MK, Teka T. ORT in diarrhoea: an overview. *J Ethiopian Health Development* 1995,9(3):161-6.

#### Papers in Press:

1. Dhar U, Bennish ML, Khan WA, Ceas C, Khan EH, Albert MJ, Salam MA. Clinical features, antimicrobial susceptibility and *in vitro* toxin production in *Vibrio cholerae* 0139 infection: comparison with *Vibrio cholerae* 01 infection. *Trans Roy Soc Trop Med Hyg*.
2. Faruque ASG, Mahalanabis D, Hamadini J, Hoque SS. Hyposmolar sucrose ORS in acute diarrhoea.: A pilot study. *Acta Paediatrica*.
3. Haider R, Islam A, Kabir I, Habte D. Early complementary feeding is associated with low nutritional status of young infants recovering from diarrhoea. *J Trop Pediatrics*.
4. Haider R, Islam A, Hamadani J, Nasima JA, Kabir I, Mohammed MA, Mahalanabis D, Habte D. Breastfeeding counselling: success in a diarrhoeal disease hospital. *Bulletin of WHO*.

5. Islam MA. Oral rehydration fluids for use at home. *Indian J Pediatr.*
6. Islam A, Rahman MM, Mahalanabis D, Rahman AKSM. Death in a diarrhoeal cohort of infants and young children soon after discharge from hospital: risk factors and causes of verbal autopsy. *J Trop Paed.*
7. Khan AM, Bhattacharya ML, Albert MJ. Neonatal diarrhoea caused by *Vibrio cholerae* 0139 Bengal. *J Diag Microbio Infect Dis.*
8. Majumder RN, Kabir I, Rahman MM, Khatun M, Mahalanabis D. Absorption of macronutrients from a calorie dense diet in malnourished children during acute shigellosis. *J Pediatr Gastroenterol Nutr.*
9. Mahalanabis D, Rahman MM, Sarker SA, Bardhan PK, Hildebrand P, Beglinger C, Gyr K. *Helicobacter pylori* infection in infants and children in a poor community of Bangladesh: prevalence, socioeconomic and nutritional aspects. *Int J Epidemiology.*
10. Mahalanabis D, Faruque ASG, Islam A, Hoque SS. Maternal education and family income as determinants of severe disease following acute diarrhoea in children: a case control study. *J Biosoc Sci.*
11. Rahman MM, Mitra AK, Mahalanabis D, Wahed MA, Khatun M, Majid M. Absorption of macronutrients from an energy dense diet liquified with amylase from germinated wheat in infants with acute diarrhoea. *J Pediatr Gastroenterol & Nutr.*
12. Roy SK, Tomkins AM, Akramuzzaman SM. Current management of persistent diarrhoea and malnutrition in developing countries. *Hong Kong Journal of Pediatrics*, 1996.
13. Roy SK, Tomkins A, Haider R, Behrens R, Akramuzzaman SM. Persistent Diarrhoea: Impact of zinc supplementation in Bangladeshi children. *Trans Royal Soc Trop Med*, 1995.
14. Salam MA. Use of quinolones in pediatrics: Use in the developing countries. *Chemotherapy* (Review Article).
15. Salam MA. Epidemic cholera among Rwandan refugees: Experience of the ICDDR,B team in Goma, Zaire. In: Proceedings of the Symposium of the International Medical Center, Tokyo, Japan.
16. Sarkar SA, Rahman MM, Mahalanabis D, Bardhan PK, Hildebrand P, Beglinger C, Gyr K. Infection in family contacts of *H. pylori* infected infants in a periurban poor community in Bangladesh. *Arch Dis Child.*
17. Shoda R, Mahalanabis D, Islam KN, Wahed MA, Albert MJ. Vitamin A supplementation on lectin-induced diarrhoea and bacterial translocation in rats. *Nutrition Research.*

**Papers submitted by International Fellows:**

18. Teka T, Faruque ASG, Fuchs JG. Risk factors for deaths in under-five children attending a diarrhoea treatment center. *Acta Paediatr.*
19. Teka T, Bhattacharya MK. Short-chain fatty acid: an overview. *Ind J Physiol Allied Sci* 1995.

**On-going research protocols: (April 1996)**

**Invasive diarrhoea:**

1. Double-blind, randomized study of the safety and efficacy of ciprofloxacin in the treatment of childhood shigellosis.
2. Salt and water homeostasis and renal function in children with shigellosis.

**Acute watery diarrhoea:**

3. Fiber (guar gum) in the treatment of acute non-cholera diarrhoea in children.
4. Multicentre clinical trial to evaluate the efficacy/safety of reduced osmolarity ORS solution in children with acute diarrhoea.
5. Multicentre clinical trial to evaluate the safety/efficacy of reduced osmolarity ORS solution in adult patients with cholera.
6. Short chain fatty acids and the treatment of acute diarrhoea.

**Acute watery diarrhoea/persistent diarrhoea:**

7. *H. pylori* as a risk factor for acute diarrhoea and persistent diarrhoea.

**Acute watery diarrhoea/other:**

8. Evaluation of hyperimmune bovine colostrum (HBC) in the treatment of *E. coli* and rotavirus diarrhoea and *H. pylori* infection in children.

**Persistent diarrhoea:**

9. Short chain fatty acids and the treatment of persistent diarrhoea.
10. Hypotonic ORS in children with persistent diarrhoea.

### **Nutrition:**

11. Vegetable protein sources for refeeding malnourished children with shigellosis.
12. A study on the immunological effect of Vitamin A and Zinc in a placebo controlled 4-cell trial.
13. Impact of peer counsellors on feeding practices of mothers in the urban community.
14. Effect of dietary fat and infection on vitamin A status and dietary intake methodology.
15. Effect of Zinc supplementation during pregnancy on infant birthweight, growth, morbidity, and cell-mediated immune function.

### **Others:**

16. ICDDR,B Surveillance Programme, Clinical Research Centre.
17. A new non-invasive test to assess gastric acid output in children.
18. Nosocomial transmission of measles and diagnostic salivary IgM assay.
19. Immune disruption caused by measles.
20. Surveillance of HIV-seropositivity in Bangladeshi children with persistent diarrhoea and malnutrition.
21. Case control study to investigate factors associated with the severity of measles of delayed complications of measles.

### **Protocols completed:**

1. 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.
2. Role of micronutrient mixture in reducing the incidence and severity of acute diarrhoea and acute respiratory infections.
3. The role of *Entamoeba histolytica* in the dysenteric syndrome in children and adults.
4. Oral 5-ASA treatment of shigellosis.
5. Vitamin A loss in urine during acute infection.
6. Oxidative stress in bacterial translocation.
7. Infuso-feed balloon in the management of children with diarrhoea and malnutrition.
8. Effect of recurrent infections on vitamin A stores in children with adequate vitamin A levels.
9. Azithromycin in the treatment of adults with shigellosis.
10. Comparison of single-dose ciprofloxacin therapy with single-dose doxycycline in the treatment of cholera in adults: a double-blind randomized trial.

**Protocols awaiting funding:**

1. Stable Isotopic based breath tests by the Fourier Transform Infrared spectroscopy.
2. Fiber and short chain fatty acids in treatment of persistent diarrhoea.
3. Diagnosis of the Lower Respiratory Tract Infection in diarrhoeal diseases.
4. Clinical Trial of dietary fibre (Isogel) in the treatment of symptomatic shigellosis.
5. Stable isotopic zinc balance and bioavailability in children with acute and persistent diarrhoea.
6. Hypotonic ORS in the treatment of adult cholera.
7. Efficacy of bismuth sub-salicylate in children with acute diarrhoea.
8. Efficacy of bismuth sub-salicylate in children with persistent diarrhoea.
9. Salt and water homeostasis and renal function in children with shigellosis.
10. Antioxidative effects of breastfeeding.
11. The effect of iron status on intestinal integrity and growth.
12. Direct comparison of different Oral Rehydration Solutions proposed for the treatment of dehydration due to watery diarrhoea in children.
13. Clinical trial to determine the efficacy and safety of hypotonic glucose based ORS with low sodium (60 mmol/l) concentration in the treatment of neonates and young infants with acute dehydrating diarrhoea.
14. Clinical Efficacy of L.-Goutamine in persistent diarrhoea in children.
15. Impact of micronutrients in shigellosis in children.
16. Evaluation of comparative efficacy of single dose azithromycin in the treatment of cholera in children.

9. Sack RB, Albert MJ, Siddique AK. The emergence of *Vibrio cholerae* O139 Bengal. In: Remington JS, Swartz M, editors. Current Clinical Topics in Infectious Diseases. Boston: Blackwell Science. 1995: (in press).
10. Unicomb LE, Faruque SM, Malek MA, Albert MJ. Demonstration of a lack of synergistic effect of rotavirus with other diarrheal pathogens on the severity of diarrhea in children. J Clin Microbiol (in press)
11. Unicomb LE, Jarecki-Khan K, Hall A, Podder G. Evidence that enteric adenovirus infection does not result in protection from subsequent symptomatic infection. Microbiol Immunol 1996; 00:000-000.

#### On-going research protocols:

1. Biochemical fingerprinting in the epidemiological studies of bacterial diarrhoeal pathogens in Bangladesh.
2. Production and characterization of monoclonal antibodies (MAbs) to the virulence-associated factors of enteropathogenic *Escherichia coli* (EPEC) for use as diagnostic reagents.
3. Direct identification of enteric pathogens in biological specimens by specific DNA amplification.
4. Characterization of epidemic strains of *Vibrio cholerae* O1 and O139 based on genetic and phenotypic traits.
5. Immune status of children who develop persistent diarrhoea.
6. A study of immunological effect of Vitamin A and zinc in a placebo controlled 4 cell trial.
7. Study of immune disruption caused by measles and its association with clinical progress in Dhaka, Bangladesh.
8. Local and systemic antibody response to a peroral inactivated ETEC vaccine.
9. Safety and immunogenicity of an oral bivalent B subunit *V. cholerae* O1/O139 whole cell (B-O1/O139 WC) vaccine in adult Bangladeshi volunteers.
10. Local and systemic immune response in patients in a diarrhoeal epidemic due to *Vibrio cholerae* O139.
11. Rapid diagnosis of pathogenic *Entamoeba histolytica* infection.
12. Field evaluation and further characterization of an invasive-specific monoclonal antibody against *Entamoeba histolytica*.
13. Role of various aquatic flora, fauna and physicochemical conditions of water in maintaining endemicity and seasonality of cholera in Bangladesh.
14. Survey of culturable *V. cholerae* O139 in the aquatic environment.

## LABORATORY SCIENCES DIVISION

[October 1995-March 1996]

## LIST OF PUBLICATIONS &amp; PROTOCOLS

## Papers published:

1. Albert MJ, Ansaruzzaman M, Shimada T, Rahman A, Bhuiyan NA, Nahar S, Qadri F, Islam MS. Characterization of *Aeromonas trota* strains that cross-react with *Vibrio cholerae* 0139 Bengal. *J Clin Microbiol* 1995; 33:3119-3123.
2. Albert MJ, Faruque SM, Faruque ASG, Bettelheim KA, Neogi PKB, Bhuiyan NA, Kaper JB. Controlled study of cytolethal distending toxin-producing *Escherichia coli* infection in Bangladeshi children. *J Clin Microbiol* 1996; 34:717-719.
3. Albert MJ. *Vibrio cholerae* O139 Bengal: probable causative agent of the eighth pandemic of cholera. *Hong Kong J Paed* 1995; 1(Suppl 1):56-62.
4. Azim T, Islam LN, Halder RC, Hamadani J, Khanum N, Sarker MS, Salam MA, Albert MJ. Peripheral blood neutrophil responses in children with shigellosis. *Clin Diag Lab Immunol* 1995; 2:616-622.
5. Azim T, Sarker MS, Hamadani J, Khanum N, Halder NC, Salam MA, Albert MJ. Alterations in lymphocyte phenotype and function in children with shigellosis who develop complications. *Clin Diag Lab Immunol* 1996; 3:191-196.
6. Dalsgaard A, Albert MJ, Taylor DN, Shimada T, Meza R, Serichantalergs O, Echeverria P. Characterization of *Vibrio cholerae* non-O1 serogroups obtained from an outbreak of diarrhea in Lima, Peru. *J Clin Microbiol* 1995; 33:2715-2722.
7. Faruque SM, Roy SK, Alim ARMA, Albert MJ. Molecular epidemiology of toxigenic *Vibrio cholerae* in Bangladesh studied by numerical analysis of rRNA gene restriction patterns. *J Clin Microbiol* 1995; 33:2833-2838.
8. Faruque SM, Roy SK, Alim ARMA, Siddique AK, Albert MJ. Molecular epidemiology of toxigenic *V. cholerae* in Bangladesh based on numerical analyses of rRNA gene restriction patterns. *J Clin Microbiol* 1995; 33:2833-2838.
9. Girón JA, Qadri F, Azim T, Kaper JB, Albert MJ. Monoclonal antibodies specific for the bundle-forming pilus of enteropathogenic *Escherichia coli*. *Infect Immun* 1995; 63:4949-4952.
10. Girón JA, Viboud GI, Sperandio V, Gomez-Duarte OG, Maneval DR, Albert MJ, Levine MM, Kaper JB. Prevalence and association of longus with colonization factor antigens, enterotoxin types and serotypes of enterotoxigenic *Escherichia coli*. *Infect Immun* 1995; 63:4195-4198.
11. Haque R, Neville LM, Hahn P, Petri WA Jr. Rapid diagnosis of *Entamoeba* infection by using *Entamoeba* and *Entamoeba histolytica* stool antigen detection kits. *J Clin Microbiol* 1995; 33:2558-2561.
12. Hoque T, Illiadou P, Hossain MA, Crawford DH. Epstein-Barr virus infections: A seroepidemiological study in Bangladesh. *J Med Virol*. 1996; 48:17-21.
13. Knirel YA, Paredes L, Jansson P-E, Weintraub A, Widmalm G, Albert MJ. Structure of the capsular polysaccharide of *V. cholerae* 0139 synonym Bengal containing D-galactose-4, 6-cyclophosphate. *Eur J Biochem* 1995; 232:391-396.

14. Nair GB, Albert MJ, Shimada T, Takeda Y. *Vibrio cholerae* O139 Bengal: the new serogroup of *V. cholerae* causing cholera. *Rev. Med. Microbiol.* 1996; 7:43-51.
15. Naka A, Yamamoto K, Albert MJ, Honda T. *Vibrio cholerae* O139 produces a protease that is indistinguishable from the hemagglutinin/protease of *V. cholerae* O1 and non-O1. *FEMS Immunol Med Microbiol* 1995; 11:87-90.
16. Palmer DR, Hall A, Haque R, Anwar KS. Antibody isotype responses to antigens of *Ascaris lumbricoides* in a case-control study of persistently heavily infected Bangladeshi children. *Parasitology* 1995; 111:385-393.
17. Qadri F, Mohi MG, Hossain J, Azim T, Khan AM, Salam MA, Sack RB, Albert MJ, Svennerholm A-M. Comparison of vibriocidal antibody response in cholera due to *Vibrio cholerae* O139 Bengal with the response in cholera due to *Vibrio cholerae* O1. *Clin Diag Lab Immunol* 1995; 2:685-688.
18. Raqib R, Ljungdahl A, Lindberg AA, Andersson U, Andersson J. Local entrapment of interferon gamma in the recovery from *Shigella dysenteriae* type 1 infection. *Gut* 1996; 38:328-336.
19. Stroehrer UH, Jedani KE, Dredge BK, Morona R, Brown MH, Karageorgos LE, Albert MJ, Manning P. Genetic rearrangement in the *rfb* regions of *Vibrio cholerae* O1 and O139. *Proc Natl Acad Sci USA* 1995; 92:10374-10378.

#### Papers in press:

(11 with LSD scientists as primary authors and 5 with scientists from other divisions; the latter category is not included).

1. Albert MJ, Bhuiyan NA, Rahman A, Ghosh AN, Hultenby K, Weintraub A, Nahar S, Kibriya AKMG, Ansaruzzaman M, Shimada T. Phage specific for *Vibrio cholerae* O139 Bengal. *J Clin Microbiol* (In press).
2. Azad AK *et al.* Fatal falciparum malaria cases in a diarrhoeal disease hospital in Bangladesh. *Bangladesh Med J* 1996; 00:000-000.
3. Islam D, Wretling B, Lindberg AA, Christensson B. Changes in the peripheral blood T cell receptor V $\beta$  repertoire *in vivo* and *in vitro* during shigellosis. *Infect Immun* 1996; 00:000-000.
4. Islam MS, Alam MJ, Begum A, Rahim Z, Felsenstein A, Albert MJ. Occurrence of culturable *Vibrio cholerae* O139 Bengal with *ctx* gene in various components of aquatic environment in Bangladesh. *Tran R Soc Trop Med Hyg* 1996; 90:000-000.
5. Knirel Y, Senchenkeva SN, Jansson P-E, Weintraub A, Ansaruzzaman M, Albert MJ. Structure of the O-specific polysaccharide of *Aeromonas trota* strain cross-reactive with *Vibrio cholerae* O139 Bengal. *Eur J Biochem* (In press)
6. Nakasone N, Iwanaga M, Yamashiro T, Nakashima K, Albert MJ. *Aeromonas trota* strains which agglutinate with *Vibrio cholerae* O139 Bengal antiserum, possess a serologically distinct fimbrial colonization factor. *Microbiology* (in press).
7. Nandy RK, Albert MJ, Ghose AC. Serum antibacterial and antitoxin responses in clinical cholera caused by *Vibrio cholerae* O139 Bengal and evaluation of their importance in protection. *Vaccine* (In press)
8. Raqib R, Ljungdahl A, Lindberg AA, Wretling B, Andersson J. Dissociation between cytokine mRNA expression and protein production in shigellosis. *Eur J Immunol* 1996; 00:000-000.



**COMMUNITY HEALTH DIVISION**  
[October 1995-March 1996]

**LIST OF PUBLICATIONS & PROTOCOLS**

**Papers published:**

1. de Francisco A, Zaman K, Chowdhury HR, Wahed MA, Chakraborty J, Yunus M. Accidental ingestion of Vitamin A (short report). *Trop Doctor*. 25:187,1995
2. de Francisco A, Chakraborty J. Maternal recall of Tetanus Toxoid Vaccination. *Annals of Trop Paediatr*. 16(1),1996
3. Shahid NS, Steinhoff MC, Begum T, Thomson C, Siber GR. Maternal Immunization with Polysaccharide Pneumococcal Vaccine. *Lancet*. 346 (11):1252-57, 1995.
4. Steinhoff MC, Shahid N, Siber G. Serum, breast milk, and infant antibody after maternal immunisation with pneumococcal vaccine -- Authors' reply. *Lancet*. 347:192-93, 1996.
5. Myaux J, Chakraborty J, Yunus Md, Khan EH, de Francisco A. The effects of Health Services Utilization on the Recovery from Dysentery. *J of Trop Pediatrics*. 24:38-42,1996
6. Myaux J, Unicomb L, Uzma A, Islam AM, et al. Effect of Diarrhoea on the Humoral Response to Oral Polio Vaccination. *Pediatr Infect Dis J*. March 1996.
7. Bairagi R, Rahman M. Contraceptive Failure in Matlab, Bangladesh. *Intl Family Planning Perspectives*. 22(1):21-25, 1996
8. Alam N. Predictors of Diarrhoea in Young Bangladeshi Children. *J of Trop Pediatr*. 41:278-280, 1996.

**Papers in Press:**

1. de Francisco A, Baqui AH. Vitamin A and vaccines, the importance of side effects. *Europ J of Clin Nutr*.
2. de Francisco A, Ahmed F. Measles vaccine failures not associated with vitamin A supplementation given around vaccination time. *Transactions of the Royal Society of Trop Med and Hyg*.
3. de Francisco A, Khan SA, Chakraborty J. The use of mid-upper-arm circumference to monitor nutritional rehabilitation programmes in rural Bangladesh. *J of Trop Pediatr*.
4. Chowdhury AI, Aziz KMA, de Francisco A, Khan MA. Difference of neonatal mortality by religion and socioeconomic covariates in rural Bangladesh. *The J Family Welfare*.
5. Chowdhury AI, Aziz KMA, de Francisco A. Infant and child mortality among high and low risk Bangladeshi mothers in relation to socioeconomic variables. *Intl J Indian Anthropol Society*.
6. Chowdhury M, Suchidran CM, and Bairagi R. Effects of age at marriage on fertility and mortality in rural Bangladesh. Working paper, Carolina Population Center, Univ of North Carolina at Chapel Hill.

7. Hasan KZ. Diarrhoea Malnutrition Cycle. *Hong Kong J Paediatr.*
8. Holman DJ, Wood JW, Sarder AM et al. Field methods of the Pennsylvania State University/ICDDR,B fetal loss project, ICDDR,B Data Archive Series.
9. Razzaque A. Reproductive preferences in Matlab, Bangladesh: levels, motivation and differentials. *Asia-Pacific Pop J.*
10. Shahid N. Handwashing with soap and water reduces diarrhoea in a Bangladeshi village. *JDDR.*
11. Zaman K, Baqui AH, Yunus M, et al. Association between nutritional status, cell-mediated immune status and acute lower respiratory infections in Bangladeshi children. *Eu J Clin Nutr.*
12. Zaman K, Baqui AH, Yunus M, et al. Acute respiratory infections in children: a community based longitudinal study in rural Bangladesh. *J Trop Pediatr.*

**On-going research protocols:**

1.  $\beta$ -carotene rich foods as a source of vitamin A.
2. Improvement of health through community development oriented programme in rural Bangladesh.
3. The impact of social and economic development programmes on health and well-being: a BRAC-ICDDR,B collaborative project in Matlab.
4. Socio-economic development and human well-being: exploring pathways of change.
5. Initiation of HIV-Related Research and Service Activities at ICDDR,B.
6. Efficacy of Bismuth Subsalicylate in preventing acute diarrhoeal episodes from becoming persistent in rural Bangladesh children.
7. Health care use patterns of slum residents in Dhaka city, Bangladesh.
8. Health care use patterns of non-slum residents in Dhaka city.
9. Wheezing associated respiratory disorders (WARD) and hypoxemia in hospitalized children under five years of age in rural Bangladesh.
10. Matlab Maternal and Child Health and Family Planning (MCH-FP) Programme and Record Keeping System (RKS).
11. Nutrition surveillance system.
12. Safe Motherhood in Rural Bangladesh.
13. Control of Acute Lower Respiratory Infections (ALRI) through case finding and management.
14. Nutrition Rehabilitation in Matlab.
15. Epidemiology of diarrhoea and ARI in a cohort of newborns in rural Bangladesh.
16. Reproductive Tract Infections in Matlab.

17. Women and Health: exploring the socio-cultural barriers and determinants of women's health status in rural Bangladesh.
18. Obstetric care in a district hospital in Bangladesh: an organizational ethnography.
19. Clustering pattern of watery diarrhoea (cholera-like) cases in Matlab - 1989.
20. Geographic Information System in Matlab.
21. Mothers-in-law influence on daughters-in-laws reproductive behaviour in rural Bangladesh.
22. The effect of retinol and  $\beta$ -carotene supplementation in lactating women on breastmilk quality and Vit A status in infants.
23. Maternal immunization with pneumococcal polysaccharide vaccines.
24. Retinol content in Breastmilk and the reflection of these levels in infants' serum.
25.  $\beta$ -carotene content in Breastmilk and the reflection of these levels in infants's serum.
26. Contraceptive Failure in Matlab: Levels, Trends and Correlates.
27. Child Mortality in Matlab: Levels, Trends, Correlates and Cause of Death.
28. An Evaluation of the Bangladesh Demographic and Health Survey Data.
29. Proximate Determinants of Fertility.
30. 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.
31. Calcium supplementation in prevention of pregnancy induced proteinuric hypertension, low birth weight and prematurity.
32. Does disease due to *Vibrio cholerae* 01 confer protection against subsequent diarrhoea due to *Vibrio cholerae* 0139? an analysis of the existing data.

7. Rahman, Md. M., A. Hossain and S.C. Das, Prevalence and Continuation of Injectable Contraceptives: Evidence from Extension Project Areas. (DRAFT)
8. Salway, S, Q. Nahar and Md. Ishaque, Women, Men, and Infant Feeding in the Slums of Dhaka city: exploring sources of influences and decision making patterns. ICDDR,B FP/MCH Working paper no. 17
9. Salway, S, Q. Nahar and Md. Ishaque, Alternative Ways to Feed Infants: Knowledge and views of men and women in the slums of Dhaka City. ICDDR,B FP/MCH Working paper no. 18

**Special publications:**

10. An Assessment of MCH-FP Program Needs in Rangunia, Chittagong.
11. An Assessment of MCH-FP Program Needs in Lohagora, Chittagong.
12. Introduction of Comprehensive Emergency Obstetric Care at the Thana Health Complex: Experience from Mirsarai, Chittagong (Draft).
13. Partnership for Improving water, sanitation, Solid Waste and Hygiene Education System in Rural Bangladesh. Bilqis Amin Hoque, Shafiul Azam Ahmed, M.H. Munshi, A.H. Baqui, A.M. Zakir Hussain.

**On-going research protocols:**

1. Early postpartum morbidity and choice of delivery care provider in the urban slums of Dhaka, Bangladesh.
2. Determinants of birth weight, gestational age and perinatal mortality among the urban poor in Dhaka, Bangladesh
3. Birth weight and infant mortality in the slums of Dhaka city: A prospective study
4. Effect of Zinc Supplementation During Pregnancy on Infant Birth Weight, Growth, Morbidity, Response to BCG
5. Ethnographic and epidemiologic studies to improve care-seeking for child-hood illnesses, particularly pneumonia
6. Study of prevalence and risk factors for Sexually transmitted diseases (STDs) in urban Bangladesh
7. Antenatal care services in Zone 3 of Dhaka city, Bangladesh.
8. Action research and impact studies on community water sanitation and hygiene education intervention in rural Bangladesh.
9. Action research and impact studies on community water sanitation and hygiene education intervention in urban Bangladesh.
10. Socio-environmental assessment of Meghna-Dhonagoda irrigation project, Matlab.
11. Technical assistance on impacts of the water-sanitation (WS) programme by DPHE-UNICEF at Banaripara.
12. Epidemic Control Preparedness Programme (ECP).
13. MCH-FP Rural Extension Project.
14. MCH-FP Urban Extension Project.

## HEALTH AND POPULATION EXTENSION DIVISION

[October 1995 - March 1996]

### LIST OF PUBLICATIONS & PROTOCOLS

#### Papers published:

1. Shaidullah, M. A Comparison of Sisterhood Information on Causes of Maternal Deaths with Registration Causes of Maternal Death in Matlab, Bangladesh, *International Journal of Epidemiology*, 24(5):937-942, 1995.
2. Mauldin, WP., J.A. Ross, J. Kekovole, Barkat-e-Khuda, A. Barkat Direct and Judgmental Measures of Family Planning Program Inputs, *Studies in Family Planning*, 1995.

#### Papers in press:

1. Bairagi, R. and M. Rahman. Contraceptive Failure in Matlab, Bangladesh. *International Family Planning Perspectives*, 22(1), 1996.
2. DaVanzo, J., A. Chan, P. Govindasamy, J. Peterson, S. Pong and M. Rahman, Is Son Preference An Obstacle to Reducing Fertility Rates? Evidence from Two Developing Countries. *RAND Issue Paper* (forthcoming).
3. Hoque, Bilqis A., T. Juncker, R.N. Sack, M. Ali and K. Aziz, Sustainability of Water, Sanitation and Hygiene Education Project in Rural Bangladesh: a Five Year Follow-up. *Bulletin of WHO*.
4. Khan, M.A, Factors associated with contraceptive use in Matlab, Bangladesh. *Journal of Biosocial Science*, Vol. 27, 1996.
5. Ahmed, S, Support for Breastfeeding Mother. Postgraduate Doctor (forthcoming).
6. Siddique AK et al., *Vibrio Cholerae* O139: How large is the threat of a pandemic?, *Tropical Medicine & International Health* 1996.

#### Working papers:

1. Akhter, P, H. Wirzba, I. Haque, T. Mirza and T. Juncker. Service Delivery at the Union Health and Family Welfare Centres: The Clients' Perspective (DRAFT).
2. Hossain, M.B., J.F. Phillips and J.G. Haaga, The Impact Of Field Worker Visits on Contraceptive Discontinuation in Two Rural Areas of Bangladesh.
3. Jamil K, Streatfield K, et. al., Modes of family planning service delivery in the urban slums of Dhaka: effects on contraceptive use. ICDDR,B FP/MCH Working Paper no. 16.
4. Juncker, T. P.A. Khanum, Md. Jasim Uddin and S.C. Das, FWA's New Role in Antenatal Care and Use of a Pictorial Card for Creating Awareness About Obstetric Emergencies.
5. Khan, M.A., M. Rahman, P.A. Khanum and Barkat-e-Khuda, Awareness of Transmission and Prevention of Sexually Transmitted Diseases (STD) Among Rural Women in Bangladesh. (DRAFT)
6. Mirza, T., ABM K.A. Mozumder, Mizanur Rahman and Ali Ashraf. Evaluation of Domiciliary Injectable Services in Rural Bangladesh. (DRAFT)

## STAFF MEMBERS WHO COMPLETED OVERSEAS TRAINING

[01 October 1995 - 31 March 1996]

Particulars of staff members	Programme
1. Dr. Dilara Islam Assistant Scientist Laboratory Sciences Division	Ph.D in immunology; Karolinska Institute, Sweden.
2. Dr. Rubhana Raqib Assistant Scientist Laboratory Sciences Division	Ph.D. in immunology; Karolinska Institute, Sweden.
3. Dr. Hasan Ashraf Assistant Scientist Clinical Science Division	MD with specialization in gastroenterology; Free University of Brussels, Switzerland.
4. Mr. M. A. Kashem Sheikh Associate Scientist & Head, Data Archiving Unit	Submitted doctoral dissertation; International Institute of Population Sciences (IIPS), Bombay, India.
5. Mr. Nikhil Ch. Roy Research Fellow Rural MCH-FP Extension Project, Health & Population Extension Division	Master in medical demography; London School of Hygiene & Tropical Medicine, (LSHTM), UK.
6. Mr. Nurul Alam Research Fellow Population Studies Centre, CHD	-do-
7. Dr. Rukhsana Haider Associate Scientist Clinical Sciences Division	Course work for the doctoral programme in nutrition; Department of Public Health & Policy; LSHTM, UK.
8. Ms. Shahan Ara Begum Sr. Research Officer Laboratory Sciences Division	Training in clinical biochemistry laboratory techniques and quality control; Hospital Universitaire, Saint-Pierree, Belgium.
9. Ms. Ferdous Jahan Research Officer Biochemistry & Nutrition, LSD	Training for retinoids/ carotenoids estimation in food and biological samples; University of Leuven, Belgium.
10. Mr. A. K. Nasirul Islam Sr. Scientific Officer Animal Resources Branch, LSD	Training in genetic monitoring of laboratory animal; National Institute of Health, USA.

Particulars of staff members	Programme
11. Ms. Nargis Banu Coordinating Manager Health & Population Extension (H&PED)	Training in management development; Asian Institute of Management, Manila, the Philippines.
12. Mr. Hanifur Rahman Office Manager Community Health Division	-do-
13. Dr. AKM Iqbal Kabir Scientist Clinical Sciences Division	Training in the use of stable isotope for clinical and nutrition research; St. Mary's Hospital Medical School, UK.
14. Mr. Md. Jasim Uddin Operations Researcher Urban MCH-FP Extension Project, H&PED	Training in the anthropology of health and health care; De Lal Salle University, Sri Lanka.
15. Mr. M. M. Hassan Controller, Finance Finance Division	Training in indirect costing and administrative compliance of Requirement organised by the USAID in USA.
16. Mrs. Shamima Moin Controller, Budget & Costing Finance Division	-do-
17. Dr. G. H. Rabbani Scientist Clinical Sciences Division	Doctorate in medicine; Copenhagen, Denmark.

## LIST OF STAFF MEMBERS WHO LEFT FOR OVERSEAS TRAINING

[1 October 1995 - 31 March 1996]

Specifications of staff member	Programme	Institution
1. Ms. Nargis Banu Coordination Manager Health & Population Extension Division (H&PED)	Management Development	Asian Institute of Management (AIT), Manila, the Philippines.
2. Mr. Hanifur Raman Office Manager Community Health Division (CHD)	-do-	-do-
3. Dr. A. K. M. Iqbal Kabir Scientist Clinical Sciences Division (CSD)	Use of stable isotope for clinical and nutrition research	St. Mary's Hospital Medical School, UK
4. Dr. K.A.H.M. Akram Epidemiologist Epidemic Control Prepared- ness Programme, H&PED	Master's program in Mother & Child Health	London School of Hygiene & Tropical Medicine (LSHTM) UK.
5. Mr. Md. Shahidul Alam Sr. Computer Programmer Rural MCH-FP Extension Project, H&PED	Advanced tools and techniques in computer applications development	Asian Institute of Technology (AIT), Thailand.
6. Mr. Md. Jasim Uddin Operations Researcher Urban MCH-FP Extension Project, H&PED	Anthropology of Health and Health Care	De Lal Salle University Manila, the Philippines
7. Mr. Ramesh Ch. Halder Senior Technician Laboratory Sciences Division	Doctoral studies in Immunology	Niigata University, School of Medicine, Niigata, Japan
8. Dr. Tanjina Mirza Sr. Medical Officer Rural MCH-FP Extension Project, H&PED	PhD in Demography.	Australian National University Australia.
9. Mr. M. M. Hassan Controller, Finance Finance Division	Administrative Compliance Requirement of USAID grant.	USAID, USA
10. Mrs. Shamima Moin Controller, Budget & Costing Finance Division	-do-	-do-



## STAFF MEMBERS ABROAD ON TRAINING

[As at 31 March 1996]

Particulars of staff members	Programme
01. Dr. Tahmeed Ahmed Medical Officer Clinical Sciences Division	Doctoral studies in Gastroenterology; Tsukuba University, Japan.
02. Mr. Arifuzzaman Khan Grants Administration Officer & Public Relations Officer Director's Bureau	Doctoral studies in Economics; University of Queensland, Australia
03. Dr. Rubina Shaheen Sr. Medical Officer Matlab MCH-FP Project Community Health Division	Master's program in Health Sciences in Community Nutrition; University of Western Australia, Australia.
04. Ms. Fazilatun Nessa Research Fellow Rural MCH-FP Extension Project Health & Population Extension Division	Doctoral studies in Population Research University of Exeter, UK.
05. Dr. M. Mujibur Rahman Sr. Medical Officer, CSD	Doctoral studies in Public Health; University of Alabama at Birmingham, USA
06. Dr. Syed Samiul Hoque Senior Medical Officer CSD	Doctoral studies in Medical Science; in Gastroenterology; University of Birmingham, UK
07. Dr. Quamrun Nahar Research Investigator Urban MCH-FP Extension	Master's in Medical Science in Primary Health Care; University of Western Australia; Australia.
08. Dr. Md. Shahadat Hossain Sr. Medical Officer, Gr. I Clinical Sciences Division	Master's in Medical Science in Clinical Epidemiology; University of Newcastle, Australia.
09. Mrs. Manakhusi Mandal Senior Staff Nurse Clinical Research & Service Centre, (CR&SC), CSD	Post-graduate diploma in paediatric Nursing; College of Nursing, Christian Medical College & Hospital, Vellore, India.
10. Dr. Rokeya Begum Medical Officer (C R&SC), CSD	Masters in Medical Science in Primary Health Care, University of Western Australia, Australia.
11. Mr. Zahidul Quayyum Sr. Operations Research Urban MCH-FP Extension Project, H&PED	Masters in Health Policy, Planning and Financing; London School of Hygiene & Tropical Medicine, (LSHTM), UK.
12. Dr. K. A. H. M. Akram Epidemiologist Epidemic Control Preparedness Programme, H&PED	Masters in Mother & Child Health; LSHTM, UK.

**INTERNATIONAL CONFERENCE/WORKSHOPS  
ATTENDED BY ICDDR,B STAFF**

[1 October 1995 - 31 March 1996]

Title, venue and duration of the conferences/workshops	Particulars of staff members attended	Division
01. Symposium organised by the Paul Ehrlich Society for Chemotherapy, Germany on Use of quinolones in paediatrics - indications and restrictions held in Berlin, Germany on 19 October 1995.	01. Dr. M. A. Salam Chief Physician	CSD
02. European Conference on Tropical Medicine held in Hamburg, Germany during 22-26 October 1995	02. Dr. T. Juncker Visiting Scientist	CHD
03. WSS Third Global Forum held in Barbados on on 30 October 1995.	03. Dr. Bilqis Amin Hoque Scientist	H&PED
04. Second Canadian Conference on International Health held in Ottawa, Canada during 12-15 November 1995	04. Dr. Nigar S. Shahid Scientist	CHD
	05. Dr. Tanjina Mirza Senior Medical Officer	H&PED
	06. Dr. Martinus Desmet Visiting Scientist	CHD
05. Meeting of the Health of the Ocean (HOTO) panel for Global Ocean Observing System (GOOS), held in Bangkok during 15-22 November 1995.	07. Dr. M. Sirajul Islam Scientist	LSD
06. 44th Annual Meeting of American Society of Tropical Medicine and Hygiene (ASTHM) in San Antonio, USA during 17-21 November 1995.	08. Dr. Rashidul Haque Parasitologist	LSD
07. XIII Annual Conference of the Indian Society for Medical Statistics and Symposium on Management of change in Maternal & Child Health held in Madras, India during 22-24 November 1995.	09. Mr. Kapil Ahmed Sr. Data Management Officer	CHD
	10. Ms. Lutfun Nahar Research Fellow	CHD
	11. Mr. A. I. Chowdhury Research Fellow	CHD
	12. Dr. Mizanur Rahman Demographer	H&PED

Title, venue and duration of the conferences/workshops	Particulars of staff members attended	Division
08. Thirty-first US-Japan Cholera and Related Diarrhoeal Diseases Conference, Kiawah Island, South Carolina, USA during 1-3 December 1995.	13. Dr. John Albert Acting Division Director	LSD
09. Symposium on Cholera organized by the International Medical Research Centre in Tokyo, Japan on 11 December 1995.	14. Dr. M. A. Salam Chief Physician	CSD
10. 1st International Congress on Paediatric Gastroenterology held in Jaipur, India during 12-16 December 1995.	15. Dr. R. N. Mazumder Assistant Scientist	CSD
	16. Dr. N. H. Alam Sr. Medical Officer Gr. II	CSD
11. Regional (Asian) Workshop on Research Management of Essential National Health Research (ENHR) organised by COHRED in Thailand during 16-21 December 1995.	17. Dr. S. K. Roy Scientist	CSD
12. FICOSSER Research meeting on Urban Health held in Jakarta, Indonesia during 18-19 December 1995.	18. Dr. Abdullah-Hel Baqui Project Director	H&PED
	19. Dr. Shams El-Arifeen MCH-FP Programme Specialist	H&PED
13. Fourth Symposium on International Medical Cooperation organised by International Paediatric Centre of Japan on 11 December 1995.	20. Dr. M. A. Salam Chief Physician	CSD
14. Annual Medical Congress organised by the Finnish Medical Association held in Helsinki during 7-11 January 1996.	21. Dr. A.K.M. Siddique Senior Scientist	H&PED
15. Seminar organised by the David Livingstone Society and the National Public Health Institute of Finland on 8 January 1996.	22. Dr. A. K. M. Siddique Senior Scientist	H&PED
16. International Conference on the Theory and Practice of Human Lactation, Breastfeeding Management and Research held at Orlando, Florida, USA during 11-14 January 1996.	23. Dr. Rukhsana Haider Associate Scientist	CSD

Title, venue and duration of the conferences/workshops	Particulars of staff members attended	Division
17. Advisory Committee meeting of GARNET Loughborough, UK on 16 January 1996.	24. Dr. Bilqis Amin Hoque Scientist	H&PED
18. International Symposium on Inflammatory Bowel Disease held in Copenhagen, Denmark during 27-29 January 1996.	25. Dr. G. H. Rabbani Scientist	CSD
19. Workshop on Helicobacter pylori Infection in Developing World held in Lima, Peru during 28-31 January 1996.	26. Dr. S. A. Sarker Associate Scientist	CSD
20. Social Science and Medicine Conference held in Perth, Australian during 11-17 February 1996.	27. Dr. P. K. Bardhan Associate Scientist	CSD
	28. Ms. Kamrun Nahar Senior Research Officer	CHD
21. Diarrhoea, Respiratory Disease Research & Coordination meeting held in Mexico during 19-23 February 1996	29. Ms. Papreen Nahar Senior Research Officer	CHD
	30. Dr. G. Fuchs Division Director	CSD
22. Bellagio Study and Conference held in Milan, Italy during 21-26 February 1996.	31. Dr. Abbas Uddin Bhuiyan Social Scientist	CHD
23. Seminar on Demographic Evaluation of Health Programs organised by the International Cooperation in National Research in Demography held in Paris, France during 26-28 February 1996.	32. Dr. R. Bairagi Study Director	CHD
	33. Mr. Golam Mostafa Research Fellow	CHD
24. UN Commission for Population held in New York, USA during 28-29 February 1996	34. Dr. Shameem Ahmed Health Scientist	H&PED
25. Workshop on Causes of Stunting of Children in South Asia held in Kathmandu, Nepal during 7-9 March 1996.	35. Dr. S. K. Roy Scientist	CSD
	36. Dr. Md. Iqbal Kabir Scientist	CSD
26. Health Empowerment Rights Accountability (HERA) meeting held in New York, USA during 29 February - 2 March 1996	37. Dr. Shameem Ahmed Health Scientist	H&PED

Title, venue and duration of the conferences/workshops	Particulars of staff members attended	Division
27. The Population Council Asia Regional Meeting held in Madras, India during 17-21 March 1996.	38. Prof. Barkat-e-Khuda Project Director	H&PED
28. IUSSP meeting held in Trivandrum, India during 25-28 March 1996.	39. Dr. Thomas Kane Operations Research Scientist	H&PED
28. IUSSP meeting held in Trivandrum, India during 25-28 March 1996.	40. Prof. Barkat-e-Khuda Project Director	H&PED
28. IUSSP meeting held in Trivandrum, India during 25-28 March 1996.	41. Mr. Kapil Ahmed Sr. Data Management Officer	CHD
29. XVII IVACG meeting held in Guatemala during 18-24 March 1996	42. Dr. Shams El-Arifeen MCH-FP Programme Specialist	H&PED
29. XVII IVACG meeting held in Guatemala during 18-24 March 1996	43. Mr. M. A. Wahed Head, Biochemistry Biochemistry & Nutrition	LSD

**Resource Development Strategy**  
**Update**

May 7, 1996

**Historical Preamble**

In November 1992, the Centre proposed a Resource Development Strategy (RDS) to the Board of Trustees. In the light of their comments, it was amended and presented again in May 1993. The same year, Mr. Jim Bausch was commissioned with funding from the Ford Foundation to develop the strategy further, and his report concurred with the original RDS. Mr. Bausch reported to the Board of Trustees in November 1993, and implementation of the RDS finally got underway on January 1, 1994.

**Background - The Environment in which we are Working**

The Centre faces an uphill task raising funds in the current environment. The traditional sources of funding for the Centre, Government and multilateral agencies, are facing huge cuts. As a consequence, the Centre is having to fight hard to maintain funding even at existing absolute levels ... which means reductions in real levels of funding.

Simultaneously, fewer and fewer of the Centre's traditional donors are willing or able to fund the Centre's institutional costs through unrestricted grants<sup>1</sup>. From 1996 UK's ODA will "projectize" its institutional contribution, CIDA is cutting its contribution by 70% from 1993 levels, Arab Gulf Fund will now only fund projects to a maximum of \$100,000, UNICEF's core funding has been at the same level since 1987, and so on.

This in turn means that the Centre is facing increasing problems in applying for competitive grants since it must recover the full costs of a project plus the appropriate share of the institutional costs. Many of the Centre's competitors have the advantage of large scale subsidies from their governments which allow them to charge only the marginal costs of conducting the project.

In addition, as the attempts to search out new funding sources in 1994/95 demonstrated, the Centre is precluded from competing for many funds by Foundations' regulations. Although the Child Health Foundation's 501(c)3 tax-exempt status helps in some cases, the Centre still cannot compete for key funds such as the Wellcome Trust and much of the National Institutes of Health funding without strategic alliances with (respectively) UK and US partners.

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<sup>1</sup> A notable and important exception to this is the Government of Bangladesh which has demonstrated real leadership and vision, and raised its regular annual contribution by 700% from \$26,251 in 1992 to \$187,500 in 1995. And in addition, given \$1,000,000 in ad hoc contributions.

### **Where are we now ?**

Resource development takes time ... the initiatives taken in 1994 are beginning to yield fruit now in 1996, and this time-lag of 2-3 years between initiating and "cultivating" contacts and receiving funding is typical.

Nonetheless, the **efforts to raise the Centre's profile**, and to document and "market" its capabilities and achievements are beginning to pay dividends. Donors are more aware of the Centre, its activities, importance and potential. This was clearly shown during the Centre's battle to secure the follow-on Cooperative Agreement with USAID/Washington. The support of senior USAID officials and the Centre's US office at the Child Health Foundation meant that the proposal went through without a cut.

Despite the difficult climate for raising funds for the Centre's activities, **total revenue rose by 27% from \$9.527 million in 1992 to \$12.115 million in 1995**. And better still, 16% of this jump occurred in the last year, when revenue-earned contributions surged from 1994 \$10.468 million to 1995 \$12.115 million.

However, almost all of these increases come from project funds, and the Centre has **struggled to maintain the 1992 level of core/institutional/unrestricted funding** (\$4.049 million). By 1995, this had dropped marginally to \$4.025 million. In the context of cuts in Government and UN agencies of more than 20%, this is a commendable performance.

**Project contributions have increased by 43%** from \$5.433 million in 1992 to \$7.801 in 1995. This reflects the increased level of project activity at the Centre (for which the Centre's scientists should be recognized and lauded) and donors' desire to move from funding core/institutional cost to restricted projects. This jump could have been even higher but was constrained by the Centre's ability to manage (ie spend) project grants. Delays in project implementation (and in particular recruitment) have resulted in slow start-up of projects and requests for "no-cost" extensions.

A significant part of the agenda has been to effect a "paradigm shift" from the old system whereby the scientists prepared protocols and then expected the Centre to allocate money for them, to the new reality where they have to get out and find money for their work. This shift occurred in the USA a few decades ago, in Europe in the late 1980s and early 1990s, and has now caught up with the Centre here in Bangladesh. The Centre's **scientists' ability and willingness to prepare project proposals, and to market their protocols has increased**. Many scientists are now submitting project proposals in response to external competitive grants opportunities. In 1995 alone over 20 proposals have been submitted to the European Union, ILSI, Mothercare, NIH, OMNI, Thrasher, Wellcome Trust, and WHO, and in addition there was an enthusiastic response to the EU consultants' request for concept papers in June 1995.

This trend is reflected in the rise in income from competitive grants:

1992:	\$ 88,285
1993:	\$185,152
1994:	\$186,003
1995:	\$329,601

And this increase is set to continue to rise through a) on-going funded grants, b) grants funded in 1996, and c) grants pending in the pipeline (see Appendix).

On-going **attempts to broaden the funding base are yielding fruit**. Since 1992 the donor base has been broadened to include contributions from 19 new sources:

Governments: China, Germany, Korea, Sri Lanka, Thailand

Multilaterals: Asian Development Bank, European Union, International Atomic Energy Centre

Corporations: East-West Inc., Family Health International, Macro International, Procter and Gamble, Wander AG.

Others: CARE, New England Medical Centre, Sight and Life, Social Development Centre, Stichting Redt Der Kindern, Universities of Alabama, Edinburgh and Iowa.

And thanks to the Centre's US Office, 1996 has already seen **contributions to the Centre Fund endowment** campaign of \$1 million from USAID, \$1 million from the Ford Foundation, and \$150,000 from the Rockefeller Foundation. Contacts and "cultivation" of many key foundations and corporations has been initiated, and are expected to yield fruit in the next few years.

**Proposals submitted and awaiting financing** include a circa \$18 million "action research" project for the European Union, a \$5.6 million International Family Planning Training Program for the Government of Japan, a \$10 million proposal to C.B. Pennington, and a \$100,000 proposal to KOICA.

**Income generation activities** are producing important income for the Centre (in particular the laboratories which made around \$248,000 profit in 1995).



## So why does the Centre keep making deficits ?

The answer lies in four areas:

Firstly **donors keep cutting crucial institutional support** - often without warning, wrecking plans, budgets and potentially, the institution.

Secondly the **increase in the numbers of patients** attending the Centre's hospital in Dhaka. In 1992, "only" 88,028 patients attended the Dhaka hospital, in 1993 with the V. Cholerae 0139 epidemic, this leapt to 139,750. The number of patients coming to the Dhaka hospital in both 1994 and 1995 was a little over 114,000 (30% up on the 1992 level). The additional patients probably cost the Centre between \$300,000 and \$400,000 a year.

Thirdly, the Centre continues to **support scientific activities for which project funding cannot be (or certainly has not been) found**. Ironically recent divisional reviews have urged the Centre to expand many of these activities (see PFPD 1995 review, and LSD 1994 review).

Fourthly, **donor agencies do not always commit or disburse funds in a timely manner** due to their own internal review systems and increasingly stringent control mechanisms. Thus it is not uncommon for donor agencies to take more than a year to review and respond to a project proposal.

Finally, (as noted above) the Centre has **problems spending the grants** it has received in a timely manner. Scientists urgently require training in project planning and grant management. This problem is probably compounded by the Centre's systems of management and internal control which are in need of a thorough review. The systems are perceived to consume a significant part of scientists' and management's time, and may be resulting in unnecessary delays in recruitment, procurement etc.

## So what to do ?

It is clear that to secure its long term survival the Centre must:

1. **Remember it costs money and takes time to raise money**, and operate on that basis. Today fund-raising is a very competitive business. In the last five years the climate has shifted beyond recognition: there are more good projects than funds available. If the Centre does not invest time, energy and money in corporate communication and resource development, it will not be able to maintain its institutional infrastructure.
2. **Increase the number of projects** being run to maximize "overhead" recovered in order to cover the costs of running the institution. This will probably mean that the Centre has to undertake increasing numbers of "soft science" operations research programmes in support of Bangladesh-specific initiatives. The Centre must pay careful attention to getting the balance right between Bangladesh-specific and international research, including working international science into Bangladesh-specific projects. The Centre should also look to the Training and Education Department to expand to achieve its potential, and play a key role in the strategy of overhead recovery.
3. Aggressively **pursue the limited competitive grant opportunities** open to the Centre's scientists, and develop strategic collaborations with developed country institutions to do this.
4. **Continue efforts to diversify the Centre's funding base** with particular emphasis on a) bringing in new government donors, and b) involving the private sector, particularly in North America.
5. **Continue to look to the Government of Bangladesh for financial support** for the running of the hospitals (while also working with GoB to a) enhance national capacity to treat diarrhoeal diseases at Dhaka city Thana Health Complexes and hospitals - with a view to reducing the patient load on the Centre's facilities in the longer term, and b) establish a referral system to Government hospitals for patients requiring intensive care).
6. **Build endowment funds** (Hospital Endowment Fund and Centre Fund) as a source of secure income to facilitate planning and effective response to needs and opportunities as they arise.
7. **Support and develop income generation activities** including laboratories (the provision of safe ICDDR,B-tested blood appears to offer a tremendous opportunity, and options for wider marketing of rice ORS in Bangladesh with a private sector company or NGO could also have potential).

**In order to achieve this, the Centre must:**

1. Invest in, support and develop a professional and committed External Relations and Institutional Development capability in Dhaka as a central and valued component of the organization's activities.
2. Invest in, support and develop a professional and committed fund-raising and communication capability in north America in order to develop the Centre Fund, tap new sources of funds from the private sector, have a presence "where the money is", and optimize the use of the 501(c)3 status.
3. Involve all the Centre's staff, alumni and Board members in an active campaign to market the Centre and raise funds.
4. Enhance the skills of staff in writing project proposals, and project planning and management.
5. Review the systems of management and internal control with a view to rationalizing them to optimize planning and "rates of spend" on projects implemented by the Centre.
6. Develop a pragmatic policy of curtailing or reducing activities for which funds cannot be identified.
7. Build the capacity of health systems and treatment facilities in and around Dhaka and Matlab to absorb the growing numbers of diarrhoea cases, and thus reduce dependence on the Centre's facilities.
8. Make a committed attempt to support income generation activities, and thus maximize the benefits from the Centre's name and reputation.

## Appendix

### Competitive Project Proposals - May 1995-96

#### Aga Khan Foundation

Study entitled "Socio-economic Development and Human Well-Being: Exploring Pathways of Change": 1995 grant of US\$47,738.55. **Funded** (with two more years of funding to follow).

#### AMEX-Child Health Foundation

A proposal for a two week "train-the-trainer" workshop designed to train nurses to teach other health care workers in the use of ORS was sent by CHF to Amex (\$60,000). **Funded**

#### Arab Gulf Fund

ER&ID has submitted three project proposals to Arab Gulf Fund, Riyadh for \$100,000 each. The proposals are as follows:

- i. Child Survival Activities at the Dhaka Hospital; **Pending**
- ii. Child Survival Activities at the Dhaka Hospital during the Epidemics; **Pending**
- iii. Child Health Programme. **Pending**

#### AusAid

A project proposal for the "Evaluation of the Infuso-Feed Balloon in the Management of Children with Diarrhoea and Malnutrition" (US\$498,014 over three years) submitted by Dr. P.K. Bardhan. **Rejected**

Concept paper for "Investigation of the importance of new viral agents of diarrhoea", (\$24,759) submitted by Leanne Unicomb. **Rejected**

Concept paper for "Direct Comparison of Different Oral Rehydration Solutions Proposed for the Treatment of Dehydration due to Watery Diarrhoea in Children", submitted by Drs. R. Mazumder, S. Sarker N.H. Alam, G. Fuchs and M. Santosam. **Rejected**

In response to an ER&ID proposal AusAID has given A\$30,000 to the Centre towards the hospital's epidemic response work. **Funded**

#### Conrad N. Hilton Foundation

After an initial approach by our US-based staff, the Centre was requested to make a formal application for the \$1 million Conrad Hilton Humanitarian prize. A 15 page submission was prepared by ER&ID and delivered, and an appraisal mission was due to visit the Centre on February 23. The trip was postponed due to the political unrest. **Pending - probably rejected**

### Denmark

The Government of Denmark responded to ER&ID's request for contribution to the epidemic response. The local DANIDA office gave Knr 75,000, equivalent to \$13,850.

**Funded**

Dr. Bilqis Hoque submits a concept paper "Water and Sanitation Interventions in Poor Urban Areas" for consideration. (Budget "to be estimated based on components and number of study areas to be included in the project"). **Pending**

### Dutch

In response to a ER&ID project proposal, the Royal Netherlands Government made a contribution of \$15,625 for post-flood epidemic response work. **Funded**

### European Union

Dr. T. Azim's project entitled "Reactive Arthritis Triggered by Shigella" was submitted for funding under the DG12 scheme. The Berlin Institute was to be the contractor of this project worth ECU 974,000, and the subcontract would be worth 390,800 ECU for ICDDR,B's Immunology Department of the Lab Sciences Division. **Rejected**

A project proposal entitled "Gene and antigen expression by Entamoeba Histolytica under physiological conditions: virulence factors and immune responses to site-specific molecules" to be conducted by Dr. Rashidul Haque working with partners at the London School of Hygiene and Tropical Medicine (Dr. John Ackers) was submitted. **Rejected**

A contract was signed between the European Community and the University of Goteborg for a project entitled "Development and Testing of an Oral B Subunit-Whole Cell Cholera Vaccine Protecting Against Both 01 and 0139 Cholera" for 349,450 ECU. Subsequently, a subcontract was signed between the Centre and University of Goteborg. Under the subcontract, Dr. Firdausi Qadri of the Centre's Lab Sciences Division would be collaborating with Dr. Jan Holmgren of the Department of Medical Microbiology and Immunology of the University. **Funded**

Project proposal for "Case-control study to investigate factors associated with severity of measles and of delayed complications of measles" (Ecu 43,080 for ICDDR,B and Ecu 35,568 for LSHTM ) submitted by Dr. S.M. Akramuzzaman with Dr. Felicity Cutts.

**Funded**

### East-West Center

The Centre signed a subcontract with the East-West Center for a programme on population. The subcontract is worth \$24,945. The project, funded by USAID, involves extended analysis of the 1994 Bangladesh Demographic Health Survey. Dr. R. Bairagi is going to act as the PI for the project on behalf of the Centre. **Funded**

### Ford Foundation

Supplementary grant from Ford Foundation of \$100,000 for public policy and policy-oriented research on HIV/AIDS in response to the proposal submitted by Drs. Masee Bateman and Jim Ross. **Funded**

\$7,500 granted for Drs. Nahid Chowdhury, Tajina Mirza and Nurul Alam of Jahangir Nagar University to attend a conference and present papers on "Gender, Sexuality and Reproductive Health" and "Case Study for the Teaching of Health Social Science" at the Social Development Research Centre, Manila Philippines. **Funded**

### Germany

The Government of Germany pledged to give \$35,000 worth of drugs and medicine in response to the ER&ID's request for epidemic assistance. **Funded**

### IDRC

Proposal submitted to IDRC by Dr. Maarten Desmet for a project entitled "Assessing Health Service Utilization for Policy Development (Bangladesh)" (\$93,067, of which ICDDR,B will manage \$35,675 - the balance will go to the Aga Khan Community Health Project and Gonoshasthya Kendra). **Funded**

### Japan

In response to ER&ID's proposal, the Government of Japan approved the 1995 contribution to the Centre. The contribution was allocated in the following manner:

Lab Sciences	\$120,000	
Clinical Sciences	\$140,000	
SAARC Fellowships	\$ 70,000	
Training Courses	\$ 50,000	
Matlab Family Planning	\$300,000	
Total	\$680,000	<b>Funded</b>

ER&ID submitted a project proposal to the Government of Japan for an International Family Planning Training Program. The proposal offers a vision of an effective International Family Planning Program based on Bangladesh's "family planning success story" and the expertise of the Centre. In order to create a world class training centre, the project proposes to construct an extra floor on top of the Dhaka Hospital and a training centre at Matlab. The cost for the first year is \$2,324,243. Subsequent costs for this five-year project will be around one million dollars annually. **Funded** Matlab Family planning Training Centre: \$710,000, **Pending** The training programme and the Dhaka Family Planning Centre.

Request sent by Dr. George Fuchs to the Japanese embassy for Olympus Upper and Lower Endoscopy equipment and a Deltatrac Indirect Calorimeter for the hospital. Total cost Yen 11,674,200 (approx \$113,000) for endoscopes and \$30,000 for calorimeter. **Pending**

### NEMC

A grant of \$40,000 from the New England Medical Centre was received in February. The funds were given to undertake research work for the protocol entitled "The Safety and Efficacy of Ciprofloxacin in the treatment of childhood Shigellosis." Dr. M.A. Salam remains the P.I. for the study and is collaborating with Dr. Michael Bennis.

**Funded**

### National Institutes for Health

Drs. Brad Sack, John Albert and AKM Siddique make another attempt to resubmit the cholera surveillance study: the Centre is requested to lower its budget. This done, and its is now \$2.6 million over 5 years. **Pending**

Dr. Khaled sent a proposal sent to NIH for "Anti-oxidative effects of breastfeeding" \$484,953 direct costs, and \$150,336 indirect costs over 3 years. **Pending**

Dr. Laura Gibney, Assistant Professor from the School of Public Health of the Department of international Health, University of Alabama at Birmingham collaborated with the Centre to put together a grant proposal for \$802,316 for International Training and Research in Population and Health. **Rejected**

Dr. Zia U Ahmed submits a project entitled "Testing in Rabbit Fermenter-Grown Frozen Virulent V. Cholerae N16961" (\$9,930) for funding. **Pending**

### National Institutes for Health/RAND

A modification of the subcontract of an NIH-supported project has been received. NIH funded RAND Corporation, who, contracted ICDDR,B, and, who, in turn, subcontracted Mitra & Associates for a project entitled "Determinants of Healthy Aging in Rural Populations." The PI for the study is Dr. Paul Gertler at RAND while Dr. Omar Rahman is the co-PI from the Centre. The initial RAND-ICDDR,B subcontract was from March 1 1995 through February 28, 1996. It has now been proposed to be extended to Feb 28, 1997 and increased by \$191,033 from \$144,454 to \$335,487. **Funded**

### Norway

In response to a project proposal prepared by ER&ID the Government of Norway - Emergency Response Unit makes a contribution of some \$207,000 to support its epidemic response work. This contribution was used to provide treatment to the many patients attending the Centre's Dhaka hospital, and to undertake preventive activities in collaboration with the Dhaka City Corporation and the Ministry of Health and Family Welfare in the worst affected areas. **Funded**

### Overseas Development Administration

Proposal prepared by Drs. A.M. Vanneste and Carine Ronsmans for "Increasing the efficiency of antenatal care in identifying and referring women at risk needing institutional deliveries in Bangladesh": (total £58,082 (\$87,000) of which £32,894 (approximately \$50,000) is for the Centre). **Funded**

The ODA (through the Aid Management Office Dhaka) has agreed to fund a £346,900 proposal prepared by ER&ID (with help from CHD) for three years of an international level Health Economist together with two national officer positions and logistical back-up to develop health economics as a discipline within the Centre. **Funded**

In response to ER&ID's request to help with epidemic response in the Dhaka Hospital, ODA agreed to give £10,000 for procurement of equipment. **Funded**

Project commitment letter received from ODA London for the project to upgrade the computer facilities of ICDDR,B. Funding has been increased from £250,000 to £310,000. **Funded**

Concept paper on "Improving the management of sexually transmitted infections in Bangladesh" prepared by Dr. J. Bogaerts. This would establish an STI laboratory at the Centre and use this to conduct research while developing, training and collaborating with Government of Bangladesh facilities. Research proposed includes:

1. the development of a monitoring programme for the in vitro susceptibility test of Neisseria gonorrhoeae and Haemophilus ducreyi,
2. the prevalence, incidence and aetiology of sexually transmitted infections among commercial sex workers,
3. the aetiology of genital ulceration and
4. the asymptomatic carriage of ICDDR,B H. ducreyi among commercial sex workers and partners of men with culture proven chancroid.

The total proposed budget is \$1,034,840. **Rejected - Revised proposal requested**

#### Pennington Foundation

The US office submitted a draft proposal for support of nutrition research at the Centre to Dr. Bob Suskind (Professor at LSU) and Mr. W.W. Williams (Pennington Medical Foundation). The preliminary proposal asks for \$10 million (\$2 million for the construction of a floor and building maintenance and the rest to support its activities, i.e. scientists, research, collaboration and dissemination). **Pending**

#### Population Council

"Ensuring community participation in MCH-FP activities in Bangladesh: a pre-proposal concept paper" sent with a budget of \$14,047. **Pending**

#### Rockefeller Foundation

Dr. Mizanur Rahman submits "How has Grameen Bank affected fertility in Bangladesh?": \$100,000. **Funded**

Grant of \$78,200 to Australian National University for the first phase of a collaborative study with the Centre to look at the onset of fertility decline in Bangladesh. **Funded**

Grant of \$42,250 to Australian National University for a collaborative study with the Centre (MCH-FP Extension Project (Rural)) to look at male sexual networking in Bangladesh. **Funded**



### Swiss Development Cooperation

Three new project proposals were funded from Phase IV SDC funding. The projects are:

"Vegetable Protein Sources for Refeeding Malnourished Children During Recovery from Shigellosis" by Dr. A.K.M. Iqbal Kabir of CSD. This is a 24 month protocol worth of \$169,383; **Funded**

"Impact of Peer Counsellors on Infant Feeding Practices of Mothers in the Urban Community" by Dr. Rukhsana Haider of CSD. This is a 36 month study with an approved budget of \$141,687; **Funded**

and

"Role of Various Aquatic Flora, Fauna and Physio-chemical Conditions of Water in Maintaining Endemicity and Seasonality of Cholera in Bangladesh" by Dr. M. Sirajul Islam of LSD. This is a two-and-a-half year protocol with a total project cost of \$117,900. **Funded**

### Thailand-DTEC

The Centre is now completing the second phase of work to develop an Information Technology strategy with consultants from the Asian Institute of Technology (AIT), Bangkok. This project will involve training of the Centre staff at AIT. The Department of Technical and Economic Cooperation (DTEC). The Centre's request of \$380,350 as technical assistance has been forwarded through the Secretary, ERD of the Government of Bangladesh. **Rejected - but 2 scholarships awarded**

### Thrasher Research Fund

Dr. Rashidul Haque's "Field trial of beta carotene and anti-helminthic therapy to improve micronutrient nutriture among preschoolers in Bangladesh" \$57,044 **Funded**

After making the amendments suggested by Thrasher, Dr. Shafiqul Sarker re-submits "Evaluation of hypertonic Oral Rehydration Solutions (Rice and Glucose-based) in Children with Persistent Diarrhoea: A Controlled Clinical Trial": \$97,222 over two years. **Pending**

Submission of a project proposal for "Evaluation of a packet rice ORS in cholera and cholera like illness in adults and children" (Total \$48,412, with \$38,729 for the Centre) prepared by Dr. David Sack (JHU) and Drs. Yunus and Zaman. **Pending - but agreed in principle**

Thrasher makes a grant of \$158,492 to JHU with a sub-contract of \$88,402 for ICDDR,B for the project "Effect of Maternal Immunization on Infant Antibody Responses to Pneumococcal Vaccine" to be conducted by Dr. Mark Steinhoff and Dr. Nigar Shahid. **Funded**

Dr. SK Roy resubmits his "Zinc Balance and Bioavailability from two different dietary regimes for children with acute and persistent diarrhoea syndrome in Bangladesh using stable isotope" (total cost: \$132,000) having amended the protocol to address reviewers' comments. **Pending**

UCB Sidac Ltd.

Dr. SK Roy receives funding for \$23,381 for "Evaluation of the newly designed osmotic bags for preparation of ORS". **Funded**

UNICEF

UNICEF has agreed to co-fund (with BADC/IDRC/AKF) Martin Desmet's "Health Care Use Patterns of the Non-Slum Population in Dhaka-city" (\$9,968). **Funded**

An agreement has been signed with UNICEF to provide a contract for "Training Courses on Disaster Preparedness" by the Environmental Health Programme (\$4,560). **Funded**

Dr. Bairagi has put in a request to UNICEF (Dr. Sharad Sapra) to fund "An Evaluation of the Modified Cluster Sampling Technique: How Efficient Is It for Estimating Demographic Parameters ?" (\$28,175). **Pending**

\$75,472 requested for " Multi-Centre study to evaluate the efficacy of Reduced Osmolarity ORS Solution in Children with Acute Diarrhoea" to be undertaken by Dr. R.N. Mazumder and "Clinical Trial to Evaluate the Efficacy of Reduced Osmolarity ORS Solution in Adult Patients with Cholera" to be investigated by Dr. Nur Haque Alam of the Centre. **Funded**

UNICEF is considering funding Dr. Bairagi's "An Evaluation of the Modified Cluster Sampling Technique: How Efficient Is It for Estimating Demographic Parameters ?" (\$28,175). **Pending**

Dr. Bairagi also sent in a proposal for funding entitled "Child Mortality in Matlab: Level, Trends, Correlates and Cause of Death" (\$25,921) **Funded**

Fees of \$13,895 received from UNICEF Bhutan for training of 11 health professionals on management of diarrhoeal diseases and management of diarrhoeal treatment units/ORT corners. **Funded**

USAID/Washington

The Human Nutrition Institute (HNI) of the International Life Sciences Institute Research Foundation has provided a two-year grant worth of \$199,621 for a research project entitled "Dietary Fat and Infection: Relationship to Vitamin A Status of Women and their Infants Breastmilk Retinol/Carotinoids, and Dietary Assessment Methodology" to Dr. George Fuchs. **Funded**

A project Proposal for "Development of technologies to produce an affordable, stable and efficacious iron and vitamin A fortified weaning food" (\$75,000) was submitted to OMNI by Dr. S.K. Roy. **Pending**

After a great deal of hard work by ER&ID and the US office at CHF, the new 5 year Cooperative Agreement has finally been signed with USAID/Washington. The objectives of the Agreement are:

1. To Promote Institutional Strengthening and Institutional Linkages in Health Research and Health Research Training in order to maintain and develop ICDDR,B as a centre of excellence, to increase the international dissemination and application of Centre's research findings, and to increase/strengthen the capacity to conduct international health research worldwide.
2. To Accomplish And Disseminate High Quality Multi-disciplinary Research On Topics In The Priority Areas Mutually Agreed Upon by USAID and the Centre. These areas include diarrhoeal diseases, acute respiratory infections (ARIs), and malnutrition. Activities include both prevention and case management research such as the field testing of vaccines and diagnostics;

The total funding for the period 1 January 1996 through 31 December 2000 is US\$5,800,000. This is divided between support for institutional strengthening and linkage (\$1,625,000) and research on topics mutually agreed upon (\$4,175,000).

#### **Funded**

Additional proposals submitted for funding under the Targeted Research component of the new USAID/W CA:

1. Field trial of B-carotene and anti-helminthic therapy to improve micronutrient nutriture among pre-schoolers in Bangladesh (PI: Rashidul Haque) **Funded by Thrasher**
2. Characterization of *Vibrio cholerae* O1 strains associated with seasonal epidemics of cholera in Bangladesh (PI: M. John Albert) **Rejected**
3. Studies in preparation for the introduction of rotavirus vaccines for routine childhood immunization in Bangladesh (PI: Leanne Unicomb) **Pending**
4. Development and application of multiplex diagnostic PCR assay as an aid to clinical and environmental studies (PI: Shah M. Faruque) **Pending**
5. Study of risk factors for pneumonia of varying severity in children 2-35 months old presenting with diarrhoeal illness in urban Bangladesh (PI: ASG Faruque) **Rejected**
6. Case-control study to investigate factors associated with the severity of measles and of delayed complications of measles (PI: S.M. Akramuzzaman) **Funded by European Union**
7. The effect of iron supplementation on growth and intestinal permeability of iron-replete and -deplete children (PI: G. Fuchs) **Pending**
8. Dietary fiber and short chain fatty acids in the management of persistent diarrhoea (PI: G.H. Rabbani) **Pending**
9. A new non-invasive method of assess gastric acid output in children by bio-impedance (BI) technique (PI: D.A. Sarker) **Rejected**
10. Study of the immunogenicity of conjugate pneumococcal vaccine in infants of mothers who have and who have not been immunized with polysaccharide vaccine (PI: N.S. Shahid) **Pending**

### USAID/OFDA

Proposal for the extension of the Training Workshop on Emergency Response to Cholera and Shigella Epidemics (two courses a year for three years - total \$330,906) sent to Ms. Rosalie Fanale at USAID/Dhaka. **Pending - but agreed in principle**

### The Wellcome Trust

Dr. Tasnim Azim's pre-proposal with Professor Bo Drasar as one of the PIs: "Shigellosis in children: an immunopathological study". **Rejected**

### WHO

A project proposal entitled "Vitamin A deficiency, intestinal integrity and growth in children" by Dr. Aminul Islam was sent to WHO recently. The protocol has a budget of US\$ 49,358 and is for one year. **Pending**

Another proposal "The Effect of Iron supplementation on growth and intestinal permeability of iron-replete and -deplete children" also by Dr. Aminul Islam was sent to WHO. The one year proposal is worth \$49,316. **Pending**

"Pneumococcal Conjugated Vaccine: Proposals for Phase II and III Randomized Controlled Trials" to be conducted in Matlab sent to Dr. Nathan Pierce in CDR, WHO, Geneva. The proposal prepared by a CHD team lead by Dr. Vaughan is for \$2.4 million over 5 years. **Pending**

Submission by Leanne Unicomb of "Study of the distribution of group A rotavirus p types in Bangladesh": \$102,409 for funding under the WHO global programme for vaccines and immunization (GPV) vaccine research and development (VRD). **Pending**

Dr. Zaman's proposal "Children's fluid intake during diarrhoea: a comparison of questionnaire responses with data from observations" (\$72,075) **Funded**

A project proposal entitled "improving the management of genital ulceration in Bangladesh" by Dr. Jozef Bogaerts, medical microbiologist at LSD for a 2-year \$182,500 study was sent to WHO Geneva for consideration. **Pending**

### World Bank/WHO

A two-year project, with a budget of \$120,000, to be undertaken at ICDDR,B, for a protocol entitled "establishment of current WHO technique for surveillance of antimicrobial resistance and serotyping of *S. pneumoneae* and *H. influenzae*" from the Project Director, ARI, Office of the Director-General Health Services, GOB. Dr. Mahbubur Rahman is the Principal Investigator while Dr. Nigar Shahid is the co-investigator. **Funded**

Concept paper "Incidence of *Haemophilus influenzae* type b and *Streptococcus pneumoniae* bacteremia among Bangladeshi children" (\$68,639) submitted by Dr. John Albert for consideration under the WHO/World Bank mechanism. **Rejected**

4/BT/JUNE '96

PROGRAMME COMMITTEE REPORT

## REPORT OF THE PROGRAMME COMMITTEE

An open meeting of the Programme Committee was held on Saturday, June 1, 1996 at 2.00 pm - 7.30 pm at the Sasakawa International Training Centre, ICDDR,B, Dhaka.

### **Present:**

#### Programme Committee:

Prof. Chen Chunming  
Maj. Gen (Retd) M.R. Choudhury  
Dr. D. Habte (Director & ex-officio member)  
Dr. Maureen Law (Chair, BOT & ex-officio member)  
Prof. P. Helena Makela (Chair)  
Prof. Fred S. Mhalu  
Prof. Peter F. McDonald  
Prof. Cesar G. Victora

#### Other Board Members:

Mr. Md. Ali  
Prof. Rita R. Colwell  
Dr. Ralph H. Henderson  
Dr. Fehmida Jalil  
Mr. Md. Lutfullahil Majid  
Mr. Jacques O. Martin  
Dr. Jon E. Rohde  
Dr. Yoshifumi Takeda

#### Senior Centre Staff:

Mr. Syed Shamim Ahsan (Health & Population Extension Division)  
Dr. John Albert (Laboratory Sciences Division)  
Dr. F. Anjuman Ara (Training and Education Department)  
Dr. George Fuchs (Clinical Sciences Division)  
Prof. Patrick Vaughan (Community Health Division)

Member of the Scientific Review Committee of the Laboratory

Sciences Division:

Prof. James B. Kaper

External Advisor:

Mr. Anthony Shillingford

Representatives of the Donor community

1. The Chairperson opened the meeting at 2.00 pm and welcomed all those present.
2. The Agenda (*Appendix 1*) was approved.
3. Presentation of accomplishments, with discussion, followed.

3.1 **CLINICAL SCIENCES DIVISION (*appendix 2*)**

The Division's report was presented by the Director of the Division, Dr. George Fuchs. A lively discussion ensued during which the overall progress of the Division was noted as very satisfactory. Some points that were highlighted included the following:

- the hospital-based surveillance for etiological agents of diarrhoea had been reassessed and revised as requested during the previous meeting of the Programme Committee. This has made it possible to include in the surveillance E.coli (ETEC and EPEC). The importance of a continuous and comprehensive surveillance including also, as far as possible, intestinal parasites and diarrhoeagenic viruses, as a tool for planning and preparedness was stressed.
- the global interest in emerging and re-emerging infectious diseases was pointed out as an area where the Centre

should have a plan of action, including preparedness for both diagnosis and surveillance. The CSD and LSD can collaborate to initiate such a plan; it was also pointed out that new funding sources may be found in this area.

- the several protocols on oral rehydration therapy, including different formulations of ORS were noted as important undertakings by the Centre; its role in setting an example in diarrhoea treatment to the world was stressed.
- the continued activity of the inter-disciplinary Nutrition Working Group reflected in the operation of several collaborative protocols and development of new proposals was applauded as exemplary. The special interest in the impact of nutritional interventions was stressed.
- the planned establishment of a CSD-LSD working group on Helicobacter pylori was welcomed as another example of increased inter-divisional collaboration.

### 3.2 COMMUNITY HEALTH DIVISION (*Annexure 3*)

The Division's report was presented by the Director of the Division, Prof. Patrick Vaughan. The presentation was followed by a lively discussion, during which several senior staff members of the Division provided new information in response to the questions raised. The reorganization of the Division had been successfully completed, and active research was going on in its four programmes (Matlab Health & Research Centre, Matlab MCH-FP Programme, Social and Behavioural Sciences, Health and Demographic Surveillance). Over 20 articles were published or in press, showing an upward trend as predicted in the previous report. These developments were noted with satisfaction. The following points were highlighted in the discussion:

- the results (published in The Lancet) of immunization of



pregnant mothers with pneumococcal vaccine suggest a novel possibility of protecting infants from serious infections (sepsis, ALRI) in their first months of life. Before implementation however, a field trial would be required to verify the expected protective effect and to assess its magnitude. This is a very large research effort that the Division will consider. In preparation, a study on the immune response to new conjugated pneumococcal vaccine of infants born to the vaccinated (in comparison to unvaccinated) mothers is planned. On the other hand, the Centre has recently prepared and submitted a protocol for another field trial to assess the protective efficacy of the conjugated vaccine given to infants.

- The work of the Division on both reproductive tract infections, and on the varied social aspects of reproductive health, and women's health was applauded. The booklet by Dr. J. Ross entitled "The Programme Response of the Social & Behavioural Sciences to the ICPD-POA: A Proposed Protocol 1996-2001" was seen as an important analysis of the research questions opened by the Cairo population conference; it will no doubt form the basis of the research agenda of the Division in this field for several years. The inclusion of infertility among the research questions was welcomed. However, more emphasis on children was suggested as relevant in this context too.

### 3.3 **HEALTH AND POPULATION EXTENSION DIVISION** (*Appendix 4*)

The report of the Division was presented by the Director of the Division, Mr. Syed Shamim Ahsan. This Division was newly formed by reorganization, incorporating the previous Urban & Rural Extension projects and some programmes from CHD. The

reorganization has been successfully completed and the Division was carrying out its work in accordance with the new clearly formulated aims (see Appendix 4). In the discussion that followed the Division was congratulated for its important activities and success in forming the bridge from the research in the other Divisions to application by both the Government of Bangladesh and by NGOs. Indeed, several recommendations arising from ICDDR,B research have already been applied in the health programmes of GoB. Questions dealt with in the discussion, during which several members of the Division provided new information and insights, included:

- commitment of the GoB, which Mr. Majid assured the meeting, was very firm and positive.
- sustained commitment of all partners in the environmental health activities (especially water and sanitation); again the experience of the Division of collaboration with both NGOs and GoB was very positive.
- the new appearance of V.cholerae O139 in river water in North-Eastern Bangladesh raised concern and emphasized the incompleteness of knowledge about determinants of epidemics. This also emphasized the need of continuous surveillance as a means of early detection of and preparedness for epidemics. The meeting was advised that the GoB sees such surveillance as an important function for the Government and was considered very welcome and important. On the other hand, a new grant from NIH to ICDDR,B will ensure that some of the surveillance will continue next year.

### 3.4 **LABORATORY SCIENCES DIVISION (*Appendix 5*)**

The report of the Division was presented by its Acting Director, Dr. John Albert. Since the Programme Committee's review on the LSD had just concluded and was presented to the Committee (Agenda item 5) discussion was deferred.

### 3.5 **TRAINING AND EDUCATION DEPARTMENT (*Appendix 6*)**

The report was presented by Dr. Anjuman Ara. During the discussion, the department's activities were commended as an important part of the Centre's function in both dissemination of the results of its research and in contributing to development of human resources in health research. Specific questions included:

- follow-up of the impact of the international training programme; according to the response, this is being followed by a questionnaire one year after the course that indicates generally the trainees continue working in management of diarrhoea and are able to use the knowledge gained.
- could the Department publish manuals based on its training material? The Department had considered this but adopted the policy of emphasizing practical hands-on training supplemented with hand-outs because they could be updated more easily than manuals.

## 4. **The Centre's Response to the External Review of the Clinical Sciences Division**

The response (*Appendix 6*) was briefly summarized by Dr. Fuchs; in addition, the Nurse Manager, Mrs. Nafiza Anwar described actions to improve the nursing service (*Appendix 7*), and the international advisor, Mr. A. Shillingford presented the preliminary findings of the expenditure structure of the hospital (*Appendix 8*).

The response was received with satisfaction: it was clear that almost all the concerns expressed in the Review had been addressed and action taken on the recommendations. The improvements in the hospital and the nursing service were especially welcomed. The research programme of the Division had been re-examined and to a large extent redesigned on a thematic basis. As a specific point it was suggested that hepatitis B vaccination might be considered as a further step to improve occupational safety. The Committee was told that this is already under consideration in the Centre.

5. **Report of the Scientific Review of the Laboratory Sciences Division** (*Appendix 9*):

Highlights of the report of the Review, conducted on May 29-31, 1996, were presented by Prof. James Kaper, a member of the Review Committee. While acknowledging the high quality and relevance of the work of the Division during the period 1992-1995 the Review Committee presented specific recommendations for action to further improve the performance of the Division and ensure its further development. Some of these were emphasized as crucial to continued success.

A lively discussion ensued during which Dr. Kaper and other members of the Review Committee who were also Board members, responded to questions raised. The Review Committee's report was accepted with thanks to all those who had participated in it, both as members of the Committee and by preparing material submitted to it and by helping it in other ways. The Programme Committee expects to see the response of the Centre at its next meeting.

As a specific further point, the suggestion of obtaining the help of a consultant in questions of Technology Transfer and Intellectual Property Rights was endorsed.

6. **Other Business: Centre's Policy on Setting up an HIV Testing Laboratory**

The Director, Dr. Demissie Habte, introduced the subject and the report of the ad hoc consultant Dr. Barry Evans from the UK (*Appendix 10*). ICDDR,B has had HIV on its agenda for approximately 3 years, organizing seminars on the subject and liaising with the National Task Force on HIV. In its meeting in 1993 the Board instructed the Centre to explore the various aspects of the HIV question but not to start HIV testing at that time. It was assumed that blood for transfusions at the Centre would be tested for HIV elsewhere. However, this was soon found impractical due to lack of testing available elsewhere and also because of time constraints in acquiring a fresh supply of blood. Since then there have been important developments in this field, most notably in the increase of HIV infection in countries neighbouring Bangladesh, and a concomitant increase in awareness of the problem in Bangladesh. Furthermore, ICDDR,B had started a major new research line in reproductive health. Therefore, it seemed to be an appropriate time to take the matter up again.

An extensive discussion followed during which the HIV question and especially the focal point of HIV testing in ICDDR,B were illuminated from various points of view. Major General Choudhury gave a thorough account of the background of the HIV question in Bangladesh, in which he had played a major role as the Chairman of the National Aids Committee. This was felt very useful in demonstrating that both HIV infection and AIDS had already been

diagnosed in Bangladesh, that in addition to the high risk core groups there were already housewives and children involved. Furthermore, HIV screening is now carried out in 7 laboratories, confirmation being performed in one.

The ethical imperatives on the individual level (=no transfusion of untested blood) and on the population level (=need to know the spread of the infection in order to plan and implement preventive strategies), were recognized. At the same time, the practical problems of supply of blood and the need of rapid testing as well as of confidentiality and counselling were discussed. These practical problems need to be solved along with other questions of implementation.

In conclusion, the Committee resolved to recommend to the Board that the report and the recommendations of the Consultant, Dr. Barry Evans, be accepted and the Centre instructed to start their implementation (see *Appendix 10*). It furthermore requests a progress report on the implementation of this resolution at its next meeting.

## **CONCLUSION**

The research and other activities of the four Divisions and the Training & Education Department of the Centre were found to be of high quality and responding to important public health needs of the country in accordance with the Strategic Plan of the Centre. Further development of interaction and collaboration between the Divisions, resulting in larger research programmes, was seen as a means to even higher impact of the research carried out.

The Clinical Sciences Division had responded very positively to the concerns and recommendations presented in the report of the External Review held in November 1995. These included renovations in the hospital premises and improvements in the nursing services as well as reformulation of its research programme along thematic lines. It has initiated a financial analysis of the hospital's performance.

The Laboratory Sciences Division's activities were reviewed just prior to this meeting. The report especially praised the Division's efficient response to the challenge of the Cholera O139 epidemic. It presented a number of recommendations to help the Division to continue and further improve its high quality performance. Some of these were seen as critical to further success. The Committee looks forward to the response of the Centre.

The policy of the Centre in respect of HIV testing was discussed on the basis of the report of an UK Consultant. The report and its recommendations were accepted, and the Committee resolved to recommend to the Board that this report be accepted and the Centre instructed to start its implementation.

5/BT/JUNE '96

INTEGRATED INSTITUTIONAL REVIEW UPDATE



8/6/96

5/BT/Jun.96

## UPDATE ON THE INTEGRATED INSTITUTIONAL REVIEW

### Background

The Donors Support Group (DSG) decided about a year ago to take the responsibility of organizing the review of the Centre which is traditionally conducted once every four years. Subsequently some representatives of the DSG met and agreed on the procedures required for the review.

After considerable delays due to a number of unforeseen obstacles, the team has now been nearly constituted and the date for the review set.

### Composition of the Team

Dr. David Sencer (USA) - Team Leader  
Dr. Halida Akhter (Bangladesh) - Reproductive Health/Family Planning  
Dr. Mary Amyunzu (Kenya) - Social Science  
Dr. Jegathasen (Malaysia) - Child Survival  
Dr. Derek Reynolds (UK) - Management  
Professor Stig Wall (Sweden) - Epidemiology/Demography

### Date

The review will be held 1-14 September 1996.

6/BT/JUNE '96

FINANCE COMMITTEE REPORT

REPORT OF THE MEETING OF THE FINANCE COMMITTEE

HELD ON JUNE 2 1996 AT ICDDR,B.

PRESENT

**Finance Committee Members**

Dr. M. Law - Chairman of the Board  
Dr. J.E. Rohde - Chairman  
Mr. Md. L. Majid  
Mr. J.O. Martin  
Prof. D. Habte - Director - ex-officio member

**Board Members**

Mr. M. Ali  
Prof. R.R. Colwell  
Maj. Gen. M.R. Choudhury (Retd.)  
Prof. C. Chunming  
Dr. R.H. Henderson  
Prof. F. Jalil  
Prof. P.H. Makela  
Prof. P.F. McDonald  
Prof. F.S. Mhalu  
Dr. Y. Takeda  
Dr. C.G. Victoria

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

The Committee convened at 8.40 a.m. on June 2 in the Sasakawa Training Room number 1.

1. **APPROVAL OF THE AGENDA**

The draft agenda was approved with the inclusion of Resource Mobilisation as agenda item 4 and USAID audits as agenda f) under Miscellaneous.

2. **1995 AUDITED FINANCIAL STATEMENTS AND AUDITORS' REPORTS**

The audit of the 1995 accounts was completed and signed on March 19, 1996.

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 \$1,647,000 (15.7%) from \$10,468,000 to \$12,115,000. This increase comprised:

	<u>1995</u> <u>ACTUAL</u>	<u>1994</u> <u>ACTUAL</u>	<u>DIFF.</u>
<b>Restricted</b>			
Projects/Programs	6,049,000	5,171,000	878,000
Fixed Assets	<u>490,000</u>	<u>364,000</u>	<u>126,000</u>
	6,539,000	5,535,000	1,004,000
Project Overhead	<u>1,262,000</u>	<u>859,000</u>	<u>403,000</u>
<b>Total Restricted</b>	7,801,000	6,394,000	1,407,000
<b>Unrestricted</b>			
General	4,026,000	4,074,000	(48,000)
Disaster Relief	<u>288,000</u>	<u>-</u>	<u>288,000</u>
<b>Total Unrestricted</b>	4,314,000	4,074,000	240,000
<b>Total Contributions</b>	12,115,000	10,468,000	1,647,000

## EXPENDITURE

Operating Cash Cost increased by \$1,315,000 (12.0%) from \$10,992,000 to \$12,307,000. This increase comprised:

	<u>1995</u> <u>ACTUAL</u>	<u>1994</u> <u>ACTUAL</u>	<u>DIFF.</u>
<b>Restricted</b>			
Projects/Programs	6,049,000	5,165,000	884,000
Fixed Assets	<u>490,000</u>	<u>364,000</u>	<u>126,000</u>
<b>Total Restricted</b>	6,539,000	5,529,000	1,010,000
<b>Unrestricted</b>			
Programs	3,965,000	Not	
Management	<u>1,803,000</u>	Analysed	
<b>Total Unrestricted</b>	5,768,000	5,463,000	305,000
<b>Total Operating Cash Cost</b>	12,307,000	10,992,000	1,315,000

Depreciation increased by \$121,000 (16.9%) from \$720,000 to \$841,000.

Total Expenditure increased by \$1,436,000 (12.3%) from \$11,712,000 to \$13,148,000.

## BALANCE

Net Operating Deficit decreased by \$211,000 (17.0%) from \$1,244,000 to \$1,033,000.

Cumulative Operating Deficit increased by \$1,244,000 (20.1%) from \$5,939,000 to \$7,183,000.

Cash Operating Deficit, after adjusting for profit on sale of fixed assets of \$Nil (1994 \$20,000), decreased by \$312,000 (61.9%) from \$504,000 to \$192,000.

Cumulative Cash operating Surplus decreased by \$192,000 (9.5%) from \$2,019,000 to \$1,827,000.

**1995 ICDDR,B HOSPITAL ENDOWMENT FUND  
AUDITED FINANCIAL STATEMENTS AND AUDITORS' REPORTS**

The audit was completed and the Financial Statements were signed on March 19, 1996.

<b>Income</b>	<u>1995</u>	<u>1994</u>
Investment Income	139,315	9,183
Donations	60,808	3,030,462
Net Fund Raising Activities	<u>5,274</u>	<u>7,364</u>
<b>Total Income</b>	<b>205,397</b>	<b>3,047,009</b>
<b>Investments</b>		
Cash or equivalents	3,171,318	3,163,953
Shares of Common Stock	<u>198,032</u>	<u>-</u>
<b>Total Invested Funds</b>	<b>3,369,350</b>	<b>3,163,953</b>

The Council of Investment Advisors have devised an investment strategy which will, in the longer term, keep the funds equally in US dollar deposits and "blue chip" Bangladesh companies. The move into "blue chip" investments was initially delayed because of the question of the exact legal status of the Fund. Legal opinion has been received that the Fund may invest in Bangladesh companies and investments will be made where suitable opportunities arise. In the meantime the majority of assets will be kept on deposit or loaned to the Centre, at interest, should the Centre require cash (it is cheaper for the Centre to borrow from the Fund rather than from its bankers).

### **Discussion**

It was noted that the Centre had incurred operating cash deficits every year since 1991 and the question was raised as to how the Centre was financing itself.

Management replied that the Centre had a cumulative operating cash surplus of \$1,827,000 at the end of 1995 which was represented by cash in the bank reduced by Centre funded capital expenditure.

On the question as to timely Donor contributions Management pointed out that some donors paid in advance while others paid in arrears. On the end of 1995 net advance Donor contributions were \$1,130,301.

Concern was expressed that the Hospital Endowment Fund was standing still, not effectively leveraging the SDC seed money and getting an income yield of less than 5%.

Management and Maj. Gen. M.R. Choudhury (Retd.) advised all on steps that had and are being taken to develop and promote the fund. In essence the Fund has not stood still. It is about to launch a major fund raising activity in Bangladesh and the Committee noted the considerable efforts which were being made. Management also explained how the funds were invested and whilst, the majority of funds are in dollar deposits, there is a time frame for income to be received from Bangladesh investments and, based on this, the return was considered to be satisfactory.

### **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 of the Centre and the Hospital Endowment Fund for the year ended December 31 1995.

### 3. 1996 FORECAST

#### INCOME

Donor Contributions which were budgeted at \$13,208,000 are expected to decrease to \$12,805,000. This decrease of \$403,000 (3.1%) comprises:

	<u>1996</u> <u>BUDGET</u>	<u>1996</u> <u>FORECAST</u>	<u>DIFE.</u>
<b>Restricted</b>			
Projects/Programs	7,444,000	6,811,000	(633,000)
Fixed Assets	<u>256,000</u>	<u>417,000</u>	<u>161,000</u>
	7,700,000	7,228,000	(472,000)
Project Overhead	<u>1,407,000</u>	<u>1,212,000</u>	<u>(195,000)</u>
<b>Total Restricted</b>	9,107,000	8,440,000	(667,000)
<b>Unrestricted</b>	<u>4,101,000</u>	<u>4,365,000</u>	<u>264,000</u>
<b>Total Contributions</b>	13,208,000	12,805,000	(403,000)

The causes of the expected increase in unrestricted contributions are an increased contribution from Bangladesh and other factors including currency fluctuations.

Project contributions have fallen in line with expenditure and are commented on under expenditure below. Project overhead is forecast to decrease in line with the spending shortfall on USAID projects.



## EXPENDITURE

**Operating Cash Cost** (Table 2) which was budgeted at \$13,190,000 is forecast to decrease by \$441,000 (3.3%) to \$12,749,000. This decrease comprises:

	<u>1996</u> <u>BUDGET</u>	<u>1996</u> <u>FORECAST</u>	<u>DIFF.</u>
<b>Restricted</b>			
Projects/Programs	7,444,000	6,811,000	(633,000)
Fixed Assets	<u>256,000</u>	<u>417,000</u>	<u>161,000</u>
<b>Total Restricted</b>	7,700,000	7,228,000	(472,000)
<b>Unrestricted</b>			
Programs	3,689,000	3,757,000	68,000
Management	<u>1,801,000</u>	<u>1,764,000</u>	<u>(37,000)</u>
<b>Total Unrestricted</b>	5,490,000	5,521,000	31,000
<b>Total Operating Cash Cost</b>	13,190,000	12,749,000	(441,000)

Restricted costs will decrease because of delay in starting new projects with the most significant decrease being \$473,000 in USAID where we were not prepared to commit major costs in the first quarter of the year as the Washington agreement was not signed until April. It is likely that we will be able to decrease the USAID spending shortfall by the end of 1996.

Unrestricted costs will increase mainly as a result of the implementation of a 2% pay rise for National Staff on January 1 1996 and expenses of renovations to the Dhaka hospital. Other changes reflect a more up to date review of likely expenditure. Management expenditure is forecast to be 13.8% of total operating cash costs.

**Depreciation** which was budgeted at \$829,000 is expected to increase by \$37,000 (4.5%) to \$866,000.

**Total Expenditure** was budgeted at \$14,019,000 and is anticipated to decrease by \$403,000 (2.9%) to \$13,615,000.

## BALANCE

**Net Operating Deficit** after depreciation was budgeted at \$811,000. This is anticipated to decrease by \$1,000 (0.1%) to \$810,000 because of the net effect of changes in income and expenditure. **Net Cash Surplus** before depreciation was budgeted at \$18,000. This is now anticipated to increase by \$38,000 to give a **surplus** of \$56,000.

## Discussion

It was noted that restricted income had fallen in line with reduced expenditure. This prompted the question as to whether non-recovered expenditure was charged to unrestricted expenditure. Management replied that any personnel expenditure incurred is charged to Central activities but other charges would not have been incurred.

Management assured the Committee that all donors were treated equally but did advise that not all donors would pay full overhead.

Significant concern was expressed on the probability of UNICEF not contributing as an unrestricted donor in 1996 and future years which would change the small projected cash surplus to a deficit of some \$200,000. Board members were urged to do all possible to preserve the contributions of this long standing and respected donor.

It was noted and appreciated that Bangladesh was now the largest individual contributor to unrestricted funds.

With the withdrawal of UNICEF a cash deficit is again likely to occur and the committee again reiterated that continual deficits must stop and that the Centre must only spend within its means.

The Committee noted the high proportion of expenditure on personnel costs. This reduces the Centre's ability to attract competitive grants. With this in mind the Committee agreed to present the following resolution to the Board.

## Draft Resolution FIN:02

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

The Board resolved that Centre management be urged to reduce the proportion of expenditure on personnel cost while renewing talent and maintaining the institution as a cost effective centre of excellence by a mixture of the following measures:

1. Stringent use of performance appraisals to assess staff capability and potential in order to reward and encourage quality staff to stay and encourage low performing staff to leave.
2. Reducing numbers of staff performing functions considered redundant or non-essential, or that could be reallocated to or amongst other staff members. This could include:

- a. re-training and re-orienting high quality staff with demonstrated capabilities and commitment to the Centre for re-deployment in line with the Centre's priorities and
- b. achieving efficiencies in and/or reducing selected and poorly funded activities with a lower overall priority while maintaining the Centre's infrastructure which contributes to its uniqueness and international strengths.

#### 4. RESOURCE MOBILISATION

Rather than enter into a lengthy report on the Centre Fund Mr. Wright asked that any concerns on the fund be raised.

One concern related to the activities of donors being approached, particularly Nestle and Johnson & Johnson.

Management responded that a thorough review of all potential donors was made prior to any approach being made and assured that, without specific Board approval, no approach would be made to tobacco, baby food or arms corporations. However this should not prevent the Fund or the Centre from receiving unsolicited and unrestricted donations from any donor.

The second concern related to the costs of the North American office and its future funding.

Mr. Wright explained the function of the North American office, the progress which had been made to date (\$1,000,000 from USAID, \$150,000 from Rockefeller Foundation and a commitment of \$1,000,00 from Ford Foundation) and potential donors who were in the pipeline. He stressed that the cornerstone of the Fund was the USAID donation of \$1 million which would have been very difficult to obtain without an operating presence in Washington. He explained that there is a maturation period between the seeds being sown and the harvest being reaped. He also advised that the North American office would need some \$200,000 for 1997 operations which would need to be approximately fund 50% by the interest on the Reserve Fund and 50% from unrestricted Centre funds.

The committee complimented the Centre on the progress of the Fund to date and thanked Management for responding to the questions raised.

5. **APPOINTMENT OF AUDITORS FOR 1996**

Deloitte Haskins & Sells, Calcutta and ACNABIN & Co., Dhaka were the auditors for 1995.

Deloitte Haskins & Sells, Calcutta have been the Centre's auditors for the last seven years and ACNABIN & Co., Dhaka for the last year. Both auditors continue perform an effective audit and to give constructive management letters.

After careful consideration and recognising the report given to the Finance Committee in November 1993 Management suggests that Deloitte Haskins & Sells be replaced by Price Waterhouse & Co..

Management recommends that ACNABIN & Co and Price Waterhouse & Co. be appointed as joint auditors for the year 1996 at a fee not to exceed \$14,000.

**Draft Resolution FIN:03**

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

The Board resolved to appoint ACNABIN & Co and Price Waterhouse & Co. as joint auditors for the year 1996 at a fee not to exceed \$14,000.

6. **INFORMATION TECHNOLOGY UPDATE**

A detailed written report on the background, what we are doing, the cost of upgrading, funding to date and additional funding on the information technology strategy was presented.

**Discussion**

Management responded to questions including how to dispose of the old mainframe once the new systems were installed and what the overall new system would eventually offer.

Suggestions for possible funding from IBM, Microsoft, Silicone Graphics, Sun Systems etc. were noted and these will be pursued.

7. **MISCELLANEOUS**

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

Capital expenditure charged to the fund for 1995 totalled \$318,613 comprising:

Laboratory and Hospital Equipment	84,790
Motor Vehicles	86,857
Computers	25,424
Buildings	74,401
Other Equipment	<u>47,141</u>
Total	318,613

In accordance with the Board resolution which initiated the fund and its use, Board approval of the charge is requested.

**Discussion**

Management explained how the fund worked and advised that any substantial funds on hand are invested.

**Draft Resolution FIN:04**

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

The Board resolved to approve expenditure of \$318,613 from the Fixed Asset Acquisition and Replacement Fund for 1995.

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

Capital expenditure committed up to the end of March 1996 totalled \$185,004 and the balance remaining in the fund at that date totalled \$520,838.

**b). ICDDR,B Hospital Endowment Fund**

The balance of the Fund at December 31, 1995 was \$3,369,350. Receipts for the first four months of 1996 were \$69,121 giving a balance at April 30 1996 of \$3,438,471. No hospital expenditure has been charged to the Fund since inception.

**Discussion**

In reply to the question "has any non hospital expenditure been charged to the fund" management advised that certain fund raising activities do incur costs, and that these are deducted from gross proceeds before being credited to the Fund. The major example of this is the annual ball.

**c). Bank Overdraft**

The Centre's current US\$2 million overdraft facility with American Express Bank carries no undrawn commitment fees, is secured by the term deposits of the Reserve Fund and will expire on July 13, 1996. The facility is used for the balance of margins on letters of credit and any overdraft. The current cash flow projection indicates a possible need to borrow up to \$750,000 during the traditionally low receipts months of June to August which will be borrowed, at interest, from the ICDDR,B Hospital Endowment Fund as approved in the June 1995 Board meeting. Though there may only be a very temporary, if any, need to use the overdraft we need to keep the facility in place as collateral for letter of credit margins. In view of this management requests Board approval to renew the overdraft agreement for the year to July 13, 1997.

**Draft Resolution FIN:05**

The Committee resolved to present the following draft resolution to the Board for it's 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 13 1997.

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

60.7% of eligible employees applied for investment loans for the 1996 tax year compared to 54.0% for 1995. The loans granted were \$374,100 for 1996 compared to \$348,600 for 1995. The Centre will save \$56,115 in income tax payments in 1996 compared to \$52,290 in 1995.

**Discussion**

Management explained how investment loans worked and the advantages it has to both the Centre and its employees.

**e). Cheque Signatories**

As required by the Board resolution of November 22 1994, the Director advises that Dr. John Albert and Mr. Shamim Ahsan have been appointed as cheque signatories.

**f). USAID Audits**

With the completion of the close out audit of old unaudited agreements and the finalization of the 1994 audit the Centre there are no outstanding USAID audits. Disallowed costs and overhead repayment for the close out audit was \$1,590.49 and \$189.05 for the 1994 audit.

**Discussion**

Management advised that questioned costs for these audits totalled some hundreds of thousand dollars which, on the presentation of additional information reduced the amounts to be paid back to insignificant levels. USAID has told the Centre that questioned costs where additional and adequate documents and explanations cannot be given, will be disallowed. Management outlined the steps being taken to meet with compliance but stressed that there is the human element involved and further stated that no additional cost will be incurred to document or ensure USAID compliance where such cost is considered to outweigh the perceived maximum exposure.

7/BT/JUNE '96

PERSONNEL & SELECTION COMMITTEE REPORT



REPORT OF THE PERSONNEL & SELECTION COMMITTEE MEETINGSATURDAY 1 JUNE 1996

## 1. STAFFING

1.1 Overview of the Staffing Situation

Attention was drawn to Tables 1-9. It was noted that the Board's instructions on recruitment have continued to be followed although there has been a net increase in staff of 17, all of whom were in projects. At 31 March 1996 the total staff numbered 1002 compared to 985 at 30 September 1995. However, core staff has gone down from 603 to 591.

The Committee complimented the Centre's management on their continued actions to reduce core staff and recommended a continuation of the current policy. (This is further elaborated in the Report of the Finance Committee Meeting.)

An analysis of the Centre's staff by category, sex, and nationality, was provided to the meeting. Overall 44% of the staff are female, but in the professional category 32% are female and 49% of support staff are female.

The Committee agreed to recommend to the Board that the Centre continue to pursue its policy of striving for equity in gender balance, particularly in the senior management grades.

1.2 Contract Renewal - Associate Director ER&ID

The meeting noted that Mr. Graham A.N.Wright, Associate Director, ER&ID, will complete his three years employment contract with the Centre on 31 December 1996.

It was agreed to recommend to the Board that Mr. Wright's current contract be extended by another term of three years effective 1 January 1997 and that he be given a personal promotion to P5.

### 1.3 Status of Recruitment of International Staff

#### a. MCH-FP Physician

The position of MCH-FP Physician was advertised in a national daily and the Lancet (UK) in March 1996. The advertisement was also circulated to some selected universities and to all BOT members.

It was noted that the management has followed procedures required for recruitment although only one person submitted an application. After discussion, the meeting agreed to recommend to the Board that Dr. Andres de Francisco be appointed to the position for another term of three years effective from 6 November 1996.

### 1.4 Information on Seconded Staff

#### a. Demographer and Head, Health & Demographic Surveillance Programme

It was reported to the meeting that Dr. J.K.S. van Ginneken joined the Centre on 1 November 1995 for three years as Demographer and Head, Health & Demographic Surveillance Programme, Community Health Division, under a non-reimbursible secondment agreement between the Ministry of Foreign Affairs, Government of the Netherlands and the Centre.

#### b. Operations Research Scientist, MCH-FP (Rural), HPED

It was reported to the meeting that Dr. Thomas T. Kane, Operations Research Scientist, MCH-FP (Rural), HPED, joined the Centre on 1 January 1996 for a period of two years, on non-reimbursible secondment from the Population Council.

c. Senior Scientist, LSD

Dr. Jozef Bogaerts joined the Centre on 1 January 1996 for two years as a Senior Scientist in the Laboratory Sciences Division, on non-reimbursible secondment from BADC to ICDDR,B. Dr. Bogaerts is the sixth Belgian staff member under the existing BADC-ICDDR,B agreement.

d. Health Economist, CHD

It was reported to the meeting that Dr. Mahmud Khan has been selected for the position of Health Economist in the Community Health Division. He is expected to join shortly as a reimbursible seconded staff member from the University of Tulane.

e. Epidemiologist, CHD

It was reported to the meeting that Dr. David Ross has been selected for the position of Epidemiologist in the Community Health Division. He is expected to join in January 1997 as a reimbursible seconded staff member from the London School of Health & Tropical Medicine.

2. Selection of Trustees

- a. The meeting noted that Mr. Mohammed Ali has replaced Mr. Syed Ahmed as a member of the Board.
- b. It was agreed to recommend to the Board that Dr. Cesar G. Victoria (Brazil) be reappointed as a Board Trustee for another period of three years from 1 July 1996. Questions were raised on the fairness of Dr. Victoria serving only one term as he is filling the second term of Dr. J. Fleck.

- c. It was agreed to recommend to the Board that Dr. Marian Jacobs (Republic of South Africa) be invited to join the Board of Trustees effective from 1 July 1996 representing a developing country in the African region. Should she refuse, Dr. Marvellous Mhloyi should be offered the position.

### 3. Staff Salaries

#### 3.1 International Professional Category

It was reported to the meeting that international professional staff last received an increase in salaries effective 1 January 1995. It was agreed to recommend to the Board that no change in remuneration be authorised.

#### 3.2 NO & GS Categories - Salary Survey

The survey report on NO and GS salaries as requested by the Board of Trustees in November 1995 was received for forwarding to the Board. The Committee expressed appreciation to the Centre's management for the very useful report that was presented. The Committee suggested that this matter be included in the Integrated Institutional Review of the Centre to be held in September 1996. It was agreed to recommend to the Board that no change in remuneration be authorised.

### 4. Formation of a Search Committee for the Position of Director

It was noted that the Board at its June 1995 meeting agreed to form a search committee for the Director's position.

It was agreed to recommend to the Board that a search committee, comprising Dr. R.H. Henderson (chairman), Major General M.R. Choudhury, Professor F. Jilil, and Mr. J. Martin, be formed at this Board Meeting. Two non-Board persons familiar with the Centre will also be included.

## DRAFT RESOLUTIONS

- 1/BT/Jun.96            The Board resolved to accept the Report of the Personnel and Selection Committee.
- 2/BT/Jun.96            The Board resolved that the current contract of Mr. Graham A.N. Wright, Associate Director ER&ID, be extended by another term of three years effective 1 January 1997, and that he be given a personal promotion to P5.
- 3/BT/Jun.96            The Board resolved that the position of MCH-FP Physician be filled by Dr. Andres de Francisco for a period of three years effective 6 November 1996.
- 4/BT/Jun.96            The Board resolved to accept the appointment of Dr. Jeroen K.S. van Ginneken as Demographer and Head, Health & Demographic Surveillance Programme, Community Health Division, effective 1 November 1995, on non-reimbursible secondment from the Ministry of Foreign Affairs, Government of the Netherlands.
- 5/BT/Jun.96            The Board resolved to accept the appointment of Dr. Thomas T. Kane as Operations Research Scientist, MCH-FP (Rural) Extension Project, HPED, effective 1 January 1996, on non-reimbursible secondment from the Population Council.
- 6/BT/Jun.96            The Board resolved to accept the appointment of Dr. Jozef Bogaerts as a Senior Scientist in the Laboratory Sciences Division, effective from 1 January 1996, on non-reimbursible secondment from BADC.
- 7/BT/Jun.96            The Board resolved that Dr. Cesar Victora (Brazil) be reappointed as a Trustee for another period of three years from 1 July 1996.

- 8/BT/Jun.96      The Board resolved that Dr. Marian Jacobs (Republic of South Africa) be appointed as a Trustee for a period of three years from 1 July 1996.
- 9/BT/Jun.96      The Board resolved that there be no change in the remuneration of international level staff.
- 10/BT/Jun.96     The Board resolved that a Search Committee for the position of Director be formed. Committee members to be Dr. R.H. Henderson (chairman), Major General M.R. Choudhury, Professor F. Jalil, and Mr. J. Martin. Two non-Board persons familiar with the Centre will also be included.

ANNEX A

Personnel and Selection Committee Meeting, Saturday 1 June 1996

Members Present

Dr. R.H. Henderson (chairperson)

Prof. E. Jali

Dr. Y. Takeda

Dr. M. Law

Dr. D. Habte

Invited Trustees

Mr. Md. Ali

Prof. Chen Chunming

Maj. Gen. (Ret'd) M.R. Choudhury

Prof. R.R. Colwell

Prof. P.F. McDonald

Prof. P.H. Makela

Mr. J.O. Martin

Prof. E. Mhalu

Dr. J. Rohde

Dr. C. Victoria

Invited Staff:

Mr. W.Z. Ahmed

Ms J. Banfield (Minute Secretary)

Mr. M.A. Mahbub

Mr. K. Tipping

8/BT/JUNE '96

SELECTION OF TRUSTEES



SELECTION OF TRUSTEES

- A. At its June 1995 meeting the Board of Trustees:  
recognized that the Board of Trustees is under-represented in the area of demography and population sciences and that this needs to be a priority for the Board to address as soon as possible.
- B. At its November 1995 meeting the Board of Trustees:  
requested the Director to obtain as many nominations as possible for potential candidates for a Board of Trustees position from a developing country in the African region effective from 1 July 1996.
- C. At its November 1995 meeting the Board of Trustees appointed Dr. Cesar G. Victora to the Board of Trustees to complete the term of Professor J.J. Frenk (1993-1996). Dr. Victora is eligible for re-election for a second term from 1 July 1996 to 30 June 1999.
- D. Mr. Syed Ahmed has been replaced by Mr. Mohammed Ali as Secretary of the Ministry of Health and Family Welfare.

According to Ordinance Section 8 (3) "At any given time, the Board shall be so composed that, not counting the members nominated by the World Health Organization 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 a developed or developing country depending upon nationality".

Lists of current Trustees with country and discipline, and current Trustees with their terms, are attached.

Action Required

1. Note that Mr. Mohammed Ali has replaced Mr. Syed Ahmed as a member of the Board.
2. Vote on the re-election of Dr. C.G. Cesar for 3 years from 1 July 1996, to complete the term of Professor J.J. Frenk (1993-1996).

LIST OF MEMBERS (AS AT MAY 1996) WITH TERMS

Name	Joined Board	End of Term
Mr. S.S. Ahmed	Nov. 1994	April 1996
Mr. Mohammed Ali	18 April 1996	17 April 1999
Prof. Chen Chunming	1 July 1992	30 June 1998 *
Maj. Gen. (Retd) M.K. Choudhury	11 June 1994	10 June 1997
Prof. R.R. Colwell	1 July 1995	30 June 1998
Dr. D. Habte	1 Aug. 1989	31 July 1998
Dr. R.H. Henderson	25 May 1990	24 May 1996
Prof. Fehmida Jalil	1 July 1993	30 June 1996
Dr. T.A.M. Khoja	1 July 1995	30 June 1998
Dr. M. Law	1 July 1991	30 June 1997 *
Prof. P.F. McDonald	1 July 1995	30 June 1998
Mr Md. L. Majid	January '93	January 1996
Prof. P.H. Makela	1 July 1993	30 June 1996
Mr. J.O. Martin (completing Prof. Gyr's term)	1 July 1994	30 June 1997
Prof. F.S. Mhalu	1 July 1990	30 June 1996 *
Dr. J. Rohde	18 June 1990	17 June 1996
Prof. Y. Takeda	1 July 1994	30 June 1997
Dr. C.G. Victora (completing Prof. J.J. Frenk's term)	1 July 1993	30 June 1996

\* Unable to serve another term without a break

LIST OF MEMBERS (AS AT MAY 1996)  
WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES

Name	Country	Discipline	Joined Bd/ end date
Mr. S.S. Ahmed**	Bangladesh	Civil Servant	1994/1997
Prof. Chen Chunming	China	Public Health	1992/1998 *
Maj. Gen. (Retd) M.R. Choudhury	Bangladesh	Pathology	1994/1997
Prof. R.R. Colwell	U.S.A.	Microbiology	1995/1998
Dr. D. Habte	Ethiopia	Child Health	1989/1998
Dr. R.H. Henderson	WHO	Scientific Admin.	1990/1996
Prof. F. Jalil	Pakistan	Child Health	1993/1996
Dr. T.A.M. Khoja	Saudi Arabia	Public Health	1995/1998
Dr. M. Law	Canada	Int. Health/Hith. Policy & Admin.	1991/1997 *
Prof. P.F. McDonald	Australia	Demography	1995/1998
Mr. Md. L. Majid	Bangladesh	Civil Servant	1993/1996
Prof. P.H. Makela	Finland	Microbiology/ Vaccine dev.	1993/1996
Mr. J.O. Martin	Switzerland	Finance/management	1994/1997
Prof. F.S. Mhalu	Tanzania	Microbiology/ Immunology	1990/1996 *
Dr. J. Rohde	UNICEF	Public Health/ Paediatrics	1990/1996
Dr. Y. Takeda	Japan	Microbiology	1994/1997
Dr. C.G. Victora	Brazil	Epidemiology	1996/1999

\* Unable to serve another term without a break.

\*\* Replaced by Mr. Mohammed Ali as of 18 April 1996.

7/5/96

NOMINATIONS FOR TRUSTEE - JUNE 1996

Developing Country - Africa

<u>Name</u>	<u>Country</u>	<u>Sex</u>	<u>Discipline</u>	<u>Current Occupation</u>	<u>Nominated by</u>
<u>CVs Received</u>					
Dr. Thomas Egwang	Uganda	M	Laboratory	Director Gen. & Scient. Dir. Med Biotech Labs Uganda	Prof. Y. Takeda
Prof. Marion Jacobs	RSA	F	Child Health	Prof. Child Hlth Inst. Child Hlth Uni.Cape Town RSA	Prof. P. Vaughan
Dr. Samuel Ofosu-Amaah	Ghana	M	Pub. Health	Dean, School Pub. Hlth Accra	Dr. R.H. Henderson
Dr. Ruth Tshabalala	Botswana	F	Biomedicine		Dr.J.Rohde
<u>CVs Requested</u>					
Dr. Rachel Gumbi		F	Public Health	Chief, Human Resource Planning, Dept. Health Pretoria, RSA	Dr.D.Habte
Mrs. Augusta Henriques	Guinee-Bissau	F			Mr.J.Martin
Mrs Jacqueline Ki-Zerbo	Senegal	F			Mr.J.Martin

Dr. Ransome Kuti	Nigeria	M	Child Health/ Management	Consultant for World Bank	Mr. J. Martin
Dr. Lindiwe Makubalo		F		Director, Hlth Systems Res. Dept Hlth RSA	Prof. P. Vaughan
Dr. Helder Martins	Mozambique				Mr. J. Martin
Prof. Marvellous Mhloyi		F	Sociology	Univ. Zimbabwe	Prof. F. Mhalu
Dr. Jane Mutambwira	Zimbabwe	F	Midwife Anthropologist	Univ. Zimbabwe	Dr. R.H. Henderson
Prof. Dr. Fred Sai	Ghana	M	Population & Family Planning		Mr. J. Martin
Mrs. Angelique Savane	Senegal	F			Mr. J. Martin
Mr. Halassy Sidibe	Mali	M			Mr. J. Martin
Mrs Aminata Traore	Mali	F			Mr. J. Martin
Dr. Zoma	South Africa	F		Ministry of Health South Africa	Dr. J. Rohde

## CURRICULUM VITAE

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- 1. Name** : THOMAS GORDON EGWANG  
**2. Nationality** : Ugandan  
**Date of birth** : 30 / 04 /53  
**Sex** : Male  
**3. Current address:** Med Biotech Laboratories, P. O. Box 9364, Kampala, Uganda  
**4. Educational qualifications:**

Bachelor of Veterinary Medicine (BVM) 1973-1977  
Makerere University, Kampala, Uganda.

Master of Science in Parasitology 1978-1980  
University of Guelph, Guelph, Canada.

Doctor of Philosophy in Immunology 1980-1983  
McMaster University Health Sciences Centre, Hamilton, Canada.

**5. Professional appointments:**

1. Research Fellow in Medicine 1984-1985  
University Hospitals of Cleveland, Case Western Reserve University,  
Cleveland, Ohio, USA. Post-doctoral training in molecular biology.
2. Visiting Scientist 1986-1987  
Joint appointment with the Department of Biochemistry, Rockefeller University, New York and Naval  
Biosciences Laboratory, University of California, Berkeley, USA. Based at the California lab. Post-  
doctoral training in molecular parasitology.
3. Assistant Professor of Pathobiology (tenure track) 1987  
Department of Pathobiology, School of Veterinary Medicine, University of Pennsylvania, Philadelphia,  
USA. Did not take up the position.
4. Directeur du Recherche 1987-1992  
Department of Immunoparasitology, Centre Internationale de Recherches Medicales de Franceville  
(CIRMF), Franceville, Gabon.
5. Head of Department 1993-April 1995  
Department of Filarial Molecular Biology, CIRMF
6. Director General and Scientific Director May 1995- to date  
Med Biotech Laboratories, Kampala, Uganda

**6. Awards**

Rockefeller Foundation Postdoctoral Fellow 1984-1987  
WIIO/TDR Career Development Award (Malaria Vaccine Studies in Uganda) 1995-2000

## **7. Participation in International Scientific Activities:**

1. *Co-opted member*: WHO Filariasis Steering Committee meeting, Geneva, September 1990.
2. *WHO Temporary Advisor*: Workshop to evaluate prospects of vaccine development against onchocerciasis, Woodshole, USA, April 1991.
3. *WHO Temporary Advisor*: The Filarial Genome Network meeting, New England Biolabs, Beverly, Massachusetts, USA. February / March 1994.
4. *Member*: Macrofil Steering Committee of the Product Development Unit, World Health Organisation, Geneva (January 1994-December 1996).
5. *Co-opted Member*: Strategic Research Steering Committee on Pathogenesis, World Health Organisation, Geneva (June-December 1994).
6. *Member*: Strategic Research Steering Committee on Pathogenesis, World Health Organisation, Geneva (Jan 1995- December 1996).
7. *Co-opted Member*: Research Strengthening Group, World Health Organisation, Geneva (January - December 1994)
8. *Member*: Research Strengthening Group, World Health Organisation, Geneva (January 1995 - December 1998)
9. *Member*: African Subcommittee of the WHO Ad Hoc Health R&D Review 1995
10. *WHO Temporary Advisor*: Ivermectin Resistance in Onchocerciasis Meeting, Pfizer, Inc, Groton, Connecticut, USA. June 1995.
10. *Invited Plenary Speaker*: The Third Federation of African Immunology Societies Meeting in Cape Town, South Africa. March 1997.

## **8. Current research activities**

- Malaria vaccine studies in Apach District (WHO /TDR Career Development Award)
- Generation of recombinant constructs for field diagnosis of malaria
- Cloning and characterisation of proteins involved in vesicular trafficking in *Plasmodium falciparum*
- Lipid modification enzymes in *Onchocerca volvulus*
- Genetic markers of ivermectin resistance in parasitic nematodes
- Filarial Genome Project

## 9. Scientific Publications

- Egwang, T.G. and Slocombe, J.O.D. 1981. Efficiency and sensitivity of techniques for recovering nematode eggs from bovine feces. *Can. J. Comp. Med.* **45**: 243-248.
- Egwang, T.G. and Slocombe, J.O.D. 1982. Evaluation of the Cornell-Wisconsin centrifugal flotation technique for recovering trichostrongylid eggs from bovine feces. *Can. J. Comp. Med.* **46**: 133-137.
- Egwang, T.G., Gauldie, J., and Befus, A.D. 1983. Lack of specificity of the C3-opsonized zymosan reagent for the assay of membrane complement receptors. *J. Immunol. Methods* **62**: 253-257.
- Egwang, T.G., Gauldie, J., and Befus, A.D. 1984. Complement dependent killing of *Nippostrongylus brasiliensis* infective larvae by rat alveolar macrophages. *Clin. exp. Immunol.* **55**: 149-156.
- Egwang, T.G., Gauldie, J., and Befus, A.D. 1984. Bronchoalveolar leucocyte responses during primary and secondary *Nippostrongylus brasiliensis* infections in the rat. *Parasite Immunol.* **6**: 191-202.
- Egwang, T.G. and Befus, A.D. 1984. The role of complement in the induction and regulation of immune responses. *Immunology* **51**: 207-224.
- Befus, D., Egwang, T.G., and Gauldie, J. 1985. Inflammatory and immune responses to parasites. In: *Immunology of the Lung*, (Ed., J. Bienenstock) McGraw-Hill, New York, N.Y. pp. 264-281.
- Egwang, T.G., Gauldie, J., and Befus, A.D. 1985. Activation of alveolar macrophages following infection with the parasitic nematode *Nippostrongylus brasiliensis*. *Immunology* **54**: 581-588.
- Egwang, T.G., Richards, C., Stadnyk, A., Gauldie, J., and Befus, A.D. 1985. Multinucleate giant cells in murine and rat lungs during *Nippostrongylus brasiliensis* infection. A study of the response *in vivo*, cytochemistry, IgG- and C3-mediated functions. *Parasite Immunol.* **7**: 11-18.
- Befus, D., Lee, T., Ernst, P., Egwang, T.G., McElroy, P., Gauldie, J., and Bienenstock, J. 1986. Unique characteristics of local responses in host resistance to mucosal parasitic infections. *Vet. Parasitol.* **20**: 175-194.
- Egwang, T.G. and Kazura, J.W. 1987. Immunochemical characterisation and biosynthesis of major antigens of Iodo-bead surface-labeled *Brugia malayi* microfilariae. *Mol. Biochem. Parasitol.* **22**: 159-168.
- Egwang, T.G., Gauldie, J. and Befus, A.D. 1987. The role of rat C3 and C3 receptor-bearing alveolar macrophages in *in vitro* attrition of infective larvae of *Nippostrongylus brasiliensis*. *J. Parasitol.* **73**: 1270-1272.
- Egwang, T.G., Dupont, A., Akue, J-P., and Pinder, M. 1988. Biochemical and immunochemical characterisation of surface and excretory-secretory antigens of *Loa loa* microfilariae. *Mol. Biochem. Parasitol.* **31**: 251-262.



- Egwang, T.G., Akue, J-P., Dupont, A. and Pinder, M. 1988. The identification and partial characterisation of an immunodominant 29-31 kilodalton surface antigen expressed by adult worms of the human filaria *Loa loa*. *Mol. Biochem. Parasitol.* **31**: 263-272.
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- Pinder, M., Dupont, A. and Egwang, T.G. 1988. The identification of a 23 kDa surface antigen of *Loa loa* microfilariae whose recognition correlates with the amicrofilaremic state. *J. Immunol.* **141**: 2480-2486.
- Egwang, T.G., Akue, J-P., and Pinder, M. 1989. Storage of filarial parasites in CsTFA and precipitation of filarial DNA using MTAB. *Parasitol. Today* **5**: 367-369.
- Egwang, T.G., Akue, J-P., Dupont, A., Leclerc, A. and Pinder, M. 1989. Differential recognition of *Loa loa* adult somatic antigens by sera of human subjects from a loasis endemic zone. *Am. J. Trop. Med. Hyg.* **41**: 664-673.
- Pinder, M., Leclerc, A., Flockhart, H., and Egwang, T.G. 1989. *Macaca fascicularis*, a non-permissive host for the human filarial parasite *Loa loa*. *J. Parasitol.* **76**: 373-376.
- Egwang, T.G. and Kazura, J.W. 1989. The BALB /c mouse as a model for immunological studies of microfilariae-induced pulmonary eosinophilia. *Am. J. Trop. Med. Hyg.* **43**: 61-66.
- Egwang, T.G., Nguiri, C., Kombila, M., Duong, T.H. and Richard-Lenoble, D. 1992. Elevated antifilarial IgG4 antibody levels in microfilaremic and microfilaridermic Gabonese adults and children. *Am. J. Trop. Med. Hyg.* **49**: 135-142.
- Egwang, T.G., Ajuh, P. M. and Akue, J-P. 1992. Cloning and characterisation of a *Loa loa*-specific repetitive DNA. *Mol. Biochem. Parasitol.* **56**: 189-196.
- Akue, J-P., Egwang, T.G. and Devaney, E. 1994. High levels of parasite-specific IgG4 in the absence of microfilaremia in *Loa loa* infection. *Trop. Med. Parasit.* **45**: 246-248.
- Egwang, T.G., Pinder, M. and Akue, J-P. 1990. *Loa loa*: identification of genomic DNA clones expressing recombinant antigens. *Exp. Parasitol.* **70**: 490-493.
- Egwang, T.G., Nguiri, C., Kombila, M., Duong, T.H. and Richard-Lenoble, D. 1993. Elevated antifilarial IgG4 antibody levels in microfilaremic and microfilaridermic Gabonese adults and children. *Am. J. Trop. Med. Hyg.* **49**: 135-142.
- Ajuh, P.M. and Egwang, T.G. 1994. Cloning of a cDNA encoding a putative nicotinic acetylcholine receptor subunit of the human filarial parasite *Onchocerca volvulus*. *Gene* **144**: 127-129.
- Egwang, T.G., Nguiri, C., Duong, T.H., Richard-Lenoble, R., Gbakima, A.A. and Kombila, M. 1994. Evaluation of *Onchocerca volvulus*-specific IgG4 subclass serology as an index of onchocerciasis transmission potential of three Gabonese villages. *Clin. exp. Immunol.* **98**: 401-407.

Akue, J-P., **Egwang**, T.G. and Devaney, E. 1994. High levels of parasite-specific IgG4 in the absence of microfilaremia in *Loa loa* infection. *Trop. Med. Parasit.* **45**: 246-248.

Ajuh, P.M., Akue, J-P., Boutin, P., Everaere, S. and **Egwang**, T.G. 1995. *Loa loa*: Structural diversity of a 15 kilodalton repetitive antigen. *Experimental Parasitol.* **81**: 145-153.

Toure, F.S., Wahl, G. and **Egwang**, T.G. 1995. Species specific sequence in the repeat 3 region of a gene encoding a putative *Loa loa* allergen: a diagnostic tool for occult loaisis (submitted).

## 9. Papers presented at scientific meetings

**Egwang**, T.G. and Slocombe, J.O.D. 1981. Efficiency and sensitivity of techniques for recovering nematode eggs from bovine feces. American Society of Parasitologists Annual Meeting, Montreal, Canada, November 1981.

**Egwang**, T.G., Gauldie, J. and Befus, A.D. 1982. Altered helminthotoxic activity of rat macrophages during *Nippostrongylus brasiliensis* infection. Fifth International Congress of Parasitologists, Toronto, August, 1982.

**Egwang**, T.G., Gauldie, J. and Befus, A.D. 1983. Alterations in numbers and helminthotoxicity of rat bronchoalveolar leucocytes during *Nippostrongylus brasiliensis* infection. Federation of American Societies for Experimental Biology (FASEB), Chicago, April 1983.

**Egwang**, T.G., and Kazura, J.W. 1984. Characterisation and specificity of surface antigens of *Brugia malayi* microfilariae. American Society of Tropical Medicine and Hygiene and Royal Society of Tropical Medicine and Hygiene Joint Meeting, Baltimore, Maryland, December 1984.

**Egwang**, T.G. and Kazura, J.W. 1985. A model of tropical pulmonary eosinophilia in the mouse. American Society of Tropical Medicine and Hygiene Meeting, Miami, Florida, November 1985.

Pinder, M., **Egwang**, T.G. and Dupont, A. 1987. The surface antigens of *Loa loa* and their role in protection. Pasteur Institute Centenary Symposium on Molecular Biology and Infectious Diseases, Paris, France, October 1987.

**Egwang**, T.G., Akue, J-P., Dupont, A. and Pinder, M. 1988. Identification and partial characterisation of a predominant 29,000-31,000 dalton surface antigen of adult *Loa loa*. XII th International Congress for Tropical Medicine and Malaria, Amsterdam, The Netherlands, September 1988.

Pinder, M., Leclerc, A., Dupont, A. and **Egwang**, T.G. 1988. Antibody-mediated immune mechanisms effective against *Loa loa* microfilariae in man. XII th International Congress for Tropical Medicine and Malaria, Amsterdam, The Netherlands, September 1988.

Pinder, M., Leclerc, A., Egwang, T.G. and Dupont, A. 1988. Antibody-dependent cell-mediated cytotoxicity to *Loa loa* microfilariae in man. British Society for Immunology Summer Meeting, Strathclyde University, Glasgow, Scotland.

Pinder, M., Egwang, T.G. and Dupont, A. 1988. Cytotoxicité anti-microfilaires chez les sujets présentant une filariose *Loa loa* sans microfilaires sanguine. 3ème Congrès de la Société Ouest-Africaine de Parasitologie (SOAP), Dakar, Senegal, Mars / avril 1988.

Egwang, T.G., Akue, J-P., Dupont, A. and Pinder, M. 1989. An intervention strategy in fertility caused by loaisis: vaccine development. A joint Ministry of Health, Republic of Gabon / WHO Meeting on Reproductive Health in Africa, Libreville, Gabon, November 1988.

Egwang, T.G., Akue, J-P. and Pinder, M. 1989. Differential antigen recognition by antibody from parasitologically disparate loaisis subjects. 7 th International Congress of Immunology, Berlin, Federal Republic of Germany, July 30- August 5 1989.

Egwang, T.G., Pinder, M., and Akue, J-P. 1989. A cloned DNA probe for detection of *Loa loa*-infected *Chrysops* vectors. A WHO / New England Biolabs Workshop on DNA Diagnostics and Filariasis, Jakarta, Indonesia, December 1989.

Egwang, T.G., Akue, J-P. and Pinder, M. 1990. DNA probes for detection of *Loa loa*-infected *Chrysops*. VII th International Congress of Parasitology, Paris, France, August 1990.

Egwang, T.G., Akue, J-P. and Pinder, M. 1991. Cloning and characterisation of *Loa loa* specific repetitive DNA. American Society of Tropical Medicine and Hygiene Meeting, Boston, Massachusetts, December 1991.

Egwang, T.G., Akue, J-P. and Pinder, M. 1992. Identification of protective *Loa loa* antigens for possible vaccine development. First IUIS African Immunology Meeting, Harare, Zimbabwe, February 1992.

Pinder, M., Everaere, S., Akue J-P., Martin-Prevel, Y. and Egwang, T.G. 1992. Evidence for humoral mechanisms controlling microfilaremia due to the filarial nematode *Loa loa* in man and mandrills. First IUIS African Immunology Meeting, Harare, Zimbabwe, February 1992.

Egwang, T.G., Nguiri, C., Kombila, M., Duong, T.H. and Richard-Lenoble, D. 1992. Elevated antifilarial IgG4 antibody levels in microfilarial carriers resident in a focus of multiple filariasis transmission in Gabon. American Society of Tropical Medicine and Hygiene Meeting, Seattle, Washington, November 1992.

Ajuh, P.M. and Egwang, T.G. 1992. Molecular cloning and characterisation of the acetylcholine receptor of *Onchocerca volvulus*. British Society of Biochemistry Meeting, Liverpool, UK., December 1992.

Akue, J-P., Egwang, T.G. and Ajuh, P.M. 1993. Molecular cloning and partial characterisation of a *Loa loa* allergen. American Society of Tropical Medicine and Hygiene and American Society of Parasitologists Joint Meeting, Atlanta, Georgia, October 1993.

Egwang, T.G. and Ajuh, P.M. 1993. Molecular cloning and nucleotide sequencing of the nicotinic acetylcholine receptor subunit of *Onchocerca volvulus*. American Society of Tropical Medicine and Hygiene and American Society of Parasitologists Joint Meeting, Atlanta, Georgia, October 1993.

Akue, J-P., Devaney, E., Egwang, T.G., Vincent, J. and Hommel, M. 1993. Analysis of specific IgG subclasses in a population naturally exposed to *Loa loa*. American Society of Tropical Medicine and Hygiene and American Society of Parasitologists Joint Meeting, Atlanta, Georgia, October 1993.

## **CURRICULUM VITAE**

### **MARIAN ESLIE JACOBS**

#### Personal

Place of birth : Cape Town, South Africa

Date of birth : 30 December 1947

Nationality : South African

Gender : Female

Marital status : Married

Husband : Keith Roman

Profession : Management Consultant  
(Industrial Engineer)

Daughter : Tamlyn, born 23 August 1987

Present position : Professor of Child Health and Head  
Child Health Unit  
Department of Paediatrics and Child Health  
University of Cape Town

Address : Child Health Unit  
46 Sawkins Road  
7700 Rondebosch  
South Africa

Telephone : 27 - 21 - 689 8312 / 685 4628 (work)  
: 27 - 21 - 797 5853 (home)

Fax : 021 - 689 5403 / 685 4628

e-mail : marian@rmh.uct.ac.za

#### Degrees, Diplomas, Certificates

M.B., Ch.B. (UCT) 1971  
F.C.P. (S.A.) with Paediatrics 1977  
Diploma in Community Medicine (UCT) 1979

Certificates in International Health and Epidemiology:  
International Health Program and Epidemiological Intelligence Service  
Centers for Disease Control, USA (1983)

## Employment Record

Stella and Paul Loewenstein Professor of Child Health and Head of Child Health Unit:  
1995 - date

Associate Professor (Child Health) and Senior Specialist (Paediatrics)  
Department of Paediatrics and Child Health, UCT and Groote Schuur Hospital  
1993 - 1994

Lecturer and specialist in paediatrics:  
Department of Paediatrics and Child Health, UCT and Groote Schuur Hospital  
1981 - 1993

Lecturer and specialist in community health:  
Department of Community Medicine, UCT and Groote Schuur Hospital  
1980 - 1981

Registrar in pathology, paediatrics, community medicine:  
Department of Pathology, Paediatrics and Child Health and Community Medicine,  
UCT and associated teaching hospitals: 1973 - 1980

## Selected publications

Jacobs Marian, Yach Derek, Fisher Stewart, Kibel Maurice, Hatting Susan, Coetzee  
Gerrit :  
Management of children with tuberculosis in a local authority of Cape Town  
S Afr J Epidemiol Infect, 1987; 2(1), 15 - 18

Jacobs ME, Kibel. MA:  
An urban strategy towards the EPI  
S Afr Med J, 1987; 72(5), 327 - 328

Coetzee N, Berry D, Jacobs ME :  
Measles control in the urbanising environment  
S Afr Med J, 1991; 79(8), 440 - 444

Jacobs ME:  
Health of the pre-school child (editorial)  
S Afr J Epidemiol Infect, 1991; 6(3 & 4), 46

Buchinsky F, Hussey GD, Jacobs ME :  
Routine immunisation of HIV-positive children  
(letter to editor)  
S Afr Med J, 1991; 80, 517 - 518

Jacobs, Marian :  
A Time for Action : The State of South Africa's Children  
Progress : Reports on Health and Development in Southern Africa  
Spring/Summer 1991  
Kaiser Family Foundation, Washington

Jacobs, Marian and other authors:  
Breast-milk substitutes: South African perspective is urgently needed  
SA Journal of Clinical Nutrition (Editorial), 1994: Vol 7(1), 8 - 9

**Jacobs, Marian:**

Developing an information and resource network: an approach to promotion of mother and child health

Innovation, 1995, June issue (In press)

**Books:**

**Jacobs, Marian and Laurenson, Helen :**

Book series: Health education textbooks for primary school in South Africa

All for Health, Volumes 2, 3 and 4

Oxford University Press, 1993

**Chapters in books:**

**Jacobs, Marian (Author):**

Chapter : "Writing a protocol"

Epidemiology Manual, ESSA Workshop, 1987

**Jacobs, Marian (Author):**

Chapter : "Child Mortality and Survival"

Review of mortality in South Africa.

Medical Research Council, 1987

**Jacobs, Marian (Author):**

Chapters : "Global strategies for Child Health" and "The MCH Clinic"

Child Health For All

eds. MA Kibel and L Wagstaff

Oxford University Press, 1991, 1995

**Jacobs, Marian (Author):**

Chapter: Situation Analysis of Child Health in South Africa

Children and Women in South Africa: A Situation Analysis

Commissioned by the National Committee for the Rights of Children and UNICEF , 1992

**Other Publications**

**Jacobs M:** Situation of Child Health in South Africa

Submission to the Situation Analysis of Women and Children in South Africa co-ordinated by UNICEF and the National Committee for the Rights of Children

Occasional Paper of the Child Health Unit

April 1992

**Jacobs M (editor)**

Maternal, Child and Women's Health Reports

Department of Health (National Ministry of Health)

and

Health Department, Provincial Administration of the Western Cape

December 1994

**Jacobs M , Newell P\*, and Jacobs M , Wigton A\*\*:**

Developing a National Programme of Action for Children in South Africa

Occasional Papers: Child Health Unit

March 1995 \*, March 1996 \*\*

## Teaching activities

Paediatrics, child health and public health:

MB, ChB 5th year and 6th year and Professions Allied to Medicine

~~Specialists in training: paediatrics, community health~~

~~Departments of Paediatrics and Community Health, UCT  
1982 - date~~

Master's programmes in MCH and Public Health

UCT and University of the Western Cape  
1990 - 1995

Short courses: MCH, primary care paediatrics and epidemiology

Western Cape School of Public Health 1994 - 1995

Epidemiology and research for nurses: 1982 - 1993

In-service training in child health:

Nurses and other health care providers: 1981 - date

Early childhood educators : 1981 - date

## Research activities

In progress:

A model for building capacity for MCH service delivery through health personnel education

Assessment of current systems and networks and user capacity in evolving resource and information network (in progress)

Assessing the impact of sulphur dioxide as a product of industrial waste on a community in the Western Cape

Dissertation and thesis:

Health and nutrition status of school entrants in Cape Town, 1979

Diploma in Community Medicine, UCT

Model for building capacity for delivery of health personnel education in support of maternal and child health service delivery in South Africa

Supervision of theses

M Med (Paediatrics), UCT :

Assessment of health status, services and needs to children in Hout Bay Harbour Village (Delpont, 1987)

Referral patterns to the Children's Hospital (Lachman, 1990)

Health of Street Children in Cape Town (Gebers, 1991)

Review of facilities for handicapped children (Westwood, 1992)

M Sc (Med) (UCT) :

Analysis of health policy related to Khayelitsha (Harrison, 1993)



M Phil (MCH) (UCT) :

Evaluation of Farm Health Project in the Breede River Valley (McClellan, 1993)

Evaluation of a community based rehabilitation worker project (Loveday, 1993)

Evaluation of the health worker's use of the Road to Health Card (Makanga, 1994)

M Phil (MCH) (UCT) (in progress):

Use of multimedia approach to promotion of maternal and child health (Japhet)

Utilisation of child health services in the Knysna District (Stanford)

### Service activities

Community-based and community-oriented health care for children

Paediatric and child health support for PHC health workers at all levels :

Local authorities, Day Hospitals, NGOs: Cape Town and greater Western Cape

Consultant (general paediatrics)

Red Cross Children's Hospital

1980 to date

Consultant, Day Hospitals Organisation, 1986 to date

### Other Extension Services

National Progressive Primary Health Care Network

Media Training Centre Committee: 1993 - 1995

Executive Committee (W Cape): 1992 - 1993

Advisor and Board Member: Various child-related organisations

1981 - date

Nelson Mandela Award for Health and Human Rights

Chairperson: Nomination Committee, 1993 to date

Consultations: Health sector

European Union, UNICEF, Kaiser Family Foundation, Rockefeller Foundation, World Bank and Overseas Development Association

### International Collaboration

Teaching:

Institute of Child Health, University of London  
MCH teaching programmes

University of British Columbia  
Children's Institute  
and

British Columbia Institute  
of Technology (Canada)

Distance learning postgraduate programmes for child health

International Collaboration (cont)

Epidemiological and  
Policy Research

Liverpool School of Tropical Medicine (UK)  
School health model development  
development (in preparation)

Johns Hopkins University (USA)  
Child and Adolescent Health Policy Research

Child Rights Development Unit (UK)  
Implementing the UN Convention  
on Child Rights

Resources and media

Wellcome Tropical Institute (UK)  
Evaluation of electronic learning materials

International Child Resource Institute  
and  
National Center for Education in MCH (USA)  
Development of resource centre

Other Scholarly Activities

Research:

Medical Research Council

Board Member  
1995 - date

Member: Chairman's Committee  
1995 - date

Member: Evaluation Panel for Maternal and Child  
Health  
1994 to date

Member: Evaluation Panel for Nutrition  
1992 - 1994

Convenor: Child health thrust  
1995 - 6

World Bank Poverty Study  
for South Africa

Member: Reference Group  
1993 - 1995

Trust for Health Systems  
Research and Development  
(Health Systems Trust)

Trustee  
1994 to date

Policy

M C H Policy Commission

African National Congress  
1992 - 1994

Department of Health  
1994 - 1995

Western Cape Health Department  
1994 - 1995

Other scholarly activities (cont):

Policy

Essential National Health Research Commission      Department of Health  
1995 - 1996

Situation Analysis of Women and Children in SA      Member:      Technical Task Force  
UNICEF and NCRC  
1990 - 1994

National Programme of Action for Children in SA      Consultant: Interministerial Committee  
1995 - date

Media

South African Medical Journal      Reviewer  
1992 to date

"Soul City"      Advisor  
1992 - date

Child-to-child      Advisor to Trust  
United Kingdom  
1993 - date

Advisor: South Africa programme  
1994 - date

Selected Scientific / Scholarly Presentations At Congresses, Symposia And Workshops

Children in Civil Unrest :  
Paediatric Priorities Conference (Rustenberg, 1985)

Health Care of South African Children under Apartheid:  
British Paediatric Association Conference, York, England( 1989)

Ethics of Health Care for Children in SA; and  
Primary Health Care for Children

American Public Health Association Conference, Chicago (1989)

Issues in Child Health Policy in South Africa:  
and  
National Oral Rehydration Therapy Survey  
Paediatric Priorities Conference (Gordon's Bay, 1990)

Data for Decision-Making :  
Epidemiological Society of Southern Africa Conference (1991)

Building A Model For Capacity-Development For Maternal And Child Health:  
Conference on Health Systems Research for Maternal and Child Health in Southern  
Africa  
GTZ, Windhoek, Namibia (1994)

UN Convention on the Rights of the Child and the National Programme of Action for Children: Introductory Address at Workshop: Developing a National Plan of Action for Children and Development in South Africa (Parliament, February 1995)

### Other Congress Activities

- Chairperson : Health Committee  
Conference of Second Carnegie Enquiry into Poverty and Development in South Africa, 1984
- Convenor : NAMDA National Conference, 1987
- Member: Steering Committee  
Second Pan-African Congress on Maternal and Child Health  
1995 -  
(To be held in Johannesburg - 1996)

### Recognition From Peers

- Fellowship International Health Program Office and IS Programme  
Centers for Disease Control, USA:
- Fellowship: Postgraduate study in epidemiology  
Columbia University  
USA, 1984
- Travelling fellowship: Henry J Kaiser Family Foundation  
USA, 1989
- Travelling fellowship: British Council  
United Kingdom, 1993
- Travelling fellowship: UNICEF 1995  
Child health policy: UK, USA and Canada
- Invited visiting lecturer: Various institutions locally and abroad
- Invited presentations: Various national and international conferences and meetings

### Professional Organisations

National Medical and Dental Association (NAMDA): 1982 - 1991

## CURRICULUM VITAE

**NAME:** Samuel OFOSU-AMAAH

Director, School of Public Health  
University of Ghana

**Present Address:** School of Public Health  
University of Ghana  
P.O.Box 13, LEGON-ACCRA  
Ghana  
Tel 233 21 500 799  
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Email: gsph@ncs.com.gh

**Permanent Address:** P.O. Box 1387, Cantonmets  
Accra, Ghana  
Home: 64 Coffee St. Teshie/Nungua Estates,  
Accra, Ghana  
Tel/fax : 233-21-78 10 46  
Email soa@ncs.com.gh

Born Jan. 13 1931, Accra, Ghana

Wife: Virginia Ofosu-Amaah, née Engmann( currently Chief, Gender,Population and  
Development Unit, UNFPA, New York)

Children: Sophia Naa Abia, William Nii Amaa and Frances Nana

### EDUCATION

1. Government Boys' School, Accra 1936 - 1944
2. Achimota Secondary School 1945 - 1949  
(Cambridge School Certificate 1949)
3. University College of the Gold Coast (University of Ghana)  
1950 - 1954 (*B.Sc.* London 1954)
4. **Medical Education**  
Glasgow University Medical School 1954 - 1959  
(*M.B. Ch.B.* Glasgow 1959)
5. - Specialty Training
  - a. *Pediatrics/Internal Medicine:*  
Glasgow University Hospitals, and the Royal Postgraduate Medical School,  
Hammersmith, University of London (1960 -1964)  
*D.C.H.* 1962 (Royal College of Physicians, London), *M.R.C.P.* 1964  
Royal College of Physicians and Surgeons (Glasgow)
  - b. *Public Health:*  
Harvard University School of Public Health  
- Merck, Sharp, and Dohme Fellow, *M.P.H.* 1970 (Harvard)
6. Post-doctoral training fellowships:
  - a. W.H.O. Fellow in diarrhoeal Diseases, Budapest, Hungary 1965
  - b. USAID Travelling Fellow (Child Development, Family Planning) 1970
  - c. W.H.O. Course on Medical Educational Methodology, Accra 1972
  - d. Advanced Seminar in Health Administration, Quail Roost, Univ. of North Carolina 1978

7. Other qualifications:-

Fellowship of the Royal College of Physicians and Surgeons, Glasgow. *FRCP* (1972)  
Fellowship of the Ghana Academy of Arts and Sciences. *FGA* (1972)  
Fellowship(foundation) of the West African College of Physicians. *F.W.A.C.P.* (1978)

EMPLOYMENT

1. 1950 - 1960 Internships - Glasgow Hospitals
2. 1960 - 1961 Medical Officer, Korle Bu Hospital, Accra
3. 1962 - 1964 Postgraduate/Resident Status - Glasgow University Hospitals (Western Infirmary, the Childrens Hospital, Yorkhill)
4. 1964 - 1965 (Nov.-Feb.) Portsmouth Medical Office of Health - Maternal and Child Services - Resident
5. 1965 Pediatrician, Ministry of Health (Princess Marie Louise Childrens' Hospital, Ridge Hospital and national counterpart in W.H.O. MCH project (to Dr. D. Pirie - W.H.O. Consultant) based at the Kaneshie polyclinic, Accra
6. 1965 - 1984 Pediatrician, Korle Bu Teaching Hospital, Accra

University of Ghana Medical School]1966 - 1986

7. Teaching Appointments in the University of Ghana Medical School  
1966 - 1970 Lecturer, Department of Child Health and Pediatrics  
Promoted Senior Lecturer in 1970  
1972 - 1974 Senior Lecturer, Department of Preventive Social Medicine (name changed to Department of Community Health)  
1974 - 1984 Head of the Department  
1976 Promoted Associate Professor  
1977 - 1979 Elected Vice Dean, Medical School  
1980 Promoted Professor  
1982 - 1984 Acted as Director, Noguchi Memorial Institute of Medical Research, University of Ghana, Legon, concurrently with Headship of the Department of Community Health. Retired after second year away in UNICEF

TEACHING EXPERIENCE

University of Ghana Medical School :

Paediatrics Dept.

Lectures, Seminars, Tutorials and Clinical teaching to Medical Students since 1966. Since transfer to Department of Community Health in 1972, only a few lectures, and clinical teaching done in Paediatrics especially course in clinical nutrition at Princess Marie Louise Hospital to 4th year students.

Community Health Dept.

- From 1965, taught in Department on part-time basis. Full time teaching since 1972 to Medical Students in Department, (MPH & WACP Courses) and postgraduate students in Department.
- 1971-1984, gave lectures to final year students in History of Medicine, as part of open lectures in the Coordinated programme at Medical School.
- 1979, started the M.P.H. course in the Department and specialty training in Public Health for the West African College of Physicians fellowship.

Other University of Ghana Departments

- Lectures on Human Development at the inception of Department of Home Science, Legon and also gave lectures at M.C.H. to Post-Basic Nursing Department for several years.
- 1982-1984, was Acting Director of Noguchi Memorial Institute of Medical Research University of Legon, with Research departments in bacteriology, parasitology, virology, electron microscopy, nutrition, biochemistry and field epidemiology - studies in diarrhoea, malaria and immunization in children.

Other Universities, Institutes

- Lectures at the University of Science and Technology, Kumasi, Ghana Medical School
- Ghana Institute of Management and Public Administration (GIMPA), Greenhill, Legon, also supervision of theses. Lectures to Health Administration (International) course at G.I.M.P.A. several years.

- University of California (U.C.L.A.) School of Public Health. Lectures during visits, in the International Health Programme (Prof.A.K. Neumann).
- University of Sussex (Institute of Development Studies), England : Co-director of Study Seminar No.72 "Satisfying Basic Health Needs June/July 1978.
- External Examiner:
  - . University of Ibadan, Medical School, Nigeria
  - . University of Science and Technology, Kumasi, Ghana
  - . West African College of physicians, Court of Examiners
- Also has given occasional lectures since joining UNICEF to students at the Harvard School of Public Health, Boston; University of North Carolina, Chapel Hill; Johns Hopkins University School of Public Health; New York Medical School, New York; University of Connecticut, Dept. of Community Health, Farmington, Connecticut; and to students from Boston and other Universities during visits to UNICEF.

Working for UNICEF as Senior Advisor in Health, UNICEF Hq. New York, 1984 -1992

Functions: policy analysis, programme support for UNICEF health programmes in all assisted countries until Nov. 1988 when appointed Deputy Manager of the Bamako Initiative Management Unit to support PHC development in Africa. Also Senior Advisor on African health. Normal UN retirement age 60 years, but was asked by Executive-Director to stay an additional two years.

As the Senior Advisor, PHC : 1984-1988

.Health policy development in connection with the Child Survival and Development Programme. Responsible for dealing with requests and consultations for technical aspects; technical opinions and advice to all UNICEF offices on PHC and related matters in all UNICEF assisted countries. Also technical information to persons outside UNICEF.

.Represented UNICEF on health matters at international and agency meetings, and focal point for the preparation of meetings on health in which UNICEF collaborated with other agencies.

.Wrote technical reviews for official publications especially on MCH and CSDR. Gave lectures in some universities and institutions on the work of UNICEF.

.Supervised the work of consultants, and also travelled to review UNICEF projects and assisted with UNICEF programme development in many countries.

.Prepared annual reports on UNICEF activities in MCH/PHC in all countries for UNICEF official publications.

As Deputy Manager, Bamako Initiative Management Unit : 1988-1992

Functions: development of policy and programme implications of the Bamako Initiative for accelerating PHC development in Africa.

.Preparation of Joint UNICEF/WHO operational guidelines for the Initiative.

.Visits to countries to support policy reviews, the setting of National Task Forces for the Initiative, and for operations research and programme implementation.

.Representation of UNICEF at international conferences and study workshops on the Bamako Initiative and Community Financing in PHC in Africa.

.Since November 1991, has been collaborating with the Africa Technical section of the World Bank in the preparation of a book on "Better Health in Africa". This is a study of the performance and policies in health in Sub-Saharan Africa, and recommendations for improvement.

.Prepared basic technical document on African Health for the joint OAU/UNICEF Conference on the African Child, Dakar, Senegal, November 1992.

**Retired from UNICEF Dec 31 1992.**

University of Ghana

Since Sep 1994 has been the Director of the new School Of Public Health in the University of Ghana at Legon, Accra

**8. W.H.O. Commitments:**

*Member*

- Expert Panel on Maternal and Child Health 1975-1984

- African Regional Advisory Committee on Medical Research 1979-1984
- Global Advisory Committee on Medical Research, Geneva 1979-82
- Steering Committee on Services and Psychological research in family planning of the Special Programme on Human Reproduction
- Steering committee of the Tropical Diseases Research Programme/Epidemiology section on the Ndola Research Institute, 1979/82-82
- Also had been a consultant to several Divisions e.g. Strengthening of Health Services, E.P.I., Family Health.

(No longer served on these as a staff member of UNICEF)

9. Scientific Committee of the International Federation for Family Planning Research (ended)
10. Editorial Board, *Annals of Human Biology*, London (ended)
11. Hon. Scientific Advisor, International Centre for Childhood Diseases University of Bristol, Dept. of Child Health, University of Bristol (ended)
12. Member of the Board of the American Medical Students Association/Foundation's International Community Health Fellowship Program for physician leadership development 1987 - 1990.

#### Some current commitments

13. Member, Advisory Board, Health and Child Survival Fellowship Programme, of the Johns Hopkins University School of Hygiene and Public Health since 1987.
14. Member, External Technical Advisory Group of the World Bank's African Health Policy Study 1989 - 1991, and currently assisting with the World Bank paper on "Better Health for Africa".
15. Editorial Board, *Health Policy & Planning*, London School of Hygiene, UK
16. Member, International Health Advisory Panel, United States Pharmacopocia Convention Inc., Washington D.C.

#### PUBLICATIONS

1. Ofosu-Amaah, S. (1967) "The M.C.H. Centre in Action" in the *Ghana Medical Journal* 2 : 51-59.
2. Ofosu-Amaah, S. (1968) "Nutrition in Ghana" in *Proceedings of the West African Regional Conference on Nutrition and Child Feeding* p. 30-42. Dakar
3. Ofosu-Amaah, S. (1968) Ghana "The Organisation of M.C.H. and Basic Health Services" background paper published in the Report of the 2nd Commonwealth Medical Conference, Vol. II p.39-61 Kampala, Uganda (Commonwealth Secretariat)
4. Ofosu-Amaah, S. (1970) "The Menarche at Aburi Girls School" in the *Ghana Journal of Child Development*, 2.2 : 48-53.
5. Ofosu-Amaah and E. Brookman-Amisah - (1970) "An analysis of Deaths in Children's Block", Korle Bu 1968 in the *Ghana Medical Journal* 9 (1) 12-22.
6. Ofosu-Amaah and M. Katzarski (1973) "The Growth of School Children in Accra" *Ghana Med. Journal* 12 (1).
7. Katzarski M. and Ofosu-Amaah (1973) "The Growth of School Children in Accra - Skinfold fat etc." *Ghana Medical Journal* 12 (3), 281-294.
8. Ofosu-Amaah and D.D. Nicholas (1973) "Personnel needs of Family Health Services - Definition of Tasks and Roles" in *Proceedings of a Regional Seminar on the Teaching and Practice of Family Health Accra - Association of Medical Schools in Africa* p. 61- 75.
9. Ofosu-Amaah (1974) Editor of "Nutrition and the Development of Ghana" *Proceedings of the 1st National Food and Nutrition Conference Accra*. pp 490. Published at University of Ghana, Legon.
10. Ofosu-Amaah (1974) "Health Problems in Relation to Food and Nutrition in Ghana". *Ghana Journal of Social*



Studies, 1.1; 12-17.

11. Ofosu-Amaah with Neumann, Ampofo, Nicholas, Wurapa (1974) - "Traditional Birth Attendants" in **Journal of Tropical Paediatrics and Environmental Child Health**, Monograph No.32 21-27.
12. Ofosu-Amaah (1975) "A profile of children attending Child Welfare Clinic in Accra 1971" in Family Research Papers Vol 4 University of Ghana, Legon
13. Ofosu-Amaah (1975) "A Critical appraisal of the Role of Physicians in Family Health Care and Fertility Regulation" presented in Stockholm in 1974 and published in the book "Population Change - a Strategy for the Physician" Editor L.S. Block, World Federation for Medical Education Hotomide, MD.
14. Ofosu-Amaah with B. Asirifi & M. Odotei (1975). The Value of the Day Care Centre - The Ghanaian Experience presented at the Dag Hammarskjold Seminar on the Dilemma of Quality, Quality and cost in African Child Care in Report p.3-19.
15. Ofosu-Amaah (1975) "Reflections on the Health Budget - An analysis of the 1974-75 Ministry of Health Budget" in the Ghana Med. Journal 14, 215-222
16. Ofosu-Amaah with Belcher, Neumann, Wurapa & Blumenfeld (1975) "Factors influencing utilization of a malaria prophylaxis programme in Ghana" in **Social Science and Medicine** (9) 241-248.
17. Ofosu-Amaah with Belcher, Neumann, Wurapa & Nicholas(1975). The role of Health Survey Research in M.C.H. and Family Planning Programmes in **Journal Tropical Pediatrics & Environmental Child Health** 21 (4) 173-177.
18. Ofosu-Amaah (1975) "On the growth of man" Inaugural Lecture. Ghana Academy of Arts & Sciences in Proceedings XIV : 35-41 1976.
19. Ofosu-Amaah (1975) "Biological Pollution" Public Symposium on Environment and the Use of Energy, Accra. In Proceedings of the Academy of Arts and Sciences XIV 65-69.
20. Ofosu-Amaah (1977) The problems of perinatal mortality in Ghana - Chapter V of book **Perinatal care in Developing Countries** p. 51-62, Editors - G. Rooth & L. Engstrom, University of Uppsala, Sweden.
21. Ofosu-Amaah (1977) African Health Institutions Project, Univ. of North Carolina - Workshop in 1975 in 1975 led to production of "A Topical Outline for the Teaching of Family Health" (A life Cycle approach) :Editor R. Isely, Univ. of North Carolina, Chapel Hill, U.S.A.
22. Ofosu-Amaah with Neumann, Ampofo, Nicholas and Asante (1976) in "The integration of Family Planning and M.C.H. in Rural West Africa." **Journal of Biosocial Science** 8 : 161-173
23. Ofosu-Amaah with Ampofo, Nicholas, Blumenfeld and Neumann (1976) "The Danfa Family Planning Programme in Rural Ghana" **Studies in Family Planning** 7 (10) 266-274
24. Ofosu-Amaah (1976) The Implementation of findings of research in Rural Health Care - the prospects from Danfa in the Proceedings of the East African Medical Research Annual Scientific Meeting, Nairobi.
25. Ofosu-Amaah with Johnson, Neumann (1976) "Health Information System Installation - Danfa" in **Medical Care** 14 (3) 210-222.
26. Ofosu-Amaah with Ashitey & Wurapa (1976) "Cooperation between Universities and Government in Education for and delivery of Health Care in Rural Areas - in Universitas Legon 6 (2) 164-171 (New Series).
27. Ofosu-Amaah with Ampofo, Nicholas, Asante and Neumann (1976). Attitudes and Practices of T.B.A.s in Rural Ghana in **W.H.O. Bulletin** 54 343-348.

28. Ofosu-Amaah with Ampofo, Nicholas, Amonoo-Acquah and Neumann (1977) "The Training of T.B.A.s in Ghana" in *Tropical and Geographical Medicine* 29 197-203.
29. Ofosu-Amaah with Belcher, Nicholas & Wurapa (1976) "The Role of Health Examination Surveys in Planning Rural Medical Services in the Ghana Medical Journal 15 (2) 86-92.

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30. Ofosu-Amaah with Bruce Tagoe, Belcher, Wurapa, Turkson and Nicholas (1977) "Haematological values in a Rural Ghanaian Population in *Tropical and Geographical Medicine*" 29 237-244.
31. Ofosu-Amaah with Kratzer & Nicholas (1977) "Polio - Lameness in Ghanaian Schools" the *British Medical Journal* 1 1012-1015.
32. Ofosu-Amaah with Belcher, Nicholas and Wurapa (1977) Is Polio a serious problem in Developing Countries? The Danfa Experience in the *British Medical Journal* - 1 1009-1012.
33. Ofosu-Amaah with Belcher, Nicholas and Wurapa (1978) "A Mass Immunization Campaign in Rural Ghana - Factors affecting participation" in *Public Health Reports* 92 (2) 170-176
34. Ofosu-Amaah with Belcher, Nicholas and Kratzer (1979) Comparison of methods for estimating the frequency of paralytic poliomyelitis in developing countries. *Bulletin of W.H.O.* 67 (2) 301-307.
35. Ofosu-Amaah with Belcher, Neumann, Nicholas, Blumenfeld (1978) Attitudes toward Family Size and Family Planning in Rural Ghana in *Journal of Biosocial Science* 10 59-79.
36. Ofosu-Amaah with Lampley, Nicholas and Lourie (1978) "An Evaluation of Male Contraceptive Acceptance in Rural Ghana" in *Studies in Family Planning* 9 : 8 : 222-266.
37. Ofosu-Amaah with Wurapa, Nicholas and Belcher (1978) Epidemiology of Malaria in the Accra Plains of Ghana in *Ghana Med. Journal* 17 2 : 134-137.
38. Ofosu-Amaah with Neumann, Wurapa, Lourie (1979) "Strategies for strengthening Health Services infrastructure", in *Social Science & Medicine* 130 2 : 129-135.
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## SUMMARY OF PROFILE

NAME:

Dr Thembeke Ruth Tshabalala

NATIONALITY

Swazi

MARITAL STATUS

Has two daughter

i) 22 May 1976

ii) 05 May 1978

PRESENT POST

WHO Representative - Botswana

RESPONSIBILITY

- a) Advisory on health care to the government and ensuring implementation of WIIO global policies.
- b) Assists government to establish, monitor and evaluate priority programme e.g. Reproductive Health, Emergency Preparedness and Response etc.
- c) Strengthen collaboration between Ministry of Health and other sectors and NGOs.
- d) Establish and monitor WHO programmes.
- e) Collaborate with other donor agencies

DATE OF JOINING WHO

January 1986 - I have served as a WR since this date.

SUMMARY OF RESPONSIBILITIES

1978 - 1984

-

Medical Officer in-charge Maternal and Child Health and Communicable Disease Control.

IT supervised all 4 district programmes, set up control programmes, organised training of TBAs, participated in curriculum development for Nurse Practitioners, supervised emergency control activities, and provided leadership in assessments.

- 
- I provided leadership for the review of the International Code of Marketing of Breast Milk Substitute and promoted the founding of the Breast Feeding Promotion Group.
  - 1984 - 1986 - Deputy Director of Medical Services,  
  
Provided leadership on decentralising health services, strengthening the MCH/FP programme, setting up logistics support for MCH/FP programme, setting up logistics support for MCH/FP etc.
  - 1985 - 1986 - Acting Director of Medical Services.  
  
This post and the above were held concurrently. Additional activities included some of the following :-
    - Coordinating activities of all Health Facilities - government and private, Training Institutions etc.
    - served in district health boards.
    - supervised and assisted formulating programmes, nutrition assessment etc.
  - 1986 - 1988 - WHO Representative, Gambia
  - Sept. 1988 - Dec 1989 - PHC Team Leader, WHO - Lesotho
  - Jan. 1990 - March 1994 - WHO Representative - Liberia
  - March 1994 - to date - WHO Representative - Botswana

## SUMMARY OF EDUCATION

- 1971 - M.B., B.S. - University of Trivandrum Kerala, India
- 1971 - 1973 - Housemanship in Surgery, Medicine, Obstetrics and Gynaecology and Paediatrics, University of Teaching Hospital (UTH) Lusaka.
- 1973 - 1975 - Junior Registrar Paediatrics University Teaching Hospital (UTH) - Lusaka
- 1976 - 1977 - Officer in Charge - Out patient Department UTH, Lusaka
- 1979 - Management training in Expanded Programme on Immunization - (WHO short course).
- Management training in Maternal Child Health and Family Planning (USAID short course)
- 1981 - Training in control of Communicable Disease (WHO 5 months International Courses)
- 1982 - Management training in Diarrhoeal Disease Control (WHO short course)
- 1982 - 1983 - These courses were taken
- M.Sc in Community Health in Developing Countries (Distinction) - London University.
- Diploma Public Health London University Royal Institute of Public Health (London).
- 1983 - Management Training in Health Care (Management Sciences for Health).

JOB EXPERIENCE Feb 1996 -

Director, Health Protection and Promotion,  
WHO/AFRO.

A. - 1995 - Jan. 1986

Served as a WHO Representative in The Gambia, Liberia and Botswana. I participated in programme formulation on HIV/AIDS/STDs, Reproductive Health etc.

- Co-founder of the Women's Commission of Liberia
- Co-founder of the Single Parents Association of Liberia.

1988 - 1989

- Officer in charge - PHC WHO Lesotho.
- Organised workshops on Accidents Prevention, and Involvement of NGO's in Primary Health Care.
- Supported the School Health Programme focusing on Environmental Health
- Coordinated Child Survival, HIV/AIDS/STDs and NGO programmes on PHC.
- Participated in the Board overseeing the Drug Manufacturing.

1985 -1988

- Served as Deputy Director of Medical Services and later acting Director - focusing on:-
  - . Policy formulation and implementation
  - . Programme formulation
  - . Coordination of Health Services

Involvement of the private sector, NGOs, traditional leaders, traditional healers.

Coordination of human resources development

Coordination on emergence preparedness and response.

## B. SEMINAR AND WORKSHOPS

- As a planner, implementer and participant in numerous workshops on:-

- Reproductive Health
- Child Survival Programmes
- School Health
- Primary Health Care
- Accident Prevention
- Traditional Medicine and Child Survival
- Medical and Dental Association and PHC Nurses Association and PHC etc.

## C REGIONAL AND INTERNATIONAL MEETINGS

1978 -1986 Member and sometimes leader of Swaziland government delegation to WHO Regional Committee, World Health Assembly, Meetings of Commonwealth Health Community of Eastern, Southern and Central African Countries etc.

1984 Chairman, programme Sub-Committee - WHO Regional Committee for Africa.

1985 Chairman of the Board (1985) of Commonwealth Health Community for Eastern, Southern and Central Africa.



1985

Chairman and Facilitator at the 2nd International Conference on Oral Rehydration Therapy, Washington. Sponsored by USAID, WHO, UNDP and World Bank etc.

Co-Chairman - Technical Discussions, World Health Assembly May 1985 on the Role of NGOs in Primary Health Care.

Member of various Committees and Boards on Occupational Health, Nurse training, hospital management in Swaziland and also in Committees on training of Nurses in Lesotho, Botswana and Swaziland (1978 - 1985)

1986 - 1988 A member of committee overseeing the Gambia Hepatitis International study.

9/BT/JUNE '96

ELECTION OF CHAIRPERSON OF THE BOARD

9/BT/June 1996

## ELECTION OF CHAIRPERSON OF THE BOARD

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

### "IV. ELECTIONS

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

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

Dr. J. Sullianti Saroso	1979-80 and 1980-81
<del>Prof. M.A. Matin</del>	<del>1981-82</del>
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, 1994-95, 1995/96

ACTION REQUIRED

1. Appoint, by resolution, a Chairperson for a period of one year from 1 July 1996 to 30 June 1997.

6.5.96

9 (a) / BT / JUNE '96

APPOINTMENTS TO COMMITTEES

**APPOINTMENTS TO COMMITTEES OF THE BOARD**

As per resolutions 19, 20, and 21/June 95, 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. Takeda  
Prof. F. Jalil

Dr. M. Law  
Dr. D. Habte

Finance Committee \*\*

Dr. J. Rohde (Chairman)  
Dr. J. Frenk  
Mr. Md. Lutfullahil Majid  
Mr. J.O. Martin

Dr. M. Law  
Dr. D. Habte

Programme Committee \*\*

Prof. P.H. Makeia (Chairperson)  
Prof. Chen Chunming  
Maj. Gen. (Ret'd) M.R. Choudhury  
Prof. R.R. Colwell  
Prof. P.F. McDonald  
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 that Dr. Cesar Victora has replaced Dr. J.J. Frenk; and that Mr. Mohammed Ali has replaced Mr. Syed Ahmed.

The term of appointments will be from 1 July 1996 to 30 June 1997.

10/BT/JUNE '96

DATE OF NEXT MEETING

**DATES FOR 1996/1997 MEETINGS**

At the November 1994 Meeting of the Board of Trustees it was agreed that after June 1995 the Board Meetings should be held on the first Saturday, Sunday, and Monday of June and November each year.

Accordingly, the following programme for 1996 was agreed to at the November 1995 meeting:

PROGRAMME COMMITTEE REVIEW OF LSD, JUNE 1996

Tuesday 28th May	Reviewers arrive
Wednesday 29th May to Friday 31st May	Review of the Laboratory Sciences Division and write-up of report

BOARD OF TRUSTEES MEETING - JUNE 1996

Friday 31st May	Trustees arrive
Saturday 1st June	Personnel & Selection Committee Meeting Programme Committee Meeting
Sunday 2nd June	Finance Committee Meeting Trustees' Forum and Report Writing
Monday 3rd June	Full Board Meeting



INTEGRATED INSTITUTIONAL REVIEW OF ICDDR,B

Sunday 1 September to Saturday 14 September External Review Team led by Dr. David Sencer

BOARD OF TRUSTEES MEETING - NOVEMBER 1996

Friday 1st November	Trustees arrive
Saturday 2nd November	Personnel & Selection Committee Meeting Programme Committee Meeting
Sunday 3rd November	Finance Committee Meeting Trustees' Forum and Report Writing
Monday 4th November	Full Board Meeting
Tuesday 5th November	Donor Support Group Meeting

PROGRAMME COMMITTEE REVIEW OF CHD, JUNE 1997

Tuesday 3rd June	Reviewers arrive
Wednesday 4th June to Friday 6th June	Review of Community Health Division and write-up of report

BOARD OF TRUSTEES MEETING - JUNE 1997

Friday 6th June	Trustees arrive
Saturday 7th June	Personnel & Selection Committee Meeting Programme Committee Meeting
Sunday 8th June	Finance Committee Meeting Trustees' Forum and Report Writing
Monday 9th June	Full Board Meeting

PROGRAMME COMMITTEE REVIEW OF HPED - NOVEMBER 1997

Tuesday 28th October	Reviewers arrive
Wednesday 29th October to Friday 31st October	Review of the Health & Population Extension Division and write-up of report

BOARD OF TRUSTEES MEETING - NOVEMBER 1997

Friday 31st October	Trustees arrive
Saturday 1st November	Personnel & Selection Committee Meeting Programme Committee Meeting
Sunday 2nd November	Finance Committee Meeting Trustees' Forum and Report Writing
Monday 3rd November	Full Board Meeting
Tuesday 4th November	Donor Support Group Meeting

Action Required:

1. Confirm dates of Board Meetings for November 1996 and June 1997.
2. Confirm dates of Programme Committee Reviews of CHD in June 1997 and HPED in November 1997.

11/BT/JUNE'96

REPORT OF THE STAFF WELFARE ASSOCIATION (SWA)

11/BT/JUNE '96

ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION (SWA) ICDDR,B  
AT THE BOARD OF THE TRUSTEES' MEETING TO BE HELD  
IN JUNE, 1996

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

April 14, 1996

ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION (SWA), ICDDR,B

Honourable Chairperson, Dr. Maureen Law and the distinguished Board of Trustees' Members from home and abroad.

First of all I, on behalf of the members of the ICDDR,B Staff Welfare Association, Executive Committee Members of Dhaka and Matlab, SWA and on my own behalf would like to extend to you all our warmest and heartiest welcome here in Dhaka on this occasion.

I am greatly thankful and obliged to you the Chairperson and Prof. Demisse Habte, Director of ICDDR,B for honouring me the opportunity to place before you this address of welcome and to place before you certain most vital issue related to staff welfare of the Centre for your kind perusal, sympathetic consideration and solution.

Hon'ble Chairperson and the Trustees' :

As President of SWA, the most vital issue that concerns the employees of the Centre, I have had already elaborated to you in details with supporting papers to you in May 15, 1995 and October 11, 1995 in my address to you. Similarly my predecessors had also placed before you those problems for an honourable solution. Since you have tight schedule and time constraint instead of repeating those problems, I would like to request you to please refer to the addresses earlier made by me and my predecessors.

Hon'ble Trustees' :

We do agree that because of your recommendation in November, 1995 BOT meeting, Prof. D. Habte could partially redress the most vital issue i.e. by raising only 2% salary for GS and NO level staff members. We are thankful to you as you had honoured our request despite Centre's financial constraint. Financial constraint of the Centre was there, is there and will be there in future. But the Centre's primary objectives in no way had ever been halted. Of course for this, we appreciate you all and Prof. Demisse Habte for whose dynamic leadership all these have been possible and the Centre is now no more a bottomless basket. We, the employees of the Centre are on firm conviction that the Centre's

present financial condition now is not so bad that had been prevailing 7 years back. It is our strong belief and there are reasons to do so that you could do some thing more for the welfare of the general employees of the Centre in your last BOT meeting, provided you could get a better picture of Centre's financial condition from the local management. The SWA and the employees of the Centre will perhaps be compelled to speak out in frustuation if it really become necessary as to why you could not do some thing more as was expected.

Hon'ble Trustees' :

The most vital issue that concerns the employees of the Centre is still their salary and emoluments. The salary structure of this Centre is still 32-33% behind other UN Agency office salary structure in Bangladesh. This is contradictory to Centre's Ordinance LI of 1978. In response to SWA's request in your November, 1995 BOT meeting you recommended a megre 2% salary raise across the board. This increase did not even protected the loss due to dollar devaluations in late 1995 and early 1996. This also has created some sorts of dissatisfaction amongst the staff members which is not a healthy sign for the Centre. This I am not telling only as President, SWA but also as one of the senior most staff member of Centre.

Hon'ble Trustees' :

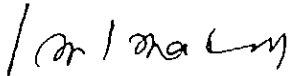
In fine I as President of SWA would like to request you to make time and make the following decisions during this BOT meeting which will ease the situation in the Centre and at the same time the most embaressing situation that we ( SWA and BOT's ) face every six months.

- a) Clearly and categorically define the term "salary and emoluments comparable" as laid down in the Ordinance i.e. wheather by term comparable we will mean 100%, 95% or less <sup>or no</sup> and this should be fixed up once for all.
- b) An honourable and significant salary raise giving an effective from July 1, 1996 considering dollar devaluations, high rate of inflation, high cost of living and minimise the wide gap between the Centre's present salary structure comparable to other UN agency offices situated in Bangladesh.

I do not like to further lengthen my address. Once again I thank you all and Prof. D. Habte for allowing me to place before you the problems despite your time constraint.

Thanking you,

Sincerely yours,



Dr. K. A. Al-Mahmud  
President  
Staff Welfare Association

Enclo: Comparison of salary structure of ICDDR,B and other UN Agency in Bangladesh.

COMPARISION OF PAY SCALES BETWEEN U. N. AND ICDDR,B (IN TAKA)

01-Jan-96

CATAGORY: LEVEL/1ST STEP	N E T P A Y					G R O S S P A Y				
	U.N	ICDDR,B	DIFF.	% TO UN	ICDDR,B TO INC.%	U.N	ICDDR,B	DIFF.	% TO UN	ICDDR,B TO INC.%
NATIONAL PROFESSIONAL										
NO-A	380,070	259,250	120,820	68.21	46.60	351,830	238,520	113,310	67.79	47.51
NO-B	456,060	311,080	144,980	68.21	46.61	424,900	288,330	136,570	67.86	47.37
NO-C	570,090	388,850	181,240	68.21	46.61	535,570	363,140	172,430	67.80	47.48
NO-D	729,710	497,770	231,940	68.21	46.60	692,150	469,230	222,920	67.79	47.51
NO-E	0	618,830	(618,830)	0.00	(100.00)	0	581,050	(581,050)	0.00	(100.00)
NO-F	0	772,990	(772,990)	0.00	(100.00)	0	733,590	(733,590)	0.00	(100.00)
GENERAL SEVICES										
GS-1	96,470	64,770	31,700	67.14	48.94	101,370	67,790	33,580	66.87	49.54
GS-2	109,930	73,810	36,120	67.14	48.94	115,890	77,540	38,350	66.91	49.46
GS-3	133,040	89,320	43,720	67.14	48.95	140,840	94,290	46,550	66.95	49.37
GS-4	161,010	108,140	52,870	67.16	48.89	171,540	114,590	56,950	66.80	49.70
GS-5	206,100	142,080	64,020	68.94	45.06	221,420	151,980	69,440	68.64	45.69
GS-6	267,810	184,630	83,180	68.94	45.05	290,500	199,300	91,200	68.61	45.76
GS-7 (EXTENDED)	305,320	0	305,320	0.00	0.00	332,930	0	332,930	0.00	0.00
GS-8	380,070	0	380,070	0.00	0.00	351,830	0	351,830	0.00	0.00

U. N. EFFECTIVE DATES INCREASE

NO Revision # 9 = 01 October 1992 -  
Revision # 10 = 01 January 1994 (23.2%)

GS Revision # 16 = 01 August 1992 -  
Revision # 17 = 01 October 1993 (21.9%)

Dependant child Tk.8,292/ P.A. (Max # 6)  
Language allowance Tk.10,308/ P.A.  
(Only for G.S.)

ΣAL1.WK3/sa.

ICDDR,B EFFECTIVE DATES

NO Revision # 9 = 77% implemented 01 Jan 1994  
= 7% implemented 01 Jan 199%

NO Revision # 10 = Yet to implement

GS 1-4 Revision # 16 = 75% implemented 01 Jan 1994  
GS 5&6 Revision # 16 = 77% implemented 01 Jan 1994  
= 7% implemented 01 Jan 1995

GS Revision # 17 = Yet to implement

NO & GS = 2% implemented 01 January 1996  
Dependant child Tk.6,000/ P.A. (# 2) implemented 01 Jan 1996



12/BT/JUNE '96

ANY OTHER BUSINESS

12 (a)/BT/JUNE '96

FORMAT OF NOVEMBER BOARD AND DONOR

SUPPORT GROUP MEETING

FORMAT OF THE MEETING OF THE DONORS SUPPORT GROUP

At the last meeting of the Donors Support Group (DSG) some representatives expressed the sentiment that the format of the DSG meeting did not meet their expectations and suggested that it be modified.

A number of issues were cited in support of the above:

1. Agenda and documents are not mailed ahead of the meetings.
2. Documents sent do not provide adequate information.
3. Donor representatives who attend the sub-committee, Full Board, and DSG meetings are subjected to repeat of the same presentations.
4. There is insufficient opportunity for full dialogue and exchange of views during the DSG meeting.
5. The rationale to have a UNDP representative always chairing the sessions needs a re-visit.
6. The lack of representation of the donor community in the entire Board Meetings weakens the Centre's accountability to the donors.

On 25 February 1996, the Centre sent a circular to all donors requesting their views on how the DSG meeting could be improved. Responses were received from ONLY seven. The following summarizes the views.

Timing:

Most agreed that the DSG meeting should be held coincident with the BOT meeting. The tradition of having Board Meetings open to donor representatives was appreciated.

Place:

The majority agreed that Dhaka should be the venue. However, two suggested that it should be held in different parts of the world once every two years to provide greater visibility for the Centre.

Chair:

The chair should preferably be a person from an international organization (e.g. UNDP) for purposes of neutrality and in light of the Centre's heavy reliance on non-core funding from bilateral donors.

An alternative suggestion was to consider an individual with an international reputation.

The chair should be allowed to sit through all Board Meetings as an observer.

Structure and Content

Two persons suggested that the meeting should be patterned after WHO's "Meeting of Interested Parties".

Provisions should be made for site visits.

Documents should be sent well in advance.

BOARD OF TRUSTEES MEETINGS

A number of changes have occurred over the years in the format of these meetings:

1. The duration has been reduced by nearly half.
2. Most of the decisions on major issues are taken at the meeting of the sub committees held prior to the Full Board Meeting.
3. All Trustees now attend all the sub committee meetings.
4. Donor representatives attend most of the proceedings of the sub committees and the Full Board as observers. They are often encouraged to make observations if they so wish.

The meetings last 3 days of which 1.5 are for sub committees, half a day for writing up sub committee reports and a little over half a day for the Full Board.

This arrangement appears to be satisfactory to the majority of Trustees.

## RECOMMENDATIONS

Any recommendation to correct the perceived deficiencies of the DSG meeting has to take into account the great diversity of donor representatives attending the meeting (viz. headquarters vs Dhaka-based, health expert vs career civil servant, differing interests, etc.). Hence the following are suggested with some caution:

1. The best opportunity and appropriate forum for donors to acquaint themselves with the detailed research and training activities of the Centre is at the Scientific Programme Sub Committee Meetings. Hence donors who have an interest and need for such information should attend the Programme Sub Committee Meetings where they will have the opportunity for a full dialogue and exchange of views with the scientific staff. Others will be exposed to selected presentations of "hot" topics at the DSG meeting.
2. All invitees will receive documentation such as the Director's Report, financial papers and other publications (well ahead of the meeting).
3. Site visits will be arranged on the second day of the Board Meetings in accordance with the wishes of individual representatives.
4. Donors will continue to be invited to the Full Board Meeting as observers.
5. The agenda of the DSG meeting remain generally as before to consist of:
  - . Overview by the Director.
  - . Selected presentations on important research programmes.
  - . Report on the financial health of the Centre.
  - . Forum for donors to express pledges, support, criticism, etc.
6. In view of the historical "godfather" role played by UNDP, its international status and its broader mandate, the chair of the DSG should continue to be occupied by UNDP, preferably an Assistant Administrator.

Representatives who are able to attend only the DSG meeting will be provided with the major highlights of accomplishments, problems and future perspectives. Those who are able to come earlier will learn considerably more and have the opportunity to interact with the scientific staff, make site visits and exchange views with the Trustees.