

**ICDDR,B**  
**BOARD OF TRUSTEES MEETING**

**November 1-3, 1997**

**PROGRAMME  
OF THE  
BOARD OF TRUSTEES MEETING**

**November 1-3, 1997**



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Draft  
14/10/97

## PROGRAMME

### BOARD OF TRUSTEES MEETINGS

1-3 November 1997

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

#### Friday 31 October

Trustees arrive

#### Saturday 1 November

8.30 a.m. - 10.15 a.m.	Personnel & Selection Committee Meeting (Executive Session)
10.15 a.m. - 10.45 a.m.	Tea/Coffee
10.45 a.m. - 12.00 noon	Personnel & Selection Committee Meeting continues (closed)
12.00 noon - 12.30 p.m.	Trustees to meet with Executive of SWA
12.30 p.m. - 2.15 p.m.	Lunch at the guest house with invited Centre staff
2.15 p.m. - 3.30 p.m.	Finance Committee Meeting
3.30 p.m. - 3.45 p.m.	Tea/Coffee
3.45 p.m. - 5.30 p.m.	Finance Committee Meeting continues
8.00 p.m.	Dinner for Trustees hosted by the Director

Sunday 2 November

8.30 a.m. - 10.30 a.m.	Programme Committee meeting
10.30 a.m. - 11.00 a.m.	Tea/Coffee
11.00 a.m. - 1.00 p.m.	Programme Committee Meeting continues
1.00 p.m. - 2.00 p.m.	Lunch (at the Centre)
2.00 p.m. - 3.15 p.m.	Programme Committee Meeting continues
3.15 p.m. - 3.45 p.m.	Tea/Coffee
3.45 p.m. - 5.15 p.m.	Programme Committee Meeting continues
6.30 p.m. - 8.30 p.m.	Reception at ICDDR,B Guest House

Monday 3 November

DONORS' SUPPORT GROUP MEETING

8.30 a.m. - 9.00 a.m.

Tea/Coffee

Programme to be determined

12.30 p.m. - 2.00 p.m.

Lunch (at the Centre for trustees, donors, division directors)

2.00 p.m. - 5.00 p.m.

Visits to Centre's activities in Dhaka (for donors)

Monday 3 November (cont'd)

EXECUTIVE SESSION OF FULL BOARD

2.30 p.m. - 2.45 p.m.	Approval of Agenda
2.45 p.m. - 3.00 p.m.	Approval of Draft Minutes of June 1997 meeting
3.00 p.m. - 3.15 p.m.	Resolutions from Personnel & Selection Committee
3.15 p.m. - 3.30 p.m.	Resolutions from Finance Committee
3.30 p.m. - 3.45 p.m.	Resolutions and/or Recommendations from Programme Committee
3.45 p.m. - 4.15 p.m.	Integrated Institutional Review Report
4.15 p.m. - 4.25 p.m.	Actions from Report from SWA
4.25 p.m. - 4.55 p.m.	Format of June Meetings
4.55 p.m. - 5.00 p.m.	Selection of Trustees
5.00 p.m. - 5.05 p.m.	Appointments to Committees
5.05 p.m. - 5.10 p.m.	Dates of Next Meeting
5.10 p.m. - 5.30 p.m.	Any Other Business
	Closure of Meeting

**APPROVAL OF AGENDA**

Draft  
1/10/97

1/BT/Nov.97

## **FULL BOARD MEETING**

**Monday 3 November 1997**

### **AGENDA**

1. Approval of Agenda
2. Approval of Draft Minutes of Meeting held on 7 June 1997
3. Resolutions from the Personnel and Selection Committee
4. Resolutions from the Finance Committee
5. Resolutions and/or Recommendations from the Programme Committee
6. Integrated Institutional Review Report
7. Actions on Report from Staff Welfare Association (SWA)
8. Format of BOT Meetings
9. Selection of Trustees
10. Appointments to Committees
11. Dates of Next Meeting
12. Any Other Business



2/BT/NOV. 97

**APPROVAL OF DRAFT MINUTES  
OF THE MEETING  
HELD ON 7 JUNE, 1997**

Approved  
3/11/97

2/BT/Nov.97

**MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES, ICDDR,B**  
**held in London, United Kingdom,**  
**ON SATURDAY 7 JUNE 1997**

The 36th Meeting of the Board of Trustees of ICDDR,B was held on Saturday 7th June 1997 at the Ramada Hotel Heathrow, London.\*

The Chairperson of the Board of Trustees, Dr. Maureen Law, opened the meeting on 7th June at 8.30 a.m. by welcoming everyone. She noted that this is the first Board Meeting during her tenure as chair that all Trustees were present.

Dr. Law explained that the first session of the Board was the Executive Session which was open to only Board Trustees. Due to time constraints that ensued during the morning session, this was subsequently conducted over two sessions during the day's proceedings.

**EXECUTIVE SESSION**

The following members were present, constituting a quorum:

Mr. Muhammed Ali  
Prof. Chen Chunming  
Major General M.R. Choudhury (ret'd)  
Prof. Rita R. Colwell  
Dr. Demissie Habte - Secretary  
Dr. Ralph H. Henderson  
Prof. Marian E. Jacobs  
Prof. Fehmida Jalil  
Dr. Tawfik Khoja  
Dr. Maureen Law - Chairperson  
Prof. Peter F. McDonald  
Prof. P. Helena Makela  
Mr. Jacques O. Martin  
Dr. A.K.M. Masihur Rahman  
Dr. Jon Rohde  
Dr. Yoshifumi Takeda  
Prof. Cesar Victora

\* The decision to hold the meeting in London was made at the November Board of Trustees meeting to enable a joint meeting of donors and trustees to be held for a specific discussion on the future of the Centre. Minutes of the joint meeting held on 8 June are available separately.

Also present were:

Dr. William Greenough - Search Committee member  
Miss Julie Banfield - Minute Secretary

Dr. Law called on Dr. Ralph Henderson, Chairperson of the Search Committee, to present the report of the Search Committee.

1. APPOINTMENT OF DIRECTOR

Dr. Henderson referred to paper Exec.1/BT/Jun.97 of the Board folder which provided the following information.

An advertisement for the position had been placed in the following:

*Economist*  
*Science*  
*Nature*  
*Lancet*  
*New England Journal of Medicine*  
*International Herald Tribune*  
*Daily Star* (Bangladesh)

Copies of the advertisement were sent to all donor agencies, trustees, former trustees, alumni, collaborating agencies, UN headquarters, WHO, UNICEF, the Ford Foundation, the Rockefeller Foundation, the Population Council, and other associated agencies.

In response, 32 applications were received, and six candidates were short-listed and interviewed by the members of the Search Committee.

Dr. Henderson provided further information to the Board on the membership of the Search Committee, and the procedures and actions undertaken leading to the short-list of two candidates. He indicated that the Search Committee met on Friday 6th June and had had final interviews with these two candidates, Dr. David Sack, and Dr. Robert Suskind. Dr. Henderson referred to the former as a "man of science" and the latter as an "institution builder" and that both were ably suited for the job. He also reported that Dr. Sack withdrew his candidature because of the uncertainty of his availability in the immediate future.

The Search Committee unanimously proposed that the Board endorse their recommendation of Dr. Robert Suskind as Director of the Centre effective from 1 January 1998.

Dr. Law thanked Dr. Henderson for the report and requested comments from the Selection Committee members and other trustees.

Following comments by trustees, it was decided to hold a secret ballot. Following the ballot Dr. Law announced the unanimous endorsement of the Search Committee's recommendation that Dr. Robert Suskind be appointed Director of the Centre.

It was also agreed that arrangements for the appointment of an Interim Director between Dr. Habte's departure and Dr. Suskind's arrival be determined by the new chairperson of the Board and the present Director.

Dr. Suskind, and Mr. Mahbub (as Secretary of the Search Committee), joined the meeting at this point.

On behalf of the Board Dr. Law congratulated Dr. Suskind on his appointment as Director of ICDDR,B.

## 2. APPOINTMENT OF DIRECTOR, FINANCE DIVISION

The position of Finance Director was advertised in the *Economist* and national dailies and copies of the advertisement were sent to all donors, trustees, and collaborating institutions.

Seventy-five applications were received.

Through a process of close scrutiny involving the senior staff of the Centre a short-list of five candidates was prepared. The short-list automatically included the incumbent and the former director of the division who applied for the post.

It was agreed:

- a. that the scheduled interviews be held.
- b. that the position be advertised again, if necessary, following input from trustees, the final wording of the advertisement being determined by Dr. Habte, Dr. Rohde, Dr. Suskind, and the new Board chairperson.\*
- c. that a suitable candidate be selected by Dr. Habte, Dr. Rohde, Dr. Suskind, and the new Board chairperson, before the November 1997 Board of Trustees meeting.

\* In a subsequent meeting of Dr. R.H. Henderson, Mr. J. Martin, Dr. J. Rohde, Mr. A.K.M. Masihur Rahman, and the Director, it was decided to complete the interviews with the existing short-listed candidates and determine at that point whether a selection could be made or whether the post should again be advertised.

### 3. APPOINTMENT OF DIRECTOR, LABORATORY SCIENCES DIVISION

It was reported that the position of Director, Laboratory Sciences Division, has been advertised for over a year. At the last Board Meeting no decision could be made. The available candidates were rejected. Since then two applicants have been identified, Professor V. Mathan and Dr. P. Echeverria.

The Director advised the meeting that the Centre management recommends to the Board that Professor V. Mathan be appointed to the position of Director, Laboratory Sciences Division.

After considerable discussion, the Board agreed that the new Director should have a major say in this appointment, and further action was deferred pending the opportunity for Dr. Suskind and Dr. Mathan to meet.

### 4. SELECTION OF TRUSTEES

It was reported to the Board that as the Integrated Institutional Review Report recommended that "The BOT seek members that have the ability to identify sources of funds from the private sector", no action has been taken since the November 1996 Board of Trustees meeting to identify a suitable candidate to replace Dr. Maureen Law who completes six years of service as a member of the Board of Trustees on 30 June 1997.

The Board agreed to pursue interested persons from the corporate and private sector for further discussion at the November Board of Trustees meeting.

The Director reported that Dr. Jon Rohde will complete his service as a member of the Board representing UNICEF. The Board agreed that UNICEF should continue to be represented on the Board and that the Director communicate this to UNICEF New York after ascertaining their willingness to provide representation, and following a study of the possible implications of the structural changes in the UN system due to be announced in mid July 1997.

The Director also reported that a letter has been sent to the Ministry of Health and Family Welfare regarding the extension or substitution of Major General M.R. (Ret'd) Choudhury whose term expires on 30 June 1997.

The Board resolved to extend its thanks to Dr. Demissie Habte for his outstanding contribution to the Centre as a member of the Board of Trustees from 1989 to 1997.

The Board resolved to extend its thanks to Dr. Maureen Law for her outstanding contribution to the Centre as a member of the Board of Trustees from 1991 to 1997 and as chairperson from 1993 to 1997.

The Board resolved to extend its thanks to Dr. Jon Rohde for his outstanding contribution to the Centre as a member of the Board of Trustees from 1990 to 1997.

5. APPOINTMENT OF CHAIRPERSON

The Board agreed unanimously to the appointment of Mr. Jacques O. Martin as the chairperson of the Board of Trustees from 1 July 1997 to 30 June 1998.

6. DATES OF FUTURE MEETINGS

As per 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, the programme for meetings for November 1997 was agreed to as follows.

Friday 31st October	Trustees arrive
Saturday 1st November	Personnel & Selection Committee Meeting
	Finance Committee Meeting
Sunday 2nd November	Programme Committee Meeting
Monday 3rd November	Donors' Support Group Meeting
	Executive Session of Full Board

FULL BOARD SESSION

The meeting reconvened at 11.15 a.m. as an open session of the Full Board with the following guests and staff joining the trustees:

Mr. Hiroyuki Aratake, Ministry of Foreign Affairs, Japan  
Mr. Robert Clay, USAID Washington  
Dr. William Greenough, Search Committee  
Ms Ann Kern, AUSAid, Geneva  
Ms Hellen Ohlin, SAREC, Sweden  
Dr. Vincent Orinda, UNICEF, New York  
Mr. David Piet, USAID Dhaka  
Dr. David Sack, Johns Hopkins University  
Mr. Tony Shillingford, International Health Solutions Trust UK  
Mr. Robert Smith, Consultant  
Mr. John Worley, ODA (for afternoon session)

Mr. Shamim Ahsan, ICDDR,B Dhaka  
Mr. Brent Berwager, ICDDR,B Baltimore  
Dr. George Fuchs, ICDDR,B Dhaka  
Mr. Ken J.J. Tipping, ICDDR,B Dhaka  
Prof. Patrick Vaughan, ICDDR,B Dhaka

The chairperson, Dr. Maureen Law, extended a welcome to all and invited all present to introduce themselves to the meeting.

1. **APPROVAL OF THE AGENDA**

The agenda was approved.

2. **REPORT OF THE EXECUTIVE SESSION**

The chairperson advised the meeting that the main agenda item for the Executive Session had been the selection of the new Director of the Centre. She announced the decision of the Board that Dr. Robert Suskind, currently Chairman of Pediatrics of the Louisiana State University, had been selected and she welcomed him to the meeting as Director-designate. Dr. Henderson, chairperson of the Search Committee, also appraised the meeting of the procedures and actions taken by the Search Committee.

Dr. Law invited Dr. Suskind to address the meeting which he accepted.

3. **APPROVAL OF MINUTES OF THE LAST MEETING**

The draft minutes of the Board of Trustees meeting held on 2-4 November 1996 were approved.

4. **FINANCIAL REPORT INCLUDING BUDGET UPDATE**

Dr. Habte introduced this agenda item and then handed over to the chairperson of the Finance Committee Dr. Jon Rohde who asked Mr. Ken Tipping to present the report as previously distributed.

4.1 **APPROVAL OF THE AGENDA**

The draft agenda for this session was approved with the addition of the Auditor's Statement to the papers.

4.2 **AUDITED FINANCIAL STATEMENTS 1996**

It was noted from the Financial Statements that the total income increased by \$551,000 (4.6%) from \$12,115,000 to \$12,666,000, and the expenditure increased by \$689,000 (5.6%) from \$12,307,000 to \$12,996,000.

The net operating deficit increased by \$200,000 (19.4%) from \$1,033,000 to \$1,233,000. The cash operating deficit, after adjusting for loss on sale of fixed assets of \$1000 (1995 \$Nil), increased by \$137,000 (71.4%) from \$192,000 to \$329,000.

The Board resolved to accept the audited Financial Statements of the Centre for the year ended 31 December 1996.

The Board resolved to accept the audited Financial Statements of the ICDDR,B Hospital Endowment Fund for the year ended 31 December 1996.

#### **4.3 BUDGET FORECAST 1997**

A review of the 1997 budget based on data available at March 31, 1997 indicated that there is unlikely to be any material change in the forecast of a net cash surplus of US\$29,000 and a net operating deficit of US\$846,000.

#### **4.4 APPOINTMENT OF AUDITORS FOR 1997**

On the advice of the Centre's management, the Board resolved to appoint ACNABIN & Co. and Price Waterhouse as joint auditors for the year 1997 at a fee not to exceed \$14,000.

#### **4.5 FIXED ASSET ACQUISITION AND REPLACEMENT FUND**

It was reported to the Board that capital expenditure charged to the fund for 1996 totalled \$250,655. The balance remaining in the fund at December 31 1996 was \$892,847.

The Board resolved to approve expenditure of \$250,655 from the Fixed Asset Acquisition and Replacement Fund for 1996.

#### **4.6 BANK OVERDRAFT**

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 13 July 1998.

#### **4.7 ALTERNATE BANKERS**

The Board resolved to refer the proposal of the appointment of HongKong and Shanghai Banking Corporation Limited as alternate bankers to the Centre, to the November Board of Trustees meeting.

#### **4.8 LETTER FROM AUDITORS TO THE BOARD OF TRUSTEES**

The Director advised the Board that the recommendation of the auditors for an internal auditing system to be established will be actioned by the Centre management.

The Director advised the Board that the recommendation of the auditors for separate books of account to be maintained for the ICDDR,B Hospital Endowment Fund is not practical for the Centre. The Board concurred with the decision to maintain the current system.



With regard to the letter from the auditors that US\$200,000 is not receivable from the Arab Gulf Fund, Dr. Khoja asserted that he has been in communication with the Arab Gulf fund and these funds will be forthcoming. Dr. Khoja also announced the contribution of the Government of Saudi Arabia of \$50,000 per year for the three years 1996-98. Thanks were extended to the Government of the Kingdom of Saudi Arabia for their support. The Board expressed the hope of further support.

## 5. CENTRE'S RESPONSE TO THE REPORT OF THE INSTITUTIONAL REVIEW

The Director introduced the paper previously distributed to Board members indicating the Centre's response to the report of the Institutional Review of ICDDR,B which was conducted in September 1996. He pointed out that the recommendations of the Review are addressed to three constituencies namely the Centre, the Board of Trustees, and the donor community. He indicated that the Centre's response addressed the issues that affected the Centre and that many of the recommendations have already been implemented.

After considerable discussion on the response to number 11 regarding strengthening external governance, it was suggested that a paper be prepared for the November Board of Trustees meeting.

## 6. ANY OTHER BUSINESS

### 6.1 Report from SWA

The Board received the written report from the Staff Welfare Association.

For the benefit of the donors present in the meeting the Director outlined the continuing problems faced by the Centre and the Staff Welfare Association in relation to the Centre's inability to match the United Nations salary scales. The widening gap in remuneration has become a source of constant friction and discontent amongst the staff and the Centre management. It was pointed out that in the past the Board, in consultation with SWA, has taken the decision to maintain jobs at the cost of salary increases. The UN organisation on the other hand has made drastic cuts in staffing in order to balance their budgets.

After considerable discussion on the matter, the Board agreed to request Centre management to study the implication of providing an increase of salary of up to 4% on the Centre's financial status which the Board will consider at its November meeting.

### 6.2 Donation from Swiss Development Cooperation

Mr. Jacques Martin announced the intention of the Swiss Development Cooperation to make another donation in the magnitude of two million Swiss

Francs in total to one and/or the other endowment funds of the Centre. Formal notification will be forthcoming in due time once final approval has been granted. Mr. Martin's announcement made on behalf of SDC was received with acclamation.

### SUMMARY OF RESOLUTIONS

1/BT/Jun.97 The Board resolved that Dr. Robert Suskind be appointed Director of the Centre effective 1 January 1998.

The Board further resolved that arrangements for the appointment of an Interim Director between Dr. Habte's departure and Dr. Suskind's arrival be determined by the new chairperson of the Board and the present Director.

2/BT/Jun.97 The Board resolved that a suitable candidate for the position of Finance Director be selected by a sub-committee of Dr. Habte, Dr. Rohde, Dr. Suskind, and the new Board chairperson, before the November 1997 Board of Trustees meeting.

3/BT/Jun.97 The Board resolved to extend its thanks to Dr. Demissie Habte for his outstanding contribution to the Centre as a member of the Board of Trustees from 1989 to 1997.

4/BT/Jun.97 The Board resolved to extend its thanks to Dr. Maureen Law for her outstanding contribution to the Centre as a member of the Board of Trustees from 1991 to 1997 and as chairperson from 1993 to 1997.

5/BT/Jun.97 The Board resolved to extend its thanks to Dr. Jon Rohde for his outstanding contribution to the Centre as a member of the Board of Trustees from 1990 to 1997.

6/BT/Jun.97 The Board resolved that Mr. Jacques Martin be appointed chairperson of the Board of Trustees for one year from 1 July 1997 to 30 June 1998.

7/BT/Jun.97 The Board resolved to accept the audited Financial Statements of the Centre for the 1996 year.

8/BT/Jun.97 The Board resolved to accept the audited Financial Statements of the ICDDR,B Hospital Endowment Fund for the 1996 year.

- 9/BT/Jun.97 The Board resolved to appoint ACNABIN & Co. and Price Waterhouse as joint auditors for the year 1997 at a fee not to exceed \$14,000.
- 10/BT/Jun.97 The Board resolved to approve expenditure of \$250,655 from the Fixed Asset Acquisition and Replacement Fund for 1996.
- 11/BT/Jun.97 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 13 July 1998.
- 12/BT/Jun.97 The Board resolved to request Centre management to study the implications of providing an increase in salaries of up to 4%, on the Centre's financial status.

3/BT/NOV. 97

**RESOLUTIONS FROM THE  
PERSONNEL AND SELECTION COMMITTEE**

**DRAFT**

**REPORT OF THE PERSONNEL AND SELECTION COMMITTEE MEETING**  
**SATURDAY 1 NOVEMBER 1997**

The Personnel and Selection Committee met in Dhaka at 8.30 a.m. on Saturday 1 November 1997.

**Present**

A list of those present is appended as Annexure A.

Dr. R.H. Henderson, Chairperson of the Committee, welcomed the members of the Board of Trustees and called the meeting to order.

**1. APPROVAL OF AGENDA**

The agenda was approved.

**2. APPROVAL OF MINUTES OF LAST MEETING**

The minutes of the Personnel & Selection Committee meeting held on 2 November 1996 were approved.

The Chairman advised the meeting that personnel matters were included in the minutes of the Full Board Meeting held on 7 June 1997 in London, as no separate Personnel and Selection Committee meeting was held. It was noted these minutes would be approved at the Full Board Meeting on 3 November.

It was agreed that in future the Personnel and Selection Committee would present to the Full Board a report on the proceedings of, and recommendations from, its meeting. As the recommendations then form part of the minutes of the Full Board there will be no future need for separate minutes of the Committee.

**3. STAFFING**

**3.1 Overview of the Staffing Situation**

Attention was drawn to Tables 1-8. It was noted that the Board's instructions on recruitment have continued to be followed with a net decrease in staff of 12. At 30 September 1997 the total staff directly employed by the Centre numbered 988 compared to 1017 as at 30 September 1996 and 1000 as at 31 March 1997.

### 3.2 Recruitment of international staff

#### a. **Division Director Laboratory Sciences Division, D1**

It was reported to the meeting that the search for a Director of the Laboratory Sciences Division, has continued since 1994. At the June 1997 Meeting in London the Board agreed to appoint Prof. V. I. Mathan to the position subject to the agreement of the Director Designate.

The Committee agreed to inform the Board that Prof. Mathan has accepted the Centre's offer of employment as Division Director, Laboratory Sciences Division and is expected to join in early 1998.

#### b. **Division Director Public Health Sciences Division, D1**

It was reported to the meeting that the position of Director of the Public Health Sciences Division, was advertised in the *Economist*, the *Lancet* and copies of the advertisement were widely circulated to all donors, Trustees, former Trustees, collaborating institutions and personally by Professor Vaughan to over 60 additional organisations.

It was noted that 17 applications have been received and are being processed.

In the meantime, Prof. Patrick Vaughan, whose secondment from the London School of Hygiene & Tropical Medicine will end on 31st December 1997, has indicated his willingness to extend his stay at the Centre on a new direct employment contract for about four months.

The Committee recognized the value of filling this vacancy in a timely manner. It also agreed with the incoming Director that the current search process could be extended if the current list of applicants is not considered of sufficient quality, including re-issuing the vacancy notice. When a suitable candidate is identified, the Committee recommended to the Board that it approve that the appointment can be made on behalf of the Board by the Chair with the agreement of the Chair of the Personnel and Selection Committee and at least one member of the Board from Bangladesh if waiting for the next full Board meeting is perceived to impair the functions of the Public Health Sciences Division.

#### c. **Chief Finance Officer, P5**

It was reported to the meeting that the position of the Head of Finance was advertised in the *Economist* and National dailies and copies of the advertisement were sent to all donors, trustees and collaborating institutions.

It was noted that seventy five applications were received. Four candidates were short listed for interview in London during the June 1997 BOT meeting. The Board recommended that Mr. John F. Winkelmann be offered the position after discussion with the Director Designate. Subsequently the Director Designate offered Mr. Winkelmann the position of Chief Finance Officer at P5 Step 04.

The Committee agreed to inform the Board that Mr. Winkelmann has accepted the offer and will join the Centre on 1st December, 1997.

d. **Epidemiologist P5**

It was reported to the Board that the position of Epidemiologist, PHSD was advertised on July 7, 1995 both at home and abroad. Copies of the advertisement were also sent to universities in the U.K. and the U.S.A., BOT members, donors and UN agencies.

Twenty applications were received and Dr. David Ross was selected for the post. However he declined to accept the position.

A further advertisement was placed in the *Lancet* and the *British Medical Journal* in mid 1996. Copies of the advertisement have been sent to all collaborating institutions, BOT members and donors.

In the meantime Dr. Abdullah H. Baqui, Dr.PH, former Project Director, Urban Extension Project, has been identified to meet the requirements of the position. He is employed at the Centre as Project Director II with the new ORP and his contract will expire on July 31, 1998.

The Committee agreed to recommend to the Board that Dr. Baqui be formally transferred from HPED to PHSD in January, 1998, subject to the availability of funds.

e. **Associate Director ER&ID P4**

It was noted that the former Associate Director of ER&ID, left the Centre effective November 7, 1996.

The Committee was advised that arrangements had been made for the Technical Cooperation Officer to cover for the main activities of the ER&ID office. In addition, interim arrangements have also been made to use the Centre's Senior Development Officer in the Baltimore USA office to assist in fund raising.

In addition, from 1 October 1997, an international consultant has been hired in Bangladesh to work at the Centre for six months to help in fund raising and prepare the future fund raising strategy and plans.

The Committee agreed to inform the Board that after arrival of the new Director the future of ER&ID will be reviewed and discussed and that the advertisement of the post of Associate Director ER&ID would be considered at that time, taking into consideration the possibility that the activities and related job descriptions within ER&ID may be changed and/or adapted.

f. **Head of Training P4**

The Committee was advised that the Centre is embarking on an expanded training programme in the fields of Reproductive Health and Child Survival. In order to implement this, an international level staff member will be required.

A post classification exercise justified the position at pay level P4.

The Committee agreed to inform the Board that Dr. A.N. Alam has been appointed on a short term contract as Head of the Training and Education Department. Establishment of a P5 post and the recruitment of a staff member will, however, depend on identification of funds from willing donors.

3.3 Information on other international staff

It was reported to the meeting that all the following positions are in the Health and Population Extension Division and are conversions from secondment arrangements to Centre employment.

Project Director I ORP, P5	:	Dr. Barkat-E-Khuda
Project Director II ORP, P5	:	Dr. Abdullah H. Baqui
Operations Research Scientist ORP, P4	:	Dr. Thomas T. Kane
Health Policy Analyst ORP, P4	:	Dr. Aye Aye Thwin

The Co-operative Agreement with USAID which ended on 31st July, 1997 was formerly administered through the Population Council and the Johns Hopkins University and the above named staff were seconded by both the JHU and the Population Council.

A new Co-operative Agreement for the Operations Research Project has been signed between the Centre and the USAID, Dhaka beginning 1st August, 1997. The Centre has offered employment directly to the incumbents which resulted in substantial savings for the Centre in overheads.



#### **4. STAFF SALARIES**

It was agreed that this be taken up at a combined session of the Personnel and Selection and Finance Committees.

#### **5. SELECTION OF TRUSTEES**

1. It was reported to the meeting that no nominations have been received for the position on the Board vacated by Dr. Maureen Law in June 1997.
2. It was reported to the meeting that Professor Chen Chunming concludes her second term as a Board Trustee on 30 June 1998.

It was agreed that the replacement of trustees be discussed further informally and formally in conjunction with a discussion on the role and functions of the Board at a meeting to be held at 8 a.m. on Monday 3 November recommendations from which will be presented to the Full Board Meeting.

The meeting closed at 11.35 a.m.

## DRAFT RESOLUTIONS

- 1/BT/Nov.97 The Board noted that Prof. Mathan has accepted the Centre's offer of employment as Division Director, Laboratory Sciences Division D1 from early 1998.
- 2/BT/Nov.97 The Board resolved that Centre management be requested to continue to seek further applicants for the position of Division Director, Public Health Sciences Division D1, re-advertising the post, if necessary. After internal review and recommendation, it was agreed that the Director, the Board Chairman, a member of the Board from Bangladesh, and the Chairman of the Personnel and Selection Committee would make a decision.
- 3/BT/Nov.97 The Board noted that Mr. John Winkelmann has accepted the Centre's offer of employment as Chief Finance Officer (P5) from 1 December 1997.
- 4/BT/Nov.97 The Board agreed that Dr. Abdullah Baqui be formally transferred from HPED to PHSD in January 1998 subject to the availability of funds.
- 5/BT/Nov.97 The Board noted that the vacant position in the ER&ID Office may be advertised in early 1998 after a review of the job description by the Centre's management.
- 6/BT/Nov.97 The Board noted that Dr. A.N. Alam has been appointed on a short term contract as head of the Training and Education Department. Establishment of a P4 post and the recruitment of a staff member will, however, depend on identification of funds from willing donors.
- 7/BT/Nov.97 The Board resolved that nominations be sought for a replacement trustee for Dr. Maureen Law for three years from July 1997 and for Prof. Chen Chunming for three years from 1 July 1998. Nominations for Dr. Law's replacement should be from an industrialized country and for Dr. Chen from a developing country.

Annexure A

**Personnel and Selection Committee Meeting, Saturday 1 November 1997**

**Members Present**

Dr. R.H. Henderson (Chairperson)  
Mr. Md. Ali  
Prof. F. Jalil  
Dr. Y. Takeda  
Mr. J.O. Martin  
Dr. R.M. Suskind

**Invited Trustees**

Major General (Ret'd) M.R. Choudhury  
Prof. R.R. Colwell  
Prof. M.E. Jacobs  
Dr. T.A.M. Khoja  
Prof. P.F. McDonald  
Prof. P.H. Makela  
Prof. C. Victora

**Invited Staff**

Mr. W.Z. Ahmed  
Mr. S.S. Ahsan  
Dr. J. Albert  
Ms J. Banfield (Minute Secretary)  
Dr. G. Fuchs  
Mr. M.A. Mahbub  
Prof. V.I. Mathan  
Prof. P. Vaughan (Acting Director)  
Mr. J. Winkelmann

4/BT/NOV. 97

**RESOLUTIONS FROM THE  
FINANCE COMMITTEE**

## FINANCE COMMITTEE MEETING

Saturday 1 November 1997

### AGENDA

1. Approval of Agenda
2. Chair, Board of Trustees
3. 1997 Forecast
4. 1998 Budget
5. Report on:
  - a. ICDDR,B Hospital Endowment Fund
  - b. Centre Endowment Fund
  - c. Centre Fund Washington Office
  - d. Fixed Asset Acquisition and Replacement Fund
6. Staff Salaries and Allowances:
  - a. National
  - b. International
7. Any Other Business

#### **Attachments:**

- |          |  |
|----------|--|
| Table 1  | Contributions to Centre Income 1995 to 1998                  |
| Table 2  | Income and Expenditure 1996 to 1998                          |
| Table 3  | Restricted/Unrestricted Income and expenditure 1996 to 1998  |
| Table 4  | Major Donor Contributions 1996 to 1998                       |
| Table 4A | Other Donor contributions 1996 to 1998                       |
| Table 5  | Unrestricted Program and Management Expenditure 1996 to 1998 |

**Annexure "A"** - Report of the Finance Committee of 2 November 1996

REPORT OF THE MEETING OF THE FINANCE COMMITTEE

HELD ON NOVEMBER 1 1997 AT ICDDR,B.

PRESENT

**Finance Committee Members**

Mr. J.O. Martin - Chairperson of the Board  
Prof. R.R. Colwell - Interim Chairperson  
Dr. A.K.M. Masihur Rahman  
Dr. T.A.M. Khoja  
Prof. R. M. Suskind - Director- Designate  
Prof. J. Patrick Vaughan - Acting Director - ex-officio member

**Board Members**

Maj. Gen. M.R. Choudhury (Retd.)  
Dr. R.H. Henderson  
Prof. F. Jalil  
Prof. M. Jacobs  
Prof. P.H. Makela  
Prof. P.F. McDonald  
Mr. Muhammed Ali  
Dr. Y. Takeda  
Prof. C.G. Victora

**Division Directors, ICDDR,B, invited staff & guests.**

The Committee convened at 2.15 p.m. on November 1 in Sasakawa Seminar Room number 1

## 1. APPROVAL OF THE AGENDA

The draft agenda was approved with the addition of item 6.b) General Matters.

## 2. 1997 FORECAST

### INCOME

Total contributions by individual donors are summarized for years 1995 to 1998 in Table 1 and a more detailed breakdown into restricted and unrestricted funds is presented in Table 4 & 4A. Total income by source for unrestricted and restricted funds and the subsequent expenditure by categories for years 1995 to 1998 are shown in Table 2. A more detailed breakdown for unrestricted and restricted categories by financial years is shown in Table 3.

Donor Contributions for 1997 were budgeted at \$12,772,000 and are expected to decrease to \$11,346,000. This decrease of \$1,426,000 (11.2%) is explained by the following summary table.

	<u>1997</u> <u>BUDGET</u>	<u>1997</u> <u>FORECAST</u>	<u>DIFF.</u>
<b>Restricted</b>			
Projects/Programs	7,992,000	7,463,000	(529,000)
Fixed Assets	<u>288,000</u>	<u>281,000</u>	<u>(7,000)</u>
	8,280,000	7,744,000	(536,000)
Project Overhead	<u>1,465,000</u>	<u>1,377,000</u>	<u>(88,000)</u>
<b>Total Restricted</b>	9,745,000	9,121,000	(624,000)
<b>Unrestricted</b>	<u>3,027,000</u>	<u>2,225,000</u>	<u>(802,000)</u>
<b>Total Contributions</b>	\$12,772,000	\$11,346,000	\$(1,426,000)

Restricted contributions have fallen in line with expenditure mainly due to non materialization of funds from EU, DfID or late starts on USAID Cooperative Agreement projects. Details of all variations are shown in Tables 4 and 4A.

Unrestricted contributions have fallen as are commented on page-3. For instance, The Netherlands is a main donor that contributed to these funds in 1996 but has not done so yet in 1997, although the Centre had included a contribution of \$475,000 in its 1997 budget proposal.

The causes of the expected decrease in unrestricted contributions are:

a) Non receipt of expected unrestricted contributions from donors

Non-receipt during 1997:

Netherlands	475,000	
UK/DfID	128,000	
Belgium	33,000	
Others	<u>5,000</u>	641,000

b) Exchange Rate fluctuations

SDC	80,000	
Belgium	30,000	
SIDA	<u>51,000</u>	161,000

c) Reduction in overhead

Net reduction in overheads due to under utilization of project funds because of delays in approval		<u>88,000</u>
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**Total Reduction in Central Funds** 890,000

d) Reduction in the recovery of Interdepartmental services  
which were budgeted for projects and programmes but not used

EU	50,000	
USAID	144,000	
Others	<u>49,000</u>	243,000

e) Reductions in Interest and Other Receipts 62,000

**Total Reduction in other income** 305,000



## EXPENDITURE

Operating Cash Cost (Tables 3 and 5) which was budgeted at \$12,743,000 is forecast to increase by \$165,000 (1.3%) to \$12,908,000. This increase is explained by the following table.

	<u>1997</u> <u>BUDGET</u>	<u>1997</u> <u>FORECAST</u>	<u>DIFF.</u>
<b>Restricted</b>			
Projects/Programs	7,992,000	7,463,000	(529,000)
Fixed Assets	<u>288,000</u>	<u>281,000</u>	<u>(7,000)</u>
<b>Total Restricted</b>	<u>8,280,000</u>	<u>7,744,000</u>	<u>(536,000)</u>
<b>Unrestricted</b>			
Programs	2,948,000	3,364,000	416,000
Management	<u>1,515,000</u>	<u>1,800,000</u>	<u>285,000</u>
<b>Total Unrestricted</b>	4,463,000	5,164,000	701,000
<b>Total Operating Cash Cost</b>	\$12,743,000	\$12,908,000	\$165,000

**Restricted costs** will decrease because of the non receipt of anticipated project funds and late start of protocols. Details of all variations are shown in Table 4 & 4A.

**Unrestricted costs** will increase by \$180,000 mainly as a result of some central staff being budgeted in projects which have not materialized or started late, being paid from Centre funds. Details of unrestricted costs by area of activity are shown in Table 5. Increased costs of repairs, supplies, printing and publications will result in \$216,000 increase in expenditures.

**Depreciation**, which was budgeted at \$875,000, is forecast to increase by \$15,000 (1.7%) to \$890,000. The increase results from depreciation on new fixed assets acquisitions.

**Total Expenditure** including depreciation was budgeted at \$13,618,000 and is anticipated to increase by \$180,000 (1.3%) to \$13,798,000.

## BALANCE

**Net Operating Deficit** after depreciation was budgeted at \$846,000. This is anticipated to increase by \$1,606,000 to \$2,452,000 because of the net effect of changes in income and expenditure.

**Net Cash Surplus** before depreciation was budgeted at \$29,000. This is now anticipated to decrease by \$1,591,000 to a deficit of \$ 1,562,000.

## COMMENTARY

Management appreciates that **Deficits** of this magnitude are **unacceptable**. However sudden and unexpected curtailment of contributions, reduction of promised contributions and delays in disbursements make it exceedingly difficult for the Centre to avoid such deficits, particularly when these occur in the latter part of the year.

### WHAT CAN BE DONE DURING THE LAST QUARTER OF THE YEAR ?

1. Stringent controls of all central operating costs have been put in place and only absolutely necessary expenditure has been allowed (to be incurred creating savings.)	150,000
2. Vigorous efforts to raise more Donor funds.	150,000
3. Use income from the Hospital Endowment fund as permitted by bye-laws	100,000
4. Use of Reserve Fund income	<u>400,000</u>
Total	<u>\$800,000</u>

The remaining \$791,000 will reduce the cumulative cash surplus of \$1,497,000 at December 31, 1996 to \$706,000.

### Discussion

The Committee was extremely concerned that 1997 would end with a serious deficit, particularly when the Centre has had a deficit in the previous four years.

The Committee urged Centre management to impose even stricter expenditure controls and seek additional donor support to reduce the projected deficit.

### 3. 1998 BUDGET

#### INCOME

Donor Contributions (Tables 1 for summary and Tables 4 & 4A for individual donor amounts) are budgeted at \$12,783,000 (1997 \$11,346,000) of which \$1,215,000 is unconfirmed. This increase of \$1,437,000 (12.7%) is explained by the following table.

	<u>1998</u> <u>BUDGET</u>	<u>1997</u> <u>FORECAST</u>	<u>DIFF.</u>
<b>Restricted</b>			
Projects/Programs	8,622,000	7,463,000	1,159,000
Fixed Assets	<u>508,000</u>	<u>281,000</u>	<u>227,000</u>
	9,130,000	7,744,000	1,386,000
Project Overhead	<u>1,612,000</u>	<u>1,377,000</u>	<u>235,000</u>
<b>Total Restricted</b>	10,742,000	9,121,000	1,621,000
Unrestricted	<u>2,041,000</u>	<u>2,225,000</u>	<u>(184,000)</u>
<b>Total Contributions</b>	\$ 12,783,000	\$ 11,346,000	\$ 1,437,000

Restricted contributions have risen in line with expenditure and are commented on under expenditure below.

Unrestricted contributions are anticipated to decrease by \$184,000 which is explained by the following table.

Reduced Unrestricted Contributions			
UK-DfID		150,000	
Others (Sri Lanka, CHF, Save the Children etc).		<u>34,000</u>	
			184,000

The UK-DfID funds of \$216,000 will now be provided to the Centre as restricted funds, mainly for programme activities in the Public Health Sciences Division. These funds will be included as restricted funds.

## EXPENDITURE

Operating Cash Cost (Table 3 & 5) is expected to be \$13,606,000 (1997 \$12,908,000). This increase of \$698,000 (5.4%) comprises:

	<u>1998</u> <u>BUDGET</u>	<u>1997</u> <u>FORECAST</u>	<u>DIFF.</u>
<b>Restricted</b>			
Projects/Programs	8,622,000	7,463,000	1,159,000
Fixed Assets	<u>508,000</u>	<u>281,000</u>	<u>227,000</u>
<b>Total Restricted</b>	<u>9,130,000</u>	<u>7,744,000</u>	<u>1,386,000</u>
<b>Unrestricted</b>			
Programs	2,944,000	3,364,000	(420,000)
Management	<u>1,532,000</u>	<u>1,800,000</u>	<u>(268,000)</u>
<b>Total Unrestricted</b>	4,476,000	5,164,000	(688,000)
<b>Total Operating Cash Cost</b>	\$13,606,000	\$12,908,000	\$698,000

Restricted costs will increase in line with higher expenditure mainly from projects funded by Bangladesh/WB, European Union, Japan, Rockefeller Foundation, Swiss Red Cross, DfID, Thrasher, WHO, and USAID.

Centre management realizes that the increase of \$1,159,000 in project and programmes is a challenging goal, but believes this can be attained through increased productivity and well planned activities starting on the anticipated start dates.

Unrestricted costs will decrease as staff are reassigned into new projects and cost cutting measures continue. Management costs will be reduced by \$268,000 (14.9%). Details of unrestricted costs by area of activity are shown in Table 5.

Depreciation is expected to be \$880,000 (1997 \$890,000) which is a decrease of \$10,000.

Total Expenditure including depreciation is budgeted at \$14,486,000 (1997 \$13,798,000). This is an increase of \$688,000 (5.0%)

## BALANCE

Net Operating Deficit is expected to be \$1,703,000 (1997 \$2,452,000) which is a decrease of \$749,000 (30.5%).

Net Cash Deficit before depreciation is expected to be \$823,000 compared to the forecast deficit of \$1,562,000 for 1997.

## COMMENTARY

The 1998 budget projects a deficit of \$823,000. This deficit must be avoided under any circumstances and will be addressed on both the revenue and expenditure side.

The allocations, expenditure and recovery within the Centre of unrestricted funds by Divisions is shown in Table 6. This shows that the final estimated requirement of unrestricted funds in 1998 will be \$3,080,000. This table also highlights where reductions in unrestricted funds are most likely to have a severe effect.

On the revenue side, discussions are ongoing with the Netherlands to resume funding at their previous level of over \$400,000. In addition, USAID has indicated that they may fund the Centre's new activities in Emerging and Re-emerging Infectious Disease (ERID) at about \$400,000 per annum.

The Centre will also establish two Centres of Excellence, Integrated Management of Childhood Illness (IMCI) in the PHSD Division and a Centre of Excellence for Nutrition Research in the CSD Division. The target is to obtain donor support of \$500,000 for each Centre within the next two years.

On the expenditure side, the incoming Director will complete a Centre-wide review by Division to identify efficiency gains and more cost effective methods of providing services for the administration of the Centre's business. In addition, a major review of the Centre's human resources is now being initiated with support from DfID. These initiatives will complement the recommendations and follow-up of the Integrated Institutional Review, also supported by DfID.

If it becomes evident during the first three months of the year that the above measures will not prevent a deficit, then a mandated percentage reduction of expenditures from unrestricted funds in all Divisions will be imposed. This reduction could be as high as 24% in some Divisions if the projected deficit of \$823,000 remains.

### Discussion

The committee was extremely concerned that the 1998 Budget projected a significant deficit. It instructed management to carry-out the two planned reviews, Human Resources and internal review, and initiate an action plan by the end of the first quarter of 1998 that would significantly reduce the projected deficit. While increased Donor support is to be pursued, in the absence of firm commitment from Donors in the first three months of 1998, expenditure reductions must be made. This will include a reduction in personnel in line with the proposed reviews to right size the organization.

### **Draft Resolution Fin:01**

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

The 1998 Budget be approved as presented noting with serious concern the deficit projected. The Director be instructed to closely monitor, during the first three months, the progress of increasing Donor contributions, and, using the recommendations of the planned Human Resource review and the planned internal review, take immediate and appropriate action to significantly reduce the projected deficit.

#### 4. STAFF SALARIES AND ALLOWANCES

The Finance Committee met jointly with the Personnel and Selection Committee to consider any revision to the emoluments of National and International Staff.

##### NATIONAL STAFF

The salaries and allowances scales were last changed on January 1 1996 and the Centre is now paying middle of each grade salaries at the following percentages against UN rates:

National Officers	43.5%
General Service Staff - 5/6	56.1%
General Service Staff - 1/4	52.0%

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

National Officers	129.7%
General Service Staff - 5/6	78.2%
General Service Staff - 1/4	92.5%

and would cost the Centre \$4,983,607:

National Officers	1,665,326
General Service Staff - 5/6	966,043
General Service Staff - 1/4	<u>2,352,238</u>
Total	\$4,983,607

Implementation of each 1% increment would cost \$49,114:

National Officers	17,553
General Service Staff - 5/6	11,498
General Service Staff - 1/4	<u>20,063</u>
Total	\$49,114

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

National Officers	110.2%
General Service - 5/6	66.5%
General Service - 1/4	69.3%

and would cost \$4,000,842

National Officers	1,415,527
General Service Staff - 5/6	821,137
General Service Staff - 1/4	<u>1,764,178</u>
Total	\$4,000,842

Over the last four years salaries for National employees have been adjusted upwards on January 1 1994, January 1 1995 and January 1 1996.

Fixed term employees total approximately 970 staff and about three quarters receive an annual within grade increase which averages 3.3% of base salary.

### INTERNATIONAL STAFF

International staff salaries and allowances were adjusted to 95% of UN levels effective January 1 1995 which was the only adjustment made after July 1 1992. Upward adjustments to UN scales since that date has resulted in the following differentials below UN:

Salaries	13.6%
Allowances	15.1%
Total	14.7%

Home Leave	100.0% (UN recommended leave is every year, while Centre has every second year except for contract renewal)
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Full implementation of UN scales for salary and allowances for all international staff at the Centre on December 31, 1996 would have cost:

	Total
Salaries	260,393
Allowances	<u>195,041</u>
	\$455,404



Implementation to 95% of UN scales would cost:

	Total
Salaries	171,054
Allowances	<u>129,781</u>
	\$300,835

The vast majority of international employees receive an annual within grade increase which approximates 2.5% of total annual income.

### Discussion

The committee discussed the appropriateness of continuing to use the UN payscales as the Centre can no longer even expect to maintain comparable salaries. It was suggested that a entire review of the paystructure be undertaken with a view to establishing a pay structure for ICDDR,B. The implication of this with respect to the ICDDR,B ordinance should also be assessed.

An appropriate merit pay increase plan should also be assessed. It is recommended that this issue be addressed with the assistance of consulting firm experienced in developing employee remuneration programmes.

## **5. REPORT ON**

### **a). ICDDR,B HOSPITAL ENDOWMENT FUND**

The balance of the Hospital Endowment Fund at December 31, 1996 was \$4,120,149. During 1997, \$2,000,000 has been transferred to Centre's Fund Manager Morgan Stanley & Co. for investment in U.S.A market. Income for the first nine months of 1997 were \$395,255 including unrealized profit from U.S.A investment of \$248,181 giving a balance of \$4,515,404 at September 30, 1997.

### **b). CENTRE ENDOWMENT FUND**

To date the Centre Fund has raised \$2.15 million which is invested in Morgan Stanley's Total Fund Management Portfolio and being monitored by the Centre Fund Finance Committee. The cumulative unrealized income as of September 30, 1997 was \$470,807 giving a balance of \$2,620,807 on that date.

### **c). WASHINGTON FUND RAISING OFFICE**

At the November 1996 Board meeting it was resolved to use \$100,000 as a loan from the Reserve Fund to finance the Centre Fund campaign activities in 1997. While no funds were found for the campaign itself, around \$2,150,000 has been added to the Centre Fund since its inception. On the basis of this success, the Centre proposes to continue its North American based operations in 1998 with a budget of \$155,000. In past years the office has been funded by using the interest on the Reserve Fund term deposits and an allocation from the Centre. In 1998 \$100,000 will come from the Reserve Fund and the balance of \$60,000 will come from the Centre's 1998 operating budget for the Directors office (ERID).

As no additional funding was found for the 1997 activities, the amount of \$100,000 advanced by the Reserve Fund will (subject to Board approval) be written off against that Fund in the 1997 annual accounts.

### **d). RESERVE FUND**

The balance of the Reserve Fund at December 31, 1996 was \$2,148,708. The income for the year 1997 is estimated to be \$ 170,000 giving a balance of approximately \$2,318,708. If the loan of \$100,000 advanced to Centre's Washington Office in 1977 as reported under (c) above is to be written off then the balance at the year end will be reduced by that amount.

#### **Draft Resolution Fin: 02**

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

The Board resolved to approve the amount of \$100,000 advanced from the Reserve Fund in 1997 to provide for part of the 1997 operating costs of the Centre's Washington Fund Rising office be written off against the interest income of the Fund in 1997 accounts.

**e). FIXED ASSET ACQUISITION AND REPLACEMENT FUND**

Capital expenditure committed up to the end of August 1997 totaled \$1,220,408 comprising:

Matlab Family Planning Training Centre (Japan)	656,133
Hospital Building (Government of Bangladesh)	445,620
Motor Vehicles	46,545
Laboratory and Hospital Equipment	39,643
Computers and IT Upgrade	21,106
Other Equipment	<u>11,361</u>
	\$1,220,408

The balance remaining in the fund at August 31 1997 was a total of \$152,016 which is mainly reserved for Hospital Buildings and comprises:

Balance January 1 1997	892,847
Contribution - Government of Bangladesh	449,438
- DFID	<u>30,139</u>
	1,372,424
Less Committed Expenditure	<u>1,220,408</u>
Balance August 31 1997	<u><u>\$ 152,016</u></u>

## **6. OTHER BUSINESS**

The Committee discussed the following issues:

### **a. Centre Fund Endowment bye-laws**

Draft bye-laws for the Centre fund endowment were presented.

The Committee reviewed these and suggested that the Director form a committee to thoroughly review these bye-laws and table them at the June 1998 Finance Committee meeting.

### **Draft Resolution Fin: 03**

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

The Board resolved to approve that the Director form a committee to thoroughly review the draft bye-laws and table them at the June 1998 finance committee meeting.

### **b. Liability of Board of Trustees Members.**

The Director was requested to review the legal liabilities of Board Members in carrying out their duties and assess whether liability insurance is required to protect Board Members.

### **c. ICDDR,B Employees Separation Payment Fund.**

The Committee requested management to provide SWA with information on the annual rate of return for the past 5 years of this fund.

It was suggested that management discuss the possibility of changing the investment management company if this would provide a better rate of return.

## SUMMARY OF RESOLUTIONS

### **Draft Resolution Fin:01**

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

The 1998 Budget be approved as presented noting with previous concern the deficit situation. The Director be instructed to closely monitor, during the first three months, the progress of increasing Donor contributions, and, using the recommendations of the planned Human Resource review and the planned internal review, take immediate and appropriate action to significantly reduce the projected deficit.

### **Draft Resolution Fin: 02**

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

The Board resolved to approve the amount of \$100,000 advanced from the Reserve Fund in 1997 to provide for part of the 1997 operating costs of the Centre's Washington Fund Raising office be written off against the interest income of the Fund in 1997 accounts.

### **Draft Resolution Fin: 03**

The Committee resolved to present the following draft resolution to the Board for its approval:  
The Board resolved to approve that the Director form a committee to thoroughly review these bye-laws and table them at the June 1998 Finance Committee meeting.



TABLE - 1A

## CONTRIBUTIONS FROM OTHER DONORS 1985 TO 1998

(In US\$'000)

	1985		1986		1987		1997		1988		1988 - STATUS	
	ACTUAL		ACTUAL		BUDGET		FORECAST		BUDGET		FIRM	ESTIMATE
OTHERS:												
AMEX (THRU CHF)	41	0.3%										
ASIAN DEV. BANK	22	0.2%			40	0.3%						
BAYER AG	9	0.1%										
CARE	4	0.0%										
CHF			5	0.2%	5	0.0%	5	0.0%				
CHINA	(20)	-0.2%										
EAST WEST INC.	3	0.0%	22	0.2%								
FAMILY HEALTH INT. /AIDSCAP	6	0.0%										
FRANCE/CHP					100	0.8%						
G. MASON FOUND'N			3	0.0%			25	0.2%	13	0.1%	13	
HELLEN KELLER INTERNATIONAL	16	0.1%	8	0.0%	3	0.0%	10	0.1%	3	0.0%	3	
ICRW/USA : BRAC-ICDDRB			1	0.0%			30	0.3%	35	0.3%	35	
INT'L ATOMIC ENERGY	2	0.0%	3	0.0%			1	0.0%	6	0.1%	6	
MACRO INTERNATIONAL	15	0.1%										
SAVE THE CHILDREN (USA)							10	0.1%				
SDRC	2	0.0%	3	0.0%			5	0.0%				
SIGHT & LIFE	1	0.0%										
SKF	2	0.0%										
SRI LANKA	4	0.0%	8	0.1%	4	0.0%	4	0.0%				
UNIVERSITY OF ALABAMA	31	0.3%	8	0.1%			28	0.2%				
UNIVERSITY OF CALIFORNIA	11	0.1%										
UNIVERSITY OF EDINBOURG	3	0.0%										
UNIVERSITY OF IOWA	3	0.0%										
UNIVERSITY OF PENN									34	0.3%		34
WANDER AG	33	0.3%	10	0.1%	16	0.1%	18	0.2%			0	
TOTAL OTHERS	188	4.0%	68	7.3%	168	5.4%	136	6.9%	91	8.6%	57	34

TABLE - 2

## INCOME BY SOURCES AND EXPENDITURE BY CATEGORIES - 1995 TO 1998

(In US\$'000)

	ACTUAL 1995		ACTUAL 1996		BUDGET 1997		FORECAST 1997		BUDGET 1998		INC/(DEC) OVER 1998	
<b>INCOME:</b>												
<b>CONTRIBUTIONS BY DONORS:</b>												
UNRESTRICTED FUNDS	4,028	33%	3,400	28%	3,027	24%	2,225	20%	2,041	16%	(184)	-2%
RESTRICTED - OVERHEADS	1,262	10%	1,410	11%	1,465	11%	1,377	12%	1,612	13%	235	2%
RESTRICTED - PROJECTS/PROGRAMS	6,539	55%	7,530	58%	8,280	65%	7,744	67%	9,130	71%	1,386	12%
DISASTERS/ENDOWMENTS	268	2%	326	3%								
<b>TOTAL DONOR INCOME</b>	<b>12,115</b>	<b>100%</b>	<b>12,668</b>	<b>100%</b>	<b>12,772</b>	<b>100%</b>	<b>11,346</b>	<b>100%</b>	<b>12,783</b>	<b>100%</b>	<b>1,437</b>	<b>13%</b>
<b>EXPENDITURE:</b>												
LOCAL SALARIES	6,242	50%	6,633	50%	6,583	52%	6,202	48%	6,368	47%	166	1%
INTERNATIONAL SALARIES	2,038	16%	2,299	17%	2,668	20%	2,862	22%	2,968	22%	128	1%
CONSULTANTS	208	2%	78	1%	247	2%	212	2%	257	2%	45	0%
MANDATORY COMMITTEES	112	1%	109	1%	85	1%	136	1%	121	1%	(15)	-0%
TRAVEL	292	2%	430	3%	449	4%	394	3%	579	4%	185	2%
SUPPLIES AND MATERIALS	1,502	12%	1,510	12%	1,401	11%	1,482	12%	1,596	12%	104	1%
REPAIR AND MAINTENANCE	209	2%	218	2%	168	1%	181	1%	115	1%	(66)	-1%
RENT, COMMUNICATIONS AND UTILITIES	481	4%	460	4%	388	3%	411	3%	421	3%	10	0%
PRINTING AND PUBLICATION	201	2%	240	2%	209	2%	235	2%	205	2%	(30)	-0%
TRAINING AND FELLOWSHIP	343	3%	376	3%	349	3%	368	3%	349	3%	(19)	-0%
STAFF DEVELOPMENT	118	1%	228	2%	138	1%	145	1%	241	2%	96	1%
OTHER EXPENSES	863	7%	1,028	9%	829	5%	789	6%	639	5%	(130)	-1%
OTHER RECEIPTS	(790)	-6%	(1,067)	-8%	(837)	-7%	(790)	-6%	(781)	-6%	(1)	-0%
<b>TOTAL INTERNAL CASH COST</b>	<b>11,817</b>	<b>96%</b>	<b>12,537</b>	<b>96%</b>	<b>12,455</b>	<b>98%</b>	<b>12,627</b>	<b>96%</b>	<b>13,068</b>	<b>96%</b>	<b>471</b>	<b>4%</b>
<b>DONOR CAPITAL EXPENDITURE</b>	<b>490</b>	<b>4%</b>	<b>459</b>	<b>4%</b>	<b>288</b>	<b>2%</b>	<b>281</b>	<b>2%</b>	<b>508</b>	<b>4%</b>	<b>227</b>	<b>2%</b>
<b>TOTAL OPERATING CASH COST</b>	<b>12,307</b>	<b>100%</b>	<b>12,996</b>	<b>100%</b>	<b>12,743</b>	<b>100%</b>	<b>12,908</b>	<b>100%</b>	<b>13,608</b>	<b>100%</b>	<b>698</b>	<b>6%</b>
<b>NET CASH SURPLUS/(DEFICIT)</b>	<b>(192)</b>		<b>(330)</b>		<b>29</b>		<b>(1,562)</b>		<b>(823)</b>		<b>739</b>	
DEPRECIATION	841		903		875		890		880		(10)	
<b>NET OPERATING SURPLUS/(DEFICIT)</b>	<b>(1,033)</b>		<b>(1,233)</b>		<b>(846)</b>		<b>(2,452)</b>		<b>(1,703)</b>		<b>749</b>	
<b>CAPITAL EXPENDITURE:</b>												
BANGLADESH	251						449					
JAPAN			710									
AUSAID	31											
DRD			166									

NOTE: Where necessary 1995 to 1997 figures have been regrouped between Unrestricted &amp; Restricted to conform with 1998 budget presentation.



## UNRESTRICTED AND RESTRICTED INCOME AND EXPENDITURE - 1995 TO 1998

(In US\$'000)

	ACTUAL	ACTUAL			BUDGET			FORECAST			BUDGET		
	1995	1996		TOTAL	1997		TOTAL	1997		TOTAL	1998		TOTAL
	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL
<b>INCOME:</b>													
CONTRIBUTIONS BY DONORS:													
UNRESTRICTED FUNDS	4,026	3,400		3,400	3,027		3,027	2,225		2,225	2,041		2,041
RESTRICTED - OVERHEADS	1,262	1,410		1,410	1,465		1,465	1,377		1,377	1,612		1,612
RESTRICTED - PROJECTS/PROGRAMS	6,539		7,530	7,530		8,280	8,280		7,744	7,744		8,130	8,130
DISASTERS/ENDOWMENTS	268	326		326									
<b>TOTAL INCOME</b>	<b>12,115</b>	<b>5,136</b>	<b>7,530</b>	<b>12,666</b>	<b>4,492</b>	<b>8,280</b>	<b>12,772</b>	<b>3,602</b>	<b>7,744</b>	<b>11,346</b>	<b>3,653</b>	<b>8,130</b>	<b>12,783</b>
<b>EXPENDITURE:</b>													
LOCAL SALARIES	6,242	3,757	2,676	6,433	3,449	3,134	6,583	3,483	2,719	6,202	3,174	3,194	6,368
INTERNATIONAL SALARIES	2,038	1,042	1,257	2,299	947	1,719	2,666	1,093	1,769	2,862	908	2,082	2,990
CONSULTANTS	208	17	59	76	19	228	247	22	190	212	82	195	257
MANDATORY COMMITTEES	112	109		109	65		65	88	48	136	121	0	121
TRAVEL	292	51	379	430	39	410	449	27	387	394	63	518	579
SUPPLIES AND MATERIALS	1,502	931	579	1,510	738	685	1,401	788	704	1,492	814	782	1,596
REPAIR AND MAINTENANCE	209	177	41	218	92	78	168	124	57	181	85	30	115
RENT, COMMUNICATIONS AND UTILITIES	481	234	228	460	194	194	389	214	197	411	229	192	421
PRINTING AND PUBLICATION	201	148	92	240	137	72	209	148	87	235	124	81	205
TRAINING AND FELLOWSHIP	343	103	274	376	98	251	349	88	280	368	88	281	349
STAFF DEVELOPMENT	116	6	222	228	7	131	138	6	139	145	1	240	241
OTHER EXPENSES	863	433	594	1,026	339	290	629	437	332	769	349	290	639
INTEDEPARTMENTAL SERVICES	0	(481)	481	0	(820)	820	0	(577)	577	0	(739)	739	0
OTHER RECEIPTS	(780)	(1,081)	(9)	(1,067)	(839)	2	(837)	(777)	(3)	(780)	(781)	0	(781)
<b>TOTAL INTERNAL CASH COST</b>	<b>11,817</b>	<b>5,466</b>	<b>7,071</b>	<b>12,537</b>	<b>4,463</b>	<b>7,892</b>	<b>12,455</b>	<b>5,164</b>	<b>7,463</b>	<b>12,627</b>	<b>4,476</b>	<b>6,622</b>	<b>13,098</b>
DONOR CAPITAL EXPENDITURE	490		459	459		288	288		281	281		508	508
<b>TOTAL OPERATING CASH COST</b>	<b>12,307</b>	<b>5,466</b>	<b>7,530</b>	<b>12,996</b>	<b>4,463</b>	<b>8,280</b>	<b>12,743</b>	<b>5,164</b>	<b>7,744</b>	<b>12,908</b>	<b>4,476</b>	<b>9,130</b>	<b>13,606</b>
<b>NET CASH SURPLUS/(DEFICIT)</b>	<b>(182)</b>	<b>(330)</b>	<b>0</b>	<b>(330)</b>	<b>29</b>	<b>0</b>	<b>29</b>	<b>(1,562)</b>	<b>0</b>	<b>(1,562)</b>	<b>(823)</b>	<b>0</b>	<b>(823)</b>
DEPRECIATION	841	903		903	875		875	890		890	880	0	880
<b>NET OPERATING SURPLUS/(DEFICIT)</b>	<b>(1,033)</b>	<b>(1,233)</b>	<b>0</b>	<b>(1,233)</b>	<b>(846)</b>	<b>0</b>	<b>(846)</b>	<b>(2,452)</b>	<b>0</b>	<b>(2,452)</b>	<b>(1,703)</b>	<b>0</b>	<b>(1,703)</b>
<b>CAPITAL EXPENDITURE:</b>													
BANGLADESH	251												449
JAPAN		710											
AusAID	31												
ODA		166											

NOTE: Where necessary 1995 to 1997 figures have been regrouped between Unrestricted &amp; Restricted to conform with 1998 budget presentation.

TABLE-4

## MAJOR DONORS CONTRIBUTIONS BY UNRESTRICTED &amp; RESTRICTED FUNDS - 1995 TO 1998

(IN US\$'000)

	1995		1996		1997		1997 - FORECAST			1998 - BUDGET			1998 - STATUS			
	ACTUAL		ACTUAL		BUDGET		UNREST	RESTR	TOTAL	UNRESTR	RESTR	TOTAL	FIRM	ESTIMATE		
<b>UNRESTRICTED FUNDS:</b>																
AUSTRALIA - AusAID	306	2.5%	242	1.9%	242	1.9%	254		254	2.2%	254	254	2.0%	254		
BANGLADESH	439	3.6%	663	5.2%	181	1.4%	230		230	2.0%	225	225	1.8%	225		
BELGIUM - BADC	210	1.7%	223	1.8%	228	1.8%	165		165	1.5%	165	165	1.3%	165		
CANADA - CIDA (CORE)	510	4.2%	219	1.7%	219	1.7%	216		216	1.9%	216	216	1.7%	216		
NETHERLANDS	497	4.1%	475	3.7%	475	3.7%	0		0	0.0%	0	0	0.0%	0		
SWEDEN - SIDA	339	2.8%	277	2.2%	365	2.9%	314		314	2.8%	314	314	2.5%	314		
SWITZERLAND - SDC	704	5.8%	506	4.0%	422	3.3%	342		342	3.0%	342	342	2.7%	342		
UNITED KINGDOM - DfID	447	3.7%	274	2.2%	278	2.2%	150		150	1.3%	0	0	0.0%	0		
UNITED STATES - USAID	300	2.5%	275	2.2%	275	2.2%	275		275	2.4%	275	275	2.2%	275		
UNICEF	250	2.1%	75	0.6%	75	0.6%	100		100	0.8%	100	100	0.8%	100		
OTHERS	24	0.2%	171	1.4%	268	2.1%	178		178	1.6%	150	150	1.2%	150		
DISASTER RELIEF & ENDOWMENTS	288	2.4%	328	2.6%	0	0.0%	0		0	0.0%	0	0	0.0%	0		
<b>TOTAL UNRESTRICTED</b>	<b>4,314</b>	<b>35.8%</b>	<b>3,728</b>	<b>29.4%</b>	<b>3,027</b>	<b>23.7%</b>	<b>2,225</b>	<b>0</b>	<b>2,225</b>	<b>19.6%</b>	<b>2,041</b>	<b>0</b>	<b>2,041</b>	<b>16.0%</b>	<b>1,825</b>	<b>216</b>
<b>RESTRICTED PROJECTS/PROGRAMMES FUNDS:</b>																
AusAID							78		78	0.7%		100	100	0.8%	100	
BANGLADESH-WB							6	111	117	1.0%	8	152	160	1.4%	160	
BELGIUM - BADC	182	1.5%	221	1.7%	206	1.6%		147	147	1.3%		81	81	0.5%	81	
<b>THE EUROPEAN UNION:</b>																
EUROPEAN UNION - BHFP				0.0%	604	4.7%	0	0	0	0.0%		583	583	4.6%	583	
LONDON SCHOOL H & T M (LSHTM)	103	0.9%	102	0.8%	74	0.6%	8	62	70	0.6%		(2)	(2)	-0.0%	(2)	
UNIVERSITY OF GOTE BORG	44	0.4%	55	0.4%	27	0.2%	4	14	18	0.2%		0	0	0.0%	0	
EU - DG XII		0.0%		0.0%					0	0.0%		0	0	0.0%	0	
FORD FOUNDATION	369	3.0%	460	3.6%	392	3.1%	32	374	406	3.6%	54	418	472	3.7%	472	
JAPAN	703	5.8%	680	5.4%	680	5.3%	71	608	680	6.0%	71	759	830	6.5%	830	
NETHERLANDS	224	1.8%	434	3.4%	133	1.0%	43	140	183	1.6%		14	14	0.1%	14	
NORWAY - NORAD	164	1.4%	125	1.0%	152	1.2%	34	108	142	1.3%	34	111	145	1.1%	145	
POPULATION COUNCIL	10	0.1%	122	1.0%	142	1.1%	25	125	150	1.3%			0	0.0%	0	
SWEDEN - SAREC	172	1.4%	221	1.7%	205	1.6%		220	220	1.9%		135	135	1.1%	135	
SWITZERLAND - SDC	599	4.9%	557	4.4%	619	4.8%	85	391	478	4.2%	78	365	443	3.5%	443	
SWISS RED CROSS	210	1.7%	220	1.7%	259	2.0%	35	241	277	2.4%	54	350	404	3.2%	404	
UNITED KINGDOM - DfID / BOT & PHSD								48	48	0.4%	216		216	1.7%	216	
- DfID / RTI	167	1.4%	150	1.2%	122	1.0%	17	122	139	1.2%	1	6	7	0.1%	7	
- DfID / HE	4	0.0%	13	0.1%	178	1.4%	26	182	208	1.8%	22	157	179	1.4%	179	
- DfID / DSS	0	0.0%	228	1.8%	227	1.8%	2	34	36	0.3%	1	25	26	0.2%	26	
- DfID / ANTINATAL			44	0.3%									0	0.0%	0	
- DfID / CHOLERA											17	54	71	0.6%	71	
UNDP - WHO	350	2.9%	350	2.8%	350	2.7%		350	350	3.1%		350	350	2.7%	350	
UNITED STATES - USAID:																
USAID/D: MCH - FP EXTENSION/OPF	2,681	22.1%	3,271	25.8%	3,000	23.5%	713	2,659	3,372	29.7%	808	3,233	4,041	31.6%	4,041	
USAID/W	1,265	10.4%	390	3.1%	896	7.0%	111	563	674	5.9%	135	675	811	6.3%	728	83
USAID/HKI					200	1.6%	5	19	24	0.2%	88	285	331	2.6%	331	
NIH	5	0.0%	158	1.2%	465	3.6%		445	445	3.9%		567	567	4.4%	567	
OMNI-HNI	14	0.1%	77	0.6%	75	0.6%	7	72	79	0.7%	1	9	10	0.1%	10	
OFDA	19	0.2%	26	0.2%	55	0.4%	9	28	37	0.3%	8	27	35	0.3%	35	
JHU	27	0.2%	109	0.9%			13	46	59	0.5%						
OTHERS	489	4.0%	928	7.3%	686	5.4%	52	634	685	6.0%	37	716	753	5.9%	645	108
<b>TOTAL RESTRICTED</b>	<b>7,801</b>	<b>64.4%</b>	<b>8,940</b>	<b>70.6%</b>	<b>9,745</b>	<b>76.3%</b>	<b>1,577</b>	<b>7,744</b>	<b>9,121</b>	<b>80.4%</b>	<b>1,612</b>	<b>9,130</b>	<b>10,742</b>	<b>84.0%</b>	<b>8,745</b>	<b>995</b>
<b>GRAND TOTAL</b>	<b>12,115</b>	<b>100%</b>	<b>12,668</b>	<b>100%</b>	<b>12,772</b>	<b>100%</b>	<b>2,602</b>	<b>7,744</b>	<b>11,346</b>	<b>100%</b>	<b>3,653</b>	<b>9,130</b>	<b>12,783</b>	<b>100%</b>	<b>11,568</b>	<b>1,215</b>

## OTHER DONORS CONTRIBUTIONS BY UNRESTRICTED &amp; RESTRICTED FUNDS - 1995 TO 1998

(In US\$'000)

	1995	1996	1997	1997 - FORECAST			1998 - BUDGET			1998 - STATUS FIRM
	ACTUAL	ACTUAL	BUDGET	UNREST	RESTR	TOTAL	UNREST	RESTR	TOTAL	
<b>UNRESTRICTED FUNDS: - OTHERS</b>										
ARAB GULF FUND	(150) -1.2%	100 0.6%	100 0.8%	100		100 0.9%	100		100 0.9%	100
CHINA	(20) -0.2%									
SAUDI ARABIA	59 0.5%	59 0.5%	59 0.5%	59		59 0.5%	50		50 0.4%	50
UNFPA	131 1.1%									
SRI LANKA	4 0.0%	3 0.1%	4 0.0%	4		4 0.0%	0			
CHF				5		5 0.0%				
SAVE THE CHILDREN (USA)				10		10 0.1%				
<b>TOTAL UNRESTRICTED - OTHERS</b>	<b>24 0.2%</b>	<b>166 1.0%</b>	<b>163 1.3%</b>	<b>179</b>	<b>0</b>	<b>179 1.5%</b>	<b>150</b>	<b>0</b>	<b>150 1.2%</b>	<b>150</b>
<b>RESTRICTED FUNDS: - OTHERS</b>										
AGA KHAN FOUNDATION	26 0.2%	103 0.8%	82 0.6%	2	20	22 0.2%			0 0.0%	0
AMEX (THRU CHF)	41 0.3%									
ASIAN DEV. BANK	22 0.2%		40 0.3%	0	0	0 0.0%				
AUSTRALIA - AusAID	5 0.0%	80 0.6%	77 0.6%	1	4	5 0.0%				
BAYER AG	9 0.1%									
BOG/DGHS/ARI	8 0.0%	0 0.0%	0.0%							
ICRW/USA: BRAC-ICDDR		1 0.0%	0.0%	7	23	30 0.3%	8	74	74 0.7%	74
CAFE	4 0.0%		0.0%					27	35 0.3%	35
CANADA/CHC-ASCON VI					5	5 0.0%				
EAST WEST INC.	3 0.0%	22 0.2%	0.0%							
FAMILY HEALTH INT./AIDSCAP	6 0.0%									
G. MASON FOUNDN		3 0.0%	0.0%							
HELLEN KELLER INTERNATIONAL	18 0.1%	8 0.0%	3 0.0%		25	25 0.2%		13	13 0.1%	13
IDRC	59 0.5%	30 0.2%	24 0.2%	3	10	10 0.1%		3	3 0.0%	3
INT'L ATOMIC ENERGY	2 0.0%	3 0.0%	0.0%							
MACRO	15 0.1%		0.0%	3	29	32 0.3%	3	29	32 0.3%	32
NEW ENGLAND MEDI. SCHOOL (NEMC)	52 0.4%	78 0.6%	101 0.8%		1	1 0.0%		6	6 0.1%	6
NIH/RAND CORPORATION	38 0.3%	296 2.3%	1 0.0%	15	49	64 0.6%	5	17	22 0.2%	22
PRAXIS		4 0.0%	23 0.2%			38 0.3%				
PROCTOR & GAMBLE		18 0.1%	15 0.1%		6	6 0.1%		22	22 0.2%	22
ROCKEFELLER FOUNDATION		28 0.2%	67 0.5%	2	22	24 0.2%	1	14	15 0.1%	15
SDRC	2 0.0%	3 0.0%	0.0%		14	14 0.1%		49	49 0.4%	49
SIGHT & LIFE	1 0.0%			1	4	5 0.0%				
SKF	2 0.0%									
THRASHER		39 0.3%	123 1.0%	4	58	60 0.5%	12	176	188 1.7%	188
UCB-OSMOTIC		11 0.1%	19 0.2%	5	16	21 0.2%	8	28	34 0.3%	34
UK/ODA-ASCON VI										
UNICEF	62 0.5%	92 0.7%	0.0%		16	16 0.1%				
UNIVERSITY OF ALABAMA	31 0.3%	8 0.1%	0.0%		144	144 1.3%		111	111 1.0%	111
UNIVERSITY OF CALIFORNIA	11 0.1%				28	28 0.2%				
UNIVERSITY OF EDINBOURG	3 0.0%									
UNIVERSITY OF IOWA	3 0.0%	0 0.0%	0.0%							
UNIVERSITY OF PENN										
USAID/NRECA							34	34	34 0.3%	34
WANDER AG	33 0.3%	10 0.1%	16 0.1%	8	31	39 0.3%				
WHO	37 0.3%	94 0.7%	96 0.8%	4	14	18 0.2%			0 0.0%	0
<b>TOTAL RESTRICTED</b>	<b>489 4.0%</b>	<b>928 7.3%</b>	<b>886 5.4%</b>	<b>52</b>	<b>634</b>	<b>686 6.0%</b>	<b>37</b>	<b>716</b>	<b>753 6.6%</b>	<b>645</b>

TABLE - 5

## UNRESTRICTED PROGRAM AND MANAGEMENT EXPENDITURE 1995 TO 1998

(In US\$ '000)

	ACTUAL 1995		ACTUAL 1996				BUDGET 1997				FORECAST 1997				BUDGET 1998				
	NET COSTS	% AGE	GROSS COSTS	RECOVER COSTS	NET COSTS	% AGE	GROSS COSTS	RECOVER COSTS	NET COSTS	% AGE	GROSS COSTS	RECOVER COSTS	NET COSTS	% AGE	GROSS COSTS	RECOVER COSTS	NET COSTS	% AGE	
<b>PROGRAMMES</b>																			
CLINICAL SCIENCES:																			
DHAKA HOSPITAL	1,554	12.8	1,538	(56)	1,482	11.4	1,439	(121)	1,318	10.3	1,277	(37)	1,240	9.6	1,183	(124)	1,059	7.9	
HOSPITAL SURVEILLANCE	3	0.0	174	(174)	0	0.0	180	(180)	0	0.0	184	(184)	0	0.0	190	(190)	0	0.0	
DIVISIONAL	0	0.0	256	(256)	0	0.0	285	(285)	0	0.0	285	(285)	0	0.0	284	(284)	0	0.0	
PUBLIC HEALTH SCIENCES:																			
MATLAB CLINICAL RESEARCH	383	3.1	342	(5)	337	2.6	243	0	243	1.9	287	0	287	2.2	381	0	381	2.7	
MATLAB ADMINISTRATION	178	1.4	382	(137)	225	1.7	315	(149)	166	1.3	310	(98)	212	1.6	299	(117)	182	1.3	
MATLAB FAMILY PLANNING	0	0.0	274	(274)	0	0.0	266	(266)	0	0.0	205	(205)	0	0.0	205	(205)	0	0.0	
MATLAB COMMUNITY RESEARCH	487	3.8	400	0	400	3.1	393	0	393	3.1	414	0	414	3.2	148	0	148	1.1	
DIVISIONAL	230	1.9	254	(3)	251	1.9	134	0	134	1.1	248	0	248	1.9	314	0	314	2.3	
HEALTH & DEMOGRAPHIC SURVEILL	658	5.3	592	(181)	511	3.9	607	(178)	429	3.4	505	0	505	4.7	452	0	452	3.3	
LABORATORY SCIENCES:																			
LABORATORY SERVICES	(42)	-0.3	1,408	(1,165)	242	1.9	1,281	(1,357)	(96)	-0.8	1,209	(1,278)	(67)	-0.5	1,158	(1,281)	(103)	-0.8	
DIVISIONAL	0	0.0	204	(140)	64	0.5	181	(143)	38	0.3	218	(141)	77	0.6	258	(143)	118	0.9	
HEALTH & POPULATION EXTENSION:																			
DIVISIONAL	168	1.4	49	(67)	(18)	-0.1	29	(23)	6	0.0	50	(45)	5	0.0	72	(24)	48	0.4	
TECHNICAL SUPPORT:																			
DISC	207	1.7	218	(22)	196	1.5	219	(27)	192	1.5	227	(22)	205	1.6	205	(23)	182	1.3	
TRAINING & DISSEMINATION	130	1.1	197	(91)	116	0.9	172	(81)	91	0.7	180	(104)	76	0.6	189	(87)	122	0.9	
COMPUTER SERVICES	31	0.3	170	(145)	25	0.2	184	(150)	34	0.3	149	(87)	62	0.5	135	(72)	63	0.5	
<b>TOTAL PROGRAMS</b>	<b>3,985</b>	<b>32.2</b>	<b>6,535</b>	<b>(2,706)</b>	<b>3,830</b>	<b>29.5</b>	<b>5,908</b>	<b>(2,960)</b>	<b>2,948</b>	<b>23.1</b>	<b>5,828</b>	<b>(2,464)</b>	<b>3,364</b>	<b>26.1</b>	<b>5,454</b>	<b>(2,510)</b>	<b>2,944</b>	<b>21.6</b>	
<b>MANAGEMENT</b>																			
DIRECTOR'S BUREAU	254	2.1	327	(1)	326	2.5	371	0	371	2.9	323	(3)	320	2.5	299	(2)	297	2.2	
EXTERNAL RELATIONS & INSTI. DEV.	73	0.6	138	0	138	1.0	152	0	152	1.2	108	0	108	0.8	147	0	147	1.1	
BOT & COMMITTEES	148	1.2	158	0	158	1.2	95	0	95	0.7	115	0	115	0.9	145	0	145	1.1	
ADMINISTRATION & PERSONNEL	840	6.8	1,338	(484)	854	6.8	1,153	(557)	606	4.8	1,222	(403)	819	6.3	1,132	(475)	657	4.8	
FINANCE	405	3.3	404	(25)	379	2.9	398	(23)	373	2.9	422	(18)	408	3.1	330	(25)	305	2.2	
OTHER	85	0.7	255	(471)	(218)	-1.7	177	(259)	(82)	-0.6	265	(233)	32	0.2	195	(214)	(19)	-0.1	
<b>TOTAL MANAGEMENT</b>	<b>1,803</b>	<b>14.8</b>	<b>2,818</b>	<b>(981)</b>	<b>1,835</b>	<b>12.6</b>	<b>2,354</b>	<b>(839)</b>	<b>1,515</b>	<b>11.9</b>	<b>2,455</b>	<b>(655)</b>	<b>1,800</b>	<b>13.9</b>	<b>2,248</b>	<b>(718)</b>	<b>1,532</b>	<b>11.3</b>	
<b>TOTAL PROGRAMS AND MANAGEMENT</b>	<b>5,788</b>	<b>46.9</b>	<b>9,353</b>	<b>(3,687)</b>	<b>5,665</b>	<b>42.1</b>	<b>8,262</b>	<b>(3,799)</b>	<b>4,463</b>	<b>35.0</b>	<b>8,283</b>	<b>(3,119)</b>	<b>5,164</b>	<b>40.0</b>	<b>7,702</b>	<b>(3,228)</b>	<b>4,478</b>	<b>32.9</b>	
<b>UNRESTRICTED FUNDS</b>	<b>5,788</b>	<b>46.9</b>			<b>5,665</b>	<b>42.1</b>			<b>4,463</b>	<b>35.0</b>			<b>5,164</b>	<b>40.0</b>			<b>4,478</b>	<b>32.9</b>	
<b>RESTRICTED FUNDS</b>	<b>6,539</b>	<b>53.1</b>			<b>7,530</b>	<b>57.9</b>			<b>8,280</b>	<b>65.0</b>			<b>7,744</b>	<b>60.0</b>			<b>9,130</b>	<b>67.1</b>	
<b>TOTAL</b>	<b>12,327</b>	<b>100.0</b>			<b>12,998</b>	<b>11.4</b>			<b>12,743</b>	<b>100.0</b>			<b>12,908</b>	<b>100.0</b>			<b>13,608</b>	<b>100.0</b>	

TABLE - 6

Estimated Expenditure, Recovery and Balance by Division for 1998

(IN US\$'000)

DIVISION (a)	ESTIMATED EXPENDITURE			RECOVERY BY DIVISION				BALANCE (i=d-h)	INTERNAL TRANSFER (Unrestricted) (j)	NET BALANCE (k=i-j)	FINAL UNRESTRI (l=k-c)
	Unrestri (b)	Restri. (c)	Total (d=b+c)	Restricted (e)	External Receipts (f)	Overheads (g)	Total (h=e+f+g)				
CSD	1,183	1,595	2,778	100	18	190	308	2,472	8	2,464	869
LSD	1,275	1,105	2,380	401	454	83	918	1,462	402	1,060	(45)
PHSD	1,535	2,147	3,682	25	14	223	262	3,420	38	3,382	1,235
HPED	72	3,857	3,929	19	5	904	928	3,001	0	3,001	(858)
DO	561	120	681	12	115	0	127	554	7	547	427
ERID	527	308	833	80	23	18	99	734	4	730	424
A & P	1,081	0	1,081	115	129	0	244	837	179	658	658
FD	465	0	465	7	25	0	32	433	65	368	368
<b>TOTAL</b>	<b>6,699</b>	<b>8,130</b>	<b>15,829</b>	<b>739</b>	<b>781</b>	<b>1,396</b>	<b>2,916</b>	<b>12,913</b>	<b>703</b>	<b>12,210</b>	<b>3,080</b>
ANTICIPATED DfD - PHSD						216	UNRESTRICTED CONTRIBUTIONS				2,041
TOTAL RESTRICTED - Overheads in TABLE 3 AND 4.						1,812	ANTICIPATED DfD - PHSD				216
							SURPLUS/(DEFICIT)				(823)

Note : (a)

Note : (a) If the DfD contribution is received in 1998 for supporting Matlab activities of PHSD then the final unrestricted expenditure will be reduced to \$1,019,000 for PHSD.

5/BT/NOV. 97

**RESOLUTIONS FROM THE  
PROGRAMME COMMITTEE**

Draft  
14/10/97

**PROGRAMME COMMITTEE MEETING - SUNDAY 2 NOVEMBER 1997**

**PROGRAMME  
(open)**

8.30 a.m. - 8.45 a.m. Approval of Agenda

**Reports on Activities of 1997 and Plans for 1998:**

8.45 a.m. - 9.00 a.m. Overview - Acting Director

9.00 a.m. - 9.30 a.m. Clinical Sciences Division

9.30 a.m. - 10.00 a.m. Laboratory Sciences Division

10.00 a.m. - 10.30 a.m. Public Health Sciences Division

10.30 a.m. - 11.00 a.m. Morning Tea/Coffee

11.00 a.m. - 11.30 a.m. Health and Population Extension Division

11.30 a.m. - 12.00 noon Training and Education Department

12.00 noon - 1.00 p.m. Progress on Integrated Institutional Review Report

1.00 p.m. - 2.00 p.m. Lunch (at the Centre)

**Selected Presentations on Achievements with Potential  
Programmatic Impact:**

2.00 p.m. - 2.10 p.m. Introduction on Scientific Working Groups

2.10 p.m. - 2.40 p.m. Working Group presentation

2.40 p.m. - 3.15 p.m. Working Group presentation

3.15 p.m. - 3.45 p.m. Afternoon Tea/Coffee

3.45 p.m. - 5.15 p.m. Twentieth Anniversary Forum

Draft  
14/10/97

PROGRAMME COMMITTEE MEETING - SUNDAY 2 NOVEMBER 1997

AGENDA

1. Report on Activities of 1997 and Plans for 1998:
  - Overview
  - Clinical Sciences Division
  - Laboratory Sciences Division
  - Public Health Sciences Division
  - Health and Population Extension Division
  - Training and Education Department
2. Progress Report on Integrated Institutional Review Report
3. Selected presentations on achievements with potential programmatic impact
4. Twentieth Anniversary Forum





## CENTRE

For Health and  
Population Research

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

# *DIRECTOR'S REPORT*

*1 OCTOBER 1996 TO 30 SEPTEMBER 1997*

*[Prepared by the Acting Director]*

TO

*THE BOARD OF TRUSTEES MEETING*

*1-3 NOVEMBER 1997*

International Centre for Diarrhoeal Disease Research, Bangladesh

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## 1.0 Overview

This report needs to highlight once again the chronic financial ill-health of the Centre. The past year has seen a continuing shift of donor support for health sector development from programme to project funding. Although the Centre continues to reformulate many of its core activities, such as the main hospital and at Matlab, they remain difficult to fund and fail to appeal to donors. However, efforts to attract new funds have continued, including a large submission to the European Union. We remain hopeful of receiving these new funds in 1998.

Continued efforts by the Centre's Dhaka, US and UK offices have been made in support of the two endowment funds - the Centre Fund and the Hospital Endowment Fund - although no large donations have been received during the past year. The first corporate private donation was received from Rhone-Poulenc-Rorer for the Hospital Endowment Fund at the June Board meeting in London.

In September 1996 the External Integrated Institutional Review of the Centre, supported by donors, was conducted and the Centre provided a response to the report to the June BOT meeting. Discussions have taken place during the past year on the urgent need to implement the report's recommendations, including organizational changes in the Centre's management structure and the need for at least two additional meetings with the Local Donors' Support Group.

The June 1997 Board of Trustees meeting was held in London and in conjunction with the Centre's major donors. All trustees attended, together with donor representatives from the headquarters of eight of the Centre's largest donors. The Centre's offices in Baltimore and the UK were also represented.

A major item for discussion at the June meetings was the proposal for a "Global Forum on the Future of the Centre" to be held in late 1998. This is intended to discuss the future scope of the Centre's research agenda as well as the financial challenges it faces in the year 2000 and beyond. It would also be a occasion to celebrate the 20th anniversary of the internationalization of the Centre in 1978. A Futures Committee has been formed to plan and organise the Forum, under the leadership of the BOT chairman.

September 1997 saw the departure of Dr. Demissie Habte, Director of the Centre since 1989. Dr. Habte's enormous contribution was recognised by the Board at the June meeting and prior to his departure, by the Government of Bangladesh, donors and staff from all divisions in the Centre. The June BOT meeting also gave many thanks to Dr. Maureen Law, former Chair of the Board, and Dr. Jon Rohde, UNICEF Trustee member, who completed their tenures of six years on the Board. The Trustees endorsed the recommendation of the Search Committee to appoint Professor Robert Suskind as the new Director. Management and staff of the Centre look forward to Dr. Suskind's arrival, as well as of the new Directors of Finance and the Laboratory Sciences Division who should be joining the Centre soon. Professor Patrick Vaughan was appointed Acting Director for the period late September until December 1997.

Like 1997, next year poses many new challenges for the Centre's scientific staff and senior management. However, despite financial difficulties, they have continued to pursue to a very high standard all their research, training, and service functions, which are well documented in the following pages of this report.

Prof. Patrick Vaughan  
Acting Director

## 2.0 Research and Related Activities

### 2.1 Research Output

Table 1 shows the number of publications and ongoing research protocols for this reporting period. Appendix I lists the relevant details.

**Table 1: Research Output**

Papers/Protocols	PHSD	CSD	LSD	HPED	Total
<b>Papers Published:</b>					
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
1 Apr 96 - 30 Sep 96	10	11	18	5	44
<b>Journal and Book Publications:</b>					
1 Oct 96 - 30 Sep 97	20	20	32	3	75
<b>Papers in Press:</b>					
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
1 Apr 96 - 30 Sep 96	5	17	12	3*	37
<b>Journal and Book Publications Accepted and in Press:</b>					
1 Oct 96 - 30 Sep 97	8	12	5	3	28
<b>Total Papers Published and in Press:</b>					
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
1 Apr 96 - 30 Sep 96	15	28	30	8*	81
1 Oct 96 - 30 Sep 97	28	32	37	6	103
<b>Research Protocols/Programmes in Progress:</b>					
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
1 Apr 96 - 30 Sep 96	31	25	18	11	85
1 Oct 96 - 30 Sep 97	49	28	19	19	115

For details of these see Appendix I.

\* Does not include published working papers.

## 2.2 Clinical Sciences Division

The number of patients (112,619) visiting the hospital during the 12 month reporting period continued at a high rate (see Table). Of these, 66,713 (mean, 5,559 per mo) or 59% of all patients required admission to one of the inpatient units (Short Stay, General Ward, ICU, Research Wards, NRU) of the hospital for more intensive treatment. Data from the first nine months of the current year enable a prediction of approximately five percent more visits in 1997 than the previous year, taking into account that the usual autumn cholera epidemic is a bit delayed this year. If the projections hold up, 1997 will be one of the busiest years for the hospital.

**Total number of patients attendance in Dhaka Hospital**

Patients	1995-96	1996-97
Total	107,729	112,619
Inpatient	68,940 (64%)	66,713 (59%)
Short Stay Ward	62,394	61,259
General Ward	4,002	3,594
ICU	1,806	1,334
Research Ward	738	526

### Achievements/ New Developments

#### A. Research Highlights

- A trial in adults with cholera demonstrated no difference in efficacy between reduced osmolarity ORS (RO-ORS) compared to standard ORS (WHO-ORS). Of note, the risk of hyponatremia was greater in the RO-ORS than WHO-ORS, however none of the hyponatremic patients in either group were symptomatic.
- ICDDR,B included 160 of 675 children to a five site multicentre trial of reduced osmolarity ORS (RO-ORS) compared to standard ORS (WHO-ORS) in children with acute watery diarrhea. No significant differences were observed in stool output or diarrhea duration, but the risk of unscheduled use of intravenous fluids was less in the RO- compared to WHO-ORS.
- The systematized clinical management of children with severe protein energy malnutrition and diarrhoea resulted in a marked and significant reduction of the case fatality rate from 16.7% (49/293) to 9.0% (30/334) compared to routine management. In addition, the protocolized management significantly reduced the per-patient cost of treatment through less use of intravenous fluids and more prudent use of expensive antibiotics.

- A single large dose of vitamin A (VA) significantly enhanced clinical recovery from shigellosis, indicating an adjunctive role for vitamin A in the treatment of children with acute shigellosis. Another trial observed that although VA supplementation did not effect seroconversion to oral polio vaccine, infants whose VA stores were adequate had markedly lower seroconversion and lower polio antibody titers compared to VA-deficient infants. A separate study showed a single large dose of VA at delivery increased breastmilk VA concentration and resulted in reduced duration of respiratory tract infections and of febrile illness in infants.
- Preliminary analysis of a collaborative study between HPED and CSD suggests that zinc supplementation of pregnant women has no effect on birthweight, including the incidence of low birth weight.

### **B. Updates on other developments**

- CSD scientists received commitments of over US\$ 1.4 million in 1997 from various donors for new scientific protocols, a substantial increase from previous years.
- The CSD, with the Nutrition Working Group, organized the "Zinc and Health in South Asia" symposium and workshop at ICDDR,B, 15-16 May, 1997 which was co-sponsored by UNICEF and The Sparkman Center, University of Alabama-Birmingham (international participation). The first day (symposium) reviewed the regional zinc research experience in zinc and health research. The second day (workshop) resulted in policy recommendations relevant to programme application and prioritization of future research.
- A technical advisory group workshop, jointly with PHSD, was held 12-13 March, 1997 to enhance the development of an evaluation research protocol for the "Impact of home gardening in Bangladesh", including international participation from USAID-Washington and Helen Keller International.

## **2.3 Laboratory Sciences Division**

### **Achievements/New developments**

- In our previous studies, we have shown that *Providencia alcalifaciens* can produce diarrhoea by an invasive mechanism. Now we show the epidemiological association of the organism with diarrhoea. *P. alcalifaciens* was isolated from the stool specimens of 17 of 814 children <5 years of age with diarrhoea (2.1%) and in only 4 of an equal number of matched control children (0.49%) ( $p=0.004$ ).
- A study on the prevalence of different serotypes of human rotavirus was carried out in different parts of Bangladesh including Dhaka, Matlab, Rangpur, Sylhet and Mirzapur with a combination of ELISAs and RT-PCR. The most common serotype was G4P8. An unusual serotype G9P6, possibly representing a hybrid between a human and animal strain, was found in 6.1 % of specimens.
- A monoclonal antibody to an enteropathogenic *Escherichia coli* (EPEC) secreted protein, EspD has been produced and used in an ELISA for diagnosis of EPEC infection. Preliminary results suggest that EspD is produced by all serotypes of EPEC, and hence the monoclonal antibody-based ELISA may be useful for the diagnosis of EPEC infection.

Monoclonal antibodies have also been produced to the lipopolysaccharide (LPS) antigen of *Shigella dysenteriae* 1 and the longus antigen of enterotoxigenic *E. coli*. These antibodies are being characterized for their utility for development of rapid diagnostic tests.

- A PCR assay, isoenzyme analysis, and the Tech Lab antigen detection test were compared for diagnosis of *Entamoeba histolytica* infection. All these tests showed excellent correlation with the antigen detection test being the most rapid and technically simple test.
- The molecular epidemiology of *Vibrio cholerae* O1 and O139 isolates has been continuously monitored in Dhaka. It has been previously shown that the post-O139 epidemic resurgent *V. cholerae* O1 isolates constituted a new clone. Now we also show that the recent *V. cholerae* O139 isolates constitute a new clone different from the clone that caused the initial epidemic. There have also been phenotypic changes in the recent isolates of *V. cholerae* O139. Unlike the earlier isolates, the recent isolates are susceptible to the vibriostatic compound O/129, and trimethoprim-methoxazole, and CAMP haemolysin negative. Moreover, the recent isolates seemed to produce a disease of lesser severity compared to the earlier isolates.
- Laboratory microcosm studies have been conducted with wild type *V. cholerae* O1 and its haemagglutinin/protease (HA/P) (mucinase) mutant for their ability to associate with the cyanobacterium, *Anabaena* sp. The wild type strain survived in culturable form longer with and attached better to, the cyanobacterium than the mucinase-deficient mutant. This suggested a role for mucinase in the long-term survival of *V. cholerae* O1.
- In the environmental studies of cholera, *V. cholerae* O1 and O139 have not been cultured from the environmental samples so far. However, many samples have been positive by fluorescent antibody technique for viable, non-culturable *V. cholerae*, but negative by *ctx*-PCR.
- Patients with cholera produce antibody secreting cells (ASCs) to LPS, cholera toxin and mannose-sensitive haemagglutinin of *V. cholerae*. They also produce Th1, Th2 and proinflammatory cytokines in peripheral blood and stool.
- Unlike in volunteer studies in developed countries where most of the pathogen-specific antibody secreting cells (ASCs) possess homing receptors for the gut mucosa (HR a4b7), most of the ASCs from Bangladeshi patients with cholera and enterotoxigenic *E. coli* diarrhoea possessed homing receptors for the gut mucosa and systemic compartment (HR, L-selection). This suggests involvement of the systemic compartment also in the homing of ASCs in diarrhoea-endemic developing countries.
- Immunoglobulin isotypes to Shiga toxin in the serum were compared between children with and without haemolytic uremic syndrome (HUS) associated with *Shigella dysenteriae* 1 infection. IgM levels were lower in children with HUS and IgA levels were higher in those children with HUS who had a short history of diarrhoea. These findings suggest that children with HUS have a secondary infection and the antibodies may not protect against the development of HUS.

- The aetiology of RTI/STI has been studied in two population groups: the urban slum dwellers in Dhaka (collaborative study with Health and Population Extension Division) and women attending the Bangladesh Womens' Health Coalition (BWHC) clinic in Mirpur, Dhaka. Results on 1500 adult slum dwellers showed that 5.5% had syphilis, 6.8% had hepatitis B infection, 1% had gonorrhoea, and 0.5% had chlamydial infection. *T. vaginalis* was found in 2% of the population. In the study on 782 women at BWHC clinic, the following were found: 0.7% gonorrhoea, 0.7% syphilis, 1.8% chlamydiosis, 1.8% *T. vaginalis*, 14.1% yeasts, and 20% bacterial vaginosis. The sensitivity and specificity of WHO algorithm for gonococcal/chlamydial cervicitis were 36% and 67% respectively.
- Serum samples from the above Dhaka slum study and a previous RTI/STI study in rural Matlab were tested in an unlinked anonymous way for HIV status by a commercial ELISA. 4/902 samples from Matlab and 6/759 samples from Dhaka were positive for HIV, but upon confirmatory testing by Western blot, all ELISA positive samples were found to be negative.
- For safe blood transfusion in our hospitals, 249 bags of blood from commercial sources were tested for HIV, HBsAg and syphilis (VDRL test and TPHA test). No sample was positive for HIV, but 23% were positive for VDRL and TPHA tests, and 10% were positive for HBsAg.

## 2.4 Health and Population Extension Division

During this reporting period the Division witnessed several significant milestones which greatly contributed in consolidating the Division's primary mandate in operations research and extension activities. The following is a summary of the Division's major achievements:

### A. The MCH-FP Extension Project/ Operations Research Project

- The Co-operative Agreement between USAID/Dhaka and ICDDR,B concluded in July and the new *Operations Research Project (ORP)* was initiated on August 1, 1997. The agreement is for five years (extendable by two) and is for US\$21.9 million.

The former rural and urban MCH-FP Extension Projects were transformed into the new Operations Research Project which is structured around six scientific working teams and one administrative support services team.

- The primary purpose of the Operations Research Project is to improve the national health and population programme (GoB, NGO, and commercial sector). To this end, the ORP will effect appropriate programmatic and policy changes through conducting applied research, disseminating results, and providing technical assistance. The ORP will design and test sustainable service delivery systems for rural and urban areas. This will include conducting applied research to operationalize the Essential Services Package (ESP) and to strengthen the support systems (e.g., management, quality) for a sustainable national health and population program.



- The MCH-FP Extension Project's (Rural) primary objective was to provide input to improve the national family planning and maternal and child health program. The Project concentrated its research work in three areas, in order to improve access, utilization and sustainability of the national program. These three elements were improvements in program management, quality of care both at static facilities as well as services provided by field workers, and long-term sustainability of the national program through alternative modes of service delivery, differential pricing schemes.
- The Project's efforts to improve maternal and neonatal health through development of basic emergency obstetric care (EOC) at Abhoynagar and later comprehensive EOC at the Mirsarai Thana Health Complex received full support from the Government. Based on the initial findings of the EOC intervention, the Government has decided to start the process of replication in five additional thanas with technical assistance from the Project. If the expansion in the five thanas is successful, the Government has indicated its intention to provide comprehensive quality EOC services in all the THCs of the country in a phased-in manner.
- The health and family planning infrastructure has developed a range of services through a tired system. In practice, however, most services are not linked to other services. To address this weakness, a package of essential services has been developed and is being field tested. The fundamental concept of essential services package (ESP) has been accepted by the Government of Bangladesh, USAID and World Bank, as the cornerstone of all future health and family planning service delivery agenda.
- The MCH-FP Extension Project (Urban) focussed its activities in urban areas. The Urban Project's research and technical assistance activities prompted the Government to redistribute clinics and develop functional coordination at local level among providers leading to improved coverage, minimized duplication of services and an expanded range of services available to the urban poor. The formation of health and family planning coordination committees in Dhaka and 55 other municipalities, based on the Project's TA, has contributed in improving service delivery in the project's intervention sites in urban areas.
- The Project's work with NGOs in designing alternative service delivery strategies so as to move away from costly doorstep service delivery has received encouraging responses from NGOs without impacting on the quality and quantity of services.
- Both the Extension Projects' activities had a significant influence in shaping the mandate of the Health and Population Sector Strategy (HPSS) of the Government and the USAID-funded National Integrated Population and Health Program (NIPHP), for example, by testing the Essential Service Package; testing alternative service delivery strategies to move from the doorstep to fixed sites; operationalising comprehensive EOC services at the thana level; and, increasing the emphasis on providing services in low-performing areas.
- One of the significant achievements has been the policy and programmatic feedback into the national programme. Equally important has been the close linkage we have been able to foster between the researchers and policy makers through joint field visits, workshops and dissemination seminars.

## **B. Epidemic Control Preparedness Programme (ECP)**

- Epidemic Control Preparedness Programme's basic task is to develop a system which provides early warning of impending cholera epidemics in the country. ECP continues to provide technical assistance to the Government in the control of diarrhoeal epidemics, maintains surveillance of cholera outbreaks in sentinel sites, conduct epidemiological and ecological study of cholera at selected sites and assists GoB in capacity building by training some 145 medical doctors so far. ECP is funded by NORAD & NIH.

## **C. Environmental Health Programme (EHP)**

- The Environmental Health Programme's purpose is to study the environmental issues as they relate to health. EHP undertakes its activities with concerned municipalities under the line Ministry (LGRD&C) in both urban and rural areas and the Health Ministry as a collaborative effort. EHP continues to provide technical assistance in strengthening the community level coordination committees for water and sanitation activities. EHP strives to develop a participatory, multilateral approach towards water and sanitation that brings communities, elected representatives, Government agencies and NGOs together to function as a sustainable model. EHP is funded by the World Bank/GoB, SDC, UNICEF & USAID.
- In recognition of the importance of environmental health and its impact on the overall well being of the community, recently the Government and the World Bank have approved funding of a project, "Environmental Health Care Perception", to be carried out by EHP, under the Bank's Innovative Activities Scheme.

## **2.5 Public Health Sciences Division**

### **Recent Scientific Achievements**

- A new phase two randomised controlled trial of tetravalent rhesus-rotavirus vaccine has been approved and partially funded by WHO/GPV Geneva for implementation in Matlab.
- The maternal-infant pairs study of the possible inter-active effects of polysaccharide and conjugate pneumococcal vaccines will start soon, after a delay on the delivery of the vaccines from the manufacturer.
- Clinical randomised trial of bismuth subsalicylate for the treatment of persistent diarrhoea was completed and it showed no detectable improvement over the control group.
- Large cross-sectional survey of RTIs/STDs in rural Matlab population, in both men and women, showed a lower than expected prevalence but about 1% of women had evidence of current syphilis infection.
- The Mirzapur birth cohort followup study for the epidemiology of diarrhoea and ARI was successfully completed and laboratory and statistical analysis is continuing.
- Household nutrition education in a controlled village based trial for the promotion of beta-carotene rich foods as sources of vitamin A in children was shown to substantially improve dietary intake.

## Programme Developments

- During the past year the Division has been reorganised into six scientific programmes covering: Matlab Health Research, Reproductive Health, Child Health, Health and Demographic Surveillance, Social and Behavioural Sciences, and Health Economics.
- Matlab Health Research Programme:** The clinical sections have been reorganised to give more integrated services for both mothers and children at Matlab, while the community services in the Intervention Area will produce a more comprehensive approach to curative and preventive services for primary health care. In a similar way, more decentralised control has been given to the senior management team in Matlab.
- Reproductive Health Programme:** This new programme has started in 1997 with the RTIs/STDs rural and urban surveys and is developing new studies on adolescent health, safe motherhood and male involvement in family planning.
- Child Health Programme:** This new programme has concentrated on developing new vaccine trials for conjugate pneumococcal and rhesus rotavirus vaccines, and on the surveillance for ALRI and diarrhoea pathogens.
- Health and Demographic Surveillance Programme:** This now has responsibility for the demographic surveillance, MCH-FP record keeping and geographical information systems that cover Matlab. Methods for data collection, handling and linkage are now being updated and modernised.
- Social and Behavioural Sciences Programme:** Although staff training and capacity building continue, an increasing emphasis is being placed on developing new research protocols on male sexuality, commercial sex workers, risk behaviours for HIV/AIDS transmission and drug abuse in Bangladesh.
- Health Economics Programme:** This new research programme started in January 1997 and has research interests covering such areas as health systems, user fees, Integrated Management of Childhood Illness (IMCI), evaluation of home gardens, and production and distribution of iodised salt.
- Three international posts for senior scientists were filled in epidemiology, social and behavioural sciences and health economics. In order to strengthen staff research capacity five Divisional staff have left for PhD training and three for MSc courses overseas.
- In addition, the scientific management of the Divisions research programmes and protocols was greatly improved by strengthening the support role of the Divisional Office.

## 3.0 Training and Education Department

### 3.1 Staff Development

Twenty eight staff members returned after completion of training of which two completed their required course works for Ph.D. The Centre staff continued to participate in international conferences as well as the in-house academic activities.

**Table 2: Training courses, conferences and workshops attended by staff members**

Training courses, conferences and workshops attended	Number of persons
Conferences and workshops	71
Short courses and training	20
Masters' completed	6
Ph.D. partially completed*	2

\* They completed their required courses and they are now developing their research protocols at the Centre for their dissertations.

[Detailed information is included in the appendices]

### 3.2 Training courses

Table 3 shows a listing of the activities of the Training and Education Department (TED) made up primarily of short courses and of long term fellowship programmes. The quality of the training programme has steadily improved over the last few years. Participants came from 26 countries of the world.

## 4.0 Health Care Services

The Centre has continued to provide health care services through the Dhaka "cholera" hospital, the Matlab services and sub-centres, together with the doorstep health service by community health workers (see Tables 4-6).

There has been a steady increase in the number of patients seen in the Dhaka hospital, as well as in the high percentage of patients coming from outside the DSS areas to the Matlab health facilities.

Table 3: ICDDR,B Training Activities during 01 October 1996 - 30 September 1997

Particulars of activities/courses/programmes	Numbers	
	Courses	Participants
<b>1. Health Research Training Programme</b>		
1.1 Health Research Training Fellowship		02
1.2 International Workshop on Research Methodology	1	10
1.3 Introductory Course on Epidemiology and Biostatistics	1	25
1.4 Postgraduate Students from universities** of Bangladesh (M.Sc.-9, M.Phil -1 & Ph.D-1)		11
<b>2. Clinical Fellowship Programme</b>		
2.1 Fellows under SAARC Fellowship Programme		07
2.2 Fellows under BADC Fellowship Programme		05
2.3 Clinical Fellows (national)***		11
2.4 Nursing Fellows (national)		15
2.5 International fellows		16
<b>3. Short International Training Courses</b>		
3.1 Clinical Management of Diarrhoeal Diseases	1	13
3.2 Laboratory Diagnosis of Common Diarrhoeal Disease Agents	1	11
3.3 Workshop on Emergency Response to Cholera and Shigella Epidemics	1	12
3.4 Improving Effectiveness and Quality of Care in MCH-FP Programmes through Operations Research	1	08
<b>4. Short National Training Courses</b>		
4.1 Clinical Management of Diarrhoeal Diseases	2	22
4.2 Training of Trainers (Staff Education Programme) on HIV	1	24
4.3 Applied Health Economics for Developing Countries (2 weeks)	1	16
<b>5. Others</b>		
5.1. Students from Dhaka University Library Sciences Department		16
5.2. Orientation Training		247
5.3. Seminars: 45		
- Weekly Seminars - 05		
- Inter-divisional Scientific Meeting - 38		
- Clinical Seminars - 02		
<b>Total</b>	<b>10</b>	<b>501</b>

Note: \* One fellow was sponsored by World Health Organization

\*\* Four M.Sc. students have been recruited during the period.

\*\*\* 4 fellows have been recruited during the period.

**Home countries of participants:**

- a) Asia : Bangladesh, Bhutan, Cambodia, India, Indonesia, Myanmar, Maldives, Malaysia, Pakistan, Philippines, Thailand and Vietnam.
- b) Africa : Congo, Ethiopia, Ghana, Kenya, Rwanda and Senegal.
- d) Europe : Croatia, Germany, Holland, Spain, Switzerland and UK
- e) North America : U.S.A. and Canada



CLINICAL RESEARCH AND SERVICE CENTRE : DHAKA

Patients records of October '96 to September '97.

Months	Visits			Admissions								Grand Total
	OPD			GW + RW +NRU				SCU (direct admissions only)				
	≤ 12 hours	≥ 12 hours	Total	< 1 day	1 - 7 days	>7 days	Total	< 1 day	1 - 7 days	>7 days	Total	
Oct '96	5,546	2,951	8,497	4	279	84	367	2	120	18	140	507
Nov '96	4,812	2,541	7,353	3	208	38	249	8	96	15	119	368
Dec '96	6,215	2,203	8,418	2	208	44	254	4	83	12	99	353
Jan '97	6,359	2,118	8,477	3	250	65	318	5	68	14	87	405
Feb '97	4,205	1,131	5,336	3	163	39	205	4	43	11	58	263
Mar '97	8,727	2,647	11,374	2	351	79	432	8	85	9	102	534
Apr '97	11,114	3,660	14,774	1	403	90	494	6	137	16	159	653
May '97	12,093	3,706	15,799	4	466	97	567	9	162	26	197	764
Jun '97	7,406	2,588	9,994	1	359	94	454	7	110	18	135	589
Jul '97	5,964	2,490	8,454	0	198	83	281	5	74	20	99	380
Aug '97	5,560	2,022	7,582	1	203	76	280	0	62	8	70	350
Sep '97	3,111	3,450	6,561	1	176	43	220	7	53	8	68	288
<b>Total</b>	<b>81,112</b>	<b>31,507</b>	<b>112,619</b>	<b>25</b>	<b>3,101</b>	<b>832</b>	<b>4,121</b>	<b>65</b>	<b>1,093</b>	<b>175</b>	<b>1,333</b>	<b>5,454</b>

\* SSW = Short Stay Ward, GW = General Ward, SCU = Special Care unit, NRU = Nutrition Rehabilitation Unit, RW = Research Ward.

Table 4: Patient attendances: Clinical Research and Service Centre, Dhaka

**Table 5: Patient Attendances: Matlab Diarrhoea Treatment Centre**

Month	<1 Day	1 Day	2-6 Days	7 Days or more	Total
October 1996	289	259	249	14	811
November 1996	288	403	325	24	1040
December 1996	295	350	311	13	969
January 1997	351	297	293	14	955
February 1997	117	139	180	16	452
March 1997	255	188	178	25	646
April 1997	587	461	318	25	1391
May 197	729	650	504	20	1903
June 1997	498	450	351	28	1327
July 1997	358	411	306	20	1095
August 1997	326	307	205	7	845
September 1997	393	332	200	9	934
<b>Total:</b>	<b>4486</b>	<b>4247</b>	<b>3420</b>	<b>215</b>	<b>12368</b>

Table 6: Patients Attendance: Matlab MCH-FP service

Distribution by Duration of Stay

<i>MONTH</i>	<i>Outpatients</i>	<i>Inpatient 1 day</i>	<i>Inpatients 2-7 days</i>	<i>Inpatients 7 days or more</i>
October 1996	2729	9	70	18
November	2772	6	53	8
December	2162	13	41	9
January 1997	2611	8	50	13
February	1845	13	39	12
March	2808	15	46	12
April	2574	22	40	16
May	2957	23	57	10
June	3061	25	60	10
July	2928	24	81	14
August	3077	24	85	15
September	2941	30	58	20
Total	32465	212	680	157
Percentage		0.65	2.09	0.48



## 5.0. Technical Services

### 5.1 Computer Information Service

Besides normal support services for the Centre, CIS's major achievement was in implementing a computer upgrade project for the Centre by AIT (Asian Institute of Technology) of Bangkok which had been evaluated by the National Computing Centre (UK) and supported by the Department for International Development (DfID-UK). After verification by DfID, AIT was selected as the Project Manager by ICDDR,B.

#### Achievements

- Under Phase-I the Project Manager from the Asian Institute of Technology Bangkok, covered the acquisition of hardware and software, initial training on operations under the new platforms, the conversion of existing software, and loading of both programmes and data files onto the new platforms.

Phase-I replaces the IBM Mainframe System 4361 that has been in operation since 1985 and which runs the DSS database and personnel management system. In Phase-I, all the applications (Finance, DSS and Personnel) were moved to platforms AS/400 and SUN UNIX Server. The IBM mainframe will be decommissioned by the end of 1997. Centrewide backbones and LANs will be introduced in early 1998 so that users can access their applications from their respective PCs.

- A new online financial information system is being developed.
- On-line email system through on-line access to the Internet, a Centre web page and web browsing facilities for Scientists at the Centre has been installed.
- Phase 2 will cover the replacement of the backbone with fiber optic cable, the extension of LANs to Centre wide coverage and the major exercise of rewriting the application software. To reduce operating costs CIS is looking into various options for all the applications and the platforms used in the Centre.

### 5.2 Dissemination and Information Services Centre (DISC)

During the reporting period, DISC performed the following activities:

#### A. Publications

- Four issues of Glimpse, three of Shasthya Sanglap, three of bilingual ICDDR,B News, four of Journal of Diarrhoeal Diseases Research, and the 1996 Annual Report have been published and distributed. Six special publications, one specialized bibliography on nutrition research at ICDDR,B, one scientific report, and two monographs were also published. DISC gave editorial services to scientists for 56 papers.

## **B. Library use**

- More than 450 Centre's staff members and 9,707 outside researchers, teachers, physicians, and students from universities, medical institutions, and other organizations used the library facilities. It provided nearly 70,000 xeroxed pages of scientific literature and issued over 16,000 books and journals.

## **C. Database and bibliographic services**

- The library maintains the Medline, Popline, Nutrition, and AIDS databases on CD-ROMs, and the Current Contents: Life Sciences on diskettes. Over 400 searches were made. A total of 22 issues of the DISC Bulletin were produced. Information on 2,147 relevant articles, documents, books and monographs were disseminated through the Bulletin.

## **D. National collaboration**

- Under the collaborative activities with the national institutions, DISC continued to donate duplicate copies of books and duplicate issues of journals to different libraries of the country. The library organized training programmes of 1-3 months' duration for 5 library professionals who came from different organizations.

## **5.3 Audio-Visual Unit**

The unit continued to assist staff of different Divisions with relevant support. Layout, illustrations and photographs were provided for publication of Glimpse, JDDR, ICDDR,B News, Partnership in Progress, and for some special publications. In addition, slides and display materials, Christmas and Eid Cards were designed and printed from the AVU unit. Photo albums and commendation plaques were prepared for donors, senior staff and Trustees.

## **5.4 Bio-engineering Cell**

The Bioengineering Cell (BEC) installed 17 pieces of new equipment. In 1997, BEC acquired 5 pieces of new measuring and diagnostic equipment which will greatly enhance the Cell's troubleshooting capacity.

As part of assistance towards national institutions, BEC helped various institutions such as IPH, IEDCR, CRP, BIRDEM, DU, etc to solve their technical problems and also imparted training.

Under staff development for biological safety, one engineer from BEC successfully completed a training course at the Harvard School of Public Health, USA, on "Testing and certification of Biological Safety Cabinets" and made an orientation visit to the CDC Laboratory at Atlanta, USA.

## 5.5 Animal Resources Branch (ARB)

During the period from October 1996 to September 30, 1997, ARB provided research support against 24 budget codes including 8 ongoing research protocols. The required number of animals of different species were bred. ARB maintained its inter-institutional collaboration with national research/academic institutions.

## 6.0 Administration and Personnel

### 6.1 Personnel Office

The Centre's fixed-term staff on 30 September 1997 stood at 988 out of whom 20 were international professionals, 164 national officers and 804 belonged to the general services category. Out of this 988 again, 577 were core funded (unrestricted) and 391 were project funded (restricted).

Besides the international professionals, the distribution of the total fixed-term staff were 548 for Research (scientific, support and field), 233 for Research Administration, 142 for Administration & Personnel and 45 for Finance.

The Centre also had in the other categories 7 international seconded staff, 12 short-term (international, NO & GS) staff, 161 community health workers and 64 auxiliary health workers.

#### Additions: NO & GS

a) Conversion from Contractual Service Agreement	:	9
b) New appointments	:	9

#### Separations: NO & GS

a) Retirement/Abolition of post/Release	:	22
b) Resignation	:	9
c) Separation by Mutual Agreement	:	2

#### International Professional

a) Conversion to Fixed-term	:	4
b) New appointments	:	2
		-----
		24

a) Released	:	3
		-----
		36

Net separation : 12

### 6.2 Engineering and Maintenance Office

The following constructions were commenced during the reporting period :

- Part of the 2nd floor of 7000 sq. ft. area on top of the hospital (South west wing) has been constructed.
- All toilets in the IPH building and Library building have been renovated.

- The rest of the 2nd floor of the hospital building of 18000 sq. ft. is under construction, supported by funds from the Government of the People's Republic of Bangladesh. Director, Division Directors, Finance and Personnel offices will be relocated there.
- Construction of the International Family Planning Training Centre at Matlab, with support from Japanese project funding, has been started at Matlab and should be completed early in 1998.

### **Transport Management Unit**

During the period the Transport Office has operated its logistic support activities with 78 vehicles. Recently 18 vehicles have been written off and 10 vehicles from the Ford Foundation have been added to the fleet. Besides these, there are 9 hired vehicle plying mainly for drop and pick-up of staff. The radio communication system between Dhaka and Matlab has been working effectively.

## **6.3 Administration**

The **Travel Office** continued to provide travel assistance to staff members, consultants, visitors and trainees conference and workshop participants. In addition, the Travel Office maintained and supervised the Guest House of the Centre, and facilitated the import/export of personal effects, visas and customs passbooks.

During the period the **Estate Office** maintained the telecommunications systems of the Centre in working order. The Centre has a 15x255 PABX lines and approximately 85 direct telephone connections.

A total of 21,871 patients attended the **Staff Clinic**, and a total of 5 seminars for health education of staff and their dependents have been organized by the Staff Clinic.

## **6.4 Procurement Branch**

This office continued to procure scientific and other materials for the Centre through local and overseas purchase to the value of approximate US \$1.43m. A new computerised record keeping system has been introduced.

## **7.0 Finance**

The following activities were undertaken during the period:

Installation of the IBM AS/400 and UNIX computer platforms, conversion of all operating programs, setup of the WEB site and virtual completion of the initial local area networks. Parallel running against the IBM 4361 has started and will continue over the next one or two months. The IBM 4361 will be decommissioned after running Matlab year books though these may well be able to run under the UNIX platform. Phase one of the information technology strategy will be completed by the end of the year.

Many of the national staff had requested that they be allowed to access part of their retirement fund. The total requested was \$2.2 million of which \$2 million was funded. The balance is being funded out of monthly Centre and staff contributions.

Most of the Ford Foundation fixed assets are now in the Centre's possession. Items which are surplus to the needs of the Centre continue to be disposed of. Many of the items retained by the Centre will equip the new Matlab training Centre.

The Centre's banking agreement with Amex was renegotiated for a further year.

## 8.0 External Relations & Institutional Development Office

### 8.1 Dhaka office

#### Preparation of Project Proposals

- The ERID office prepared the institutional components of proposals to Australian Agency for International Development (AusAID) for 1997 and 1998, Belgian Administration for Development Cooperation (BADC) for 1998-2001, Japan (1997), Kingdom of Saudi Arabia (1996-2000), Swiss Development Cooperation (SDC) for 1998-2000, The Netherlands (1997-99), Norwegian Agency for Development (NORAD) for 1997, United Nations Development Programme (UNDP) for 1997-2001.
- Proposals were also sent to NORAD (1997-98) for funding of ECPP and an ORT Corner of the Hospital; to UNICEF (1997-99) for funding of the Hospital's Child Health Programme; to AusAID (1997) for the Dhaka hospital's Short-Stay Ward; to the European Union for the Bangladesh Health and Family Welfare Action Research Project (BHARP).
- Mr. Anthony Shillingford (BESO) continued to look at the Centre's publication on cost and management of the Centre's Dhaka and Matlab hospitals and Ms. Gillian Duffy (consultant) prepared the "Scientific Achievements 1990-95".

#### Hospital Endowment Fund (HEF)

- The Hospital Endowment Committee (HEC) is chaired by Maj. Gen. (Retd.) M.R. Choudhury. Honour Boards recognizing contributions to the HEF have been placed in the Dhaka hospital lobby for permanent display. The fund has reached \$4.3 million, with the target of \$10 million by the year 2000. The Rhone Poulenc Rorer became the first private corporate donor with a gift of \$50,000. The annual dinner raised \$25,000 and concerts raised some additional funds.
- Goodwill Ambassadors** - Recruitment of Goodwill Ambassadors as volunteers for the hospital endowment fund campaign was recognized as an important early step for fund-raising.

- **International Health Solutions Trust** - This charity has been registered in UK and was initiated by Mr. Tony Shillingford, a British Executive Services Overseas (BESO) consultant. The Trust can raise funds in the UK on the Centre's behalf. Mr. Peter McLean was appointed Chairman, and the Trust received support from the Bangladesh High Commissioner in London and from the British Bangladesh Chamber of Commerce.

#### **A Special Visitor**

- The Hon'ble Prime Minister of the People's Republic of Bangladesh Sheikh Hasina visited the Centre on 22 December 1996. The Prime Minister was full of praise for the "Mohakhali Cholera Hospital" and thanked the Centre for providing services to Bangladeshis free of charge. She said it was a matter of national pride that Bangladesh has the best diarrhoeal disease hospital in the world.
- Bangladesh, as the host government, increased its regular contribution to \$250,000 per annum. In addition, a one-off contribution of \$500,000 was given for the Centre's unrestricted fund for expansion of the second floor of the hospital building.

#### **Grants Administration**

- ERID continued to make sure that the terms and conditions of research grants and contracts were acceptable and that donors received their respective reports and communications.

#### **Global Communications**

- ERID worked with the Centre's Computer branch to put ICDDR,B on a web page. The Centre's 1996 Annual Report, news on training courses, vacancies, Endowment Fund appeal, GLIMPSE, brief overview on ICDDR,B, story of ORS, Centre's newsletter, Operations Research Project activities, and e-mail addresses of senior staff members were also included in the web page.

#### **Publications**

- The ERID Office assisted in the preparation and production of the 1997-98 Biennial Work Plan, 1996 Annual Report, "Proceedings of the Donors' Support Group Meeting-November 1996", and in the dissemination of the Centre's research findings during ASCON VI, including media coverage.

## 8.2 North American Office

The Centre's US Office in Baltimore has been working on the endowment campaign and general development activities.

### Forum on the Future of the Centre

- The US Office assisted in the coordination of the Donors Meeting held in conjunction with the Board of Trustees Meeting in London in June 1997. It has been appointed as the Secretariat for the planning and execution of the "Global Forum on the Future of the Centre". The Forum will celebrate the 20th anniversary of the Centre's internationalization and help shape the Centre's future capabilities and priorities. A central objective is the re-commitment of continuing support by current and new donors, as well as contributions to the endowment fund.

### Endowment Contributions

- The office has developed and presented proposals to the Canadian International Development Agency and the Department for International Development (UK) for endowment contributions.

### Corporate Cultivation

- The relationship between the Centre and Pasteur Merieux Connaught represents an important accomplishment of the U.S. Office over the past year. The office has also been researching corporations that have operations in Asia and might be interested in supporting the Centre. The most promising ones at this time are American Express, Citibank, Levi Strauss & Company, Novartis, Wyeth-Ayerst, Chase Manhattan Bank, and Baxter International. Numerous contacts have been made and supporting activities for each of these prospects have been undertaken.

### Liaison Activities

- The office has been in contact with USAID, the Johns Hopkins University and the World Bank on a weekly basis, facilitating communications, providing background material and generally keeping the Centre's profile before the Agency. The benefits of having a North American office in close proximity to these and other donor agencies are realized frequently.

### Administration of Endowment Funds Managed by Morgan Stanley

- The North American office has been the central liaison with Morgan Stanley, the New York-based managers of a portion of the Centre's endowment fund.

### Bangladeshi-American Campaign

- The office has developed a strategy to obtain contributions by Americans of Bangladeshi descent. The campaign is called "Renewing the Promise", and targets the Bangladeshi community in North America as well as business and community leaders in Bangladesh.

### **8.3 Committee Coordination Office**

The Committees Coordination Manager continued to organize the Centre's mandatory committees as under:

#### **Research Review Committee (RRC)**

- During the reporting period, the RRC met 9 times and considered 32 research proposals, including two umbrella projects. The Committee approved 29 research proposals, and the two umbrella projects were noted. One research proposal was under review.
- It was a long felt necessity to (a) develop a new format for research protocols, and (b) define more rigorous procedures for preparation, review process, monitoring and coordinating the research protocols at different levels. RRC finalized the above mentioned documentation and implemented new procedures with effect from 1st July 1997.

#### **Ethical Review Committee (ERC)**

- During this period, the ERC met 10 times and considered 22 protocols. The Committee gave ethical clearance to 21 research proposals, and disapproved one proposal.

#### **Programme Coordination Committee (PCC)**

- During the period under review, a meeting of the Standing Committee of PCC, was held on 29th July, 1997 which noted the various ongoing collaborative activities of the Centre with the national institutions, in the fields of training, research and other areas, for the period May 1996 to June 1997.
- As a follow up of PCC recommendations, the Centre has organized fifteen courses on "Epidemiological methods in public health" since August 1991. Recently, the course has been renamed as "Introductory Course on Epidemiology and Biostatistics". These courses have been attended by 272 Bangladeshi professionals from the government and non-governmental organizations.

#### **Animal Experimentation Ethics Committee (AEEC)**

- AEEC met on 13th January 1997 to consider one research proposal entitled "Evaluation of two plant extracts in the treatment of experimental shigellosis in rabbits".



## Publications

(1 October, 1996 to 30 September, 1997)

### Clinical Sciences Division

#### Journal and Book Publications

**Ahmed T**, Sumazaki R, Shibasaki M et al. Immune response to food antigens: kinetics of food-specific antibodies in the normal population. *Acta Paediatr Japonica* 1997; 39:322-328.

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**Mahalanabis D, Rahman MM, Wahed MA, Islam M, Habte D.** Vitamin A megadose during early infancy on serum retinol concentration and acute side effects and residual effect on 6 months follow up. *Nutr Res* 1997; 17:649-659.

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**Mitra AK, Akramuzzaman Sm, Fuchs GJ, Rahman MM, Mahalanabis D.** Long-term oral supplementation with iron is not harmful for young children in a poor community in Bangladesh. *J Nutr* 1997; 127:1451-1455.

**Rahman MM, Mahalanabis D, Alvarez JO, Wahed MA, Islam MA, Habte D.** Effect of early vitamin A supplementation on cell mediated immunity in infants younger than 6 months. *Am J Clin Nutr* 1997; 65:144-148.

**Rahman MM, Mitra AK, Mahalanabis D, Wahed MA, Khatun M, Majid N.** Absorption of nutrients from an energy dense diet liquified with amylase from germinated wheat in infants with acute diarrhoea. *J Ped Gastroenterol Nutr* 1997; 24:119-124.

**Roy SK, Islam A, Molla A, Akramuzzaman SM, Jahan F, Fuchs G.** Impact of a single megadose of vitamin A at delivery on breastmilk of mothers and morbidity of their infants. *Euro J Clin Nutr* 1997; 51:302-307.

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**Teka T, Faruque ASG, Fuchs GJ.** Risk factors for deaths in under-five children attending a diarrhoeal treatment centre. *Acta Paediatrica* 1996; 85:1070-1075.

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**Bhattacharya MK, Teka T, Faruque ASG, Fuchs GJ.** Cryptosporidium infection in children in urban Bangladesh. *J Trop Paediat.*

**Bardhan PK, Albert MJ, Alam NH, Faruque SM, Neogi PKB, Mahalanabis D.** Small bowel and fecal microbiology in children suffering from persistent diarrhoea in Bangladesh. *J Pediatr Gastroenterol Nutr.*

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**Faruque ASG, Hamadani JD, Hoque SS, Mahalanabis D.** Picture calendar to promote ORT at home for illiterate mothers: a motivational tool. *J Trop Paediat.*

**Faruque ASG, Hoque SS, Fuchs G, Mahalanabis D.** Randomized controlled clinical trial of rice ORS vs glucose ORS in infants and young children with acute watery diarrhoea. *Acta Paediat.*

Hossain I, Kabir I, Fuchs GJ, McCutcheon MJ, Alvarez JO, Khaled MA. Differential body water dynamics in cholera and non-cholera patients monitored by bioimpedence. *Dig Dis Sci*.

Hossain I, Biswas R, Kabir I, Sarker S, Dibley M, Fuchs GJ, Habte D, Mahalanabis D. A single oral dose of 200,000 IU of vitamin A reduces severity of acute shigellosis among children in Bangladesh: a randomized double-blind controlled trial. *BMJ*.

Rahman MM, Mahalanabis D, Ali M, Mazumder RN, Khatun M, Majid N, Wahed MA. Absorption of macronutrients and nitrogen balance in children with dysentery fed an amylase treated energy-dense porridge. *Acta Paediat*.

Rahman MM, Mahalanabis D, Sarker SA, Bardhan PK, Alvarez JO, Hildebrand P, Beglinger CH, Gyr K. *Helicobacter pylori* colonization in infants and young children is not associated with diarrhoea. *J Trop Pediat*.

Roy SK, Tomkins A, Haider R, Behrens RH, Akramuzzaman SM, Mahalanabis D, Fuchs GJ. Impact of zinc supplementation on clinical outcome of malnourished Bangladeshi children with acute diarrhoea syndrome. *Euro J Clin Nutr*.

Sarker SA, Mahalanabis D, Bardhan PK, Alam NH, et al. Noninvasive assessment of gastric acid secretion in man. *Dig Dis Sci*.

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## On-going Research Protocols

### I. Case management research

#### Nutritional therapy

- Fiber (guar gum) in the treatment of acute non-cholera diarrhoea in children. PI: NH Alam; Donor: SANDOZ, Nutrition, Switzerland.
- Vegetable protein sources for refeeding malnourished children with shigellosis PI: I Kabir; Donor: International Atomic Energy Agency (IAEA) and Swiss Development Cooperation (SDC).
- Evaluation of the effect of a soluble fiber (Sun Fibre) supplemented comminuted chicken diet in the treatment of persistent diarrhoea in children. PI: NH Alam; Donor: Sandoz Nutrition, Switzerland.
- Effect of L-glutamine in persistent diarrhoea in children. PI: I Kabir/G Fuchs; Donor: USAID-Washington.
- Effect of iron supplementation on growth and intestinal permeability of iron-replete and iron-deplete children. PI: G Fuchs/T Ahmed; Donor: USAID-Washington.

## Fluid Therapy

- Multicentre clinical trial to evaluate the efficacy/safety of reduced osmolarity ORS solution in children with acute diarrhoea. PI: R Majumder/G Fuchs; Donor: WHO/UNICEF/ADDR.
- Multicentre clinical trial to evaluate the safety/efficacy of reduced osmolarity ORS solution in adult patients with cholera. PI: NH Alam/G. Fuchs; Donor: WHO/UNICEF/ADDR.
- Efficacy of modified oral rehydration solution in severely malnourished children with watery diarrhoea. PI: NH Alam; Donor: WHO.
- Hypotonic ORS in children with persistent diarrhoea. PI: SA Sarker; Donor: USAID-Washington.
- Effect of pre-cooked rice ORS in animal model of secretory diarrhoea. PI: GH Rabbani; Donor: WHO.

## Pharmacologic therapy

- Double-blind, randomized study of the safety and efficacy of ciprofloxacin in the treatment of childhood shigellosis. PI: MA Salam; Donor: Bayer AG.
- Evaluation of hyperimmune bovine colostrum (HBC) in the treatment of *E. Coli* and rotavirus diarrhoea and *H. pylori* infection in children. PI: SA Sarker; Donor: SAREC/Karolinska, Sweden.
- Evaluation of chicken egg Yolk immunoglobulin (IgY) in the treatment of diarrhoea due to rotavirus diarrhoea and *H. pylori* infection in children. PI: SA Sarker; Donor: SAREC/Karolinska, SWEDEN.

## II. Pathophysiology research

- Zinc balance and bioavailability from three different regimes for children with acute and persistent diarrhoea syndrome in Bangladesh using stable isotope. PI: SK Roy; Donor: USAID-Washington.
- Effect of simultaneous zinc and vitamin A supplements on the bioavailability of vitamin A in children. PI: MM Rahaman; Donor: Thrasher Research Foundation.
- A study on the immunological effect of vitamin A and zinc in a placebo controlled 4-cell trial. PI: SK Roy; Donor: USAID-Washington.
- *H. pylori* as a risk factor for acute diarrhoea and persistent diarrhoea. PI: PK Bardhan; Donor: USAID-Washington.
- A study on the immunological effect of Vitamin A and Zinc in a placebo controlled 4-cell trial. PI: SK Roy; Donor: USAID-Washington.
- Immune disruption caused by measles. PI: SM Akramuzzaman; Donor: London School of Hygiene and Tropical Medicine (SHTM).

- Assessment of water compartments during rehydration of patients with AWD (cholera and non-cholera) by dual frequency bioelectrical impedance analysis (BIA). PI: I Hossain; Donor: USAID-Washington.

### III. Preventative/Maternal Child Health Research

- Effects of dietary fibers and short-chain acids in the management of children with persistent diarrhoea. PI: GH Rabbani/G Fuchs; Donor: USAID-Washington.
- ICDDR,B Surveillance Programme, Clinical Research Centre. PI: G Fuchs/ASG Faruque; Donor: UNDP-WHO.
- Impact of peer counsellors on feeding practices of mothers in the urban community. PI: R Haider; Donor: SDC.
- Effect of dietary fat and infection on vitamin A status and dietary intake methodology. PI: G Fuchs; Donor: USAID/OMNI.
- Effect of Zinc supplementation during pregnancy on infant birthweight, growth, morbidity, and cell-mediated immune function. PI: S Osendarp/G Fuchs; Donor: The Netherlands.
- Effect of zinc supplementation during pregnancy and infancy on immune response to childhood vaccinations. PI: S Osendarp/G Fuchs; Donor: USAID.
- Is *Helicobacter pylori* infection a cause or treatment failure of iron deficiency anemia in children in Bangladesh? PI: SA Sarker; Donor: USAID-Washington.
- Evaluation of newly designed osmotic bags for preparation of oral rehydration solution. PI: SK Roy; Donor: UCB Osmotics Ltd, UK.

## Laboratory Sciences Division

### Journal and Book Publications

**Albert MJ**, Islam D, Nahar S, Qadri F, Falklind S, Weintraub A. Rapid detection of *Vibrio cholerae* O139 Bengal from stool by polymerase chain reaction. *J Clin Microbiol* 1997; 35:1633-1635.

**Albert MJ**. Epidemiology of enteropathogenic *Escherichia coli* infection in Bangladesh. *Rev Microbiol Sao Paulo* 1996; 27(Suppl 1):17-20.

**Albert MJ**, Neira M, Motarjemi Y. The role of food in the epidemiology of cholera. *Wld Hlth Statist Quart* 1997; 50:111-118.

**Albert MJ**, Faruque SM, Faruque ASG, Bettelheim KA, Neogi PKB, Bhuiyan NA, Kaper JB. Controlled study of cytotoxic distending toxin-producing *Escherichia coli* infection in Bangladeshi children. *J Clin Microbiol* 1996; 34:717-719.

**Ansaruzzaman M**, Albert MJ, Kühn I, Faruque SM, Siddique AK, Möllby R. Differentiation of *Vibrio cholerae* O1 isolates with biochemical fingerprinting and comparison with ribotyping. *J Diarrhoeal Dis Res* 1996; 14:248-254.

**Azad AK**, Islam R, Salam MA, Alam AN, Islam M, Butler T. Comparison of clinical features and pathologic findings in fatal cases of typhoid fever during the initial and later stages of the disease. *Am J Trop Med Hyg* 1997; 56:490-493.

**Azim T**, Qadri F, Ahmed S, Sarker MS, Halder SC, Hamadani J, Chowdhury A, Wahed MA, Salam MA, Albert MJ. Lipopolysaccharide-specific antibodies in plasma and stools of children with *Shigella*-associated leukemoid reaction and hemolytic uremic syndrome. *Clin Diagn Lab Immunol* 1996; 3:701-705.

**Azim T**, Sarker MS, Halder RC, Salam MA, Albert MJ. Effect of nutritional status on lymphocyte responses in children with *Shigella flexneri* infection. *Immunol Infect Dis* 1996; 6:151-158.

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**Falklind S**, Stark M, Albert MJ, Uhién M, Lundeberg J, Weintraub A. Cloning and sequencing of a region of *Vibrio cholerae* O139 Bengal and its use in PCR-based detection. *J Clin Microbiol* 1996; 34:2904-2908.

**Faruque SM**, Ahmed KM, Siddique AK, Zaman K, Alim ARMA, Albert MJ. Molecular analysis of toxigenic *Vibrio cholerae* O139 Bengal isolated in Bangladesh between 1993 and 1996: evidence for the emergence of a new clone of the Bengal vibrios. *J Clin Microbiol* 1997; 35:2299-2306.

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- Haskell MJ, Handelman GJ, Peerson JM, Rabbi MA, Awal MA, Wahed MA, Mahalanabis D, Brown KW. Assessment of vitamin A status by the deuterated-retinol-dilution technique and comparison with hepatic vitamin A concentration in Bangladeshi surgical patients. *Am J Clin Nutr* 1997; 66:67-74.
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**Albert MJ**, Bhuiyan NA, Talukder KA, Faruque ASG, Nahar S, Faruque SM, Ansaruzzaman M, Rahman M. Phenotypic and genotypic changes in *Vibrio cholerae* O139 Bengal. *J Clin Microbiol*.

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**Unicomb LE**, Kilgore PE, Faruque ASG, Hamadani JD, Fuchs GJ, Albert MJ, Glass RI. Anticipating rotavirus vaccines: Hospital-based surveillance for rotavirus diarrhea and estimates of disease burden in Bangladesh. *Ped Infect Dis J*.



## Ongoing Research protocols

- Epidemiology and ecology of *Vibrio cholerae* infections in Bangladesh. PIs: MJ Albert, F Qadri, SM Faruque, and MS Islam; Donor: National Institutes of Health (NIH).
- Ecological and epidemiological studies on *Aeromonas* spp. in Bangladesh with special emphasis on their spread between the environment and the humans. PI: MJ Albert; Donor: SAREC/SIDA.
- Studies on the capsule of *Vibrio cholerae* O139 Bengal. PI: MJ Albert; Donor: SAREC/SIDA.
- Development and application of multiplex diagnostic PCR assays as an aid to clinical and environmental studies. PI: SM Faruque; Donor: USAID-Washington.
- Characterization of epidemic strains of *Vibrio cholerae* O1 and non-O1 based on genetic and phenotypic traits. PI: SM Faruque; Donor: USAID-Washington.
- Study of immune disruption caused by measles and its association with clinical progress in Dhaka, Bangladesh. PI: SM Akramuzzaman, Co-Investigator: T Azim; Donor: European Union.
- Safety and immunogenicity of an oral bivalent B subunit *V. cholerae* O1/O139 whole cell (B-O1/O139 WC) vaccine in adult Bangladeshi volunteers. PI: F Qadri; Donor: University of Goteborg, Sweden.
- Local and systemic immune response in patients in a diarrhoeal epidemic due to *V. cholerae* O139. PI: F Qadri; Donor: SAREC/SIDA.
- Further evaluation of the oral inactivated ETEC vaccine and comparison of responses in acute watery diarrhoea caused by *Vibrio cholerae* O1/O139 and enterotoxigenic *Escherichia coli*. PI: F Qadri; Donor: SAREC/SIDA.
- Field evaluation and further characterization of an invasive-specific monoclonal antibody against *Entamoeba histolytica*. PI: R Haque; Donor: London School of Hygiene & Tropical Medicine (LSHTM)/European Union.
- Field trial of beta-carotene supplementation and anti-helminthic therapy to improve micronutrient nutriture in children in Bangladesh. PI: R Haque; Donor: Thrasher Research Fund, USA.
- Role of various aquatic flora, fauna and physicochemical conditions of water in maintaining endemicity and seasonality of cholera in Bangladesh. PI: MS Islam; Donor: SDC.
- Survey of culturable *V. cholerae* O139 in the aquatic environment. PI: MS Islam; Donor: Belgian Administration for Development Cooperation (BADC).
- Surveillance of group A rotavirus G and P serotypes in Bangladesh. PI: L Unicomb; Donor: World Health Organization (WHO).

- Studies in preparation for the introduction of rotavirus vaccines for routine childhood immunization in Bangladesh. PI: L Unicomb; Donor: USAID-Washington.
- Further studies of systemic and local immune responses in shigellosis in order to formulate a protective vaccine. PIs: D Islam and R Raqib; Donor: SAREC/SIDA.
- Prevalence of selected sexually transmitted diseases and associated risk factors in urban slum dwellers in Dhaka. PIs: M Rahman and K Sabin; Donor: The Netherlands.
- Surveillance and Associated Studies of Antimicrobial Resistance in *Streptococcus pneumoniae* (sp) and *Haemophilus influenzae* (Hi) in children. PI: M Rahman; Donor: Government of Bangladesh.
- The prevalence and aetiology of reproductive tract infections among women attending the Bangladesh Women's Health Coalition Clinic in Mirpur. PI: J Bogaerts; Donor: BADC.

## Health and Population Extension Division

### Journal and Book Publications

**Barkat-e-Khuda, Hossain MB.** Fertility Decline in Bangladesh: Toward an Understanding of Major Causes. *Health Transition Review*, 1996, Supplement 6, Canberra: The Australian National University: 155-167.

**Bilqis AH, Sack RB, Chowdhury JTA, Ali N.** Domestic Water and Sanitation in Cyclones and Floods: Priorities and Challenges. *Water Resources Journal* 1997; ESCAP.

**Phillips JF, Hossain MB, Arends-Kuenning M.** The Long-Term Demographic Role of Community-Based Family Planning in Rural Bangladesh. *Studies in Family Planning* 1996; 27: 204-219.

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**Bilqis AH, Sack RB, Chowdhury JTA, Ali N.** Domestic Water and Sanitation in Cyclones and Floods: Research Agenda. *Water International, International Water Resources Association (USA)*; 1997.

**Khan MA, Rahman M, Khanum PA, Barkat-e-Khuda, Kane TT, Ashraf A.** Awareness of Sexually Transmitted Disease among Women and Service Providers in Rural Bangladesh. *International Journal of STD & AIDS* 1997.

**Khan MA, Rahman M.** Determinants of Contraceptive Method-Choice in Rural Bangladesh. *Asia-Pacific Population Journal* 1997.

### Internal Publications (Working Papers)

**Ahmed MU, Mirza T, Khanum PA, Khan MA, Ahmed S, Khan MH.** Management of Reproductive Tract Infections in Rural Bangladesh. *International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 125; ICDDR,B Working Paper No. 70).*

**Ahmed S, Haque I, Barkat-e-Khuda, Hossain MB, Alam S.** Abortion in Rural Bangladesh: Evidence from the MCH-FP Extension Project. *International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 121; ICDDR,B Working Paper No. 63).*

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**Barkat-e-Khuda**, Stoeckel J, Piet-Pelon N. Bangladesh Family Planning Programme: Lessons Learned and Directions for the Future. MCH-FP Extension Project (Rural), ICDDR,B, Monograph No. 6, 1997.

**Caldwell B**, Barkat-e-Khuda. The First Generation to Control Family Size: Understanding Bangladesh's Fertility Decline from the Perspective of the Participants. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 128; ICDDR,B Working Paper No. 73).

**Caldwell B**, Barkat-e-Khuda, Ahmed S, Nessa F, Haque I. The Determinants and Consequences of Pregnancy Termination in Rural Bangladesh: The Wider Context. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 131; ICDDR,B Working Paper No. 77).

**Faruque SM**, Ahmed KM, Siddique AK, Zaman K, *et al.* Molecular Analysis of Toxigenic *Vibrio cholerae* 0139 Bengal Strains Isolated between 1993 and 1996: Evidence for Emergence of a New Clone of the Bengal Vibrios. Journal of Clinical Microbiology. International Centre for Diarrhoeal Disease Research Bangladesh, 1997.

**Jahan SA**, Thwin AA, Tunon C, Nasreen S. Urban Men and their Participation in Modern Contraception: An Exploratory Study. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Urban) Working Paper No. 68; ICDDR,B Working Paper No. 23).

**Khan MA**, Rahman M, Khanum PA, Barkat-e-Khuda, Kane TT, Ashraf A. Awareness of Sexually Transmitted Disease among Women and Service Providers in Rural Bangladesh. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 123; ICDDR,B Working Paper No. 65).

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**Mozumder KA**, Sarker AH, Barkat-e-Khuda, Rahman DMM. Gender Composition of Surviving Children and Contraceptive Use in Bangladesh. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 122; ICDDR,B Working Paper No. 64).

**Perry H, Weierbach R, Hossain I, Islam R.** Immunization Coverage in Zone 3 of Dhaka City, Bangladesh. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 25; ICDDR,B Working Paper No. 76).

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**Salway S, Nurani S.** The Contraceptive Potential of Breastfeeding in Bangladesh. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 28; ICDDR,B Working Paper No. 83).

**Siddique AK, Nasim SMA.** 1997. Guidelines for operating Makeshift Treatment Centres in Cholera Epidemics. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (Epidemic Control Preparedness Program Special Publication No. 61).

**Thwin AA, Jahan SA.** Rapid Appraisal of Urban Health Needs and Priorities. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Urban) Working Paper No. 22; ICDDR,B Working Paper No. 67).

### **Internal Publications (Working Papers) in Press**

**Ahmed S, Khanum PA, Islam A, Parveen SD, Sobhan F, Nessa F.** Strengthening Maternal and Neonatal Health: Evidence from Abhoynagar and Mirsarai Thanas of Bangladesh. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 137; ICDDR,B Working Paper No. 86).

**Alamgir SU**, Tunon C, Baqui AH, Bhuiyan MA, Uddin MJ. Improving the Effectiveness of the Health Department of Dhaka City Corporation. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 36; ICDDR,B Working Paper No. 98).

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**Amin MA**, Barkat-e-Khuda, Islam A, Levin A. Do Female Education and Mobility Lead to Less Intra-family Abuse? International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 133; ICDDR,B Working Paper No. 81).

**Amin S**, Arifeen SE, Tunon C, Baqui AH. Strengthening Urban Clinic-Based Essential Health Service Through Standardized Service Delivery Protocols: A Preliminary Evaluation Report. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 35; ICDDR,B Working Paper No. 97).

**Ashraf A**, Barkat-e-Khuda, Rahman M, Reza M. The Delivery of Maternal and Child Health and Family Planning Services through Cluster Visitation. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 140; ICDDR,B Working Paper No. 89).

**Azim SMT**, Tunon C, Quaiyum MA, Begum A, Rasul R, Sirajuddin AKM. Improving the Management of Field Operations the Evaluation of and Urban Field Information System. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 33; ICDDR,B Working Paper No. 95).

**Barb N**, Thwin AA, Mazumder MA, Baqui AH. Practical Experiences from Developing Cost Management Skill of CWFP Managers, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 29).

**Bhuiyan MA**. Strengthening Planning and Coordination of Urban Health Family Planning Services in Bangladesh: Findings from an Interventions with Government and Non-Government Agencies in Dhaka City. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 30; ICDDR,B Working Paper No. 91).

**Haque I**, Kane TT, Roy NC, Mozumder KA, Barkat-e-Khuda. Contraceptive Switching Patterns in Rural Bangladesh. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 136; ICDDR,B Working Paper No. 85).

**Hasan Y**, Barkat-e-Khuda, Levin A. Strengthening Outreach Sites: An Approach Combining Satellite Clinics with EPI. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 138; ICDDR,B Working Paper No. 87).

**Kane TT**, Barkat-e-Khuda, Phillips JF (eds.). Reproductive Health in Rural Bangladesh: Policy and Programmatic Perspectives. MCH-FP Extension Project (Rural), ICDDR,B Monograph No. 7, July 1997.

**Levin A, Amin MA, Rahman A, Mozumder KA, Barkat-e-Khuda.** Charging for FP-MCH Commodities and Services: Mid-Term Evaluation, 1997 (MCH-FP Extension Project (Rural) Working Paper No. 141; ICDDR,B Working Paper No. 93).

**Levin A, Amin MA, Saifi RA, Rahman A, Barkat-e-Khuda, Mozumder KA.** Cost-Effectiveness of Family Planning and Maternal and Child Health Alternative Service Delivery Strategies in Rural Bangladesh. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 134; ICDDR,B Working Paper No. 82).

**Quayyum Z, Thwin AA, Baqui AH, Mazumder MA.** Establishing Pricing Mechanism for MCH-FP Services of NGOs in Urban Areas. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 32; ICDDR,B Working Paper No. 94).

**Rahman M, Khan MA, Caldwell B, Kane TT.** Factors Associated with Reported Side-effects of Oral Pills and Injectables in Rural Bangladesh. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 135; ICDDR,B Working Paper No. 84).

**Rahman MM, Khan MA, Kabir H.** Health Assistant Register: Record Keeping System for the Health Field Workers. International Centre for Diarrhoeal Disease Research, Bangladesh, 1996 (MCH-FP Extension Project (Rural) Working Paper No. 139; ICDDR,B Working Paper No. 88).

**Routh S, Thwin AA, Baqui AH.** Cost effectiveness and sustainability aspects of MCH-FP program in Bangladesh: a review of the past and present programs. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 38; ICDDR,B Working Paper No. 100).

**Salway S, Nurani S, Nahar Q, Jamil K.** Continued Confusion and Neglected Issues: Postpartum Family Planning Services in Bangladesh. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 37; ICDDR,B Working Paper No. 99).

**Uddin MJ, Bhuiyan MA, Alamgir SU, Nasreen S.** Perception and Involvement of Members of Zonal Health and Family Planning Coordination Committees in Dhaka City. International Centre for Diarrhoeal Disease Research, Bangladesh, 1997 (MCH-FP Extension Project (Urban) Working Paper No. 31; ICDDR,B Working Paper No. 92).

### **Protocols in Progress**

- Epidemic Control Preparedness Programme. PI: AKM Siddique; Donor: National Institutes of Health (NIH), USA/ Norwegian Agency for Development (NORAD).
- Ethnographic and epidemiologic studies to improve care-seeking for child-hood illnesses, particularly pneumonia.
- Action Research and Impact Studies on Community Water, Sanitation and Hygiene Education Interventions in Rural Areas, in collaboration with Department of Public Health Engineering, Directorate of Primary Health Care, Proshika and Johns Hopkins University.

- Replicable Environmental Health Interventions in Primary Health Care Perceptions: An Applied Research in collaboration with Directorate of Primary Health Care, Department of Public Health Engineering, Dhaka City Corporation.
- Environmental Impact of Groundwater Withdrawal for Irrigation in collaboration with NRECA/USAID and Johnson Company.
- Development of Community Latrines for Slum Dwellers in collaboration with Plan International.

### ***Operations Research Project***

- Cost-effective tiered system for delivering an essential service package including referral mechanisms designed and tested.
- Strategies to meet the needs of low performing geographic areas (e.g., Geographic Information System, areal planning, resource management, special communication and service delivery strategies) designed and tested.
- Strategies to meet the needs of under-served demographic groups [e.g., adolescents, working women, men, floating population, commercial sex workers] designed and tested.
- Strategies to improve RTI/STIs prevention and management designed and tested.
- Strategies for ensuring referral and linkage for essential obstetric care (EOC) designed and tested.
- Scaling-up of the Mirsarai EOC model in 5 other thanas.
- Technical standards, protocols, and input standards (e.g., staffing, equipment) for essential obstetric care at different tiers of service delivery adapted/developed.
- Strategies for improving the quality of essential services, including compliance with technical standards and protocols, tested.
- Strategies for improving the quality and performance of clinical contraceptive services tested.
- Support systems (e.g., MIS, local planning, monitoring and supervision) for the delivery of an essential service package developed and tested.
- Mechanisms for cost-recovery for the delivery of a package of essential services developed and tested.
- Cost-effective service delivery strategies (e.g., gradual transition from the door-step approach to static centre, networking, etc.) designed and tested.
- Strategies for increased involvement of commercial sector in providing components of an essential service package developed and tested.



# Public Health Sciences Division

## Journal and Book Publications

Ahmed K, Sarker AH, Rahman M. Determinants of induced abortion in rural Bangladesh. *Demography India* 1996; 25:105-118.

Alam N, Bairagi R. Does a health project reduce excess female child mortality in a son-preferring society? *In Demographic Evaluation of Health Programs, CICRED, Paris* 1997.

Bairagi R, Shuaib M, Hill A. Estimating childhood mortality trends from routine data: a simulation using the preceding birth technique in Bangladesh. *Demography* 1996; 34:411-420.

Bairagi R. Gender preference for children and its consequences: an overview. *Proceedings of the XXIIIrd IUSSP General Population Conference, Beijing, China, 1997.*

Bairagi R, Becker S, Kantner A, Allen KB, Dutta AK, Purvis K. An evaluation of the 1993-94 Bangladesh Demographic and Health Survey within Matlab area. *Asia-Pacific Population Research Report No. 11, Spring 1997. Program on Population, East-West Center.*

Bhuiya A, Chowdhury MR. The effect of divorce on child survival in a rural area of Bangladesh. *Population Studies* 1997; 51:57-61.

Chowdhury AMR, Chowdhury S, Islam M, Islam A, Vaughan JP. Control of tuberculosis by community health workers in Bangladesh. *Lancet* 1997; 350:169-172.

de Francisco A, Khan SA, Chakraborty J. The use of mid-upper-arm circumference to monitor nutritional rehabilitation programmes in rural Bangladesh. *J Trop Pediat* 1997; 43:118-119.

Islam MM, Mamun AA, Bairagi R. The proximate determinants of fertility in Bangladesh: Findings from Bangladesh Demographic and Health Survey 1993/94. *In Extended Analysis of Bangladesh Demographic and Health Survey 1993/94. National Institute of Population Research and Training, Bangladesh, and East-West Center, USA, 1996.*

Kantner A, Bairagi R. Regional patterns of fertility in Bangladesh: Evidence from the 1993/94 Bangladesh Demographic and Health Survey. *In Extended Analysis of Bangladesh Demographic and Health Survey 1993/94. National Institute of Population Research and Training, Bangladesh, and East-West Center, USA, 1996.*

Mostafa G, Rahman M. Impact of birth care practices on neonatal mortality in Matlab, Bangladesh. *In Demographic Evaluation of Health Programmes, CICRED. Paris, 1997.*

Mostafa G, Strong M. The influence of delivery practices on neonatal survival in Bangladesh. *In J.R. Silva (ed.) Towards a Healthy Society: A Case Studies in Health Social Science Partnerships in Asia-Pacific Region. Sri Lanka: The University of Peradinsya, 1997.*

Myaux J, Iqbal A, Uzma A, Chakraborty J, Ali M, Hossain M. Environmental hazards as a leading cause of death in children from Bangladesh. *Int'l Child Health* 1996; 7:49-52.

**Myaux J, Ali M, Felsenstein A, Chakraborty J, de Francisco A.** Spatial distribution of watery diarrhoea in children: identification of "risk areas" in a rural community in Bangladesh. *Health & Place* 1997; 3:181-186.

**van Ginneken J, Elens F.** A model health care project in Matlab, Bangladesh (in Dutch). *Demos* 1997; 4:16-20.

**Vaughan JP, Mogedal S, Walt G, Kruse S-E, Lee K, de Wilde K.** WHO and the effects of extra budgetary funds: is the Organization donor driven? *Health Policy and Planning* 1996; 11:253-264.

**Yunus M, Aziz KMA, Zaman K.** Message for parents: Diarrhoea, *Child Health Dialogue* 1996-4<sup>th</sup> quarter.

**Zaman K, Zeitlyn S, Chakraborty J, de Francisco A, Yunus M.** Acute Lower Respiratory Infections in rural Bangladeshi Children: patterns of treatment and identification of barriers. *South-East Asian J of Trop Med and Pub Hlth* 1997; 28:1892-1899.

**Zaman K, Baqui AH, Yunus M, Sack RB, Bateman OM, Chowdhury HR, Black RE.** Acute respiratory infections in children: a community based longitudinal study in rural Bangladesh. *J Trop Pediatrics* 1997; 43:133-137.

**Zaman K, Baqui AH, Yunus M, Sack RB, Chowdhury HR, Black RE.** Malnutrition, cell-mediated immune deficiency and acute upper respiratory infections in rural Bangladeshi children. *Acta Paediatrica* 1997; 86:923-927.

#### **Journal and Book Publications Accepted and in Press**

**Ahmed K, Rahman M, van Ginneken JK.** Induced abortion in Matlab, Bangladesh: Trends and determinants. *Int'l Fam Plann Perspective*.

**Ahmed SM, Adams A, Bhuiya A, Chowdhury MR.** Chronic energy malnutrition in women from rural Bangladesh: some socioeconomic determinants. *J Biosoc Scie*.

**Alam N.** Infant and child mortality in Bangladesh: age-specific effects of previous child's death. *J Biosoc Sci*.

**de Francisco A, Hall AJ, Unicomb L, Chakraborty J, Yunus M.** Maternal measles antibody decay in rural Bangladeshi infants-implications for vaccination schedules. *Vaccine*.

**de Francisco A, Chakraborty J.** Adherence to cotrimoxazole treatment for acute lower respiratory tract infections in rural Bangladeshi children. *Annals Trop Paediat*.

**Razzaque A, Hossain S, Rahman H, Alam N.** Health perception, behaviour, and practices and decision making: sub-national and socio-demographic differentials, 1995. *Proceedings of the Bangladesh Health and Demographic Survey, Bangladesh Bureau of Statistics*.

**Ross JL, Laston SL, Nahar K, Muna L, Nahar P, Pelto PJ.** Women's health priorities: cultural perspectives on illness in rural Bangladesh. *Health*.

**Shaikh K.** Recent changes in marriage patterns in rural Bangladesh. *Asia-Pacific Pop J*.

## Internal Publications (Working Papers)

**Bhuiya A, Ribaux CA.** Rethinking community participation: prospects of health initiatives by indigenous self-help organizations in rural Bangladesh. Publication No. 65. ICDDR,B, 1997.

**Bhuiya A, Aziz A, Hanifi SMA.** Reproductive and Sexual Health Problems as Perceived by Women and Men in a Rural Area of Bangladesh. ICDDR,B, 1997.

**Bhuiya A, Yasmin F, Begum F, Rob U.** Community Participation in Health, Family Planning and Development Programmes: International Experiences. ICDDR,B, 1997.

**Biswas S, Ahmed SM, Mahbub S, Mannan M, Khan SR, Rana M, Khan MR, Huda S, Hossain S, More K.** Studies on the inputs of BRAC in Matlab: sanitary latrines, training, monthly meetings, legal awareness and credit. Working Paper No. 15. BRAC-ICDDR,B Project, 1996

**Eppler P, Bhuiya A, Hossain M.** A process-oriented approach to the establishment of community-based village health posts. Special Publication No. 54. ICDDR,B, 1996.

**Juncker T, Khan MH, Ahmed S.** Interventions in Obstetric Care: Lessons Learned from Abhoynagar. ICDDR,B Working Paper No. 66, 1996.

**Juncker T, Khanum PA.** Obstetric complications: The health care-seeking process before admission at the hospital in rural Bangladesh. ICDDR,B Working Paper No. 79, 1997.

**Khan MI, Bhuiya A, Chowdhury M.** Cultural construction of health and the institutional measures of change in rural Bangladesh: the cases of the BRAC village organization and the ICDDR,B MCH-FP programmes in the selected villages of Matlab. Working Paper No. 14. BRAC-ICDDR,B Project, 1996.

**Khan MI, Chowdhury M, Bhuiya.** An inventory of the development programmes by Government and non-government organizations in selected unions of Matlab (excluding BRAC & ICDDR,B). Working Paper No. 17. BRAC-ICDDR,B Project, 1997.

**Mahbub A, Ahmed SM.** Perspective of women about their own illness. Working Paper No. 16. BRAC-ICDDR,B Project, 1997.

**Mostafa G, Shaikh K, Ahmed K, van Ginneken, JK.** Demographic Surveillance System - Matlab. Registration of vital events, 1994. ICDDR,B: Scientific Report No. 77. Dhaka, 1996.

**Mostafa G, Ahmed K, Shaikh K, van Ginneken JK, Sarder AM.** Demographic Surveillance System - Matlab. Registration of vital events, 1995. ICDDR,B: Scientific Report No. 79. Dhaka, 1996.

**Nahar L, Sarder AM, van Ginneken JK, Khan KA.** 1993 Population Census. Demographic Surveillance System. ICDDR,B: Scientific Report No. 78. Dhaka, 1996.

**Nasreen H, Chowdhury M, Bhuiya A. et al.** An assessment of client's knowledge of family planning in Matlab. Working Paper No. 13 BRAC-ICDDR,B Project, 1996.

**Zaman H.** Microcredit programmes: who participates and to what extent. Working Paper No. 12. BRAC-ICDDR,B Project, 1996.

### List of ongoing Protocols

- Kinship and Social Structure in Bangladesh. PI: KMA Aziz; Donor: Ford Foundation.
- Improvement of health through community development oriented programme in rural Bangladesh. PI: A Bhuiya; Donor: Consortium of Swiss, German and Dutch Red Cross.
- The impact of social and economic development programmes on health and well-being: a BRAC ICDDR,B collaborative project in Matlab. PI: A Bhuiya; Donor: Ford Foundation.
- Community participation in MCH-FP activities in rural Bangladesh. PI: A Bhuiya; Population Council.
- Efficacy of Bismuth Subsalicylate in preventing acute diarrhoeal episodes from becoming persistent in rural Bangladesh children. PIs: HR Chowdhury and M Yunus; Donor: Proctor & Gamble/Child Health Foundation.
- Health care use patterns of slum residents in Dhaka city, Bangladesh. PI: M Desmet; Donor: BADC/IDRC.
- Health care use patterns of non-slum residents in Dhaka city. PI: M Desmet; Donor: BADC/IDRC.
- Epidemiology of diarrhoea and ARI in a cohort of newborns in rural Bangladesh. PI: KZ Hasan; USAID-Washington.
- Matlab Maternal and Child Health and Family Planning (MCH-FP) Programme and Record Keeping System (RKS). PI: A de Francisco; Donor: Japan.
- Nutritional Surveillance System. PI: A de Francisco; Donor: Helen Keller International (HKI).
- Safe Motherhood in rural Bangladesh. PI: A de Francisco; Donor: Centre/BADC/EU.
- Control of Acute Lower Respiratory Infections (ALRI) through case finding and management. PI: A de Francisco; Donor: Centre.
- Nutrition Rehabilitation in Matlab. PI: A de Francisco; Centre.
- Reproductive Tract Infections in Matlab. PI: S Hawkes; Donor: Department for International Health (DfID), UK.
- Wheezing associated respiratory disorders (WARD) and hypoxemia in hospitalized children under five years of age in rural Bangladesh. PI: A de Francisco; Donor: University of Basel, Switzerland.
- Sociocultural and behavioural factors in STD/RTI prevalence in an urban slum population. PI: C Jenkins; Donor: Ford Foundation.

- Does disease due to *V. cholera* O1 confer protection against subsequent diarrhoea due to *V. cholera* O139? PI: M Yunus; Donor: NIH/USA.
- Children's fluid intake during diarrhoea: a comparison of questionnaire responses with data from observations. PI: K Zaman; Donor: WHO.
- Evaluation of a packaged rice-ORS in cholera and cholera-like illness in children. PI: K Zaman; Donor: Thrasher Research Fund.
- Household visitation cycles and quality of vital events data in Matlab, Bangladesh. PI: N Alam; Donor: DfID, UK.
- Repeated deaths in families: which causes repeat and when? PI: N Alam; Donor: Centre.
- Desire for children and subsequent fertility: evidence from Matlab, Bangladesh. PI: A Razzaque; Donor: Centre.
- Coordinating bilateral resources for health systems development: a policy analysis in Bangladesh. PI: K Buse; Donor: Self.
- Persistence of Tetanus Toxoid antibody in women immunized with different immunization schedules in rural Bangladesh. PI: A de Francisco; Donor: SDC.
- Induced abortion in the developing world: testing an indirect measurement technique. PI: H Johnston; Donor: Johns Hopkins University, USA.
- Data processing and analysis of the RAND/ICDDR,B Matlab Health and Socio-Economic Survey. PI: N Khan; Donor: Rand Corporation, USA.
- Marketing of iodised salt distribution in Bangladesh. PI: M Khan; Donor: SDC.
- Study on how the Grameen Bank credit programme has affected fertility. PI: M Rahman; Donor: The Rockefeller Foundation.
- Study of the immunogenicity of conjugate pneumococcal vaccine in infants of mothers who have and who have not been immunized with polysaccharide vaccine. N Shahid; Donor: USAID-Washington/Thrasher Research Fund.
- Marital instability and child mortality in rural Bangladesh. PI: K Shaikh; Donor: Centre.
- Data analysis of 1996 Socio-economic Census and linkage with previous Censuses of 1974, 1982 and 1993. PI: J van Ginneken; Donor: Centre.
- Data analysis of 1996 socio-economic census and linkage with previous censuses of 1974, 1982 and 1993. PI: A Razzaque; Donor: DfID, UK.

### Collaborative Protocols

- Epidemiology and ecology of *V. cholerae* in Bangladesh. PIs: MS Islam, AK Siddique, M Yunus, MJ Albert, A Huq, RR Colwell, RB Sack (With LSD and HPED).

- Effects of dietary fat and infection on Vit A status and dietary intake methodology. PIs: G Fuchs, KMA Aziz, DS Alam, M Yunus, MA Wahed.
- Social science and immunization: a study of sustainability issues in Bangladesh. PIs: KMA Aziz, AMR Chowdhury, A Bhuiya.
- Evaluation of Home Gardening Programme in Rural Bangladesh. PIs: KMA Aziz, M Khan, G Fuchs.
- Social effects and changes in reproductive behaviour in Matlab in collaboration with Boston University. PI: M Ali; Donor: Boston University.

### List of research protocols in progress

- Use of selected indigenous methods for cleaning young children after defecation in reducing the fecal contamination of hands. PI: KMA Aziz.
- Abortion dynamics in rural Bangladesh: does a MCH-FP program bring about any change? PI: R Bairagi.
- Contraceptive use dynamics in two rural Thanas of Bangladesh. PI: R Bairagi.
- Maternal and infant immunization with the 9 valent pneumococcal vaccines (Phase II trial). PI: N Shahid.
- Phase I and II trial of reassortant rotavirus vaccine. PI: N Shahid.
- Initiate Phase III trial of Hib conjugate and establish a longitudinal surveillance system to measure incidence of severe ALRI, pneumonia and meningitis by *S. pneumonia*, *H. influenzae* and *N. meningitides* using PCR. PI: N Shahid.
- Study on the evaluation of the requirement of a booster dose with the cellular *Bordetella pertussis* vaccine in individuals immunized in early infancy. PI: N Shahid.
- Multi-centre trials in collaboration with WHO: Phase II trials of perinatal and neonatal immunization with the conjugate pneumococcal vaccine. PI: AH Baqui.
- Conduct a randomized controlled trial to assess the effectiveness of zinc supplementation in children with diarrhoea. PI: AH Baqui.
- Tetravalent Rhesus rotavirus vaccine: proposal for a randomized, placebo controlled trial to evaluate immunogenicity, reactogenicity and acceptability in infants in Matlab, Bangladesh. PI: P Vaughan.
- Pneumococcal conjugate vaccine: proposals for phase two and three randomized controlled trials in young children in Matlab. PI: P Vaughan.
- Evaluation of a live attenuated El Tor cholera vaccine, Peru-15 in Bangladesh. PI: M Yunus.

## List of staff members who returned after completing training or study

[01 October 1996 - 30 September 1997]

### Clinical Sciences Division

Sl.#	Name of staff	Outcome of training and institution
1.	Dr. Shahifiquil Alam Sarker Associate Scientist, CSD	Training in clinical gastroenterology; University of Basel, Switzerland
2.	Dr. Shahdat Hossain Senior Medical Officer, CSD	Master of Medical Sciences (Clinical Epidemiology) at the University of Newcastle, Australia
3.	Dr. Md. Mujibur Rahman Senior Medical Officer, CSD	Completed course work for DrPH programme at the University of Alabama at Birmingham USA, and returned to the Centre for conducting research for dissertation
4.	Mr. Meer Md. Ramzan Ali Manager, Hospital Administration Clinical Research & Service Centre, CSD	"Hands-on-training" in hospital management in UK

### Health & Population Extension Division

1.	Dr. KAHM Akram Epidemiologist, Epidemic Control Preparedness Programme, HPED	M. Sc. in Mother & Child Health from London School of Hygiene & Tropical Medicine (LSHTM), UK
2.	Mr. ABM Khorshed Alam Mazumder Senior Demographer, Gr. I Operations Research Project HPED	Course on Financing Health Care in Developing Countries at the Centre for International Health, Boston University School of Health, USA
3.	Mr. Mohammed Ali Bhuiyan Public Health Planning Specialist ORP, HPED	Training on health programme and project management; University of Connecticut, USA
4.	Dr. Quamrun Nahar Research Investigator ORP, HPED	Master's in Medical Science (Primary Health Care) from University of Western Australia, Australia
5.	Ms. Jahanara Khatun Research Investigator ORP, HPED	Master's in Health Development from Royal Tropical Institute, Amsterdam, The Netherlands

## Public Health Sciences Division

1. Mr. Mohammad Ali  
Analyst Programmer  
BADG/GIS Activities  
Public Health Sciences Division (PHSD)  
Training on spatial analysis at the Institute for Social & Economic Geography, University of Leuven (KUL), Belgium
2. Dr. Dewan Shamsul Alam  
Senior Medical Officer  
Health Services Programme  
PHSD  
Completed the initial phase of the study at Doctoral Program in Human Nutrition; Matlab Department of Human Nutrition, Wageningen Agricultural University (WAU), Holland
3. Dr. Rubina Shaheen  
Medical Officer  
MHSP, PHSD  
Master's in Medical Science (Community Nutrition) from University of Western Australia Australia
4. Ms. Kamrun Nahar  
Senior Research Officer  
Social & Behavioural Sciences Programme, PHSD  
Master's in Health Policy Planning and Financing from LSHTM, UK
5. Mr. Md. Haroun-Ar-Rashid  
Medical Assistant  
Reproductive & Sexual Health Programme, PHSD  
Training on Sexual Health Counselling at the British Council (West Bengal Sexual Health Project), Calcutta, India
6. Mr. Sajal Kumar Saha  
Programmer  
Health & Demographic Surveillance Programme (HDSP), PHSD  
Training on ORACLE and to undertake migration of DSS Data Base Management System from SQL/DS to Oracle7 at the AIT, Thailand
7. Mr. Birendra Nath Adhikary  
Data Base Officer, HDSP  
PHSD  
Training on ORACLE and to undertake migration of DSS Data Base Management System from SQL/DS to Oracle7 at the AIT, Thailand
8. Mr. Aminur Rahman  
Manager, Administrative Services  
MHSP, PHSD  
Middle Management Programme at the Indian Institute of Management, Ahmedabad, India
9. Ms. Shamim Sufia Islam  
Coding Assistant  
Reproductive & Sexual Health Programme, PHSD  
Course on Tropical Epidemiology at the Ruprecht-Karls-Universitat Heidelberg Germany



## Laboratory Sciences Division

1. Mr. M. Ansaruzzaman  
Assistant Scientist, LSD  
Worked for the Centre's collaborative research protocol on 'Characterization of *V. cholera* strains from Bangladesh, Karolinska Institutet Sweden
2. Mrs. Mahmuda Khatun  
Senior Laboratory Technician  
Clinical Laboratory, LSD  
Training on clinical serology laboratory techniques at the Department of Microbiology St. Pierre University Hospital, University of Brussels, Belgium
3. Mr. Selim Akhter  
Parasitology Laboratory, LSD  
Training on colorimetric PCR; Department Laboratory Technician of Medical Parasitology, LSHTM, UK
4. Dr. Mahbubur Rahman  
Associate Scientist  
LSD  
Course on Clinical Microbiology (HIV) at the University College of London Hospital NHS Trust, UK
5. Mr. Syed Saiful Huq  
Bio-Medical Engineer  
Bio-Engineering Cell  
LSD  
Course on testing & certification of biological safety cabinets at the Harvard School of Public Health, USA and orientation visit to CDC Laboratory at Atlanta, USA
6. Mr. Khorshed Alam  
Assistant Scientist  
LSD  
Training on tissue culture assay at the Centre for Vaccine Development, University of Maryland, USA

## Finance Division

1. Mrs. Saleha Begum  
Analyst Programmer  
Computer Information Services  
Finance Division  
Training on ORACLE and related aspects for migration/conversion of the Centre's Personnel Management Service System at the Asian Institute of Technology (AIT), Thailand
2. Mr. Sk. Firoj Ahmed  
Senior Programmer  
Payroll & Funds, Finance Division  
Training on AS/400 CL Programming & Design Techniques and RPG/400 Programming and related aspects for migration/conversion of Centre's financial application from IBM-System 4361 to IBMAS/400 at the AIT, Thailand
3. Mr. KM Lutfur Rahman  
Data Processing Coordinator  
Training on AS/400 CL Programming & Design Techniques and RPG/400 Programming and related aspects for migration/conversion of Centre's financial application from IBM-System 4361 to IBMAS/400 at the AIT, Thailand

## Administration & Personnel Division

1. Mrs. Zaeda Khanam  
Data Management Officer  
Personnel Office  
Administration & Personnel.  
Training on ORACLE and related aspects for migration/conversion of the Centre's Personnel Management Service System at the Asian Institute of Technology (AIT), Thailand

## List of Staff members who left for training

[1 October 1996 - 30 September 1997]

### Clinical Sciences Division

Sl.#	Name, designation	Type of training / Study	Institution and country
1.	Dr. Syed M. Akramuzzaman Senior Medical Officer Clinical Sciences Division, CSD	Analysis of Data, writing and defence of dissertation for PhD degree	LSHTM, UK.
2.	Mr. Meer Md. Ramzan Ali Manager, Hospital Administration, Clinical Research & Service Centre, CSD	"Hands-on-training in hospital management	Three hospitals in the UK.
3.	Dr. Rukhsana Haider Associate Scientist CSD	Visit to LSHTM to fulfill the requirement for study for PhD degree as an external candidate	LSHTM, UK.

### Health & Population Extension Division

1.	Mr. Mohammed Ali Bhuiyan Public Health Planning Specialist, Operations Operations Project (ORP), Health & Population Extension Division (HPED)	Training on programme and project management	University of Connecticut Health Centre, USA
2.	Dr. Shams El Arifeen MCH-FP Program Specialist ORP, HPED	To complete analysis of data, writing and defence of disser- tation Dr.PH degree	Department of International Health, the Johns Hopkins University, USA.
3.	Mrs. Shamim Ara Jahan Senior Investigator ORP, HPED	Study for MPH degree	Department of Community Health, University of California, USA.

### Public Health Sciences Division

1.	Dr. Dewan Shamsul Alam Senior Medical Officer Matlab Health Services Programme (MHSP) Public Health Sciences Division	To complete initial phase of study at the Doctoral Program in Human Nutrition	Department of Human Nutrition Wageningen Agricultural University (WAU), Holland
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|-----|--|--|---|
| 2.  | Mr. Md. Haroun-Ar-Rashid<br>Medical Assistant<br>Reproductive & Sexual Health<br>Programme, MHSP, PHSD | Training on Sexual<br>Health Counselling   | The British Council (West<br>Bengal Sexual Health<br>Project), Calcutta, India. |
| 3.  | Mr. Sajal Kumar Saha<br>Programmer<br>Health & Demographic<br>Surveillance Programme<br>(HDSP), PHSD   | Training on ORACLE and<br>to undertake migration of<br>of DSS Data Base/Management<br>System from SQL/DS to<br>ORACLE7 | AIT, Thailand   |
| 4.  | Mr. Birendra Nath Adhikary<br>Data Base Officer, HDSP<br>PHSD  | Training on ORACLE and<br>to undertake migration of<br>of DSS Data Base/Management<br>System from SQL/DS<br>to ORACLE7 | AIT, Thailand   |
| 5.  | Mr. Aminur Rahman<br>Manager, Administrative<br>Services, MHSP, PHSE                                   | Course on management   | Indian Institute of<br>Management, Ahmedabad,<br>India.                         |
| 6.  | Dr. Md. Khalequazzaman<br>Manager, Clinical Services<br>MHSP, PHSD                                     | Study for PhD degree in<br>Public Health   | Johns Hopkins<br>University, USA  |
| 7.  | Dr. Kh. Zahid Hasan<br>Associate Scientist<br>PHSD   | Study for PhD degree in<br>Public Health   | University of Alabama<br>at Birmingham, USA                                     |
| 8.  | Ms. Shamim Sufia Islam<br>Coding Assistant<br>Reproductive & Sexual<br>Health, PHSD                    | Course on Tropical<br>Epidemiology   | Ruprecht-Karls-Universitat<br>Heidelberg, Germany                               |
| 9.  | Mr. Md. Zahirul Haq<br>Data Management Asstt.<br>Geographic Information<br>System (GIS), PHSD          | Spatial Data Creation,<br>Editing, Mapping and Image<br>Processing   | Laboratory Surfaces,<br>University of Liege,<br>Belgium.                        |
| 10. | Dr. Kaniz Gausia<br>Medical Officer<br>Reproductive & Sexual<br>Health Programme, PHSD                 | Study in Master's Programme<br>in Sexually Transmitted<br>Diseases   | LSHTM, UK   |

## Laboratory Sciences Division

- |    |   |                                 |   |
|----|---|---------------------------------|---|
| 1. | Mr. Selim Akhter<br>Laboratory Technician<br>Parasitology Laboratory<br>Laboratory Sciences Division<br>(LSD) | Training on<br>colorimetric PCR | Department of Medical<br>Parasitology, London School<br>of Hygiene & Tropical Medicine<br>(LSHTM), UK |
|----|---|---------------------------------|---|

- |    |   |   |   |
|----|---|---|---|
| 2. | Mrs. Mahmuda Khatun<br>Senior Laboratory Technician<br>Clinical Laboratory, LSD | Training on clinical serology laboratory techniques               | Department of Microbiology<br>St. Pierre University Hospital<br>University of Brussels, Belgium |
| 3. | Dr. Mahbubur Rahman<br>Associate Scientist<br>LSD                               | Training on clinical microbiology (HIV)                           | University College of London<br>Hospital NHS Trust, UK  |
| 4. | Mr. Syed Saiful Huq<br>Bio-Medical Engineer<br>Bio-Engineering Cel, LSD         | Course on testing and certification of biological safety cabinets | Harvard School of Public Health, Boston, USA  |
| 5. | Mr. Khorshed Alam<br>Assistant Scientist<br>Enteric Bacteriology<br>LSD         | Training to acquire knowledge and skills on tissue culture assay  | Centre for Vaccine Development, University of Maryland, USA                                     |
| 6. | Mr. Ashrafuzzaman<br>Chowdhury<br>Research Officer<br>Immunology, LSD           | Course on Phage Display Technology and Applications               | Gesellschaft fur Biotechnologische Forschung mbH<br>Germany.                                    |

### Administration & Personnel Division

- |    |  |  |   |
|----|--|--|---|
| 1. | Mrs. Zaeda Khanam<br>Data Management Officer<br>Personnel Office<br>Administration & Personnel | Training on ORACLE and related aspects for migration /conversion of the Centre's Personnel Management Service System | Asian Institute of Technology (AIT), Thailand |
|----|--|--|---|

### Finance Division

- |    |   |   |   |
|----|---|---|---|
| 1. | Mrs. Saleha Begum<br>Analyst Programmer<br>Computer Information Service<br>Finance Division | Training on ORACLE and related aspects for migration /conversion of the Centre's Personnel Management Service System                                      | Asian Institute of Technology (AIT), Thailand |
| 2. | Mr. Sk. Firoj Ahmed<br>Senior Programmer<br>Payroll & Funds<br>Finance Division             | Training on AS/400 CL and RPG Programming and related aspects of migration/conversion of Centre's financial application from IBM System 4361 to IBMAS/400 | AIT, Thailand                                 |
| 3. | Mr. K. M. Lutfur Rahman<br>Data Processing Coordinator<br>Finance Division                  | Training on AS/400 CL and RPG Programming and related aspects of migration/conversion of Centre's financial application from IBM System 4361 to IBMAS/400 | AIT, Thailand                                 |

## Distribution of staff, by discipline and degree being earned

[as at 30 September 1997]

Field of study or training	Ph.D (n=10)	Masters (n= 4 )	Non-degree short training (n=2 )	Total (n= 16)
- Gastroenterology	2	0	0	2
- Demography	2	0	0	2
- Human Nutrition	1	0	0	1
- Public Health/Health Promotion Sciences/ Epidemiology/ Public Health & Policy	5	3	0	8
- Spatial data analysis	0	0	1	1
- Sexually Transmitted Diseases	0	1	0	1
- Phase Display Technique	0	0	1	1

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## International Conferences/Workshops attended by ICDDR,B staff

[1 October 1996 - 30 September 1997]

Sl#	Title, venue and duration of Conference/Workshop	Staff members who attended the conferences/workshops	Division
1.	Third Research Co-ordination Meeting for the Co-ordinated Research Programme on Application of Stable Isotope Tracer Methods to Studies of Amino Acid, protein, and Energy Metabolism in Malnourished Populations of Developing Countries held in Vienna, Austria 1-4 October 1996	Dr. Iqbal Kabir Scientist	CSD
2.	124th Annual Meeting of the American Public Health Association held in New York USA 17-21 November 1996	Prof. Barkat-e-Khuda Director Operations Research Project	HPED
		Dr. Ann Levin Health Economist	HPED
		Mr. Mafizur Rahman Sr. Operations Researcher	HPED
		Mr. Ali Ashraf Sr. Operations Researcher	HPED
3.	Zinc in Child (WS) Health Conference held at the Johns Hopkins University, Baltimore USA 18-20 November 1996	Dr. S.K. Roy Scientist	CSD
		Dr. George Fuchs Division Director	CSD
4.	Malnutrition and Functional Significant Workshop held at the Institute of Child Health, London, UK on 24 November 1996	Dr. S.K. Roy Scientist	CSD
5.	Training Workshop on Tripple A Approach on Nutrition organised by UNICEF in Maldives 1-4 November 1996	Dr. S.K. Roy Scientist	CSD

6.	GARNET Advisory Committee Meeting held in UK 11-12 November 1996	Dr. Bilqis Amin Hoque Head, EHP	HPED
7.	Thirty-Second Joint Conference US-Japan Cooperative Medical Science Programme held in Nagasaki, Japan 14-16 November 1996	Dr. Tasnim Azim Associate Scientist	LSD
8.	Third Canadian Conference on International Health held in Ottawa, Canada 17-18 November 1996	Dr. Therese Juncker Visiting Scientist	PHSD
9.	XIV Annual Conference of the Indian Society for Medical Statistics held in India on 28 November 1996	Mr. Md. Golam Mostafa Sr. Statistical Officer/ Research Fellow	PHSD
		Dr. M.A. Kashem Shaikh Manager, DSS-Dhaka	PHSD
10.	WAVA- Global Forum held in Bangkok, Thailand 3-5 December 1996	Dr. S.K. Roy Scientist	CSD
11.	Global Forum of the World Alliance for Breastfeeding Action held in Bangkok December 2-6, 1996	Dr. Shameem Ahmed Health Scientist	HPED
12.	Thirteenth Seminar on Amoebiasis held in Mexico City 29-31 January 1997	Dr. Rashidul Haque Associate Scientist	LSD
13.	USAID Rules and Regulations and US Government Assistance held in Bangkok, Thailand 13-17 January 1997	Mr. Bozlur Rahman Sr. Budget & Cost Officer	Finance
14.	Ninth International Congress of Mucosal Immunology held in Sydney, Australia 26-31 January 1997	Dr. Tasnim Azim Associate Scientist	LSD
		Dr. Dilara Islam Assistant Scientist	LSD
		Dr. Firdausi Qadri Senior Scientist	LSD
15.	Eighth Asian Conference on Diarrhoeal Diseases held in Yogyakarta, Indonesia 25-28 February 1997	Dr. Rukhsana Haider Associate Scientist	CSD
		Dr. Nahrina Dewan Senior Medical Officer	CSD
		Mr. Zeaur Rahim Associate Scientist	LSD



	Dr. Md. Yunus Head, Matlab Health Services Programme	PHSD	
	Dr. Tahmeed Ahmed Senior Medical Officer	CSD	
	Dr. Iqbal Kabir Scientist	CSD	
	Dr. M. Sirajul Islam Scientist	LSD	
	Dr. KMA Aziz Senior Scientist	PHSD	
	Mr. J. Chakraborty Manager, CHS Matlab	PHSD	
16.	Twentieth Annual Conference of Indian Association for the Study Population held in Cimbatore, India 12-14 February 1997	Mrs. Lutfun Nahar Research Fellow, DSS	PHSD
		Mr. Kapil Ahmed Data Management Officer	PHSD
17.	The International Clinical Epidemiological Network: XIV Scientific Meeting held in Penang Malaysia 18-24 February 1997	Dr. Shahadat Hossain Senior Medical Officer	CSD
		Dr. L. A. De Francisco Head, Reproductive & Sexual Health Programme	PHSD
18.	Annual Meeting of the Population Association of America held in Washington, USA 27-29 March 1997	Prof. Barkat-e-Khuda Project Director MCH-FP Extension Project (Rural)	HPED
		Dr. Thomas Kane Operations Research Scientist	HPED
		Dr. Mizanur Rahman Demographer/Scientist	HPED
		Dr. Ann Levin Health Economist	HPED
		Dr. Bruce Caldwell Post-Doctoral Fellow	HPED
		Dr. Indrani Haque Analyst Programmer	HPED
		Mr. Khorshed Mozumder Senior Demographer	HPED

	Dr. R. Bairagi Sr. Scientist & Studies Director Population Studies Centre	PHSD
19. Experimental Biology Meeting held in New Orleans, USA 6-9 April 1997	Mr. M. A. Wahed Head, Biochemistry & Nutrition Laboratory	LSD
	Mrs. Sufia Islam Research Officer	CSD
	Dr. G. H. Rabbani Scientist	CSD
	Dr. M. Mujibur Rahman Associate Scientist	CSD
20. Second Regional Meeting on Reproductive Tract Infection Asia and the Pacific, Manila, The Philippines 3-11 May 1997	Dr. Sarah Hawkes Project Director Reproduction Tract Infection	PHSD
	Prof. S. M. Nurul Alam	PHSD
21. American Gastroenterologic Association Meeting held in Washington, USA, 11-14 May, 1997	Dr. Hasan Ashraf Assistant Scientist	CSD
	Dr. N.H. Alam Senior Medical Officer	CSD
22. GARNET Advisory Committee Meeting held in UK 19-20 May 1997	Dr. Bilqis Amin Hoque Head, EHP, HPED	HPED
23. VITEC 1997 meeting held in Baltimore, USA 22-26 June 1997	Dr. Tasnim Azim Associate Scientist	LSD
24. IUSSP and the University of North Carolina Evaluation Project Seminar on Methods for Evaluating Family Planning Programme Impact held in San Jose, Costa Rica 14-16 May 1997	Prof. Barkat-e-Khuda Project Director MCH-FP Extension Project (Rural)	HPED
25. Climate Variability and Human Health: An Interdisciplinary Perspective, held in Montego Bay, Jamaica 20-22 June 1997	Dr. A. K. Siddique Programme Head Epidemic Control Preparedness Programme	HPED
	Dr. George Fuchs Division Director	CSD
	Dr. M. Sirajul Islam Scientist	LSD

	Dr. R.N. Mazumder Assistant Scientist	CSD
26. Data Analysis Workshop of Multicentre Study on Reduced Osmolarity ORS held in Hochiminh City, Vietnam 22-29 June 1997	Dr. N. H. Alam Senior Medical Officer	CSD
27. International Conference on Acute Respiratory Infections held in Canberra, Australia 7-10 July 1997	Dr. M. John Albert Interim Division Director	LSD
28. Asia International Disaster Response Coordination Workshop at ADPC/AIT held in Bangkok, Thailand on 13 July 1997	Dr. Bilqis Amin Hoque Head, EHP	HPED
29. International Symposium held in Heidelberg, Germany	Dr. Md. Yunus Head, Matlab Health Services Programme	PHSD
30. Sixteenth International Congress of Nutrition held in Montreal, Canada 27 July - 01 August 1997	Dr. M. Mujibur Rahman Associate Scientist	CSD
	Dr. Iqbal Kabir Scientist	CSD
	Dr. Rukhsana Haider Associate Scientist	CSD
	Dr. S.K. Roy Scientist	CSD
	Dr. George Fuchs Division Director	CSD
31. VIII International Vitamin A Consultative Group (IVACG) Meeting held in Cairo, Egypt 22-26 September 1997	Mr. Mujibur Rahman Senior Scientific Officer	LSD
	Dr. S.K. Roy Scientist	CSD
	Dr. George Fuchs Division Director	CSD
	Dr. M. Mujibur Rahman Associate Scientist	CSD
	Dr. Md. Shahadat Hossain Senior Medical Officer	CSD

Trustees/Donors Joint Meeting

London, 8th June 1997

**Paper by Dr. Tawfik A.M. Khoja**

Background Document

Agenda Item 5

## A Forum to Shape the Future of the Centre

The Centre is governed by a distinguished multinational Board of Trustees comprising of different background keeping in mind that the Centre was established by the ordinance of the Government of Bangladesh as an independent international organization.

The Centre is dedicated in developing and implementing cost-effective and sustainable programmes against the major health and population problems and priorities facing the people of the developing world in particular and the whole world in general. "ICDDR,B, the resource for the world."

New global health priorities will require new strategies. A declining support base will require innovative approaches. From the beginning in 1960 to the present, the Centre's agenda has reflected the collective priorities of its founders and donors who need to come along to help shaping future directions: "attacking the worst health problems with the best science". Extending the effort by developing and testing technologies to the point that they may be applied widely in the developing country context and a multi-disciplinary approach is essential.

Central questions for the future include:

- what research needs should take the priority?
- How many community services need to be provided?
- What contribution of "essential national health" are necessary?
- How can the Centre best respond to its international obligation?

Dr. Tawfik Khoja

## Some Thoughts on Future Directions of ICDDR,B

The centre has done excellent work not just on cholera and ORS but covered many disciplines over and beyond diarrhoeal diseases. The centre's work helped in significant reduction in diarrhoeal deaths around the world.

One of the centre's strength is its location, where many public health problems exist. While looking into the future, the centre would do well to look at the high priority public health problems in the context of the developing countries, possibly with a further focus on the problems of some of the least developed countries. Management of problems and service delivery in situations like Rwanda, refugee camps in Zaire, Kenya, Bangladesh and other countries or problems of mass movements in disaster situations deserve attention. The centre has done well, so far, in works with disaster situations and has some background to get started in this area seriously. However, the key focus could be the regular Primary Health Care services in the developing countries, where the resources constraints may be financial, shortage of trained manpower, lack of infrastructure or simply traditional ways overwhelming a weak and virtually ineffective curative-oriented health care.

Perhaps the centre should consider networking with national and regional institutions where the problems may be similar and try to test out collaborative protocols in one location and then implement on a multi-centre basis. If finding solutions to public health problems is an objective sustainability of solutions should be another, even though we are dealing with ever changing dynamic situations. The dynamics of change vary due to the pace of economic progress and other socio-economic circumstances from country to country and in the same country in different time and space framework.

In this respect, I feel that the centre can play a major role in the areas of leadership development and capacity building. Both research and training is needed leading to more respect and high visibility of the centre in the international community.

The future of Primary Health Care in developing countries should explore new approaches to the structuring and organization and to try out innovations, learning from experiences of countries who have succeeded in attaining appropriate level of primary care. The research agenda may also include concepts of continued care and shared care and integration of primary care with secondary and tertiary health care.

Quality Assurance programmes suitable for the Primary Health Care system already in place with a programme of supportive supervision should be considered as an area of research. In Saudi Arabia, our recent experience in this field has been very rewarding and we achieved a lot spending very little. A little investment in the training of trainers and even lesser cost for the trainees and at no cost for the trainees at the grass root level excepting for the time they spent on this particular aspect of training can be cited from my personal experience. Indicators need to be selected to monitor the continued quality and these indicators may vary from country to country. A fish bone analysis or other methods suitable for the health personnel concerned taking into consideration of behavioural and sociological aspects of the health personnel themselves could be research issue.

Community health in cities, slums and rural areas is an area of expertise in ICDDR,B. The centre may go further on these fronts with emphasis on social, behavioural and anthropological approaches aiming towards Health Promotion and its sustainability in situations where people themselves are not very much aware about the preventive aspects of health. Health education through various approaches, perhaps through sharing of experiences of other institutions could open up new areas of research. A lot is talked about Health Education but proper focus on sustainability of messages that are to be ingrained in the populace are perhaps not getting as much attention as they should. Examples again can

be given from Saudi Arabia from the girls education system and pre-natal, perinatal and postnatal care in addition to other aspects of maternal and child health.

In addition to the repeated resolutions by WHO Assemblies about reorientation of medical education and medical practice (resolution WHA 48.8, as referred to, in Agenda No. 19 of World Health Assembly, Geneva, Switzerland, A50/1, 6 May 1997), introducing curriculum in different levels of both medical and non-medical education, training of existing manpower in governmental and non-governmental sectors in the areas of centre's future interest and expertise, will be a high priority as the centre has a lot of experience in this field.

Focus on the grass root level health posts / health centres, their accessibility, utilization, effectiveness, quality of service, community interaction, community confidence could be issues of research. Based on the population pyramid and the existence of a high proportions of adolescents in the community deserves research on care of adolescents in both preventive and curative aspects.

The centre should continue research and training in diarrhoeal diseases and add Acute Respiratory Infections (ARI) to its major interests for both research and training. Determination and ways of reducing misuse of antibiotics, in cases of diarrhoea and ARI in particular, should be taken into consideration. Many countries receive drugs as donation. Ethical points regarding the donation and subsequent use / misuse of these drugs brings in a dilemma. Studies on this issue on a multi-country basis could be contributing to reduction in antibiotic resistance.

As WHO is having renewed strategy for "Health for All", the centre should define, in cooperation with WHO, what it can do best for the success of this modified strategy, selecting operational research issues specific to social, cultural and economic situation in different developing countries. The centre should seek support of WHO, as the Forty-eighth World Health Assembly (WHO, Agenda No. 22.2, WHA48.16, 12 May 1995, Geneva, Switzerland) states, "To solicit the contribution of other



institutions dedicated to health and social development, such as those of the United Nations system and other international and non-governmental organizations, to the formulation and implementation of the global health policy". Current interest of WHO in this area is reflected in subsequent discussions in the 50th World Health Assembly, Geneva, Switzerland, Agenda No. 26.1, 26.2 and 27.1, A50/1 Rev.1 , 6 May 1997.

This is a brief summary of my thoughts on the future and the expanded horizon of ICDDR,B, meant for the "Brain Storming Sessions".

Tawfik A.M. Khoja

7/BT/NOV. 97

**REPORT FROM  
STAFF WELFARE ASSOCIATION**

ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B  
AT THE BOARD OF TRUSTEES' MEETING TO BE HELD IN  
NOVEMBER 1997

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

SEPTEMBER 25, 1997

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

Honourable Chairman Mr. Jacques O. Martin and the distinguished Board Membes from home and abroad.

First of all, on behalf of all the members of the Staff Welfare Association (SWA) and my own behalf, I would like to extend our hearty welcome to you and to all the BOT members here in Dhaka on this occassion. I am also taking this opportunity to congratulate once again Mr. Jacques O. Martin on being elected as Chairman for the next term of two years and Prof. Robert M. Suskind on assuming the responsibilities of the next Director of the Centre.

I am very much thankful to the Chairman, Board of Trustees and the ex-Director of the Centre Prof. Demissie Habte for arranging me this opportunity to place before you the most important issues that concerns the GS and NO level staff members of the Centre.

Hon'ble Chairman:

We are very delighted to know that you are one of the most reputed financial expert of your country. This is the first time, a person of your discipline has been elected as the Chairman, Board of Trustees. We do very much hope that under your able leadership/guidence and through your expertise the Centre will be able to overcome its most crucial financial difficulties. I am also very much hopeful of the assurance that you gave me at the time of my last meeting with you on September 13, 1997.

Hon'ble Chairman and the Trustees:

As President, SWA this is my obligation to place before you the matters related to Centre's staff welfare. I already have elaborated those all before the Trustees during the last-three years of my Presidentship. But unfortunately very little or nothing have been done on the issues that concern us most i.e. the issue of staff salary and closely related matters. I would threrefore like to state before you the same issues once again for your most sympathetic consideration.

Hon'ble Chairman and the Trustees:

In fact there has been very little salary raise for our staff since 1991-92. As per the ordinace the ICDDR,B staff members are expected to receive salary that will be comparable to the salary of other UN agency offices situated in Bangladesh. Since 1988 the UN agencies in Bangladesh have increased their staff salary 6 (six) times (copy of salary revisions enclosed) considering high inflation and frequent devaluation etc. In comparison to that very little has been done in ICDDR,B. The Centre's "NO" level staff salary is now 47-63% and that of "GS" level staff 40-50% behind UN salary i.e. the Centres employees present pay needs to be raised by 89-168% for NO level staff and 67-104% for GS level staff .(Enclosed comparative pay scales).

Hon'ble Chairman and the Trustees:

We understand that in the last June BOT meeting held in London you had long discussion on the salary structure of ICDDR,B staff. We also understand that you discussed the issue very sympathetically and deferred the issue to November, 1997 BOT meeting for a decision to be made. For this we are grateful to you all. Prof. Demissie Habte, the ex-Director of the Centre on his return from the last BOT meeting committed with 100% guarantee in the SWA's last general meeting held in July 1997 that he will recommend a good percent of pay raise with retroactive effect for a decision in this November 1997 BOT meeting.

Hon'ble Chairman:

We do not expect that it will be possible for you to change our fate overnight in this BOT meeting by equalizing our pay level with that of UN system of pay level. However, Sir, we do very much expect, in the line of our very cordial discussions with you on September 13, 1997, that you will do something very good for us.

Hon'ble Chairman and the Trustees:

The other important issue which I want to raise here once again is that we have no system to protect our losses due to frequent money devaluation. This perhaps not only incurs loss in our monthly pay but also has a huge cumulative loss in our seperation fund. Our's is not a pensionable job and we are solely dependant on this fund at our retired life. We therefore appeal to you to please introduce a system that will protect our losses due to devaluations.

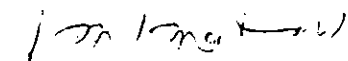
Since 1991 until to-date there has been about 33% money devaluations (details of devaluation enclosed) in Bangladesh. If there had been a system to protect the loss due to devaluations we would not have been so much behind UN pay structures and have not incurred irrecoverable loss in our seperation fund. If we compare our present pay of any level (GS and NO) that we had in US dollar say 7 (seven) years before, it will be very much clear that our pay has considerably gone down.

I, would therefore, request you all to please look into the matter very deeply, sympathetically and advice/recommend the Centre to maintain our pay roll in US dollar, disburse our pay in Taka based on latest bank rate of US dollar and save us from further losses in future.

I do not like to lengthen my address further. Once again I take this opportunity to thank you all on behalf of all the staff members of ICDDR,B and on my personal behalf.

Thanking you,

Sincerely yours,



Dr. K.A. Al-Mahmud

President

ICDDR,B Staff Welfare Association

**SALARY INCREASE IN UN BODIES IN BANGLADESH AND  
THEIR CORRESPONDING IMPLEMENTATIONS IN ICDDR, B**

UN BODIES			I.C.D.D.R, B			
Revision (Scales)	Level	Increase	Date Implemented	Date Implemented	Delay	Remarks
7th	GS NO	38% 35%	Jul 01'82 Jul 01'82	Jan 01'83 Jan 01'83	None None	Introduced WHO salary scales effective Jan 01'83 (Revision # 8)
8th	GS NO	2% 4%	Jan 01'83 Jan 01'83	Jul 01'84 Jul 01'84	18 Months "	
9th 2nd	GS NO	10.8% 8%	Oct 01'84 Oct 01'84	Jan 01'86 Jan 01'86	15 Months "	
10th 3rd	GS NO	10% 17%	Jan 01'85 Jan 01'85	Jan 01'87 Jan 01'87	24 Months "	
11th	GS1-2 GS3-5 GS6	8.42% 10.68% 16.98%	Dec 01'85 Dec 01'85 Dec 01'85	Jul 01'87 Jul 01'87 Jul 01'87	19 Months " "	
4th	NO	16.98%	Dec 01'85	Jul 01'87	"	
12th	GS1-4 GS5 GS6 NO	66% 54% 37% 28%	Aug 01'86 Aug 01'86 Aug 01'86 Apr 01'87	Jan 01'88 Jan 01'88 Jan 01'88 Jan 01'88	17 Months " " 09 "	22% implemented 18% implemented 12.33% implemented 9.33% implemented } I
				Jul 01'88 Jul 01'88 Jul 01'88 Jul 01'88	23 Months " " 15 "	
				Jan 01'89 Jan 01'89 Jan 01'89 Jan 01'89	29 Months " " 21 "	Remaining 3, i.e. 100% of Rev # 12th & 5th } III
13th 6th	GS NO	20.7% 1.46%	Apr 01'88 Apr 01'88	Jan 01'91 Jan 01'92	33 Months 45 Months	
14th 7th	GS NO	17% 21%	Jan 01'90 Apr 01'90	- -	- -	Not implemented Not implemented
15th	GS1-4 GS5 GS6	1.20% 2.51% 2.04%	Jan 01'92 Jan 01'92 Jan 01'92	Jul 01'93 Jul 01'93 Jul 01'93	- -	85% of Rev # 15 85% of Rev # 8
8th	NO	8.7%	Dec 01'91	Jul 01'93	-	
16th	GS	16.9%	Aug 01'92	Jan 01'94	-	GS1-4 75% implemented GS5-6 77% implemented 77% implemented
9th	NO	19.1%	Oct 01'92	Jan 01'94	-	
7th 0th	GS NO	21.9% 23.2%	Oct 01'93 Jan 01'94	- -	- -	Not implemented Not implemented
	GS NO			Jan 01'95 Jan 01'95		7% implemented 7% implemented
	GS NO			Jan 1996 "		2% implemented 2% implemented
18th	GS	23%	Sep'96			Not implemented
11th	NO	43%	Apr'97			Not implemented

COMPARISON OF PAY SCALES BETWEEN U. N. AND ICDDR,B (IN TAKA)

CATAGORY: LEVEL/8TH STEP	NET PAY					GROSS PAY				
	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	631,615	333,840	297,775	52.85	89.20	643,044	310,210	332,834	48.24	107.29
NO-B	877,953	400,620	477,333	45.63	119.15	904,597	374,610	529,987	41.41	141.48
NO-C	1,229,156	500,750	728,406	40.74	145.46	1,284,058	472,130	811,928	36.77	171.97
NO-D	1,720,786	640,950	1,079,836	37.25	168.47	1,720,786	610,500	1,110,286	35.48	181.87
NO-E	0	814,590	(814,590)	0.00	(100.00)	0	811,450	(811,450)	0.00	(100.00)
NO-F	0	1,011,350	(1,011,350)	0.00	(100.00)	0	1,017,860	(1,017,860)	0.00	(100.00)
GENERAL SERVICES										
GS-1	139,819	83,400	56,419	59.65	67.65	123,445	87,890	35,555	71.20	40.45
GS-2	181,766	95,070	86,696	52.30	91.19	161,812	100,480	61,332	62.10	61.04
GS-3	227,202	115,050	112,152	50.64	97.48	203,369	122,210	81,159	60.09	66.41
GS-4	284,003	139,190	144,813	49.01	104.04	255,639	144,900	106,739	58.25	71.69
GS-5	340,804	182,910	157,894	53.67	86.32	308,890	197,370	111,520	63.90	56.50
GS-6	408,969	237,800	171,169	58.15	71.98	372,908	259,140	113,768	69.49	43.90
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

As per Bangladesh Bank circular percentage of devaluation of Taka compared to US dollar during the period 1990-1995

Devaluation date	Percent devaluation
Mar - 04, 1990	5.00
Apr - 25, 1990	1.00
May - 20, 1990	1.76
Aug - 01, 1990	1.78
Sep - 09, 1990	0.22
Nov - 24, 1990	0.28
	10.44
Jun - 30, 1991	0.56
Jul - 07, 1991	1.37
Aug - 17, 1991	1.10
Sep - 12, 1991	2.17
Nov - 09, 1991	1.06
Dec - 01, 1991	0.37
Dec - 08, 1991	0.42
Dec - 21, 1991	0.47
	7.56
Jan - 01, 1992	0.57
Mar - 31, 1992	0.50
	1.07
Apr - 24, 1993	2.13
	2.13
Feb - 24, 1994	0.68
Mar - 27, 1994	0.30
	0.98
Sept - 19, 1995	0.38
Oct-1, 1995	0.63
Oct-28, 1995	0.62
	1.63
Jan 10, 1996	0.62
Apr 9, 1996	1.23
Apr 20, 1996	0.60
Jul 16, 1996	0.36
Aug 1, 1996	0.60
Sep 7, 1996	0.36
Sep 23, 1996	0.36
	4.13
Feb 8, 1997	0.71
Mar 19, 1997	1.06
Apr 7, 1997	1.06
Jul 21, 1997	1.04
Aug 18, 1997	1.03
	4.90
Total devaluation since 1990	32.84



9/BT/NOV. 97

**SELECTION OF TRUSTEES**

Draft  
14/10/97

9/BT/Nov. 1997

## 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 June 1997 meeting the Board of Trustees:

noted that as the Integrated Institutional Review Report recommended that "The BOT seek members that have the ability to identify sources of funds from the private sector", no action has been taken since the November 1996 Board of Trustees meeting to identify a suitable candidate to replace Dr. Maureen Law who completed six years of service as a member of the Board of Trustees on 30 June 1997.

The Board agreed to pursue nominations for persons from the corporate and private sector for further discussion at the November 1997 Board of Trustees meeting.

B. 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. Initiate nominations for a replacement for Dr. Maureen Law (developed country - North America) for 3 years from 1 July 1997.
2. Initiate nominations for a replacement for Professor Chen Chunming (developing country - Asia) for 3 years from 1 July 1998.

ICDDR, B

LIST OF BOT MEMBERS  
WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES  
(as at July 1, 1997)

Name	Country	Discipline	Joined Bd/ end date
Mr. Muhammed Ali	Bangladesh	Civil Servant	1996/1999
Mr. Rolf Carriere	UNICEF	Management/ Int'l Health	1997/2000
Prof. Chen Chunming	China	Public Health	1992/1998 *
Maj. Gen. (Retd) M.R. Choudhury	Bangladesh	Pathology	1994/2000
Prof. R.R. Colwell	U.S.A.	Microbiology	1995/1998
Dr. R.H. Henderson	WHO	Scientific Admin.	1990/1999
Prof. M.E. Jacobs	South Africa	Child Health	1996/1999
Prof. F. Jalil	Pakistan	Child Health	1993/1999 *
Dr. T.A.M. Khoja	Saudi Arabia	Public Health	1995/1998
Prof. P.F. McDonald	Australia	Demography	1995/1998
Prof. P.H. Makela	Finland	Microbiology/ Vaccine dev.	1993/1999 *
Mr. J.O. Martin	Switzerland	Finance/management	1994/2000
Dr. A.K.M. Masihur Rahman	Bangladesh	Civil Servant	1996/1999
Prof. R.M. Suskind	U.S.A.	Pediatrics	1997/2000
Dr. Y. Takeda	Japan	Microbiology	1994/2000
Prof. C.G. Victora	Brazil	Epidemiology/ Public Health	1993/1999 *

\*Unable to serve another term without a break.

ICDDR,B

LIST OF BOT MEMBERS (AS AT JULY 1997) WITH TERMS

Name	Joined Board	End of Term
Mr. Muhammed Ali	18 April 1996	17 April 1999
Mr. Rolf Carriere	1 July 1997	30 June 2000
Prof. Chen Chunming	1 July 1992	30 June 1998 *
Maj. Gen. (Retd) M.R. Choudhury	11 June 1994	10 June 2000
Prof. R.R. Colwell	1 July 1995	30 June 1998
Dr. R.H. Henderson	25 May 1990	24 May 1999
Prof. M.E. Jacobs	1 July 1996	30 June 1999
Prof. Fehmida Jalil	1 July 1993	30 June 1999 *
Dr. T.A.M. Khoja	1 July 1995	30 June 1998
Prof. P.F. McDonald	1 July 1995	30 June 1998
Prof. P.H. Makela	1 July 1993	30 June 1999 *
Mr. J.O. Martin	1 July 1994	30 June 2000
Dr. A.K.M. Masihur Rahman	1 July 1996	30 June 1999
Dr. Y. Takeda	1 July 1994	30 June 2000
Prof. R.M. Suskind	1 July 1997	30 June 2000
Prof. C.G. Victora	1 July 1993	30 June 1999 *

\* Unable to serve another term without a break

10/BT/NOV. 97

**APPOINTMENTS TO  
COMMITTEES**

Draft  
14/10/97

10/BT/Nov. 1996

## APPOINTMENTS TO COMMITTEES OF THE BOARD

Due to changes in Board membership in the last year, and the fact that this matter was not considered at the June 1997 Board Meeting in London, the following is the suggested composition of the Committees to 30 June 1998.

### ACTION REQUIRED

1. Appoint, by resolution, Chairpersons and Members to each of the three committees. The term of appointments will be from 1 July 1997 to 30 June 1998.

#### Personnel & Selection Committee

Dr. R.H. Henderson (Chairman)  
Mr. Md. Ali  
Dr. Y. Takeda  
Prof. F. Jalil  
Prof. M. Jacobs

Chairperson  
Director

#### Finance Committee

Prof. R.R. Colwell (Chairperson)  
Dr. A.K.M. Masihur Rahman  
Dr. T.A.M. Khoja  
Mr. R. Carriere

Chairperson  
Director

#### Programme Committee

Prof. P.H. Makela (Chairperson)  
Prof. Chen Chunming  
Maj. Gen. (Ret'd) M.R. Choudhury  
Prof. P.F. McDonald  
Prof. C. Victora

Chairperson  
Director

11/BT/NOV. 97

**DATES OF FUTURE  
MEETINGS**



Draft  
14/10/97

11/BT/Nov.97

### DATES FOR 1998 MEETINGS

As per 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, the programme for meetings for 1998 is as follows.

The Board decided at its November 1996 meeting that no programme reviews of scientific divisions would be held during 1997. It is suggested that these recommence in 1998 as follows:

#### Programme Committee Review of PHSD - June 1998

Tuesday 2nd June	Reviewers arrive
Wednesday 3rd June to Friday 5th June	Review of Public Health Sciences Division and write-up of report

#### BOARD OF TRUSTEES MEETING - JUNE 1998

Friday 5th June	Trustees arrive
Saturday 6th June	Personnel & Selection Committee Meeting Finance Committee Meeting
Sunday 7th June	Programme Committee Meeting
Monday 8th June	Executive Session of Full Board

Programme Committee Review of HPED - November 1998

Tuesday 3rd November	Reviewers arrive
Wednesday 4th November to Friday 6th November	Review of Health & Population Extension Division and write-up of report

BOARD OF TRUSTEES MEETING - NOVEMBER 1998

Friday 6th November	Trustees arrive
Saturday 7th November	Personnel & Selection Committee Meeting Finance Committee Meeting
Sunday 8th November	Programme Committee Meeting
Monday 9th November	Donors' Support Group Meeting Executive Session of Full Board

Action Required:

1. Confirm dates of Programme Committee Reviews of the Public Health Sciences Division in June 1998 and the Health and Population Extension Division in November 1998.