ICDDR,B

BOARD OF TRUSTEES MEETING

November 7-9, 1998

PROGRAMME OF THE

BOARD OF TRUSTEES MEETING

November 7-9, 1998

Draft
19/10/98

PROGRAMME

ICDDR,B BOARD OF TRUSTEES MEETINGS

7-9 November 1998

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

Friday 6 November	Trustees arrive
Saturday 7 November	**Full Board and Personnel Meetings** (Training Room # 1)
8.30 a.m. - 10.15 a.m.	Special Full Board Session (closed)
10.15 a.m. - 10.45 a.m.	Tea/Coffee
10.45 a.m. - 12.00 noon	Special Full Board Session continues
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 Centre
2.15 p.m. - 3.30 p.m.	Personnel & Selection Committee Meeting (closed)
3.30 p.m. - 3.45 p.m.	Tea/Coffee
3.45 p.m. - 5.30 p.m.	Personnel & Selection Committee Meeting continues
6.30 p.m. - 8.30 p.m.	Reception

Sunday 8 November	**Finance and Programme Committee Meetings** (Training Room 1 and Auditorium)
8.30 a.m. - 10.30 a.m.	Finance Committee meeting (open)
10.30 a.m. - 11.00 a.m.	Tea/Coffee
11.00 a.m. - 12.30 p.m.	Finance Committee Meeting continues
12.30 p.m. - 2.00 p.m.	Lunch at the guest house with invited Centre staff
2.00 p.m. - 3.15 p.m.	Programme Committee Meeting (open)
3.25 p.m. - 3.45 p.m.	Tea/Coffee
3.45 p.m. - 5.30 p.m.	Programme Committee Meeting continues

Monday 9 November	**EXECUTIVE SESSION OF FULL BOARD** (closed) (Training Room # 1)
8.30 a.m. - 8.45 a.m.	Approval of Agenda
8.45 a.m. - 9.00 a.m.	Approval of Draft Minutes of June 1998 meeting
9.00 a.m. - 9.15 a.m.	Resolutions from Personnel & Selection Committee
9.15 a.m. - 9.30 a.m.	Resolutions from Finance Committee
9.30 a.m. - 9.45 a.m.	Resolutions and/or Recommendations from Programme Committee
9.45 a.m. - 10.15 a.m.	Institutional Development Activities Report
10.15 a.m. - 10.25 a.m.	Actions from Report from SWA
10.25 a.m. - 11.00 a.m.	Morning Tea/Coffee
11.00 a.m. - 11.15 a.m.	Format of Future Meetings
11.15 a.m. - 11.30 a.m.	Selection of Trustees
11.30 a.m. - 11.45 a.m.	Appointments to Committees
11.45 a.m. - 12.00 noon	Dates of Next Meeting
12.00 noon - 12.30 p.m.	Any Other Business
	Closure of Meeting
12.30 p.m. - 2.00 p.m.	Lunch (donors and trustees)

Monday 9 November (cont'd)	**DONORS' SUPPORT GROUP MEETING**
12.30 p.m. - 2.00 p.m.	Lunch (donors, trustees, division directors)
2.00 p.m. - 5.00 p.m.	Donors' meeting with the Board of Trustees

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1/BT/NOV.98

APPROVAL OF AGENDA

Draft
14/10/98

2/BT/Nov.1998

EXECUTIVE SESSION OF THE FULL BOARD

Monday 9 November 1998
Training Room # 1

AGENDA

1. Approval of Agenda
2. Approval of Draft Minutes of Meeting held 6-8 June 1998
3. Resolutions from the Personnel and Selection Committee
4. Resolutions from the Finance Committee
5. Resolutions from the Programme Committee
6. Other Resolutions and/or Recommendations
7. Institutional Development Activities
8. Actions on Report from Staff Welfare Association (SWA)
9. Format of BOT Meetings
10. Selection of Trustees
11. Appointments to Committees
12. Dates of Next Meeting
13. Any Other Business

2/BT/NOV. 98

APPROVAL OF DRAFT MINUTES

OF THE MEETING

HELD ON 6-8 JUNE, 1998

DRAFT
9/11/98

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES, ICDDR,B HELD IN DHAKA, BANGLADESH SATURDAY 6 JUNE TO MONDAY 8 JUNE 1998

The 38th Meeting of the Board of Trustees of ICDDR,B was held on Saturday 6, Sunday 7, and Monday 8 June 1998 in the Sasakawa Training Centre at the Centre's Mohakhali location.

The Chairperson of the Board of Trustees, Mr. Jacques Martin, opened the meeting on 6 June 1998 at 9.10 a.m. by welcoming the Trustees, the Director and the senior staff.

The following members were present, constituting a quorum:

Mr. Mohammed Ali
Mr. R. Carriere
Major General (Ret'd) M.R. Choudhury
Prof. Rita R. Colwell
Dr. Ralph H. Henderson
Prof. Fehmida Jalil
Prof. P. Helena Makela
Mr. Jacques O. Martin - Chairperson
Prof. Robert M. Suskind - Secretary
Prof. Cesar Victora

The Chairperson reported that apologies had been received from Professor Chen Chunming, Dr. Tawfik Khoja, Professor Marian Jacobs, Professor Peter McDonald, and Dr. Yoshifumi Takeda. Dr. A.K.M. Masihur Rahman joined the meeting later in the morning.

SATURDAY 6th JUNE 1998

MORNING SESSION - DIRECTOR'S REPORT

Director's Report

Dr. Robert Suskind, Director of the Centre, presented an overview of the activities of the Centre for the past six months. He referred to the Director's Report which had been circulated to the Board members (copy attached to the official minutes).

The meeting discussed the proposed new "Mission Statement" and provided suggestions for revisions.

The Chairperson thanked the Director and indicated the Board's appreciation of the work that had been accomplished.

MORNING SESSION - PERSONNEL AND SELECTION COMMITTEE MEETING

At 10.15 a.m. Mr. Martin requested Professor Fehmida Jalil to chair the Personnel and Selection Committee session of the Board Meeting.

Prof. Fehmida Jalil assumed the chair, declared the Personnel and Selection Committee meeting open with the following committee members and others present, welcomed everyone, and called the meeting to order.

Personnel and Selection Committee Members

Professor Fehmida Jalil (chairperson)
Mr. Mohammed Ali
Mr. J.O. Martin (ex officio)
Dr. R.M. Suskind (ex officio)

Invited Trustees

Mr. R. Carriere
Major General M.R. (Ret'd) Choudhury
Prof. R.R. Colwell
Dr. R.H. Henderson
Prof. P.H. Makela
Dr. A.K.M. Masihur Rahman
Prof. C. Victora

Invited Staff

Dr. Barkat-e-Khuda
Dr. G. Fuchs
Prof. V.I. Mathan
Prof. P. Vaughan
Mr. J. Winkelmann
Mr. Zaman (Chief Personnel Officer)
Ms J. Banfield (Minute Secretary)

1. APPROVAL OF THE AGENDA

The agenda was approved with the addition of several new items.

2. STAFFING

2.1 Overview of the Staffing Situation

Attention was drawn to Tables 1-8. It was noted that there has been a net addition of 19 staff members, mostly in projects. As at 31 March 1998 the total staff directly employed by the Centre numbered 1007 compared to 988 as at 30 September 1997 and 1000 as at 31 March 1997.

The meeting requested that future statistics on the staffing situation show a gender breakdown for the professional level staff, and that all Centre reports use gender neutral language.

2.2 Recruitment of International Staff

a. Director, Public Health Sciences Division (D1)

As advised at the November Board of Trustees meeting, the position of Director, 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 Patrick Vaughan to over 60 additional organisations.

The November Board of Trustees meeting agreed that the search could be extended if the list of applicants was not considered of sufficient quality, including the re-issuing of the vacancy notice.

Applicants from the first round of advertisements were asked to advise if they wished to continue to be considered for the position. Eleven reconfirmed responses were received from 17 applications.

The extended search resulted in four new applications.

The process of reviewing the eleven confirmed and four new applications and selecting a short list of potential candidates continued.

The Centre management recommended a short list of two candidates for the position.

Agreed to recommend to the Board that Centre management be requested to offer the position of Division Director, Public Health Sciences Division, to Professor Wim Van Lerberghe (Belgium) or Professor Lars Ake Persson (Sweden). Should both decline to accept the offer, the position should be readvertised, after consultation with Professor Fehmida Jalil and Professor

Cesar Victora. In this event, the Centre management is authorised to appoint an Acting Division Director from amongst the appropriate personnel in the Centre.

b. Director, Health and Population Extension Division (D1)

It was reported to the meeting that Mr. Syed Shamim Ahsan (Bangladesh) resigned from the position of Division Director, Health and Population Extension Division effective 10 March 1998.

The meeting noted that the Centre's management, in consultation with senior staff of the division and with USAID/Dhaka, is preparing a job description for this position preparatory to placing advertisements.

Funding for this position will be from the Operations Research Project with a 90/10 split. It was noted that at the request of USAID/Dhaka the Chief of Party for the Operations Research Project is the Head of the Operations Research Project.

It was agreed that trustees should be given the opportunity to review the job description for this position before making decisions. This was subsequently discussed at the Full Board meeting on Monday 8 June.

c. Epidemiologist (P5)

It was reported to the meeting that the Board of Trustees at its meeting in November 1997 agreed that Dr. Abdullah H. Baqui (Bangladesh) be formally transferred from the Health and Population Extension Division to the Public Health Sciences Division in January 1998 subject to the availability of funds.

This transfer was effected on 1 January 1998 with project funding. It is recommended that Dr. Baqui retain this position as long as there are Centre and/or project funds to support his international salary. If they are depleted he will return to his previous national level.

d. Head of Training (P4)

It was reported to the meeting that at the November 1997 meeting of the Board of Trustees it was noted that Dr. A.N. Alam (Bangladesh) has been appointed on a short term contract as Head of the Training and Education Department.

It was also noted that the establishment of a P4 post and the recruitment of a staff member will depend on identification of funds from willing donors.

Since November 1997 no progress has been made on identifying donor funding for this position.

Agreed to recommend to the Board that the position of Head of Training be filled and that the appropriate process including advertising commence.

e. Health Economist (P4)

It was reported to the meeting that the position of Health Economist was advertised in the *Economist* on 16 December 1997, local newspapers, and copies of the advertisement were sent to all donors, trustees, former trustees and collaborating institutions.

Nine (9) applications have been received. After extensive review a short list of six applicants was prepared; three have since withdrawn.

The curriculum vitae of the remaining short-listed candidates were available for review. The meeting noted that the process of reviewing and interviewing the short-listed candidates is continuing.

2.3 Contract Renewals

a. Dr. George Fuchs, Division Director CSD

It was reported to the meeting that on the approval of the Board of Trustees at its meeting in June 1995, Dr. George Fuchs (USA) was appointed Division Director of the Clinical Sciences Division effective 1 July 1995 on a reimbursable secondment contract from the Louisiana State University, U.S.A.

Dr. Fuchs will complete three year's employment with the Centre on 30 June 1998.

It was unanimously agreed to recommend to the Board that Dr. George Fuchs' current secondment contract be extended by another term of three years effective 1 July 1998.

b. Dr. M. John Albert, Research Microbiologist

It was reported to the meeting that in May 1995 Dr. John Albert (India) was appointed as Senior Research Microbiologist, Laboratory Sciences Division. He had an earlier six year term as Research Microbiologist.

Dr. Albert will complete his current three year employment contract with the Centre on 2 May 1998. Dr. Albert undertook the leadership of the Laboratory Sciences Division while the Board of Trustees searched for a new division director. His contribution to scientific research has been recognised by his membership of the Royal College of Pathologists UK.

It was agreed to recommend to the Board that Dr. John Albert's current contract be extended by eighteen months. The Committee further recommended that the Board authorise the Centre management to advertise the position internationally and nationally. Dr. Albert will be eligible to apply and compete under the current Staff Rules.

The Chairperson declared this session of the meeting closed at 12.15 p.m.

MEETING WITH THE STAFF WELFARE ASSOCIATION

On Saturday 6 June 1998 from 12.15 p.m. to 1.00 p.m. Board members met with the Executive Committee of the Staff Welfare Association. It listened to their requests and concerns which had also been expressed in their written report to the Board. The trustees re-emphasised the information that had previously been given to the staff by the Director and by the Board chairman and Finance Committee Chairperson during their visit in April, that right-sizing of the Centre would occur and this would mean some reduction in force, as well as improvements in efficiency. The trustees emphasised that this would occur until accumulated deficits have been replaced by a budget surplus. Although understanding that this situation and its consequences might raise concerns and provoke tensions, the Chairman indicated that threats to international staff members are unacceptable.

SATURDAY 6th JUNE 1998

AFTERNOON SESSION - PERSONNEL AND SELECTION COMMITTEE MEETING

The afternoon session of the Personnel and Selection Committee commenced at 2.20 p.m.

2.3 Contract Renewals (continued)

c. Dr. Mizanur Rahman, Demographer, PHSD

It was reported to the meeting that Dr. Mizanur Rahman (Bangladesh), Demographer, Public Health Sciences Division, will complete his three year's employment contract with the Centre on 14 July 1998.

The Committee agreed to recommend to the Board that Dr. Mizanur Rahman's current contract be extended by one year effective 14 July 1998 at a percentage of the international salary to be determined by the Centre, subject to the availability of funds.

2.4 Information on other international staff recruited and appointed

a. Director, ADG

The Committee noted that the Board of Trustees at its meeting in June 1997 appointed Dr. Robert M. Suskind (USA) as Director of ICDDR,B effective from 1 January 1998.

The Committee noted that Dr. Suskind accepted the position and assumed duties as Director on 12 January 1998.

Regarding this position also see page 20.

b. Division Director, Laboratory Sciences Division (D1)

The Committee noted that the Board of Trustees at its meeting in June 1997 selected Professor V.I. Mathan (India) subject to the approval of the incoming Director.

Subsequently, the Director-elect approved the appointment and Professor Mathan was offered the post of Division Director, Laboratory Sciences Division.

The Committee noted that Professor Mathan accepted the position and assumed duties on 1 January 1998.

c. Chief Finance Officer (P5)

The Committee noted that at its meeting in November 1997 the Board of Trustees noted that Mr. John Winkelmann (Canada) had accepted the post of Chief Finance Officer.

The Committee noted that Mr. Winkelmann assumed his duties as Chief Finance Officer on 1 December 1997.

d. USA Representative

Agreed to recommend to the Board that Mr. Brent Berwager's resignation from his position as Director, North American Development, be accepted, and that Mr. Berwager be thanked for his outstanding work from 1995 to 1998.

Mr. Berwager's offer to oversee the activities of the Centre in the USA, as well as the move of the office from Baltimore to Washington, until a replacement is appointed, was appreciated and accepted.

The Committee noted that Mr. Berwager will assume responsibility for advertising the position and screening applicants.

3. STAFF SALARIES

The meeting did not discuss this agenda item. It was however reminded that local staff salaries were increased on January 1, 1998 by 4%.

4. SELECTION OF MEMBERS OF THE BOARD OF TRUSTEES

a. It was reported to the meeting that Professor Chen Chunming concludes her second term of service as a Board Trustee on 30 June 1998.

It was unanimously agreed to recommend to the Board that it extend its thanks to Professor Chen Chunming for her outstanding contribution to the Centre as a member of the Board of Trustees from 1993 to 1998.

It was agreed to recommend to the Board that nominations be sought from developing countries for a replacement trustee for Professor Chen Chunming.

b. The Committee agreed unanimously to recommend to the Board that Dr. Carol Vlassoff (Canada) be nominated as a member of the Board of Trustees effective 1 July 1998, to replace Dr. Maureen Law (developed country).

c. The Committee agreed to recommend to the Board that Professor Rita Colwell (USA) be reappointed as a Board Trustee for another period of three years from 1 July 1998.

d. The Committee agreed to recommend to the Board that Dr. T.A.M. Khoja (Saudi Arabia) be reappointed as a Board Trustee for another period of three years from 1 July 1998.

e. The Committee agreed to recommend to the Board that Professor Peter McDonald (Australia) be reappointed as a Board Trustee for another period of three years from 1 July 1998.

f. The Committee agreed to record for future discussion consideration of the inclusion of co-opted positions on the Board.

5. REPORT ON HUMAN RESOURCE REVIEW CONSULTANCY

The Director presented the recommendations from the Executive Committee on actions to be taken resulting from the Human Resource Review Report.

It was agreed that this would be discussed on Saturday afternoon by a sub committee of the Board of Trustees.

6. ANY OTHER BUSINESS

a. Internal Auditor

It was reported to the meeting that a core-funded fixed term position of an Internal Auditor under the Director's Bureau (now Director's Division) was established in September 1997. Accordingly, the position was announced in two national dailies and also on internal bulletin boards at the Centre. This resulted in 36 applications which were taken by the former Division Director, Administration and Personnel on 6 October 1997 for processing the recruitment. Thereafter no action has been taken.

The Committee agreed to recommend to the Board that the Centre management be authorised to readvertise this position and recruit a suitable person as soon as possible.

b. Resignation - Dr. C.L. Jenkins, Social Scientist SBSP, PHSD, (P5)

It was reported to the meeting that Dr. Carol Jenkins (USA), Social Scientist in the Social and Behavioural Science Programme of the Public Health Sciences Division, has tendered her resignation from the Centre which at the recommendation of her supervisor, the Director of PHSD, will be effective from 30 June 1998. Dr. Jenkins joined the Centre on 1 June 1997.

The Committee agreed to recommend to the Board that it accepts the resignation of Dr. Carol Jenkins from the position of Social Scientist P5 in the Social and Behavioural Science Programme, effective 30 June 1998.

c. Separation by Mutual Agreement - Mr. M.A. Mahbub (D1)

It was reported to the meeting that Mr. M.A. Mahbub (Bangladesh), the former Division Director of Administration and Personnel, submitted a request on 28 January 1998 for Separation by Mutual Agreement from the Centre effective 28 February 1998 which was later accepted by the Director to be effective from 24 March 1998 for abolition of the post and reduction in force, in accordance with Staff Rule 1050.

The Committee agreed to recommend to the Board that it endorses the Director's acceptance of the request by Mr. M.A. Mahbub for above Separation by Mutual Agreement from his service with the Centre. The Committee further recommended to the Board that it keep on record the services of Mr. Mahbub to the Centre for more than ten years.

d. Dr. R. Bairagi (P5)

It was reported to the meeting that Dr. R. Bairagi (Bangladesh), Senior Scientist in the Public Health Sciences Division, completed his second three year contract as an international staff member of the Centre on 14 January 1998. During the contract his salary came from the Centre's unrestricted funds allocated to PHSD.

Dr. Bairagi was offered an equivalent position of NOE in the National Officers category, but he declined and preferred to be paid for from a World Health Organization project research grant. Since there were insufficient funds available in that grant to support a full time P5 position, Dr. Bairagi was offered an international contract at pay level P5 for one year at 25% of the total salary. He accepted the contract. When the European Union project contract for Reproductive Health is finally approved, additional research funds could be used to raise his salary by an appropriate percentage and for the project time period.

Since this post was offered and accepted prior to the full approval of the Board of Trustees, Dr. Bairagi's present contract (with partial payment) places him in a situation whereby international staff are not fully covered by research project funds. Dr. Bairagi's present situation is one that will now become more frequent in the Centre if international staff are to be fully covered by research project and contract funds.

The Committee agreed to recommend to the Board that it endorse the Centre's action with regard to the appointment of Dr. R. Bairagi at a percentage to be determined by the Centre, and subject to the availability of project funds.

e. General Personnel Matters

At various times during the meeting the following additional resolutions and requests were made:

1. Agreed that the Centre should devote attention to team work, complementary qualities of the staff, and take advantage at this time of staff vacancies to construct a coherent and complementary approach to Job Descriptions. In particular the meeting also recommended that Job Descriptions of all senior management positions should be reviewed at the same time.

2. Agreed to recommend that the Board request a report from the Centre management on the systematizing of funding requests for international positions included in proposals to donors, and the criteria for selecting the staff members for those positions.

   The Committee also requests a report for the November meeting from the Centre management on the recent ad hoc appointments and variations in contracts.

   The Committee agreed to recommend to the Board that the six year policy for international posts be reviewed in relation to the incumbent being eligible to apply.

3. The Committee agreed to recommend to the Board that it resolve to welcome the contribution from the Swiss Agency for Development Cooperation (SDC) of the services of a Swiss consulting firm to the Centre and suggests that their terms of reference be developed in close consultation with the Centre management, possibly addressing issues broader than a "business plan".

The Personnel and Selection Committee meeting closed at 4.25 p.m.

SATURDAY 6 JUNE 1998

AFTERNOON/EVENING SESSION - FINANCE COMMITTEE MEETING

On Saturday 6 June 1998 at 4.30 p.m. the Finance Committee of the Board of Trustees met to consider the finances of the Centre. This session was chaired by Professor Rita Colwell, Chairperson of the Finance Committee.

The following were present:

Finance Committee Members

Prof. R.R. Colwell - Chairperson
Mr. R. Carriere
Dr. R.H. Henderson
Dr. A.K.M. Masihur Rahman
Mr. J.O. Martin - ex officio
Prof. R. Suskind - ex officio

Board Members

Mr. Mohammed Ali
Major General (Ret'd) M.R. Choudhury
Prof. Fehmida Jalil
Prof. P.H. Makela
Prof. C. Victora

Invited

Division Directors
Centre staff
Centre guests

1. APPROVAL OF THE AGENDA

The draft agenda was approved with the addition of item 6 (e) "Discussion on Cost Reduction for Board Meetings".

2. 1997 AUDITED FINANCIAL STATEMENTS AND AUDITOR'S REPORTS

The Net Operating Deficit excluding depreciation increased by $1,480,000 (448%) from $330,000 to $1,810,000.

The Cumulative Operating Deficit excluding depreciation increased by $1,810,000 (192%) from $944,000 to $2,754,000.

The Committee expressed renewed concern regarding the deteriorating financial situation.

The Committee resolved to accept the audited Financial Statements of the Centre, and the Hospital Endowment Fund for the year ended 31 December 1997.

Hospital Endowment Fund:

The balance of the Hospital Endowment Fund at 30 April 1998 was $4,189,654. During 1997 $2,000,000 was transferred to the Centre's Fund Manager, Morgan Stanley & Co., for investment in the USA market. The market value of the investment portfolio was $2,158,563 as at 31 December 1997.

3. 1998 BUDGET FORECAST

The Net Operating Deficit excluding depreciation was budgeted at $823,000. This is expected to increase by $769,000 (93.4%) to a deficit of $1,592,000.

The Net Operating Deficit including depreciation was budgeted at $1,703,000. This is anticipated to increase by $769,000 (45%) to $2,472,000.

The Committee expressed renewed concern regarding the deteriorating financial situation.

4. APPOINTMENT OF AUDITORS

On the advice of the Centre's management it was agreed to recommend to the Board to appoint ACNABIN & Co. and Price Waterhouse & Co., as joint auditors for the year 1998 at a fee not to exceed US$14,000.

5. REPORTS

5.1 Centre Endowment Fund

The balance of the Centre Endowment Fund including the USAID Endowment Fund was US$3,180,148 as at 31 December 1997. This entire amount is invested in Morgan Stanley's Total Fund Management Portfolio. The unrealized income as at 31 December 1998 was

$321,154 giving a balance of $3,501,307. During 1997 a major contribution of $1,030,148 was received from the Swiss Agency for Development Cooperation.

5.2 Reserve Fund

The balance of the Reserve Fund as at 31 December 1997 was $2,155,098. In 1997 $100,000 was charged to this fund to cover operating costs of the Washington Fund Raising Office. Interest income of the fund during 1997 was $106,390.

6. OTHER MATTERS

6.1 Fixed Asset Acquisition and Replacement Fund

It was reported that capital expenditure charged to the fund as at 31 March 1998 totalled $705,142. As at 31 March 1997 the fund had a deficit of $194,305.

The Committee agreed to recommend that the Board approve expenditure of $968,725 from the Fixed Asset Acquisition and Replacement Fund for 1997.

6.2 Bank Overdraft

The Committee agreed to recommend that the Board authorize the continuation of the overdraft facility of up to $2 million with the American Express Bank for the year to 13 July 1999.

6.3 Cheque Signatories

The Committee noted that Professor R.M. Suskind, Professor V.I. Mathan and Mr. John F. Winkelmann have been appointed as cheque signatories.

6.4 Management of Hospital Endowment Fund

The Committee agreed to recommend that the Board approve the designation of the following positions as ex officio Governors of the Hospital Endowment Fund:

Director
Division Director, CSD
Chief Finance Officer
Controller, Finance
Major General (Ret'd) M.R. Choudhury

REPORT ON FUND RAISING ACTIVITIES

After the close of the Finance Committee meeting, Mr. Jay Hoffman of USA Global Development Company, presented a report to the Board on their fund raising activities (copy attached to the official minutes).

It was agreed to thank Mr. Jay Hoffman and USA Global Development for their professional fund raising work and for their successes on behalf of the Centre so far.

SUNDAY 7 JUNE 1998

PROGRAMME COMMITTEE MEETING

At 8.25 a.m. on Sunday 7 June 1998, Professor Cesar Victora, Chairperson of the Programme Committee, opened the meeting of the Programme Committee. He welcomed everyone to the meeting.

The following were present:

Programme Committee members

Prof. Cesar Victora - chairperson
Major General M.R. (Ret'd) Choudhury
Prof. H. Makela
Mr. Jacques Martin - ex officio
Prof. R.M. Suskind - ex officio

Board Members

Mr. Mohammed Ali
Mr. R. Carriere
Prof. R.R. Colwell
Dr. R.H. Henderson
Prof. Fehmida Jalil

Centre Management Staff

Prof. Barkat-e-Khuda
Prof. G. Fuchs
Prof. V. Mathan
Prof. P. Vaughan
Miss J. Banfield (Minute Secretary)
Other Centre staff members and guests attended during the day's sessions.

1. EXTERNAL REVIEW OF THE PUBLIC HEALTH SCIENCES DIVISION

Professor Victora invited Dr. Halida Hanum Akhter, member of the External Scientific Programme Review team, to present their report to the Board of Trustees. Other members of the review team were Professor Margaret Bentley of Johns Hopkins University, Baltimore, and Professor Cesar Victora, BOT member.

After the presentation of the report, Professor Victora invited comments on the report.

The Programme Committee agreed to recommend to the Board that the report on the Public Health Sciences Division be accepted. It was noted that a response from the Centre would be expected for the November 1998 Board of Trustees meeting.

2. MATLAB REPORT

Professor Patrick Vaughan, Division Director of the Public Health Sciences Division, presented an overhead transparency report on the Matlab Health Services Programme.

Professor Victora thanked Professor Vaughan for his presentation and the update on the excellent work done at Matlab.

The Programme Committee welcomed the important progress achieved by the Public Health Sciences Division under Professor Patrick Vaughan's leadership both in the Dhaka headquarters and in the Matlab project area. The Board supported the conclusions and recommendations of the review team and requested the Public Health Sciences Division to report to the November 1998 Board of Trustees meeting on the actions taken on the recommendations.

3. MEMBERSHIP OF THE PROGRAMME COORDINATION COMMITTEE

The Programme Committee agreed to appoint Professor Peter McDonald, Professor Marian Jacobs, and Major General M.R. Choudhury to represent the Board on the Programme Coordination Committee. It was noted that Major General Choudhury had accepted the nomination, and that the Chairman would communicate with Professors McDonald and Jacobs.

4. REVIEW OF THE ETHICAL REVIEW COMMITTEE GUIDELINES

The Programme Committee received the document "Ethical Review Committee Guidelines". It was noted that this document has been amended in response to the Centre's need to receive the "Multiple Project Assurance" from NIH and USAID. These organisations will recognize the Centre's ethical reviews subject to the changes.

The Programme Committee approved, with minor modifications suggested during the session, the revised "Ethical Review Committee Guidelines".

5. LABORATORY SCIENCES DIVISION STRATEGIC PLAN

The Programme Committee received the document "LSD Strategic Plan" as requested at the November 1997 Board of Trustees meeting.

The Programme Committee expressed its appreciation for the Strategic Plan of the Laboratory Sciences Division prepared by Professor Mathan and his staff. It looks forward to examining at the November meeting a revised and condensed version of the plan, including prioritized goals and targets to be achieved, and the identification of possible sources of funding.

Professor Victora closed the Programme Committee meeting at 12.30 p.m.

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GENERAL SESSION OF THE FULL BOARD

The Chairman of the Board, Mr. Jacques Martin, opened a general session of the Board to discuss the following matters:

1. ENDOWMENT FUNDS

1.1 Minutes of Fund Management Committee Meeting

The Board received the Minutes of the Fund Management Committee meeting held on 26 March 1998 at the New York offices of Morgan Stanley Dean Witter.

Mr. Brent Berwager presented a verbal report on the documents.

The Board noted that the total value of the Hospital Endowment Fund, the Centre Fund, and the General Endowment Fund, invested through Morgan Stanley is $6,015,132.

1.2 Procedures for Disbursement of Endowment Income

The document "Procedures for Disbursement of Endowment Income" prepared by the Fund Management Committee was received by the Board.

1.3 Asset Allocation

Mr. Berwager distributed copies of the asset allocation of the three endowment funds.

1:4 **USA Office**

The Board noted that Mr. Brent Berwager has resigned as Director, North American Development for ICDDR,B effective 9 June 1998. The Board expressed its thanks to Mr. Berwager for his valuable contribution and support of the Centre and wished him well in his future work. The Board agreed to accept Mr. Berwager's offer to provide part time consultancy services, to allow further discussion on the USA Office prior to the November Board Meeting. It was agreed to ask Mr. Berwager to prepare a document on the USA Office including Terms of Reference.

The chairman closed the meeting at 12.50 p.m. indicating that working groups would be meeting at 3.30 p.m. prior to resumption of a formal session at 5 p.m.

SUNDAY 7 JUNE 1998

EVENING SESSION

The Board met at 5.15 p.m. in a closed session. The following attended:

Mr. J. Martin (chairman)
Mr. Mohammed Ali
Mr. R. Carriere
Major General M.R. Choudhury
Prof. R. Colwell
Dr. R.H. Henderson
Prof. F. Jalil
Prof. P.H. Makela
Prof. R.M. Suskind (Secretary)
Prof. C. Victora

Ms J. Banfield (Minute Secretary)

The determination of D1/D2 status of division directors and anonymous letters were discussed.

GENERAL SESSION OF THE FULL BOARD

The Chairman resumed the meeting at 5.30 p.m. and invited Dr. Barkat-e-Khuda, Dr. G. Fuchs, Professor Mathan, Professor Vaughan, and Mr. J. Winkelmann to join.

HUMAN RESOURCE ACTIVITIES

On behalf of the working group which met to discuss human resource activities, Mr. Rolf Carriere presented a verbal report.

The Board recommended that the Centre urgently implement a downsizing exercise. The number of posts involved will be determined based on an analysis of division needs and priorities and an analysis of the essential functions that need to be carried out by the Centre and those that can be out-sourced. Preliminary estimates suggest the number will be between 100 and 200 posts which are held by staff on contracts-without-duration. In implementing this process efforts will be made to meet the various objectives of the Centre's restructuring which include cost containment, increasing efficiency, and improving gender balance.

The Board accepted the recommendations made to it in the memorandum of 7 June 1998 (Rev.1) from the Executive Committee, which related to "downsizing" of the Centre core staff, in the first instance through voluntary separation with a special severance package and other personnel matters (copy attached to the official minutes).

ORGANISATION DEVELOPMENT COMMITTEE

It was agreed that a joint Board/Executive Committee "Organisation Development Committee" be established on a temporary basis to assist the Centre in the institutional restructuring and development. This committee will comprise Mr. R. Carriere, Dr. R. Henderson, Prof. P. McDonald, Major General M.R. Choudhury, the Chair of the Personnel and Selection Committee, the Chair of the Finance Committee, and members of the Executive Committee who could also bring in appropriate Centre staff. Terms of Reference for the committee will be established.

***

FINANCE COMMITTEE SESSION

Professor Rita Colwell assumed the chair as chairperson of the Finance Committee for the following matters:

FUNDS FOR RIGHTSIZING EXERCISE

Professor Colwell indicated that funds (in the magnitude of $600,000 to $1.2 million) would be needed for the severance package costs and that assistance would be requested from donors.

INTEGRATED COST RATE FOR PROJECTS

The integrated cost rate for projects is being updated in response to a request from donors that there should be an equitable charge of costs on projects. An audited overhead rate is expected from Price Waterhouse which will then be advised to donors.

Board Cost reduction

The Board agreed to make every effort to reduce its functioning costs by at least 15%.

***

Mr. Jacques Martin resumed the chair of the meeting and thanked the working groups for their reports. He then closed the meeting.

MONDAY 8 JUNE 1998

MORNING SESSION - EXECUTIVE SESSION OF THE FULL BOARD

The Board met in a closed session from 8 a.m. to 9.30 a.m. attended by the following:

Mr. J. Martin (chairman)
Mr. Mohammed Ali
Mr. R. Carriere
Major General M.R. Choudhury
Prof. R. Colwell
Dr. R.H. Henderson
Prof. Fehmida Jalil
Prof. P.H. Makela
Dr. A.K.M. Rahman
Prof. R.M. Suskind (secretary)
Prof. C. Victora

The Board agreed to the following resolution:

1/BT/Jun.98 The Board, which had several meetings of its various members with the staff of the Centre, representatives of the Government of Bangladesh and resource contributors and the discussions held during the special meeting of the Personnel and Selection Committee on 5 June 1998:

(1) Agreed to accept the resignation for personal reasons of the current Director, Dr. Robert Suskind, expressing its appreciation for the months of dedicated effort and service provided to the Centre, effective 8 June 1998;

(2) Appointed Dr. George Fuchs as Acting Director, beginning 9 June 1998 for a period expected to last no longer than 31 July 1998 by which time the Chair, Board of Trustees, in consultation with the Chair, Personnel and Selection Committee, and members of the Board from Bangladesh, will appoint an Interim Director. Both the Acting and Interim Directors are given full authority and encouragement to pursue and implement the financial, management and restructuring reforms needed for the Centre's further development; and

(3) Initiated an urgent search for a permanent Director, calling on all friends and partners of the Centre to help and support this process.

At 9.30 a.m. the following Centre staff members joined the meeting:

Dr. Barkat-e-Khuda
Dr. G. Fuchs
Prof. V. Mathan
Prof. P. Vaughan
Mr. J. Winkelmann
Ms J. Banfield (Minute Secretary)

Mr. Jacques Martin, Chairperson of the Board of Trustees, opened the open session of the Full Board Meeting at 9.30 a.m.

1. APPROVAL OF THE AGENDA

The agenda as presented was adopted.

2. APPROVAL OF THE DRAFT MINUTES OF THE MEETING HELD 1-3 NOVEMBER 1997

The draft minutes of the Board of Trustees Meeting held on 1-3 November 1997 were approved.

3. RESOLUTIONS FROM THE PERSONNEL AND SELECTION COMMITTEE

Professor Fehmida Jalil, Chairperson of the Personnel and Selection Committee, presented the draft resolutions from the Personnel and Selection Committee meeting held on 6 June 1998. It was agreed that the draft resolutions be accepted, with amendments as noted. The amended resolutions adopted are as follows:

2/BT/Jun.98 The Board agreed that Centre management be requested to offer the position of Division Director, Public Health Sciences Division, to Professor Wim Van Lerberghe (Belgium) or Professor Lars Ake Persson (Sweden). Should both decline to accept the offer, the position should be readvertised, after consultation with Professor Fehmida Jalil and Professor Cesar Victora. In this event, the Centre management is authorised to appoint an Acting Division Director from amongst the appropriate personnel in the Centre.

3/BT/Jun.98 The Board agreed that the position of Head of Training be filled and that the appropriate process including advertising commence.

4/BT/Jun.98 The Board unanimously agreed that Dr. George Fuchs' current secondment contract be extended by another term of three years effective 1 July 1998.

5/BT/Jun.98 The Board agreed that Dr. John Albert's current contract be extended by eighteen months. The Board authorised the Centre management to advertise the position internationally and nationally. Dr. Albert will be eligible to apply and compete under the current Staff Rules.

6/BT/Jun.98 The Board agreed that Dr. Mizanur Rahman's current contract be extended by one year effective 14 July 1998 at a percentage of the international salary to be determined by the Centre, subject to the availability of funds.

7/BT/Jun.98 The Board agreed that Mr. Brent Berwager's resignation be accepted.

8/BT/Jun.98 The Board unanimously agreed to extend its thanks to Professor Chen Chunming for her outstanding contribution to the Centre as a member of the Board of Trustees from 1993 to 1998.

9/BT/Jun.98 The Board agreed that nominations be sought from developing countries for a replacement trustee for Professor Chen Chunming.

10/BT/Jun.98 The Board agreed that Dr. Carol Vlassoff (Canada) be nominated as a member of the Board of Trustees effective 1 July 1998, to replace Dr. Maureen Law (developed country).

11/BT/Jun.98 The Board agreed that Professor Rita Colwell (USA) be reappointed as a Board Trustee for another period of three years from 1 July 1998.

12/BT/Jun.98 The Board agreed that Dr. T.A.M. Khoja (Saudi Arabia) be reappointed as a Board Trustee for another period of three years from 1 July 1998.

13/BT/Jun.98 The Board agreed that Professor Peter McDonald (Australia) be reappointed as a Board Trustee for another period of three years from 1 July 1998.

14/BT/Jun.98 The Board agreed that the Centre management be authorised to readvertise the position of Internal Auditor and recruit a suitable person as soon as possible.

15/BT/Jun.98 The Board agreed to accept the resignation of Dr. Carol Jenkins (USA) from the position of Social Scientist P5 in the Social and Behavioural Science Programme, effective 30 June 1998.

16/BT/Jun.98 The Board agreed to endorse the Director's acceptance of the request by Mr. M.A. Mahbub for Separation by Mutual Agreement from his service with the Centre. The Committee further recommends to the Board that it keep on record the services of Mr. Mahbub to the Centre for more than ten years.

17/BT/Jun.98 The Board agreed to endorse the Centre's action with regard to the appointment of Dr. R. Bairagi at a percentage to be determined by the Centre, and subject to the availability of project funds.

18/BT/Jun.98 The Board agreed that the six year policy for international posts be reviewed in relation to the incumbent being eligible to apply.

19/BT/Jun.98 The Board agreed to welcome the contribution from SDC of the services of a Swiss consulting firm to the Centre and suggests that their terms of reference be developed in close consultation with the Centre management, possibly addressing issues broader than a "business plan".

20/BT/Jun.98 The Board agreed to appoint Mr. Jacques Martin as the chairperson of the Board of Trustees from 1 July 1998 to 30 June 1999.

4. RESOLUTIONS FROM THE FINANCE COMMITTEE

Professor Rita Colwell, Chairperson of the Finance Committee, presented the draft resolutions from the Finance Committee Meeting held on 6 June 1998. It was agreed that the draft resolutions as presented and discussed be accepted. The resolutions are as follows:

21/BT/Jun.98 The Board agreed to accept the audited Financial Statements of the Centre and the Hospital Endowment Fund for the year ended 31 December, 1997.

22/BT/Jun.98 The Board agreed to appoint ACNABIN & Co. and Price Waterhouse & Co., as joint auditors for the year 1998 at a fee not to exceed US$14,000.

23/BT/Jun.98 The Board agreed to approved the expenditure of $968,725 from the Fixed Asset Acquisition and Replacement Fund for 1998.

24/BT/Jun.98 The Board agreed to authorize the continuation of the overdraft facility of up to $2 million with the American Express Bank for the year to 13 July 1999.

25/BT/Jun.98 The Board agreed to approve the designation of the following positions as ex-officio Governors of the Hospital Endowment fund:

Director
Division Director Clinical Sciences Division
Chief Finance Officer
Controller Finance
Major General (Ret'd) M.R. Choudhury (BOT member)

26/BT/Jun.98 The Board agreed to express the appreciation and gratitude of the Board to the Swiss Agency for Development Cooperation for their contribution of 1.5 million Swiss Francs to the Centre's Endowment Fund.

6. OTHER RESOLUTIONS

The Board of Trustees unanimously agreed to record their congratulations to Professor Rita Colwell on her appointment as Director of the National Science Foundation of the United States.

7. RESOLUTIONS FROM THE PROGRAMME COMMITTEE

The Programme Committee recommended the following resolutions which were accepted:

27/BT/Jun.98 The Board agreed that Major General M.R. Choudhury, Professor McDonald, and Professor Jacobs represent the Board on the Programme Coordination Committee.

28/BT/Jun.98 The Board agreed to the revised "Ethical Review Committee Guidelines".

8. TWENTIETH ANNIVERSARY CELEBRATION

It was agreed to defer large world-wide celebrations to the 25th anniversary of the Centre.

As the Board considered it was necessary to celebrate the 20th anniversary, it was agreed to hold a symposium on Saturday 7 November, followed by the three-day Board of Trustees meetings. It was noted that costs must be contained.

9. ACTIONS FROM THE REPORT FROM THE STAFF WELFARE ASSOCIATION

As part of its agenda, the Board met with the Staff Welfare Association (SWA) Executive Committee at 12.15 p.m. on Saturday 6 June 1998 and received the report of the President of SWA. An exchange of views ensued.

The Board agreed to the following resolution:

29/BT/Jun.98 The Board of Trustees recognizes that times of transition, such as the Centre is currently experiencing, engender anxieties on the part of staff. The Centre has a number of mechanisms, including communication with the Division Directors and the Centre Director, and other communications with the staff, through which information and suggestions may be exchanged. The Board emphasizes that anonymous communications, including letters, newsletters and phone calls, are detrimental to the functioning of the Centre and to the welfare of all concerned. Any individuals who are found to be responsible for such anonymous communications are subject to immediate dismissal.

11. SELECTION OF TRUSTEES (see also page 9)

The Board noted that this was discussed in the Personnel and Selection Committee meeting with resolutions agreed to as above.

12. DATES OF THE NEXT MEETING

The Board agreed to confirm an earlier decision of the Board that meetings should be held in Dhaka on the first Saturday, Sunday, and Monday, of June and November each year. The programme for meetings for November 1998 is as follows:

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

13.2 **Appreciation - Prof. R.M. Suskind**

The Board of Trustees unanimously agreed to express its gratitude to Professor Robert M. Suskind for his outstanding contribution to the Centre as Director from January to June 1998.

13.3 **Appreciation - Mr. S.S. Ahsan**

The Board of Trustees unanimously agreed to express its gratitude to Mr. Syed Shamim Ahsan for his outstanding contribution to the Centre as Senior Adviser to the Director and Division Director of the Health and Population Extension Division for three years from 1995 to 1998.

13.4 **Appreciation - Mr. M.A. Mahbub**

The Board of Trustees unanimously agreed to express its gratitude to Mr. M. Ali Mahbub for his outstanding contribution to the Centre as Division Director of the Administration and Personnel Division for ten years from 1989 to 1998.

13.5 **Appreciation - Prof. P. Vaughan**

The Board of Trustees unanimously agreed to express its gratitude to Professor Patrick Vaughan for his outstanding contribution to the Centre as Division Director of the Public Health Sciences Division for 2½ years from 1995 to 1998.

The chairperson closed this session of the meeting.

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At 2.00 p.m. trustees met with eleven members of the Staff Welfare Association Executive Committee to discuss the document that had been distributed to staff and donors regarding the decisions relating to the Director's position and the Human Resource activities.

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At 3.00 p.m. trustees met with members of the Donors' Support Group (minutes recorded separately by the chairperson of the DSG).

MONDAY 8 JUNE 1998

EVENING SESSION OF THE FULL BOARD

The Trustees resumed the general session of the Full Board Meeting at 5 p.m. with the following trustees and Centre staff members present:

Mr. J. Martin (chairperson)
Mr. Mohammed Ali
Major General (Ret'd) M.R. Choudhury
Dr. R.H. Henderson
Prof. Fehmida Jalil
Prof. P.H. Makela
Prof. R.M. Suskind (secretary)
Prof. C. Victora

Dr. Barkat-e-Khuda
Dr. G. Fuchs
Prof. V. Mathan
Prof. P. Vaughan
Mr. J. Winkelmann
Miss J. Banfield (Minute Secretary)

1. FUNDING FOR THE HOSPITALS

The meeting noted that discussions would be pursued with the Government of Bangladesh and the World Bank regarding funding of the hospitals.

2. ADVERTISEMENT FOR THE DIRECTOR'S POST

Professor Helena Makela reported that the text for the advertisement for the Director's post had been agreed to with a deadline for receipt of applications of 30 September 1998. It was noted that the text of the advertisement with a covering letter will be sent to the trustees, former trustees, donors, and other institutions requesting their help in the dissemination of the vacancy announcement and the provision of potential candidates.

3. ADVERTISEMENT FOR THE DIVISION DIRECTOR OF HPED

It was agreed to ask the management to advertise the position of Division Director of the Health and Population Extension Division.

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3/BT/NOV. 98

RESOLUTIONS FROM THE PERSONNEL AND SELECTION COMMITTEE

PERSONNEL AND SELECTION COMMITTEE MEETING
Saturday, 7 November 1998

Agenda

1. Approval of agenda

2. Staffing:

   2.1 Overview of the staffing status and total numbers by categories

   2.2 Recruitment of international staff:

   a. Director, ADG
   b. Director PHSD, D1
   c. Director, HPED, D1
   d. Health Economist, P4
   e. Head of Training, P4
   f. Research Microbiologist, P4
   g. Social Scientist, P3/P4
   h. Operations Research Scientist, P4
   i. Head HR/Administration, P3/P4
   j. Head, ER&ID, P2
   k. Executive Assistant to Director, P1

   2.3 Contract renewals:

   a. Dr. Shameem Ahmed, Health Scientist, HPED, P4 (contract end date July 31, 1999)
   b. Dr. A.K.M. Siddique, Epidemiologist, HPED, P4 (contract end date June 30, 1999)
   c. Dr. Aye Aye Thwin, Health Policy Analyst, HPED, P4 (contract end date July 31, 1999)
   d. Dr. Cristobal Tunon, Management Scientist, HPED, P4 (contract end date July 31, 1999)

   2.4 Information on international staff separations

   a. Dr. Robert M. Suskind, Director, ADG
   b. Prof. J. Patrick Vaughan, Director, PHSD, D1
   c. Dr. Carol L. Jenkins, Social Scientist, PHSD, P4
   d. Dr. Mizanur Rahman, Demographer, PHSD, P4

   2.5 Contract renewal of international seconded staff

   a. Dr. George J. Fuchs, Interim Director
   b. Dr. Jeroen K. Van Ginneken, Head, HDSP, PHSD
   c. Dr. Jozef Bogaerts, Visiting Scientist, LSD
   d. Dr. Mahmud Khan, Health Economist, PHSD

   2.6 Recruitment of Internal Auditor, NOC

3. Staff salaries:

   3.1 International professional category
   3.2 NO & GS categories

4. Selection of Board of Trustees members

5. Report on Human Resources Review consultancies and update on Centre's HR activities

6. Review of policy for international professionals

7. Any other business

Staffing

2.1 Overview of the staffing situation

The Centre continued to enforce the ban on external recruitment of non-project fixed-term staff during this reporting period (April 01, 1998 to September 30, 1998). There were 91 separations which included 51 fixed-term NO & GS separations through the Voluntary Severance Scheme and 22 additions, mostly in the project. The total number of Centre fixed-term staff belonging to all categories thus decreased by 69 as shown in Table 1 below:

Table 1

Separations/Additions of Staff

	Restricted		Unrestricted			Total	
	Sep	Add	Sep	Add		Sep	Add
International	(-2)	-	(-1)	-	:	(-3)	-
Research (Scientific Support & Field)	(-17)	+17	(-31)	-	:	(-48)	+17
Research (Administration)	(-2)	+3	(-20)	+1	:	(-22)	+4
Administration & Personnel	-	-	(-14)	-	:	(-14)	-
Finance	-	-	(-4)	+1	:	(-4)	+1
	(-21)	+20	(-70)	+2	=	(-91)	+22

Net separation : 69

STAFFING STATUS

CF - Core funded
PF - Project funded

Functional Area	1997 (Sept 30)		1998 (March 31)		1998 (Sept 30)	
-International Professional staff	20		18		15	
-Research (Scientific, Support & Field)	548	CF 240 PF 308	569	CF 228 PF 341	538	CF 196 PF 342
-Research (Administration)	233	CF 150 PF 83	242	CF 146 PF 96	224	CF 126 PF 98
-Administration & Personnel	142	CF 142 PF 0	135	CF 135 PF 0	121	CF 121 PF 0
-Finance	45	CF 45 PF 0	43	CF 43 PF 0	40	CF 40 PF 0
Sub Total	**988**		**1007**		**938**	
-International Seconded Staff	6		6		4	
-Short term staff (Int'l, NO & GS)	12		13		11	
-Community Health Worker	161		148		145	
Sub Total	**179**		**167**		**160**	
Auxiliary Health Worker	**64**		**77**		**79**	
GRAND TOTAL	**1231**		**1251**		**1177**	

STAFFING STATUS

CF - Core funded
PF - Project funded

Functional Area	1997 (March 31)		1997 (Sept 30)		1998 (March 31)	
-International Professional staff	17		20		18	
-Research (Scientific, Support & Field)	560	CF 241 PF 319	548	CF 240 PF 308	569	CF 228 PF 341
-Research (Administration)	238	CF 152 PF 86	233	CF 150 PF 83	242	CF 146 PF 96
-Administration & Personnel	141	CF 141 PF 0	142	CF 142 PF 0	135	CF 135 PF 0
-Finance	44	CF 44 PF 0	45	CF 45 PF 0	43	CF 43 PF 0
Sub Total	**1000**		**988**		**1007**	
-International Seconded Staff	14		6		6	
-Short term staff (Int'l, NO & GS)	12		12		13	
-Community Health Worker	159		161		148	
Sub Total	**185**		**179**		**167**	
Auxiliary Health Worker	**66**		**64**		77	
GRAND TOTAL	**1251**		**1231**		**1251**	

NUMBER OF FIXED-TERM CORE, PROJECT & INTERNATIONAL STAFF

Functional Area	1997 (Sept 30)	1998 (March 31)	1998 (Sept 30)
Core	577	552	483
Project	391	437	440
International	20	18	15
Total	**988**	**1007**	**938**

STAFFING STATUS
FIXED-TERM

As of September 30, 1998

Sl. No.	Location	International Professional					NO	GS	Total
		Fixed Term	Short Term	Seconded	Fellow	Part Time			
1.	Director's Division	2	2	-	-	-	28	152	184
	- Director's Office	1	1	-	-	-	1	-	3
	-ER&ID	-	1	-	-	-	2	1	4
	-Audio Visual	-	-	-	-	-	1	2	3
	-Training	-	-	-	-	-	3	1	4
	-DISC	-	-	-	-	-	2	7	9
	-Admin. & Personnel	-	-	-	-	-	10	110	120
	-Finance	1	-	-	-	-	9	31	41
2.	Public Health Sciences Division	3	-	2	-	1	34	183	223
3.	Clinical Sciences Division	-	-	1	2	-	28	146	177
4.	Laboratory Sciences Division	2	-	1	-	-	24	86	113
5.	Health & Population Extension Division	8	-	-	-	-	45	197	250
	Total	**15**	**2**	**4**	**2**	**1**	**159**	**764**	**947**

STAFFING STATUS
(SECONDED, SHORT-TERM, CHWs & HEALTH WORKERS)

As of September 30, 1998

Sl. No.	Location	Seconded Staff (Int'l)	Short-term			CHWs	Total	AHW
			Int'l	NO	GS			
1.	Director's Division	-	2	-	-	-	2	-
2.	Public Health Sciences Division	2	-	-	8	144	154	-
3.	Clinical Sciences Division	1	-	1	-	-	2	79
4.	Laboratory Sciences Division	1	-	-	-	-	1	-
5.	Health & Population Extension Division	-	-	-	-	1	1	-
	Total	**4**	**2**	**1**	**8**	**145**	**160**	**79**

NO : National Officer
GS : General Services
AHW : Auxiliary Health Worker

Agenda 2.1

Table-6
BOT/P&S/Nov 1998

LIST OF INTERNATIONAL PROFESSIONAL STAFF
As of September 30, 1998

FIXED-TERM

Sl. No.	Name	Country	Job Title	Pay Level	Contract Start Date	Contract End Date
1.	AHMED, Dr. Shameem	Bangladesh	Health Scientist, ORP, HPED	P4	02.10.94	31.07.1999
2.	ALBERT, Dr. M. John	India	Research Microbiologist, LSD	P5	03.05.95	02.11.1999
3.	BANFIELD, Ms. Julie	Australia	Executive Assistant to the Director, Director's Division	P2	12.06.94	11.06.2000
4.	BAQUI, Dr. Abdullah H.	Bangladesh	Senior Epidemiologist, PHSD	P5	01.06.97	31.12.2000
5.	BHUIYA, Dr. Abbas Uddin	Bangladesh	Project Director ICDDR,B-SRC Project, PHSD	P4	01.07.94	30.06.2000
6.	DE FRANCISCO, Dr. L. A.	Colombia	MCH-FP Physician, PHSD	P5	06.11.96	05.11.1999
7.	HOQUE, Dr. Bilqis Amin	Bangladesh	Environmental Specialist, PHSD	P4	01.06.97	30.05.2000
8.	KANE, Dr. Thomas T.	U.S.A.	Operations Research Scientist, ORP, HPED	P4	01.08.97	30.07.1999
9.	KHUDA, Dr. Barkat-e-	Bangladesh	Chief of Party, ORP, HPED	P5	01.08.97	31.07.2000
10.	MATHAN, Prof. V. I.	India	Division Director, LSD	D1	01.12.98	30.11.2000
11.	PALJOR, Mr. Ngudup	U.S.A.	Administrative Director, ORP, HPED	P5	01.01.95	31.07.1999

(contd...Int'l Prof Staff)

Sl. No.	Name	Country	Job Title	Pay Level	Contract Start Date	Contract End Date
12.	SIDDIQUE, Dr. A. K. M	Bangladesh	Epidemiologist, ECPP, HPED	P4	01.07.96	30.06.1999
13.	TUNON, Dr. Cristobal	Panama	Management Specialist, ORP, HPED	P4	01.12.94	31.07.1999
14.	THWIN, Dr. Aye Aye	U.S.A.	Health Policy Analyst, ORP, HPED	P4	01.08.97	31.07.1999
15.	WINKELMANN, Mr. John F.	Canada	Chief Finance Officer, Director's Division	P5	01.12.97	30.11.2000
SHORT-TERM						
1.	ALAM, Dr. A. N.	Bangladesh	Head, Training & Education Dept., Director's Division	P4	01.05.96	28.02.1999
2.	BROOKS, Dr. Vanessa J.	U.S.A.	Grants Administrator, ER&ID, Director's Division	P2	01.10.97	31.03.1999

LIST OF SECONDED STAFF
As of September 30, 1998

Sl. No.	Name	Country	Job Title	Pay Level	Contract Start Date	Contract End Date	Seconding Institution
1.	BOGAERTS, Dr. Jozef	Belgium	Senior Scientist, LSD	P5	01.01.96	30.06.1998	BADC
2.	FUCHS, Dr. George J.	U.S.A.	Interim Director, ICDDR,B and Division Director, CSD	D1	01.07.95	30.06.1998	LSU
3.	GINNEKEN, Dr. Jeroen K. Van	Netherlands	Head, Health & Demographic Surveillance Program, PHSD	P5	01.11.95	30.11.1998	NIDI
4.	KHAN, Dr. Mahmud	Bangladesh	Health Economist, PHSD	P4	01.01.97	31.07.1999	TU

BADC : Belgian Administration for Development Cooperation
NIDI : Netherlands Interdisciplinary Demographic Institute
LSU : Louisiana State University
TU : Tulane University

LIST OF INTERNATIONAL FELLOWS
As of September 30, 1998

Sl. No.	Name	Country	Job Title	Start Date	End Date	Funding Status
1.	OSENDARP, Ms. Saskia	Netherlands	Int'l Health Research Fellow	01.01.95	14.09.1999	ICDDR,B
2.	BROOKS, Dr. W. Abdullah	USA	Int'l Health & Child Survival Fellow	01.07.1997	30.06.1999	JHU

International Professional Staff on Part-Time Appointment

1.	BAIRAGI, Dr. Radheshyam	Bangladesh	Senior Scientist	15.01.98	14.01.1999	WHO

2.2 Recruitment of International Staff

Agenda 2.2a: Director, ADG

Advertisements for the Centre Director's position were placed in the following:

1. Economist
2. Science
3. Nature
4. Nature Medicine
5. Lancet
6. New England Journal of Medicine
7. Daily Star (Bangladesh)

Copies of the advertisement were sent to all donor agencies, trustees, former trustees, alumni, Dhaka embassies and high commissions, collaborating agencies, UN agencies and associated agencies.

In response 29 applications and enquiries were received. Seven applicants were short-listed for consideration by the Search Committee.

The Chairperson of the Search Committee will present the recommendation of the Committee to the Personnel and Selection Committee at its November meeting.

2.2 Recruitment of International Staff

Agenda 2.2b: Division Director PHSD, D1

In accordance with the Board's Resolution (2/BT/Jun.98) the position of Division Director, Public Health Sciences Division, was offered to Professor Wim Van Lerberghe (Belgium), who declined the offer. The position was subsequently offered to Dr. Lars Ake Persson (Sweden) after his visit to the Centre in August 1998. Dr. Persson is considering the offer.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it note that Dr. Lars Ake Persson is expected to join the Centre by March 1999 as the Division Director, Public Health Sciences Division.

2.2 Recruitment of International Staff

Agenda 2.2c: Division Director HPED, D1

The vacant position of Division Director, Health & Population Extension Division was noted by the June BOT meeting.

The Board approved the job description and authorised the Centre management to advertise the position.

The position has been advertised in *The Economist*, the *Lancet*, local newspapers and copies of the advertisement were circulated to all donors, trustees, former trustees, collaborating institutions and 41 responses have been received as at October 10, 1998.

After review, a short-list will be prepared for consideration by the Personnel & Selection Committee.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it approve the short-list of the candidates and authorise the Centre management to proceed with the interview and selection procedure.

2.2 Recruitment of International Staff

Agenda 2.2d: Health Economist ORP, P4

A total of 14 (5 more candidates applied after the 9 reported in the June meeting) candidates have applied for this position in response to the national & international vacancy announcement for the post of Health Economist in *The Economist,* local newspapers. Copies of the advertisement were also circulated to all donors, trustees, former trustees, collaborating institutions. These applications have been reviewed by a committee and 3 (three) are short-listed.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it note the position of Health Economist, ORP will be filled following the standard selection procedures.

2.2 Recruitment of International Staff

Agenda 2.2e: Head of Training, Director's Division, P4

The June 1998 Board Meeting authorised the establishment of the post of Head of Training. The post was subsequently announced in local newspapers and copies of the advertisement were circulated to all donors, trustees, former trustees, collaborating institutions.

Two applications have been received including from the incumbent who holds the post on a short-term basis.

The Centre management authorised further advertising of the post in *The Economist*, web sites and in the *International Employment Gazette*.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it approve the management decision to re-advertise the position of Head of Training.

2.2 Recruitment of International Staff

Agenda 2.2f: Research Microbiologist LSD, P4

As agreed by the June 1998 meeting of the Board of Trustees, the position of Research Microbiologist was advertised in the *Lancet* and local newspapers and copies of the advertisement were circulated to all donors, trustees, former trustees, collaborating institutions. In response to this advertisement, five applications have been received and reviewed by the Centre management.

In view of the limited response the Centre management decided to re-advertise the position in the various web sites, The International Employment Gazette and through the American Society of Microbiologists.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it approve the action taken by the Centre management to re-advertise the position of Research Microbiologist and authorises the selection and appointment of a suitable candidate.

2.2 Recruitment of International Staff

Agenda 2.2g: Social Scientist PHSD, P3/P4

The June 1998 Board of Trustees Meeting noted this vacant position.

The position was advertised in *The Economist*, local newspaper and copies of the advertisement were circulated to all donors, trustees, former trustees, collaborating institutions.

26 (twenty six) applications have been received and are under review. The standard procedures will be followed for a suitable candidate to be appointed.

A progress report will be presented to the committee at the November meeting.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it approve the Centre's action in recruiting a Social Scientist for the Public Health Sciences Division.

2.2 Recruitment of International Staff

Agenda 2.2h: Operations Research Scientist ORP, HPED, P4

Dr. Thomas T. Kane, Operations Research Scientist of the Operations Research Project of the Health & Population Extension Division submitted his resignation effective October 15, 1998. Recruitment for his replacement was initiated and advertisements were placed in *The Economist*, local newspaper and copies of the advertisement were circulated to all donors, trustees, former trustees, collaborating institutions.

A total of 22 applications have been received and are being reviewed for short-listing.

The standard procedures will be followed for a suitable candidate to be appointed.

A progress report will be presented to the November Committee meeting.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it approve the Centre's action in recruiting an Operations Research Scientist, Operations Research Project, Heath & Population Extension Division.

2.2 Recruitment of International Staff

Agenda 2.2i: Head, Human Resources, Director's Division, P3 (subject to job classification)

This is a new position to be created to recognise the large and ongoing human resources agenda facing the Centre. The Head of Human Resources position requires an individual of international calibre to support the change process and introduce up to date human resource methods to the Centre.

A post description has been compiled and is attached to this agenda item. The normal recruitment procedure for an international post will be followed once the establishment of this position has been approved by the Board.

Draft Resolution

The Personnel & Selection Committee agreed to recommend to the Board that it approve the creation of this international position.

Jackie Reeves
HR Consultant
October 19, 1998

International Centre for Diarrhoeal Disease Research, Bangladesh

Post Description

Post Title: Head of Human Resources - Director's Division

Grade: P3

Accountable to: Centre Director

Liaises with: Centre Director, Executive Committee members, all staff of the Centre, Donor Agencies, UN agencies, Government Officials, Embassies, Board of Trustees, other relevant organisations.

Directly manages: All staff within the Human Resources Department

Overall Post Description

The Head of Human Resources is responsible for providing all human resource advice and support to managers and staff throughout the Centre, ensuring that HR policies and procedures are revised in line with modern practice and appropriately administered. The postholder will be a member of the Centre's Executive Committee, participating in operational and strategic decision making, identifying and advising on the implications of the effects of change.

Key Responsibilities

The Head of Human Resources will be responsible for leading a team of staff to ensure that the following responsibilities are met.

Human Resource Policies

- to ensure modern HR policies are developed and adhered to which enhance staff motivation and thereby achieve higher performance
- to present any changes in policies to the Executive Committee and the Board of Trustees clearly explaining the reasons for and benefits of change
- to ensure that any changes are clearly communicated to all staff and managers

Wokforce Planning and Organisational Change

- to advise on and facilitate organisational change and development which is necessary to ensure the most effective staffing profile to meet the changing needs of the organisation

- to ensure that any staff affected by change are supported and advised on their future direction

- to ensure that redeployment and severance agreements are in place which meet the needs of the organisation

Information Systems

- to advise / agree with the Executive Committee and other key managers, information requirements necessary to support management and decision making within the Centre

- to ensure that adequate information systems exist to support the operation of the Centre to enable it to be managed effectively and efficiently

Pay and Job Classification

- to advise on a realistic pay structure which identifies with the UN pay structure and recognises the local pay market on an ongoing basis - this will include:
    - keeping local pay information up to date
    - being aware of local supply and demand in the labour market and reflecting this in pay and reward accordingly
    - liaising with the lead local UN organisation for pay (UNICEF)

- to implement an appropriate job classification system which is suitable for the Centre's grading structure

- to ensure that relevant personnel are trained in the use of the job classification system and if possible form links with an appropriate external organisation

- to ensure that fair and consistent procedures are in place for staff promotion at the Centre

Staff Recruitment

- to ensure that all staff recruitment for national and international staff is in accordance with agreed policies and procedures at all times

- to ensure that equality of opportunity is demonstrated and relevant legislation is adhered to.

Staff Performance, Training and Development

- to ensure that relevant staff performance and review systems are in place which adequately and accurately review individual performance and identify individual training and development needs

- to identify suitable sources of training, including a range of management development training so that local management capability and accountability is supported

Staff Communications and Relations

- to ensure that two way staff communication networks are in place and communication is undertaken in a timely manner

- to ensure a positive approach to staff relations is engendered throughout the organisation

This role description does not represent an exhaustive list of responsibilities and is subject to review to meet the changing needs of the Centre.

Jackie Reeves
HR Consultant
October 19, 1998

ICDDR,B - PERSON SPECIFICATION

HEAD OF HUMAN RESOURCES

PERSONAL SKILLS	ESSENTIAL	DESIRABLE BUT NOT ESSENTIAL
Qualifications	• educated to degree level • a relevant human resources qualification	• a relevant training qualification
Experience	• at least 5 years in a senior position in a large organisation • at least 8 years working within the human resources field	• experience of working in an overseas environment, preferably in a developing country
Can demonstrate	• organisational development expertise with a proven track record in the management of change • up to date on best practice and knowledge of tools available • knowledge and experience in staff relations • strategic vision and skills in the initiation of HR development • effective analytical, interpersonal and leadership skills	
Languages	• excellent knowledge of spoken and written English	• basic knowledge of Bangla or willingness to learn

Jackie Reeves
HR Consultant
October 19, 1998

2.2 Recruitment of International Staff

Agenda 2.2j: Head, External Relations & Institutional Development, P2

The position of Head, External Relations & Institutional Development was advertised in *The Economist,* local newspapers and copies of the advertisement were circulated to all donors, trustees, former trustees, collaborating institutions. There have been 40 responses to the announcement out of which 2 candidates merited short-listing.

A progress report will be presented to the November Committee meeting.

Draft Resolution:

The Personel & Selection Committee agreed to recommend to the Board that it note the Centre's action in the recruiting of a suitable person as Head, ER&ID.

2.2 Recruitment of International Staff

Agenda 2.2k: Executive Assistant to the Director, P1

Ms. Julie Banfield, Executive Assistant to the Director submitted her resignation from the employment of the Centre effective December 31, 1998.

The position has been advertised in *The Age* (Australia), *The Guardian* (UK), local newspapers, *The International Employment Gazette* and copies of the advertisement were circulated to all donors, trustees, former trustees, collaborating institutions.

A progress report on the recruitment will be presented to the November Committee meeting.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend that the Board approve immediate recruitment of the position of Executive Assistant to the Director.

2.3 Contract Renewals

Agenda 2.3a: **Dr. Shameem Ahmed**
Health Scientist, ORP, HPED, P4

Dr. Shameem Ahmed, Health Scientist, Operations Research Project, Health & Population Extension Division will complete her current employment contract with the Centre on July 31, 1999. She will have served for 4 years, 4 months as an international professional staff member.

Dr. Shameem's performance has been rated as very good. The Centre management recommends that her contract be renewed for a period of 1 year 7 months enabling her to complete six years of service at the international professional level at the Centre.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board the extension of Dr. Shameem Ahmed's contract up to completion of six years of service at the Centre.

2.3 Contract Renewals

Agenda 2.3b: **Dr. A. K. M. Siddique**
Epidemiologist, ECPP, HPED P4

Dr. A. K. M. Siddique, Epidemiologist, Epidemic Control Preparedness Programme, Health & Population Extension Division will complete his current employment contract with the Centre on June 30, 1999. With this he will complete three years of employment with the Centre as an international professional staff member.

Dr. Siddique's performance has been rated as very good. The Centre management recommends that his contract be renewed for a further period of three years.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board the extension of Dr. A. K. M. Siddique's contract for a further period of three years.

2.3 Contract Renewals

Agenda 2.3c: **Dr. Aye Aye Thwin**
Health Policy Analyst, ORP, HPED, P4

Dr. Aye Aye Thwin, Health Policy Analyst, Operations Research Project, Health & Population Extension Division, will complete her current employment contract with the Centre on July 31, 1999. With this she will complete 4 years and 6 months of employment with the Centre as a seconded staff member and then as an international professional staff member.

Dr. Aye Aye Thwin's performance has been rated as very good. The Centre management recommends that her contract be renewed for a period of 1 year and 6 months to enable her to complete six years of service at the international professional level at the Centre.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board the extension of Dr. Aye Aye Thwin's contract up to completion of six years service at the Centre.

2.3 Contract Renewals

Agenda 2.3d: **Dr. Cristobal Tunon**
Management Scientist, ORP, HPED, P4

Dr. Cristobal Tunon, Management Scientist, Operations Research Project, Health & Population Extension Division, will complete his current employment contract with the Centre on July 31, 1999. With this, he will complete 4 years and 7 months of employment with the Centre as an international professional staff member.

Dr. Cristobal Tunon's performance has been rated as very good. The Centre management recommends that his contract be renewed for a period of 1 year and 3 months for him to complete six years of service at the international professional level at the Centre.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board the extension of Dr. Cristobal Tunon's contract up to completion of six years service at the Centre.

2.4 Information on International Staff Separation

Agenda 2.4a: **Dr. Robert M. Suskind**
Director, ADG

Dr. Robert M. Suskind, Director, left the Centre, on separation, on June 10, 1998.

Agenda 2.4b: **Prof. J. Patrick Vaughan**
Division Director, PHSD, D1

On completion of his tenure of 3 years and 9 months of service with the Centre, Prof. J. Patrick Vaughan, Division Director, PHSD, left the Centre on June 30, 1998.

Agenda 2.4c: **Dr. Carol L. Jenkins**
Social Scientist, SBSP, HPED, P4

Dr. Carol L. Jenkins, Social Scientist, P4, Social & Behavioural Sciences Programme of the Public Health Sciences Division left the Centre effective June 30, 1998.

Agenda 2.4d: **Dr. Mizanur Rahman**
Demographer, PHSD, P4

Dr. Mizanur Rahman, Demographer, of the Public Health Sciences Division resigned from the services of the Centre effective September 13, 1998.

2.5 Contract renewals of International Seconded Staff

Agenda 2.5a: Dr. George J. Fuchs
Interim Director

The Board of Trustees in its June 1998 meeting 'unanimously agreed to extend the current secondment contract' (4/BT/Jun.98) of Dr. George J. Fuchs by another term of three years effective July 01, 1998 as Division Director of the Clinical Sciences Division. Subsequent to the June 1998 BOT Meeting the Board appointed Dr. Fuchs as the Interim Director of the Centre effective August 01, 1998.

The secondment agreement relating to Dr. George J. Fuchs between the Louisiana State University and the ICDDR,B is being finalised.

A progress report will be presented to the November Committee meeting.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it note the action being taken to finalise the agreement relating to the secondment of Dr. George J. Fuchs.

2.5 Contract renewals of International Seconded Staff

Agenda 2.5b: **Dr. Jeroen K. Van Ginneken**
Head, Health & Demographic Surveillance Program

Dr. Jeroen K. Van Ginneken, Head, Health & Demographic Surveillance Program, has resigned from the Centre's employment effective end November, 1998.

The Centre Management has commenced negotiations with the Government of the Netherlands for a replacement for Dr. Van Ginneken under the same terms and conditions.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it note the Centre's action to replace Dr. Van Ginneken with a suitable candidate from the Netherlands, under a similar secondment agreement.

2.5 Contract renewals of International Seconded Staff

Agenda 2.5c: **Dr. Jozef Bogaerts**
Visiting Scientist, LSD

Dr. Jozef Bogaerts joined the Centre on secondment from the Belgian Administration for Development Cooperation, on January 01, 1996 for a period of 2 years. It is expected that the BADC will renew his contract for another term after procedures have been completed at the BADC Headquarters in Brussels.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it note the expected contract renewal of Dr. Bogaerts.

2.5 Contract renewals of International Seconded Staff

Agenda 2.5d: **Dr. Mahmud Khan**
Health Economist, PHSD

On expiry of the secondment contract of Dr. Mahmud Khan, Health Economist, Public Health Sciences Division from the University of Tulane on December 31, 1998, an extension of his contract up to August 14, 1999 has been finalised between the University of Tulane and the Centre.

Draft Resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it note the Centre's actions with regard to the extension of the secondment contract of Dr. Mahmud Khan between the University of Tulane and ICDDR,B.

2.6 Recruitment of Internal Auditor

As per the BOT resolution (14/BT/Jun.98), the position of the Internal Auditor was re-advertised and resulted in 70 responses. A short-list of 5 has been made.

A progress report will be presented to the November Committee meeting.

Agenda 3.1: Staff salaries: International Professional category

Agenda 3.2: Staff salaries: NO & GS categories

The salary of the national staff of the Centre (NO & GS category) has always been a sensitive issue. Clause 14(2) of the Ordinance states "salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations organizations in Bangladesh". In 1983, adjustments were made in payments of national staff (both NO & GS) of the Centre (as well as the international professionals) to align pay scales with UN/WHO salary system. Ever since the staff have been asking for salaries at UN levels.

The enclosed table (Annex I) shows that ICDDR,B NO & GS salaries have always remained behind UN salaries except for a short period of time in 1983. UN salaries in Bangladesh are determined on the basis of a comprehensive survey of comparators which include embassies, multinational companies, banks, international hotels etc. The UN surveys are conducted on a regular basis by experts in this field, on the basis of detailed guidelines issued by the International Civil Service Commission of the UN. The survey takes into account, in monetary terms, all the benefits granted to staff members, be it in cash or in kind, and tries to give weightage to all the elements of payment made by the companies. As a result of this exercise, pay scales are revised.

The UN agencies in Bangladesh implemented the following increases on dates shown against each category :

a)	Revision 6 for NO category (14.60%)	:	April 01, 1988
b)	Revision 13 for GS category (20.70%)	:	April 01, 1988
c)	Revision 7 for NO category (21%)	:	April 01, 1990
d)	Revision 14 for GS category (17%)	:	January 01, 1990
e)	Revision 8 for NO category (13.60%)	:	December 01, 1991
f)	Revision 15 for GS category (1.27%)	:	January 01, 1992
g)	Revision 9 for NO category (19.10%)	:	October 01, 1992
h)	Revision 16 for GS category (16.90%)	:	August 01, 1992
i)	Revision 10 for NO category (23.20%)	:	January 01, 1994
j)	Revision 17 for GS category (21.90%)	:	October 01, 1993
k)	Revision 11 for NO category (51.65%)	:	September 01, 1996
l)	Revision 18 for GS category (17.06%)	:	September 01, 1996

Contd....

The current status of the Centre's salary vis a vis the local UN salary is as follows :

National officer	:	UN 100%	ICDDR,B 45.88% (average)
General service	:	UN 100%	ICDDR,B 56.65% (average)

At the same time, the following facts are pertinent to salary considerations :

a) The cost of living index in Bangladesh has risen by about 7% in 1997-98.

b) The consumer price index has gone up by 8% this year compared to last year's index of 7%.

c) A review of salaries carried out by MRK consulting in 1996 indicated the following:

- Salary and benefits packages in respect of grades GS – 5, NO – A, NO – B, NO – C and NO – E were felt not to be competitive as these fell short of the upper quartile in the comparison.
- Staff graded GS 1,2,3 and 4 and officers of GS – 6 were seen to be competitive.
- Although the salary survey was completed in 1996, and the recruitment market is very dynamic within Bangladesh, it would appear that the over all trends highlighted within the survey are still relevant at the end of 1998.

d) The UN has changed the methodology used for calculating its salaries globally by using more organisations locally, including a government organisation, to compare. This will have the effect of driving down salaries and salary increases in the future and will probably result in a freeze on UN salaries for the next two to three years in many countries including Bangladesh.

e) As part of the human resources review, recommendations will be made on a realistic pay structure which identifies with the UN pay structure and recognises the local pay market on an ongoing basis - this will include:

- keeping local pay information up to date
- being aware of local supply and demand in the labour market and reflecting this in pay and reward accordingly
- liaising with the lead local UN organisation for pay (UNICEF)

Factor a & b have resulted in a very substantial increase in the cost of living in Bangladesh.

Contd....

The above mentioned factors forced the Government of Bangladesh to implement the salary revision of the government employees with an average raise of 60% to all the employees effective July 01, 1997 despite severe budgetary constraints and the current liquidity crisis.

The above justifies a review of the Centre's staff salaries. However, the decision on whether or not to grant an increase depends on the following :

1) The Centre's edge and advantage over research institutions in Bangladesh and other third world institutions depends on its ability to attract and retain the best talent by paying substantially more than the market price.

2) The Centre is largely dependent on donor contributions and the incremental cost of a salary increase has to be generated either from revenues or savings (policy of strict cost containment in the unrestricted areas, ban on core recruitments and the currency devaluations etc.).

SALARY REVISIONS IN UN AGENCIES IN BANGLADESH AND THEIR CORRESPONDING IMPLEMENTATIONS AT THE ICDDR,B

Anne

(1982 – May 1998)

UN AGENCIES				ICDDR, B		
Revision of Scales	Level	Increase	Date Implemented	Effective Date of Implementation	Delay	Remarks
7th	GS1	38.00%	01.07.82	01.01.83	None	ICDDR,B introduced
	NO	35.00%	01.07.82	01.01.83	None	WHO Salary System effective 01.01.83 from the 8th revision
8th	GS1	9.00%	01.01.83	01.07.84	18 months	
	NO	4.00%	01.01.83	01.07.84	18 months	
9th	GS1	10.80%	01.10.84	01.01.86	15 months	
2nd	NO	8.00%	01.10.84	01.01.86	15 months	
10th	GS1	10.00%	01.01.85	01.01.87	24 months	
3rd	NO	17.00%	01.01.85	01.01.87	24 months	
11th	GS1&2	8.42%	01.12.85	01.07.87	19 months	
	GS3-5	10.68%	01.12.85	01.07.87	19 months	
	GS6	16.98%	01.12.85	01.07.87	19 months	
4th	NO	16.98%	01.12.85	01.07.87	19 months	
12th	GS1-4	6.00%	1.08.86	1.01.88	7 months	2.00% implemented
	GS5	54.00%	01.08.86	01.01.88	17 months	8.00% implemented
	GS6	37.00%	01.08.86	01.01.88	17 months	12.33% implemented
5th	NO	28.00%	01.04.87	01.01.88	9 months	9.33% implemented
				01.07.88	23 months	22.00% implemented
				01.07.88	23 months	18.00% implemented
				01.07.88	23 months	12.33% implemented
				01.07.88	15 months	9.33% implemented
				01.01.89	29 months	
			01.01.89		29 months	Remaining percentage
				01.01.89	29 months	implemented
				01.01.89	21 months	
13th	GS1-6	20.70%	01.04.88	-	-	Not implemented
6th	NO	14.60%	01.04.88	-	-	" "
14th	GS1-6	17.00%	01.01.90	-	-	" "
7th	NO	21.00%	01.04.90	-	-	" "
				01.01.91	33 months	10.00% increase implemented
				01.01.92	45 months	10.00% increase implemented

Contd..

(Contd... Salary Revision)

UN AGENGIES				ICDDR,B		
Revision of Scales	Level	Increase	Date Implemented	Effective Date of Implementation	Delay	Remarks
15th	GS	1.27%	01.01.92	-	-	Not implemented
8th	NO	13.60%	01.12.91	-	-	" "
16th	GS	16.90	01.08.92	-	-	" "
9th	NO	19.10%	01.10.92	-	-	" "
				01.07.93		Salary adjusted to 85% of UN salary prevailing on November 01, 1992 (16th revision for GS and 9th revision for NO staff implemented later but with retroactive effect).
				01.07.93		
				01.01.94		Salary adjusted to 77% of UN salary prevailing on Nov 01, 1993 (16th revision for GS and 9th revision for NO staff) for NO and GS 5-6 categories and 75% for GS 1-4 categories.
17th	GS	21.9%	01.01.95			
10th	NO	23.2%	01.01.94			
				01.01.95		7% increase implemented
				01.01.95		7% increase implemented
						After implementation of 7% increase effective 01.01.95, salary for GS category is 66.31% and NO category is 66.87% (av) of the current UN salary.
				01.01.96		After implementation of 2% increase effective 01.01.96, salary for GS category is 67.73% (av) and NO category is 68.21% of the current UN salary.
18th	GS	17.06%	01.09.96			GS Category is 58.13% (av) and NO Category is 46.24% (av) of the current UN salary.
11th	NO	59.84%	01.09.96			
				01.01.98		After implementation of 4% increas effective 01.01.98, salary for GS category is 56.65% (av) and NO category is 45.88% (av) of the curre UN salary.

NO : National Officer
GS : General Services

Note : ICDDR,B is behind the local UN salary by
51.90% (average) of UN salary for NO and
39.54% (average) of UN salary for GS categories.

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 Professor Chen Chunming (developing country - Asia) for 3 years from 1 July 1998.

2. Initiate nominations for a replacement for Professor Fehmida Jalil (developing country Asia) who will conclude her second term of service on 30 June 1999.

3. Initiate nominations for a replacement for Professor Helena Makela (developed country Europe) who will conclude her second term of service on 30 June 1999.

4. Initiate nominations for a replacement for Professor Cesar Victora (developing country the Americas) who will conclude his second term of service on 30 June 1999.

5. Note that Dr. Ralph Henderson, WHO Representative, will be concluding his service with WHO, and therefore his service with ICDDR,B, in March 1999. Note that a replacement will be advised by WHO in due course.

ICDDR,B

LIST OF BOT MEMBERS (AS AT NOVEMBER 1998) WITH TERMS

Name	Joined Board	End of Term
Mr. Rolf Carriere	1 July 1997	30 June 2000
Maj. Gen. (Retd) M.R. Choudhury	11 June 1994	10 June 2000
Prof. R.R. Colwell	1 July 1995	30 June 2001 *
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 2001 *
Prof. P.F. McDonald	1 July 1995	30 June 2001 *
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
Mr. M.M. Reza	1 October 1998	30 Sept 2001
Dr. Y. Takeda	1 July 1994	30 June 2000 *
Prof. C.G. Victora	1 July 1993	30 June 1999 *
Prof. C.K. Vlassoff	1 July 1998	30 June 2001

* Unable to serve another term without a break

ICDDR,B

LIST OF BOT MEMBERS
WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES
(as at November, 1998)

Name	Country	Discipline	Joined Bd/ end date
Mr. Rolf Carriere	UNICEF	Management/ Int'l Health	1997/2000
Maj. Gen. (Retd) M.R. Choudhury	Bangladesh	Pathology	1994/2000
Prof. R.R. Colwell	U.S.A.	Microbiology	1995/2001 *
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	1995/2001 *
Prof. P.F. McDonald	Australia	Demography	1995/2001 *
Prof. P.H. Makela	Finland	Microbiology/ Vaccine dev.	1993/1999 *
Mr. J.O. Martin	Switzerland	Finance/manage-ment	1994/2000 *
Dr. A.K.M. Masihur Rahman	Bangladesh	Civil Servant	1996/1999
Mr. M.M. Reza	Bangladesh	Civil Servant	1998/2001
Dr. Y. Takeda	Japan	Microbiology	1994/2000 *
Prof. C.G. Victora	Brazil	Epidemiology/ Public Health	1993/1999 *
Prof. C. Vlassoff	Canada	Public Health/ Trop. Diseases	1998/2001

*Unable to serve another term without a break.

NOMINATIONS FOR TRUSTEES – NOVEMBER 1998

(Revised 7/10/98)

Name	Nationality	M/F	Discipline	Current Occupation	Nominated by
A. **DEVELOPED COUNTRY (Europe)**					
Joseph Hautvast	Dutch	M	Public Health & Clinical Nutrition	Director, Graduate School Food Sciences Human Nutrition, Wageningen Agric. Uni.	Dr. G. Fuchs
Stig Wall	Swedish	M	Epidemiology and Public Health	Chairman, Centre for Public health, Umea Univ.	SIDA/Mr. J. Martin
B. **DEVELOPED COUNTRY (Nth. America)**					
C. **SOUTH AMERICAN REGION**					
Ricardo Uauy Dagach	Chilean/US perm. Resident	M		Director, Inst. of Nutrition and Food Technology, Uni. Chile	
D. **DEVELOPED COUNTRY – (Pacific)**					
Peter Heywood	Australian	M	Nutrition, Tropical Health, formerly Prof. Of Nutrition, Univ. Queensland	World Bank Delhi – leads WB's public health work	Dr. R. Feachem (World Bank/W)

E. DEVELOPING COUNTRY (Asian Region)					
Prof. Wu Yi-qun	Chinese	F	Occupational Medicine	Prof. Vice President, Chinese Academy of Preventive Medicine	Dr. Wang Ke-an (through Dr. Henderson)
Prof. Zheng Qing-si	Chinese	F	Social Medicine	Director & Prof. Dept. of Social Medicine Chinese Academy of Prev. Med. , Vice Chief National Assoc. of Social Medicine, Chief, Beijing Assoc. of Social Medicine	Dr. Wang Ke-an (through Dr. Henderson)

Date: Thu, 6 Aug 1998 15:52:58 +0900 (TAIDT)
From: wangka@ccs.capm.ac.cn
To: julie@citechco.net
Cc: henderson <hendersonr@who.ch>
Subject: Resume of Candidates

Dear Ms. Banfiel Julie:
Here are CVs of Prof. Wu Yi-qun and Zheng Qing-si whom I recommended as the candidates for members of ICDDR,B Board of Trustees.Would you please kindly forward this e-mail to Mr. Henderson to ensure his receipt of these materials? It will be convenient for me to sent other possible materials to you if you can give me a fax number which is availabe to you and Mr. Henderson. Thank you.

1.Curriculum vitae
Name: Wu Yi-qun
Family Name: Wu
First Name: Yiqun
Sex: Female
Date of Birth: May 2, 1946
Place of Birth: Shanghai, P.R.China
Address: 27 Nanwei Road,Xuanwu District,100050,Beijing
Tel:86-10-63030799
Fax:86-10-63178094

Academic Qualification and Dates:
1968 Graduated from Fu Dan University ,Shanghai, B.S. of Chemistry
1986--1988 Visiting postgraduate Researcher, Division of Environmental and Occupational Medicine and Drug Studied Unit, Analytical Division. Department of Pharmacy, UCSF,U.S.A.
1995--1996 Visiting postgraduate Researcher, Division of Environmental and Occupational Medicine and Drug Studied Unit, Analytical Division. Department of Pharmacy, UCSF, U.S.A.

Professional Activities:

1996-present Professor, Vice president, Chinese Academy of Preventive Medicine

1995-1996 Professor, in Environmental and Biological Monitoring. Institute of Occupational Medicine, CAPM, Beijing

1990-1995 Associate professor, in Environmental and Biological Monitoring, Deputy Director, Institute of Occupational Medicine, CAPM, Beijing

1985-1989 Lecturer, in Biological Monitoring ,Deputy Director, Department of Environmental and Biological Monitoring, Institute of Occupational Medicine, CAPM, Beijing

1983-1985 Assistant Engineer in Environmental and Biological Monitoring, Institute of Health National Center for Preventive Medicine, Beijing

1975-1983 Assistant Engineer in Environmental Monitoring, Institute of Environmental Protection, Changsha, Hu Nan Province, China.

1968-1975 Assistant Engineer in Synthesis of Polyester Fiber, Yue Yang Petrochemical Plant, Hu Nan Province, China

Professional Associations:
1. Member, International Committee on Occupational Health.
2. Member, Chinese Preventive Medicine Association.
3. Inspector, China Metrology Accreditation.
4. Temporary Consultant of WHO for Guideline on Biological Monitoring of Exposure Chemical in Work Place. 1993,1994

Awards:
The Vernon Houk Award for work in the prevention of lead poisoning was given to me by the Alliance to End Childhood Lead Poisoning and the Society for Occupational and Environmental Health (1994 in Washington, D.C.)

The Advance in Science and Technology Award was given to me in 1995 by the Chinese Ministry of Public Health for my work with Development and Application of Standard Reference Materials.

2.Curriculum vitae

Name: Zheng Qing-si
Sex: Female
Nationality: China
Date of Birth and Place: September 23, 1940, Guangdong
Address: 3 Ya Bao Road
Beijing, 100020
P.R.China
Tel: 86-10-6512 8189
Tel/Fax : 86-10-65041174
Email: zhengqs@cdm.imicams.ac.cn
Education Background:

July 1983--Sep.1985 Dept. of Epidemiology and Dept. of Microbiology, University of Ottawa, Canada (M.Sc)
Sep. 1960--Sep. 1962 Dept. of Epidemiology and Dept. of Microbiology,Union Medical University, Beijing (B.M)
July 1957--July 1960 Dept. of Medicine, Hunan Medical College

Current position:
1.Director and Professor, Dept. of Social Medicine, CAPM
2.Vice chief, National Association of Social Medicine
3.Chief, Beijing Association of Social Medicine

Main Work Areas:
1. National manager and consultant for National CDD Program involve in national policy-making and administration, active on training activities, comprehensive review, etc.
2. Manager of National IDD program, National consultant for WFP on women and child health project, National consultant for World Bank health project V and IIIX.
3. Conducting research projects on health behavior and health education, implementation research, community health, etc.

With regards!

Wang Ke-an

Report on Human Resources Review Consultancies and update on Centre's HR activities

The Human Resources Consultant has made three further visits to the Centre since December 1997. Since the original visit in December 1997, the purpose of subsequent visits have been to begin to assist with the implementation of recommendations made. Following each visit, reports have been submitted by the Consultant and have been widely circulated with the recommendations contained within them largely endorsed by the Executive Committee.

The main emphasis of the work to date has been to assist and advise on the workforce planning process and ensure that procedures are in place to handle the exercise in a fair and consistent manner. Substantial progress has been made in this area with a total of 57 staff accepting the voluntary severance package offered in September 1998. Following this, workforce plans have been further developed in each of the five divisions and the process of implementing these changes will take place between October and December 1998.

The workforce planning exercise recognises gaps in both numbers and skills between the current workforce and the new workforce plan. Having identified the gaps there will be both excess staff and posts to fill. Procedures have been developed and agreed to handle this process and ensure that all affected staff are supported through the change.

Other work has been identified as being necessary to take the Centre's human resources agenda forward. This is being progressed and can be summarised as follows:

- ensuring that HR policies are modernised
- development of adequate information systems
- work on pay and job classification
- staff performance and training and development (non-scientific)
- ongoing staff communication

This work will continue to be progressed through relevant management consultancy support and, to ensure the ongoing development, by the appointment of an HR specialist at international level.

Copies of all reports made by the HR consultant are available to the Board of Trustees.

Any other business

4. RESOLUTIONS FROM THE PERSONNEL AND SELECTION COMMITTEE

Professor Marian Jacobs, Acting Chairperson of the Personnel and Selection Committee, presented the draft resolutions from the Personnel and Selection Committee meetings held on 7 and 8 November. It was agreed that the draft resolutions be accepted, with amendments as noted. The amended resolutions adopted are as follows:

5/BT/Nov.98
The Board agreed to finalise the decision on the appointment of the Director of ICDDR,B by the end of November.

6/BT/Nov.98
The Board agreed to note that Dr. Lars Ake Persson is expected to join the Centre by 1 March 1999 as the Division Director, Public Health Sciences Division, having signed his contract on 23 October 1998.

7/BT/Nov.98
The Board agreed that Centre management be requested to institute a moratorium on all new appointments and promotions for levels from P6 and above, with the exception of the appointment of the Centre Director until the Board decides otherwise.

8/BT/Nov.98
The Board, recognising the outstanding performance of the current incumbent of the position of Acting Director, HPED, but at the same time constrained by the necessities of the reorganisation and the moratorium (in resolution no. 7/BT/Nov.98), agreed to defer further action on this position until further notice. The Board recommended that the Acting Director appoint the

current incumbent to continue as the Acting Director HPED position as per the staff rules.

9/BT/Nov.98
The Board agreed to note that the position of Health Economist, ORP, will be filled following the standard selection procedures.

10/BT/Nov.98
The Board agreed to approve the management decision to re-advertise the position of Head of Training.

11/BT/Nov.98
The Board agreed to approve the Centre's action in recruiting a Social Scientist for the Public Health Sciences Division.

12/BT/Nov.98
The Board agreed to approve the Centre's action in recruiting an Operations Research Scientist, ORP, Health and Population Extension Division.

13/BT/Nov.98
The Board agreed to approve the creation of the international position of Head, Human Resources, Director's Division, and requests that the post be externally classified at the appropriate level.

14/BT/Nov.98
The Board agreed that the selection process of a suitable person as Head of External Relations and Institutional Development, Director's Division, be in consultation with the new Centre Director and be consistent with the reorganisation plan.

15/BT/Nov.98
The Board agreed that the position of Executive Assistant to the Director be externally classified at the appropriate level and that the selection process include consultation with the new Centre Director.

16/BT/Nov.98
The Board agreed to the extension of Dr. Shameem Ahmed's contract for 1 year 8 months from 1 August 1999 to allow completion of six years of service at the Centre.

17/BT/Nov.98
The Board agreed to the extension of Dr. A.K.M. Siddique's contract for three years from 1 July 1999 to allow completion of six years of service at the Centre.

18/BT/Nov.98
The Board agreed that the position of Health Policy Analyst, ORP Health and Population

Extension Division, be advertised with a view to filling the position as quickly as possible.

19/BT/Nov.98
The Board agreed to the extension of Dr. Cristobal Tunon's contract for 1 year and 5 months from 1 August 1999 to allow completion of six years of service at the Centre.

20/BT/Nov.98
The Board agreed to note the action being taken to finalise the agreement relating to the secondment of Dr. George Fuchs.

21/BT/Nov.98
The Board agreed to note the Centre's action to fill the position of demographer supported by the Netherlands government.

22/BT/Nov.98
The Board agreed to note the expected contract renewal of Dr. Jozeph Bogaerts.

23/BT/Nov.98
The Board agreed to note the Centre's actions with regard to the extension of the secondment agreement of Dr. Mahmud Khan between the University of Tulane and ICDDR,B.

24/BT/Nov.98
The Board agreed that the position of Internal Auditor be readvertised following assessment of the job classification and in consultation with the Business Plan and Human Resource consultants.

25/BT/Nov.98
The Board agreed that Professor Zheng Qing-si (People's Republic of China) be nominated as a member of the Board of Trustees effective 1 July 1999 to replace Professor Chen Chunming.

26/BT/Nov.98
The Board agreed to initiate nominations for a replacement for Professor Fehmida Jalil (developing country Asia) who will conclude her second term of service on 30 June 1999.

27/BT/Nov.98
The Board agreed to initiate nominations for a replacement for Professor Helena Makela (developed country Europe) who will conclude her second term of service on 30 June 1999.

28/BT/Nov.98
The Board agreed to initiate nominations for a replacement for Professor Cesar Victora (developing country The Americas) who will conclude his second term of service on 30 June 1999.

29/BT/Nov.98
The Board agreed to note that Dr. Ralph Henderson, WHO representative, will be concluding his service with WHO and therefore his service as a trustee, in March 1999. It further noted that a replacement will be advised by WHO in due course.

30/BT/Nov.98
The Board agreed to increase the salaries of the national staff by 3% beginning on 1 January 1999, noting that this was in response to cost-of-living increases in part provoked by the recent floods and, more importantly, part of a long-term strategy of "right-paying" which is an essential element of the accompanying strategies of "right-sizing" and "right-structuring" the Centre.

31/BT/Nov.98
The Board recognised and agreed to support the need for further external human resource assistance for the following:

- organisational change and development
- job classification and review of all job descriptions
- pay - market information/local salary surveys
- review of HR policies and procedures
- review of staff performance appraisal system
- management and other training and development

and any other Human Resource matters as appropriate.

The Board recommended that donor partners be asked for help in providing the additional financial resources which this requires, estimated to be in the order of $300,000.

32/BT/Nov.98
The Board agreed that discussion on the review of the policy for international professional positions be deferred until the next meeting.

33/BT/Nov.98
The Board agreed to request Centre management to adopt the policy of placing vacancy announcements in the most appropriate and cost-effective places for the relevant positions.

34/BT/Nov.98
The Board agreed to approve the creation of the position of Head, Health and Demographic Surveillance Project, PHSD, and for the position to be filled as soon as possible.

35/BT/Nov.98

The Board agreed to record its appreciation to Ms Jackie Reeves, Human Resource consultant, for the assistance she has provided to the Centre over the past year.

36/BT/Nov.98

The Board agreed to endorse the Centre's workforce plans emphasising that all efforts are to be made to ensure fairness and sensitivity in the process.

ICDDR,B

HUMAN RESOURCES REPORT

NOVEMBER 1998

Jackie Reeves
Human Resources Consultant

CONTENTS

1. INTRODUCTION

Jackie Reeves, Human Resources Consultant made a three day visit to the International Centre for Diarrhoeal Diseases and Research, Bangladesh (ICDDR,B) in November 1998. The main purpose of the visit was to meet with the Board of Trustees and the Donor Support Group to discuss human resource issues. This short report will outline the terms of reference and reflect discussion at the two meetings. Because the report is short, a summary has not been included.

2. TERMS OF REFERENCE

The main purpose of the November visit to ICDDR,B by the HR Consultant was to be in attendance at and participate in the November Board of Trustees meeting and the Donor Support Group meeting.

2.1 Board of Trustees Meeting

i) To inform the Board of Trustees of progress made on human resource issues and discuss with them recommendations for the future. This will involve ensuring that they fully understand the need for change and support the recommendations made.

ii) To make any changes to the recommendations and future direction for Human Resources in the light of discussions.

2.2 Donor Support Group

i) To meet with members of the Donor Support Group to inform them of progress made on human resource issues and reassure them that the Centre is implementing recommendations identified.

ii) To discuss with the Donor Support Group the importance of the need for further support to implement the human resource recommendations identified and discuss with them what likely support will be available.

2.3 Other HR Support

i) To meet with the local HR Consultants identified at the last visit (MRK Consulting) and invite them to submit a proposal for a defined piece of work (to be agreed) for evaluation.

ii) To hold discussions with the chairman and members of the Job Classification Committee to establish progress to date and give further advice and support on the job classification process.

3. ADDRESSING THE TERMS OF REFERENCE

This section will address the terms of reference identified above and reflect discussion and decision making at the various meetings attended.

3.1 Board of Trustees Meeting

A presentation was made by the consultant on progress made within human resources since the last Board of Trustees (BOT) meeting. The consultant highlighted that the organisational restructuring recommended by the Swiss consultants did not remove the need to continue with the HR reform programme and that whatever the future structure of the Centre, it was essential to have supportive HR practices in place. The Board recognised that the reorganisation has human and institutional dimensions which are deeply interwoven and should be addressed in a co-ordinated manner. The presentation concentrated on four key areas:

Workforce planning

Workforce plans have now been completed by the Centre management and a total of 91 posts have been identified for separation. A further 22 additional posts have been identified making a total reduction in posts of 69. These are in addition to the 57 posts reduced by voluntary separation in September 1998. A severance package, reflecting the package offered to staff in September, has been recommended and accepted by the BOT. The consultant emphasised the need to refer to all "separations" in December as involuntary rather than voluntary separation.

Discussion took place regarding the need to undertake further work in certain areas within the workforce, namely, whether to run support services in-house or contract them out, and the need for the centralisation of some services. It was acknowledged that once these reviews had taken place there may be the need for a further review of staff. The proposed Centre reorganisation would also have a major impact on the workforce and workforce levels and it was acknowledged that "rightsizing" an organisation was a process which required continuous review rather than being a one off exercise.

Salaries

Discussions took place regarding the UN system and how salaries at different grades fell below UN rates. The consultant reinforced her view that it would be inappropriate for the Centre to move away from the UN system at this stage. The issue of targeting pay rises to reflect the local market was discussed and broadly accepted although a decision was taken during the finance committee meeting to give an "across the board" pay rise in January. Concerns were raised about the affordability of pay rises and it was accepted that any increases would only be made if the financial situation allowed.

Job classification

The BOT emphasised the need to review all job descriptions and people in post. The consultant reinforced the need to ensure that members of the recently established job classification committee receive training in the use of the system. Rolf Cariere, the UNICEF representative on the BOT, offered the following assistance to the Centre:

- External classification of job descriptions for the posts of Head of Human Resources, Executive Assistant to the Centre Director and Internal Auditor.
- Potential support for job classification training.
- Advice on where to advertise the Head of Human Resources post to ensure that UN employees will see the advertisement.
- Advice on when future UN training sessions in pay will take place and facilitating the Centre sending two members of staff to attend.

The need for ongoing HR support

The BOT acknowledged the large HR agenda facing the Centre and the need for ongoing support in this area. The Board agreed to accept the recommendations made bu the consultant and recognised and supported the need for further external HR assistance for the following:

- organisational change
- job classification & review of all job descriptions
- pay - market information / local salary surveys
- review of HR policies & procedures
- review of staff performance appraisal system
- management & other training and development
- organisational development – to include the BOT

The consultant stated that the Centre's management would be requesting further donor support to continue the development of the HR function and requested recognition of the need, and support for this approach, by the Board of Trustees. The Board recommended the donor partners be asked for help in providing the additional financial resources which this requires, estimated at $300,000.

The BOT recognised and supported the need for a Head of Human Resources at International Level status. This is a new position to be created to recognise the large and ongoing Human Resources agenda facing the Centre. A post description and person specification had been compiled and featured as an annex in the last HR report (October 1998). It was agreed that this job should be subject to external classification and this has now been arranged.

Centre re-organisation

The Board accepted and agreed the need for a reorganisation task force to drive the reorganisation. Membership of the task force has been partially agreed and will include an external HR advisor to ensure that key HR issues are not forgotten. The HR consultant strongly recommended that the person selected have experience of organisational change and workforce reprofiling together with experience in handling difficult industrial relations issues.

3.2 Donor support group

The HR consultant gave a presentation to the Donor Support group on work within human resources to date, emphasising the progress made within the Centre. Donor Support Group members were supportive of the work and of the need to continue with this.

It will be important to follow up with Donors the specific areas where further work is necessary and attached at Annex 1 is a more detailed specification of the ongoing HR support needed as outlined in Section 3.1 above. This has been designed in such a way as to enable the Centre to request costed proposals from HR specialists who are interested in and capable of providing consultancy support.

3.3 Local HR consultancy support

The HR consultant visited MRK consulting, a local Bangladeshi firm of HR consultants, to have further discussions on support which could be available. Since the meeting MRK Consulting has forwarded details of their HR consultancy work in Bangladesh and this attached as Annex 2.

Advice was also sought from Rolf Cariere who has a good working knowledge of HR support locally. He advised that high calibre HR consultancy firms in Calcutta may also be a good source of support, working in conjunction with Bangladeshi consultants.

He further advised to contact David Lockwood at UNDP to ask for advice on support used by this organisation locally. The HR consultant will follow up leads with David Lockwood via the email system and advise the Centre further. The advantage of more local consultancy support is continuity and cost.

A meeting was arranged with a representative from the Management School at Dhaka University. Unfortunately, due to a local Hartal this meeting could not take place and will therefore be followed up at a later time.

4. RECOMMENDED FUTURE ACTION

The following future action is recommended:

4.1 The HR consultant will advise the Centre once she has further information from Rolf Cariere on the areas outlined in Section 3.1 of the report where he offered assistance.

4.2 The Centre management should continue to approach Donors for support for ongoing external HR support which the Donor body recognise.

4.3 The Centre management should advertise the Head of Human Resources post internationally once the grade has been classified. The HR consultant has left with the Centre, addresses of international HR organisations who can advise on suitable places for advertisements. In addition, Rolf Cariere will be advising on where to advertise the post to ensure that UN employees will see the advertisement.

4.4 The Director at the Centre should be responsible for handling the recruitment process for the Head of HR as the current Chief Personnel Officer may wish to apply for the post and therefore it would not be suitable for him to be involved in the process.

4.5 The Centre management must move forward with identifying and appointing an external HR advisor to the reorganisation task force.

4.6 The Centre management should request costed proposals from appropriate HR specialists, within Bangladesh and overseas, based on the areas identified in annex 1 of this report.

ANNEX 1

EXTERNAL HR SUPORT REQUIRED BY THE CENTRE

1. Organisational Change and Development

Support is required to work with the senior managers and Board of Trustees within the Centre on organisational restructuring and organisational development.

Key Tasks

- assist with and advise on the implementation of the new organisational structure and advise on the following for affected staff:
    - identifying individuals skills & competencies
    - identifying any training needs
    - assisting with "matching" of staff to available posts
    - advice to displaced staff - CV/counselling etc.
    - assisting with job search
- ensure that communication networks are in place which reach staff at all levels of the organisation
- advise on the most appropriate way to manage staff dissatisfaction
- introduce mechanisms to work towards a gender balance at all levels of the organisation
- implement a promotion system which is fair to all staff and financially viable
- work with the Board of Trustees to redefine their role and responsibilities in the light of the major changes facing the Centre

Timescale: January 1999 – June 1999

Support: External consultant

2. Job Classification – including a review of all Job Descriptions

To assist with the implementation of an externally validated job classification system which is suitable for the Centre's grading structure.

Key Tasks

- review job descriptions / train managers to assist with this
- identify relevant personnel to sit on a job classification panel
- train personnel
- agree terms of reference for panel

- agree external links with ongoing audit/validation
- undertake job classification

Timescale: January 1999 – End June 1999

Support: UNICEF or External consultant

3. Pay Structure

To help the Centre determine its future pay structure assuming it remains within the UN system.

Key Tasks

- determine where the Centre wishes to be within the local pay market
- monitor local UN systems and salaries following the change in methodology used by the UN for determining pay
- examine non pay terms and conditions and make recommendations for any changes
- ensure that decisions about the pay structure are communicated to staff

Timescale: January 1999 – June 1999

Support: External consultant

4. Human Resource Policies

To ensure that modern HR policies are developed and adhered to which enhance staff motivation and thereby achieve higher performance.

Key Tasks

To include review and implementation of the following:

- redeployment and severance agreements to ensure that they meet the changing needs of the organisation
- recruitment procedures
- documentation and paperwork
- job descriptions
- the process for determining work plans
- a revised appeals system
- an agreed policy for the recruitment of short term and casual workers
- production of a staff handbook outlining HR policies & procedures

Timescale: March 1999 – June 1999

Support: **External consultant**

5. Review of Staff Performance Appraisal System

To design and implement a staff performance appraisal system which reflects the values and objectives of the Centre.

Key Tasks

- design system
- consult on appropriateness of system and amend accordingly
- train appraisers and appraisees in the use of the new system
- evaluate effectiveness of system after one year

Timescale: **March 1999 – June 1999 (+ evaluation after 1 year)**

Support: **External consultant**

6. Management and other Non- Scientific Training and Development

To identify systems for determining individual (non scientific) training and development needs including management development, career planning, guidance, education and skills training, in line with the Centre's strategy, and develop systems to meet these needs.

Key Tasks

- devise a system and ensure that training needs analysis is undertaken
- develop work based activities to engage staff in training and change
- design and organise training programmes based on identified training needs
- evaluate work based activities and training programmes to ensure that these are assisting the Centre in working towards its strategy

Timescale: **January 1999 – June 1999 (+ evaluation after an agreed period)**

Support: **External consultant**

ANNEX 2

MRK Consultants

The investment climate is dependent on a country's political stability, socio-economic development, basic infrastructure and availability of trained and skilled manpower. In a developing country like Bangladesh the concerns are perhaps more in the minds of the investors. Investors both from within and abroad would like to be fully convinced of the returns before venturing into the market. It is, therefore, essential for the entrepreneurs to be conversant with the laws of the land, various regulatory provisions, availability of right calibre people, labour cost and appropriate strategies for production, marketing and distribution of their goods and services.

Investment both foreign and domestic, alone cannot ensure the growth and success of the private sector without similar development of the country's human resources. The HR set-ups of the organisations for efficient management require professional handling. Professional managers qualified to run modern corporate establishments are, however, still a scarce commodity in Bangladesh. Finding the right person for the right job is a major concern for entrepreneurs and investors.

MRK Consultants was set up in 1994 as a multi disciplinary consulting house with the aim to meet this growing demand of the corporate world. MRK comprises a group of qualified professionals who have held senior executive positions at Board level in some of the most reputed multinational companies in Bangladesh. These professionals who combine the experience and judgement of seasoned HR professionals with the requisite insight and skills, are fully competent to meet all clients requirements in HR field. Their vast experience and knowledge of the corporate and business houses in Bangladesh having wide contacts with key position holders in the government and in the private sector make all the difference.

Our objective is to help organisations gain competitive advantage through enhancing the performance of their people. We give clear and practical advice to our clients who need to achieve results fast. The emphasis is on the hiring and developing quality human resource for the emerging market of the private sector.

Our clients comprise most of the mncs operating in Bangladesh as well as large and small local companies. The list includes international organisations also.

MRK Consultants' special capabilities are in the following areas :

Human Resource

Human Resource Services

- Manpower Planning
- Executive Search
- Executive Selection and Recruitment
- Competency Analysis
- Job Evaluation
- Executive Salary Survey
- Grades and Salary Structure
- Benefits Packages
- Performance Appraisal
- Individual Career Plan
- Organization Forecast and Succession Plan
- Human Resource and Safety Audits
- Employee Hand Book Services

Institution development

- Organization Structure
- Organization Restructuring

Employee Relations Services

- Labour Relations
- Labour Laws
- Employee Out-placement
- Redundancy Packages
- Employee Relations Seminars

Training & development Services

- Training Needs Audits & Programme Design
- Employee Opinion Surveys
- Management Leadership Skills
- Negotiating Skills
- Training and consulting in how to comply with Employment Laws
- Interview Training
- In-house Training Programmes

Phamaceutical

Pharmaceutical Services

Hospital Services

Public Health Services

Public Affairs

Issues Management

Crisis and Disaster Management

Lobbying with the Government

Activities Report

During the last five years we have carried out the following works :

	Projects	Clients
1.	Evaluate jobs with a panel and develop a Salary and Grading Structure.	• James Finaly Plc. • BOC Bangladesh Ltd. • ACI Ltd. • Rahimafrooz Bangladesh Ltd. • Tootal Thread Bangladesh Ltd.
2.	Review and rationalisation of management structures in line with the organisational need and salary and benefits package based on the market rates.	• Essential Drugs Ltd. • Scala Industries Ltd. • ACI Ltd. • Independent University of Bangladesh
3.	Salary and Benefits Survey to determine the market rates	• National and Multinational Pharmaceutical Companies • ICDDR,B • Faysal Islamic Bank of Bahrain E.C. • Occidental of Bangladesh Ltd. • DHL Worldwide Express • The Coca Cola Export Corporation • Tootal Thread Bangladesh Ltd. • BOC Bangladesh Ltd. • Pharmaceutical Companies • Motorola Asia Pacific • Cairn Energy Plc.
4.	Developing Employee Remuneration Plan based on the market rates	• DHL Worldwide Express • Occidental of Bangladesh • Shell Group of Companies • Rahimafrooz Bangladesh Ltd. • International Development Enterprises • Lafarge Asia Pacific
5. i)	Designing and Introducing Performance Appraisal System	• BOC Bangladesh Ltd. • Social Marketing Co.

	based on key tasks	
ii)	Holding familiarization workshops to explain to and help familiarize both appraisers and appraisees with the new system.	• Rahimafrooz Bangladesh Ltd. • International Development Enterprises
6.	Production of Administrative Manual and Staff Handbook.	• Bangladesh Red Crescent Society • Social Marketing company • British American Tobacco - Bangladesh (while in their employment)
7.	Competency Skills Analysis	• International Development Enterprises • Social Marketing Company • ACI Ltd. • Rahimafrooz Bangladesh Ltd.
8.	Management Restructuring and Organisational Development	• Social Marketing Company • Bangladesh Red Crescent Society • James Finlay PLC • Rahimafrooz Bangladesh Ltd. • International Development Enterprises.
9.	Identification of Training and Development Needs and developing Individual Training Plans with details of Costs and Training Institutions	• Bangladesh Red Crescent Society • Social Marketing Company • Rahimafrooz Bangladesh Ltd. • International Development Enterprises
10.	Production of Training Manual	BOC Bangladesh Ltd.
11.	Study on Organizational Culture and Work Environment	• Social Marketing Company • International Development Enterprises
12.	Production of Management Succession Plan	• Social Marketing Company
13	Production of Recruitment	• Bangladesh Red Crescent

	Procedure	Society
		• Social Marketing Company
14.	Executive search, selection and recruitment (This service applies from mid-management positions to Board level appointments)	• Most of mncs and some of the big local companies.
15.	Designing and organizing training programs for management staff based on their identified training needs	• Both national and multinational companies
16	Plant Closure, Redundancy packages, Employee out-placement counselling and Retraining employees who could be retained with new skills.	• British American Tobacco, Bangladesh (while in their employment)

CURRICULUM VITAE

NAME	:	**M. AHMED**
DATE OF BIRTH	:	**1ST APRIL, 1935**
NATIONALITY	:	**Bangladeshi**
QUALIFICATION	:	**Graduation in Liberal Arts from Rajshahi University, 1955.** **Post Graduate Study in Public Administration Karachi University, 1955-57.** **(Recipient Asia Foundation Scholarship)** **FIPM.**
MAILING ADDRESS	:	**MRK Consultants** **Bilquis Tower(3rd floor)** **6, Gulshan North C.A** **Dhaka - 1212.** **Telephone : 885100, 885074 & 9882321** **FAX : 880-2- 885086** **E-mail : mrk@bangla.net**

WORK EXPERIENCES

35 years of experience in Human Resource Management & Development in public and private sector.

Member of the Board of Directors of Bangladesh Tobacco Company Limited, a subsidiary of British-American Tobacco Co. Ltd., UK.

From 1984 - June 1992 : **Member of the Board of Directors of Bangladesh Tobacco Company Limited**

Responsibilities :

Formulated the policies, procedures and guidelines for management of the company.

- Briefed the Board of Directors about the trends and pressures in political, social and economic areas to enable the Board to determine appropriate strategies for the company.

Ensured that the company maintained its business leadership and discharged its social responsibilities.

From 1973 - 1992 : Head of Personnel

Led a team of 22 management and 225 support staff and managed personnel and administrative function of the Company employing 3000 people including national and expatriate staff.

- Analyzed the trends and pressures on a regular basis in legal, political, social and economic areas and formulated the company responses for the Board to decide on appropriate policies.

Developed a Recruitment Policy for the Company including methodology for selection and recruitment of staff at all levels based on Advanced selection techniques.

Recruited and trained company staff at all levels.

Evaluated/re-evaluated jobs at all levels periodically so that the organisation was staffed correctly at all times .

- Reviewed and determined the compensation/wage policy for the employees including expatriate
staff for the company to remain competitive in the employment market.

Formulated, evaluated and updated Performance Appraisal system and ensured that employees were appraised and compensated on the basis of their performance and potentials.

Drew up succession plans based on records of performance on an objective assessment of potentials, taking into account a realistic forward view of the organisation requirements.

Directed preparation of training and development plans of the employees at all levels based on their identified needs through various processes (Performance Appraisals, OF&SP, ICP etc.) and ensuring that the training plans were implemented for the employees to be properly trained in the required skills.

Formulated company's Industrial Relations policies and developed strategies so that conflicts were resolved promptly and fairly.

Managed negotiations with CBAs leading to the conclusion of Settlements.

Formulated a planned response to the needs implicit in preparing employees for technological and environmental changes.

Maintained and updated an effective two-way communication system in addition to Trade Union channel.

Determined the company's Safety and Health policy and ensured that it was implemented.

Discussed legal matters with the Legal Advisors and prepared company briefs for them.

Planned and directed administrative support services to the organisation.

From 1965 - 1973 : Head of Personnel Glaxo Limited.
a subsidiary of Glaxo Holdings Ltd, U.K.

Performed all responsibilities as the Head of Personnel of the company directly reporting to the Chief Executive. The Company employed 1000 employees with 65 members of management including the executives.

From 1960 - 1964 : Labour and Welfare Officer, Carew and Company Ltd.

Recruitment and welfare of the supervisory and unionized employees, managing industrial relations including union negotiations and determination of wage policies. The company employed 2000 people.

From 1957 - 1959 : Assistant Central Labour Commissioner,
Government of Pakistan

Inspection of factories, shops & establishments. Conciliation of industrial disputes with a view to bringing the disputing parties together and sign a settlement. Arbitration of labour disputes and enforcement of labour laws.

OTHER EXPERIENCES

Member of the Board of Governors of SEACOMD (South East Asian Co-operation on Management Development), a Body of British-American Tobacco Companies in the region since 1980.

The Body was responsible for planning, designing and directing of management development programmes for the Associate Companies of BAT.

Member of the Executive Committee of Bangladesh Employers' Association.

Member of Government Labour Law Commission.

In this capacity, I was involved in having dialogue with the Government periodically on the need of enactment of new labour legislations, amendments to the existing ones etc.in the background of the changing needs of the society.

Member of Government Minimum Wage Board.

In this capacity I was involved in determining the national minimum wages for the employees of the industries .

Member of National Steering Committee on Vocational Training reforms.

MANAGEMENT CONSULTING

Since 1992, I have been working as a full time consultant.

Set up a multi-disciplinary Consulting house in 1994 with a thrust on HR under the name of MRK Consultants and provided consulting services as follows :

❖ See attached activity report of MRK Consultants

KEY MANAGEMENT SKILLS

Human Resource Services

- Manpower Planning
- Executive Search
- Executive Selection and Recruitment
- Competency Analysis
- Job Evaluation
- Executive Salary Survey
- Grades and Salary Structure
- Benefits Packages
- Performance Appraisal
- Individual Career Plan
- Organization Forecast and Succession Plan
- Human Resource and Safety Audits
- Employee Hand Book Services

Institution development

- Organization Structure
- Organization Restructuring

Employee Relations Services

- Labour Relations
- Labour Laws
- Employee Out-placement
- Redundancy Packages
- Employee Relations Seminars

Training & development Services

- Training Needs Audits & Programme Design
- Employee Opinion Surveys
- Management Leadership Skills
- Negotiating Skills
- Training and consulting in how to comply with Employment Laws
- Interview Training
- In-house Training Programmes

CONFERENCES/SEMINARS ATTENDED

1975 - 3 week Management Development Programme in India.

1978 - 4 week General Management Development Programme in UK.

1978 - 3 week programme on Hay Job Evaluation in UK.

1982 - ILO conference on Vocational Training for Handicapped & Disadvantaged people in New Delhi.

1983 - International Personnel Conference of British-American Tobacco Company in UK.

1983 - Personnel Specialists Training Programme in Singapore.

1984 - Senior Personnel Managers Training Programme in Singapore.

1985 - ILO Conference of Labour Administration Officials of South East & Pacific Region in Cyprus.

1986 - Seminar on Work Environment & Safety & Health by British Safety Council in Singapore.

1988 - ILO Conference on Human Resource Development in Thailand.

1992 - International Personnel Conference of British-American Tobacco Company in UK.

MAJOR ACHIEVEMENTS

1. Set up Personnel function and formulated rules, regulations & Systems for the operations of Glaxo Laboratories.

2. Developed Personnel policies and practices for the Company (BTC) employing 3000 people out of whom 255 were managemnet staff.

3. As Arbitrator of both parties, settled two major disputes between BTC Management and its workers represented by the CBA.

4. Developed detailed strategies for downsizing the company (BTC) operation in Bangladesh. Determined Redundancy Package and successfully negotiated and settled with CBA the closure of company's plant (employing 1000 people) at Chittagong through a comprehensive settlement in 1991.

5. Net benefit to the company was a monthly saving of taka 10 million.

6. Set up a Training Centre for systematic Management Development and a Technical Training Centre for technical staff (Workers & Supervisory Staff) where skills were imparted on a full time basis.

Language	Speaking	Reading	Writing
English	Excellent	Excellent	Excellent
Bengali	Excellent	Excellent	Excellent

PROFESSIONAL CHARGES

1. **Consultancy Services** :

   Tk. 13,500.00 per man day of 8 hours.

2. **Retainer Services** : Mutually agreed terms, conditions and fees.

3. **Issue/crisis management and lobbying for specific goals**

   Agreed fees for success and no fees for no success.

4. **Executive Search**

   - Any requisition for personnel is to be supported by a non-refundable advance payment of 25% of the monthly employee cost. The advance will be adjusted against the final bill if the search ends in success.
   - In case of successful selection, two month's employee cost to the company and cost of any advertisements made, will be added to the final bill.

R. A. Mazumdar
Partner

4/BT/NOV. 98

RESOLUTIONS FROM THE

FINANCE COMMITTEE

ICDDR,B BOARD OF TRUSTEES MEETING

FINANCE COMMITTEE - NOVEMBER 08, 1998

AGENDA

1. Approval of Agenda

2. 1998 Forecast

3. 1999 Budget

4. Staff Salaries and Allowances:
   a) National
   b) International

5. Report on:
   a) ICDDR,B Hospital Endowment Fund
   b) Centre Endowment Fund
   c) Reserve Fund
   d) Fixed Assets Acquisition and Replacement Fund

6. Any Other Business:
   a) Voluntary Severance Program
   b) Centre Endowment Fund Operating Bylaws

Attachments:

Table 1/1A	Contributions from Donors 1996 to 1999
Table 2	Income by Sources and Expenditure by Categories 1996 to 1999
Table 3	Unrestricted and Restricted Income and Expenditure 1996 to 1999
Table 4/4A	Donors Contributions by Unrestricted and Restricted Funds 1996 to 1999
Table 5	Unrestricted Program and Management Expenditure 1996 to 1999
Table 6A/6B	Unrestricted Fund Requirements by Division 1998 and 1999
Annexure -A	Report of the Finance Committee of June 6, 1998

ICDDR,B BOARD OF TRUSTEES MEETING

REPORT OF THE FINANCE COMMITTEE MEETING HELD ON NOVEMBER 08, 1998

PRESENT:

Finance Committee Members

Mr. J.O. Martin – Chairperson of the Board
Prof. R.R. Colwell – Chairperson, Finance Committee
Mr. R. Carriere
Dr. A.K.M. Masihur Rahman
Dr. G. Fuchs, Interim Director, ICDDR,B

Board Members

Maj. Gen. M.R. Choudhury (Retd.)
Dr. R.H. Henderson
Prof. Marian E. Jacobs
Dr. T.A.M. Khoja
Prof. Peter F. McDonald
Prof. Carol Vlasoff

Division Directors, ICDDR,B invited staff & guests

The Committee convened at 8.30 am on November 8 in the Sasakawa Seminar Room.

1. Approval of Agenda

The draft agenda was approved with the suggestion that Agenda (4) Staff Salaries and Allowances (National and International) be discussed in detail at the full Board meeting after the meeting of the Personnel & Selection Committee.

2. 1998 Forecast

INCOME

Total contributions by individual donors are summarized for years 1996 to 1999 in Table 1 and a more detailed breakdown into restricted and unrestricted funds is presented in Tables 4 & 4A. Total income by source for unrestricted and restricted funds and the subsequent expenditure by categories for years 1996 to 1999 are shown in Tables 2 & 3.

Donor Contributions for 1998 were budgeted at $12,783,000 and are expected to decrease to $11,383,000. This decrease of $1,400,000 (11.0%) is explained by the following summary table.

	1998 BUDGET	1998 FORECAST	DIFF. INC./(DEC.)
Restricted			
Projects/Programs	8,622,000	7,908,000	(714,000)
Fixed Assets	508,000	535,000	27,000
	9,130,000	8,443,000	(687,000)
Project Overhead	1,612,000	1,176,000	(436,000)
Total Restricted	10,742,000	9,619,000	(1,123,000)
Unrestricted	2,041,000	1,764,000	(277,000)
Total Contributions	$ 12,783,000	$ 11,383,000	$ (1,400,000)

The causes of the expected reduction in contributions are mainly due to:

Decrease in Restricted Contributions:		
UNDP	(350,000)	
UNICEF	(111,000)	
USAID	(561,000)	
Others	(767,000)	(1,789,000)
New Donors in Restricted Contributions:		
Bangladesh (BINP)	173,000	
Disaster/Flood -98	695,000	
JHU	110,000	
UNAIDS	94,000	
Family Health International	30,000	1,102,000
Net Decrease in Contributions		(687,000)

(Decrease)/Increase in Overheads

DfID (now restricted funding)	(216,000)	
Japan	(24,000)	
Norway	(20,000)	
SDC	(70,000)	
USAID	(142,000)	
Other	36,000	(436,000)
Net Decrease in Restricted Contributions		(1,123,000)

Reduced Unrestricted Contributions:

Arab Gulf Fund	(100,000)	
BADC	(76,000)	
AusAID	(47,000)	
CIDA	(24,000)	
SDC	(30,000)	(277,000)
Total Decrease in Contributions		(1,400,000)

In restricted program resources the withdrawal of two donors, UNDP for $350,000 and UNICEF for $111,000 which funded ongoing programs in the hospital, and a reduction of $100,000 from Japan for family planning at Matlab will result in part of these programs being supported from unrestricted funds.

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

Unrestricted contributions have fallen due to non-receipt of Arab Gulf Funds, a reduction in BADC funds and unfavourable exchange rates.

1998 FORECAST

EXPENDITURE

Operating Cash Expenditures (Tables 3 and 5) which was budgeted at $13,606,000 is forecast to decrease by $612,000 (4.5%) to $12,994,000. This decrease is explained by the following table.

	1998 BUDGET	1998 FORECAST	DIFF. INC./(DEC.)
Restricted			
Projects/Programs	8,622,000	7,908,000	(714,000)
Fixed Assets	508,000	535,000	27,000
Total Restricted	9,130,000	8,443,000	(687,000)
Unrestricted			
Programs	2,944,000	2,957,000	13,000
Management	1,532,000	1,594,000	62,000
Total Unrestricted	4,476,000	4,551,000	75,000
Total Operating Cash Expenditures	$ 13,606,000	$ 12,994,000	$ (612,000)

Restricted expenditures have fallen in line with Project activity mainly due to delayed approval and implementation of Projects and a slower rate of expenditures. Details of all variances are shown in Tables 4 and 4A.

Unrestricted expenditures will increase because of the 4% salary increase effective January 1, 1998 and the continuation of programs previously funded from restricted funds.

Unrestricted expenditures will reduce by $852,000 over 1997 expenditures, however unrestricted revenue has decreased by $653,000, thus reducing our deficit by only $199,000.

Total Expenditure before depreciation was budgeted at $13,606,000 and is anticipated to decrease by $612,000 (4.5%) to $12,994,000.

Depreciation which was budgeted at $880,000 has reduced to $860,000 due to some assets being fully depreciated.

Total Expenditure including depreciation was budgeted at $14,486,000 and is anticipated to decrease by $632,000 (4.4%) to $13,854,000.

BALANCE

Net Operating Deficit excluding depreciation was budgeted at $823,000. This is now anticipated to increase by $788,000 to a deficit of $1,611,000.

Net Operating Deficit including depreciation was budgeted at $1,703,000. This is anticipated to increase by $768,000 to $2,471,000 because of the net effect of changes in income and expenditure as noted above.

DISCUSSION

1998 FORECAST – INCOME:

It was noted that unrestricted contributions have fallen due to non-receipt of donor funds and unfavourable exchange rates.

The causes of the expected reduction in contributions is mainly due to decrease in restricted contributions and realization of project overhead.The Centre is presently facing a yearly deficit of 1.6 million and a cumulative deficit of 4.3 million. If a cumulative deficit of 5 million is reached, the Centre will need to borrow. However, this deficit can be brought down by the exercise of down-sizing and if the Centre is able to continue with this exercise there will be stability in its operations.

1998 FORECAST – EXPENDITURE:

Restricted expenditures have fallen in line with delays in project activity which result in delays in recovery of over-head. Restricted funds will do very well if donors return.

As the Centre's cumulative deficit increases, the cash flow is seriously affected and may seriously jeopardize the very existence of the Centre. The process of continuing to rightsize the Centre and a concerted effort for new and additional donor funds are essential.

3. 1999 BUDGET

INCOME

Donor Contributions (Table 1 for summary and Tables 4 & 4A for individual donor amounts) are budgeted at $13,335,000 (1998 $11,383,000). This increase of $1,952,000 (17.1%) is explained by the following table.

	1999 BUDGET	1998 FORECAST	DIFF. INC./(DEC.)
Restricted			
Projects/Programs	9,022,000	7,908,000	1,114,000
Fixed Assets	1,039,000	535,000	504,000
	10,061,000	8,443,000	1,618,000
Project Overhead	1,502,000	1,176,000	326,000
Total Restricted	11,563,000	9,619,000	1,944,000
Unrestricted	1,772,000	1,764,000	8,000
Total Contributions	$ 13,335,000	$ 11,383,000	$1,952,000

Restricted contributions will increase in line with expenditures and are commented on under expenditure below.

Unrestricted contributions are anticipated to increase by $8,000 due to more favourable exchange rates. Details are contained in Table 4.

Increase in Restricted Contributions:

EU	909,000	
SDC	147,000	
SRC	217,000	
USAID	912,000	
NIH	171,000	
University of Newcastle	126,000	
Others	118,000	2,600,000

1999 BUDGET

Decrease in Restricted Contributions:		
BADC	(115,000)	
Netherlands	(32,000)	
BINP	(85,000)	
JHU	(39,000)	
Disaster	(695,000)	
Others	(16,000)	(982,000)
Net Increase in Contributions		1,618,000
(Decrease)/Increase in Overhead:		
Ford Foundation	21,000	
DfID	24,000	
SRC	32,000	
SDC	16,000	
USAID	201,000	
NIH	20,000	
Other	12,000	326,000
Increase in Unrestricted Contributions:		8,000
Total Increase in Contributions:		1,952,000

EXPENDITURE

Operating Cash Expenditures (Tables 3 & 5) is expected to be $14,365,000 (1998 $12,994,000). This increase of $1,371,000 (10.6%) comprises:

	1999 BUDGET	1998 FORECAST	DIFF. INC./(DEC.)
Restricted			
Projects/Programs	9,022,000	7,908,000	1,114,000
Fixed Assets	1,039,000	535,000	504,000
Total Restricted	10,061,000	8,443,000	1,618,000
Unrestricted			
Programs	2,761,000	2,957,000	(196,000)
Management	1,543,000	1,594,000	(51,000)
Total Unrestricted	4,304,000	4,551,000	(247,000)
Total Operating Cash Expenditures	$ 14,365,000	$ 12,994,000	$ 1,371,000

Restricted expenditures will increase as a result of increased project activity and several projects started in 1998 continuing for the full year in 1999. This is mainly from projects funded by European Union, SDC, Swiss Red Cross, DfID, NIH and USAID.

Centre management realizes that the increase of $1,114,000 in project and programs is a challenging goal, but believes this can be attained through increased productivity and well planned activities starting on the anticipated start dates. In 1998 an increase of $1,012,000 over 1997 is anticipated. The increase in 1999 is in the line with this.

Unrestricted expenditures will decrease as a result of staff separated from the Centre under the Voluntary Severance Program as well as reassignment of staff into other project areas and continued close monitoring of all other expenditures.

Total Expenditure, excluding depreciation, is budgeted at $14,365,000 (1998 $12,994,000). This is an increase of $1,371,000 (10.6%).

Depreciation is expected to be $854,000 (1998 $860,000) which is a decrease of $6,000.

Total Expenditure including depreciation is budgeted at $15,219,000 (1998 $13,854,000). This is an increase of $1,365,000 (9.9%).

BALANCE

Net Operating Deficit, excluding depreciation, is expected to be $1,030,000 compared to the forecast deficit of $1,611,000 for 1998 which is a decrease of $581,000 (36.1%).

Net Operating Deficit including depreciation is expected to be $1,884,000 (1998 $2,471,000) which is a decrease of $587,000 (23.8%).

COMMENTARY

The 1999 budget reflects a deficit of $1,030,000. This deficit should be further reduced through the continued Human Resources Program of rightsizing ICDDR,B which will result in a further reduction of staff in unrestricted areas.

On the revenue side, discussions are ongoing with the World Bank in Washington for funding the Nutrition Centre of Excellence. This may provide up to $1,000,000 per year for 3 years. Discussions are also underway with the Government of Bangladesh and World Bank for the purchase of hospital services. This would directly fund hospital costs currently paid from unrestricted funds.

The allocations, expenditure and recovery within the Centre of unrestricted funds by Divisions is shown in Table 6A for 1998 Forecast and Table 6B for 1999 Budget. This shows that the final estimated requirement of unrestricted funds in 1998 and 1999 will be $ 3,375,000 and $2,802,000 respectively.

DISCUSSION:
Income:

Funding from the World Bank for the Nutrition Centre of Excellence would provide 1 million per year. Other initiatives for purchase of services from the hospital with the World Bank/ADB/and GoB are also ongoing.

With regard to a policy for overhead, it was noted that this depended on the capacity/policy of donors. However, when there is no direct overhead, unrestricted expenditures are included in the proposal. With regard to management costs it was noted that the Centre is looking at other ways of cutting costs, one of which is out-sourcing services. With regard to the effect of the restructuring plans, it was noted that a positive effect is envisioned. It is estimated that the implementation of the Human resources agenda and business plan will increase efficiency and that the Management Information Services is also considered integral to the implementation of the Business plan, a major priority for the Centre. Rapid, concrete steps, must be taken to reorganize the Centre. With the strategic plan and reorganization, the Centre will be more efficient, encouraging donors to increase their support.

In summary, a 3-step process is required:

1. Reduce expenditures and increase revenue
2. Address the reorganization plan.
3. Address the cumulative deficit

RESOLUTION 1:

It was resolved that:

The 1999 budget be approved as presented noting that the projected deficit is of serious concern to the Board. The Management of the Centre, along with the Board members continue to vigorously pursue all possible additional sources of revenue. Management will continue to closely monitor all expenditures and process, together with its Human Resources program, to further improve the efficiency of the Centre.

4. NATIONAL STAFF SALARIES ANDALLOWANCES

The Salaries and allowances scales were increased by 4% on January 1, 1998 and the Centre is now paying middle of each grade salaries at the following percentages against UN rates:

National Officers	45.9%
General Service Staff - 5/6	58.3%
General Service Staff - 1/4	55.1%

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

National Officers	121.7%
General Service Staff - 5/6	71.9%
General Service Staff - 1/4	82.8%

and would cost the Centre $4,940,000

National Officers	2,524,000
General Service Staff - 5/6	896,000
General Service Staff - 1/4	1,520,000
Total	$ 4,940,000

Implementation of each 1% increment would cost $48,300, of which 54% ($26,000) would be from unrestricted funds and 46% ($22,300) from restricted funds.

National Officers	18,700
General Service Staff - 5/6	12,000
General Service Staff - 1/4	17,600
Total	$ 48,300

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 percentage increases:

National Officers	88.4%
General Service - 5/6	46.1%
General Service - 1/4	37.1%

and would cost $3,135,000

National Officers	1,854,000
General Service Staff - 5/6	582,000
General Service Staff - 1/4	699,000
Total	$3,135,000

Over the last four years, salaries for all National Officers and General Service Staff have been adjusted upwards on January 1, 1995 by 7%, January 1, 1996 by 2%, and January 1, 1998 by 4%.

Fixed term employees total 923 staff and about three quarters receive an annual within grade increase which averages 3.3% of base salary.

b. INTERNATIONAL STAFF SALARIES AND ALLOWANCES

International staff salaries and allowances were adjusted to 95% of UN levels effective January 1, 1995. Upward adjustments to UN scales since that date has resulted in ICDDR,B salaries being:

Salaries	86.4% of UN
Allowances	84.1% of UN

Full implementation of UN scales for salary and allowances for all international staff would cost:

Salaries	207,000
Allowances	102,000
Total	$ 309,000

Implementation to 95% of UN scales would cost:

Salaries	131,300
Allowances	60,000
Total	$ 191,300

Implementation of 1% increment would cost $18,600 of which 33.7% ($6,300) would be from unrestricted funds and 66.3% ($12,300) from restricted funds.

Salaries	11,400
Allowances	7,200
Total	$18,600

Fixed term international employees totaling 16 staff receive an annual within grade increase which approximates 2.5% of total annual income.

DISCUSSION

The request of the Staff Welfare Association is well deserved. However, rather than flood relief the possibility to provide a 3% salary increase in January was considered which would approximately require US$ 65,000 from unrestricted funds. In June the Board will consider an increase for international staff. It was also noted that the trend of the figures is such that the Board is bound to consider the morale of the Centre and that this is necessary for a stable and productive environment. If the productivity of the Centre is analyzed it has been found that the burden is borne by a few and therefore the plan of the Business Plan Consultants will provide the Centre with better accountability and a measurement of performance.

It was however pointed out that though the trend is improving, the Centre is not yet in a comfortable financial position. In 1998 the deficit was $1.6 million and the budgeted deficit is $1 millon in 1999. The cumulative deficit at the end o1 1999 could reach $5.3 million.

It was also noted that the decrease in expenditures has been substantial and credit goes to all staff.

New project proposals are being developed.

The cost of running the hospitals, currently at 1.7 million continues to be a major challenge for the Centre. The GoB has been approached to buy services. Discussions have been held, with further discussions required.

It was clarified that the Centre should not reduce staff but invest in its staff and that the calculations need to be in the context of objectivity, right paying, right sizing and right structuring.

5. Report on:

a). ICDDR,B HOSPITAL ENDOWMENT FUND

The Hospital Endowment Fund is invested in three different investment portfolios, Morgan Stanley & Co. in the USA, American Express Bank time deposits and in shares and debentures on Dhaka Stock Exchange.

The following table indicates the change in value of investments from December 31, 1997 to September 30, 1998.

	Capital Investment	Market Value Dec. 31, 1997	Market Value Sept. 30, 1998	Market Value INC./(DEC.)
Morgan Stanley, USA	2,000,000	2,158,563	2,068,543	(90,020)
Dhaka Stock Exchange	411,865	345,494	274,459	(71,035)
American Express Bank-Time Deposit	950,998	1,541,915	1,618,583	76,668
	3,362,863	4,045,972	3,961,585	(84,387)

b). CENTRE ENDOWMENT FUND

The Centre Endowment Fund including the USAID Endowment Fund is entirely invested with Morgan Stanley & Co. USA.

The following table indicates the change in market value of this investment.

	Capital Investment	Market Value Dec. 31, 1997	Market Value Sept. 30, 1998	Market Value INC./(DEC.)
Morgan Stanley, USA	3,180,148	3,501,302	3,309,029	(192,273)

The decrease in market value includes the second installment paid to Global/USA (Mr. Jay Hoffman and Mr. Osman Yousuf) as required under their contract. This payment was for $50,000.

c). RESERVE FUND

The Balance of the Reserve Fund at December 31, 1997 was $2,155,098. The income for the year 1998 is estimated to be $100,000, giving a balance of approximately $2,255,098 at end of 1998.

d). FIXED ASSETS ACQUISITION AND REPLACEMENT FUND

Capital expenditure incurred and committed to the end of September 1998 totaled $841,293 comprising the following.

Matlab Family Planning Training Centre		390,500
Hospital Building		298,095
Outboard engines for speed boats		16,481
Laboratory and Hospital Equipment		10,270
Computers and other equipment		2,706
Sub Total		718,052
Information Technology Upgrade		123,241
Total	$	841,293

As of September 30, 1998 with the above expenditures and commitments the fund will have a deficit of $330,456:

Balance January 1, 1998		279,287
Contribution - Government of Bangladesh		231,550
		510,837
Less: Expenditure up to September 1998		841,293
Deficit as at September 30, 1998	$	(330,456)

As no source of funds is available for this deficit, management is recommending a transfer of up to $350,000 from the operating fund be made which would include approximately $20,000 for unforeseen capital requirements to the end of 1998.

DISCUSSION:

a. **Hospital Endowment Fund**

An update on the value of the investment indicating the change in market value of investments of the HEF was provided. The report of Morgan Stanley & Co., was circulated to the members.

b. Centre Endowment Fund

Since the end of December the value has decreased. It was noted that the decrease also included a payment of $50,000 made to Global/USA as required by their contract.

d. Fixed Assets Acquisition and Replacement Fund

This Fund was created in the early 90's and expenditures for acquisition of fixed assets have been charged against the account. This fund will have a deficit of 330,456 and therefore, a request is being made to the Board to authorize a transfer of up to $ 350,000 from the operating fund which would include approximately $ 20,000 for unforeseen capital requirements by the end of this year. In future, capital asset acquisition required from unrestricted funds will be provided for through the operating fund.

RESOLUTION:

It was resolved that:

The Board approve a transfer of up to $ 350,000 from the Operating Fund to the Fixed Asset Acquisition and Replacement Fund to cover assets acquired for which no funds are available.

6. ANY OTHER BUSINESS

a). VOLUNTARY SEVERANCE PROGRAM

At the June 1998 BoT meeting, a voluntary severance package for ICDDR,B staff was approved. This package was approved as a first step in the right sizing of the Centre and creating greater efficiency. The program was announced to the staff on July 9, 1998. In total, 57 staff members opted for this package. 51 staff members were separated on September 10, 1998 and 6 staff members on October 8, 1998.

The cost of the voluntary separation package for the 57 staff was $438,523. The salary savings on an annual basis will be $300,734.

While the Centre was not successful in obtaining Donor support directly for this cost, negotiations are underway with a Donor to fund certain activities currently paid from unrestricted funds. This will then make available unrestricted funds to cover the cost of the voluntary separation package. The impact of this is not included in our 1998 forecast or 1999 budget. If these negotiations are successful, there would be no impact on the deficit of our operating fund.

DISCUSSION

a. Centre Endowment Fund Operating Bye-laws

The Centre Endowment Fund Bye-laws were discussed. It was agreed to have these bye-laws approved with amendments.

RESOLUTION:

It was resolved that:

The Board approve the Centre Endowment Fund operating bylaws to take effect from the date of signature by the Board Chairperson and the Director of the Centre.

FINANCE COMMITTEE MEETING, NOVEMBER 8, 1998

RESOLUTIONS

27/BT/Nov.98 The Board agreed to approve the 1999 budget as presented noting that the projected deficit is of serious concern to the Board. The Management of the Centre, along with the Board members continue to vigorously pursue all possible additional sources of revenue. Management also will continue to monitor closely all expenditures and process, together with its Human Resources Program, to improve the efficiency of the Centre.

28/BOT/Nov.98 The Board agreed to approve the transfer of up to $350,000 from the Operating Fund to the Fixed Asset Acquisition and Replacement Fund to cover assets acquired for which no funds are available.

29/BT/Nov.98 The Board agreed to approve the Centre Endowment Fund operating bylaws with effect from the date of signature by the Board Chairperson and the Director of the Centre

3. RESOLUTIONS FROM THE FINANCE COMMITTEE

Professor Rita Colwell, Chairperson of the Finance Committee, presented the draft resolutions from the Finance Committee Meeting held on Sunday 8 November 1998. It was agreed that the draft resolutions as presented and discussed be accepted. The resolutions are as follows:

2/BT/Nov.98
The Board agreed to approve the 1999 budget as presented noting that the projected deficit is of serious concern to the Board. The management of the Centre, along with the Board members continue to vigorously pursue all possible additional sources of revenue. The management will also continue to monitor closely all expenditure and process, together with its Human Resources Programme, to improve the efficiency of the Centre.

3/BT/Nov.98
The Board agreed to approve the transfer of up to $350,000 from the Operating Fund to the Fixed Asset Acquisition and Replacement Fund to cover assets acquired for which no funds are available.

4/BT/Nov.98
The Board agreed to approve the Centre Endowment Fund Operating Bylaws with effect from the date of signature by the Board Chairperson and the Director of the Centre.

5/BT/NOV. 98

RESOLUTIONS FROM THE PROGRAMME COMMITTEE

Draft
14/10/98

PROGRAMME COMMITTEE MEETING - SUNDAY 8 NOVEMBER 1998
Sasakawa Auditorium

PROGRAMME
(open)

2.00 p.m. - 2.05 p.m.	Approval of Agenda
	Reports on Activities of 1998 and Plans for 1999:
2.05 p.m. - 2.25 p.m.	Overview - Interim Director
2.25 p.m. - 2.45 p.m.	Clinical Sciences Division
2.45 p.m. - 3.05 p.m.	Laboratory Sciences Division
3.05 p.m. - 3.25 p.m.	Public Health Sciences Division
3.25 p.m. - 3.45 p.m.	Afternoon Tea/Coffee
3.45 p.m. - 4.05 p.m.	Health and Population Extension Division
4.05 p.m. - 4.20 p.m.	Training and Education Department
4.20 p.m. - 4.45 p.m.	Centre's Response to PHSD Review Report
4.45 p.m. - 5.15 p.m.	Presentation of Report on External Review of HPED
5.15 p.m. - 5.30 p.m.	Twentieth Anniversary
6.30 p.m. - 8.30 p.m.	Reception at Interim Director's residence

Draft
14/10/98

PROGRAMME COMMITTEE MEETING - SUNDAY 8 NOVEMBER 1998

Sasakawa Auditorium

AGENDA

1. Approval of Agenda

2. Report on Activities of 1998 and Plans for 1999:

   - Overview
   - Clinical Sciences Division
   - Laboratory Sciences Division
   - Public Health Sciences Division
   - Health and Population Extension Division
   - Training and Education Department

3. Centre's Response to PHSD Review Report

4. Presentation of Report on External Review of HPED

5. Twentieth Anniversary Celebration

6. Any Other Business

CENTRE

For Health and Population Research

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

Director's Report

1 April to 30 September 1998

To

THE BOARD OF TRUSTEES MEETING
7-9 November 1998

International Centre for Diarrhoeal Disease Research, Bangladesh

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1. Overview

Much has happened since the June 1998 Board meeting. First, it must again be reported that the Centre's financial situation is a source of concern and preoccupation. As in the previous two years, a substantial deficit is expected for 1998. On the positive side, the deficit for 1998 will be lower than the previous year and at the time of writing is projected to be much lower still for 1999, perhaps even rapidly approaching balance. The reasons for this cautious optimism include initiatives by the Centre to attract new donors and in some cases to reorganize specific essential, but previously unfunded, programmes to enable traditional donors to connect with these fundamental activities of the Centre.

Efforts to attract new funds include a World Bank-endorsed submission to the Government of Bangladesh for their purchase of the Centre's hospital services, except those required to maintain its research programme. The possibility of a similar contractual arrangement that would tie into a major urban primary care initiative is also being explored. Ultimately, it will be imperative that the main hospital in Dhaka and the hospital in Matlab, the primary sources of the Centre's unfunded expenditures, be viewed by donors as important enough to warrant funds sufficient for their operation. If not, critical decisions regarding the viability of the status quo will need to be made over the coming months.

Since the June 1998 Board meeting, the Centre has moved ahead resolutely to put into effect the remaining key recommendations made by the 1996 External Integrated Institutional Review. The main focus has been on the implementation of a comprehensive Human Resources agenda that includes a thorough workforce review, development of uniform job classifications as well as equitable opportunities for promotion, and review of the Centre's salary structure. In addition, the Centre has begun the major task of formulating its Business Plan, i.e. evaluation of the organizational structure to determine the optimal configuration for a financial plan that will enable it to fulfill its mission.

June 1998 saw the departure of Professor Robert Suskind as Director of the Centre after a brief tenure in which his enthusiasm and entrepreneurial skills facilitated the development of new initiatives, certain of which appear to be now coming to fruition. The June BoT and Centre staff accorded sincere thanks to Prof. Chen Chunming for her work as a Board member and the Board appointed Prof. Carol Vlassoff as a new Trustee. The June BoT meeting also appointed a Search Committee for the selection of a new Director. Management and staff of the Centre look forward to the appointment of a new Director and to working with our new trustees. Following the June Board meeting Professor George Fuchs was appointed Interim Director. Since June, the senior management team has comprised only two permanent heads of the six positions (Chief Financial Officer and the Division Director, LSD). The vacant positions of division directors, HPED and PHSD need to be filled urgently.

For two months during this reporting period the Centre's attention was focused on the worst floods ever recorded in Bangladesh and which devastated the country during July and August. The Centre's main hospital in Dhaka was inundated with patients, and reached a peak of 917. The Centre's role was widely recognized both nationally and internationally. The Government of Bangladesh provided assistance, and we welcomed the Prime Minister on Monday 28 September 1998.

USAID provided the full amount needed for the Centre's Phase I flood relief and epidemic response effort, and for the subsequent Phase II other donors including AusAID, CIDA, DfID, SDC, OFDA/USAID and WHO gave overwhelming support. A consortium of four oil companies also provided $500,000 for specified items of relief assistance. All staff of the Centre, but particularly the hospital and logistic staff are to be

commended for their commitment to providing life-saving treatment to thousands of Bangladeshis affected by the floods.

As is evidenced in this report, despite the challenges related the changes experienced during this year, 1998 has seen the Centre's staff maintain its research, service, and training activities at exceptionally high levels. The management looks forward to 1999 with renewed optimism and anticipation that a new director, increased donor confidence, and an effective restructuring programme will ensure the continued vital role of the Centre.

2. Division Reports

2.1 Clinical Sciences Division

The Clinical Sciences Division (CSD) continued to conduct its research, service and training activities in 1998 with support from 179 fixed-term staff (121 core and 53 project staff). A total of 79 health workers, 13 trainee doctors, 15 trainee nurses, 1 Nurse Consultant, one International Child Survival Fellow, and 23 workers on contractual service agreements assisted in the activities of CSD. Two senior paediatricians and a radiologist provided support for better training of staff as well as the trainee doctors of the division.

2.1.1 Division Highlights

- The year has been remarkable for unprecedented floods and its consequences on the health of the population, particularly on diarrhoeal diseases. New records, in terms of highest daily (917) and monthly patients visits (21,512) have been set, and a total of 155,000 patients are expected to receive treatment at the hospital in 1998 - setting yet another record. Up to 43 nurses and 8 doctors, and a good number of other categories of staff were hired on a daily basis to provide support to the regular staff. Even during the time of unusual patient visits, staff of the CRSC continued to provide training on diarrhoea case management to the staff of national institutions/NGOs. Prompt financial and other supports from the donors have been extremely helpful in the successful conduct of the hospital activities.

- Contrary to common beliefs, a study observed enterotoxigenic *Escherichia coli* (ETEC) to be significantly more associated than *V. cholerae* (36% vs. 23%) with the summer peak of diarrhoeal diseases in Dhaka, Bangladesh. Patients infected with *V. cholerae* reported to the hospital significantly earlier than those infected with ETEC, however.

- Results of an earlier study indicated possible role of folic acid in shortening the duration of acute diarrhoea. A follow up clinical trail failed to observe an impact of folic acid on either the duration or diarrhoea or its severity in Bangladeshi children.

- Interaction between severe malnutrition and diarrhoeal diseases continues to intrigue scientists. A study found an association of severe malnutrition with shigellosis and cholera in children, but not with rotavirus diarrhoea which was negatively associated. Results of this study may have important implications on development of vaccine strategies against these diseases.

Clinical Research And Service Centre, ICDDR,B, Dhaka

Patients records from April to September 1998.

Months	Total patient visits	Patient treated in ORT	PATIENT ADMITTED												
			Short Stay Ward (SSW)				GW + RW + NRU				Special Care Ward (SCW) (direct admissions only)				Grand Total
			< 12 hrs.	12-24 hrs.	> 24 hrs.	Total	< 1 day	1 - 7 days	>7 days	Total	< 1 day	1 - 7 days	>7 days	Total	
Apr '98	14,442	5,835	5,004	1,715	1,888	8,607	1	443	118	562	16	212	16	244	**9,413**
May '98	15,617	6,222	5,717	1,572	2,106	9,395	5	458	131	594	11	155	21	187	**10,176**
Jun '98	12,740	5,998	3,679	1,364	1,699	6,742	5	422	142	569	2	135	23	160	**7,471**
Jul '98	9,686	4,948	2,074	1,119	1,545	4,738	1	338	93	432	10	89	14	113	**5,283**
Aug '98	12,512	231	7,426	2,523	2,332	12,281	8	534	102	644	7	170	18	195	**13,120**
Sep '98	21,117	8,004	6,613	3,931	2,569	13,113	6	509	95	610	12	158	25	195	**13,918**
Total	**86,114**	**31,238**	**30,513**	**12,224**	**12,139**	**54,876**	**26**	**2,704**	**681**	**3,411**	**58**	**919**	**117**	**1,094**	**59,381**

ORT = Oral Rehydration Traige, GW = General Ward, RW = Research Ward, NRU = Nutrition Rehabilitation Unit, CRSC = Clinical Research & Service Centre.

- Assessing pathophysiologic and therapeutic role of short-chain fatty acids (SCFA) in diarrhoeal diseases is an area of current research interest. In rabbit colon, using steady-state perfusion technique, SCFA were observed to significantly reduce the secretion of sodium, potassium, chloride, potassium and water, although the spectrum and magnitude of these effects varied between individual SCFA. Similarly, in experimental rabbit model of shigellosis, administration of a mixture of SCFA was associated with significant improvement in clinical severity of the disease as well as histologic and bacteriologic improvements. These findings may lead to better therapeutic interventions in diarrhoeal diseases.

- Persistent diarrhoea is associated with disproportionately higher deaths. Management of persistent diarrhoea is also difficult, especially in severely malnourished children who are not only deficient in macronutrients but are also deficient in a number of important micronutrients including zinc which is important in maintaining integrity and functions of intestine, and immunity. Supplementation of zinc in persistent diarrhoeal children resulted in better maintenance of body weight and serum zinc, and reduction in diarrhoea duration among the underweight children. There were fewer deaths among supplemented children, although the difference failed short of statistical significance (p=0,06). Results of this study indicate the important role of zinc in the management of persistent diarrhoea.

2.1.2 List of publications

Journal and Book Publications (Published)

1. Ahmed T, Sumazaki R, Shibasaki M, Nagai Y, Shin K, Fuchs GJ, Takita H. Humoral immune and clinical responses to food antigens following acute diarrhoea in children. J Pediatr Child Health 1998; 34:229-232.

2. Ahmed T, Komota T, Sumazaki R, et al. Circulating antibodies to common food antigens in Japanese children with IDDM. Diabetes Care 1997; 29:74-76.

3. Ahmed T, Sumazaki R, Shibasaki M, Takita H. Immune response to food antigens. Kinetics of food-specific antibodies in the normal population. Acta Paediatr Japanica 1997; 39:322-328.

4. Alam NH, Meier R, Rausch T, et al. Effects of a partially hydrolyzed guar gum on intestinal absorption of carbohydrate protein and fat: a double-blind controlled study in volunteers. Clinical Nutrition 1998; 17:125-9.

5. Dewan N, Faruque ASG, Fuchs GJ. Nutritional status and enteric diarrhoeal pathogen specificity in children. Acta Paediatr 1998; 87:627-30.

6. Faruque ASG, Hamadani JD, Hoque SS, Mahalanabis D. Picture calendar to promote oral rehydration therapy at home for illiterate mothers: a motivational tool. J Trop Paediatr 1998; 44:182.

7. Faruque ASG, Teka T, Fuchs GJ. Shigellosis in children: a clinico-epidemiological comparison between *Shigella dysenteriae* type 1 and *Shigella flexneri*. Ann Trop Pediatr 1998;18:197-201.

8. Fuchs GJ. Possibilities for zinc in the treatment of acute diarrhea. Am J Clin Nutr 1998;68 (2S): 480S-3

9. Islam S, Faruque ASG, Fuchs GJ, Wahed MA, Mahalanabis D. Shelf-life of precooked rice oral rehydration salt packets. South Asian J. Trop Med Pub Hlth 1997;28:862-4.

10. Rahman MM, Alvarez JO, Mahalanabis D, Wahed MA, Unicomb L, Habte D, Fuchs GJ. Effect of vitamin A administration on response to oral polio vaccination. Nutr Res 1998; 18:1125-33.

11. Roy SK, Islam A, Ali R, Islam KE, Khan RA, Ara SH, Saifuddin NM, Fuchs GJ. A randomized clinical trial to compare the efficacy of erythromycin, ampicillin and tetracycline for the treatment of cholera in children. Transactions of the Royal Society of Tropical Medicine and Hygiene 1998; 92:460-2.

12. Salam MA, Dhar U, Khan WA, Bennish ML. Randomised comparison of ciprofloxacin suspension and pivmecillinam for childhood shigellosis. Lancet 1998; 352:522-7.

Journal and Book Publications (In Press)

1. Ashraf H, Rahman MM, Fuchs GJ, Mahalanabis D. Folic acid in the treatment of acute watery diarrhoea in children: a double-blind, randomized, control trial. Acta Paediatr 1998.

2. Faruque ASG, Mahalanabis D, Hoque SS, Fuchs GJ, Habte D. Double-blind randomized controlled trial of zinc and vitamin A supplementation in young children with acute diarrhoea. Acta Pediatr 1998.

3. Faruque ASG, Mahalanabis D, Hoque SS, Fuchs GJ, Habte D. Aetiological, clinical and epidemiological characteristics of a diarrhoea epidemic in Dhaka, Bangladesh. Scan J Infect Dis 1998.

4. Haider R, Kabir I, Ashworth A. Are breastfeeding promotion messages influencing mothers in Bangladesh? Results from an urban survey in Bangladesh. J Trop Pediatr 1998.

5. Kabir I, Rahman MM, Mazumder RN, Khaled MM, Mahalanabis D. Increased height gain of children fed a high-protein diet during convalescence from shigellosis: a six-month follow-up study. J Nutr 1998.

6. Khan WA, Dhar U, Salam MA, Griffiths JK, Rand W, Bennish ML. Central nervous system manifestations of childhood shigellosis: prevalence, risk factors, and outcome. Pediatr 1998.

7. Teka T, Faruque ASG, Hossain MI, Fuchs GJ. Aeromonas-associated diarrhoea in Bangladeshi children: clinical and epidemiological characteristics. Ann Trop Paediatr 1988.

8. Rabbani GH, Albert MJ, Rahman M, Islam M. Short-chain fatty acids inhibit cholera toxin-induced fluid secretion in the rabbit colon. Gut 1998.

9. Rabbani GH, Albert MJ, Islam M, Rahman H, Alam K. Short-chain fatty acids improve clinical, pathological, and bacteriological features of experimental shigellosis. J Infect Dis 1998.

10. 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 Paediatr 1998.

11. Roy SK, Tomkins AM, Mahalanabis D, Akramuzzaman SM, Haider R, Behrens RH, Fuchs G. Persistent diarrhoea: impact of zinc supplementation in malnourished Bangladeshi children. Acta Paediatr 1998.

12. Salam MA. Antimicrobial therapy for shigellosis: issues on antimicrobial resistance. Jap J Med Sci Biol 1988.

Book Chapter (In Press)

1. Rabbani GH. Vibrio cholera: bacteriology, clinical, and epidemiological aspects. Book Chapter in: Bier and Milliotis (eds). Handbook of Food borne pathogens. Marcel and Dekker Inc., New York, 1998.

2. Rabbani GH, Treatment of cholera: Methods of G. H. Rabbani. Book Chapter in: Conn's Current Therapy. Academic Publishers, New York, 1998.

2.1.3 Ongoing Research Protocols

Nutrition Therapy

1. Effect of simultaneous zinc and vitamin A administration on the bioavailability of vitamin A in children. (Thrasher).

2. Standardized clinical management of acute phase of severely malnourished children with diarrhoea: assessment of a standardized dietary management protocol. (USAID, Japan, ICDDR,B).

3. Zinc balance and bioavailability from two different dietary regimens for children with persistent diarrhoea syndrome in Bangladesh using zinc stable isotopes. (USAID).

4. Effective means to address moderately malnourished children within BINP communities. (BINP).

5. Effect of iron supplementation on growth and intestinal permeability of iron-replete and iron-deplete children. (USAID).

6. Nutritional rehabilitation of very severely malnourished children recovering from diarrhoea: assessment of a standardized dietary management protocol. (USAID, Japan, ICDDR,B.).

7. Vegetable-protein source for re-feeding malnourished children during recovery from shigellosis. (SDC, IAEA).

8. Dietary fat and infection: relationship to vitamin A status of women and their infants, breast milk retinol/carotenoids, and dietary intake methodology. (OMNI, ILSI Res. Funds.).

9. HKI home gardening evaluation (USAID).

Fluid Therapy

1. Efficacy of modified oral rehydration solution in the treatment of severely malnourished children with watery diarrhoea. (WHO).

2. Clinical trial to determine the efficacy and safety of hypotonic glucose based ORS with low sodium concentration in treatment of neonates and young infants with acute dehydrating diarrhoea. (USAID).

3. Evaluation of hypotonic ORS in the treatment of persistent diarrhoea, (USAID).

Case Management

Pharmacologic Therapy

1. A prospective, controlled, randomized, double-blind, multicentre study comparing the efficacy and safety of ciprofloxacin suspension administered for 3 days (short course) versus ciprofloxacin suspension administered for 5 days (standard course) in children and juveniles for treatment of *Shigella dysenteriae* type 1 dysentery (NEMC).

2. Evaluation of the effect of a soluble fibre (Benefibre) supplemented comminuted chicken diet in the treatment of persistent diarrhoea in children. (Novartis Nutrition, Switzerland).

3. Evaluation of chicken egg yolk immunoglobulin (IgY) in the treatment of rotavirus diarrhoea in children. (SAREC, Sweden).

4. Parenteral magnesium in the management of ileus associated with diarrhoea in severely malnourished children. (USAID).

5. Clinical efficacy of L-glutamine in persistent diarrhoea in children. (USAID).

6. Efficacy of zinc supplementation in young infants with acute watery diarrhoea. (JHU, ICDDR,B).

7. Evaluation of efficacy of parenteral gentamicin in a single dose versus conventional three divided doses in malnourished children. (USAID).

Others

1. Diagnosis of pneumonia in dehydrating diarrhoea and severely malnourished children. (USAID).

2. Evaluation of newly designed Osmotic Bags for preparation of oral rehydration solution/therapeutic milk and infant formulae. (UCB Osmotics Ltd. UK.).

Pathophysiologic

1. Rehydration and intestinal repair in malnourished rabbit infected with *Escherichia coli.*

2. *In vivo* and *in vitro* measurement of electrolytes and nutrients transport through intestinal epithelium tissue during enteric infections.

3. Therapeutic evaluation of L-histidine in experimental shigellosis in rabbits.

4. Is *Helicobacter pylori* infection a cause of treatment failure of iron deficiency anaemia in children in Bangladesh? (NIH).

5. Therapeutic evaluation of L-histidine as an antisecretory agent in adult cholera patients.

6. Identify risk factors for development of HUS in shigellosis (Collaborative study with the LSD).

Preventive/ Maternal Child Health

1. Effect of zinc supplementation during pregnancy or infancy on mental development of infants. (UNICEF).

2. Effect of zinc supplementation during pregnancy and infancy on the immune response to vaccines in Bangladeshi children. (USAID, JHU, ICDDR,B).

3. Effect of zinc supplementation during infancy on the immune response to Pneumococcal conjugate vaccine in Bangladeshi children. (USAID, JHU, ICDDR,B).

4. Impact of peer counsellors on the infant feeding practices of mothers in the urban community. (SDC).

Miscellaneous

1. Surveillance Programme. Clinical Research and Service Centre, ICDDR.B. (ICDDR,B).

2. *In vitro* release of toxins from *Shigella dysenteriae* type 1 in response to different antibiotics. (USAID, PDF).

3. Surveillance of invasive *Haemophilus influenzae* (Hi) and *Streptococcus pneumoniae* (Spn) diseases in Bangladeshi children and the antimicrobial resistance and serotype patterns of Hi and Spn isolates in Bangladesh. (USAID).

4. Clinical significance of *Acinetobacter* bacteraemia risk factor(s) of community acquired and nosocomial *Acinetobacter* bacteraemia in patients with diarrhoea. (ICDDR,B).

5. Evaluation of Premier EHEC for the diagnosis of *S. dysenteriae* type 1 infection, and for determination of sequential Shiga toxin in feces of antibiotic treated patients using Shiga toxin-ELISA. (NEMC, ICDDR,B).

2.2 Laboratory Sciences Division

Dr. John Albert was the Interim Division Director of the LSD till 31st December 1997. Prof. V.I. Mathan joined as Division Director on 1st January 1998. The services of Dr. John Albert during the three and a half years he was the Acting and Interim Division Director of LSD are commendable.

During the last 10 months, while carrying out a large scientific agenda the staff of the division have worked closely with the Division Director in developing a new strategic plan for the Division and in structural reorganisation of the Division. The strategic plan was presented to the June BOT meeting.

The Division, accepting its mandate to "Apply science to promote health where disease exists", has developed a Division Mission Statement in line with the Centre's Mission statement.

"The Mission of the Laboratory Sciences Division of ICDDR,B is to adopt, develop and utilize the best scientific technology to find answers to the infectious disease and nutritional problems of developing countries in collegial partnership with the other Divisions of ICDDR,B and national, regional and international partners, who share our commitment to maintain healthy populations".

The changing patterns of financial resource availability, the dynamic nature of the research agenda and a careful evaluation of the available human resources in the Division lead to identification of the priorities for action as outlined below:

2.2.1 Division Highlights

The Division is now functionally organised with three sections:

Division Administration

- Division office secretarial pool including Archive
- Logistic support
- Biomedical Engineering
- Animal Resources
- Matlab Clinical Laboratory

Infectious Disease Research

- Enteric and Respiratory Microbiology
- Reproductive Tract Microbiology
- Environmental Microbiology
- Immunology
- Molecular Genetics
- Virology
- Parasitology
- Biochemistry
- Histopathology

Clinical Laboratory Service Programme

- Clinical Microbiology
- Clinical Pathology
- Clinical Biochemistry

The available scientific manpower was carefully evaluated and the following additional requirements were identified at the level of scientist:

- Microbiology	2
- Biochemistry	1
- Histopathology	1
- Molecular Biology	1

2.2.2 Physical Reorganisation

The optimal functioning of the scientific teams would require some physical reorganisation. This is dependent on decisions on overall space allocation by the Centre.

New Initiatives

- "Emerging and reemerging infections including antimicrobial resistance (ERID)" and "Vaccine Evaluation" have been identified as key areas for developing the research agenda together with other divisions in the Centre.

- The Division is providing consultancy and technical support to a major "Antimicrobial Resistance Surveillance" programme in a neighbouring country, Nepal, under a USAID supported project.

- The Division has accepted the responsibility of conducting the HIV National Sentinel surveillance programme in collaboration with a number of GOB and NGO institutions. The first round of surveillance is almost complete.

- Laboratory strengthening activities in national institutions have been identified as a priority and project funds are being sought for this.

Scientific Highlights

- Two monoclonal antibodies to the capsular polysaccharide of *V. cholera* O139 which gave complete protection in a suckling mouse model have been identified.
- A polyclonal serum to the somatic antigen of *Vibrio mimicus* strain N-57 cross protected against *V. cholerae* O139 in the suckling mouse model.
- The quinolone resistance gene of *N. gonorrhoea* has been cloned and is being sequenced.
- The colonisation factor antigens (CFA) on 662 ETEC strains have been characterized. CFAI was the most common.
- The immune response in acute watery diarrhoea is being characterised by identifying cytokines and chemokines by RTPCR.
- The immune response to shigellosis is being characterised.
- A human antimicrobial peptide LL-37 is down regulated in the rectal mucosa of patients with shigellosis.
- A multiplex PCR assay to characterise different categories of diarrhoeagenic *E. coli* has been developed.
- The origin of potential epidemic strains of *V. cholera* through lysogenic conversion by CTXf has been demonstrated.
- STD were relatively frequent in a low risk group of predominantly married women attending a clinic and inappropriate management of these women (over treatment) was 97%.
- National Sentinel Surveillance for HIV is under way.
- Unusual strains of rotavirus (G9P6) have been detected.
- Viable but non culturable *Vibrio cholerae* survive in a laboratory microcosm for up to 25 months.
- A study of *E. histolytica* infection and invasion in a cohort of children in an urban slum is under way.
- High lead levels have been detected in the serum of children living in an industrial area.

Service Activities

- The Clinical Laboratory Service Programme continues to provide a quality assured diagnostic service.
- Cross-training of technologists is under way.
- Safe blood transfusion is provided to the CRSC.
- The Division has taken an active part in the training programme of the Centre and provides in service training.

2.2.3 List of Publications

Journal and Book Publications (Published)

1. Albert MJ, Faruque ASG, Mahalanabis D. Association of *Providencia alcalifaciens* with diarrhoea in children. J Clin Microbiol 1998; 36:1433-1435.

2. Elliott SJ, Srinivas S, Albert MJ, Alam K, Robins-Browne RM, Gunzburg ST, Mee BJ, Chang BJ. Characterization of the roles of hemolysin and other toxins in enteropathy caused by a-hemolytic *Escherichia coli* linked to human diarrhea. Infect Immun 1998; 66:2040-2051.

3. Basu A, Mukhopadhyay AK, Sharma C, Jyot J, Gupta N, Ghosh A, Bhatacharya SK, Takeda Y, Faruque ASG, Albert MJ, Nair GB. Heterogeneity in the organization of the *ctx* element in strains of *Vibrio cholerae* O139 Bengal isolated from Calcutta, India and Dhaka, Bangladesh, and its plausible link to the dissimilar incidence of the O139 cholera in the two locales. Microb Pathog 1998; 24:175-183.

4. Senchenkova SN, Zatonsky GV, Shaskov AS, Knirel YA, Jansson P-E, Weintraub A, Albert MJ. Structure of the O-antigen of *Vibrio cholerae* O155 that shares a D-galactose-4, 6-cyclophosphate epitope with *V. cholerae* O139 Bengal. Eur J Biochem 1998; 254:58-62.

5. Haskell MJ, Islam MA, Peerson JM, Jones AD, Wahed MA, Mahalanabis D, Brown RH. Plasma kinetics of an oral dose of [H-2(4) retinyl acetate in human subjects with estimated low or high total body stores of Vitamin A. Am J Nutr 1998; 68(1):90.

6. Faruque SM, Asadulghani, Alim ARMA, Albert MJ, Islam KMN, and Mekalanos JJ. Induction of the lysogenic phage encoding cholera toxin in naturally occurring strains of toxigenic *Vibrio cholerae* O1 and O139. Infect Immun 1998; 66:3752-3757.

7. Unicomb L, Banu NH, Azim T, Islam A, Bardhan PK, Faruque ASG, Hall A, Moe CL, Noel JS, Albert MJ and Glass RI. Astrovirus infection in association with acute, persistent and nosocomial diarrhea in Bangladesh. Ped Infect Dis J. 1998; 17:611-614.

8. Hossain MA, Rahman M, Ahmed QS, Malek MA, Sack RB, Albert MJ. Increasing frequency of mecillinam resistant *Shigella* isolates in urban Dhaka and rural Matlab, Bangladesh: a 6 year observation. J Antimicrob Chemotherapy. 1998; 42:99-102.

9. Helender A, Wenneras C, Qadri F, Svennerholm A-M. Antibody responses in human against coli surface antigen of enterotoxigenic *Escherichia coli*. Infect Immun. 1998; 66:4507-4510.

Journal and Book Publications (In Press)

1. Albert MJ, Morris JG Jr. Cholera and other vibrioses. In: Strickland GT, editor. Hunter's Tropical Medicine, 8th edition. Philadelphia: W.B. Saunders Company. 1998: (in press).

2. Bhuiyan BU, Miah MRA, Rahman M, Rahman KM, Albert MJ. High prevalence of ciprofloxacin-resistant *Nesseria gonorrhoeae* among commercial sex workers in Bangladesh. J Antimicrob Chemotherap. (in press).

3. Haque R, Ali IKM, Clark GC and Petri WA R. *Entamoeba moshkovskii* infection in a Bangladeshi child. Parasitology International (in press).

4. Islam MS, Rahim Z, Alam MJ, Begum S, Moniruzzaman SM, Umeda A, Amako, Albert MJ, Sack RB, Huq A and Colwell RR, Association of *Vibrio cholerae* O1 with the cyanobacterium, *Anabaena* sp. elucidated by PCR and transmission electron microscopy. Transaction of the Royal Society of Tropical Medicine and Hygiene.

5. Faruque SM, Asadulghani, Saha MN, Alim ARMA, Albert MJ, Islam KMN, and Mekalanos JJ. Analysis of environmental and clinical strains of nontoxigenic *Vibrio cholerae* for susceptibility to *CTXf*: molecular basis for the origination of potential epidemic strains. Infect Immun 1998. (in press).

6. Faruque SM, Albert MJ, Mekalanos JJ. 1998. Epidemiology, Genetics and Ecology of toxigenic *Vibrio cholerae*. Microbiol Mol Biol Rev. (in press).

7. Azim T, Rashid A, Qadri F, Sarker MS, Hamadani J, Salam MA, Wahed MA and Albert MJ. Antibodies of Shiga toxin in the serum of children with *Shigella* associated Haemolytic Uraemic Syndrome (HUS). J Med Microbiol. (in press).

8. Mahbubur R, Levy J and Butzler JP. Quinolone resistance in *Shigella dysenteriae* type 1: role of resistance plasmid and *gyr*A gene. J Antimicrobial Chemother. (in press).

2.2.4 Research Protocol in Progress

1. Ecological and epidemiological studies on *Aeromonas* spp. in Bangladesh with special emphasis on their spread between the environment and the human. P.I. M.J. Albert; Start date: January 1997.

2. Studies on the capsule of *Vibrio cholerae* O139 Bengal. P.I. M.J. Albert; Start date: January 1997.

3. Effect of vitamin A and zinc supplementation on immune response to oral cholera vaccination in children. P.I. M.J. Albert; Start date: May 1998.

4. Molecular characterization and antimicrobial resistance of *Helicobactor pylori* strains. P.I. M. Rahman; Start date: July 1998.

5. Field trial of beta carotene and anti-helminthid therapy to improve micronutrient nutriture in preschool children in Bangladesh. P.I. Dr. Rashidul Haque, Complition date: 30-9-2000.

6. Intraspecies variation in *E. histolytica*. P.I. Dr. Rashidul Haque; Completion date: 30-2-2000.

7. Field studies of human immunity to amebiasis in Bangladesh. P.I. Dr. Rashidul Haque; Start date:15-9-98, Completion date: 15-9-2002.

8. 8. Further studies of systemic and local immune responses in shigellosis in order to establish a protective vaccine. P.I. Dr. Rubhana Raqib; July 1996-December 1998.

9. Detailed study of the humoral and cellular immune responses in children with primary infection due to *Shigella* species. P.I. Dr. Rubhana Raqib; January - December 1998.

10. Epidemiology and Ecology of *V. cholerae* in Bangladesh. P.I. Dr. M. Sirajul Islam, Starting date: July 1996, Completion date : June 2001.

11. Are waste stabilization ponds (WSP) barriers to, or reservoirs of cholera? How much *V. cholerae* is there in wastewater? P.I. Dr. M. Sirajul Islam; Starting date: Sept. 1998 Completion date: August 2001.

12. Blood lead levels and its association on other essential elements an nutritional status. (A pilot collaborative study with institute of Environmental Medicine, Sweden). P.I. M.A. Wahed, Starting date: April 1, 1998, Completion date: October 1, 1998.

13. Further studies of systemic and local immune responses in shigellosis in order to formulate a protective vaccine. P.I. Drs. Dilara Islam, Rubhana R., (ICDDR,B) Andersson J, Christensson B., Wretlind B., (Sweden); Starting date: July 1996; Completion date: December 1998.

14. Characterization of epidemic strains of toxigenic *Vibrio cholerae* O1 and non- O1 based on genetic and phenotypic traits. (funded by USAID); P.I. Dr. S.M. Faruque; Start date: Oct. 1994; End date: October 1998.

15. 15. Epidemiology and ecology of *Vibrio cholerae* in Bangladesh (funded by NIH). P.I. Dr. S.M. Faruque; Start date: August 1996; End date: July 2001.

16. Development and application of multiplex PCR assays as an aid to clinical and environmental studies (funded by USAID). P.I. Dr. S.M. Faruque; Start date: January 1997; End date: December 1999.

17. Studies in preparation for the introduction of rotavirus vaccines for routine childhood immunisation in Bangladesh. P.I. Dr. Tasnim Azim; Start date: January 1997; End date: December 1998.

18. Study of the distribution of group A rotavirus P types in Bangladesh. P.I. Dr. Tasnim Azim; Start date: August 1997; End date: July 1998.

19. 19. National sentinel surveillance for HIV and syphilis in Bangladesh. P.I. Dr. Tasnim; Star date: March 1998; End date: June 1999.

20. Identification of risk factors and study of the outcome of *Shigella*- associated haemolytic uraemic syndrome HUS. P.I. Dr. Tasnim Azim; Start date: July 1998; End date: June 1999.

21. 21. Further evaluation of the oral inactivated ETEC vaccine and studies on the immune responses in acute watery diarrhoea. (Funded by SAREC). P.I. Dr. Firdausi Qadri; Start date: July 1996, End date: December 1998.

22. Epidemiology and ecology of *Vibrio cholerae* infection in Bangladesh. P.I. Dr. Firdausi Qadri; Start date: July 1996 - 2002.

23. Surveillance of invasive *Streptococcus pneumoniae* (Spn) and *Haemophitus influenzae* (Hi) disease in Bangladeshi children and the antimicrobial resistance and serotype patterns of Hi and Spn isolates in Bangladesh. P.I. Dr. Mahbubur Rahman; Start date: October 1998; End date: September 2001.

24. Prevalence of sexually transmitted infections among female sex workers in Dhaka City. P.I. Dr. Motiur Rahman; Start date: September 1998, End date: February 1999.

2.2.5 New Protocols Initiated during the Period

1. Effect of Vitamin A and zinc supplementation on immune response to oral cholera vaccination in children.

2. Molecular characterisation and antimicrobial resistance of *Helicobacter pylori* strains.

3. Surveillance of invasive *Streptococcus pneumoniae* and *Haemophililus influenzae* disease in Bangladeshi children and the antimicrobial resistance and serotype patterns.

4. An inpatient study of safety, dose and immunogenicity of oral live attenuated *Shigella flexneri* 2A vaccine candidate (SC 602) in rural community setting in Bangladesh.

5. Risk factors for the development of *S. dysenteriae* type 1 associated HUS.

6. National Sentinel Surveillance for HIV and syphilis in Bangladesh.

7. Simple water filtration for cholera intervention.

8. Are waste stabilization ponds barriers to or reservoir of cholera?

9. Field studies of immunity to amoebiasis in Bangladesh.

2.3 Public Health Sciences Division

2.3.1 Division Highlights

- Professor J. Patrick Vaughan completed 2 years and 9 months at ICDDR,B as the Division Director for PHSD and returned to London on 25th June 1998. Dr AH Baqui, Dr J van Ginneken and Dr Andres de Francisco have taken additional responsibility to direct the Division activities in the interim.

- PHSD underwent an External Scientific Review from May 31st to June 5th. Highlights of the report include the following: "The review team was very impressed with the large number of research proposals that have been prepared and submitted since the last review. Not all the proposals have been successful, but their number and breadth is impressive. Many of these new proposals have been approved and funded, enhancing the financial situation of PHSD".

- The Japan-Matlab International Training Centre at Matlab has been successfully completed. The Training Centre hosted two sessions of a 2-week training course on child survival for paramedics in July and August funded by the USAID-supported National Integrated Population and Health Programme (NIPHP). Twenty-nine paramedics nominated by Urban Family Health Partnership and Pathfinder International from different NGOs attended these courses. The courses aimed at training the paramedics for rendering quality services under NIPHP.

2.3.2 Current Status of the Selected PHSD Priorities

Aquired Funding for New Research

- Adolescent health in rural and urban areas
- WHO multi-country growth standards- Bangladesh study
- RRV+Zn Study has been started in Matlab (Funding received from WHO)
- Effectiveness trials for Zinc in diarrhoea (Funding received from USAID & JHU)
- Hib vaccine trial
- HIV/AIDS risk behaviours and male sexuality
- Safe Motherhood: essential obstetric care (Funding received from EU)
- Contraceptive use dynamic study (Funding received from EU)
- Male involvement in reproductive health (Funding received from EU)

Modernizing Health Information System

- Modernize household data collection by CHWs (this will now be implemented in 1999)
- Introduce quality control procedures (priority for 99)
- Computerize data entry and handling (priority for 99)

Develop Proposals for the New Matlab

- Reproductive health indicators surveillance (proposal is being prepared)
- Integrated management of childhood illness (IMCI) (draft has been made)
- Strengthen Safe Motherhood & Thana EOC facilities (proposal is being prepared)

Division's Resources

International staff	-	6
NO Level Staff	-	33
GS Level Staff	-	187
Community Health Workers	-	144
Visiting Scientist	-	1

Eight PHSD staff members are currently undertaking Ph.D. courses and one is studying for a Masters degree.

2.3.3 List of publications

Journal and Book Publications (Published)

1. Ahmed MK, Rahman M, Ginneken J van. Induced Abortion in Matlab, Bangladesh: Trends and Determinants. International Family Planning Perspectives, 1998;24:3:. 128-132.

2. Alam N, and David P. Infant child mortality in Bangladesh: age-specific effects of previous child death. Journal Biosocial Science 1998; 30: 333-348,

3. Ahmed SM, Adams A, Chowdhury MR, Bhuiya A. Chronic Energy Deficiency in Women from Rural Bangladesh: Some Socioeconomic Determinants. J. Biosoc. Sci 1998; 30:349-358.

4. Ahmed SM, Adams A, Chowdhury AMR, Bhuiya A. Income-earning women from rural Bangladesh: changes in attitude and knowledge. Empowerment, 1998; 4:1-12.

5. Baqui AH, Black RE, Arifeen SE, Hill K, Mitra SN, Sabir Al A. Causes of childhood deaths in Bangladesh: results of a nationwide verbal autopsy study. Bulletin of the World Health Organization, 1998;76(2):161-71.

6. de Francisco A, and Chakraborty J. Adherence to cotrimoxazole treatment for acute lower respiratory tract infections in rural Bangladeshi children. Annals of Tropical Paediatrics, 1998;18:17-21.

7. de Francisco A, Hall AJ, Unicomb L, Chakraborty J, Yunus Md, Sack RB. Maternal measles antibody decay in rural Bangladeshi infants – implications for vaccination schedules. Vaccine, 1998;16:6:564-568.

8. Khan MM, Jamal AMM. Market based price support program: an alternative approach to large scale food procurement and distribution system. Food Policy, 1998;22:6:475-486.

9. Jenkins C. Book review. Small but Strong: Cultural Concepts of (Mal-) nutrition among the Kwanga (East Sepik Province, PNG), Papua New Guinea Med J 1998;39:153-154.

10. Rahman M. The Effect of Child Mortality on Fertility Regulation in Rural Bangladesh. Studies in Family Planning 1998;29(3):268-281.

11. Razzaque A, Islam M and Alam N. Contraception among Limiters and Spacers in Matlab, Bangladesh, Asia-Pacific Population Journal March 1998;1:65-78.

12. Ronsmans C, AM Vanneste, J Chakraborty, and J van Ginneken. A comparison of three verbal autopsy methods to ascertain levels and causes of maternal deaths in Matlab, Bangladesh. International Journal of Epidemiology 1998;27:660-666.

13. Ross JL, Laston SL, Nahar K, Muna L, Nahar P, Pelto PJ. Women's health priorities: cultural perspectives on illness in rural Bangladesh. Health (SAGE Publications), 1998;2:1:91-110.

Internal Publications (Working Papers)

1. Desmet M, Bashir I, Sohel N. Demographic, socio-cultural and economic profile of Slum Residents in Dhaka-City, Bangladesh. Health-care seeking studies. HEP Working Paper #3-98.

2. Desmet M, Bashir I, Sohel N. Illness Profile and Health Care Utilization Patterns of Slum Residents in Dhaka City, Bangladesh. Working paper no. 4.

3. Desmet M, Bashir I, Sohel N. Direct and Indirect Health Care Expenditures by Slum Residents in Dhaka City, Bangladesh. Working paper no. 5.

4. Desmet M, Bashir I, Sohel N. Direct and Indirect Health Care Expenditures by Slum Residents in Dhaka City, Bangladesh. Working paper no. 5.

5. Khan M. Paper presented at ASCON VII organized by ICDDR,B on 14-15 February, 1998: Title of the paper: Costs and Benefits of Syphilis Screening in Bangladesh: some Preliminary Estimates.

6. Khan MM, Al Mamun, Ferdousy Z. Revenue and Expenditure Patterns of a Tertiary Hospital: Case Study of BIRDEM, Dhaka. HEP Working Paper #01-98.

7. Khan MM, Zhu N, Ling JC. Cooperative Medical System in Taicang County of China: Lessons for Bangladesh and Other Developing Countries. HEP Working Paper #02-98.

8. Mostafa G, Shaikh MAK, van Ginneken JK, and Sarder AM. Demographic Surveillance System- Matlab. Registration of demographic events, 1996. Volume 28, Scientific Report No.82.

Journal and Book Publications (In Press)

1. Alam N, Jeroen K. van Ginneken, Repeated deaths in families: which causes repeat and when? Journal of Paediatric and Perinatal Epidemiology (in press).

2. Ali Mr Md. Factors affecting the performance of family planning workers: importance of geographical information system in empirical analysis. The International Journal of Population Geography (Accepted for publication 1998).

3. Bairagi R, and R Ibrahim Ahsan. A diagnosis of the inconsistencies in the Bangladesh child nutrition survey findings. American Journal of Clinical Nutrition (Accepted for publication).

4. Bairagi R, Islam MM, Barua MK. Contraceptive failure: levels, trends and determinants in Matlab, Bangladesh. Journal of Biosocial Science, 1998: (Accepted for publication).

5. Chowdhury AMR, Vaughan JP, Chowdhury S, Abed FH. Demystifying the control of tuberculosis in Bangladesh, in: Tuberculosis: An Interdisciplinary Perspective. Editors: Grange J and Porter J: London: Imperial College Press.

6. Desmet M, Chowdhury A Q, Islam Md K. The potential for social mobilisation in Bangladesh: the organisation and functioning of two health insurance schemes. Social Science & Medicine. (accepted for publication)

7. Habicht JP, Victora CG, Vaughan JP. A framework for linking evaluation needs to design choices, with special reference to health and nutrition. Int. J. Epidemiology.

8. Islam MM, Mamun AA, and Bairagi R. The proximate determinants of fertility in Bangladesh: findings from Bangladesh Demographic and Health Survey 1993/94. Asia-Pacific Population Journal (in press)

9. Kuhn R and Culhane D. Applying cluster analysis to test a typology of homelessness by pattern of public shelter utilization. American Journal of Community Psychology. (May 1998, in press).

10. Rahman M. Longitudinal Study on the Effect of Child Mortality on Fertility Regulation Behavior in Rural Bangladesh". Studies in Family Planning .

11. Razzaque A, et al. "Preference for children and subsequent birth in Matlab: Does wife husband agreement matter?" (in press for publication in the Journal of Biosocial Science.)

12. Razzaque A, Islam & Alam N. Contraception among the limiter and spacer in Matlab, Bangladesh. Asia Pacific Population Journal (In Press).

13. Rice AI, Rebecca J. Stoltzfus, A. de Francisco, J. Chakraborty, Chris L. Kjolhede, M.A. Wahed. Maternal vitamin A or ß-carotene supplementation in lactating Bangladeshi women: effects on mothers and infants. Journal of Nutrition.

14. Shaikh K. Recent changes in marriage patterns in rural Bangladesh. Asia-Pacific Population Journal (accepted for publication).

2.3.4 New Grants and Protocols

- Randomized, placebo controlled trial on Tetravalent Rhesus Rotavirus Vaccine to evaluation immunogenicity, reactogenicity, and acceptability in infants of Matlab, Bangladesh. (USAID/WHO, $147,000).

- Study of abortion dynamics in rural Bangladesh: does an MCH-FP Programme bring about any change? (WHO, $70,000).

- Studies on Safe Motherhood, Male Involvement in FP and Contraceptive Use Dynamics in Rural Bangladesh. (European Union. Union, $3.6 million).

- USAID has approved $53,560 through Family Health International, Thailand, to support a STD/HIV related research in Chittagong port.

- Department for International Health (DfID), UK has approved $1.5 million to support the modernising of the Centre's information technology systems and for up-grading the DSS, RKS and GIS in Health and Demographic Surveillance.

- The Division has participated in the preparations of Inter-divisional Projects on ERID, IMCI, Reproductive Health, Vaccine Development and Nutrition.

2.3.5 On-going Research Protocols

1. Kinship and Social Structure in Bangladesh. Dr Abbas Uddin Bhuiya (Donor - Ford Foundation).

2. Improvement of health through community development oriented programme in rural Bangladesh. Dr Abbas Bhuiya (Donor - Consortium of Swiss, German and Dutch Red Cross).

3. The impact of social and economic development programmes on health and well-being: a BRAC ICDDR,B collaborative project in Matlab. Dr Abbas Bhuiya (Donor - Ford Foundation).

4. Efficacy of Bismuth Subsalicylate in preventing acute diarrhoeal episodes from becoming persistent in rural Bangladesh children . Dr Hafiz R. Chowdhury, Md Yunus (Donor - Proctor and Gamble through Int'l Child Health Foundation).

5. Health care use patterns of slum residents in Dhaka City, Bangladesh. Dr Ishtiaq Bashir (donor - BADC and IDRC).

6. Matlab Family Planning Programme. Dr Andres de Francisco (Donor - Japan).

7. Persistence of Tetanus Toxoid antibody in women immunized with different immunization schedules in rural Bangladesh. Dr Andres de Francisco (Donor - SDC, Switzerland).

8. Study of the immunogenicity of conjugate pneumococcal vaccine in infants of mothers who have and who have not been immunized with polysaccharide vaccine. Dr Nigar Shahid (Donor -USAID, Thrasher Research Foundation).

9. Analysis of DSS data dealing with various aspects of child and reproductive health (e.g., fertility, mortality, causes of death, maternal mortality, induced abortion). Dr J van Ginneken (Donor - Centre).

10. Does disease due to V.cholera O1 confer protection against subsequent diarrhoea due to V. cholera O139? Dr Md Yunus (Donor - NIH, USA).

11. Children's fluid intake during diarrhoea: a comparison of questionnaire responses with data from observations. Dr K Zaman (Donor - WHO).

12. Evaluation of a packaged rice-ORS in cholera and cholera-like illness in children. Dr K Zaman (Donor - Thrasher Research Foundation).

13. Abortion dynamics in rural Bangladesh. Dr R. Bairagi (WHO).

14. Contraceptive use dynamics in two rural Thanas of Bangladesh. Dr R. Bairagi.

15. Tetravalent Rhesus Rotavirus Vaccine: Proposal for a randomised, placebo controlled trial to evaluate immunogenicity, reactogenicity and acceptability in infants in Matlab, Bangladesh. Dr Md Yunus (WHO).

16. Understanding the social process of rural-urban migration in Bangladesh. Dr Randall Kuhn (Mellon Fund).

17. Health care use patterns in the catchment area of Gonoshyastha Kendro health care system in Savar and Gazipur thanas, Bangladesh. Dr Ishtiaq Bashir (IDRC).

18. Fertility decline in Bangladesh: Explaining variability in contraceptive use. Dr Patricia L. Johnson (American Institute of Bangladesh Studies).

19. Safety and immunogenecity of 4x105 pfu tetravalent rhesus rotavirus vaccine, with or without zinc supplimentation in Matlab, Bangladesh. Dr SE Arifeen B (JHU).

20. A randomised controlled trial to assess the effectiveness of zinc supplementation in children with diarrhoea. Dr A.H. Baqui (USAID/JHU).

21. Epidemiology and ecology of V. cholera in Bangladesh (with LSD). Dr Md. Yunus (NIH).

22. Collaborative protocol with BRAC: Social Science and immunization: study of sustainability issues in Bangladesh. Dr A. Bhuiya.

23. A community-based, randomized, controlled trial to assess the effect of zinc supplementation in <5 year old Bangladeshi children during diarrhoea on the clinical course of diarrhoea, subsequent diarrhoea and ARI morbidity, and growth. Dr Abdullah H Baqui (JHU/USAID).

24. A community based randomised trial to assess efficacy of iron/zinc supplementation to reduce anemia, diarrhoea and ARI morbidity and to improve growth in Bangladeshi infants. Dr Abdullah H Baqui (USAID-W).

25. An inpatient study of safety, dose and immunogenicity of an oral live attenuated Shigella flexneri 2a vaccine candidate (SC602) in a rural community setting in Bangladesh. Dr Abdullah A Baqui.

26. Surveillance of invasive Haemophilus influenzae (HI) and Streptococcus Pneumoniae (Spn) diseases in Bangladeshi children and the antimicrobial resistance and serotype patterns of HI and Spn in Bangladesh (Population-based component). Dr Abdullah H Baqui (USAID TRF).

27. Causes and correlates of childhood mortality in Bangladesh: a follow-on verbal autopsy study in the Bangladesh Demographic and Health Survey (BDHS) 1996-97 sample and further analysis of the 1996-97 BDHS data . Dr Abdullah H Baqui (Macro Int'l Incorporation).

28. A follow-on verbal autopsy study in the reported <5 deaths in BDHS 1996-97. Dr A.H. Baqui (USAID/Dhaka).

29. Costing of the BINP activities at the community level. Professor M Khan (BINP).

30. Essential Obstetric Care-Safe Motherhood at Health Sub-centres. Dr A. de Francisco (EU).

31. Male involvement in reproductive health programmes. Dr A. de Francisco (EU).

32. A study on the effect of Menstrual Regulation Service provision on induced abortion morbidity in Matlab. Dr Rubina Shaheen (SDC).

33. Evaluation of sustainability of education intervention aimed at increased consumption of green leafy vegetables. Dr Md Yunus (SDC).

34. Assessing Health Service Utilization for Policy Development. Dr I Bashir (IDRC).

35. Safe Motherhood. Dr Andres de Francisco (EU).

36. Unmet Obstetric Need in Rural Bangladesh. Dr Andres de Francisco (BADC).

37. Costing of IMCI Module Bangladesh Case. Professor M Khan (ABT Associates).

38. A research protocol for BINP operations and policy research project (OPRP). Dr Rubina Shaheen (BINP).

39. Socioeconomic, demographic and health factors affecting the success of the child supplementary feeding programme of BINP (working on this project as Technical Advisor). Dr R Bairagi.

40. Did the Matlab-FP programme bring about any change in the well-being of the people? Dr A Razzaque (ICDDR,B).

41. The empowerment of poor women through rural credit program and the health seeking behaviour of the woman in Matlab Bangladesh. Ms Lutfun Nahar

42. Health service use for child morbidity in rural Bangladesh. Mr N Alam.

43. Defining high risk areas for diarrhoeal diseases in an endemic area of rural Bangladesh: a medical geographic approach. Mr M Ali (ICDDR,B).

44. Spatio-temporal analysis of mortality, morbidity and migration: For publication. Mr M Ali (ICDDR,B).

45. Designing a GIS for management of health systems in a developing country: For ICDDR,B monograph. Mr M Ali (ICDDR,B).

46. Data analysis of selected topics of DSS and RKS data sets. Dr Jeroen van Ginneken. (ICDDR,B/DfID).

47. Health Care Use Patterns of Non-slum Residents in Dhaka City. Dr Ishtiaq Bashir. (BADC).

48. Evaluation of Helen Keller International (HKI) Home Gardening Programme (HGP) – a collaborative project with CSD. Dr Mahmud Khan (USAID).

49. Syndromic versus lab-based care for STD patients Collaboration project with a local NGO called PARICHARJA Funding is being sought. Dr Mahmud Khan.

2.3.6 International Conference/Meetings

- Kuhn R. Household Push and Individual Pull: Understanding the Segmentation of Rural-Urban Migration in Bangladesh. Paper presented to Population Association of America Annual Meeting, session on Internal Migration in Developing Countries, Chicago, IL USA, 1998 April 2.

- Rahman, M. "Husband-Wife Communication and Reproductive Behavior in Rural Bangladesh" Paper presented at the annual meeting of the Population Association of America, Chicago, 1998 April 2-4.

- Shaikh K. Impact of Age at Marriage on Fertility in Rural Bangladesh. The 14th International Union of Anthropological and Ethnological Sciences (IUAES), Williamsburg, Virginia, USA, 1998 July 26-26 August.

2.3.7 Development by PHSD Programmes

Matlab Health Research Programme

- Completion of construction of the International Family Planning Training Centre funded by the Japanese Government. The training centre has high quality training facilities including residential accommodation for 24 persons in 12 rooms. The training has started functioning since July 1998 and two courses on child survival for paramedical staff of several Non-Governmental Organizations with financial support from US-AID have been conducted during July and August 1998.

- The study on efficacy of a packaged rice ORS among children with cholera and cholera-like illness showed that like freshly prepared rice ORS, patients receiving packaged rice ORS had lower purging rates when compared to glucose ORS during the early phase of their treatment.

- Implementation of a new study in collaboration with the Child Health Programme on immunogenicity and safety of Tetravalent Rhesus Rotavirus Vaccine (RRV-TV) with or without zinc in infants in Matlab. This study is expected to be followed by a large scale efficacy trial of RRV-TV.

Reproductive Health Programme

- Safe motherhood at the health centre. This intervention has proved extremely successful. Pregnant women in the experimental area are willing to undergo an antenatal examination with a nurse midwife at the health centre. Most pregnant women express their willingness to deliver at the health centre and relate their decision to the high standards of quality of care. About 30 percent of women are delivering at the health centre in Block C. The Programme initiated a similar scheme in Block B to study criteria for recommending delivery at the heath centre.

- Discussions were held in the 'safe motherhood group' to implement the essential obstetric care programme at the Thana Health complex in Matlab. These discussions included the Senior Government representatives from the Matlab Thana Health Complex.

- During this period of time initiatives to involve men in reproductive health services were initiated. Background work was carried out to initiate a large qualitative study on male perceptions and practices.

- Discussions were held with BADC representatives to initiate the study on Unmet Obstetric Needs in the larger area of Matlab (for the whole Thana). These discussions led to the completion of a protocol submitted to BADC for funding.

Child Health Program

The CHP is currently focussing on the following four broad areas of research:

i) Emerging and re-emerging infectious diseases (ERID)
ii) Vaccine Studies
iii) Nutrition studies
iv) Integrated Management of Childhood Illness (IMCI)

The following are the achievements of the program during the reporting period:

- The program obtained funding commitment for 4 new projects (Causes and correlates of child death, Zinc effectiveness, Zn in rotavirus vaccine, and ARI surveillance).

- Development of 10 new project proposals submitted for funding.

- IMCI: The CHP has been entrusted with lead responsibility to develop an inter-divisional Centre for IMCI Research and Training. An umbrella proposal for IMCI Research and Training has been drafted. In addition, CHP with support from WHO is planning an efficacy trial of IMCI at Matlab; a proposal has been drafted and submitted to WHO.

Health & Demographic Surveillance Programme

- Processing of the DSS data of 1997 started while processing of the 1997 RKS data continued. Plans were formulated to produce the 1997 Annual Report which will contain (for the first time) both DSS and RKS data.

- Several papers were published or accepted for publication in peer-reviewed journals dealing with results of DSS, RKS and GIS. Reorganization of DSS and integration of DSS with RKS continued. Delays occurred in designing and installing a modernized data entry system of the Health and Demographic Surveillance System in the Matlab Office due to flooding, which severely disrupted communications between Dhaka and Matlab.

- Implementation started of the EU funded Contraceptive Use Dynamics Proposal dealing with detailed analysis of DSS and RKS data. This could only be done on a limited scale due to the fact that full funding was not yet approved.

- Progress was made with processing of the data of the Matlab Health and Socio-economic Survey (MHSS). This is a cross-sectional survey undertaken among 35,000 adults living in Matlab. The survey was conducted by researchers from the Harvard School of Public Health, University of Colorado and ICDDR,B. Two workshops were held in July to introduce MHSS to researchers within and outside ICDDR,B. The workshops were attended by 32 researchers and were judged to be very successful.

- The Geographic Information System (GIS) unit was established aiming at the spatial analysis of health- and population-related issues in a multidisciplinary concept. GIS achieved the following:

  - Developed several loose coupling interfaces for integrating Atlas*GIS data with other spatial analysis software
  - Developed spatial analysis tools
  - Updated missing *baris* in GIS database
  - Secondary digital map data generation for analysis purposes

Social and Behavioural Sciences Programme

- Dr. Abbas Bhuiya, a Social Scientist and Project Director of the BRAC-ICDDR,B and Chakaria Community Health Project was named Head of the programme from 1st July 1998 after Dr. Carol Jenkins left the Centre. A position of Anthropologist/Sociologist (P3/P4) has been advertised internationally.

- The study on the situational assessment of the Chittagong port for HIV/STD prevention has concluded with intervention design workshops at the port. Data are now being analysed. The data collection instruments for the impact assessment of the BRAC development interventions in Matlab were finalized and field staff were trained. However, the survey was postponed due to the severe flooding in the area. The community development oriented health project in Chakaria continued its dissemination of health messages and support to community initiated health activities. The project has undergone an external review in September 1998.

- One member of the staff has gone to London School of Hygiene and Tropical Medicine for pursuing her Doctoral study. Three members of the staff have participated in the 4th International Course on Anthropology of Health and Healthcare held in Dhaka in October-November 1998. The course was jointly coordinated by BRAC and the SBS Programme of ICDDR,B with faculties from Bangladesh, Philippines, Thailand, and the Netherlands.

- An international meeting of the Global Health Equity Initiative to be held in Dhaka in December 1998 is being organized jointly by the SBS Programme and BRAC. Twenty participants from 14 countries are expected to participate. The meeting is supported by the Rockefeller Foundation.

Health Economics Programme

- During the last six months the Health Economics Programme was involved in many research, training and capacity building activities. A training course on clinical economics was organized during April 26-30, 1998. 15 participants from various organizations participated in the course. Another course on Health Economics also started on 26th September 1998. This course is specifically designed for busy executives and the sessions are being held during the weekends only. The programme carried out an economic evaluation of EPI in collaboration with a researcher from Abt Associates, USA. The report has been submitted to the Government of Bangladesh. Research on economics of Hepatitis B vaccination, syphilis screening, breast-feeding and macroeconomics of health sector continued over this period. The HEP also helped the Government of Bangladesh in providing comments on Child Nutrition Module and other BBS documents. A book is being edited by the programme head for the BBS.

2.4 Health and Population Extension Division

2.4.1 Operations Research Project (ORP)

The Operations Research Project began activities in July 1997. This Project continues and expands on the work previously done separately by the former MCH-FP Extension Project in both rural and urban areas. During the reporting period, ORP conducted needs assessments on service delivery issues relevant to the National Health and Population Sector Strategy of Bangladesh and to the activities of the National Integrated Health and Population Program Project (NIPHP) partners. Based on the needs assessments, ORP designed eight interventions and research proposals. Also, ORP staff provided technical assistance to GoB and NGOs in the design and documentation of specific interventions to support the delivery of ESP.

Operations Research Proposals

The following OR proposals have been finalized: i) Improving Programme Performance Through Restructuring of Health Services and Operationalizing the ESP and Community Clinics; ii) Operationalizing a Cost-effective Tiered System for Delivering the Essential Services Package (ESP) by NGOs; iii) Strategies to Improve Prevention and Management of Reproductive Tract Infections (RTIs) and Sexually Transmitted Diseases (STDs) in Bangladesh; iv) Modified Strategies for Ensuring Referral and Linkage for Essential Obstetric Care (EOC); v) Strategies for Improving the Quality and Performance of Clinical Contraceptive Services; vi) Management Support Systems for Effective Delivery of the Essential Services Package (ESP); vii) Cost Recovery of the ESP Delivery through Systematic Pricing and Revenue Management in the Public Sector; and viii) Cost Recovery of the ESP Delivery through Systematic Pricing and Revenue Management in the RSDP Sites.

Proposals and Studies

Two proposals are under preparation: i) A collaborative study on Quality-Costing-Pricing with the Urban Service Delivery Partnership of NIPHP; and ii) Strategies to address the needs of low performance geographical areas and underserved groups (adolescents).

ORP Surveillance System

Routine surveillance and monitoring activities continued in the project rural field sites at Mirsarai, Abhoynagar and Patiya and at Lalbagh in Dhaka City. The project surveillance system covered 25,560 households with a population of 136,985. Visits to field sites were arranged for national and foreign government officials, representatives from international development agencies and staff from overseas research and academic institutions.

Technical Assistance

Several technical assistance activities have been carried out: i) Social Marketing Company in test-marketing of injectable contraceptives and progestin-only pills (POPs) through commercial outlets is continuing; and ii) Completed the design of the management information system (MIS) for NIPHP NGOs; iii) Established collaboration with the MOHFW/GOB's TFIPP and Health Economics Project, and joint activities with the Health Economics Programme of PHSD/ICDDR,B; iv) Design of studies to assess the impact of NGO activities in their catchment areas; v) Design of study to assess the

impact of action plan activities in 8 RSDP Thanas; vi) Development of depot holder programme of RSDP NGOs; vii) Review of IEC materials as part of the implementation of a national strategy for IEC; viii) Scaling the Mirsarai EOC model into the national programme; and ix) Participation in NIPHP task forces and working groups for: Family Planning, STD/RTIs and HIV/AIDS, Maternal Health; Child Survival and Action Plans in RSDP Thanas.

Publications

A. Journal and Book Publications (Published)

1. Salway S, Nurani S. Postpartum contraceptive use in Bangladesh: understanding users' perspectives. *Stud Fam Plann* 1998;29(1):41-57.

2. Koenig MA, Roy NC, McElrth T, Shahidullah M, Wojtyniak B. Duration of protective immunity conferred by maternal tetanus toxoid immunization: further evidence from Matlab, Bangladesh *A J Pub Health* 1998;88(6):803-907.

3. Rahman M. The effect of child mortality on fertility regulation in rural Bangladeh. *Stud Fam Plann 1998;29(3):268-281.*

Special publications

1. Begum S, Shafinaz S. Essential services package (ESP). Training manual (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 74).

2. Begum S, Shafinaz S. Essential services package (ESP). Training module-1: antenatal care (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 75).

3. Begum S, Begum S. Essential services package (ESP). Training module-2: delivery care (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 76).

4. Begum S, Shafinaz S. Essential services package (ESP). Training module-3: postnatal care (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 77).

5. Begum S, Shafinaz S. Essential services package (ESP). Training module-4: infant feeding (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 78).

6. Begum S, Shafinaz S. Essential services package (ESP). Training module-5: EPI (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 79).

7. Begum S, Shafinaz S. Essential services package (ESP). Training module-6: management of acute respiratory infection (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 80).

8. Begum S, Shafinaz S. Essential services package (ESP). Training module-7: management of diarrhoeal diseases (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 81).

9. Begum S, Shafinaz S. Essential services package (ESP). Training module-8: family planning (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 82).

10. Begum S, Shafinaz S. Essential services package (ESP). Training module-9: management of reproductive tract infection/sexually transmitted disease (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 83).

11. Begum S, Begum S. Essential services package (ESP). Training module-10: skin diseases (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 84).

12. Khanum PA, Ahmed S, Rahman S, Parveen SD. Manual for the use of pictorial card and pregnant women register for emergency obstetric care. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 71).

13. Operations Research Project. The essential services package (ESP): protocols for primary health care (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 67).

14. Uddin MJ, Bhuiyan MA, Uddin MA, Khatun J. Manual for urban health and family planning coordination committees. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 70).

Working Papers

1. Ahmed S, Islam I, Parveen SD. Infant feeding practices in rural Bangladesh: policy implications. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B working paper, 108; Operations Research Project working paper, 146).

2. Ahmed S, Khanum PA, Islam I. Maternal morbidity in rural Bangladesh: where do women go for care? Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B working paper, 113; Operations Research Project working paper, 147).

3. Hasan Y, Barkat-e-Khuda, Ashraf A. Performance planning and monitoring at the local level. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B working paper, 107; Operations Research Project working paper, 145).

B. Journal and Book Publications (In Press)

Journal articles

1. Ahmed MU, Mirza T, Khanum PA, Khan MA, Ahmed S, Khan MH. Management of reproductive tract infections in rural Bangladesh. *Int J STD & AIDS* 1998.

2. Ahmed S, Parveen SD, Islam A. Infant feeding practices in rural Bangladesh: policy implications. *J Trop Paediatr*, 1998

3. Caldwell BK, Pieris I, Barkat-e-Khuda, Caldwell JC, Caldwell P. Sexual regimes and sexual networking: the risk of an HIV/AIDS epidemic in Bangladesh. *Stud Fam Plann,* 1998.

4. Caldwell BK, Barkat-e-Khuda, Ahmed S, Nessa F, Haque I. A micro-study of pregnancy termination in Abhoynagar thana, a rural sub-district of Bangladesh. *Int Fam Plann Perspective*, 1998.

5. Haque I, Kane TT, Roy NC, Mozumder KA, Barkat-e-Khuda. Contraceptive switching patterns in rural Bangladesh. *Int Fam Plann Perspective*, 1998.

6. Barkat-e-Khuda, Phillips JF, Kane TT, Rahman M. Assessing the policy impact of operations research on the Bangladesh health and family planning programme. *IUSSP volume*, Oxford University Press, 1998.

7. Barkat-e-Khuda, Caldwell JC, Caldwell BK, Pieries I, Caldwell P, Ahmed S. The global fertility transition: new light from the Bangladesh experience. *IUSSP volume*, Oxford University Press, 1998.

8. Perry H, Weierback R, Hossain I, Islam R. Tetanus toxoid immunization coverage among women of Zone-3 of Dhaka city: the challenge of reaching all women of reproductive age in Bangladesh. *Bull WHO,* 1998.

9. Perry H, Weierback R, Hossain I, Islam R. Childhood immunization coverage in Zone-3 of Dhaka city: the challenge of reaching impoverished households in urban Bangladesh. *Bull WHO,* 1998.

10. Perry H, Weierback R, Arifeen SE, Hossain I. A comparative assessment of the quality of immunization services in one major area of Dhaka city, Bangladesh. *Trop Med Int Health,* 1998.

Special publications

1. Ahmed S, Khanum PA, Shams I. Referral and linkage for emergency obstetric care: a manual for programme managers. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B special publication, 70).

Working papers

1. Ahmed S, Sobhan F, Islam A. Neonatal morbidity and care seeking behaviour in rural areas of Bangladesh. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B working paper, 114; Operations Research Project working paper, 148).

2. Mozumder ABM KA, Barkat-e-Khuda, Kane TT. Determinants of infant and child mortality in rural Bangladesh. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B working paper, 115; Operations Research Project working paper, 149).

2.4.2 Epidemic Control Preparedness Programme (ECPP)

Diarrhoea Epidemic Investigations

Between April and June 1998, a total of 112,901 cases and 151 deaths from acute diarrhoea was reported in the country. The ECPP responded to calls by the DGHS and conducted diarrhoea epidemic investigations and interventions in 42 thanas of 8 districts. During the field investigations, 417 diarrhoea patients were identified and treated by the ECPP team. A sample of 154 patients specimens was collected and cultured at the ICDDR,B laboratory at Dhaka. *V cholerae* were isolated from 35.5% of the sample of which 98% were *V cholerae* O1 biotype El tor. *V cholerae* O139 was

isolated from Barisal district only. However, the worst floods in recent times greatly increased the incidence of diarrhoea in the country. During the flood affected period between July and September, government surveillance reported a total of 970,185 cases and 753 deaths. ECPP is continuing to provide assistance to the GoB health service.

Sentinel Surveillance for Cholera

ECPP is conducting surveillance for cholera in five sentinel posts at different locations in collaboration with LSD and PHSD of ICDDR,B and the Johns Hopkins University and University of Maryland to develop an early warning system for detection of cholera outbreaks. Between April and September 1998, a total of 547 acute watery diarrhoea patients were screened by ECPP physicians and 440 rectal swabs were collected and cultured. *V cholerae* were isolated from 16.6% of the specimens and 59% of the positive isolates were *V cholerae* O1 biotype El Tor, others were *V cholerae* O139.

Training

The ECPP provided assistance to the National CDD Project of Bangladesh for training of the 76 mid-level managers to improve the diarrhoea epidemic management capabilities.

2.4.3 Environmental Health Programme (EHP)

The overall objective of the Programme is to conduct and support environmental health research in both rural and urban areas. EHP conducts both basic and action' research and also responds to requests for technical assistance from government agencies and NGOs

Major and Important Achievements/Developments

i) Completed activities related to cost-sharing for installation of water and sanitation facilities in poor rural and urban areas under the Project "Replicable Environmental Health Interventions in Primary Health Care Perceptions: An Applied Research"; ii) Initiated applied research on arsenic mitigation; and iii) Completed a study on biological contamination of tubewell water.

Research Protocols in Progress

Action research and impact studies on community water, sanitation and hygiene education intervention in rural areas; ii) Replicable environmental health interventions in primary health care perceptions: an applied research; and iii) Impact of exogenous technology on traditional resource management and the environment in rural Bangladesh.

Publications

A. Journal and Book Publications (Published)

Journal articles

1. Ahmed SA, Hoque BA, Mahmud AA. Water management practices in rural and urban homes: A case study from Bangladesh on ingestion of polluted water. *Public Health*, September 1998.

Popular articles

1. Challenging a Scourge: Measurement and Mitigation of Arsenic in Domestic Water. *The Daily Star*, June 27, 1998.

2. Water and Sanitation Problems during Floods: Needs and Scores for Mitigation. *The Daily Star,* September 8, 1998.

Proceedings

1. Hoque BA. NGOs in sanitation: Needs, scope and potential. Proceedings of 24th *WEDC conference*, Islamabad, Pakistan. Published in September 1998.

B. Journal and Book Publications (In Press)

Journal articles

1. Hoque BA. Effects of environmental factors on child survival in Bangladesh: A case control study. *Public Health*; U.K. January 1999.

2. Hoque BA, Ahmed SA, Chowdhury JTA, Chowdhury UK, Chakraborty J, Sack RB.

3. Domestic Water and Health Inside a Flood Control, Drainage and Irrigation Project in Bangladesh. *Water Resources Journal: United Nations*: March 1999.

4. Hoque BA. Measurement and Mitigation of Arsenic in Domestic Water. Action Research Challenges. *Published in Confluence: ESCAP, United Nations*: December 1998.

2.5 Director's Division

The Director's Division was created at the beginning of this year. All the administration sections of the Centre were combined to form one new administrative division, namely the "Director's Division". Efforts have continued to streamline activities in order to provide effective and efficient service to the scientific divisions. This will be a continuing process over the coming months.

The following report indicates the extent of the support that is provided to Centre staff, trustees, and guests. Unlike the scientific divisions, this support cannot be so easily quantified except in terms of the reliance placed on administrative services by scientists in order for their vital research work to continue.

2.5.1 Personnel Office

The Centre's fixed-term staff on 30 September, 1998 stood at 938 out of whom 15 were international professionals, 159 national officers and 764 belonged to the general services category. Out of this 938, 483 were core funded (unrestricted) and 440 were project funded (restricted).

Besides the international professionals, the distribution of the total fixed-term staff were 538 for Research (scientific, support and field), 224 for Research Administration, 111 for Administration, 10 for Personnel and 40 for Finance.

The Centre also had in other categories an additional 5 international seconded staff, 11 short-term (international, NO & GS) staff, 145 community health workers and 79 auxiliary health workers, making a total staff of 1163 (excluding international professionals).

Changes of Staff Strength

Additions: NO & GS			**Separations: NO & GS**		
a)	Conversion from Contractual Service Agreements	: 10	a)	Retirement/Abolition of post/Release	: 20
b)	New appointments	: 11	b)	Resignation	: 14
			c)	Separation by Mutual Agreement	: 2
			d)	Separation by Voluntary Severance package	: 51
International Professional					
a)	New appointments	None	a)	Released	: 1
			b)	Resigned	: 2
	Total additions	**21**		**Total separations**	**90**

Net separation: 69

Ms. Jackie Reeves, Human Resources Consultant, submitted her report in May 1998. Based on the report, the Executive Committee (EC) prepared draft recommendations for the June Board of Trustees Meeting.

As approved by the BoT, a memo announcing a Voluntary Severance Package (VSP) with details of the package was issued on 9 July 1998 to all core "regular" (contract-without-duration) staff with ten or more years of service. Fifty-one staff members submitted applications for the VSP which were approved. In addition, the VSP was offered to all interested fixed-term staff in core and projects, and Community Health Workers (CHWs), with twenty or more years of continuous service at the Centre. Two project staff members and four CHWs submitted applications for the VSP which were approved.

Division Directors submitted workforce plans of their respective divisions as scheduled. The Interim Director, Division Directors and the Human Resources Consultant held several meetings with staff between January and September 1998. The Human Resources activities will continue into the next reporting period. They include determination of the salary structure, revision to the job classification and promotions process, personnel procedures for international staff, and inclusion of the HR activities in a restructuring proposal.

The Centre is grateful to DfID/UK for their support in the provision of the Human Resources Consultant.

Staff Clinic

The staff clinic has continued to provide health care services to NO & GS staff members & their entitled dependents. From April 1998 to September 1998, a total of 10655 patients attended the staff clinic.

2.5.2 Administrative Services

Engineering and Support Services Department

The Engineering and Support Services Department facilitates optimum utilisation of physical resources of the Centre and provides administrative, technological, engineering and other logistic support to the Centre. This Department coordinates security and cleaning services, transport and logistic support management, Assets & Property and other logistics services. It executes civil construction, installation and maintenance of electrical and mechanical equipment, devices, maintenance of buildings, roads and all physical facilities of the Centre.

Civil Engineering Branch
Within the reporting period, this branch completed the construction of 8,000 sq.ft. on the second floor south-east wing of the hospital building to accommodate Clinical Sciences Division.

This branch provided assistance during the recent epidemic by making an additional 320 pieces of hospital furniture.

During this period several offices of the Centre were shifted to the newly constructed second floor of the hospital building.

Electrical Engineering Branch
This Branch routinely performed the maintenance of all electrical appliances & devices including a 800 KVA standby generator and electrical sub-station. It has installed a 500 KVA standby generator for Matlab sub-station to substantially reduce the power problem.

During the recent diarrhoea epidemic due to floods, the electrical engineering branch provided all types of technical support to the hospital management and ensured constant power supply and round the clock maintenance service.

Vehicle Maintenance Branch
This branch supported the Centre's overall activities by providing routine servicing, preventive maintenance, major and minor repairs, testing, tuning, denting, painting of the Centre's 88 vehicles and 33 Motorcyles and kept all the vehicles road worthy.

Transport Management Branch
This office undertakes transport support activities by coordinating the use of the Centre's 88 (and 16 leased) vehicles and 33 Motorcycles. The radio communication system between Dhaka and Matlab was maintained. Regular transport support services to total 283 staff members of the Centre were provided.

General Services Branch
The General Services Branch provided security and safety services, cleaning services, mail and messenger services, garden services, conference management services including other emergency services of the Centre as and when required during the reporting period using Centre staff and contractual staff. It provides logistic support for meetings and seminars.

Estate Office
The Estate Office maintained the telecommunication system of the Centre consisting of 15 + 255 line PABX system and about 102 direct telephones including 17 telephones at expatriates' residences.

Travel Office
The Travel Office provided routine visa and travel assistance to staff and guests, and catering for official functions during the reporting period.

Procurement Office

The branch is responsible for procuring scientific and other materials for the Centre through local and overseas purchase.

2.5.3. Computer Information Services Branch

Phase II of the IT strategy under implementation is almost complete which covers the replacement of the backbone with fiber optic cable, the extension of LANs, establishing new professional Internet Server and IT staff training. All the LANs except Matlab were completed by 10th October 1998.

The tasks yet to be completed are: (a) Director's wing Departmental LAN; (b) DISC Departmental LAN; (c) PHSD Departmental LAN; (d) Matlab LAN with Remote connectivity to Dhaka; (e) Internet Server; (f) Fiber Optic backbone; (g) IT Training.

2.5.4 Finance

In addition to the routine processing of financial transactions for the Centre, the following activities were accomplished during the past six months:

- A proposal call for the development of a Policy and Financial Procedures Manual for the Centre was made. Proposals from five firms are being assessed and it is anticipated that this activity will begin by the end of November, subject to the availability of funds.

- Work is continuing on upgrading the financial systems on the AS400. On the old IBM 4361 mainframe, the financial system used flat files which required a programme to be written each time a non-standard report was required. This has now been converted to database files on the AS400, enabling access to information on an inquiry basis for any type of report without further programming. An on-line system, providing access to the financial system for all Divisions is under development. All financial systems are also being assessed and will be amended to ensure year 2000 compatibility (Y2K programme).

2.5.5 Dissemination And Information Services Centre (DISC)

During the reporting period, DISC undertook the following activities:

Library and Information Services

DISC provided information and literature support to the Centre's staff and disseminated the findings of research through a number of publications. In addition to serving more than 450 scientific and research support staff members of the Centre, DISC also extended its facilities and services to 3,250 outside researchers, physicians, health professionals, teachers and students, and trainees who came from different institutions, universities, and other organizations from within and outside the country.

Under an ODA grant, DISC received four PCs, one unit of e-mail hub, and a server to improve the information services. The library patrons can now access to international databases using the library IT facilities. Services were also provided from the Internet.

Database and Bibliographic Services

DISC supplied 39,656 pages of photocopies (19,228 to outside users) during the reporting period. The Centre's staff members borrowed 3,965 volumes of books and journals, and another 338 volumes of books and journals were borrowed by different national institutions under the inter-library loan arrangement. DISC made 180 searches (90 for outside users) mainly from the Medline, Popline, and Current Contents databases. In addition, the library patrons used several inhouse databases of monographs, ICDDR,B publications, journal articles and documents. As usual, the DISC staff met a large number of informal reference queries of library patrons.

Publications

DISC produced the 1997 annual report of the Centre, 2 issues of Glimpse, 1 issue of Shasthya Sanglap, 2 issues of the bilingual ICDDR,B News, 3 issues of Journal of Diarrhoeal Diseases Research, 8 working papers, 16 special publications, and 1 scientific report.

National Collaboration

Under the national collaboration programme, (a) duplicate copies of books and journal issues were donated to different libraries of the country; (b) three staff members of the Atomic Energy Research Establishment Library and the Bangladesh Navy Library successfully completed 3 months' training; and (c) two staff members of the Bangladesh Navy Library have also been undergoing a 3-month training.

2.5.6 Training and Education Department

As a part of its mandate, ICDDR,B provides training facilities in areas of the Centre's competence, in collaboration with national and international institutions. The Centre conducts training programmes with the objectives of:

(a) increasing capacity to conduct research,
(b) increasing capabilities to manage programmes for the control of diarrhoeal diseases and for family planning services, and
(c) improving response to new and emerging issues in health and population.

The major components of the training programmes are:

(i) Health Research Training
(ii) Training of Trainers
(iii) Training of Family Planning Programme Managers
(iv) Clinical Fellowship Programme
(v) Response to Global Requests

Table 2: ICDDR,B Training Activities during 1 April to 30 September 1998

Sl #	Activity	Number of participants and their home countries	
		Number	Home countries
A. Health Research Training			
1	Introductory course on Epidemiology and Biostatistics (19 July-13 August)	21	Bangladesh
2	Students from Bangladeshi Universities (M.Sc. -9 and M. Phil. - 1) from different departments of University of Dhaka & Bangabandhu Medical University	10	Bangladesh
3	Child survival training course for Paramedics (5-16 July & 16-27 August)	29	Bangladesh
TOTAL		60	
B. Training of Trainers			
1	International training course on Clinical Management of Diarrhoeal Diseases (17-28 May)	9	Afghanistan, Bangladesh, Bhutan, Pakistan, Tanzania and Zimbabwe.
2	International training course on Laboratory Diagnosis of Common Diarrhoeal Disease Agents (20 September -01 October)	10	Afghanistan, Bangladesh, Ethiopia, Kenya, Saudi Arabia, Sri Lanka and Thailand
TOTAL		19	
C. International Workshops			
1	Workshop on Emergency Response to Cholera and Shigella Epidemics (26 April - 07 May)	8	Afghanistan, Bangladesh, Burundi, Cambodia, Congo, France, Kenya and Somalia
TOTAL		8	
D. Fellowship Programme			
1	Clinical Fellow	9	
2	Nursing Fellow	15	
TOTAL		24	
E. National Training Courses/Workshops			
1.	Peer Educators' Training: HIV/AIDS Staff Education Programme (30 June-02 July & 31 August - 2 September)	33	ICDDR,B staff
2	Workshop on Use of the Matlab Health and Socioeconomic Survey Data: A New Resource for Research in Health and Population (12-16 July & 19-23 July)	36	Bangladesh
TOTAL		69	
F. Other Training			
1	Training at DISC	4	
2	International Fellows (Doctoral students & MSc. Students, elective training and on-the-job training)	13	
3	Orientation training	60	
Total number of trainees		**257**	
G. Seminar			
	1) Inter-divisional forum 2) Weekly seminar	19 5	

Staff Development Activities Report

1. Number of staff returned in the period after completing training and degree ... 6
   - PhD - 2*
   - Short focused training - 4
   (Detailed at Appendix A)

2. Number of staff who left for training type and place of training: ... 10
   - PhD - 3
   - Masters - 3
   - Short focused training - 4
   (Detailed at Appendix B)

3. Total number of staff abroad on training as at 30 September 1998 ... 21
   - PhD - 15
   - Masters - 5
   - Short focused training - 1
   (Table 1)

4. Number of staff who attended conferences/workshops outside Bangladesh** ... 23

* Completed partial requirement only and now conducting research for dissertation for PhD degree.

** The number of workshops and conferences was 16

Table 3: Distribution by Discipline and Outcome of Training of Staff Members Abroad as of 30 September 1998

Field of training	PhD (n=15)	Masters (n=5)	Focused training (n= 1)	Total (n= 21)
Gastroenterology	3	0	0	3
Public Health	4	3	0	7
Immunology	1	0	0	1
Demography/Sociology	4	0	0	4
Nutrition	3	0	0	3
Sexually Transmitted Diseases/ Reproductive Health/ Gender Studies	0	2	1	3

2.5.7 External Relations & Institutional Development Office

Dhaka Office

The External Relations and Institutional Development (ERID) Office continued to implement the planned activities during the reporting period as follows:

Preparation of Project Proposals
The ERID office prepared the institutional components of proposals to Swedish International Development Agency (SIDA) for 1999-2001, Belgium Administration of Development Cooperation (BADC) for 1998-2000, Swiss Agency for Development and Cooperation (SDC) for 1998-2000.

Preparation of Project Proposals - for Post-Flood Epidemic Response:
Project proposals seeking financial support were sent to donors for the Centre's activities during the recent flood as well as for the post-flood epidemic response. Proposals were sent to the traditional donors, U.N. organizations, foundations, international oil companies, private sectors, international banks, corporate bodies and international NGOs. The response to the Centre's appeal was extremely gratifying. USAID/Dhaka immediately granted the full amount of the Centre's Phase I needs of $261,000. The following donors responded to the appeal for continuing assistance: USAID, Office of Foreign Disaster Assistance (OFDA), CIDA, SDC, DfID, WHO, AusAID, UNICEF, CARE, Shell Exploration, Cairn Energy, Occidental, Unocal, ANZ Grindlays Bank, American Express Bank, American Life Insurance Company.

Preparation of Project Proposals - for New Initiatives:
Support has been provided for the preparation of proposals for new initiatives including the purchase of hospital services with the World Bank/Government of Bangladesh.

The ERID Office coordinated the submission of project proposals to USAID/W for funding of research projects on diarrhoeal diseases and ALRI surveillance, the first two components under the Emerging and Re-emerging Infectious Diseases (ERID) initiative. The grant is made possible by the transfer from USAID/Dhaka and USAID/W for the Emerging and Re-emerging Infectious Diseases (ERID) programme.

Hospital Endowment Fund (HEF):
The Hospital Endowment Fund (HEF) continues to receive support from organizations and individuals. The fundraising is on course to meet the target of raising $10 million by the year 2000. Honour Boards recognizing these contributions to the HEF are wall-mounted for permanent display inside the main entrance of the Dhaka Hospital.

International Health Solutions Trust:
A new fundraising brochure was prepared and copies were sent to Mr. Tony Shillingford in U.K. These brochures will be mass mailed to prospective donors by IHST.

Grants Administration:
ERID continued to review and draft, where necessary, the terms and conditions of grants and contracts entered into by the Centre. The reviews ensure that the agreements are acceptable to the Centre and that the interests of the Centre are protected. The ERID Office also ensured that the full cost of each project was realised and the appropriate overhead rate was included in the budgets.

Global communications:
ERID continued to update information of the Centre's new web page and coordinated the effort to put the Centre's 1997 Annual Report on the Internet. Additionally, the office liaised with the Computer Information Systems (CIS) and respective branches

and divisions of the Centre to include announcements on upcoming training courses, vacancies and the Endowment Fund appeal.

Publications:
The Centre's new brochure was prepared and is currently being distributed. Other promotional materials highlighting the Centre's achievements such as the ORS were produced for dissemination and worldwide acceptance.

North American Office

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

- **Administration of Endowment Funds Managed by Morgan Stanley**
The North American office continues to oversee the management of its funds with Morgan Stanley, the New York-based fund managers of a portion of the Centre's endowment fund.

Fundraising
The US Office and the ICDDR,B headquarters ERID Office are working closely with the fundraisers, Jay Hoffman and Osman Yousuf of USA Global, in the implementation of their activities to promote the Centre worldwide.

2.5.8. Committee Coordination Office

The following are the activities of the Centre's mandatory committees:

Research Review Committee (RRC):

During the reporting period, RRC met 5 times and reviewed 15 research proposals, all of which were approved.

Ethical Review Committee (ERC):

ERC met 6 times during the reporting period and approved all 15 protocols approved by RRC.

Programme Coordination Committee (PCC):

The activities of PCC have continued since it was reconstituted in a meeting on 10 June 1998 with its other executive bodies, the Standing Committee, Scientific Review Committee and Ethical Review Committee.

Animal Experimentation Ethics Committee (AEEC):

The AEEC met on 17 September 1998 and approved one research proposal.

2.5.9 Audio Visual Unit

This unit continued to assist the staff of all divisions, branches, and sections of the Centre with audiovisual support. This included projection and photographic support for seminars and workshops.

3. Research And Related Activities

3.1 Research Output

Table E shows the number of publications and ongoing research protocols for this reporting period.

Table 4: Research Output during the period from 1 April to 30 Sept. 1998

Papers/Protocols	PHSD	CSD	LSD	HPED	Total
Papers Published:					
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
1 Oct 96 - 30 Sep 97	20	20	32	3	75
1 Oct 97 - 31 Mar 98	15	8	12	3	38
1 Apr 98 – 30 Sep 98	14	11	9	4	38
Papers in Press:					
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
1 Oct 96 - 30 Sep 97	8	12	5	3	28
1 Oct 97 - 31 Mar 98	19	12	10	8	49
1 Apr 98 – 30 Sep 98	15	12	8	13	48
Total Papers Published and in Press:					
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
1 Oct 97 - 31 Mar 98	34	20	22	11	87
1 Apr 98 – 30 Sep 98	29	23	17	17	86
Research Protocols/Programmes in Progress:					
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
1 Oct 97 - 31 Mar 98	72	25	14	6	117
1 Apr 98 – 30 Sep 98	49	36	24	13	122

* Does not include published working papers.

RESPONSE TO THE REPORT OF THE 1998 EXTERNAL SCIENTIFIC REVIEW TEAM

PUBLIC HEALTH SCIENCES DIVISION

All of the members of PHSD are pleased that the review team was able to spend a considerable amount of time with the Heads of Programmes and individual investigators, and to give important feedback to the Division as a whole.

This document is based on the Section V of the report, "Problems and Weaknesses: Issues that Require Immediate Attention" made by the Review Team, listing 12 items. Each of the recommendations will be addressed separately:

(1) **Recruitment of PHSD Director**

The Centre has selected and offered the position of Director, PHSD to Professor Lars Ake Persson, Department of Epidemiology and Public Health, Umea University, Sweden. Recruitment will hopefully be finalised soon.

(2) **Social and Behavioural Sciences Programme (SBSP):**

The young researchers currently at SBSP received training on various social sciences research methods by Dr. Perti Pelto, Stephen Borgatti, Jim Ross, and lately Dr. Carol Jenkins. They all were found to be quite confident for the kind of job expected. Currently they are being involved in focused research issues. Their scope will be expanded once the new SBSP sociologist/anthropologist international position is filled.

Dr Abbas Bhuiya, a Social Scientist, and Project Director of the Chakaria Community Health Project and BRAC-ICDDR,B Collaborative Project has been appointed as the Head of the SBSP from 1st of July 1998. Given his long familiarity with the Centre and ongoing projects with very strong social and behavioural science components and proven ability of attracting grants, it is expected that the SBSP will be able to fulfil its mission in the future. An international position of Sociologist/ Anthropologist for the Programme has been advertised.

The Programme will in future carry out externally funded research projects as well as provide support services to other studies in the Centre.

(3) **Health Economics Programme:**

The Programme has requested DFID for a continuation of funding. At this point, it is not clear whether DFID will continue funding the Programme. It seems likely that DFID will continue funding HEP given their commitment towards health economics. DFID will fund a Health Economics Institute at Dhaka University, and HEP has provided the Institute of Dhaka University with teaching and research support.

Alternative sources of funding for Health Economics Programme are also being explored. If DFID funds are not available, the programme will create a small operating fund to continue submitting proposals for research to attract funding. At present, the availability of funding in the programme account will allow a skeleton staff to continue till December 1999 and efforts are being made to increase the funds so that it can be extended till December 2000. The HEP is also considering developing links with other programmes of the Centre to seek funds on a cost-recovery basis.

Health services research component activities were fully integrated within the programme after the departure of Dr. Desmet. All the research activities will continue till the end of the year and journal articles will be produced by early 1999.

Additional issues for longer-term attention:

(4) **Publications:**

PHSD is actively contacting universities and research institutes in North America, Europe and Australia to establish links leading to the thorough analysis of data sets, in particular DSS information. Funds to implement a concerted action to implement this initiative have not yet been identified.

PHSD introduced mandatory reporting of paper submissions and publications in the agenda for each fortnightly meeting of Programme Heads. This reporting system monitors the PHSD publication status periodically. Programme Heads are now required to report status of publications every week. A database following trends of publications has been installed in the Division's office and updated every fortnight.

(5) **Need for Expertise in Biostatistics:**

Biostatistical support is clearly needed not only in PHSD but also in all other Scientific Divisions of the Centre. PHSD, unlikely to utilise the 100% time of a biostatistician, could eventually share a biostatistician with other Divisions. PHSD feels that a permanent solution can be found at the Centre level.

Until such a solution is found, PHSD relies on the following mechanisms to analyse its research studies: (i) collaborative research with institutions which can provide biostatistical support: studies are carried out in collaboration with European and North American Universities provide the statistical support required for the studies; and (ii) projects funding biostatistician support: at present a part-time biostatistician from Dhaka University is a consultant for PHSD specific projects.

(6) **Need for Data Managers in HDSP:**

Until recently, there were three senior programmers in DSS, who migrated to Australia and Canada. DSS needs a Data Base Administrator and a Senior Programmer immediately. However, under the current financial situation of the Centre, recruitment of these personnel was contingent upon availability of external

funding. DFID recently confirmed funding for HDSP and as such, recruitment of these key positions has been initiated.

(7) **DSS data made available to wider research community:**

The strategy is to make the data available through a CD-ROM. The CD-ROM will be produced and marketed for sale. The data dictionary of the DSS data set is in the process of being brought up to date. Initial work has been carried out on the recoding of some of the DSS variables to ensure uniformity over time on the data codes. The University of Pennsylvania has produced a CD-ROM with selected data sets from DSS. The strategy is to produce a CD-ROM with the complete DSS information in future. Cost recovery policies and dissemination strategies will be worked out in the next year.

(8) **Scientific and Intervention Research Areas Not Currently Addressed by PHSD**

The Division welcomes this recommendation with some degree of caution. Some of the division researchers are already over stretched. The two examples of new areas the review team suggested are very pertinent for the division and division researchers have already started addressing these areas. Dr Shams El Arifeen has developed an intervention proposal to improve birth weight. This proposal has been submitted for funding. Dr Abdullah Baqui has explored the other area 'childhood drowning' as part of a nation-wide verbal autopsy study he recently completed.

(9) **Enhance collaboration/technical assistance between PHSD and GOB:**

The Division feels that the collaboration with GOB was probably not well explained to the reviewers. There is a great deal of collaboration with GOB.

PHSD will implement interventions leading to the improvement of maternal care in Matlab. Under the guidance of Dr. Andres de Francisco, the Reproductive Health Programme has received EU funding to upgrade the Thana Health Complex in Matlab to provide Caesarean section facilities and safe blood transfusions. It will also upgrade eight health centres in the area (including the comparison area and other areas not covered presently by DSS). GOB doctors and nurses will be trained. A considerable amount of health services research will be conducted in connection with introduction of these interventions. Meetings and detailed planning has been carried out with the Thana Manager and related health workers. Identification on the requirements to upgrade the services has been initiated and orders for the required materials will be placed. The identification of health centres to be upgraded has been co-ordinated with the GOB.

Dr Bairagi, has been helping the Bangladesh Bureau of Statistics with preparations for the 2001 Census and with implementation of National Sample Registration System and Bangladesh Child Nutrition Survey. Dr Bairagi is also a member of the Advisory Committee of the Bangladesh Bureau of Statistics.

Dr Mahmud Khan is Member-Secretary, HAPPV working group on private sector involvement in the delivery of health care services in Bangladesh. The working group was created to help the GOB finalise the five-year plan. He is also Member-Secretary of the National Nutrition Programme (NNP) working group on financing

and sustainability. The group will help the GOB in finalising NNP documents. The research agenda and proposals are being drafted at this point. Dr Khan carried out an economic evaluation of EPI activities at the request of Director, EPI. The report has been finalised and submitted to the GOB. Dr Abbas Bhuiya also participates in the NNP activities as a member of the "Monitoring and Evaluation /Social Assessment/ Behaviour Change Communication", working group. Dr Khan is assisting the Bangladesh Bureau of Statistics (BBS) in the analysis of their data on Health and Morbidity situation. A book has been edited for BBS at the request of Secretary, Statistics Division, Ministry of Planning, Government of Bangladesh.

Dr Abdullah Baqui serves as member of GOB's Inter-ministerial Committee for Urban PHC. He served as a member of the Identification Mission of the GOB's World Bank supported National Nutrition Programme. Dr Baqui is serving as a member of the preparatory team of GOB's World Bank supported National Nutrition Programme. Dr Shams El Arifeen was a member of the National EPI Review Team. He is a member of the GOB's IMCI Adaptation Committee.

Drs Abbas Bhuiya, Andres de Francisco, Abdullah Baqui, and Shams El Arifeen serve as members of BINP Operations Research Steering Committee. Dr. Nigar Shahid is a member of the National AIDS Committee.

(10) **Matlab Comparison Area:**

The rationale to initiate the 'comparison area' in Matlab was to test the possibility that distributing FP methods could decrease unmet need for contraceptives. Contraceptives were distributed in the MCH-FP Intervention area, and demographic surveillance was extended to a 'Comparison area' to quantify the impact of this interventions. The rationale for this structure 20 years later is questionable. Current research protocols use suitable epidemiological designs to tests their hypotheses, including stratified samples and cluster randomisation procedures.

Since the Centre does not have the financial resources to introduce comprehensive services in the comparison area, PHSD scientists have considered future options for the comparison area. Selected health interventions are now being introduced into the comparison area including safe motherhood and IMCI. Services will be provided in fixed health facilities rather than implemented from house to house. Additional health and family planning services will be introduced in due course into the comparison area.

(11) **Gender Inequity in Matlab:**

The Division feels that the gender inequity in Matlab was not properly discussed during the review. Matlab has, over the years, trained and furnished females to undertake supervisory roles. At the heath centre level, for example, nurses midwifes and LFPVs have a well-defined supervisory roles towards health centre and field staff, including males.

Since the review, one Field Research Officer who was assigned to the supervision of data computerisation has been assigned a more clear supervisory role in the field. Similarly, in the new staff PHSD structure discussed in the Work Force planning, two

female health assistant will be assigned to conduct verbal autopsies, function which was exclusively assigned to men in the past. Further, the male involvement intervention will require to have male community health workers not available at present in the structure.

PHSD is aware of the large differences in pay scale between female Community Health Workers and their supervisors. The Division has proposed the possibility of upgrading CHW scales to the Centre's GS1 level. Before this is implemented, however, a concerted strategy will be needed to evaluate all financial and contractual implications of this shift. The matter will be taken up during the ongoing Human Resources Reviews discussions.

(12) **Possible reorganisation of EHP and HPED:**

PHSD and HPED have initiated discussions on possible collaboration in the areas of health economics, reproductive health, and IMCI. Working group have exchanged experiences in the past of the respective programmes' activities. A final decision of reorganisation of the Divisions will have to be decided at the Centre's level.

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EXTERNAL SCIENTIFIC REVIEW OF THE HEALTH & POPULATION EXTENSION DIVISION (HPED)

ICDDR,B ;
Centre for Health and Population Research

November 3-6, 1998

Dr. Halida Hanum Akhter
Prof. Carol K. Vlassoff
Prof. Peter F. McDonald
Prof. Wim van Lerberghe
Major General M. R. Choudhury

INTRODUCTION

The HPED Scientific Review Team consisted of Dr. Halida Akhter (BIRPERHT, Dhaka), Prof. Peter McDonald (Board Member), Prof. Carol Vlassoff (Board Member), Major General M. R. Choudhury (Board Member), and Prof. Wim van Lerberghe (External reviewer, Prince Leopold Institute of Tropical Medicine, Antwerp, Belgium). All the reviewers have extensive experience and are expert in their own fields.

The team met on the first day and discussed the tentative review programme chalked out by the Centre. The members made certain modifications and evolved a final plan for conducting the review. The process of review of the Division would involve: a) examination of its scientific activities, b) interviewing certain key persons of the Division and other relevant individuals of the Centre, c) visiting its research areas outside Dhaka, d) meeting with selected officials of GoB, NGO and donor community, and e) writing the Report.

PREVIOUS REVIEWS

There were a number of Board Reviews in the past. The last one focusing of the programmes of this Division was carried out in 1995 (12-16 March 1995). At that time the Division was designated as 'Population & Family Planning Division' (PFPD), the Division Director being Dr. Michael Strong. The review team consisted of Professor John Caldwell (Board Member), Dr. Sajeda Amin (Pop. Council, New York), Dr. Halida Hanum Akhter (BIRPERHT, Dhaka) & Major General M. R. Choudhury (Board Member), Dr. Nirmala Murthy (Foundation in Research in Health System, Ahmedabad, India) and Dr. John Rohde (Board member). About 29 recommendations were made by the Team. For purposes of continuity, a few of the pertinent recommendations are attached in the Annex 1 to this report.

MAJOR CHANGES SINCE THE LAST REVIEW

a) While splitting PFPD, a new Division called HPED had been created, headed by a Director (at the moment the Division has an Acting Director) consisting of three units: ORP, ECPP and EHP.

b) Urban and rural projects have been amalgamated within ORP.

THE BACK GROUND OF HPED, ITS MISSION & PRIMARY FOCUS

a) HPED is one of the four scientific divisions of the Centre and is the largest collaborative project with GoB.

b) ORP resulted from a five year (1997-2002) Cooperative Agreement between USAID & ICDDR,B, with sole source for the entire operations research (OR) portfolio of NIPHP (Programme of MOHFW & USAID).

c) Funds that has been obligated are US$21 million for five years with the possibility of another two years' extension, the total obligation being $29 million.

d) The mission of ORP is to improve the health and family welfare of the population with application of simple effective and appropriate technologies and strategies.

e) Performance Objectives include (by 2004) using a systems approach and, through addressing critical programmatic issues related to ESP implementation, develop and test cost effective service delivery strategies - through (i) conducting OR in health and family planning, environmental health and epidemic control, (ii) scaling up the lessons learned, (iii) disseminating research findings nationally and globally through seminars, conferences and publications and (iv) providing technical assistance to GoB

The mission and objectives of ORP entails linking several organizations: a) nationally with GoB (e.g. for testing ideas and field research, technical assistance, scaling up), b) nationally with other NIPHP partners (e.g. technical assistance), and (c) internationally (e.g. to share experiences of what works and what does not) and donors (for funding and regular reporting on all aspects of the research).

STRENGTHS OF HPED

The HPED is doing excellent work in supporting the development of health systems and quality of care in Bangladesh, and in striving to implement the recommendations of the International Conference on Population and Development (ICPD). This is done through technical assistance and by providing an evidence base that underpins GoB and NGO policies. This is part of ICDDR,B's mission, satisfying the condition of local development relevance. The misperception among some in ICDDR,B that HPED's applied and policy relevant research is somehow less sound or scientific than work done in the rest of the Centre needs to change. Indeed, it can be argued that other Divisions need to be concerned with policy relevance and research application, which is not "soft" but "applied" and scientifically rigorous.

Among the many strengths of HPED (particularly ORP) are the following:

- Close links with GoB at all stages of research and the development of common goals and targets, monitoring approaches, indicators, tools, etc. This is a difficult and time-consuming task, often with little personal reward, and should be recognized. As stated by the Director General of Health Services, "Cooperation is such that we often forget that this is a separate institution. It is an effective partnership". Several examples could be cited, including the Management Information System (MIS), the Essential Services Package (ESP) and the reorganization of services to better address the ICPD goals.

- Ability to leverage GoB funding for national priority areas, such as health education, helping to assure commitment and sustainability.

- Donors, especially USAID, greatly appreciate the contribution of ORP, particularly the direct use made of research results by government and NGOs. The use of the Working Papers by the donors is another example of the utility of the work.

- Operationalization and GoB evaluation of ICPD recommendations, working hand in hand with all sectors including, NGOs and the private sector - in bringing these about. One practical example is research on introduction of pricing and reduction of system wastage, a big problem for donors in Bangladesh.

- Capacity building in the field itself through training and involvement of local health personnel in project sites in conducting, analyzing and disseminating research. This builds sustainability and commitment to quality of care.

- Strong leadership, committed staff, aware of issues, flexibility and responsiveness to programme needs as they arise. Open discussion of issues is encouraged.

- Success in securing external funds, not only for their own operation but also for ICDDR,B as a whole, is a good model for other parts of the Centre.

Areas of Concern

Structural

- The Division seems to have been reorganized in a somewhat artificial manner, undertaken without sufficient discussion and communication with staff involved. While the potential of EHP and ECPP under HPED could be an important way to improve the practical application of the research in EHP and ECPP, this goal has never been realized. Only ORP seems to be realizing this objective.

- Concern was expressed over the loss of international scientists but time did not allow us to investigate the reasons for this.

Publications

- The number of peer reviewed publications in HPED is at the lower end - but within the range of the output of other similar organizations (see Annex 2). Excessive attention appears to be given to their production, as compared to other Divisions, and this is not justified, given the different nature of HPED. Moreover, publications in applied research cannot be judged by same criteria as laboratory or clinical research. The appropriate comparison is with organizations carrying out the same kind of work. The demanding and often stressful working environment, including responding to many different bodies, makes it difficult to

concentrate on scientific research and publication. Donors have suggested the appointment of a senior scientist position to assist in the publication area. This may be a positive suggestion.

Collaboration and overlap among programmes

- The lack of collaboration within ICDDR,B is a Centre-wide malady, and also applies to HPED despite overlapping and closely related issues (reproductive health, social sciences and DSS in PHSD and operational issues in ORP) and/or proximity of programmes within the same unit (EHP and ECPP). This is particularly striking in light of the fact that the ORP is networking effectively outside the Centre with government, NGOs, international institutions, donors, and others. These skills need to be applied in the Centre as well as externally. Issue was raised in previous review with the specific suggestion that a certain proportion of time should be officially delegated to cross-programme interaction. This has not apparently happened.

- EHP issues, especially clean water, are closely linked to reproductive health, yet the respective programmes are not taking advantage of the interdisciplinary opportunities. Differences in funding levels is also an issue.

- While there is evidence of collaborative international activities at an individual level and ICDDR,B's laboratory areas are used as a major resource for training of other countries, there is very little evidence of collaborative efforts with similar groups in the same research area internationally. ICDDR,B could also learn from others by working internationally in other kinds of environments. This could be achieved by linking into existing network (e.g. on EOC, and they have tools and technologies in other countries). The Centre could also learn from others in the area of policy research.

Priority-setting for research

- The research component has tended to focus on data collection of high quality and not on the analysis and use of the data for research purposes.

- In ORP priority setting appears to be to large extent donor-driven and dependent on a single donor. Research issues have tended to come from outside, rather than building on inside findings from other parts of the Centre. Priority setting needs to emerge from both directions.

- EHP concentrates almost entirely on water and sanitation issues due to requirement of ICDDR,B to adhere to its mandate. The reviewers feel that other environmental issues should be included, given the links between these and other areas of the Centre (e.g. integration of hand-washing education with ESP and links between population growth and environmental problems such as fuelwood, etc.).

- EHP has done a lot of research on topics where results are not unexpected - e.g. links between clean latrines and health, hand washing and health, etc.. The time is ripe for more applied research. For example, Matlab has among the worst environmental conditions in Bangladesh. This may be an area deserving more operational research into the factors responsible, and remedial measures.

- The work on arsenic contamination undertaken by EHP is particularly important, nationally relevant and provides an opportunity for growth and increased funding. However, it needs to be done in a health service context in collaboration with government, NGOs and others, and not only in the laboratory. The Centre should build on recent efforts in this direction.

Review process

- The recent decision to require all ORP projects to undergo both research and ethical review in ICDDR,B was welcomed. However, the review team understands the need for expediency of projects and hence requests that research proposals be speedily reviewed, given the fact that ORP protocols have already been reviewed by donors, government and NGO partners. Also, while sensitive to the burden placed on the programme by extensive reviews, research reviews will be enhanced by adding a section in the proposal on relevance (e.g. to the ICPD Programme of Action, national, local and other relevant bodies and developmental relevance) for the information and reassurance of the Centre reviewers.

Quality of research

- It was noted that the report listed mainly successful interventions, yet very little independent, or longitudinal, evaluation was provided for the positive conclusions. One measure of success was the uptake by national programmes but this alone does not mean that the intervention was successful in itself. Examples of unsuccessful interventions are also useful as lessons for others and for avoiding pitfalls in future research.

Capacity building

- A concern expressed in the previous report is reiterated with respect to the lack of funding for the training of ORP staff. Donors are unwilling to engage in long-term training commitments, yet promotions are based on PhDs which require long term training. The Centre scientific staff could assist more in this process, by direct technical assistance and providing resources (scholarships) for advanced training in social science and operational research areas. Ways of dealing with this problem need to be explored.

Recommendations

- The name of HPED does not reflect its work - it is not merely "extending" models and tools, but rather conducting research on health service organization, quality of care and health policy. Consideration should be given to renaming the Division if it is to remain a specific entity.

- The mix of the programmes in HPED and PHSD, and their roles, should be reconsidered. For example, the place of ECPP in HPED and health economics and demographic surveillance in PHSD should be reviewed.

- The disjunction between promotion requiring a PhD and the lack of training to facilitate this needs to be addressed. Criteria for promotion and its linkages to training need to be reviewed. Points should also be given not only for the number of publications and grants obtained but also for the contribution made to development of applied or operational research, where ORP would rank very high. Also, the role of scientific publications in promotions needs to be put in context of the above constraints and of the output of similar institutions.

- Multidisciplinary and applied research needs to be strongly encouraged, with teams organized within the Division on a thematic basis rather than by discipline.

- Collaboration in certain areas is already underway, but this needs to be strengthened and sustained. There are several areas where opportunities exist for improving the quality of the work and gaining international visibility - (1) Emergency Obstetric Care Network, Unmet Obstetrical Needs Network and European Union Obstetrical Care Programme in PHSD, (2) use of population, social science and public health surveillance data collected in both HPED and PHSP, and (3) in the area of health economics (e.g. costing studies in ORP and expenditure surveys in PHSP).

- EHP should explore new opportunities to generate funds and the Centre should provide support in doing so, perhaps through the recently formed environmental working group. A strategic choice should be made in terms of its focus and objectives. It should actively look for collaboration and joint research activities either in the area of operational and developmental research, or more in the area of laboratory and epidemiological research.

- EHP should build on its work in arsenic, and proactively seek collaboration with government, donors and others (e.g. on issues such as links between clean water, latrines and reduction of maternal mortality and/or menstruation and hygiene and control of RTIs) in implementing the implications of research findings.

- More long-term impact evaluation with a scientific research design was felt to be necessary for ongoing and apparently successful interventions. Also, reporting of unsuccessful interventions and approaches is recommended.

- Better use of existing data needs to be made. Unique data sets exist in the Centre that are of great international interest and these are not being sufficiently analyzed and used. Possibly a workshop could be organized with both national and international experts to discuss and lay out plans for data analysis and use of results.

- Staff seem to be heavily medical in training. To do applied research a broader mix of disciplines is needed, e.g.- political science, demography and public health, anthropology.

- Many of these recommendations feed through into improving the research output and potential for scientific publications. Previous mentors (e.g. most recently Dr. Tom Kane) have left a gap in this area and ways of addressing this problem need to be found.

Conclusions

ICDDR,B is both a national, international centre and hence all Divisions must consider their roles in both national and international contexts. For the traditional "science" Divisions this means how their work contributes to national priorities, and for the operational groups the international dimensions of their work require greater attention. At the moment HPED has a mainly national profile. There are three ways in which this Division also, even with its heavy accent on developmental work, can acquire an international dimension. These are summarized in Table 1 below:

Table 1

Responsibilities	Present performance as a national Centre	International role
Development of HSO tools and technologies	Adequate for national requirements protocols, guidelines, manuals)	Could be enhanced by proactive marketing and international dissemination
Testing HSO tools, technologies and approaches to provide an evidence-base for national policies	Outstanding performance	Largely absent. Can gain in international relevance and visibility by embedding this in international collaboration with countries engaged in similar activities (e.g. EOC, UON, health economics, etc.)
HSO policy	Has considerable policy influence, but without systematic study or documentation	Largely absent in international policy fora. ICDDR,B could become a major player if the process of policy change as such were further documented for an international audience (e.g. integration, collaboration with NGOs, SWAP)

It is important that the Division recognize and further exploit these three levels of work in which it operates, maintaining both a national and international profile.

Annex 1

a) PFPD should be split into a Population Division and a Special Extension Programme (SEP).

b) SEP would be working closely with Bangladesh National Family Planning Programme maintaining both 'rural' and 'urban' projects in place.

c) Urban and rural projects should not be amalgamated as "the different challenges of the urban situation should be clearly recognized".

d) It was considered important that "extension" project work should remain experimental and that interventions should be tested and reported publicly in a fully scientific way. The highest standards should be maintained with regard to experimental design, sampling, monitoring of implementation, documentation of input, process and outcome evaluation.

e) "Scientific work and publication is expected of the extension project staff".

f) Introduction of more nutritional intervention.

g) Adoption of ICPD recommendations.

h) Cross divisional coordination and cooperation.

Annex 2

Output of HPED compared to other operational research groups*

	ICDDR,B	Other Similar Groups
% Peer Reviewed	20%	12 - 52%
Ave. Output/Yr/Scientist	2	0.7 - 4
Ave. No. Peer Reviewed /Yr/Scientist	0.2	0.3 - 2.1

*e.g. LSHTM, Liverpool, TDR/WHO, University of Montreal. Data are still preliminary and will be further verified.

OTHER RESOLUTIONS AND/OR RECOMMENDATIONS

7/BT/NOV.98

INSTITUTIONAL DEVELOPMENT

ACTIVITIES

Institutional Development

Centre for Health and Population Research

ICDDR, B Bangladesh

November 7, 1998

Final Version

Mummert + Partner

Management Consulting Inc., Leutschenbachstraße 95, 8050 Zürich

Content

Charts

Tables

1 Introduction

1.1 Starting Position

By contract dated July 21, 1998, Mummert + Partner Management Consulting Inc. (M+P) was engaged by SDC, Swiss Development Cooperation, a department within the Ministry of Exterior of Switzerland, to support the Centre of Health and Population Research in Dhaka, Bangladesh in establishing a business plan as well as consulting the Centre in its efforts of reorganisation.

The reason for the mandate was due to recent management changes as well as the fact that the nature of donor support shifted from unrestricted (core) to restricted (project) funding.

1.2 Terms of Reference

Together with SDC, Terms of Reference were initially set as follows:

- The consultancy work is to take place in several stages between July and November 1998, for the Centre Management to report to the November 1998 Board of Trustees.
- Interaction of the consultants with the Centre Executive Management should ensure appropriate ownership of the outputs by the Centre, thus enabling a smooth and sustainable implementation.
- Review with Acting Director and members of the Executive Committee (Division Directors, Chief Finance, Chief Personnel, External Relations and Institutional Development) and, if required, with other appropriate staff, the organisation of the Centre and the various funding and support mechanisms.
- Taking into account the above variables, address, with a view to equip the Centre with useful management information tools, the question of unrestricted versus restricted funding and its translation into a reporting system to the Board of Trustees and the Donors as well as into a "Business Plan".
- Take stock of -, and analyse the administrative and support infrastructure as well as the mechanism of related cost allocation to projects and programmes.
- Take into consideration the income generating activities and see how they can be integrated into such a plan.
- Take additionally into consideration the endowment funds which represent long term sources of stability.
- Indirectly address the question of the maintenance of good quality and well motivated scientific staff irrespective of the source of financing.

1.3 Duration of Analysis

According to the Terms of Reference and subsequent to the underlying contract, the duration of the mandate was limited to a period between July and November 1998.

It was decided to visit the Centre four times, i.e. each month for the duration of one week.

The consultants of M+P were contractually nominated and are responsible for the results defined in the Terms of reference:

- Mr. Jürg Frick, Managing Director,
- Mr. Matthias Scherler, Director

1.4 Action Plan, Methods and Results

It was decided that the following general actions should be taken during the 4 consecutive visits in order to achieve the results mentioned below:

Action Plan, Methods and Results		
Actions per visit	**Method**	**Result**
First Visit		
– Understand the Centre's activities	– Interviews	– Interaction and dependance of processes and resources
– Analyse each Division	– Interviews, Workshops	– Input and output
– Analyse strengths and weaknesses	– Interviews	– Potential of improvement
– Define a general concept for reorganisation	– Promet, (BPR-Method)	– Concept
– Convince Management of procedure and possible outcome	– Workshops	– Acceptance of actions and support
Second Visit		
– Revise draft of Institutional Review edited by M+P	– Workshops	– Acceptance of draft
– Detail Concept	– Workshops	– Action plan for further phases

Action Plan, Methods and Results		
Actions per visit	**Method**	**Result**
Third Visit		
– Detail planning processes	– Workshops	– planning instruments
– Detail necessary management information	– Workshops	– Relevant data
– Executive Summary	– Workshop	– Executive Summary
Fourth Visit		
– Design Business Plan	– Workshops	– Business Plan
– Design internal and external reporting	– Workshops	– Proposition of Reporting
– Presentation of report to Board of Trustees	– Presentation	– Get approval for reorganisation

Table 1 *Action Plan, Methods and Results*

It is understood that the Centre Management (incl. Members of the Executive Committee) have to specify and detail common intermediary decisions in-between the consultants' visits.

1.5 List of People to Receive a Copy

The report „Institutional Development" will be distributed only to the following people concerned:

- Acting Director and Members of the Executive Committee of the Centre
- Member of the Board of Trustees and Donors through the Centre

1.6 List of Documents which served as basic Information

Our analysis was based on interviews with the management team. We were supported with additional information in form of documents and publications edited by the Division directors. Some of the documents contain ideas and strategies which are not yet approved by superior levels, and not yet put into action. Nevertheless, we incorporated many of the very good ideas in our report.

The documents on which we based, are as follows:

List of documents		
Document	**Editor**	**Status**
Annual Report 1997	Directors	official

List of documents		
Document	**Editor**	**Status**
Strategic Plan to the year 2008 dd 05/07/98	Dr. G. Fuchs	unofficial
Mission Statement and Mandate dd 06/98	Dr. G. Fuchs	official
LSD, Strategic Plan 1998 - 2008	Prof. Mathan	official
Human Resources Report, Dec. 97	Mrs. J. Reeves	official
Human Resources Report, May 98	Mrs. J. Reeves	official
Finance Committee Report, June 98	J. Winkelmann	official
Operations Research Project, June 98	Barkat-e-Khuda	official
Chart of accounts, Aug. 98	J. Winkelmann	official
Administrative Services Department, 06/98	Taqsem A. Khan	official
Biennial Work Plan 1997 - 1998	D. Habte	official

Table 2 *List of documents*

1.7 Management Participation in Institutional Development Process

During our visits, management participation in our workshops were very intensive. The atmosphere was very open, supportive and full of determination. The entire management team participated in our fact finding process, during the conceptual phase and as correctors. We would like to thank the following gentleman, supporting us to the utmost and enabling us to present a reorganisation proposal which is the result of a common understanding:

- Prof. George Fuchs, Interim Director of the Centre
- Prof. V. I. Mathan, Division Director Laboratory Sciences Division
- Prof. Barkat-e-Khuda, Acting Director, Health and Population Extension Division
- Wahabuzzaman Ahmed, Chief Personnel Officer
- J. F. Winkelmann, Chief Finance Officer
- Dr. M. A. Salam, Interim Head, Clinical Sciences Division
- Dr. J. van Ginneken, Acting Director, Public Health Sciences Division
- Dr. A. de Francisco, Acting Director, Public Health Sciences Division

Further we would like to express our thanks and admiration to Julie A. Banfield, Executive Assistant to the Director, for her kind hospitality and her organisational talents.

2 Executive Summary

2.1 Actual Situation

There are very few Centres in the world where issues involving the health of population in the world can be studied in the cross-disciplinary manner possible here.

The scientists in the Centre bring skills in biomedical sciences, social and behavioural sciences, operations research, demography, economics, epidemiology and statistics which are now organised in skill-based Divisions according to the accepted norms of accademic departments in a university set-up.

It has let to some duplication of functions, administrative support and even of some scientific activities.

We believe together with the actual management team, that a reorganisation will lead to synergies that will streamline the functions and strengthen scientific interactions.

2.2 General Concept of the Reorganisation

As a result of our analysis, we believe that the Centre should participate in a concrete and **substantial reorganisation** process. Practically every **Division**, every **Department** as well as every **Project** show some improvement potential. The Centre has grown over the years and it is obvious that only small adaptations, will not project any impact or changes. Furthermore, a new start would help to improve employees' motivation and dedication.

2.2.1 General Structure

The new structure should simplify all aspects of **management and science**, i.e. less complicated structures, better and more direct exertion of influence of daily operative activities, support interdependence of operative (project-linked) and administrative duties, centralise same activities, delegate responsibility to the lowest possible hierarchical level, concentrate scientific staff to ensure critical mass for research, better allocate scientific staff to projects, concentrate scientific know-how to better fulfill future scientific agenda.

The general duties of the Centre can be visualised and grouped as follows:

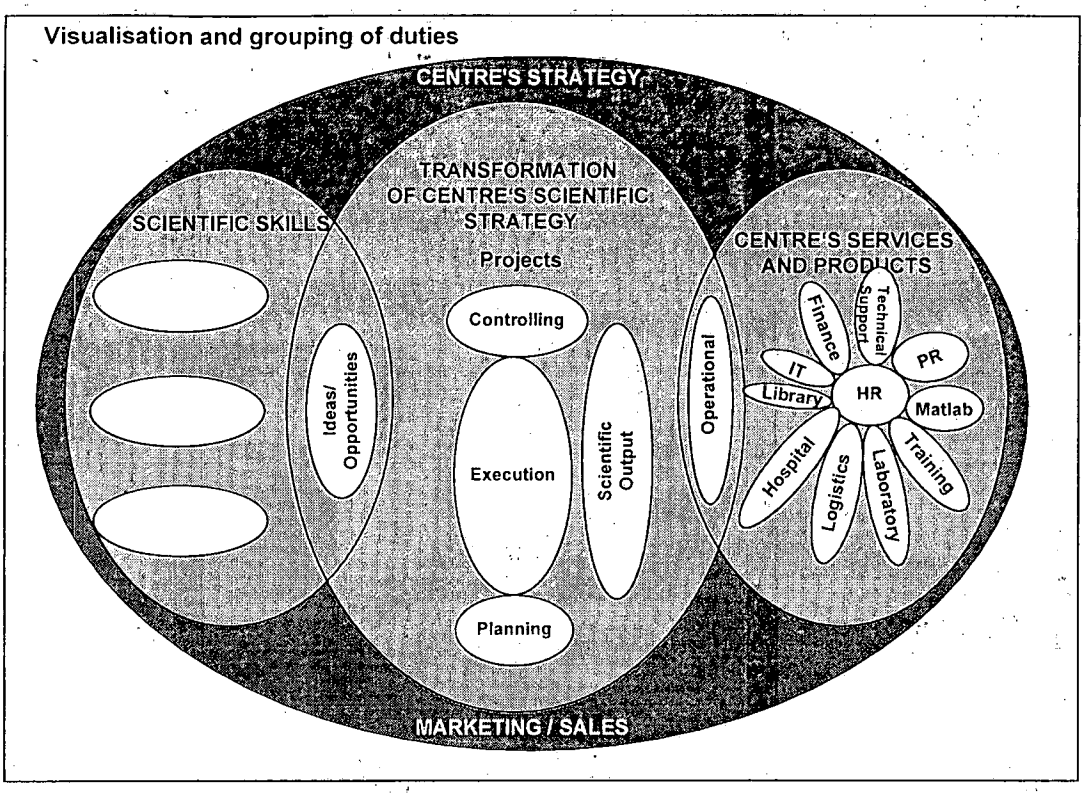

Chart 1 *Visualisation and grouping of duties*

Therefore we suggest to concentrate the Centre's activities as follows:

1. **all *projects* to be organised under one virtual Division in order to enhance *productivity* through a better use and allocation of human resource capacities, better *control* of project objective achievements, better control of project progress, better use of *synergies* regarding the entire Centre, *unifying* offers/protocols to donors, unifying reporting requests, *transforming* Centre's scientific vision defined by the Science Division.**

2. **all *scientific staff* to be grouped under one Division in order to ensure science as a main objective of the Centre; to allow overall training and continuation of staff's education; safeguard critical mass for research, concentrate on scientific topics defined by Centre's strategy, better allocate scientific personnel to projects, optimise scientific skills needed and made available for research; outline and propose new scientific topics to management in order to flexibly adapt to future world-wide needs of research.**

3. **all *administrative* and *support issues* including *laboratory* services, *hospital* and *Matlab* and other field-sites to be organised under one Division providing its support to internal Divisions as well as external clients against settlement. Concentration of all staff posts related to administrative and support activities in order to better ensure optimised**

allocation to projects. „Productise" services in order to better allocate costs and compensation for costs where incurred.

Subsequently the organisational structure would be as follows:

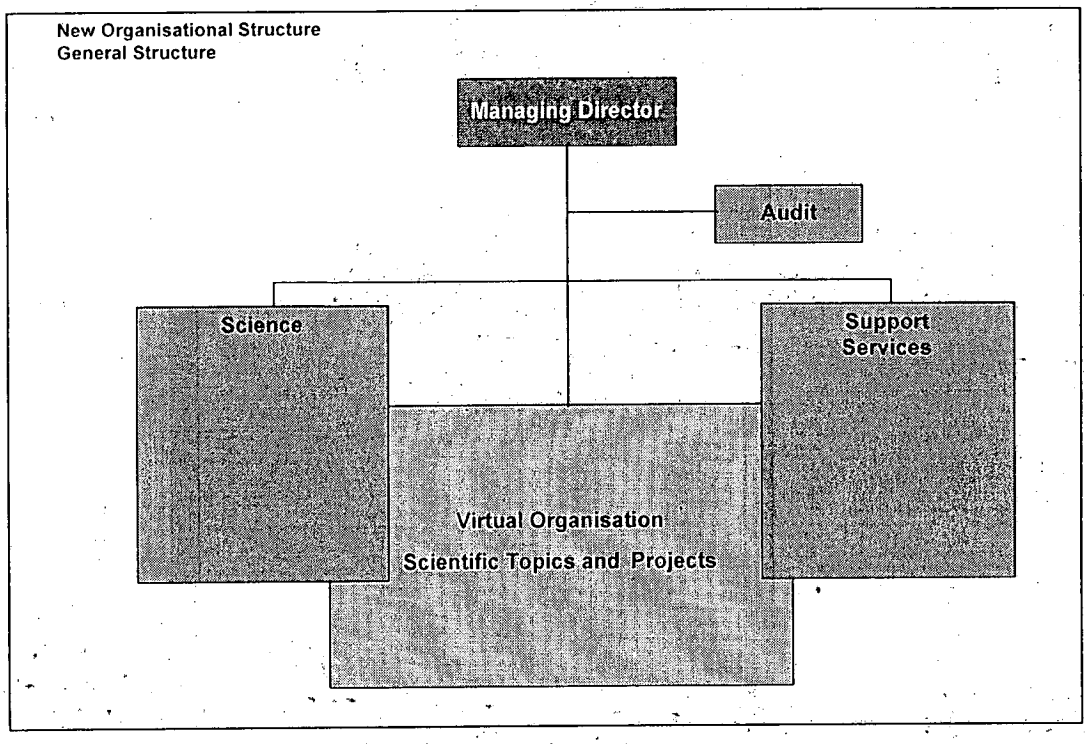

Chart 2 *New Organisational Structure / General Structure*

2.2.2 Management Functions

We suggest less Division Director positions than now, but more responsibility to subordinated levels.

Given the above structure, the Centre would be guided by 1 Managing Director and 3 operational Division Directors. They would represent the first management level and form the Executive Committee of the Centre.

2.2.2.1 Role of the Managing Director

The new role of the Managing Director would be more focused on

- **sponsoring** interaction between his Division Directors to whom the daily operations would be fully delegated
- **heading** the Executive Committee to safeguard guidance and control of the strategy (scientific and execution) of the Centre through strategic reference numbers
- **defining** the yearly business plan of the Centre

- **marketing** the Centre's activities by topics all over the world as the Centre's ambassador, maintains international contacts and acquires new research projects
- being the last and top **level of escalation** for any conflict in the Centre and seen as a father figure for the personnel. He is the **motivator** for all subordinated levels and staff
- reserving the **veto right** for any decision taken in the Centre

compared to his today's role as an operative CEO.

2.3 Development of a Business Plan

The establishment of a business plan is dependent on all above mentioned aspects, key figures and reference numbers.

A business plan should:

- **be in line with the overall strategy of the Centre**
- **cover the scientific orientation of the Centre (reflected in scientific topics)**
- **reflect the scientific agenda in its organisational structure**
- **reflect the actual key figures and reference numbers and give a clear picture of actual situation and anticipated future**
- **be a consolidation of a bottom-up actual situation combined with short-, medium- and long-term expectations**
- **be a management instrument**
- **be the reflection of reference numbers, aggregated on a specific basis**
- **be an instrument to reflect risk factors**
- **be an instrument for superiors to compare and control actual situation with target**

2.3.1 Scheme of a Business Plan

A business plan is the total picture of the Centre's strategy, policy, methodology and activity expressed in figures and reference numbers.

The scheme to realise a business plan would be as follows:

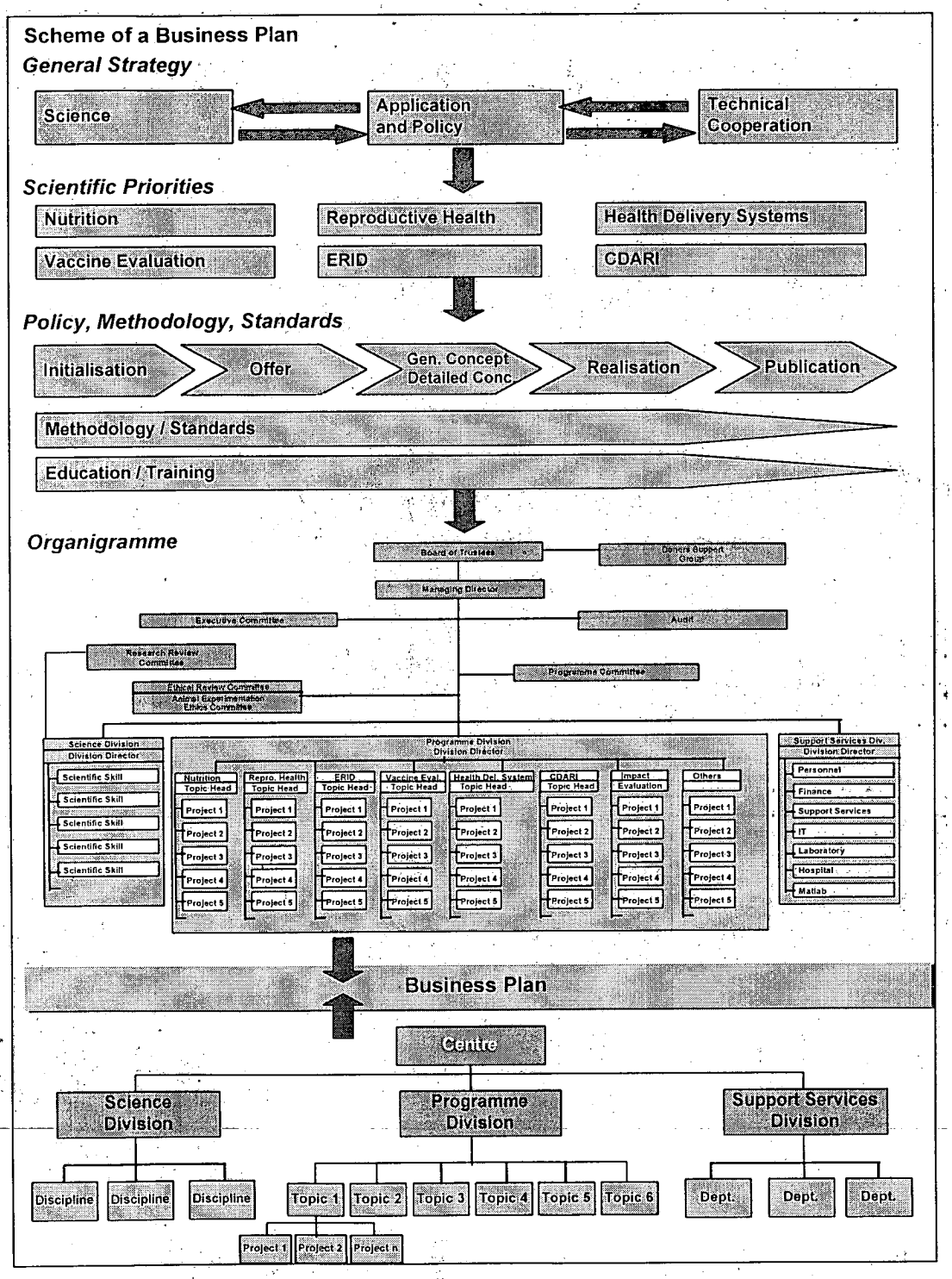

Chart 3 *Scheme of the Business Plan*

2.3.2 Content of the Business Plan

The business plan is a reflection of the Centre's activities expressed in aggregated reference numbers and shown in a three-dimensional level:

- summary and comparison of budgeted to actual financial figures

- break-down and actual-to-budget comparison by scientific topic expressed in contribution margins
- break-down and actual-to-budget comparison by Division expressed in contribution margins

The content, also used as reporting to superior levels, would be as follows:

1. SUMMARY					2. Break-down by agenda of Research				3. Break-down by divison			
ITEM		BUDGET	ACTUAL	DIFF	ITEM	BUDGET	ACTUAL	DIFF	ITEM	BUDGET	ACTUAL	DIFF
1 Total financed	(A1)	$	$	+/-%	1 Total financed (A1)	$	$	+/-%	1 Total financed (A1)	$	$	+/-%
1a unrestricted	(A2)	$	$	+/-%	1a Nutrition (A1)	$	$	+/-%	1a Programme Division	$	$	+/-%
1b restricted	(A2)	$	$	+/-%	1b CDARI (A1)	$	$	+/-%	1b Science Division	$	$	+/-%
2 Total pendig offers	(B1)	$	$	+/-%	1c Reproductive Health (A1)	$	$	+/-%	1c Support Services Division	$	$	+/-%
					1d Health Delivery Systems							
					1e Imact Evaluation							
					1f ERID (A1)	$	$	+/-%				
					1g Vaccine Evaluation	$	$	+/-%				
Total	(A1)	$	$	+/-%	*Total* (A1)	$	$	+/-%	*Total* (A1)	$	$	+/-%
/ Total HR costs	(E1)	$	$	+/-%	1a Nutrition (A1)			+/-%	/ Programme Division (H1)	$	$	+/-%
/ Total material costs	(J1)	$	$	+/-%	project n/contribution margin	$	$	+/-%	/ HR costs	$	$	+/-%
/ Total other costs		$	$	+/-%	Total contribution margin	$	$	+/-%	/ Cost allocation per services rendered (F1)	$	$	+/-%
					1b CDARI			+/-%	Total Division	$	$	+/-%
					margin	$	$	+/-%	/ Science Division (H2)	$	$	+/-%
					project n/contribution margin	$	$	+/-%	/ Support Services Division (H3)	$	$	+/-%
					Total contribution margin	$	$	+/-%				
					1c Reproductive Health	$	$	+/-%				
					1d Health Delivery Systems	$	$	+/-%				
					1e Imact Evaluation	$	$	+/-%				
					1f ERID	$	$	+/-%				
					1g Vaccine Evaluation	$	$	+/-%				
					Total contribution margin 1a - 1e	$	$	+/-%				
					/ other costs	$	$	+/-%				
Total Result		$	$	+/-%	*Total result*	$	$	+/-%	*Total Result*	$	$	+/-%

Chart 4 *Example of the business plan (Centre)*

2.4 Implementation

In paragraph 8.1, 8.2 and 8.2.1 we have defined principles of an implementation as well the need for a split of the reorganisation into various sub-projects.

The main aspect will lie on the fact that a reorganisation has to be implemented in addition to the daily operative activities which should go on and not lead to a drop of productivity.

2.4.1 Reorganisation Task Force

Since the Centre's daily activities should continue without interruptions and irritations which would lead to a drop of productivity, we suggest that the Board of Trustees appoints on its November 98 Board Meeting a **Reorganisation Task Force** consisting of 3 members of the actual management team and delegates full responsibility to work on the defined sub-projects as defined in paragraph 8.2.3.

The reason for a team of 3 members is based on our reorganisation proposal to concentrate the Centre's activities under 3 Divisions.

The other actual members of the management team should put all their efforts into the daily business and should not be an active party of the reorganisation.

The reorganisation task force should directly report to the Board of Trustees which itself appoints a delegation consisting of 3 members to accompany the entire process.

Due to political and psychological reasons we suggest that the reorganisation team has at least one Bangladeshi member.

This allows the Board to delay some of the needed Division Director appointments. Furthermore it opens the perspective for the existing management team to qualify for such posts through their contribution in the reorganisation.

2.5 Short-term activities

In order not to delay the reorganisation process and to maintain the actual pace, we apply for the following decisions to be taken by the Board of Trustees on the November 1998 Board Meeting:

Suggested ideal timing of decisions to be taken

Activity	Responsible	Milestone
new general structure to be accepted	management team	October 1998
presentation to Board of Trustees and approval for reorganisation	Director M + P	November 1998
definition of responsibilities and authorities during the reorganisation	BoT	November 1998
nomination of the reorganisation task force of the Centre	BoT	November 1998
approval for recruitment of a new managing Director and a Director for the Support Services Division	BoT	November 1998
approve costs for reorganisation	BoT	November 1998
detailed work out of action plan and priorities	management team	December 1998
implementation of new organisation and information to staff	reorganisation task force	December 1998
start implementation	reorganisation task force	1st quarter 1999

Suggested ideal timing of decisions to be taken		
Activity	Responsible	Milestone
internal Division reorganisation	reorganisation task force	during 1999
- all other sub-projects	reorganisation task force	during 1999

Table 3 Suggested ideal timing of decisions to be taken

2.6 Special Remarks

We know that the proposed reorganisation looks drastic and at first sight it seems not feasable. We have experienced similar project situations and are convinced that our proposition can be executed. The assurance for such an undertaking is the management team's contribution and dedication. Since this report has been approved by all members of the management, we give it a fair chance to be transformed which would strengthen the Centre considerably.

2.7 Approval

We kindly ask the Board of Trustees to approve the content of our institutional development report dated November 7, 1998.

3 Actual Situation

3.1 General Remarks

The Centre is an outstanding organisation with a mission and objectives which are of a great benefit to many people. Its admirable record of scientific publications and tested solutions for the developing world make it a unique centre of competence and excellence. The combination of scientific skills in biomedical sciences, rural and behavioural sciences, epidemiology, demography and statistics in close interaction with the host country Government, is the strength of the Centre.

The Centre has been analysed several times during the past years. Many of the institutional reports have been taken into our consideration. We participate in all the results and their outcome, therefore, we are able to understand the problems as well as the organisation much faster than we anticipated.

Several of the many reviews of proposed improvements should have resulted in adapted structures and procedures.

Many of the propositions were turned into action. Unfortunately, none of the reviews focused on elementary organisational and structural changes in order to balance the operational project management with research and the necessary service infrastructure (incl. administrative -, laboratory -, and hospital services needed to fulfill the Centre's general mission and objectives).

Although the institution is a non-profit organisation, we tend to believe that due to the dependence on third party financing, the donors will continue to support the Centre only if it is able to prove optimal organisation combined with management efforts to keep the Centre financially break even. This includes a realistic and financially driven plan, combined with marketing efforts to acquire new projects and programmes financed by existing or new donors. Further this includes, that the Centre is managed like companies which work on project basis such as ours or a big consulting company like Andersen, Coopers Lybrand etc.

Based on the above, we are convinced that we will be able to optimize the Centre's facilities together with the actual directors. Of course this presupposes their willingness to comply with the proposed structural changes and its consequences.

We further believe that the internal processes have to be adapted towards a new hierarchical organisation. The general tenor has to be as follows:

> **"Concentration of science to maintain critical mass, all ongoing projects and services and delegation of full responsibility to the lowest possible hierarchical level"**

After the first interviews and workshops it was obvious that all relevant persons involved showed interest in contributing the maximum in order to fit into the concept specified in paragraph 6.

3.2 Centre Description

The Centre was established in 1978 in Dhaka, the capital of Bangladesh, as the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), the successor to the Cholera Research Laboratory (CRL), created in 1960 to study the epidemiology, treatment and prevention of cholera. The Centre, an international, non-profit, health research and training institute has evolved over the years, from a Centre focused on cholera and diarrhoeal diseases and related issues of nutrition and fertility, to a Centre for Health and Population Research with the mandate to provide solutions for the child health and reproductive health problems of the developing world. The Centre has also a mandate to provide training to scientists and researchers in the areas of its competence. The Centre works closely with the Government of Bangladesh, especially in evaluation of health action programmes.

Over the years, the Centre has attracted scientists of the highest calibre from all parts of the world, resulting in a powerful cross-exchange of ideas and approaches; its publication record (over 1'500 scientific publications in peer reviewed and comparable journals since 1978) gives evidence of the high quality of research that has been produced at the Centre. Over 17'000 health and family planning professionals who were trained by the Centre have carried their knowledge to more than 70 countries on five continents across the globe. The Centre, linked to partner institutions throughout the world, has used science and technology to develop solutions to major health and population problems, benefitting millions of people in both developed and developing countries.

At the same time, the Centre discharges an important service function with its Clinical Research and Service Centres in Dhaka and Matlab. Nearly 140'000 patients are cared for annually and it is estimated that at least 35'000 deaths a year are prevented. While the clinical services are the source of the clinical inputs essential for research, this function could already be fulfilled by a clinical load of approx. 50'000 patients. This means that the Centre, by treating more than a double number of patients, takes on an important social position in the Bangladesh health care. Measuring the Centre's work only by its output regarding research would be wrong. It should not be forgotten that the Centre's service functions are an immense contribution to the people of Bangladesh.

3.2.1 The Centre's Organisation

The Centre is governed by a multinational Board of Trustees comprising researchers, educators, public health administrators and representatives of the Government of Bangladesh and the private sector. The Board appoints a Director and Division Directors who head the scientific Divisions. The total staff

strength is over 1200 including 20 internationals. The annual budget amounts to approx. US$ 13 mio.

3.2.1.1 Clinical Sciences Division

The Clinical sciences Division is staffed with physician-scientists trained in gastroenterology, infectious diseases, nutrition, epidemiology and general medicine. The Division is engaged in:

1. Clinical hospital and community-based research of diarrhoeal diseases and nutrition
2. The provision of care up to 150'000 patients annually (1998) at the Clinical Research and Service Centre in Dhaka
3. Preventive health activities directed towards children and their mothers
4. Training in case management of diarrhoeal diseases and associated complications as well as in research methodology.

3.2.1.2 Health and Population Extension Division

The Health and Population Extension Division, staffed with economists, demographers, public health professionals, sociologists, management specialists, statisticians, environments, and anthropologists, undertakes operations research in both rural and urban areas of the country in family planning, reproductive and child health, epidemic control and environmental health. It also provides technical assistance to the Government of Bangladesh, non-governmental organisations and the private sector in the application of the research findings to improve the national population and health programmes in areas related to management, quality of care and sustainability. The Division comprises the Operations Research Project (ORP), the Epidemic Control Preparedness Programme and the Environmental Health Programme (EHP).

3.2.1.3 Public Health Sciences Division

The Public Health Sciences Division, staffed with public health professionals, epidemiologists, social scientists, and economists, focuses on the evaluation and testing of community-based, cost-effective, sustainable interventions to improve the health of children, young adults and women of child-bearing age. The Division is responsible for the primary health care services in rural Matlab where there is a population of 210'000 people under demographic surveillance. The Division is divided into research programmes concerning reproductive health, child health, health and demographic surveillance, social and behavioural sciences, health economics and provides several short training courses.

3.2.1.4 Laboratory Sciences Division

The Laboratory Sciences Division conducts research in diarrhoeal diseases, acute respiratory infections (ARI), reproductive tract infections (RTIs) including sexually transmitted infections (STIs) and human immune deficiency virus (HIV) diseases, environmental microbiology and nutritional biochemistry, provides laboratory support to other scientific Divisions as well as state of the art diagnostic facilities for a variety of illnesses and disorders to the public as a paid service. Laboratory-based training programmes are also a priority of the Division.

3.2.1.5 The Director's Division

The Director's Division provides the administrative and infrastructural support essential for the efficient functioning of the large and complicated research, service and teaching activity in a developing country. The Director's Division comprises the finance and personnel department as well as all other administrative support service activities of the Centre.

3.2.1.6 Cross-divisional Synergies

In general the individual scientific Divisions are operating independently and are project or programme oriented without elaborating possibilities of maximum synergies. A corporate identity is primarily to be seen on a project-oriented basis.

3.3 Structure

Today the Centre is structured as follows:

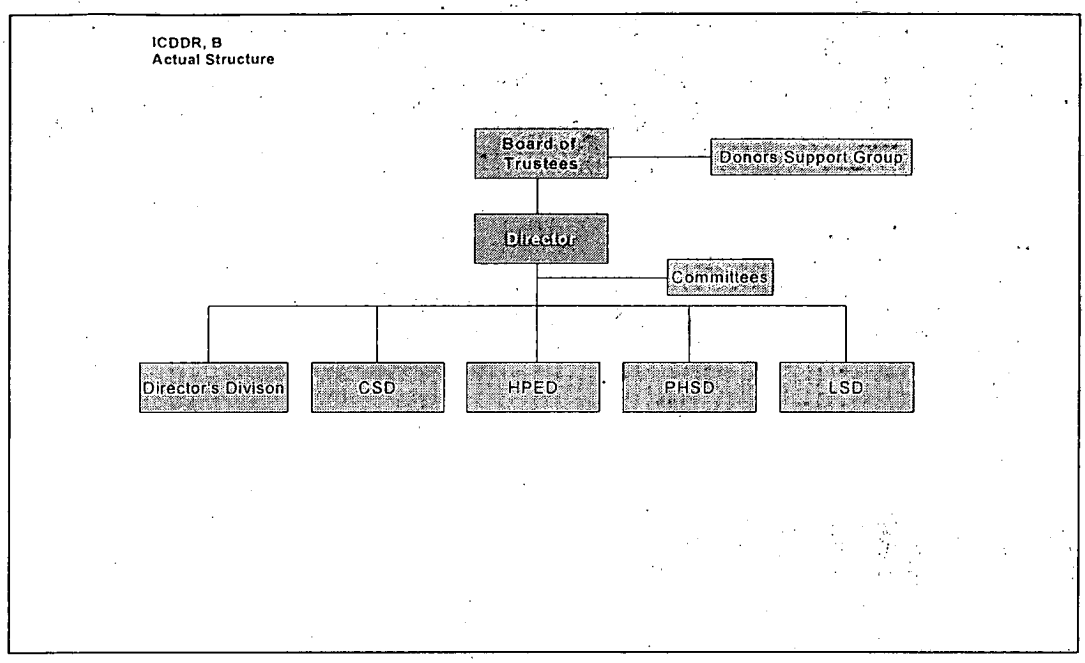

Chart 5 *Actual Structure*

The Board of Trustee Members are in charge of the responsibility for the Centre. The Board of Trustee, comprising several local and international dignitaries (17), decides on the strategic orientation of the Centre, elects the Director and the Divisional directors and controls the operative activities under the guidance of the Director. The Board of Directors meets twice annually.

The Centre further consists of several **committees** such as the **Programme Coordination Committee,** the **Research Review Committee,** the **Ethical Review Committee,** and the **Animal Experimentation Ethics Committee**. The duties of the respective committees can be read in the 1997 annual report.

Operatively, the Centre is managed by a **Director**. His duties can be summarised as follows: 1) Active management of the Centre and guidance of the Divisional directors reporting directly to him, 2) definition of the scientific orientation of the Centre, 3) marketing the Centre externally and 4) acquiring new donors and projects. The Director secures management information and accomplishment through an **Executive Committee** which he heads and whose members are the Division directors as well as the chiefs of finance, personnel and external relation.

The actual Director Dr. George J. Fuchs was nominated by the Board of Trustees this summer after the departure of Prof. Suskind, the previous and officially nominated Director. Dr. Fuchs acts as a Director on an interim basis and was the previous Director of the Clinical Sciences Division.

A number of reorganisational activities such as our institutional review, strategic plan for the next ten years, ideas of centres of excellencies, future scientific

orientations and developments were initiated by Dr. Fuchs and his team and provide an important basis for this report.

The individual Divisions are managed by **Division Directors.** Their responsibilities are the fulfilment and successful termination of projects and programmes as well as the management of resources. Only one Director was officially nominated by the Board of Trustees, the others have been in charge since this year and act on an interim basis.

The **Divisions** are either organised according to their projects or their scientific duties according to the strategic plan approved in 1994.

The Divisions themselves as well as individual **projects** or **programmes** each act as individual "companies" irrespective of support services of the Centre and irrespective of available resources in other Divisions. Synergies are rarely made use of.

For every task there is a respective department within the Centre comprising a department head with a number of employees. The question of the benefit for the Centre will be raised in our report.

The **infrastructure** of the Centre and its projects, given the circumstances, can be considered as comfortable but should be questioned in its size. The technical infrastructure is sufficient to comply with the needs and objectives. We do not propose to implement new software tools and solutions before the reorganisation of the Centre is completed.

The **process structure** within the Centre is complicated, paper-based and costly. This is also due to the fact that the same activities within different Divisions are carried out without making use of synergies.

3.4 Management

The management of the Centre contributed the necessary information essential to drafting of our concept. It was obvious that all members of the Executive Committee were able to analyse the weaknesses of the Centre. A big number of ideas was already discussed and elaborated by the management of the Centre, but not put into action due to the short period of time the management has existed.

The focus of the management team lies on their scientific orientation and duties and to a lesser extent on real management functions. It shows that there is little experience in managing people and financial resources. Only Prof. Mathan, head of the Laboratory Sciences Division, has a long-standing experience in managing large institutions in India.

We suggest keeping apart the management and the scientific aspect of the Centre and the structure transformed accordingly (see our concept in paragraph

6). This means that for the directors and the Division Directors management skills should have a higher priority than the scientific skills.

At the present time the Divisions are too loosely structured. This makes it difficult for the Directors of each Division to influence, guide, head and control their Divisions. Yet it is positive to see that they are all respected and accepted by their subordinates.

A further point of non-management is due to lack of respective reference numbers (key figures) and a useful management information system.

We were astonished to see the number of statistics and reports available from each department. Unfortunately these statistics are not really made well use of as they do not make available the necessary information to the management team to take precise and immediate decisions.

3.4.1 Reference Numbers

The Centre consists of a huge flow of information on every event and sequence etc., every detail is on record and is a part of an especially designed report or statistic. Yet the Centre does not have any key figures and sufficient management information to act accordingly. A decision on which kind of relevant information is needed should be taken soon. It will be part of our duty to define together with the management team the different key figures needed (specific suggestions from our side are described under paragraph 6.3.4). This will help to guide the Centre efficiently.

A clear definition of relevant reference figures as part of a management information system (MIS) will make the accounting system of greater relevance.

The implementation of a management information and specific reporting system will imply the change of the structure of the accounting system.

As an example, the Centre is not in a position, to present on demand an immediate management summary of the projects and pending offers, consisting of important data such as 1) project type, 2) size in US$, 3) capacity utilisation in terms of finances and human resources, 4) start of project, 5) termination of project, 6) pending offer, 7) size in US$, 8) possible start of new and proposed projects, 9) probable capacity utilisation, 10) probability to get the project in %.

Realistic budgeting, use of the human resources capacity, benefits of synergies, control of progress and marketing efforts can be achieved only with the above mentioned information.

3.5 Projects/Programmes

The Centre is working on a big number of projects and programmes. All projects and programmes were approved by the numerous committees. The fulfilment of the scientific objectives of the projects are not subject of this study. There are

small projects with a short duration as well as projects with an extended period of several years. The projects are headed by project managers, acting individually and in close cooperation with third party donors.

3.5.1 Offers to Donors

The departments within the Divisions are preparing new scientific research programmes and present them to possible third party donors after a lengthy process of approval by management and several committees. The offers have to be within the scientific orientation and objectives of the Centre and are often a continuation of existing projects and programmes. In addition, the Centre presents offers based on new scientific discoveries and searches third party funding. The offers contain the objectives to be achieved, the duration and the necessary resources. A control mechanism in order to check whether resources are adequate or sufficient internal allocations exits, has to be established.

Every project manager includes every possible cost factor in an offer (i.e. cars, drivers, office space, infrastructure, travel expenditures, human resource costs, etc.). Very often, additional human resources are engaged and recruited and administrative services freshly built up, although the Centre would provide the same services or other Divisions would be in a position to designate human resources to the project. These facts resulted in the actual situation where an analysis of the number of human resources effectively needed is urgent. Also the whole administration needs centralisation which means that all administrative services are provided centrally and not Divisionally.

3.5.2 Organisation and Resources

Once the project is accepted by a third party donor, the project manager is relatively independent to consume the resources. Optimisation of resources and administrative services essential for the project cannot be defined today. Control mechanisms by the superiors are existing and executed but with no influence on the project. The reason given was that once donors accepted the project, nothing can be changed for the benefit of the Centre. We suggest to inform the donors as to how a project company is run professionally and how cost savings can be achieved.

It will be essential for the Centre to reorganise the conduct of projects and project management as well as simplify, professionalise and unify the reporting to donors.

3.6 Donors

The Centre is entirely dependant on third party funding. The funding is obtained by a large number of governments, government agencies, international organisations, foundations and multinational corporations as well as private donors. The trend how donors support the Centre, changed dramatically.

World-wide change in resources donated for development assistance has also made an impact on research and programme support by donor community. The changes in the level of support to the Centre are reflected in the provision of foreign assistance, support for international health care initiatives and population programmes by the various donor governments, agencies and others. The donors show a tendency to shift their strategic plans and priorities towards economically oriented projects. Consequently, the Centre has experienced a decrease in donor support in cases where donor countries have decided to give priority to sectors of the economy other than the health care sector. In other cases donors have shifted resources into specific projects.

The donors supporting the Centre at this time have focused their resources into certain types of programme and project support. These changes reflect the growing consensus that projects and programmes in the health care sector must become sustainable and demonstrate progress at the community level. Thus increasingly, community-based research is an important component of donor supported initiatives. The related issues of utilising resources to strengthen local institutions is a key component to sustainable development.

Another important element of donor interest is examining the cost effectiveness of donor supported initiatives and the long-run implications for the continuance of any given activity. Donors more commonly approach projects and programme support with the view that such activities must eventually be self-sustaining, particularly community-based programmes, and outcomes must be measurable. Donors are also inclined to support those activities where the end results are quantifiable, such as a decline in population growth, reduction in the incidences of disease or decline in mortality rates. In essence, those projects and programmes, where results can be clearly measured and donors are provided with exit strategies, are attractive prospects for funding and can influence donors' decisions concerning their level of overall support to the organisation and its programmes.

3.6.1 Restricted Funding

As described in paragraph 3.6, if donor's tendency is to support specific type of projects and programmes instead of "general subsidies" (unrestricted funding) to the Centre, the management will be in a difficult situation. Neither can general costs be properly allocated to the projects nor can general costs be broken down to department and its product level. Unless individual departments do not price their "products" based on output charged cross-divisionally, the management will be forced to see dropping unrestricted versus restricted funding and lesser coverage of centralised administration costs. It will be management's goal to justify administrative general costs on an optimised basis vis-a-vis its donors and the Board of Trustees. We believe that internal rules concerning cost composition on projects have to be redefined.

Out of total budget 1998, restricted funding (project) is planned to be US$ 9,13 mio, representing 71% of total donor's income. Unrestricted (core funding) income is planned to drop from US$ 3,4 mio 1996 to US$ 2,04 mio this year,

representing 16% of total budget. An additional amount of US$ 1,6 mio is planned to be received as restricted overhead contribution and should be added to the position restricted funding, raising it to 84% of total budget.

It will be management's duty to focus their efforts towards optimising project management in order to adjust general administrative needs and to balance the director's Division with incoming unrestricted funds. Our detailed concept will cover primarily these aspects.

3.6.2 Unrestricted Funding

As a matter of fact, the Centre's unrestricted income will be reduced this year to US$ 2 mio. The actual income will not cover total administrative expenditures, leaving the Centre with a deficit of at least US$ 1,5 - 2,5 mio.

In our opinion, organisational deficits combined with an extensive and rather expensive accounting system makes the Centre difficult to run and inflexible to adapt to new situations.

As described in several paragraphs, the focus has to lie on the Centre's total achievement and not on individual project results. Only total corporate identity will result in a lesser dependence of project-linked financing.

Another aspect lies in the lack of marketing of the Centre on a world-wide basis. The Centre's achievements, mission and activities are not publicised sufficiently and thus the donor's attitude of not supporting an inefficient institution (only organisationally and not scientifically) becomes understandable.

3.6.3 Endowment Funds

The Centre Fund Endowment was established by a resolution of the Board of Trustees in 1991. The aim of the endowment fund is to raise money and to use the interest earnings from that investment to:

- insulate the Centre from fluctuations in revenue
- provide fiscal flexibility to permit the Centre to move quickly in exploiting research opportunities
- help it maintain its competitive edge as a centre of scientific excellence
- contribute to the cost of patient treatment

Endowment support will allow expansion of efforts such as providing exchange of scientists from the Centre to other research institutions and universities world-wide and initiating time-sensitive research that has significant scientific merit but limited funding available from outside sources. It can also support the collaboration with regional institutions and support the infrastructure of the Centre.

It is essential that the Endowment Fund grows so that the Centre's level of self-sufficiency and ability to expand its research activities into important and innovative initiatives is guaranteed. The importance of marketing needs to be reflected to ensure the growth of the Endowment Funds and thus should be incorporated in the general marketing strategy of the Centre which has to be redefined shortly.

The Centre Fund Finance Committee monitors the Funds. At the end of December 31, 1997 the different funds had the following market values: 1) Reserve Fund as a back-up for liquidity : US$ 2,155 Mio, 2) Hospital Fund : US$ 3,964 Mio, 3) Centre Fund Endowment: 3,18 Mio.

3.6.4 Reporting to Donors

The Centre does not have a unified reporting system accepted by all donors. Every donor asks for its individual and specific requests to be fulfilled and causes an enormous additional work flow and cost factor to the Centre. The Finance Department employs a number of accountants only to satisfy donor's requests.

We consider a unification of the reporting system essential to the Centre. In addition there is a discrepancy between cost effectiveness requested by donors combined with their complicated reporting needs. We believe that all efforts justifying such request should be honoured separately and considered as additional service.

The Centre should analyse all reporting needs of all donors and create one report issued and distributed on a quarterly basis. It should be targeted for the November Board of Trustee Meeting to convince donors of such undertakings.

3.7 Finances

The Centre is actually not able to balance incoming funds from donors with its cost structure. For the third consecutive year, the Centre will have to declare a negative result in the amount of approx. US$ 1,5 - 2,0 mio.

Another factor is the payment flow of some donors which is normally delayed, due to various reasons, forcing the Centre to organise overdraft lines with local banks to secure liquidity.

According to our analysis, we believe that after reorganisation, the Centre could be capable to be in balance subject to a relatively drastic change of organisational structures and processes in all Divisions and departments.

3.7.1 Accounting Structure

The information system available is primarily based on financial datas from financial accounting. In addition the Centre implemented cost centres to

distribute costs. The chart of accounts show a high grade of specification and could be considered as sufficient.

Unfortunately financial datas are not sufficiently used to be transformed into a proper cost accountancy (cost centres, cost units, cost allocation etc) in order to be able to cover all the necessary controlling aspects.

A big number of information is available regarding cost centres and other financial datas. A specific project accounting system, covering all items and datas (financial and non-financial), is not available.

Unfortunately they do not serve as relevant information to the management enabling it to run the Centre and to take immediate decisions.

Our proposition will be more focused on an enlarged structure utilising all aspects of cost accountancy. This would include cost centre and cost unit accounting, implementing projects as cost centres and cost units as products and services.

Together with the Chief Financial Officer, we will define cost accountancy once the reorganisation will be approved by the Board of Trustees since cost accountancy is dependent on the organisational structure of the Centre.

3.7.1.1 Reporting

The reporting to management and specifically to the Board of Trustees contains too much information which do not cover the needs of superiors. It should be the aim to submit relevant information as to how the Centre performed since the last management meeting or the last meeting of the Board of Trustees, comprising actual to target figures on revenues per Division and projects, products sold cross-divisionally and cost elements such as human resources and materials. In addition superior levels should expect to get reasons for the differences vis-à-vis the approved budget and what decisions have been/will be taken to correct the situation.

We suggest that the reporting to management and the Board of Trustees will be the same in the future.

A revised cost accountancy system to be implemented will be essential to measure the future efforts.

3.8 Human Resources

The actual Human Resources review under the supervision of Jackie Reeves is an integral part of our report. We entirely share her December 1997 report and coordinate her actual activities to be congruent with our reorganisation efforts.

The human resources aspects which have to be coordinated by all parties involved (Management, M+P, J. Reeves) should cover the following items:

- recruitment of new management positions
- improvement of management skills
- job descriptions per staff posts and skill database
- compensation packages for all level of employees
- future pay system including incentive packages
- rules and regulation for project staffing
- capacity utilisation and vacancy ratio of total personnel
- crossDivisional use of knowledge and capacities

The above mentioned activities can be solved without interference in the global reorganisation process. Only the timing factor of each action has to be taken into consideration.

We consider that the actual number of staff per skill description as relatively high and it should be redefined during the course of the reorganisation efforts.

We learnt that the recruitment process for new and individual project staffing is determined by the principal investigators (project managers). The effective need of new personnel is only rarely scrutinised and cross-checked with other Divisions since no skill database together with a capacity utilisation list per employee is made available.

4 Objectives

The principle objectives of our study were defined in the Terms of Reference together with SDC.

The result should be to define a business plan together with the actual management team.

4.1 Our interpretation

After our first visit we came to the conclusion that a business plan can only be designed after a proper business process reengineering and a structural reorganisation would have taken place.

In agreement with the management team, we analysed each Division with the aim to define immediate actions to be taken in order to quickly optimise the efficiency of the Centre.

We therefore have broken down our involvement into 4 phases, comprising a **general analysis** showing immediate optimisation potential, **a phase detailing** our suggestions together with the management team, the establishment of a **business plan scheme** including the Centre's strategy, organisation and projects and the final report as a **proposition** to the Board of Trustees.

Once the Board of Trustees will decide on how far and how fast the reorganisation should take place, we consider the entire process to last one year until completion.

Furthermore, we know from experience made in similar institutions that our suggestions, although they were kept relatively superficial, would allow the Centre to improve not only efficiency but also employees' motivation to work for a unique institution. These factors should be considered as key factors to guarantee a success story.

It will be essential that the bigger lines of the reorganisation process will be decided immediately in order to keep the management team's actual pace. It is to a lesser extent needed that every detail is already in place but it will be more important that subordinates get a clear sign of the future direction.

5 Analysis of the Actual Situation

The analysis included items such as:

- management of the Division
- strategic planning and orientation of the Division, actual phase of optimisation
- plans concerning scientific initiatives and visions
- actual projects, projects submitted for funding (outstanding offers)
- management of projects
- crossDivisional efforts
- cost factors
- creation of new income to the Centre
- weaknesses
- recommendation
- potential of improvement

We learnt that due to management changes and other circumstances each Division seems to be in another phase of development. Whilst the Laboratory Sciences Division already formulated its vision and conduct for the next years (see strategic plan 1998-2000, annexe) which covers similar aspects of reorganisation as ours, others have not been able to perform and adapt similarly, e.g. the Director's Division (partly reorganised during 1998), the Public Health Sciences Division and the Health and Population Extension Division.

The unique synergy of scientific skills that exists in the Centre is its greatest asset. There are very few Centres in the world where issues involving the health of population in the world can be studied in the crossdisciplinary manner possible here. The scientists in the Centre bring skills in biomedical sciences, social and behavioural sciences, operations research, demography, economy, epidemiology and statistics which are now organised in skill based Divisions.

A restructuring will increase the synergies and maximise the impact of the Centre.

It should be mentioned that all directors in charge now see the necessity of structural changes and offered their utmost support.

5.1 Director's Division

5.1.1 General Remarks

The Director's Division, which has been partly reorganised during the course of 1998, includes the following departments:

- Personnel Department
- Administration Department covering Maintenance -, Engineering -, Transport - Canteen -, Estate and Property -, Travel - and Procurement services
- Finance Department
- Information Systems Department
- Training and Education Department
- Public Relations Department
- Internal Audit Department
- Library

The Centre maintains a relatively complicated structure within the director's Division in order to provide the necessary services to other Divisions.

The aspect of outsourcing of services was only applied partly in the transport, security and cleaning department. Other services are all kept within the Centre.

The same services rendered in the director's Division were found within individual projects, i.e.

- cars paid by projects
- administrative personnel kept busy in projects (secretaries, information system engineers)
- built-up technical infrastructures (location refurbished, PC's)
- administrative work done directly within projects

We consider the amount of staff involved for the objectives of each department as high and it should be analysed during the course of the reorganisation.

Furthermore we suggest an optimisation of internal processes. For simple sequences too many people have to be addressed and involved. That's the reason why simple internal requests need too much time and forces other internal departments to help themselves and build up same internal structures in order to speed-up internal processes. It is obvious that this fact leads to an inflated cost element to the Centre.

The entire Director's Division is dependent on unrestricted funding. Relevant services are rarely charged cross-divisionally since a definition of internal „prices per product" are practically not available.

5.1.2 Organisational Structure

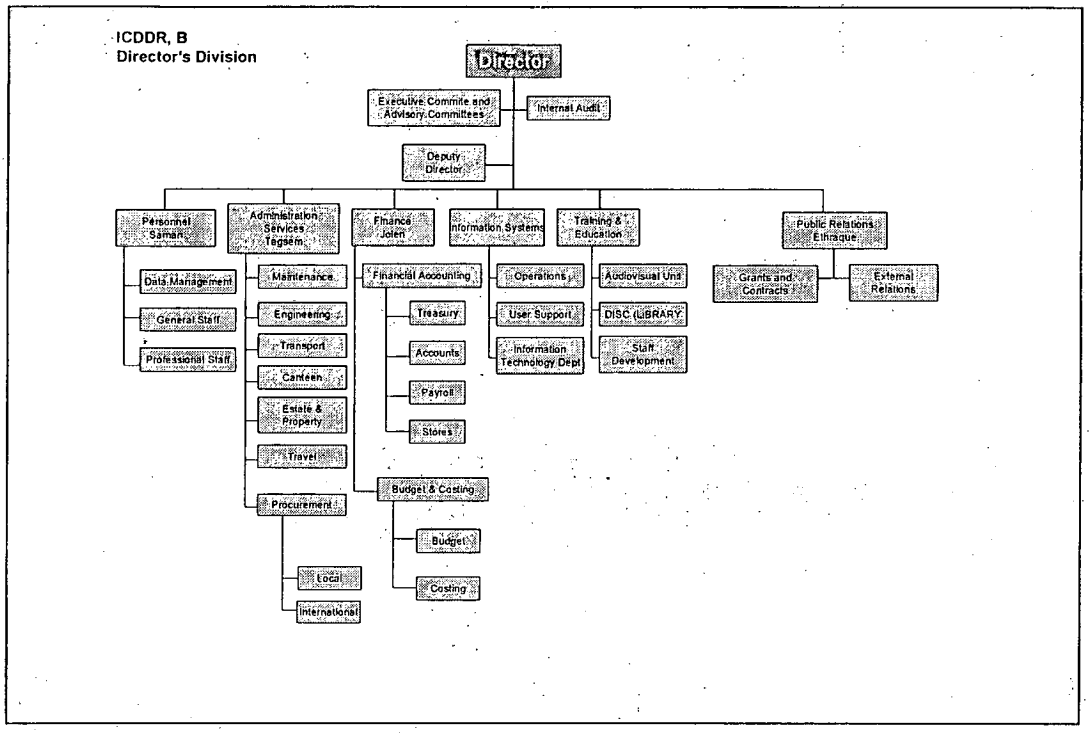

Chart 6 *Director's Division*

5.1.3 Remarks by Department

5.1.3.1 Personnel Department

The Personnel department is actually assisting J. Reeves in a reorganisation of all human resources aspects.

The reorganisation includes questions of workforce planning, job classification, pay structure, human resource policies, non scientific training and development, information systems and equal opportunities for staff.

The priorities of the department should at all times be

- to support other Division in the recruiting process of staff
- the modification of pay and incentive structures to rely to the market
- to set rules and regulations for staff
- to improve skills by organising training and education for staff
- to set rules for internal qualifications of staff
- staff salaries

Since the reorganisation process is not yet terminated, we would prefer to await results before amalgamating them with our propositions.

5.1.3.2 Administration Services

The Administration services include all kinds of logistic services in order to properly run the Centre. The number of staff is relatively high since practically no services are outsourced or purchased from third parties.

The services include electrical engineering - (6 employees), civil engineering - (10), vehicle maintenance - (9 to maintain 82 cars), transport - (18-20), general services such as security, cleaning, mail, messenger, garden (22), canteen - (11), estate - (3), travel - (3), guest house - (3), procurement - (n.a.).

We primarily base on Engr. Taqsem A. Khan's summary and the subsequent proposals for improvement (Annexe).

It will be essential to work out a specific action plan to question all services rendered in order to optimise processes and necessary staff allocation.

We believe that a bigger number of services could be outsourced.

We would enhance services to be priced and better allocated cross-divisionally. The number of staff should be a result of products (services) sold.

5.1.3.3 Finance Department

5.1.3.3.1 Organisational Chart of the Finance Department

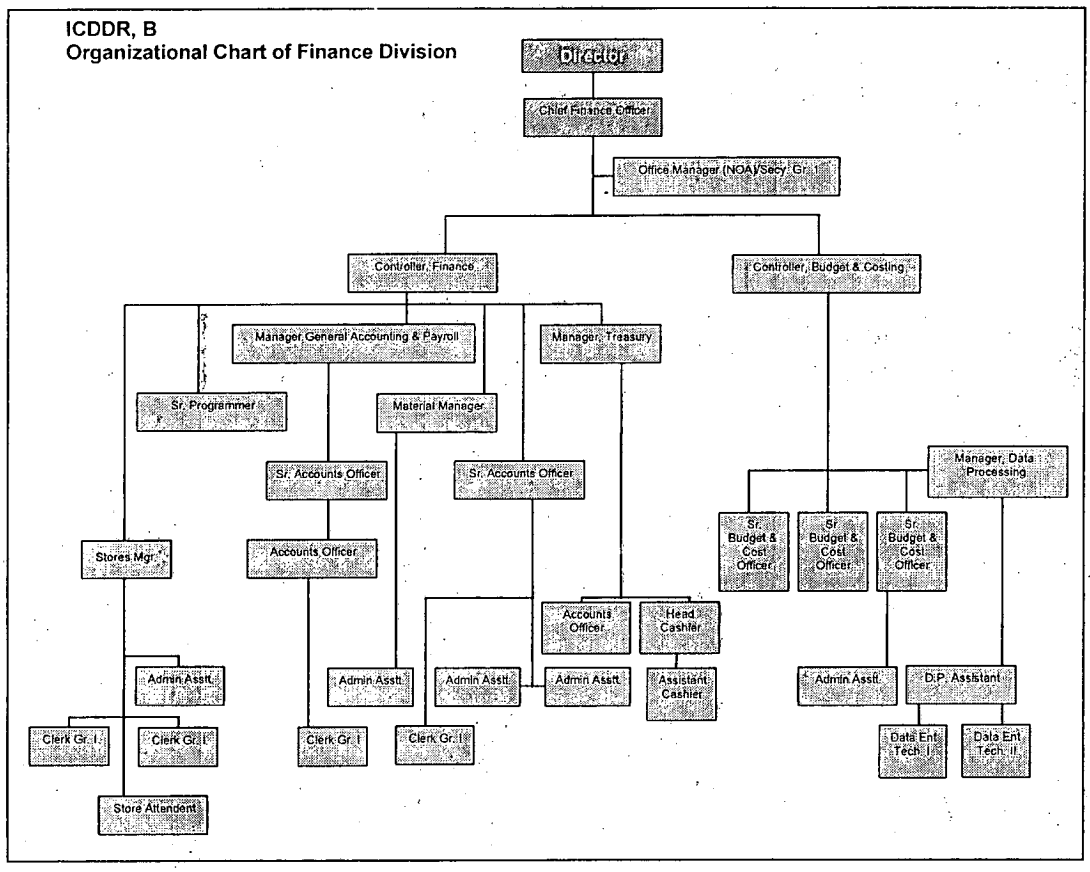

Chart 7 *Organisational Chart of Finance Department*

The Finance Department employs 32 staff and is primarily responsible to run the accounting system of the Centre, to define the accounting -, controlling - and budget controlling structure. The Department is also responsible for the Centre's Central Stores and for fixed assets inventory.

The department consists of databases with a huge amount of information available.

We consider the amount of staff involved as high. We were informed that a number of employees are needed to fulfill reporting needs to donors or to support donor auditors during the several annual audits of the projects throughout the year.

5.1.3.4 Information Systems

The information system was implemented in 1983 and has been improved by internal resources ever since.

The system is running on AS400 and SUN (Matlab).

The programmes have been constructed and programmed in-house and no standard software has been implemented.

It will be essential that a new system is not only covering financial accounting needs but as well logistic and project-linked aspects.

The number of information systems related staff is too high and should be analysed more thoroughly during the course of the reorganisation.

It should also be analysed what the maintenance costs for the actual system are and how they can be reduced.

Regarding information systems, we propose to use as much as possible standard software components in order to profit from further developments executed by the supplier and updated automatically through change of releases.

5.1.3.5 Training and Education

This department has not been analysed yet.

5.1.3.6 Public Relations Department

The Public Relations Department consists of 4 employees, reporting to the Director directly and fulfilling the below mentioned duties:

- external relations
- leading role in donor's relations
- marketing
- relationship management with international institutions
- organisation of conferences, visits
- preparation of donor's support group meetings
- liaison with press, press work
- project proposals for unrestricted funding
- elaboration of statistics of projects with due dates, amounts, responsible officers etc.
- distribution of information internally
- elaboration of the technical report together with the Chief Finance
- „grants news"

As we can see from the above mentioned duties, the external relations department has a wide range of services rendered.

In our opinion, all duties not corresponding with marketing should be delegated to other Divisions (project related information to the Research Project Division (new) etc.).

The department's main focus should lie on extended marketing efforts to get new donors, on an increased publicity of the Centre, secure a corporate identity with regard to marketing material, brochures, project offers, etc.

5.1.3.6.1 Marketing Office in the US

The Centre maintains a North American Office with the sole aim to acquire new donors.

We support all activities leading to new financing sources, but believe that the way it has been initiated can not be the right one. The person involved should act on a commission basis against success only and not on the basis of a fixed fee.

In other known cases in Europe, dignitaries were found who organised events to collect funds etc. or represent foundations supporting third world countries or individual projects. According to our information, well-known sportsmen and models as well as wives of politicians could well be attracted to assist the Centre (mainly since Bangladesh news is on Europe's tv on a daily basis).

5.2 Laboratory Sciences Division

5.2.1 General Remarks

As mentioned above, the Laboratory Sciences Division formulated its strategic plan for the next two years. This paper covers scientific priorities, research priorities, reorganisation aspects such as functional changes, infrastructure strengthening and development, physical reorganisation, centres of excellence, interDivisional and crossDivisional collaborations and improvements of better utilisation of resources.

All aspects covered are 100% in line with our propositions and ideas. Additional items can only be covered by superior decisions such as the accounting system, full delegation of responsibilities, management by objectives and budgets and inter- and crossDivisional use of personnel.

5.2.2 Organisational Structure

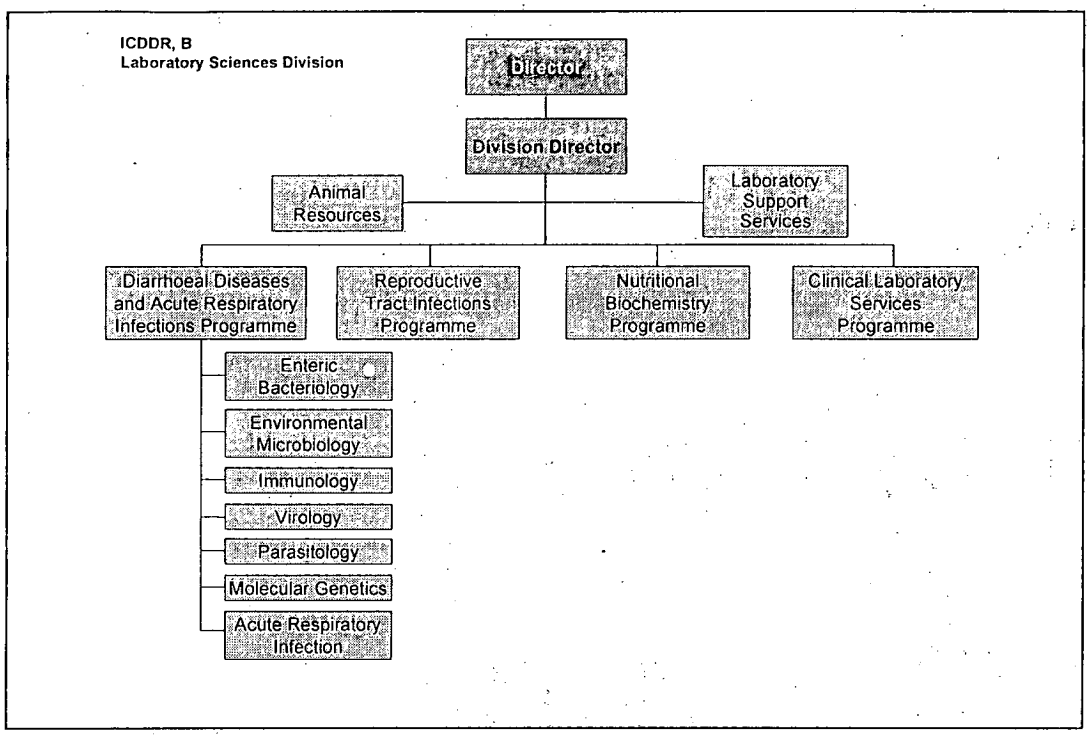

Chart 8 *Laboratory Sciences Division*

The organisational structure actually undergoes some changes in order to adapt to its strategic plan issued by the Division Director.

5.3 Clinical Sciences Division

5.3.1 General Remarks

The Clinical Sciences Division -according to the annual report 1997- conducted its activities in 1997 with the support of 176 fixed-term personnel (135 core staff and 41 project staff). Moreover, 63 health workers, 121 CSA employees, 13 trainee doctors, 15 trainee nurses, two nurse consultants, and one international child survival fellow assisted in the activities of the Division. Three senior paediatricians and a radiologist continued to provide consultancy for better training of the staff doctors and clinical fellows of the Division.

The Research activities in the Clinical Sciences Divisions are conducted along the following broad themes:

- Case Management Research
  - * Nutritional Therapy
  - * Fluid Therapy
  - * Pharmacologic Therapy

- Pathophysiology Research
- Preventive/Maternal Child Health Research
- Clinical Research and Service Centre
  - Travellers' Clinic
- Child Health Programme
- Operations Research Programme of the Bangladesh Integrated Nutrition Project
- Hospital Surveillance Programme
- Physiology Laboratory

A total of over 114'000 patients visited the clinic in Dhaka. The number of patients is steadily growing, reaching the this year's peak of 917 daily patient visits on August 23, 1998. The recognition of the clinic will grow further and it is important to decide on the strategy and the orientation of the clinic soon, since patient treatments, costing average US$ 10.- per treatment and patient per day, are not covered by project but only by unrestricted funding. An increased number of patients - it is said that 50'000 would be sufficient to cover research needs - will also in the future be to the debit of unrestricted funding. It is questionable if patients should be charged for treatments.

Actually and with the growing success of the clinic, we would suggest evaluating other revenue sources than from the poorest of the poor in Bangladesh. We propose to find donors financing at least the difference of 120'000 to 50'000 patients.

The Clinical Sciences Division is a mixture of project and charitable work including services which are already existing in the Centre (laboratory). We propose to undertake a specific analysis regarding human resources allocation.

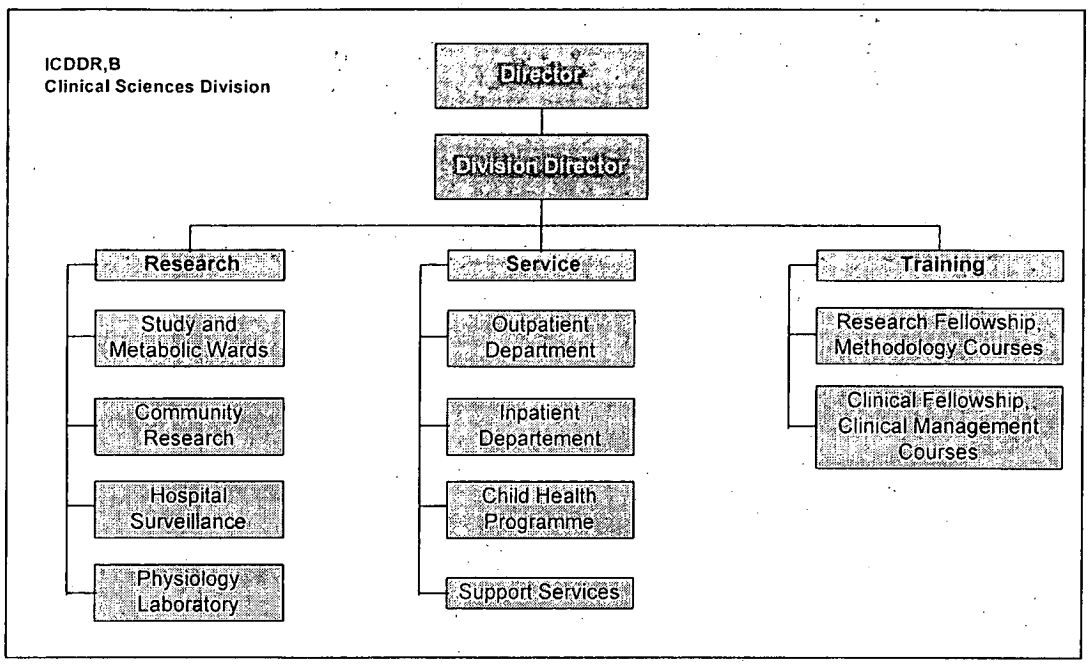

Chart 9 *Clinical Sciences Division*

5.4 Public Health Sciences Division

5.4.1 General Remarks

The Public Health Sciences Division focuses on the evaluation of population-based interventions to improve reproductive, sexual and child health.

The Division carries out research in rural and urban areas. The Division is well suited to carry out multidisciplinary research by combining the various disciplines available in the programmes. The interaction of the research skills is evident in Matlab, where epidemiologists, demographers, clinicians, anthropologists, health economists, social-behavioural scientists and laboratory specialists carry out integrated research (Matlab Health Research Programme (MHRP).

The Health and Demographic Surveillance Programme (HDSP) encompasses the health and demographic surveillance system, the longest standing surveillance system in the developing world. The system generates information of changing trends on health, population and social traits, and provides information to design, monitor and evaluate health and social interventions. The Reproductive Health Programme (RHP) conducts research on the interactions of health services, development and reproductive outcomes. The Child Health Programme (CHP) evaluates the impact of interventions to reduce mortality. The Social & Behavioural Sciences Programme (SBSP) conducts research in a variety of areas all over Bangladesh. The Health Economics Programme (HEP) evaluates the cost-effectiveness of health and development interventions.

5.4.2 Organisational Structure

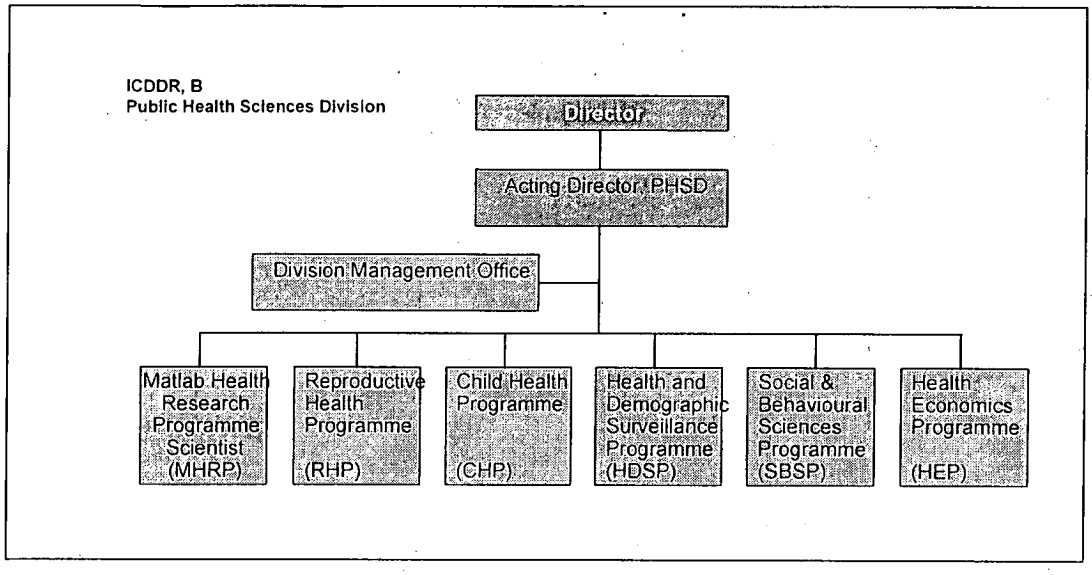

Chart 10 *Public Health Sciences Division*

5.5 Health and Population Extension Division

5.5.1 General Remarks

The Health and Population Extension Division consists of three projects:

- Operations Research Project (ORP)
- Environmental Health Programme (EHP)
- Epidemic Control Preparedness Programme (ECPP)

The Health and Population Extension Division is one of the four scientific Divisions of the Centre with the largest collaborative project with the host government. The Division has a long history of accomplishments in applied research which focuses on the application of simple, effective and appropriate technologies and strategies to improve health and family welfare of the population. The primary focus of the Division is on: conducting operations research (OR) in health and family planning, including environmental health and epidemic control; scaling up the lessons learned from successful operations research interventions; disseminating research, nationally and globally, through seminars, conferences and publications; and providing technical assistance to the government of Bangladesh (GoB) and the non-government organisations (NGOs) to strengthen the national health and family planning programme.

The Operations Research Project (ORP) represents the Centre's contribution to a broad partnership involving the Ministry of Health and Family Welfare and other service-delivery organisations under the USAID-funded National Integrated

5.4.2 Organisational Structure

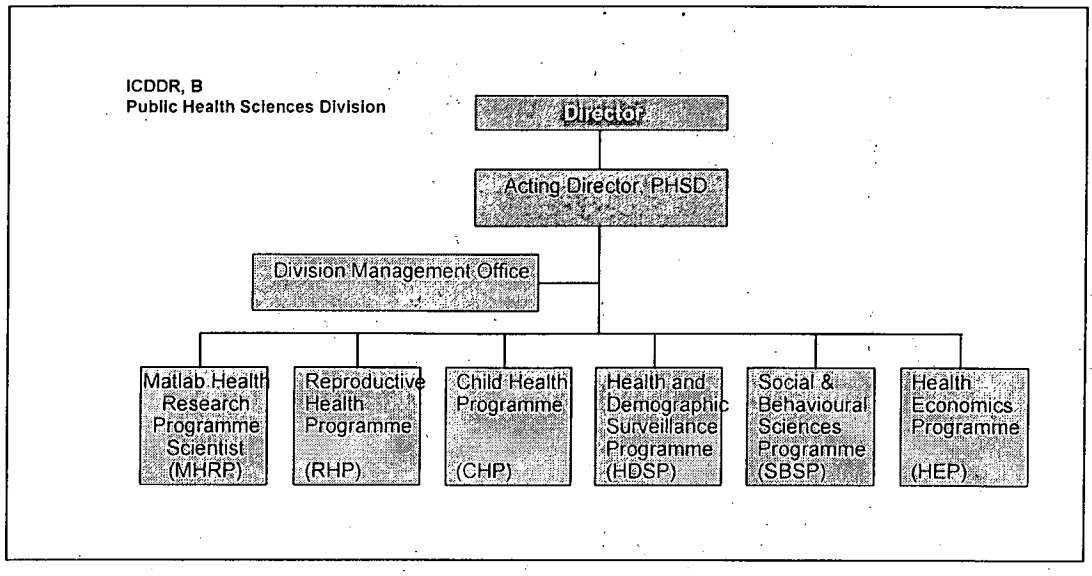

Chart 10 *Public Health Sciences Division*

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The Operations Research Project (ORP) represents the Centre's contribution to a broad partnership involving the Ministry of Health and Family Welfare and other service-delivery organisations under the USAID-funded National Integrated

Population and Health Programme. Indeed, the ORP is the single largest project of the Centre accounting for over 1/3 of the entire Centre.

The focus is on the improvement of management capability, enhancing quality of care and promoting sustainability through application of the lessons learned from operations research. The ORP interventions are designed and field-tested with the government agencies, NGOs and the private sectors delivering health and family planning services in rural and urban Bangladesh. The ORP is measured by: 1) number of operations research conducted and findings disseminated, and 2) number of operations research findings scaled-up/replicated in the national programme. Thus, the expectations of the Government and USAID from ORP directly relate to programmatic and policy improvements.

The Environmental Health Programme (EHP) 's purpose is to study the environmental issues relating to health. EHP collaborates with the Ministry of Local Government, Rural Development and Cooperatives (MLGRD & C) and MOHFW for its activities in the urban and rural sites. The major activities and the accomplishments of EHP revolve around hygiene education, community involvement in water and sanitation-related activities, interventions on safe water and sanitation, and examination of arsenic contamination in tubewell water of Bangladesh.

The basic task of the Epidemic Control Preparedness Programme (ECPP) is to develop a system which provides early warning of impending cholera epidemics in the country. ECPP works in collaboration with MOHFW. It maintains surveillance sentinel points in 7 locations across the country. ECPP also conducts epidemiological and ecological studies on cholera.

5.5.2 Organisational Structure

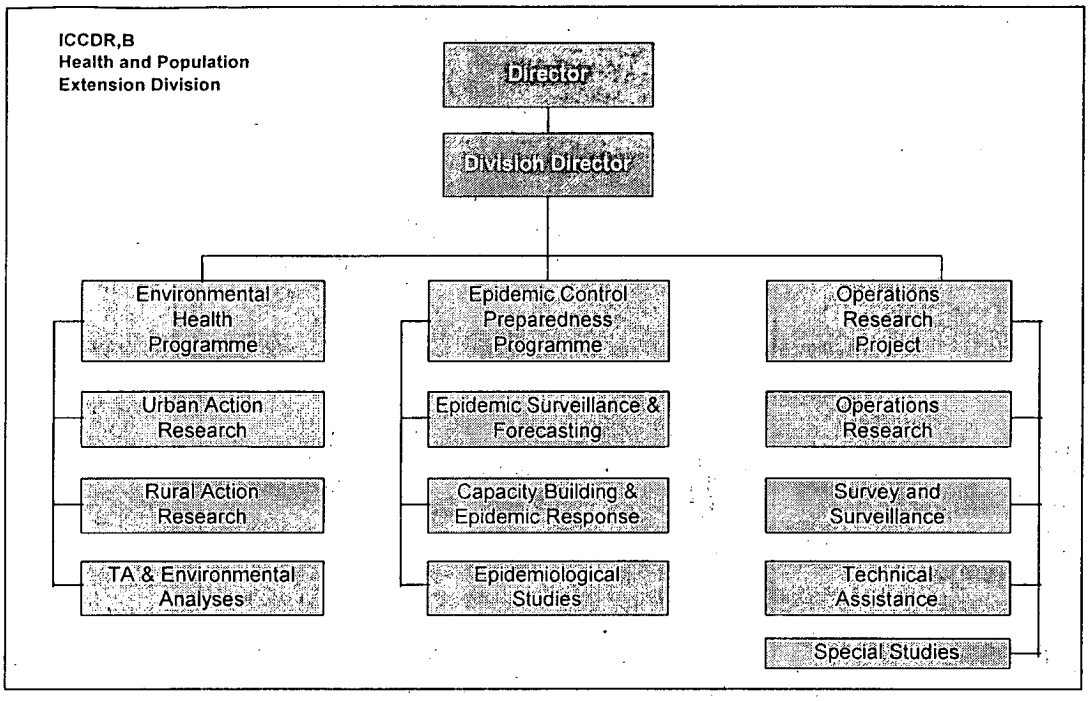


Chart 11 *Health and Population Extension Division*

5.5.2.1 Organisational Structure of a Project (example EHP)

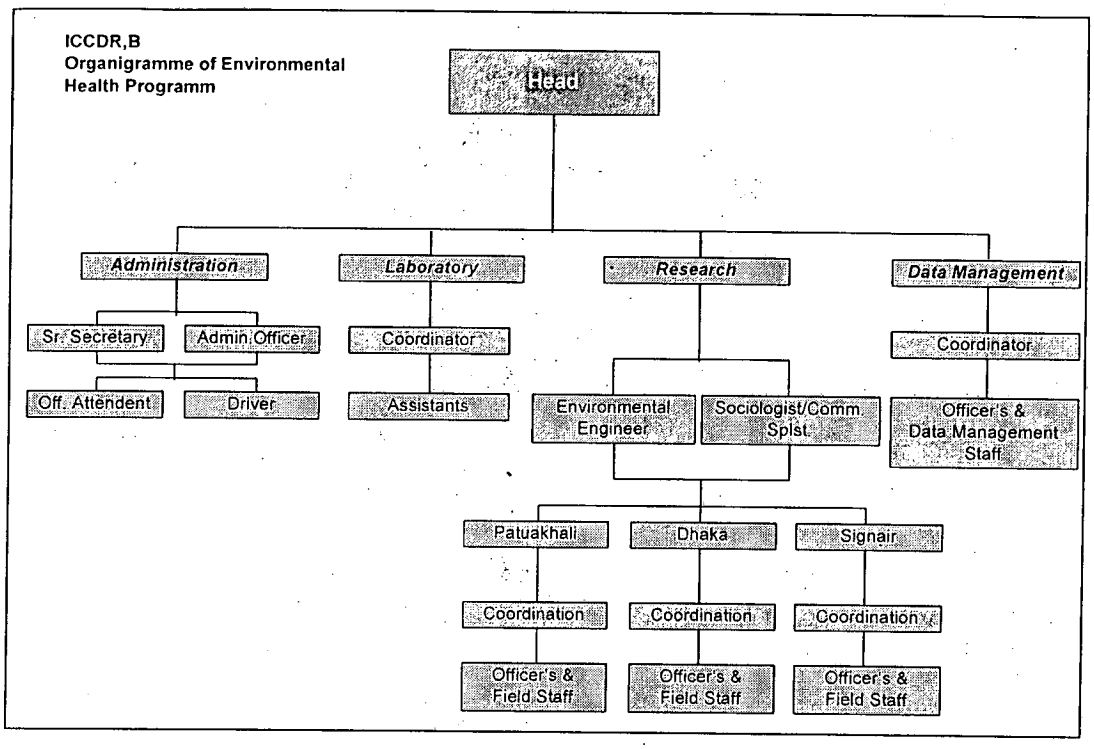


Chart 12 *Organisational Structure of EHP*

The structure of this project is an interesting example of a representative number of projects of the Centre. It shows that within the structure only one vertical arm is connected to real research work whilst the others are administrative services such as administration, laboratory and data management. All these services could be provided by the Director's Division or the Laboratory Sciences Division.

Therefore and in general, it will be essential to check as to how every project is built-up and how it is conducted.

5.6 Conclusions

We have described the current organisational structure and scientific strength of the Centre. The scientific Divisions are organised by the accepted norms of accademic departments in a university set-up. It has let to some duplications of functions, administrative support and even of some scientific activities. We believe that a reorganisation will lead to synergies that will streamline the functions and strengthen scientific interactions.

6 General Concept

As a result of our analysis, we believe that the Centre should participate in a concrete and **substantial reorganisation** process. Practically every **Division**, every **Department** as well as every **Project** show some improvement potential. The Centre has grown over the years and it is obvious that only small adaptations, will not project any impact or changes. Furthermore, a new start would help to improve employees' motivation and dedication.

Based on previous experiences made in similar institutions, we are convinced that the below mentioned reorganisation proposition can be successful subject to management team as well as Board of Trustee support. It will be essential to formulate in detail any specific action plan. Combined with a consultancy support for coaching and supervising, intermediary milestones have to be defined and try to be kept as 1999 objectives.

The transformation process should be planned in detail and terminated end of 1999. The Board of Trustees should approve the efforts since a reorganisation implies costs.

6.1 Organisational Structure

6.1.1 General Structure

The new structure should simplify all aspects of **management and science**, i.e. less complicated structures, better and more direct exertion of influence of daily operative activities, support interdependence of operative (project-linked) and administrative duties, centralise same activities, delegate responsibility to the lowest possible hierarchical level, concentrate scientific staff to ensure critical mass for research, better allocate scientific staff to projects, concentrate scientific know-how to better fulfill future scientific agenda.

The general duties of the Centre can be visualised and grouped as follows:

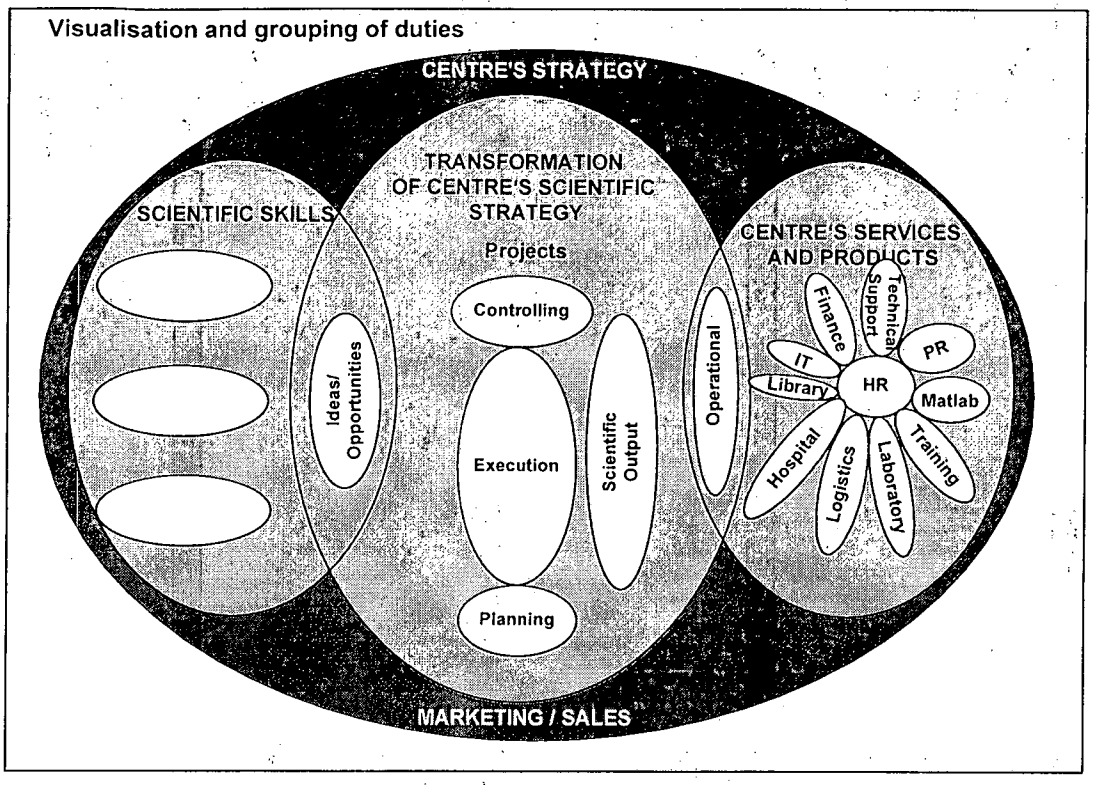


Chart 13 *Visualisation and grouping of duties*

The general task of the Centre is to combine science, - delivered as a final product (scientific publication, manual, etc) -, executed in form of programmes and projects together with operative businesses such as the hospital and the laboratory and the support rendered by administrative and other staff.

The Centre is forced to unite the philosophy of a pure research organisation, a project management company and an operative business oriented corporation under one roof.

This means that a variety of different skills, education and experiences have to fit together which forces the Centre to adapt its organisational structure to the extent that the strength of each individual skill is not diluted but optimally as well as economically combined.

Knowing that the expectations, objectives and orientation of the individual staff posts are different, we suggest that for development purposes, we group each scientific discipline in order to improve training and education per discipline, safeguard the identification with the Centre and artificially produce „home bases" for every employee.

The future structure should, therefore, focus on grouping scientific skills and support under two separate units. The projects which represent the daily operative research duties should be grouped as a virtual unit, allowing any adaptation of future orientation in research and regrouping of topics.

Therefore we suggest to concentrate the Centre's activities as follows:

1. all ***projects*** to be organised under one virtual Division in order to enhance *productivity* through a better use and allocation of human resource capacities, better *control* of project objective achievements, better control of project progress, better use of *synergies* regarding the entire Centre, *unifying* offers/protocols to donors, unifying reporting requests, *transforming* Centre's scientific vision defined by the Science Division.

2. all ***scientific staff*** to be grouped under one Division in order to ensure science as a main objective of the Centre; to allow overall training and continuation of staff's education; safeguard critical mass for research, concentrate on scientific topics defined by Centre's strategy, better allocate scientific personnel to projects, optimise scientific skills needed and made available for research; outline and propose new scientific topics to management in order to flexibly adapt to future world-wide needs of research.

3. all ***administrative*** and ***support issues*** including ***laboratory*** services, ***hospital*** and ***Matlab*** and other field-sites to be organised under one Division providing its support to internal Divisions as well as external clients against settlement. Concentration of all staff posts related to administrative and support activities in order to better ensure optimised allocation to projects. „Productise" services in order to better allocate costs and compensation for costs where incurred.

Subsequently the organisational structure would be as follows:

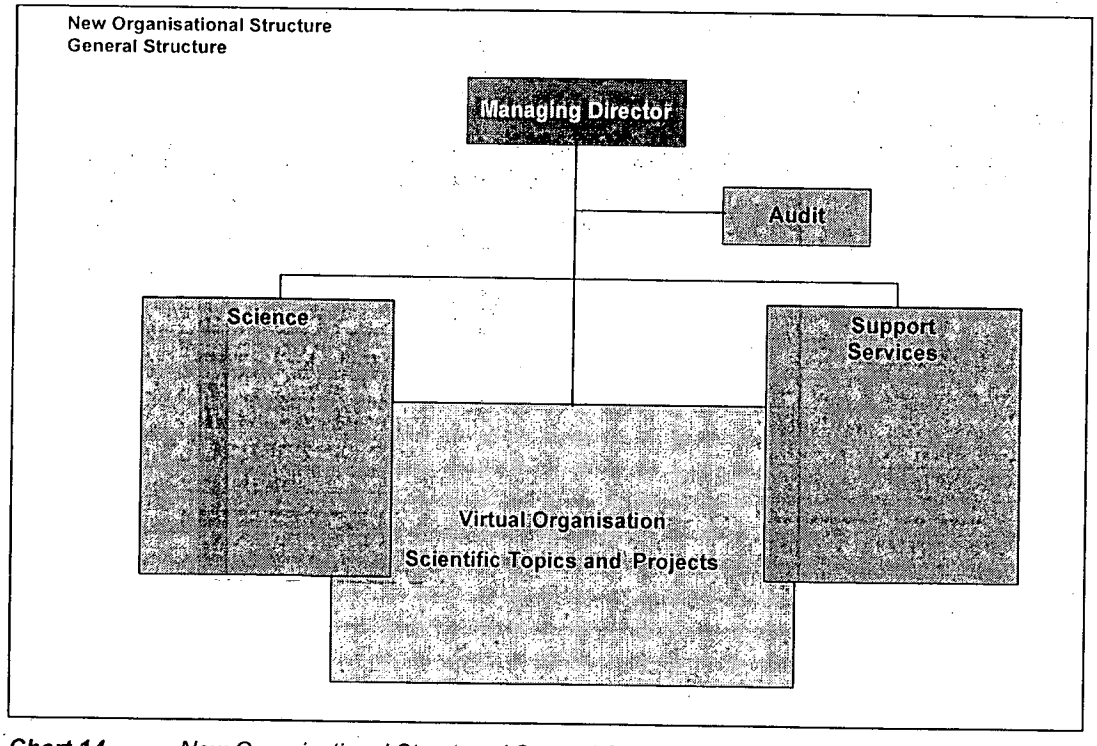


Chart 14 *New Organisational Structure / General Structure*

6.1.2 Management Functions

We suggest less Division Directors positions than now, but more responsibility to subordinate levels.

Given the above structure, the Centre would be guided by **1 Managing Director** and **3 operational Division Directors.** They would represent the **first management level**. These directors would be members of the Executive Committee. The profile of the 4 directors differ insofar that for the support services Division and the virtual programme Division the focus of the directors should lie on management skills with an understanding for processes and for the Science Division and the Managing **Director** on scientific issues.

6.1.2.1 Role of the Managing Director

The role of the Managing Director should be different from his actual duties. As of today, he acts as the CEO of the Centre, being responsible for the daily work flow and operative business as well as for scientific achievements. He is often personally involved in scientific research.

The new role would be more focused on

- **sponsoring** interaction between his Division Directors to whom the daily operations would be fully delegated
- **heading** the Executive Committee to safeguard guidance and control of the strategy (scientific and execution) of the Centre through strategic reference numbers
- **defining** the yearly business plan of the Centre
- **marketing** the Centre's activities by topics all over the world as the Centre's ambassador, maintains international contacts and acquires new research projects
- being the last and top **level of escalation** for any conflict in the Centre and seen as a father figure for the personnel. He is the **motivator** for all subordinated levels and staff
- reserving the **veto right** for any decision taken in the Centre

6.1.2.2 Job Requirements for the Division Directors

Any job requirements and its underlying dimensions for the top management can be summarised as follows:

Job Requirements for Director and Division Directors

Director (Managing Director + Science Director)/ Division Director (Programme and Support Services Division) (projected)

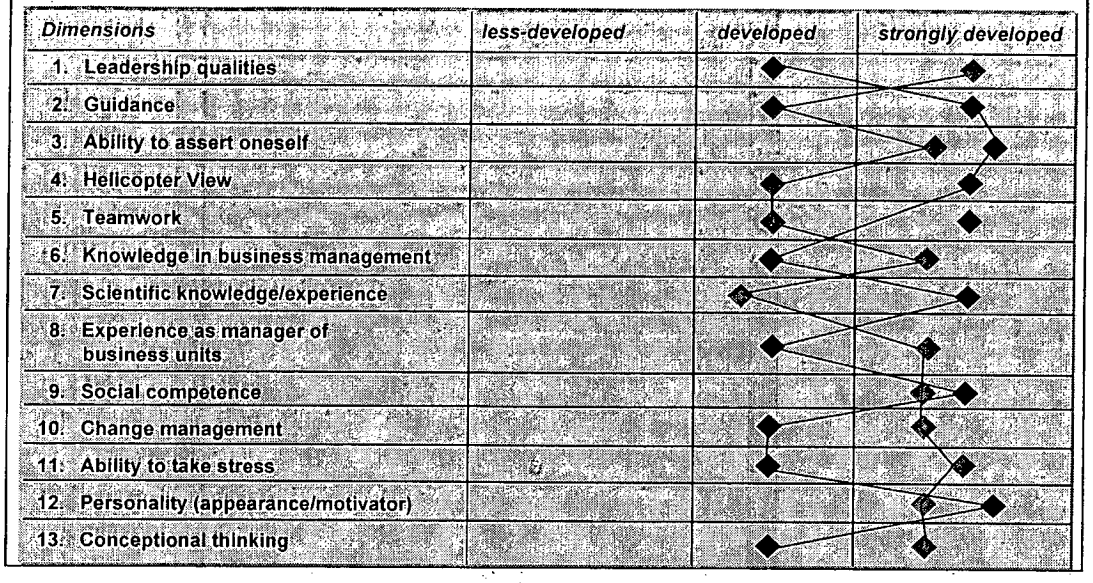


Chart 15 *Job requirements for Director and Division Directors*

The **second level** of responsibilities would include overall responsibility for a scientific topic in the virtual Programme Division and/or guidance of scientific staff as a teamleader in the Science Division and/or project manager of an individual project in the virtual Programme Division; teamleadership as head of a department in the support services Division.

The second level holds the overall responsibility of the daily operative activities and is guided by objectives.

The **third level** would include all scientific and other personnel and staff.

Due to a reduction of levels, the entire decision making process will be accelerated and improved. Since it is the aim to delegate duties to lower hierarchical levels, direct responsibilities will be carried out by more people. Although hierarchical levels have been cancelled, the perspectives for staff members can be increased and should help to motivate people.

The effective functions will be as follows:

Functions			
by Divisions	**First Level**	**Second Level**	**Third Level**
General Management	Managing Director	Division Director	
Programme Division	Division Director	Head Scientific Topic Project Manager	Project staff

Functions			
by Divisions	First Level	Second Level	Third Level
Science Division	Division Director	Chief „Scientific Discipline" Head Scientific Topic	Scientists
Support Services Division	Division Director	Department Heads	Department staff

Table 4 *Functions*

6.1.3 Management Structure

The aim of our management structure is the best possible interaction of professional skills and management capability. There are less management functions than before, but more professional people involved.

The below mentioned charts should indicate the structure on a top-down basis including all units as well as the management duties per Division.

More official meetings are not necessary to guide, direct and control the Centre. Certainly there will be additional project-internal meetings, which we will not describe in this context.

6.1.3.1 First Level

The following structure should be considered as the first management level of the Centre:

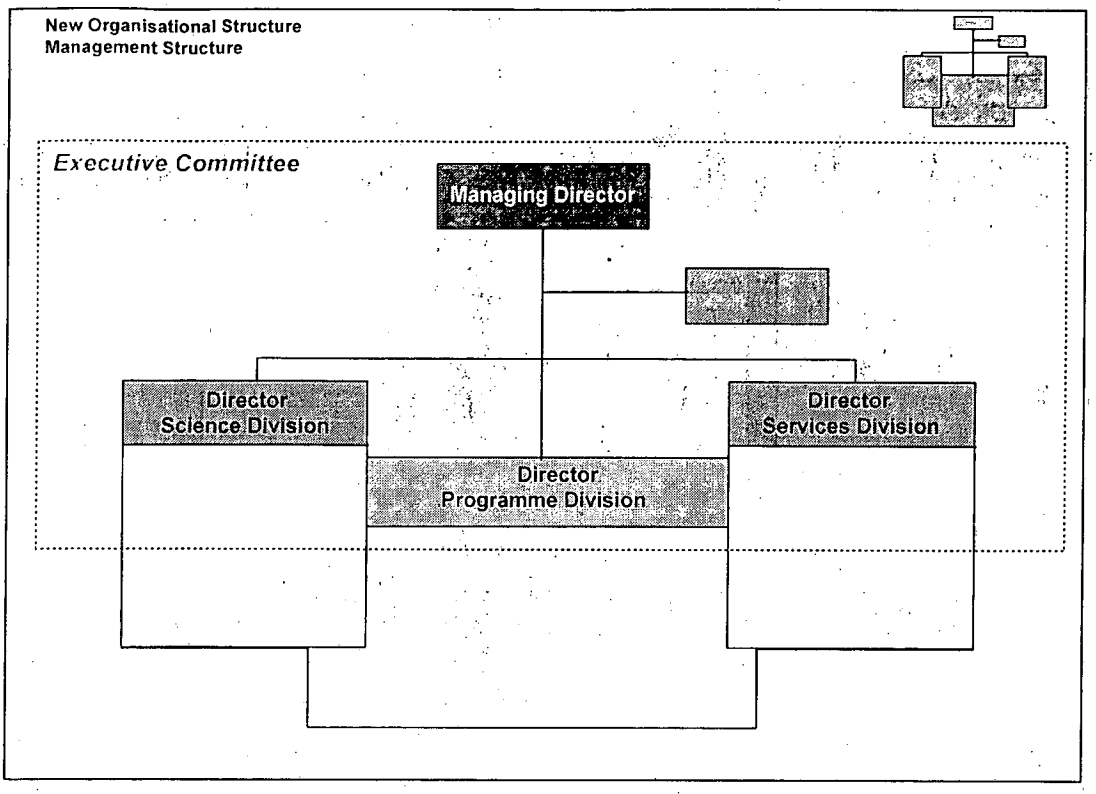


Chart 16 *New Organisational Structure / Management Structure*

The Executive Committee should only be composed with the relevant Division heads. This committee serves as a forum for the Managing Director to be brought up-to-date and where decisions will be taken on a constant basis. The committee should meet at least weekly and its agenda should be focused on

- strategy and policy
- financial and scientific results, budget-to-actual comparison, measurements, investments
- project developments (existing activities)
- potential new activities, approval of offers
- marketing (international contacts)
- human resources
- capital investments

The meeting should be protocolled and a list of pending activities with due dates should be distributed.

6.1.3.2 Second Level

The below-mentioned structure should be considered as second management level:

6.1.3.2.1 Science Division

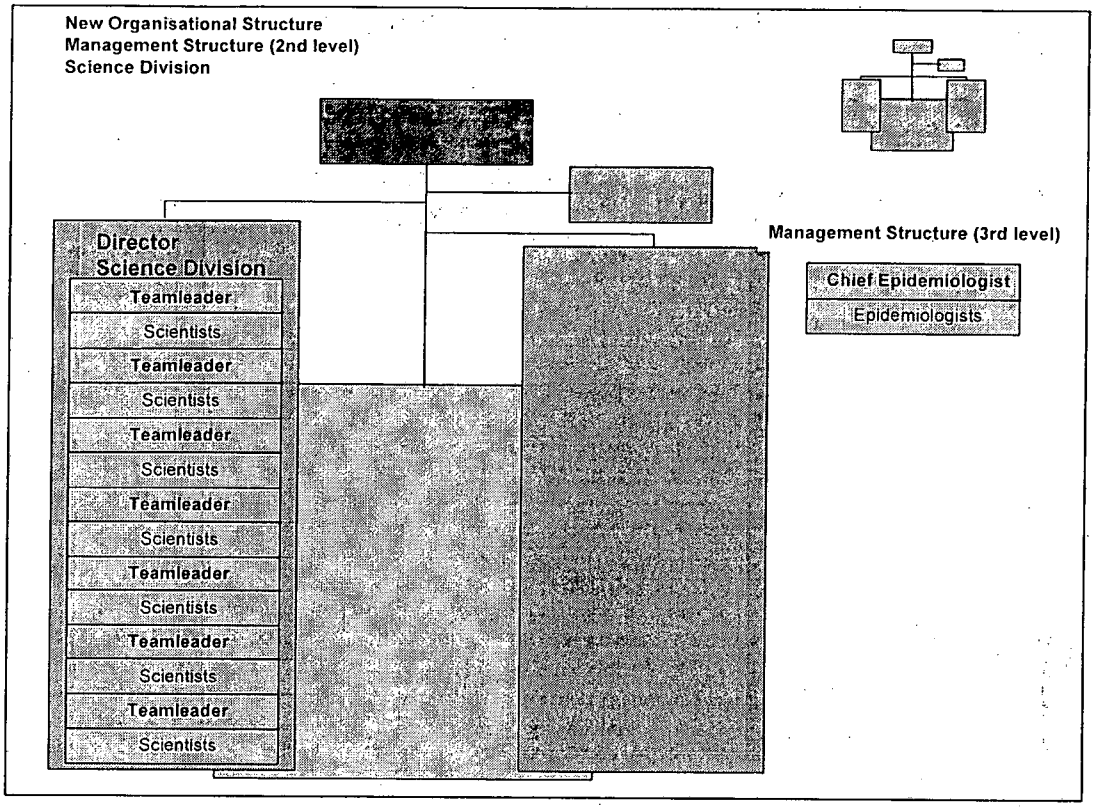


Chart 17 *New Organisational Structure / Science Division*

The Division management should be composed of the Division Director and his scientific discipline heads. This management meeting should take place weekly and the agenda should exclusively cover Division-internal matters such as:

- scientific progress / - problems per topic and new developments
- control of scientific results
- allocation of scientists to projects
- education and training
- scientific publications
- marketing (international contacts)

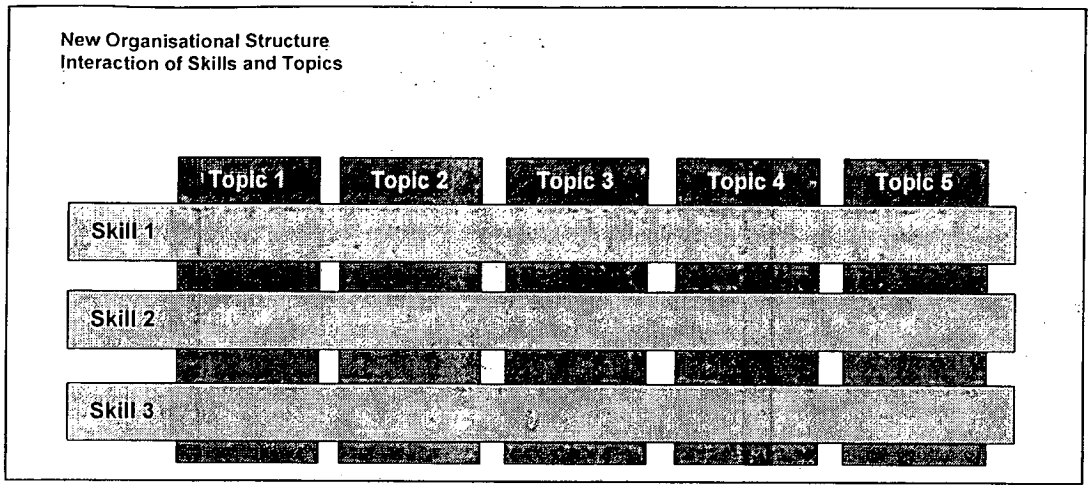


Chart 18 *Interaction of Skills and Topics*

6.1.3.2.2 Programme Division

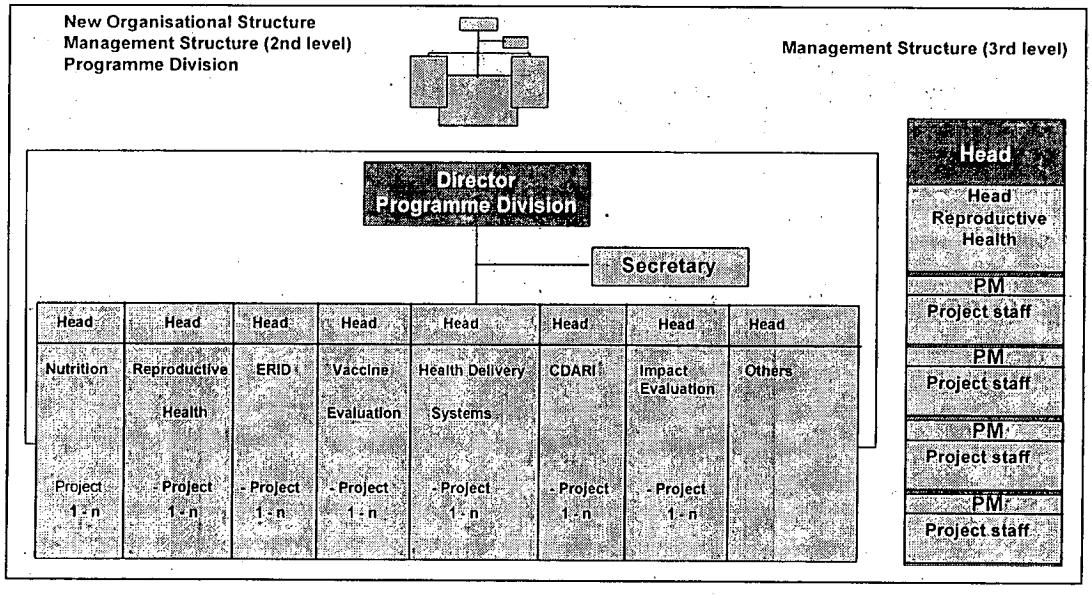


Chart 19 *New Organisational Structure / Programme Division*

This Division management meeting should be composed of the Division Director and his topic heads. This meeting should take place every two weeks and only cover project-related matters such as

- project progress / - problems
- maintenance of milestones
- financial control of projects, control of contribution margin, budget-to-actual comparison
- control of human resource capacities and capabilities
- project documentation

- setting and control of methodology and standards
- reporting
- marketing (international contacts)

6.1.3.2.3 Support Services Division

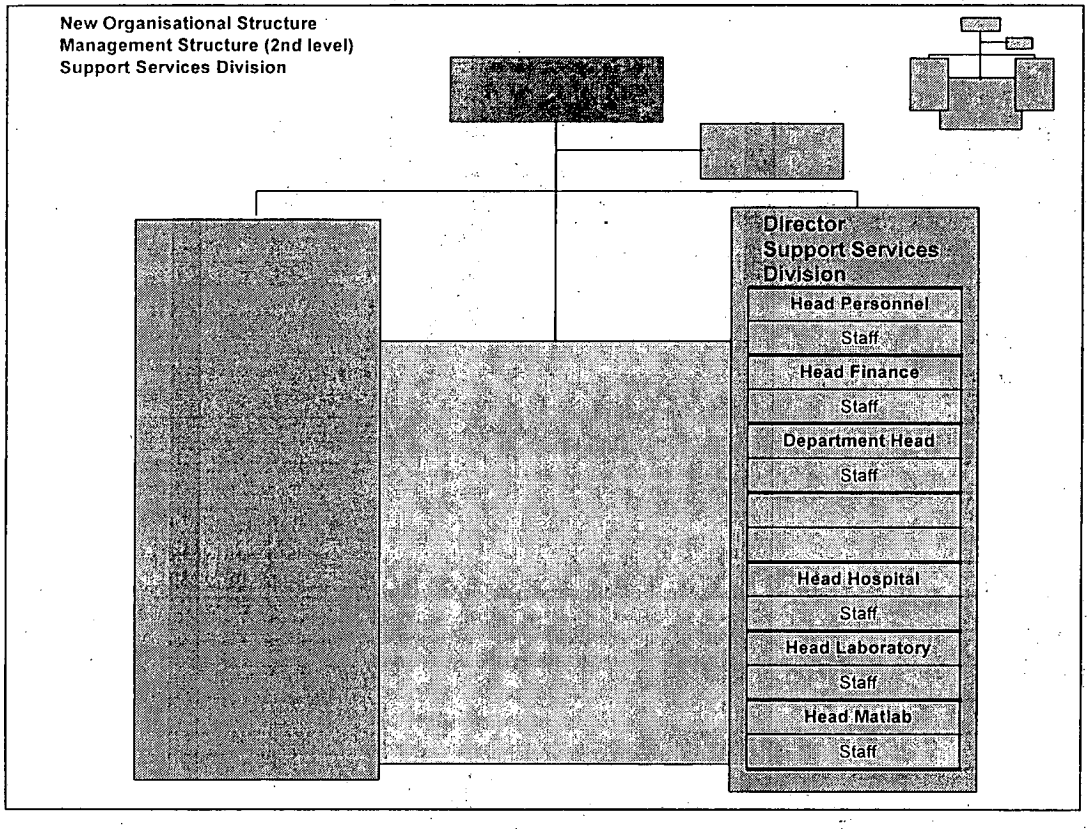


Chart 20 *New Organisational Structure / Support Services Division*

This Division management meeting should be composed of the Division Director and his department heads. It should take place weekly and should cover all matters of support

- department-internal developments and problems by department
- human resources capacities
- human resources allocation to projects
- budget-to-actual situation of products sold

6.1.3.3 Skills

The break down of skills for the different management and function levels can in general be divided into:

- scientific skills (scientific)

- management skills (management)
- scientific skills with management background (scientific +)
- management skills with scientific background/understanding (management +)
- others

The Centre should focus on a balanced mixture between scientific and management skills. It is understood that these two orientations are composed optimally in order to achieve the best possible results. (neither a project manager without scientific background nor a scientist without management skills would be able to optimally conduct a project).

The leading functions of the Centre should have the following orientation:

	Break down of skills			
Function	Scientific	Management	Management +	Scientific +
Managing Director				X
Programme Div Dir			X	
Science Div Dir				X
Support Serv Div Dir		X		
Chief Scientists	X			
Project Manager				X
Head Topic	X			
Head Department[1)]		X	X	

Table 5 *Break down of skills*

[1)] Skill appropriate to the particular Departement

6.1.4 Management Support

In order to support acting management in all questions relevant to the Centre's activities, assistance would be organised through additional mandatory committees:

- Executive Committee being responsible for the proper management of the Centre
- Programme Committee being responsible for the proper conduct of all projects
- Research Review Committee being responsible for all scientific aspects of the Centre
- Ethical Review Committee being responsible for all ethical aspects of operative research

– Animal Experimentation Ethics Committee being responsible for all aspects of animal experimentation

These committees should be considered as support functions for the management.

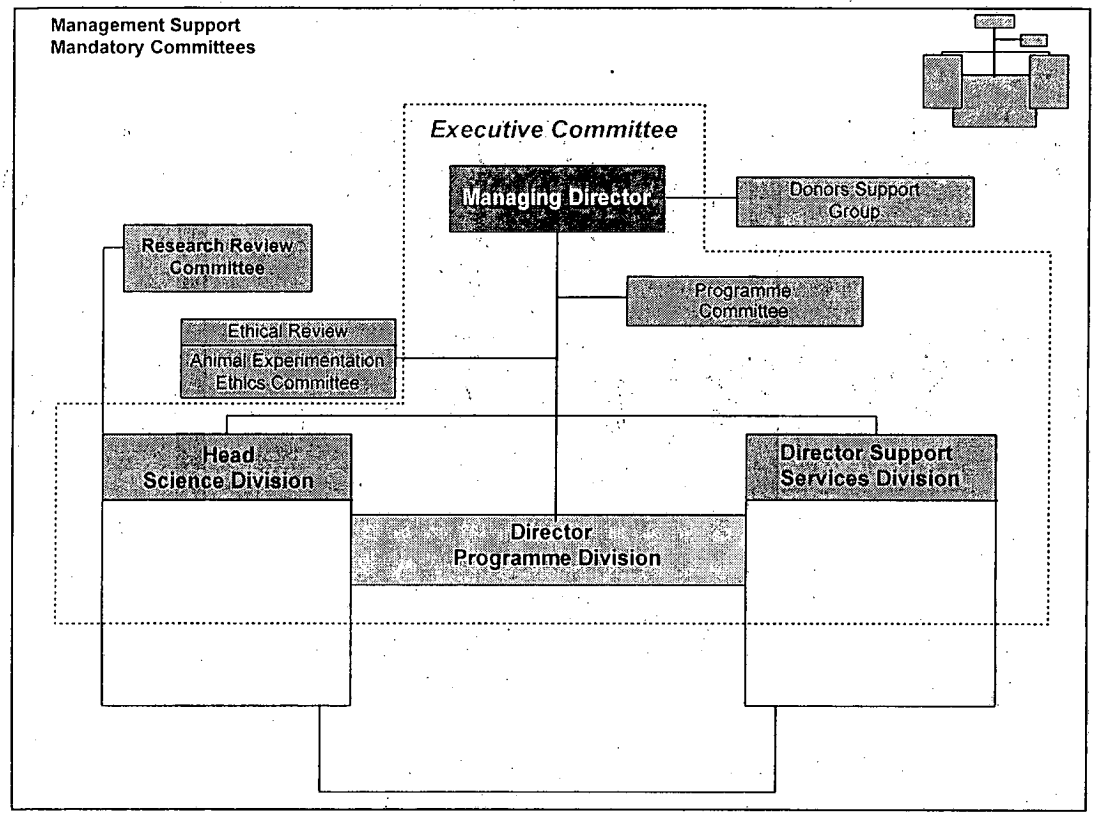


Chart 21 *Management Support / Mandatory Committees*

The composition of the various mandatory committees can be summarised as follows:

Mandatory Committees		
Committee	**Members**	**Duties**
Executive Committee	Managing Director, Division Directors,	secure proper conduct of the Centre, secure management along BoT objectives and mission, full budget responsibility, acquire new project, secure proper conduct of all projects, decide on investments, human resources and costs
Programme Committee	Programme Division	secure quality and project

Mandatory Committees		
Committee	**Members**	**Duties**
	Director, Head of Research Review Committee, Support Services Division Director, Heads of scientific topics on a case by case basis	objectives to be fulfilled, allocate human resources, define administrative support, control and approve project budget
Research Review Committee	Head Science Division, Head Programme Division, Teamleaders Science Division,	control scientific results and orientation, define, propose and outline new scientific agenda
Ethical Review Committee	to be named	secure and control ethical aspects of research projects
Animal Experimentation Ethics Committee	to be named	define and control objectives

Table 6 *Mandatory Committees*

6.2 Organisational Structure by Division

6.2.1 Centre

Following our before mentioned remarks, the Centre's new organogramme would be as follows:

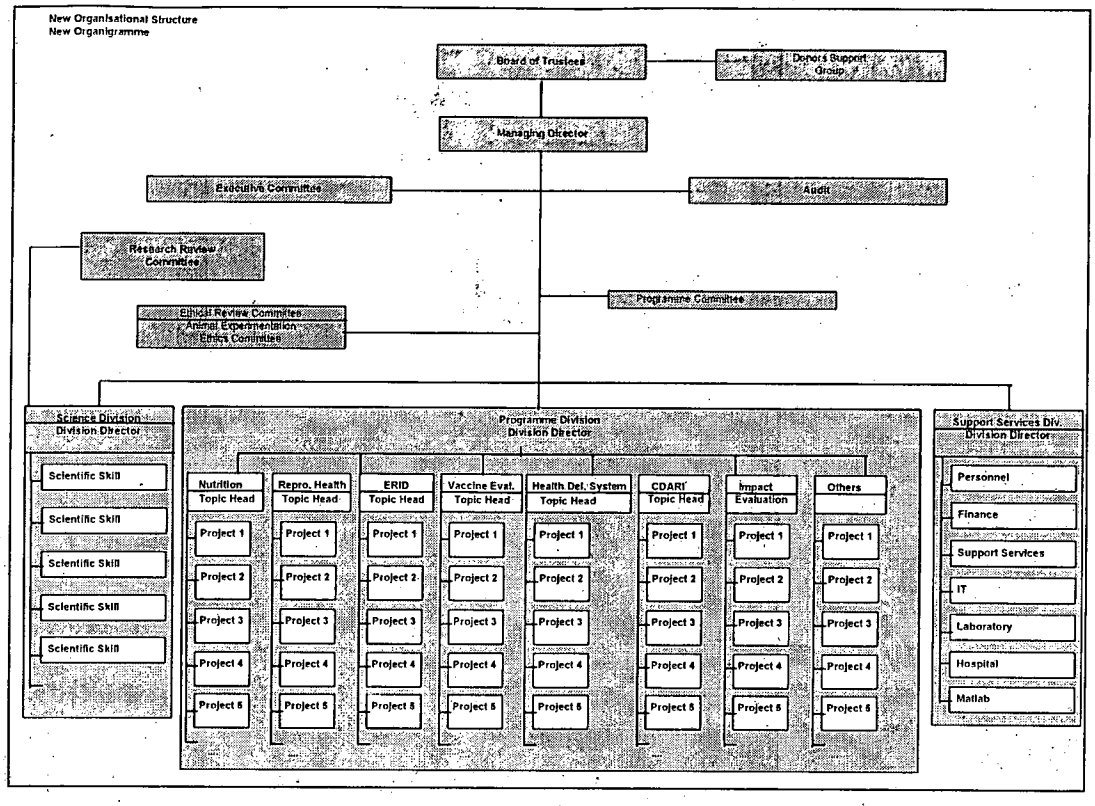


Chart 22 *New Organisational Structure / Centre Organogramme*

The new organogramme would cover the necessary needs described in paragraph 6.1.1 and would be in line with all reorganisation aspects.

Only two Divisions would consist of human resources and have the responsibility to allocate their resources to the virtual programme-oriented Division.

The organogramme reflects the scientific strategy of the Centre, the necessary focus on project management as well as an optimised grouping of support services. It also reflects and takes into account the science aspect and its longer-term development.

Furthermore it assists management in reacting faster and more professional on any future strategic change in the scientific agenda. Additionally the entire organisation is more lean, more transparent regarding resources and easier to guide.

The change of the structure would further enhance all processes of the Centre and reduce administrative activities as well as bundling activities where they are taken care of their best.

6.2.1.1 Improvements and Results of the Centre

The anticipated improvements and results can be summarised as follows:

Improvements and results of the Centre		
Subject	**Expected improvement**	**Results**
reduce number of Divisions	delegated responsibilities, more direct management, better transparency in costs and human resources, better use of synergies between Divisions, split of scientific and operative management, better adaptation to future scientific agenda, better focus on specific duties per staff posts	reduction of costs for management, reduction of staff reduction of costs for human resources, reduction of core costs
merge PHSD, HPED and projects of CSD and LSD under 1 Division	better capacity utilisation, unification of project management and control, separation of research work with administrative duties, unifying offers to potential donors better planning and incorporation of administrative costs (project budgeting), better use of synergies, better allocation of human resource capacities to projects, unifying investment needs	reduction of human resource costs, reduction of core costs, less investments
merge director's Division with LSD/Laboratory, CSD/Hospital and PHSD/Matlab to create the Support Services Division	concentration of administration and support staff, better allocation of services to other Divisions, better crossDivisional settlement by product sold, management of each department by objectives and full responsibility of +/- budget, services Division triggered by demand and supply	less costs, allocation of unrestricted costs to projects
unify reporting to donors	less administrative work	reduction in staff
adapt accounting system	management by key factors and reference numbers	better base and preparation of decision making process

Improvements and results of the Centre		
Subject	**Expected improvement**	**Results**
delegation of responsibility to Support Services Division	management by objectives and budget responsibility	higher income (Laboratory), optimised use of Centre's services
concentrate scientific skills under one Division	better adaptation to future scientific agenda, better technical control and support of existing projects, safeguard critical mass of scientists	higher number of offers to donors, more projects, more income to the Centre, more profound research due to concentration of efforts
improvement of Centre identification	shift from project to Centre identification, increase of motivation	more activities

Table 7 *Improvements and results of the Centre*

6.2.2 Programme Division

The new virtual Programme Division would unite all projects of the Centre under one Division with supervision of one Division Director. The Division itself consists of the Division Director and secretarial staff only. All other personnel executing and conducting projects, are allocated on an ad hoc and temporary basis only.

The Division would be responsible for the proper conduct of project work, the achievement of scientific goals, objectives defined with financing sources and the capture of budgets.

The Division defines the methodology and standards of the carrying out of project work, documentation etc.

The Division is responsible for optimised project management (i.e. control of allocation of personnel, costs etc.) and has the right to increase personnel through requests addressed to the science or support services Division or reduce personnel through reallocation to both of the other Divisions.

The individual projects should be triggered by objectives and budgets, offering incentives to the teams if results are achieved and financial budgets fall below target.

The Division would be organised along the subjects (topics) and its relevant projects being in line with the scientific objectives of the Centre.

As an example, the following topics can be defined, which are included in the scientific strategy of the Centre:

- Nutrition
- Reproductive Health

- Emerging and Re-emerging Infectious Diseases (ERID)
- Vaccine Evaluation
- Health Delivery Systems
- CDARI
- Impact Evaluation
- eventually Hospital (not yet defined)
- others to be defined

The above mentioned topics will represent the vertical organisation of the Division.

Every actual and future project should belong to one of the above mentioned topics.

All projects would be executed according to a unified methodology and standard, managed individually and responsible for the budget and result.

The Science Division is responsible to appoint the respective head for the scientific topic and is also responsible for the proper allocation of sufficient scientific skills to the relevant project under the respective topics.

The Division management will consist of the Division Director and the heads of the scientific topics (recruited from the science Division).

The Division would work with the Science Division and the Support Services Division to finalise the written offers to potential donors.

The Division would further have to support all marketing activities in order to increase the number of projects per topic. The support should be limited to a technical input only.

The Division would be exclusively measured by its efficiency in executing projects.

The Division's organogramme would therefore be as follows:

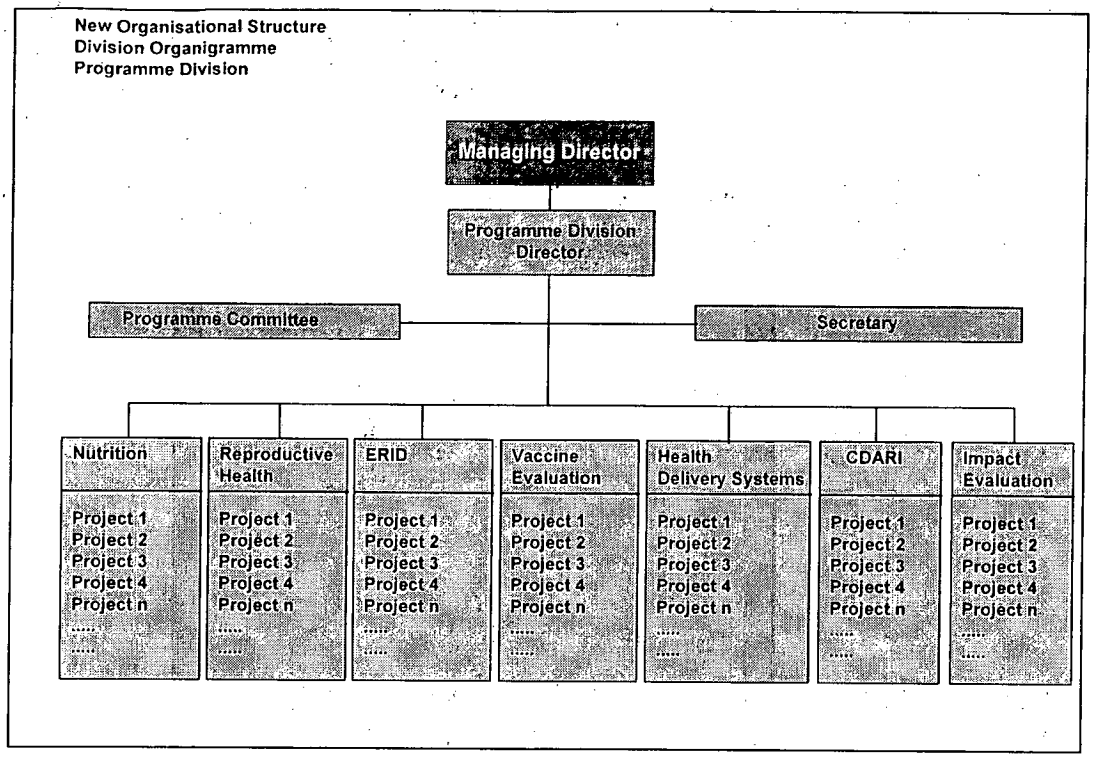


Chart 23 *New Organisational Structure/Division Organogramme/Programme Division*

6.2.2.1 Improvements and Results of the Programme Division

The improvements and results after reorganisation can be summarised as follows:

Improvements and Results of the Programme Division		
Subject	**Expected improvement**	**Results**
reorganise Division by scientific subject and relevant projects	better use of synergies, better use of human resource capacities, focus on scientific work and reduction of administrative duties	more transparency of administrative costs (reduction of core costs), better allocation of human resources, increase capacity utilisation
purchase of administrative services from Support Services Division	better focus on scientific work within a project	transparent cost budgeting process, reduction of core costs
capacity utilisation of human resources	100% capacity utilisation per employee, reallocation of vacancies	reduction of personnel costs, optimisation of staff
project overview	more transparency concerning existing projects, better overview regarding pending offers project /offer summary to be	reference numbers available for management, improved impacts for budgeting process and business plan,

Improvements and Results of the Programme Division		
Subject	Expected improvement	Results
	used as key factor and reference numbers	better anticipation of needed activities
project controlling	risk and delay factors, budget control for better interference	better conduct of projects, better steering of new activities

Table 8 *Improvements and Results of the Programme Division*

6.2.3 Support Services Division

The Services Division would unite all administrative -, laboratory services, hospital -, and Matlab services under one Division. The sole purpose would be to provide services to other internal Divisions (programme Division) and external clients. The objective would be to organise the Division to the extent that every service rendered could be settled (cost allocation) internally or externally. The Division would be triggered by demand and supply factors only.

All administrative and other personnel (all non-scientific) would be organised and grouped under this Division. All similar functions will be united in one department, guided by a department head.

It will be the aim of each department head to allocate his resources to the programme Division for projects against settlement. The number of needed resources is only defined by demand factors expressed by the programme Division. Excess resources would immediately lead to excess budgets and to higher cost factors. The interdependency of demand and supply aspects will be one of the major forces to reduce cost and to improve efficiency.

All services rendered have to be broken down into individual products and priced respectively. A group of similar products would be bundled up in one department. The departments aim would be to adapt and optimise its own organisation according to demand and supply factors which will result in products sold, respectively in the number of resources needed.

The Division will be guided by the support services Division Director. The management team of the Division will consist of the Division Director and the department heads.

The Division's responsibility will be to recruit and train its personnel properly, otherwise it will not be integrated by the programme Division.

The Division will be measured according to its contribution margin (should optimally be break even).

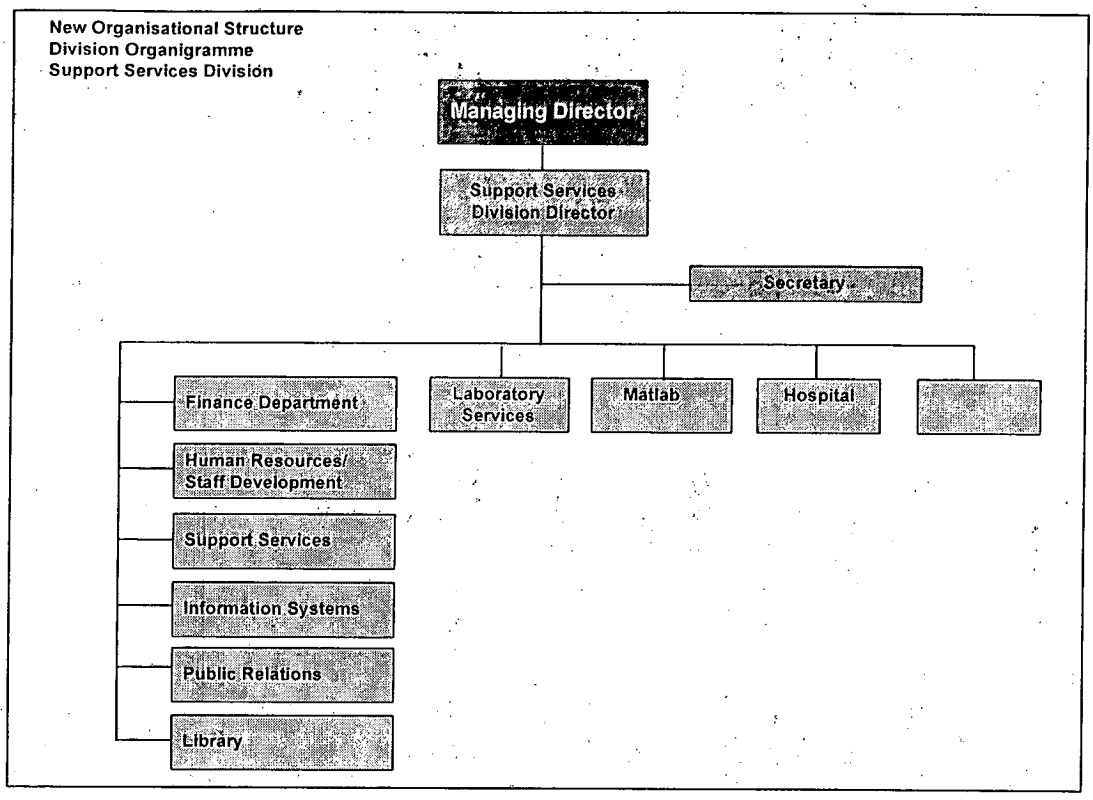


Chart 24 New Organisational Structure/Division Organogramme/Support Services Division

6.2.3.1 Improvements and Results of the Support Services Division

The anticipated improvements and results can be summarised as follows:

Improvements and Results of the Support Services Division		
Subject	**Expected improvements**	**Results**
concentrate all administrative and support staff under 1 Division	better allocation of human resources, optimised capacity utilisation of human resources	reduced human resources costs
define products per department and set price for each product	adaptation of resources to effective needs (demand and supply), management by product sold, reduction of unnecessary services, more transparency of efforts	reduction of human resources costs, steering through products, reduction of material costs, better allocation of core costs, reduction of core costs

Improvements and Results of the Support Services Division		
Subject	**Expected improvements**	**Results**
finance department	adapted accounting system, unified reporting system, implementation of revised cost accounting, implementation of new cost centres and cost unit accounting for products and projects	more transparency, less costs
personnel department	better focus on additive personnel services	increased staff support
support services	better allocation of material resources, reduction of unnecessary services, concentration of all purchase activities, outsourcing/insourcing	reduction of core costs, reduction of material costs
information systems	better allocation of hardware and software	reduction of costs
training and education	centralised organisation of training and services, improvement of internal and external training and courses	implementation of a real training centre, better allocation of costs
public relations	unify general and specific message and mission, unify marketing material, better definition of outside contacts	accelerate message flow, increased selling activities
merge personnel with staff development into human resources	centralisation of training and adaptation to real needs, incorporate training as a service and a product to enhance Centre's visibility	better allocation of costs, creation of a sellable service

Table 9 *Improvements and Results of the Support Services Division*

6.2.3.2 Special Situations

Until today, the Centre's hospital, Laboratory and Matlab were run as part of a Division.

We consider the hospital, the laboratory and Matlab not as a scientific topic but as support items and „infrastructures to generate and allow implementation of science" enabling to fulfil the already described scientific objectives. All the three

infrastructures serve either internal or external parties. It will be essential for the Centre to maintain these infrastructures in the future.

Based on the reorganisation philosophy, it will be questionable if one or the other subject will become an official topic of the Centre. The reason could only be, if it would be added to the strategic agendas of the Centre and be declared as a sellable topic to third parties.

6.2.4 Science Division

The new Science Division would unite all scientists under one Division.

The purpose of grouping scientists under their scientific discipline is to safeguard the critical mass for research, to train and educate the scientists and to properly allocate skills and people to the projects of the programme Division.

The Division would be headed by a Division Director. All disciplines of science would be grouped and headed by a teamleader.

In George Fuchs' draft of the strategic plan, the Centre already was in the process of discussing the scientific agenda of the future. Furthermore it is the Centre's aim to safeguard the quality of research and to anticipate future trends and developments in the scientific world. This will be the science Division's main responsibility beside operative project research.

The actual duties would further consist of:

- define the number of needed scientists to fulfill scientific topics
- define and allocate scientists to projects
- define scientific results to be achieved
- control scientific results of project work
- delegate experienced scientists as head of scientific topics, project managers and project staff
- delegate resources to Research Review Committee
- make proposals for new scientific agendas
- train young scientists
- develop skills of all subordinated staff

The Division will be measured by its contribution margin.

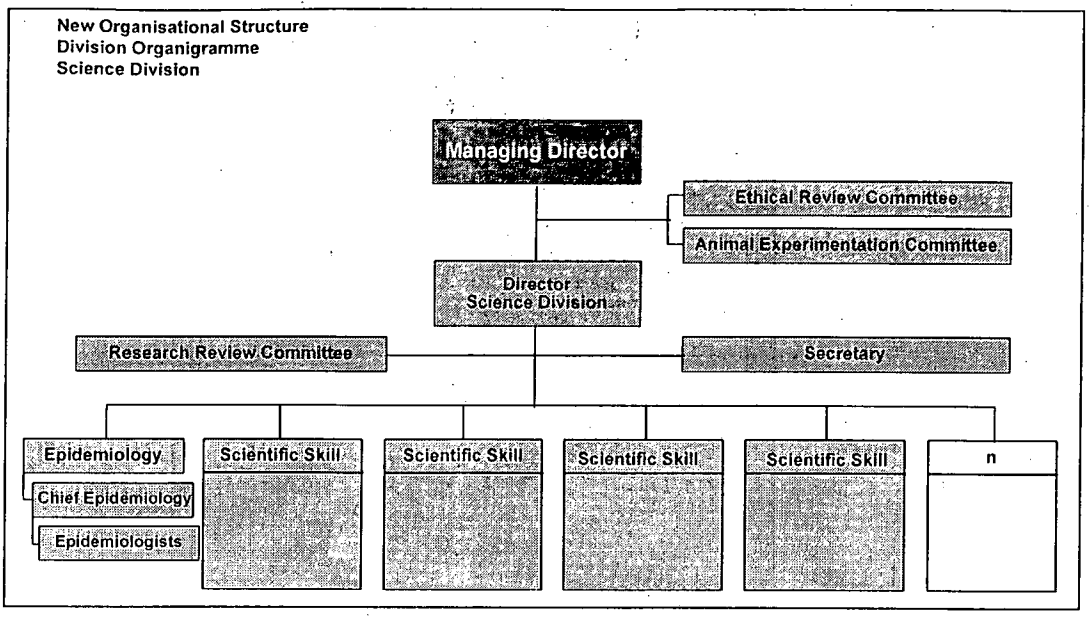


Chart 25 *New Organisational Structure/Division Organogramme/Science Division*

6.2.4.1 Improvements and Results of the Science Division

The anticipated improvements and results can be summarised as follows:

Improvement and Results of the Science Division		
Subject	**Expected improvements**	**Results**
concentrate all scientists under 1 Division and group them according to their scientific discipline	better and more direct guidance, better control and support for publications, unified and planned training and education, better control of skills, better focus on individual disciplines	improvement of skills, more publications, better identification with the Centre
allocation of scientific skills to projects	better utilisation of capacities, better control of output	less costs for human resources
change of scientific agenda	more transparency on scientific needs and skills, faster reaction and processes, better input on new scientific research opportunities	more flexible anticipation of the future, faster reactions and higher number of offers to donors

Table 10 *Improvement and Results of the Science Division*

6.2.5 Audit Department

We consider the audit department's role as one of the most important controlling role in the Centre. The audit department should be the managing director's arm to control whether methodologies, standards and internal rules and regulations are kept and internal processes followed. It should also be the rule to define and suggest process optimisation. The audit process within the Centre should be on a constant basis.

6.3 Project Management

Based on the above mentioned remarks, the change of the organisational structure achieving a concentration of know-how and skills, the individual projects should be able to be managed more efficiently, less costly and more focused on its real duty and objective.

Due to the separation of duties, clear focus on science, project work and support can be aimed at and the Centre will be in a position to achieve a better control on results, optimised cost situation and better transparency.

The allocation of personnel to projects can be summarised as follows:

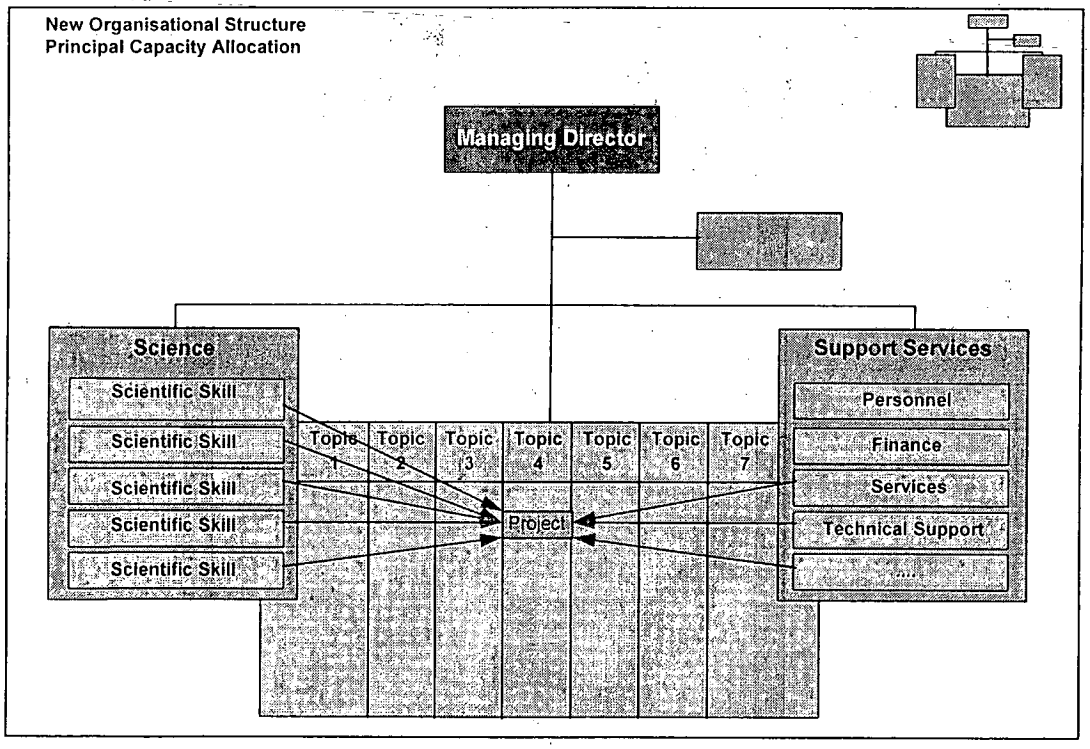


Chart 26 *New Organisational Structure / Principal Capacity Allocation*

Analysing the existing projects, a wide distribution of all available scientific skills can be seen in the composition of projects under each topic. Every topic and

every project requires the need of practically similar professional skills and support staff.

To illustrate the science aspect within the few selected topics, the summary of the skills needed is as follows:

Skills per Topic						
Nutrition	Reproductive Health	ERID	Vaccine Evaluation	Health Delivery Systems	CDARI	Impact Evaluation
Epidemiologists	Demographer	Microbiologists	Epidemiologists	Statisticians	Clinicians	Epidemiologists
Clinicians	Epidemiologists	Epidemiologists	Immunologists	Demographers	Microbiologists	Anthropologists
Social & Behavioural	Demographer	Molecurar-biologists	Microbiologists	Clinicians	Biochemists	Social & Behavioural
Economists	Clinicians	Immunologists	Clinicians	Epidemiologists	Clinical Pathologists	Economist
Immunologists	Social & Behavioural	Clinicians	Demographer	Social & Behavioural	Clinical Nutrition	Demographer
	Microbiologists	Economists	Economists	Economists	Immunologists	Clinicians
	Immunologists				Social & Behavioural	Clinical Nutrition

Table 11 *Skills per Topic*

Under project management it is understood that the duties, responsibilities and rights are as follows:

- composition of the necessary skills to fulfill the objectives of the project
- guidance of human resources allocated to the project
- management of total costs allocated to the project
- administration of project funding (total sum)
- follow methodology and standards defined for the proper conduct of projects
- supervise and control milestones of the project phases
- make requests for additional resources
- reduce resources if not needed
- report effective capacity utilisation of human resources to both other Divisions
- make reporting to Division head and donors
- achieve a positive contribution margin

Under the supervision of the programme Division Director and his topic heads, a project manager is fully responsible for his project and should be measured according to his contribution margin. Experiences show, that if project managers are remunerated with an incentive when result is below target, total results can change substantially.

7 Development of a Business Plan

7.1.1 General Remarks

The establishment of a business plan is dependent on all above mentioned aspects, key figures and reference numbers.

A business plan should:

- **be in line with the overall strategy of the Centre**
- **cover the scientific orientation of the Centre**
- **reflect the scientific agenda in its organisational structure**
- **reflect the actual key figures and reference numbers and give a clear picture of actual situation and anticipated future**
- **be a consolidation of a bottom-up actual situation combined with short-, medium- and long-term expectations**
- **be a management instrument**
- **be the reflection of reference numbers, aggregated on a specific basis**
- **be an instrument to reflect risk factors**
- **be an instrument for superiors to compare and control actual situation with target**

7.1.2 Steps to be defined for a Business Plan

The first step of a business plan is the definition of the scientific areas to be active in.

Once the scientific strategy is defined, the Science Division should establish the policy to achieve the scientific goals as well as quality management (supported by the mandatory committees).

Based on the strategy, the policy, the methodology and standards, an organogramme to fulfill the organisational need and conduct can be drawn-up.

Every organisational unit (Division) defined should then be split into departments (including scientific disciplines and topics). The departments, disciplines and topics should be the lowest level of unified scientific and administrative duties where projects and products are allocated.

Every department, scientific discipline and topic should have its own duty and objective.

The duties and objectives can be measured and composed in figures and reference numbers as already mentioned.

In a bottom-up approach, a consolidation would take place by aggregating the reference numbers via department, scientific disciplines and topics to the Division and the respective Centre.

Normally, a business plan is worked out for a period of 5 years. In practice, the 1 year planning should serve as the real budget, whereby the following years would be an anticipation of the future, taking into account the strategic outlook. Every year, the 5 year plan should be adapted to the new situation in form of an iterative process.

The relevant reporting to superior levels would only cover the difference between the actual situation and the targeted budget in form of a summary. The reporting needs should be defined by the Board of Trustees, whereby it should be limited to a few relevant reference numbers with which the management can realistically be qualified.

7.1.3 Scheme of a Business Plan

A business plan is the total picture of the Centre's strategy, policy, methodology, activity expressed in figures and reference numbers.

It is a combination of bottom-up planning and consolidation and top-down strategic thinking.

A business plan process involves all the leading levels of the Centre. This will help to actively involve people and know-how. Furthermore it binds middle and top management to achieve a consensus of next years activities and duties.

In order to make the entire process more transparent, every level should be guided with a few representative reference numbers. All the reference numbers should serve as the base for management decisions.

Reference numbers are key figures, either as an individual stand-alone figure or an aggregated sum of figures, allowing to reduce the flow of information to an acceptable and understandable level.

The advantage can be summarised as follows:

- reduced paperwork
- similar foundation and source of figures
- management instrument
- transparent actual-to-budget comparisons
- control on measurements taken
- fair and transparent base for measuring activities and effort
- clear base for human resource remuneration and incentives

7.1.3.1 Definition of Reference Numbers

The relevant items of the Centre's business plan could be defined as follows:

- **A 1:** total project volume financed: total sum of all projects of the Programme Division in US$, excluding separate contributions such as core funding, overhead contributions and donations of other third parties.
- **A 2:** total volume financed by categories: total sum of contributions on a restricted and unrestricted basis. Overhead contributions to be considered as unrestricted funds.
- **B 1:** total volume of pending offers to donors: number of projects submitted for approval to donors with details such as sum in US$, area of research and allocation of department, possible starting and expiry date, probability of acceptance (25% = submitted, 50% = submitted, generally accepted but no decision yet taken, 75% = orally accepted but no contract, 90% = approved and in final phase of negotiation, 100% = approved and contract available but not yet started).
- **C 1:** expiry date of actual projects: summary of all actual projects per area of research and its expiry dates, sum in US$ in order to anticipate future vacancy rates of human resources and necessary activities to undertake to obtain new projects in same or extended areas.
- **C 2:** start of new projects and its probability: definition of probability to get approval for a new project in order to define new resource needs (human resources and financial needs such as product assignments or investments).
- **D 1:** human resources allocation: number of headcounts expressed in percentage per employee needed to fulfill a specific duty. Total sum of staff posts allocated, i.e, 250% scientific staff with profile "x", 160% support staff with profile "y" etc.
- **D 2:** capacity utilisation of human resources: definition of workload per employee in percent. The aim has to be a 100% utilisation rate per employee defined by number of working days per year (normally 100% equals 180, 200 or 210 days per year).
- **E 1:** human resources costs: total sum per employee category per day including all salary costs, fringe benefits and all additional costs involved. The allocation to projects should be on a daily basis at calculated costs (we propose to build in a reserve fee of "xy" US$ or Taka per day in order to accumulate some reserves for incentives and to reduce core funding).
- **G 1-:** result per department: sum of all contribution margins per project or product deducted by unallocated costs to projects (training and education of employees etc.).
- **H 1-:** Division result: net result of the Division.

- **K 1:** total costs per patient treated: average sum of costs per patient treated including human resources costs, material costs, food and costs per product rendered by Support Services Division.
- **L 1:** total material costs: total costs of material consumed in products or projects.
- **M,N,O,P,Q,R,S 1-:** Support Services Division departments: cost per product sold: calculation of costs per product including income from other Divisions deducted by human resources costs, material costs etc.
- **U 1-3:** total patients treated/incoming patients/outgoing patients: relevant reference numbers to define cost factors and operative planning.
- **V 1:** contribution margin per project: total incoming funds financed deducted by all costs involved (daily allocation of human resources costs, material costs, sundry expenses and sum of all products purchased from Support Services Division.
- **W 1:** contribution margin per department: total sum financed from all projects and products deducted by all costs involved (daily allocation of human resources costs, material costs and expenses).
- **Z 1:** number of scientific publications: number of scientific articles, published in well recognised journals and other research output such as manuals, reports etc.

7.1.3.2 Scheme

The scheme to realise the business plan would be as follows:

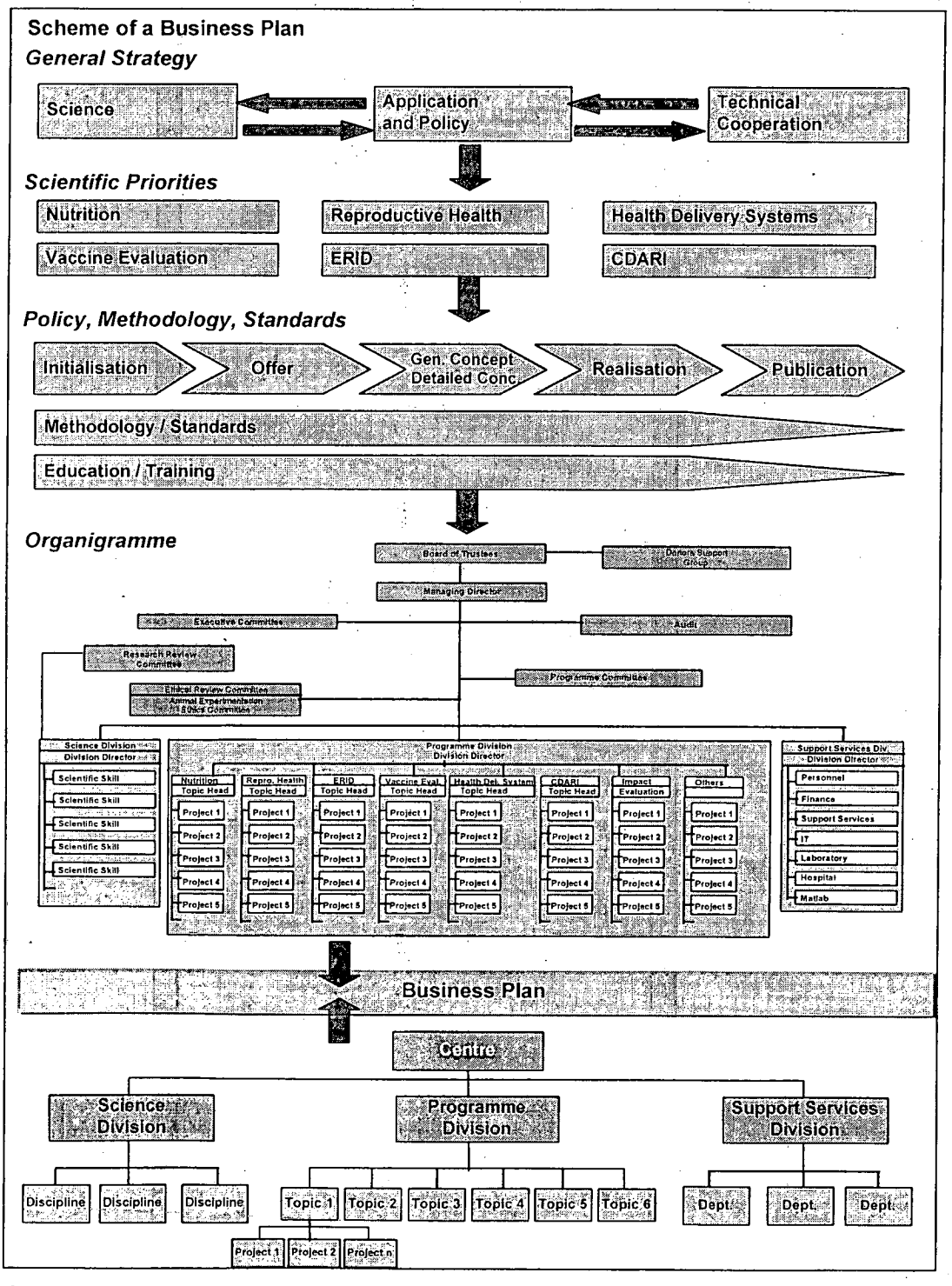


Chart 27 *Scheme of the Business Plan*

7.1.4 Content of the Business Plan

The Centre's business plan will be the summary of the three Division results.

The Division result will be the summary of all departments, topics and disciplines.

7.1.4.1 Support Services Division

The department result is the sum of all products available. A product is the total underlying cost of all activities per person or group of persons, all material needed and other costs to fulfil a duty in order to achieve a certain defined result. Every activity has a time involvement, human resource costs at the respective salary levels and real expenditures for material purchased. The result could at any time be purchased from other sources outside the Centre.

Therefore it has to be the aim of every department head and teamleader to price a product at a price which is more attractive than from third parties.

To „productise" activities is a wellknown way to simplify general activities and is known as new public management all over the world.

When productising activities, we propose to start with a few products per department only. Our experience shows that a fine tuning over time is a better approach than to go for the maximum right from the beginning.

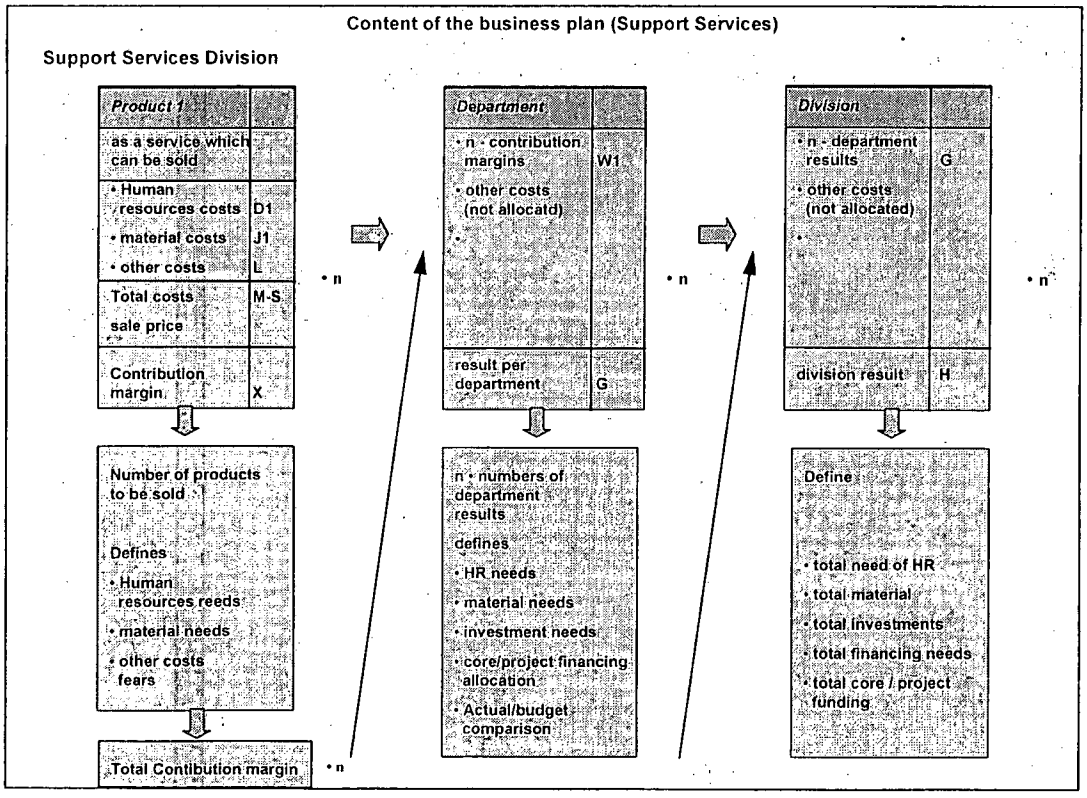


Chart 28 *Content of the Business Plan (Support Services)*

7.1.4.1.1 The Division's future Reference Numbers (only Division)

The Division's key figures and reference numbers could be as follows:

– human resources allocation (number of staff)	**D 1**
– capacity utilisation of human resources	**D 2**
– human resources costs	**E 1**
– finance department: cost per product sold	**M 1-**
– personnel department: cost per product sold	**N 1-**
– Support Services: cost per product sold	**O 1-**
– Information Systems: cost per product sold	**P 1-**
– Training and Education: costs per product sold	**Q 1-**
– Public Relations: costs per product sold	**R 1-**
– Laboratory Services: cost per product sold internally/externally	**S 1-**
– contribution margin per product	**X 1**
– contribution margin per department	**W 1**
– costs per category of material	**L 2-**
– result per department	**G 10-**
– Division result	**H 3**

Further reference numbers should be defined by the management team. Any key figure should assist the directors to take decisions, enabling them to act proactively.

7.1.4.1.2 Special Situations

According to the new Centre's structure, there are three subjects which have to be looked at separately and differently:

- Hospital
- Laboratory
- Matlab

For these subjects, special reference numbers have to be defined in order to be able to gain better control.

As an example, the hospitals reference numbers could be as follows:

– total patients treated	**U 1**
– total incoming patients per day	**U 2**
– total outgoing patients per day	**U 3**
– total costs per patient treated	**K 1**

- human resources allocation (number of staff) **D 1**
- capacity utilisation of human resources **D 2**
- human resources costs **E 1**
- total material costs **L 1**
- core cost allocation by services rendered **F 1**

Further reference numbers should be defined by the management team. Any key figure should assist the directors to take decisions, enabling them to act proactively.

7.1.4.2 Programme Division

The programme Division is the sum of all the topics contribution margins. The topics are the sum of all the individual project contribution margins.

Every project consists of the total financing and the total costs.

It will be the aim to achieve a better result than budgeted in order to optimise the overall Centre's result.

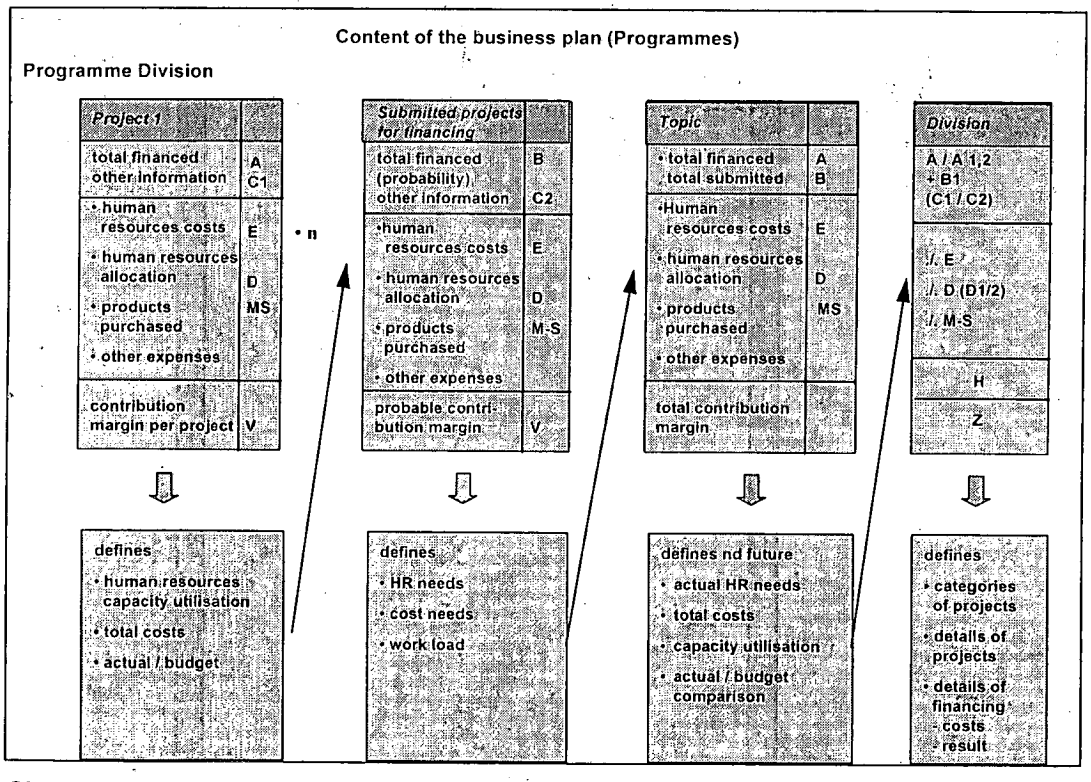


Chart 29 *Content of the Business Plan (Programmes)*

7.1.4.2.1 The Division's future Reference Numbers

The Division's key figures and reference numbers could be as follows:

– total project volume financed	**A 1**
– total volume financed by categories (unrestricted/restricted funding)	**A 2**
– total volume of pending offers to donors	**B 1**
– expiry dates of actual projects (% of total volume and per category)	**C 1**
– start of new projects and its probabilty (25%, 50%, 75%, 90%, 100%)	**C 2**
– human resources allocation (number of staff)	**D 1**
– capacity utilisation of human resources	**D 2**
– human resources costs	**E 1**
– total material costs	**J 1**
– core cost allocation by services rendered	**F 1**
– contribution margin per project	**V 1**
– contribution margin per department	**W 1**
– result per department	**G 1**
– Division result	**H 1**
– number of scientific publications	**Z 1**
– number of client mandated outputs (manuals, scientific reports)	**Z 2**

Further reference numbers should be defined by the management team. Any key figure should assist the directors to take decisions, enabling them to act proactively.

7.1.4.3 Science Division

The Division is the sum of the discipline's contribution margins. It consists of mainly human resources costs and some material.

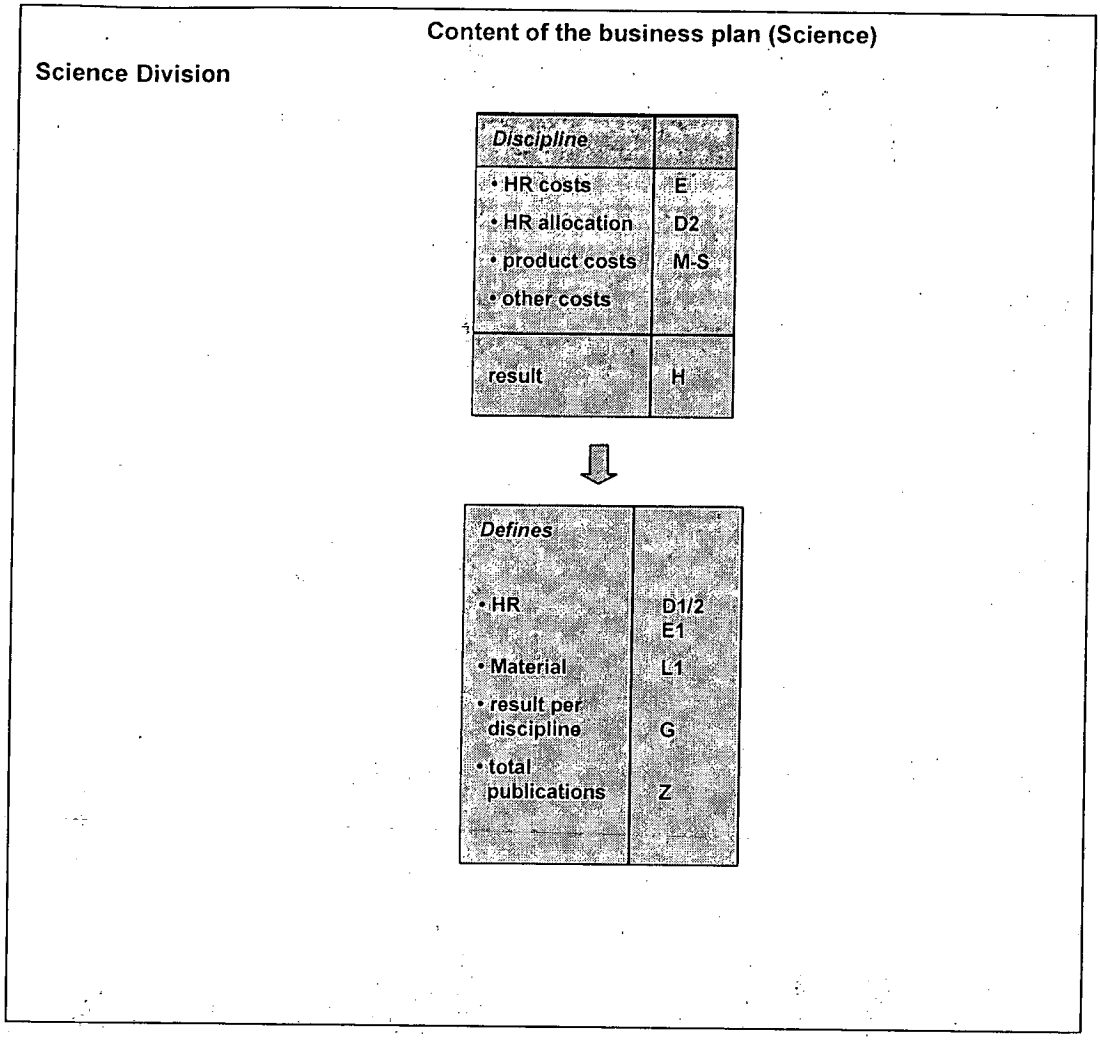


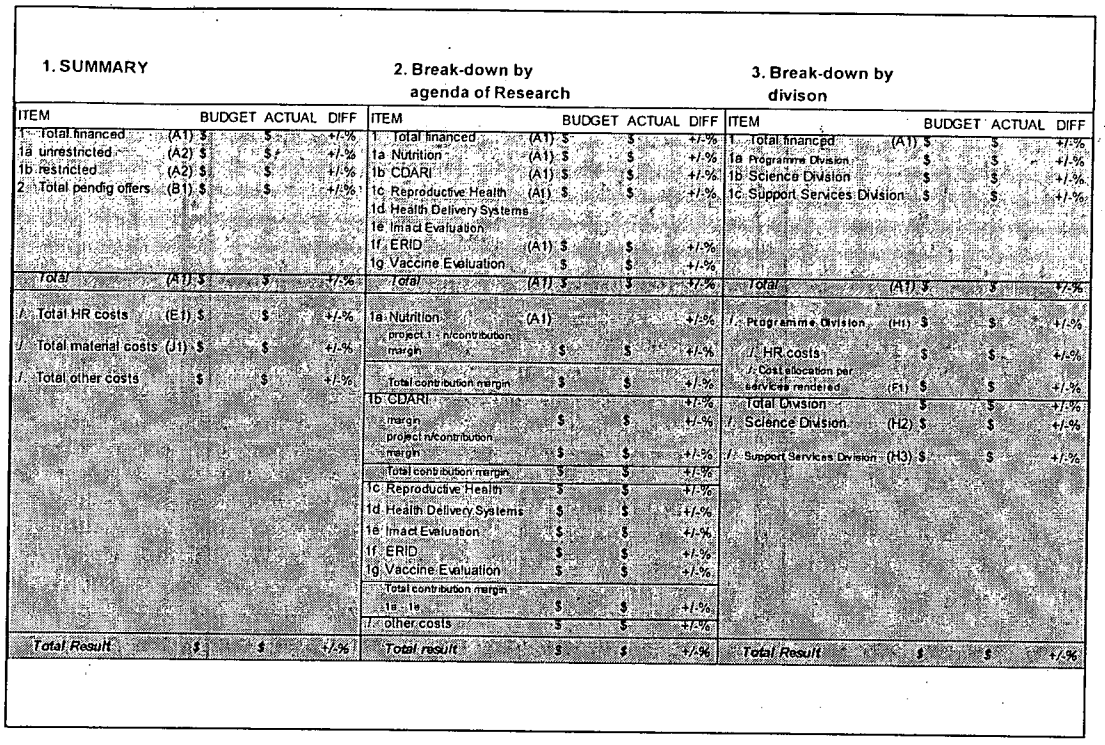
Chart 30 *Content of the business plan (Science)*

7.1.4.4 Centre

The Centre's result should consolidate and aggregate all before mentioned reference numbers to an overview of all activities.

It should contain financing, project and Division items and should reflect strategy and organisation.

With such an instrument, management will be able to interfere in daily business with up-to-date information.



1. SUMMARY

ITEM		BUDGET	ACTUAL	DIFF
1 Total financed	(A1)	$	$	+/-%
1a unrestricted	(A2)	$	$	+/-%
1b restricted	(A2)	$	$	+/-%
2 Total pendig offers	(B1)	$	$	+/-%
Total	*(A1)*	*$*	*$*	*+/-%*
/ Total HR costs	(E1)	$	$	+/-%
/ Total material costs	(J1)	$	$	+/-%
/ Total other costs		$	$	+/-%
Total Result		*$*	*$*	*+/-%*

2. Break-down by agenda of Research

ITEM		BUDGET	ACTUAL	DIFF
1 Total financed	(A1)	$	$	+/-%
1a Nutrition	(A1)	$	$	+/-%
1b CDARI	(A1)	$	$	+/-%
1c Reproductive Health	(A1)	$	$	+/-%
1d Health Delivery Systems				
1e Imact Evaluation				
1f ERID	(A1)	$	$	+/-%
1g Vaccine Evaluation		$	$	+/-%
Total	*(A1)*	*$*	*$*	*+/-%*
1a Nutrition	(A1)			+/-%
project i - n/contribution margin		$	$	+/-%
Total contribution margin		$	$	+/-%
1b CDARI				+/-%
margin		$	$	+/-%
project n/contribution margin		$	$	+/-%
Total contribution margin		$	$	+/-%
1c Reproductive Health		$	$	+/-%
1d Health Delivery Systems		$	$	+/-%
1e Imact Evaluation		$	$	+/-%
1f ERID		$	$	+/-%
1g Vaccine Evaluation		$	$	+/-%
Total contribution margin 1a - 1e		$	$	+/-%
/ other costs		$	$	+/-%
Total result		*$*	*$*	*+/-%*

3. Break-down by divison

ITEM		BUDGET	ACTUAL	DIFF
1 Total financed	(A1)	$	$	+/-%
1a Programme Division		$	$	+/-%
1b Science Division		$	$	+/-%
1c Support Services Division		$	$	+/-%
Total	*(A1)*	*$*	*$*	*+/-%*
/ Programme Division	(H1)	$	$	+/-%
/ HR costs		$	$	+/-%
/ Cost allocation per services rendered	(F1)	$	$	+/-%
Total Division		$	$	+/-%
/ Science Division	(H2)	$	$	+/-%
/ Support Services Division	(H3)	$	$	+/-%
Total Result		*$*	*$*	*+/-%*

***Chart 31** Example of the business plan (Centre)*

7.2 Reporting

7.2.1 Reporting to the Board of Trustees

Reporting to the Board of Trustees would be a handout consisting of Chart 26 enlarged by the actual quarterly figures and the difference to the budget.

As additional information we suggest adding the list of projects and pending offers to donors and the capacity utilisation list of human resources.

In addition statutory required documents such as the audited statements of accounts, balance sheet and the total donor contribution per year will also be presented to the Board.

Management should be prepared to have all relevant information available to answer BoT's questions.

7.2.2 Reporting to Donors

As suggested in paragraph 3.6.4 the reporting to donors should be unified in order to reduce the work flow of the Centre.

We suggest delivering the same information as given to the BoT and the specific project accounting.

If needed, the Centre would be in a position to submit all relevant information regarding the composition of reference numbers.

8 Implementation

8.1 Principles of an Implementation

The transformation process should be organised in phases due to the number and complexity of the different measures defined in our report. Therefore they should be summarised in a list of priorities and added with due dates and the responsible persons.

Any reorganisation should be managed socially conscious, i.e

- insourcing instead of outsourcing where possible and subject to price setting
- rightsizing of human resources not radically executed, but benefiting from natural fluctuations and moderate downsizing
- dialogue with personnel to be intensified in order to get their support and understanding for a new and better future
- initiatives should be implemented which will show a direct impact and change to the personnel in order to change their thinking
- initiatives of personnel to be supported. The daily operative process should be executed within the decentralised units
- 80% of a reorganisation should take place the first year. The rest will take longer and should be considered as fine tuning and iterative improvements

and should

- not lead to a drop in the Centre's productivity
- be accompanied by external coaches

Our experience with the actual management team shows that this team would be in a position and have the spirit and the passion to transform the Centre according to our proposition.

The nomination of a new Managing Director would not hinder the process unless the Centre would have to wait until the new Director could start. Since this would surely take a few months, we think it would be dangerous to stop the pace of the actual team. In addition the staff would not be motivated to wait for a new manager to start activities.

8.1.1 Reorganisation Task Force

Since Centre's daily activities should continue without interruptions and irritations which would lead to a drop of productivity, we suggest that the Board of Trustees appoints on its November 98 Board Meeting a **reorganisation task force** consisting of 3 members of the actual management team and delegating full responsibility to work on the defined sub-projects as defined in paragraph 8.2.3.

The reason for a team of 3 members is based on our reorganisation proposal to concentrate the Centre's activities under 3 Divisions.

The other actual members of the management team should put all their efforts into the daily business and should not be an active party of the reorganisation.

The reorganisation team should directly report to the Board of Trustees which itself appoints a delegation consisting of 3 members to accompany the entire process.

It would be advisable to appoint a Bangladeshi national as a member of the reorganisation task force.

This allows the Board to delay some of the needed Division Director appointments. Furthermore it opens the perspective for the existing management team to qualify for such posts through their contribution in the reorganisation.

8.2 Actions to be taken

After reviewing this report with the Board of Trustees, it should be decided whether and to what extent, our suggestions will be transformed into action and with what priority.

It has further to be analysed what impact on other activities every change would have, i.e., an implementation of an incentive system would have to be followed by a change of the human resources rules and regulations etc.

The total reorganisation should be split into various sub-projects and for every sub-project a member of the management team should be made responsible.

Every sub-project should be planned in detail. Every project or sub-project, involving costs has to be approved by the Executive Committee. It should be the aim to obtain general approval by the Board of Trustees for specific phases to be defined in order to speed up the process.

8.2.1 Action Plan

Since a lot of activities will be interdependent, the setting of priorities will be essential.

All future reorganisation efforts should be divided into short-term activities and sub-projects.

8.2.1.1 Short-term Activities

In order to start the process, it will be essential to get approval from the Board of Trustees on at least the following items:

Suggested ideal timing of decisions to be taken		
Activity	Responsible	Milestone
new general structure to be accepted	management team	October 1998
presentation to Board of Trustees and approval for reorganisation	Director M + P	November 1998
definition of responsibilities and authorities during the reorganisation	BoT	November 1998
nomination of the reorganisation task force of the Centre	BoT	November 1998
approval for recruitment of a new managing Director and a Director for the Support Services Division	BoT	November 1998
approve costs for reorganisation	BoT	November 1998
detailed work out of action plan and priorities	management team	December 1998
implementation of new organisation and information to staff	reorganisation task force	December 1998
start implementation	reorganisation task force	1st quarter 1999
internal Division reorganisation	reorganisation task force	during 1999
- all other sub-projects	reorganisation task force	during 1999

Table 12 *Suggested ideal timing of decisions to be taken*

8.2.1.2 Sub-Projects

The first step will be to define all the sub-projects resulting from the reorganisational changes. The next step will be to define the interdependence of all the sub-projects. The third step will be to define a detailed project plan linking all sub-projects and segment it with duration, start and end date, responsibility and respective time involvement. The fourth step will be to define the effective cost implication.

A catalogue of measures has been summarised below, but should not be considered as an exclusive and complete list:

ICDDR, B						
List of Sub-Projects						
Division/ Department	Measure	Start	End	Respon-sible	Direct Cost	Remarks
Management	work out vision and model	immediately	31.01.99	G. Fuchs	0	in connection with scientific agenda
Management	work out definitive scientific agenda	immediately	31.01.99	G. Fuchs	0	
Management	work out transformation plan for reorganisation	11.11.98	31.12.99	G. Fuchs	0	after approval of Board of Trustees
Management	work out definitive organigramme	11.11.98	31.01.99	G. Fuchs	0	
Management	development of a communication concept	11.11.98	15.12.98	G. Fuchs	0	
Management	Information workshops with staff	15.12.98	31.01.99	Division Directors	0	
Management	Rules and Regulations regarding competences	11.11.98	31.03.99	G. Fuchs	0	
Management	Definition of coaching support for HR and rest during 1999	11.12.98	31.12.98	G. Fuchs	400'000	M+P 340'000, J. Reeves 60'000
Management	define new reporting needs	11.11.98	28.02.99	G. Fuchs	0	with all the 3 division directors
Management	define marketing concept	11.11.98	31.01.99	G. Fuchs	0	
Management	active marketing of the Centre	01.02.99	31.12.99	G. Fuchs	150'000	
Management	inform donors of new reporting	01.04.99	30.06.99	G. Fuchs	50'000	visits or tru BoT
Management	work out new business plan for 1999 and 5 year planning	11.11.98	28.02.99	G. Fuchs	0	as a bottom-up consolidation
Finance	adapt and change cost accounting	01.01.99	30.06.99	Division Director	100'000	according to the new organigramme, IT adaptation
Finance	define new cost center accounting	01.01.99	31.03.99	Chief Finance	0	in cooperation with Programme Division Director
Finance	define new cost unit accounting (products)	11.11.98	31.03.99	Chief Finance	0	in cooperation with Director Support Services Division
Finance	define new reporting	11.11.98	31.03.99	G. Fuchs	0	Executive Committee
Finance	define new donor reporting (projects)	01.04.99	30.06.99	Division Director	0	Programme Division Director

Chart 32 *List of Sub- Projects*

IT	programming of new cost accounting	01.01.99	30.06.99	Division Director	0	
IT	evaluate and implement a new and fully integrated standard software	01.01.99	31.12.99	Division Director	500'000	integrated system covering fina accounting, HR, logistics (mater and projects, evaluation only wit and Support Services Division
IT	migration of old to new system	01.04.99	31.12.99	Division Director	0	price included in standard softw
all departments of the Support Services Division	creation of products for cost allocation	11.11.98	31.01.99	Division Director	0	
Personnel	define internal daily rate per staff groups	11.11.98	31.01.99	Programme Division Director	0	in cooperation with Chief Perso
Personnel	preparation work for capacity utilisation of human resources	11.11.98	31.01.99	Chief Personnel	0	on request of Programme Divisi
Personnel	new allocation of HR to cost centers	11.11.98	28.02.99	Chief Personnel	0	
Personnel	new incentive package and salary structure	11.11.98	30.06.99	Support Services Director	0	
Personnel	prepare monthly productivity check per staff	11.11.98	28.02.99	Chief Personnel	0	
all department heads, topic heads and head disciplines	prepare budget for 1999	11.11.98	31.01.99	all Division Directors	0	
Programme Division	implement new structure	01.02.99	31.12.99	Division Director	0	
Programme Division	set methodology and standards for carrying out projects	11.11.98	31.03.99	Division Director	0	
Programme Division	define and implement new project reporting	11.11.98	31.03.99	Division Director	0	
Programme Division	define and implement new project controlling	11.11.98	31.03.99	Division Director	100'000	adaptation of IT programmes
Programme Division	implement new project reporting	01.03.99	30.06.99			
each Division	define its internal processes	01.01.99	31.03.99	Division Director	0	workshops to improve integratio
each Division	implement new processes	01.04.99	31.12.99	Division Director	0	
IT	Staff training	01.06.99	31.12.99	Division Director	100'000	

Chart 33 *List of Sub-Projects*

Dhaka, November 7, 1998

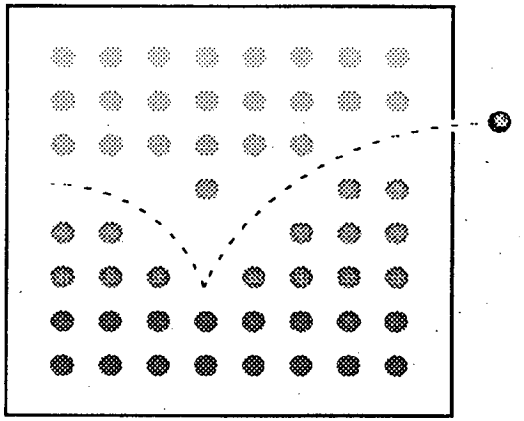
Mummert + Partner

Jürg Frick Matthias Scherler

ICDDR B,

Centre for Health and Population Research

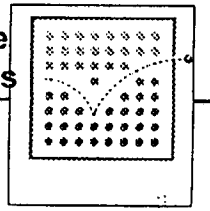
Institutional Development



Presentation to the Board of Trustees

Mummert + Partner

Agenda



1 Starting Position

2 Summary of Analysis of the Actual Situation

3 General Concept of the Reorganisation

4 New Organisational Structure

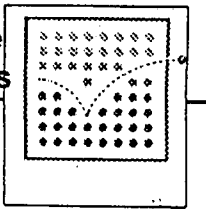
5 Project Management

6 Development of a Business Plan

7 Reporting

8 Implementation

1 Starting Position



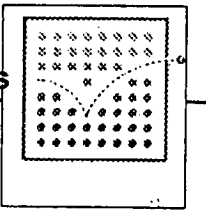
Starting Position

By contract dated July 21, 1998, Mummert + Partner Management Consulting Inc. (M+P) was engaged by SDC, Swiss Development Cooperation, a department within the Ministry of Exterior of Switzerland, to support the Centre of Health and Population Research in Dhaka, Bangladesh in establishing a business plan as well as consulting the Centre in its efforts of reorganisation.

Terms of Reference

Together with SDC, Terms of Reference were initially set as follows:

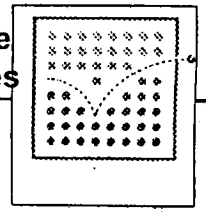
- The consultancy work is to take place in several stages between July and November 1998, for the Centre Management to report to the November 1998 Board of Trustees.
- Interaction of the consultants with the Centre Executive Management should ensure appropriate ownership of the outputs by the Centre, thus enabling a smooth and sustainable implementation.
- Review with Acting Director and members of the Executive Committee (Division Directors, Chief Finance, Chief Personnel, External Relations and Institutional Development) and, if required, with other appropriate staff, the organisation of the Centre and the various funding and support mechanisms.
- Taking into account the above variables, address, with a view to equip the Centre with useful management information tools, the question of unrestricted versus restricted funding and its translation into a reporting system to the Board of Trustees and the Donors as well as into a "Business Plan".



1 Starting Position (cont.)

Terms of Reference (cont.)

- Take stock of -, and analyse the administrative and support infrastructure as well as the mechanism of related cost allocation to projects and programmes.
- Take into consideration the income generating activities and see how they can be integrated into such a plan.
- Take additionally into consideration the endowment funds which represent long term sources of stability.
- Indirectly address the question of the maintenance of good quality and well motivated scientific staff irrespective of the source of financing.



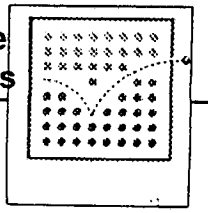
1 Starting Position (cont.)

Action Plan, Methods and Results

Action Plan, Methods and Results		
Actions per visit	Method	Result
First Visit		
– Understand the Centre's activities	– Interviews	– Interaction and dependance of processes and resources
– Analyse each Division	– Interviews, Workshops	– Input and output
– Analyse strengths and weaknesses	– Interviews	– Potential of improvement
– Define a general concept for reorganisation	– Promet, (BPR-Method)	– Concept
– Convince Management of procedure and possible outcome	– Workshops	– Acceptance of actions and support
Second Visit		
– Revise draft of Institutional Review edited by M+P	– Workshops	– Acceptance of draft
– Detail Concept	– Workshops	– Action plan for further phases

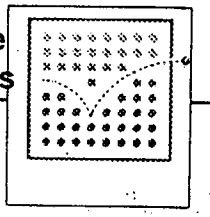
Action Plan, Methods and Results		
Actions per visit	Method	Result
Third Visit		
– Detail planning processes	– Workshops	– planning instruments
– Detail necessary management information	– Workshops	– Relevant data
– Executive Summary	– Workshop	– Executive Summary
Fourth Visit		
– Design Business Plan	– Workshops	– Business Plan
– Design internal and external reporting	– Workshops	– Proposition of Reporting
– Presentation of report to Board of Trustees	– Presentation	– Get approval for reorganisation

2 Summary Analysis of the Actual Situation



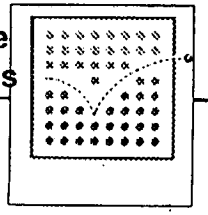
Analysis of the Actual Situation		
Subject	**Description**	**Reorganisation Potential**
Centre	– Unique synergy of scientific skills – Issues involving health of population can be studied in a cross-disciplinary manner – Skills in bio-medical sciences, social and behavioural sciences, operations research, demography, economics, epidemology, statistics – Services provided such as patient care in the hospital and laboratory services	– Big in all organisational units of the Centre – Divisions – Departments – Projects – Personnel – Processes
Divisions	– Organised in skill-based divisions	– Big through concentration of activities
Cross-divisional Synergies	– Project and programme-oriented without elaborating maximum synergies	– Big through organisational changes

2 Summary Analysis of the Actual Situation (cont.)



Analysis of the Actual Situation (Continuation)		
Subject	**Description**	**Reorganisation Potential**
Role of Director	– Strong leadership and scientific recognition	– Role change, delegation of duties and responsibilities
Management	– Strong focus on scientific skills – Management skills with lower priority – Composition of management team not balancing management and scientific skills	– Organisational changes
Reference Numbers	– Not sufficiently available to guide, control and manage the Centre	– Organisational changes – Build-up of a new cost accounting and relevant business plan
Projects / Programmes	– Highly recognised results in scientific objectives – Inefficiency regarding project management	– Organisational changes
Offers to Donors	– Complicated internal process with insufficient and often intransparent allocation of resources without internal crossbalancing of skills and resources (redundancies)	– Reorganisation of internal processes

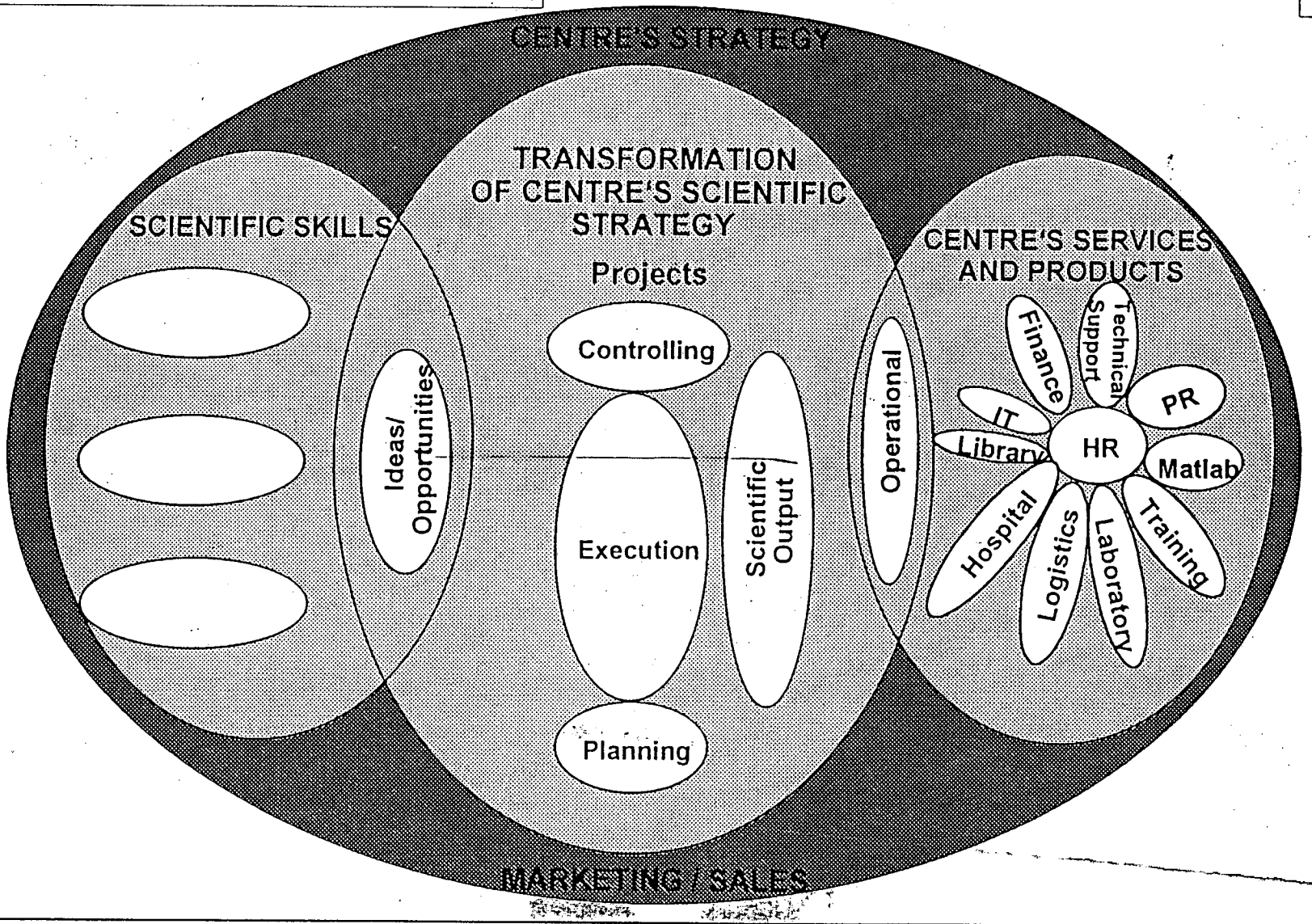
2 Summary of Analysis of the Actual Situation (cont.)



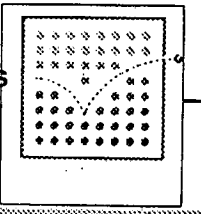
Analysis of the Actual Situation (Continuation)		
Subject	**Description**	**Reorganisation Potential**
Donors	– Shifting financial support from unrestricted to restricted financing	– Increase of transparency, productivity and efficiency will improve confidence base
Finances	– Centre achieving negative result	– Reorganisation can bring back Centre to a break-even result
Accounting Structure	– Lack of relevant management information system	– Implementation of a new IT-system
Reporting	– Containing a huge information flow without relevant management information	– Change of reporting allows more efficient management
Human Resources	– NO HR-capacity utilisation, allocation and skill database allows redundancies	– Organisational changes
Support Services	– Available, but not efficiently used, redundant build-up in Divisions, inefficient use of synergies	– Organisational changes

3 General Concept of Reorganisation

Visualisation and Grouping of Duties



3 General Concept of Reorganisation (cont.)

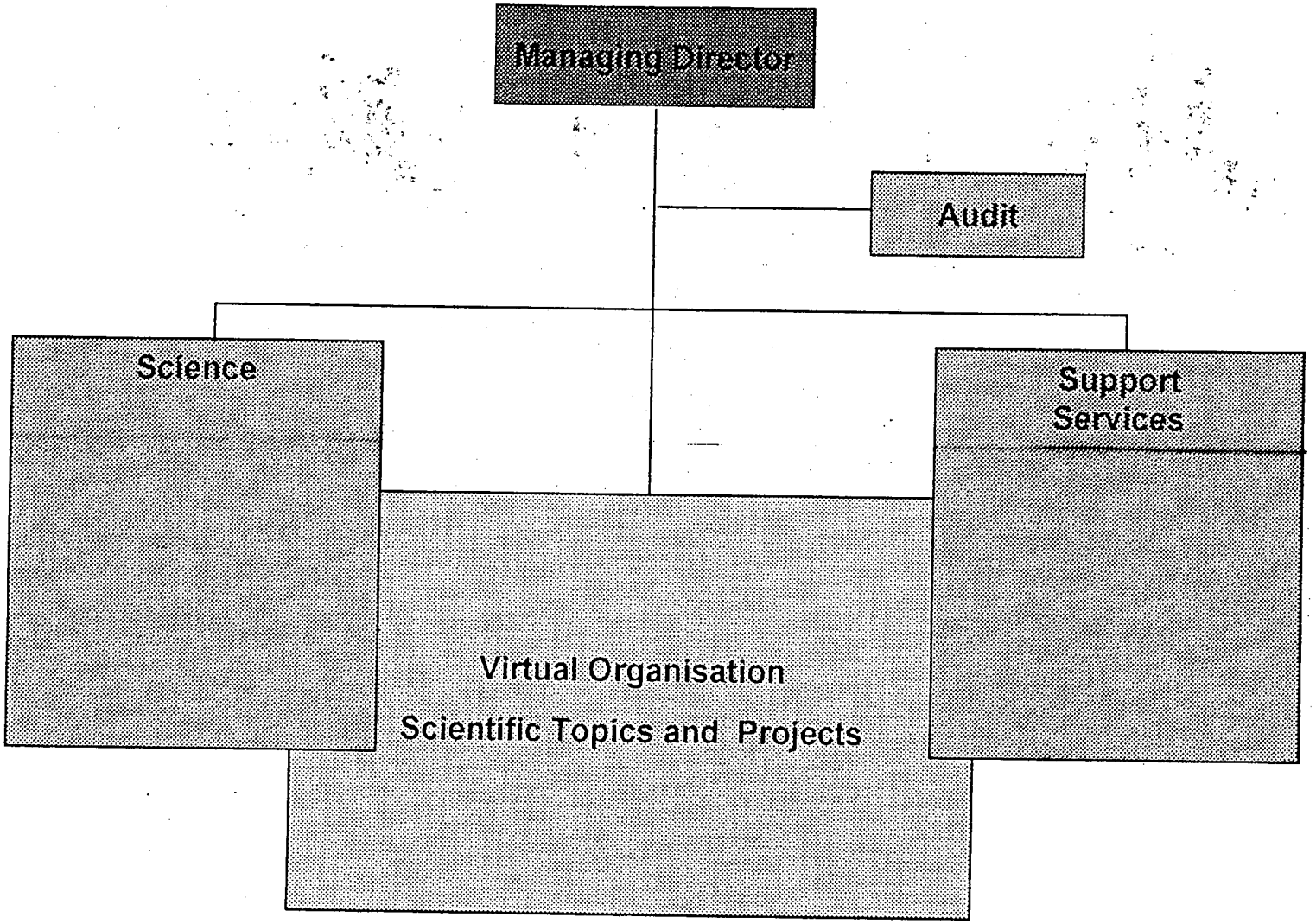


Suggestions for improvements:

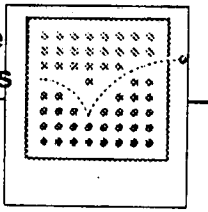
- all *projects* to be organised under one virtual Division in order to enhance *productivity* through a better use and allocation of human resource capacities, better *control* of project objective achievements, better control of project progress, better use of *synergies* regarding the entire Centre, *unifying* offers/protocols to donors, unifying reporting requests, *transforming* Centre's scientific vision defined by the Science Division.
- all *scientific staff* to be grouped under one Division in order to ensure science as a main objective of the Centre; to allow overall training and continuation of staff's education; safeguard critical mass for research, concentrate on scientific topics defined by Centre's strategy, better allocate scientific personnel to projects, optimise scientific skills needed and made available for research; outline and propose new scientific topics to management in order to flexibly adapt to future world-wide needs of research.
- all *administrative* and *support issues* including *laboratory* services, *hospital* and *Matlab* and other field-sites to be organised under one Division providing its support to internal Divisions as well as external clients against settlement. Concentration of all staff posts related to administrative and support activities in order to better ensure optimised allocation to projects. "Productise" services in order to better allocate costs and compensation for costs where incurred.

4 New Organisational Structure

New Organisational Structure
General Structure



4 New Organisational Structure (cont.)



Management Support
Mandatory Committees

Executive Committee

Managing Director

Donors Support Group

Research Review Committee

Programme Committee

Ethical Review
Animal Experimentation Ethics Committee

Head Science Division

Director Support Services Division

Director Programme Division

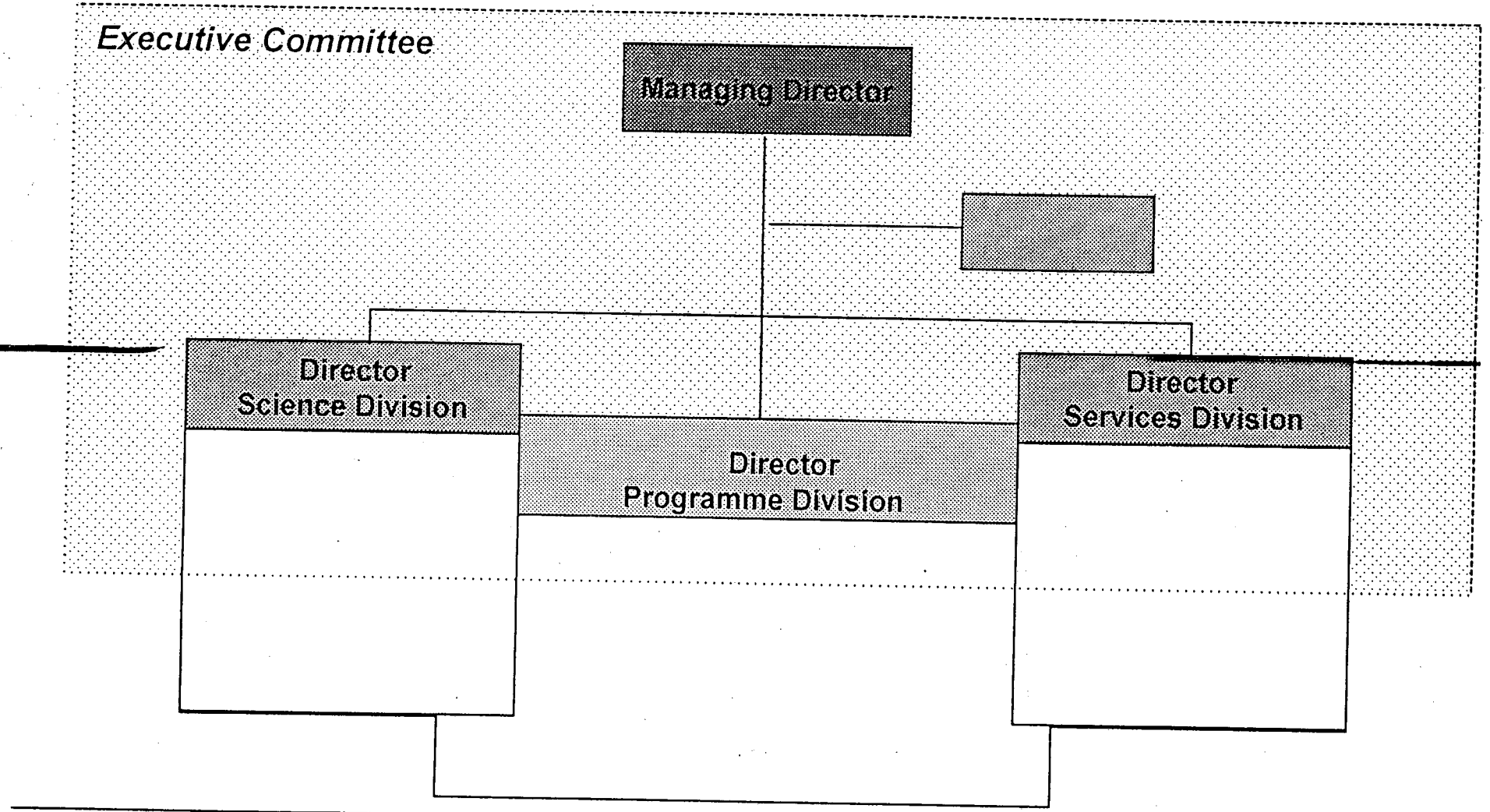
4 New Organisational Structure (cont.)

Functions

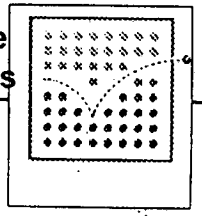
Functions			
by Divisions	First Level	Second Level	Third Level
General Management	Managing Director	Division Director	
Programme Division	Division Director	Head Scientific Topic Project Manager	Project staff
Science Division	Division Director	Chief „Scientific Discipline" Head Scientific Topic	Scientists
Support Services Division	Division Director	Department Heads	Department staff

4 New Organisational Structure (cont.)

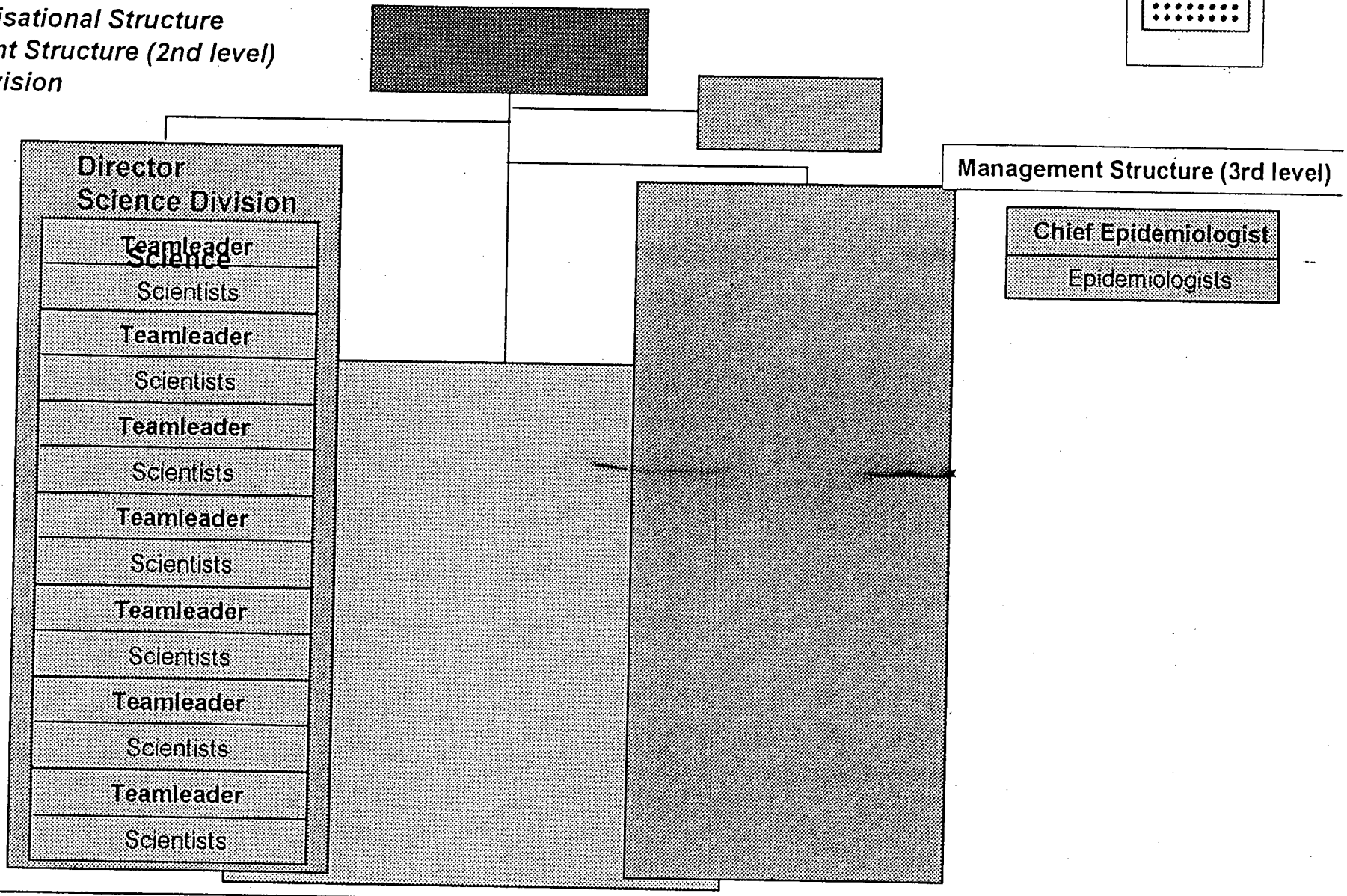
New Organisational Structure
Management Structure



4 New Organisational Structure (cont.)

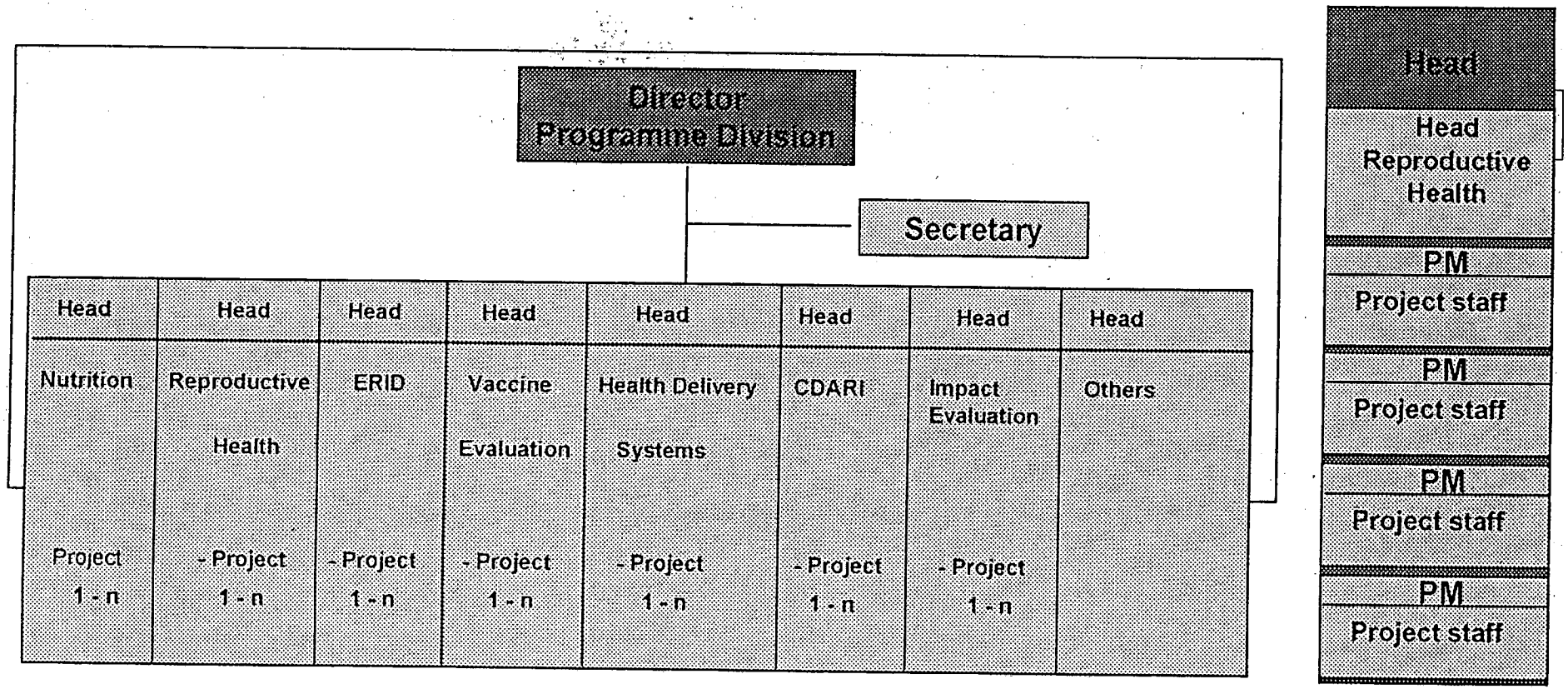


New Organisational Structure
Management Structure (2nd level)
Science Division



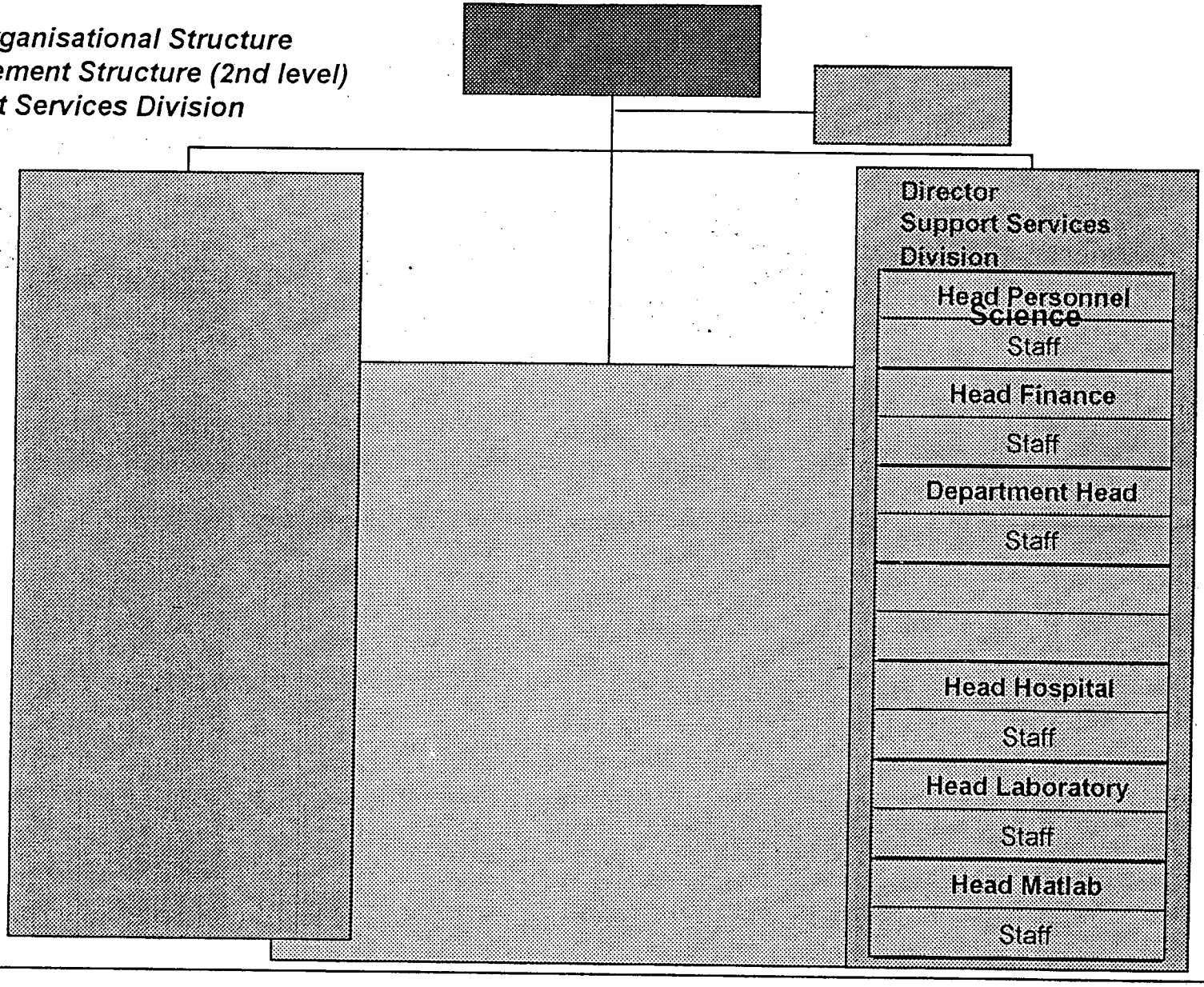
4 New Organisational Structure (cont.)

New Organisational Structure
Management Structure (2nd level)
Programme Division



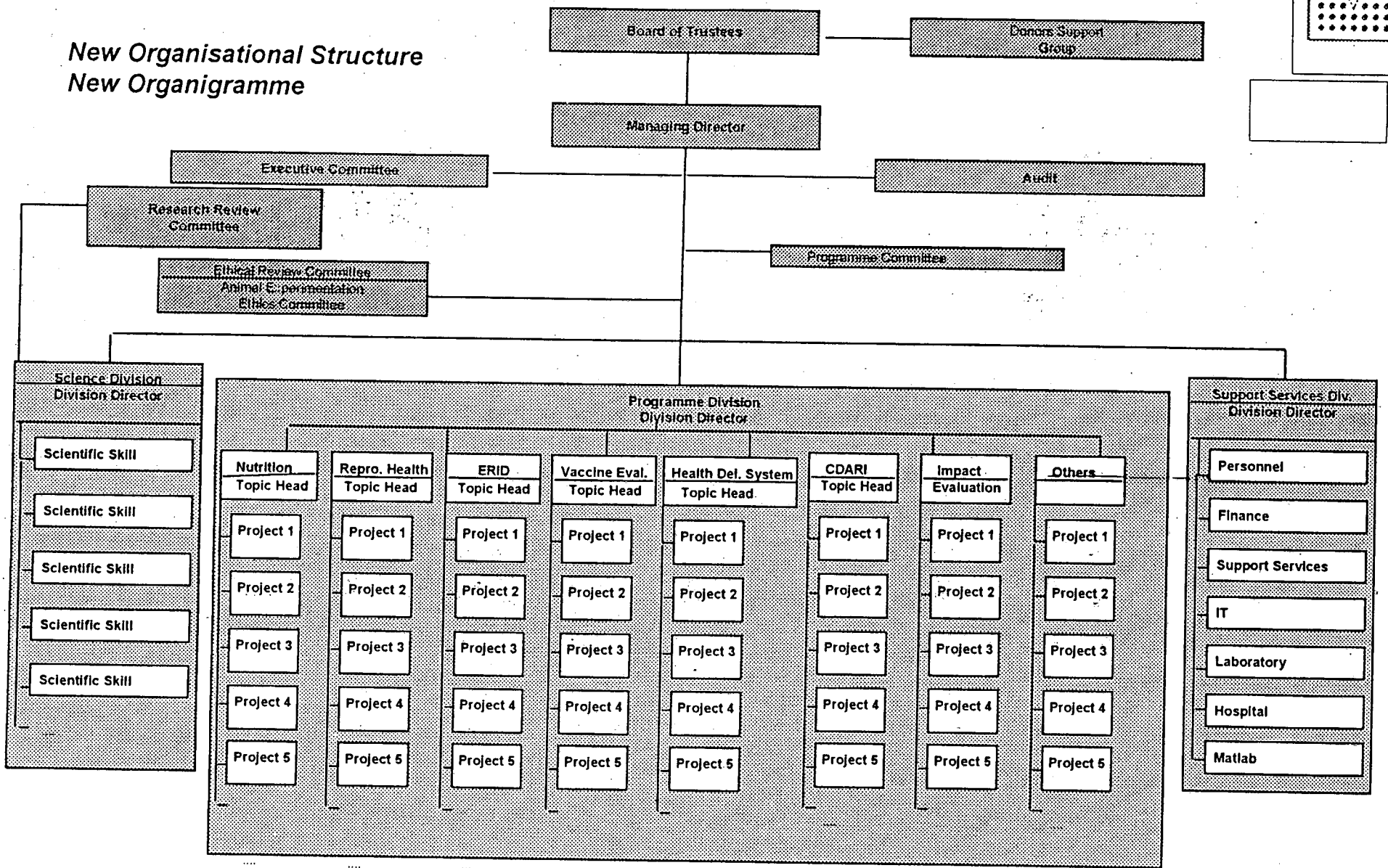
4 New Organisational Structure (cont.)

New Organisational Structure
Management Structure (2nd level)
Support Services Division

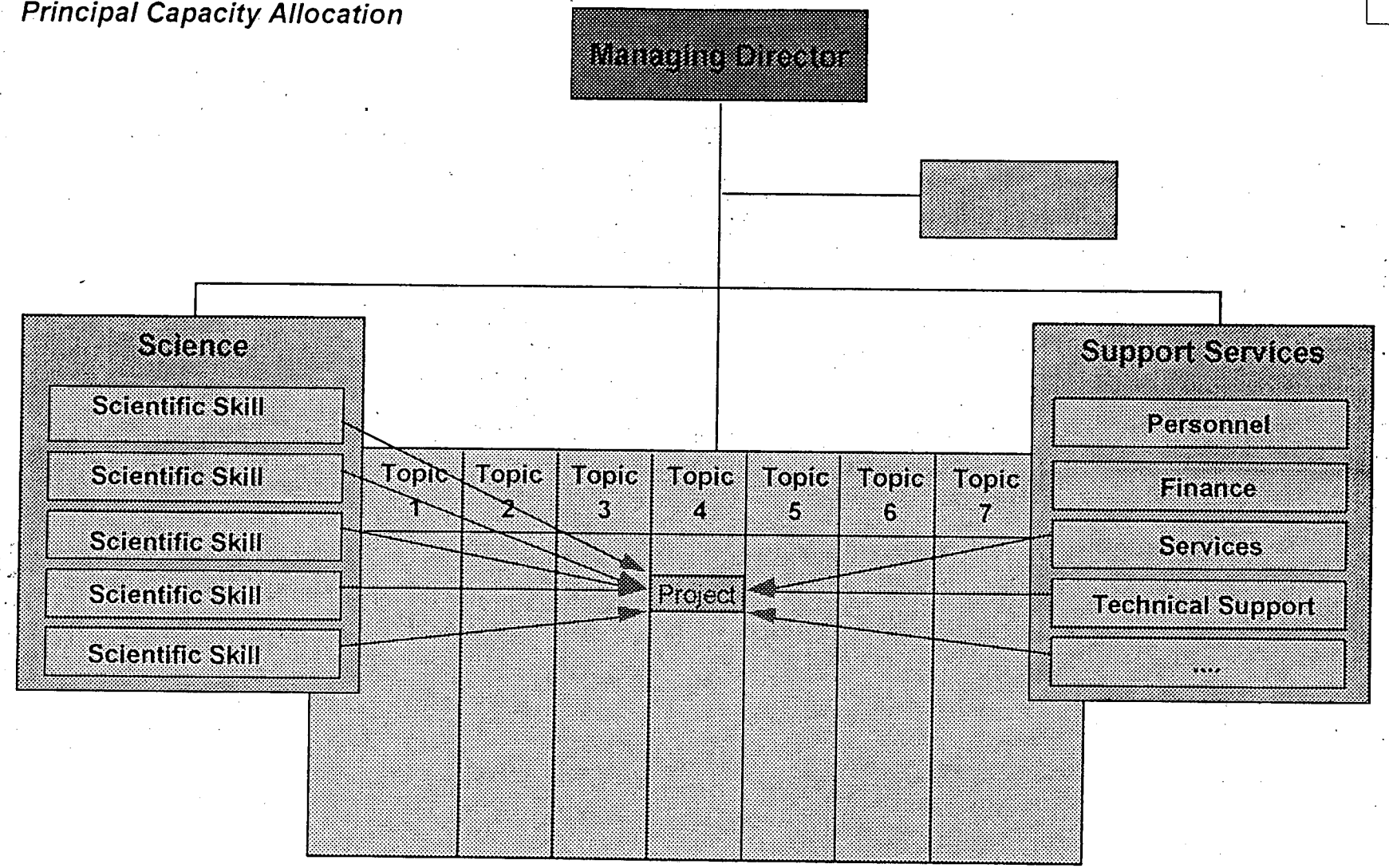


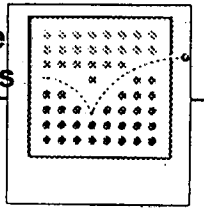
4 New Organisational Structure (cont.)

New Organisational Structure
New Organigramme



New Organisational Structure
Principal Capacity Allocation





Skills per Topic

Skills per Topic						
Nutrition	**Reproductive Health**	**ERID**	**Vaccine Evaluation**	**Health Delivery Systems**	**CDARI**	**Impact Evaluation**
Epidemiologists	Demographer	Microbiologists	Epidemiologists	Statisticians	Clinicians	Epidemiologists
Clinicians	Epidemiologists	Epidemiologists	Immunologists	Demographers	Microbiologists	Anthropologists
Social & Behavioural	Demographer	Molecurar-biologists	Microbiologists	Clinicians	Biochemists	Social & Behavioural
Economists	Clinicians	Immunologists	Clinicians	Epidemiologists	Clinical Pathologists	Economist
Immunologists	Social & Behavioural	Clinicians	Demographer	Social & Behavioural	Clinical Nutrition	Demographer
	Microbiologists	Economists	Economists	Economists	Immunologists	Clinicians
	Immunologists				Social & Behavioural	Clinical Nutrition

6 Development of a Business Plan

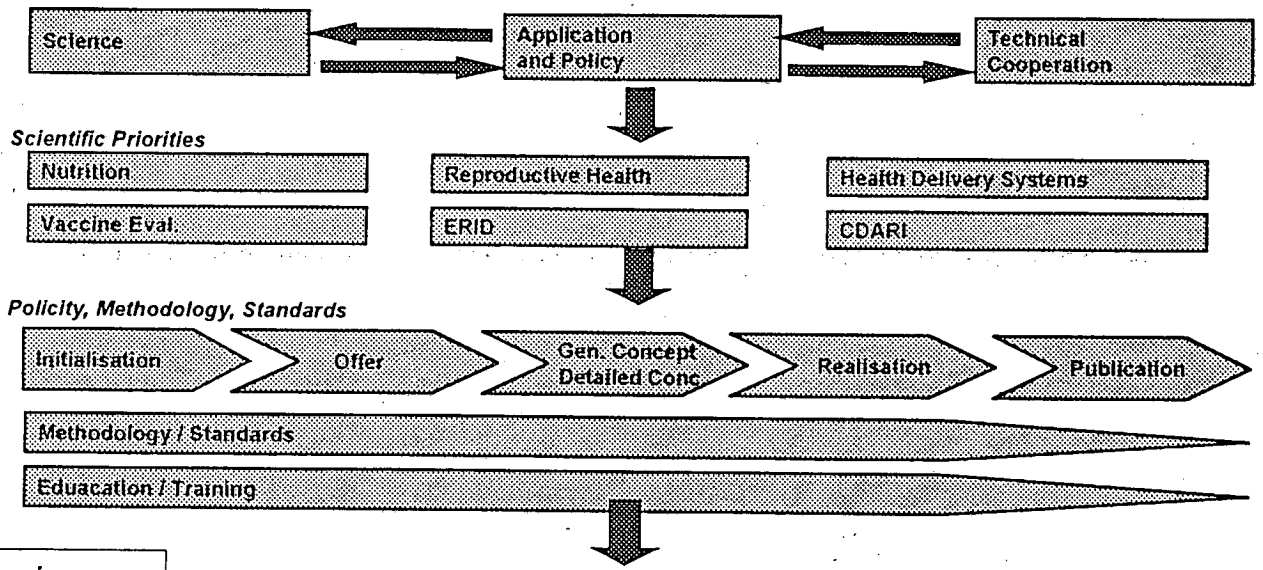
General Remarks

A business plan should:

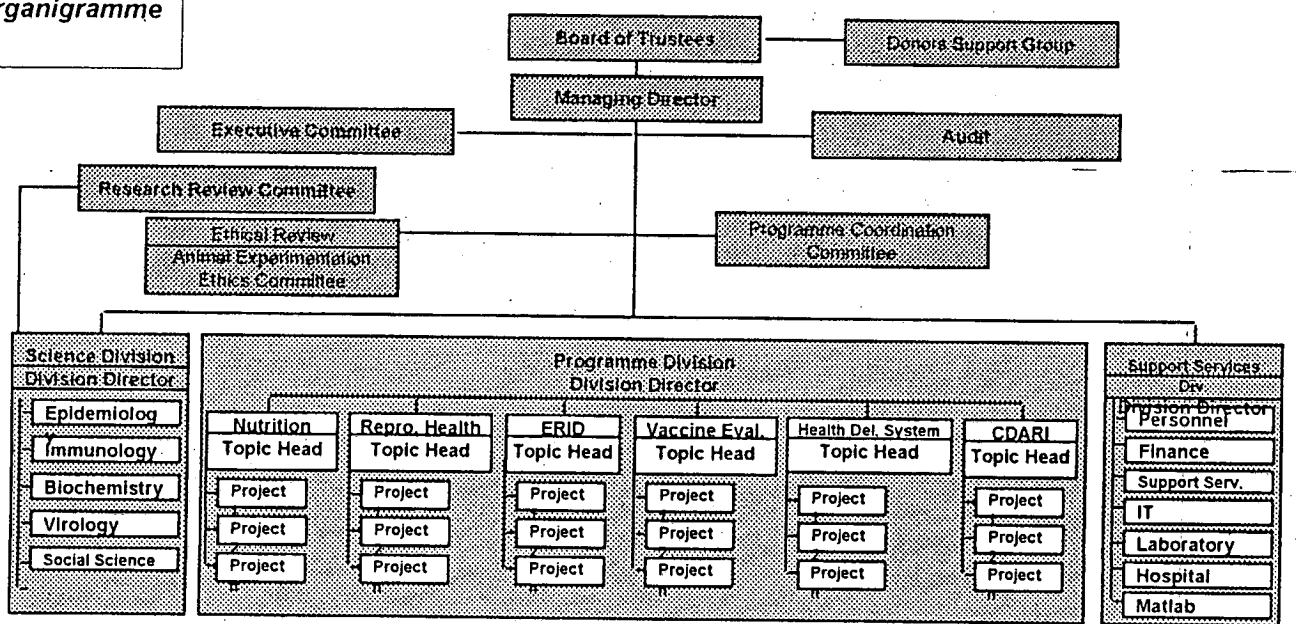
- be in line with the overall strategy of the Centre
- cover the scientific orientation of the Centre
- reflect the scientific agenda in its organisational structure
- reflect the actual key figures and reference numbers and give a clear picture of actual situation and anticipated future
- be a consolidation of a bottom-up actual situation combined with short-, medium- and long-term expectations
- be a management instrument
- be the reflection of reference numbers, aggregated on a specific basis
- be an instrument to reflect risk factors
- be an instrument for superiors to compare and control actual situation with target

6 Development of a Business Plan (cont.)

Scheme



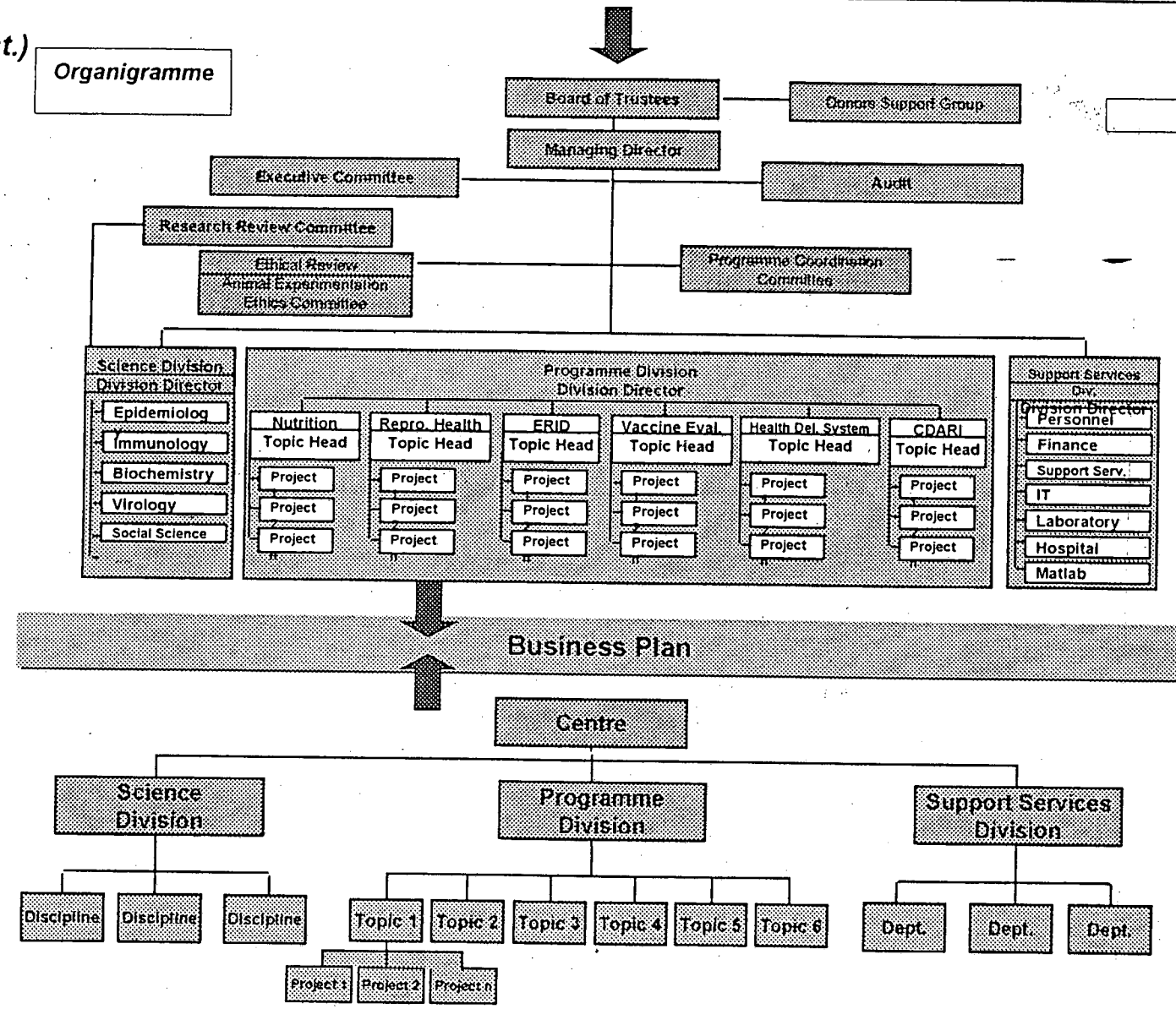
Organigramme



6 Development of a Business Plan (cont.)

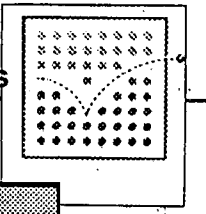
Scheme (cont.)

Organigramme



6 Development of a Business Plan (cont.)

Presentation to the Board of Trustees



Content of the Business Plan (Support Services)

Support Services Division

Product 1	
as a service which can be sold	
• Human resources costs	D1
• material costs	J1
• other costs	L
Total costs	M-S
sale price	
Contribution margin	X

• n

Number of products to be sold

Defines

- Human resources reeds
- material needs
- other costs fears

Total Contibution margin

• n

Department	
• n - contribution margins	W1
• other costs (not allocatd)	
•	
result per department	G

• n

n • numbers of department results

defines

- HR needs
- material needs
- investment needs
- core/project financing allocation
- Actual/budget comparison

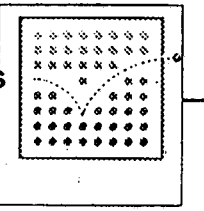
Division	
• n - department results	G
• other costs (not allocated)	
•	
division result	H

• n

Define

- total need of HR
- total material
- total investments
- total financing needs
- total core / project funding

6 Development of a Business Plan (cont.)



Content of the Business Plan (Programmes)

Programme Division

Project 1	
total financed other information	A C1
• human resources costs • human resources allocation • products purchased • other expenses	E D MS
contribution margin per project	V

defines
- human resources capacity utilisation
- total costs
- actual / budget

• n

Submitted projects for financing	
total financed (probability) other information	B C2
•human resources costs • human resources allocation • products purchased • other expenses	E D M-S
probable contri-bution margin	V

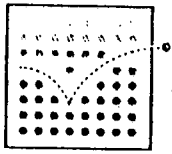
defines
- HR needs
- cost needs
- work load

Topic	
• total financed total submitted	A B
•Human resources costs • human resources allocation • products purchased • other expenses	E D MS
total contribution margin	

defines nd future
- actual HR needs
- total costs
- capacity utilisation
- actual / budget comparison

Division
A / A 1,2 + B1 (C1 / C2)
./. E ./. D (D1/2) ./. M-S
H
Z

defines
- categories of projects
- details of projects
- details of financing
  - costs
  - result



1. SUMMARY

ITEM		BUDGET	ACTUAL	DIFF
1 Total financed	(A1)	$	$	+/-%
1a unrestricted	(A2)	$	$	+/-%
1b restricted	(A2)	$	$	+/-%
2 Total pendig offers	(B1)	$	$	+/-%
Total	(A1)	$	$	+/-%
./. Total HR costs	(E1)	$	$	+/-%
./. Total material costs	(J1)	$	$	+/-%
./. Total other costs		$	$	+/-%
Total Result		$	$	+/-%

2. Break-down by Agenda of Research

ITEM		BUDGET	ACTUAL	DIFF
1 Total financed	(A1)	$	$	+/-%
1a Nutrition	(A1)	$	$	+/-%
1b CDARI	(A1)	$	$	+/-%
1c Reproductive Health	(A1)	$	$	+/-%
1d Health Delivery Systems				
1e Imact Evaluation				
1f ERID	(A1)	$	$	+/-%
1g Vaccine Evaluation		$	$	+/-%
Total	(A1)	$	$	+/-%
1a Nutrition	(A1)			+/-%
project 1 - n/contribution margin		$	$	+/-%
Total contribution margin		$	$	+/-%
1b CDARI				+/-%
margin		$	$	+/-%
project n/contribution margin		$	$	+/-%
Total contribution margin		$	$	+/-%
1c Reproductive Health		$	$	+/-%
1d Health Delivery Systems		$	$	+/-%
1e Imact Evaluation		$	$	+/-%
1f ERID		$	$	+/-%
1g Vaccine Evaluation		$	$	+/-%
Total contribution margin 1a - 1e		$	$	+/-%
./. other costs		$	$	+/-%
Total result		$	$	+/-%

3. Break-down by Divison

ITEM		BUDGET	ACTUAL	DIFF
1 Total financed	(A1)	$	$	+/-%
1a Programme Division		$	$	+/-%
1b Science Division		$	$	+/-%
1c Support Services Division		$	$	+/-%
Total	(A1)	$	$	+/-%
./. Programme Division	(H1)	$	$	+/-%
./. HR costs		$	$	+/-%
./. Cost allocation per services rendered	(E1)	$	$	+/-%
Total Division		$	$	+/-%
./. Science Division	(H2)	$	$	+/-%
./. Support Services Division	(H3)	$	$	+/-%
Total Result		$	$	+/-%

8 Implementation

- Principles of Implementation
- Reorganisation Task Force
- Action Plan
- Definition of Sub-Projects
  - Short-term Activities

8 Implementation

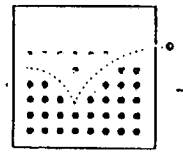
Principles of Implementation

Any reorganisation should be managed socially conscious, i.e

- insourcing instead of outsourcing where possible and subject to price setting
- rightsizing of human resources not radically executed, but benefiting from natural fluctuations and moderate downsizing
- dialogue with personnel to be intensified in order to get their support and understanding for a new and better future
- initiatives should be implemented which will show a direct impact and change to the personnel in order to change their thinking
- initiatives of personnel to be supported. The daily operative process should be executed within the decentralised units
- 80% of a reorganisation should take place the first year. The rest will take longer and should be considered as fine tuning and iterative improvements

and should

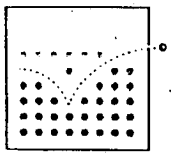
- not lead to a drop in the Centre's productivity
- be accompanied by external coaches



List of Sub-Projects

List of Sub-Projects

Division/ Department	Measure	Start	End	Respon-sible	Direct Cost	Remarks
Management	work out vision and model	immediat ely	31.01.99	G. Fuchs	0	In connection with scientific agenda
Management	work out definitive scientific agenda	immediat ely	31.01.99	G. Fuchs	0	
Management	work out transformation plan for reorganisation	11.11.98	31.12.99	G. Fuchs	0	after approval of Board of Trustees
Management	work out definitive organigramme	11.11.98	31.01.99	G. Fuchs	0	
Management	development of a communication concept	11.11.98	15.12.98	G. Fuchs	0	
Management	Information workshops with staff	15.12.98	31.01.99	Division Directors	0	
Management	Rules and Regulations regarding competences	11.11.98	31.03.99	G. Fuchs	0	
Management	Definition of coaching support for HR and rest during 1999	11.12.98	31.12.98	G. Fuchs	400'000	M+P 340'000, J. Reeves 60'000
Management	define new reporting needs	11.11.98	28.02.99	G. Fuchs	0	with all the 3 division directors
Management	define marketing concept	11.11.98	31.01.99	G. Fuchs	0	
Management	active marketing of the Centre	01.02.99	31.12.99	G. Fuchs	150'000	
Management	inform donors of new reporting	01.04.99	30.06.99	G. Fuchs	50'000	visits or tru BoT

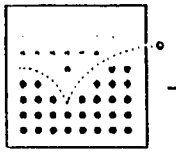


List of Sub-Projects (cont.)

ICDDR, B

List of Sub-Projects

Division/ Department	Measure	Start	End	Respon-sible	Direct Cost	Remarks
Management	work out new business plan for 1999 and 5 year planning	36110	36219	G. Fuchs	0	as a bottom-up consolidation
Finance	adapt and change cost accounting	36161	36341	Division Director	100000	according to the new organigramme, IT adaptation
Finance	define new cost center accounting	36161	36250	Chief Finance	0	in cooperation with Programme Division Director
Finance	define new cost unit accounting (products)	36110	36250	Chief Finance	0	in cooperation with Director Support Services Division
Finance	define new reporting	36110	36250	G. Fuchs	0	Executive Committee
Finance	define new donor reporting (projects)	36251	36341	Division Director	0	Programme Division Director
IT	programming of new cost accounting	36161	36341	Division Director	0	
IT	evaluate and implement a new and fully integrated standard software	36161	36525	Division Director	500000	integrated system covering finance and cost accounting, HR, logistics (material, sales) and projects, evaluation only with Programme and Support Services Division



List of Sub-Projects (cont.)

ICDDR, B

List of Sub-Projects

Division/ Department	Measure	Start	End	Respon-sible	Direct Cost	Remarks
IT	migration of old to new system	36251	36525	Division Director	0	price included in standard software
all departments of the Support Services Division	creation of products for cost allocation	36110	36191	Division Director	0	
Personnel	define internal daily rate per staff groups	36110	36191	Programme Division Director	0	In cooperation with Chief Personnel
Personnel	preparation work for capacity utilisation of human resources	36110	36191	Chief Personnel	0	on request of Programme Division Director
Personnel	new allocation of HR to cost centers	36110	36219	Chief Personnel	0	
Personnel	new incentive package and salary structure	36110	36341	Support Services Director	0	
Personnel	prepare monthly productivity check per staff	36110	36219	Chief Personnel	0	
all department heads, topic heads and head disciplines	prepare budget for 1999	36110	36191	all Division Directors	0	

8 Implementation (cont.)

List of Sub-Projects (cont.)

ICDDR, B

List of Sub-Projects

Division/ Department	Measure	Start	End	Respon-sible	Direct Cost	Remarks
Programme Division	implement new structure	01.02.99	31.12.99	Division Director	0	
Programme Division	set methodology and standards for carrying out projects	36110	36250	Division Director	0	
Programme Division	define and implement new project reporting	36110	36250	Division Director	0	
Programme Division	define and implement new project controlling	36110	36250	Division Director	100000	adaptation of IT programmes
Programme Division	implement new project reporting	36220	36341			
each Division	define its internal processes	36161	36250	Division Director	0	workshops to improve Integration
each Division	implement new processes	36251	36525	Division Director	0	
IT	Staff training	36312	36525	Division Director	100000	

8 Implementation (cont.)

Short-term Activities

Suggested ideal timing of decisions to be taken		
Activity	**Responsible**	**Milestone**
new general structure to be accepted	management team	October 1998
presentation to Board of Trustees and approval for reorganisation	Director M + P	November 1998
definition of responsibilities and authorities during the reorganisation	BoT	November 1998
nomination of the reorganisation task force of the Centre	BoT	November 1998
approval for recruitment of a new managing Director and a Director for the Support Services Division	BoT	November 1998
approve costs for reorganisation	BoT	November 1998
detailed work out of action plan and priorities	management team	December 1998
implementation of new organisation and information to staff	reorganisation task force	December 1998
start implementation	reorganisation task force	1st quarter 1999
internal Division reorganisation	reorganisation task force	during 1999
- all other sub-projects	reorganisation task force	during 1999

8/BT/NOV.98

REPORT FROM

STAFF WELFARE ASSOCIATION

Representation of the ICDDR,B Staff Welfare Association to the Board of Trustee's Meeting, November 1998

Dr. G. H. Rabbani, MD, PhD, FACG: Scientist Clinical Sciences Division
President, ICDDR,B Staff Welfare Association

Introduction

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) was established in December 1978 by an Ordinance of the Government of Bangladesh (GOB) and ratified by fifty-four countries and international donor agencies. The predecessor of the ICDDR,B, the "Cholera Research Laboratory" was established in the year 1960 to carry out research in cholera, a killer disease, which has been highly prevalent in Bangladesh as well as in other developing countries of the world.

In the year 1971-72, after the liberation of Bangladesh, the very existence of the Centre was at stake, mostly because of the lack of financial commitment and social disruption caused due to the war. In this critical situation, the then GOB made a bi-lateral agreement with the USAID for continuing support and thus rescued the Centre. The foundation stone of the extended Cholera Hospital was laid in the year 1972 by the then Minister of Health, GOB, which still bears the testimony of the then Govt's good will and support for the Center and to serve the suffering humanity of the country and the world at large.

Achievements of the Center

Since its inception in 1978, the Centre has been successfully operating to achieve its major objectives in reducing deaths and disability due to diarrhoeal diseases and related aspects of fertility and malnutrition. During this period, the Centre has significantly contributed to the development of human welfare through its research output, accomplished by the work of its scientists and administrators, supported by a group of international donors, and actively guided by an efficient Board of Trustees, all working in an environment that has been most congruous for its scientific growth and development.

Over the years, the Centre has substantially contributed towards the development of health and human welfare throughout the world. Development of health promotion strategies including; oral Rehydration solution (ORS), intravenous "Dhaka solution", nutritional management of malnourished children, promotion of breastfeeding, diagnosis and treatment of diarrhoeal diseases, environmental sanitation and water supply techniques, testing of cholera vaccines, and the Demographic Surveillance System (DSS) at Matlab, are only a few of the landmarks of its contributions towards global human health. Besides, the Centre has established excellent facilities for training scientists, both national and international, in the field of health and sociodemographic studies. The Centre is now recognized as the "Centre of Excellence" in the field of health and population research in the world.

All these achievements have been possible due to the contribution and sacrifice of its dedicated staff and the active support from the donors.

Centre's Operation (The Current Problems)

With the establishment of ICDDR,B in 1978 with renewed objectives, the Centre had an annual budget of 1.7 m US $. From 1978 to 1988, the budget has been raised to around 13 m $. This growth in fund has been made possible due to the appropriate fund-raising activities undertaken by its External Resources Development office. The major donor of the Centre were UN agencies, USAID, international organizations, individual countries, and private foundations.

In the year 1989, there was a sudden change in the Centre's management policies with the separation of the then Director, Prof. Roger Eeckels and appointment of Dr. D. Habte, as the new Director. During the period 1990-1998, the Centre's donations had been declining from 12 m $ to about 10 m $, mostly affecting the core funds. However, the reasons for this decline have not been assessed properly and therefore, are not very clear. Nevertheless, several factors may be responsible including, a decline in fund-raising effort of the Centre, loss of donor's interest and confidence due to various reasons, and other factors related to Centre's internal fund management policies. In view of this, it is interesting to observe that similar other international organizations including IRRI, IFPA, CARE etc are able to attract increasing donations for their programme activities.

A critical analysis of the funding situation of the Centre indicates that several factors may be responsible for the present crisis.

Careful observation and timely action: During the last several years, when it was first observed that the expected income was declining, an alert should have been experienced leading to adoption of appropriate corrective measures for the expected financial deficit. Timely action could have saved the Centre from today's crisis.

The importance of leadership: With the departure of Prof. Habte in 1997, there has been rapid changes in top level management including the Director. Prof. Robert Suskind was appointed as the new Director in January 1998 and was released after six months in office in June 1998. The Centre has lost its public credibility due to this undesirable incidence and has to make costly adjustment as a consequence. Several Divisions of the Centre including the Administration, Public Health Science, and Operations Research did not have their respective Directors. The Laboratory Science Division had been running without its Director for several years, although a new Director has been appointed recently. Moreover, the recent appointment of the Division Director of the Clinical Sciences Division to the position of the interim Director of the Centre created a vacuum in the Clinical Sciences Division. Lack of leadership and appropriate guidance in major scientific divisions have already started showing their adverse effects, the numbers of research publications have significantly dropped in 1998 and the Journal of Diarrhoeal Disease Research has been suspended from December 1998.

The need for setting up goals and proper planning: The Centre must be able to define its goals in specific terms in each defined scientific field of research and should make appropriate planning to accomplish these goals. Selection of aims and objectives must take into consideration such factors as the availability of human and financial resources, necessary technical expertise, and the expected human welfare. Although the Centre has now developed a defined set of research priorities in each scientific division, these are often seen as broad generalization and in many instances, have not been truly followed due to lack of interest, technical expertise, and of course availability of fund. Moreover, the uncertainty of fund commitment to programme activities, particularly for the long-term projects, often leads to interruption or premature termination of the on-going projects, or failure to start new projects. This creates significant hindrance in accomplishing Centre's projected goals, and often lead to undesirable "shifts and drifts" from the targeted objectives.

Fund-raising initiatives: Along with the dismissal of Prof. Eeckels, the then Director in 1989, the External Resources Division, which has been raising funds vary efficiently, became less effective, probably because of the abolition of the post of its Director. From then on, the promotional activities of the Centre including the fund-raising initiatives have been operating at a sub optimum level resulting in huge shortage of core funds in 1998.

Personnel and human resource policies: In the last June Board meeting, a plan of "downsizing" the Center was proposed by the Executive Committee to the Board. Later, the downsizing plan was changed to "rightsizing", and now it is being pursued under the name of "restructuring". We have no idea whether another terminology would be invented in near future. The plan has not yet been defined with regard to what is being restructured and for what reason, who is actually restructuring it, and for what purpose.

The donor's perspectives: The recent changes in donor's attitudes as reflected by their interests for active intervention in personnel and financial policy matters, often imposing binding rules, clearly indicate their lack of confidence in our way of fund utilization. The donors, in general, are interested to see that their contributions are properly utilized to accomplish certain goals in biomedical and social research following a defined set of scientific and administrative principles. This is a very important issue for the survival and growth of the Centre and we must ascertain that the donor's confidence and satisfaction are guaranteed and maintained through our adherence to and practice of a uniform policy and guidelines at all levels of programme operation.

It is also true that in many instances the donor may not have the right knowledge of the problem with regard to its cause and effects in the society and the best way to address it. In such a situation, the respective donor needs to be properly educated, motivated, and probably modified, by providing information and

justification of the programme with regard to its costs and the expected benefits. The success of this exercise would depend on the ability to bring about a careful balance between the opposing forces of "donor's drive" and the Centre's strategic needs, a task often difficult and calls for a demanding and imaginative leadership. In some instances, repeated funding of a traditional programme on a fixed-term basis such as the Matlab DSS, induces "donor fatigue", leading to a loss of interest and finally withdrawal of support. This again needs the challenging leadership in presenting the Centre's needs and strategies in a way most attractive to the donor, in the perspectives of a changing world with the scientific vision and optimism of the twenty-first century.

Last June, the management has announced a voluntary staff separation plan and a total of 57 employees including senior level scientific staff have already been separated in two phases. The estimated cost of this separation was 1.2 m dollars. Another 143 staff are expected to be separated by abolition of posts and unsatisfactory performance. Understandably, this has created a strong sense of job insecurity, frustration, and lack of confidence among the staff members of the Centre. Moreover, developing scientists with expensive education and then separating them from the service is a self-contradictory policy, it was unwise; and had deprived the Center of the expected contribution from the highly qualified staff including the scientist of the Matlab Demographic Surveillance System and the only available histopathologist of the Centre.

Personnel recruitment policy: Establishment of a fair, rationale, and uniform recruitment policy based on individual's competence, academic records, and fitness is a key factor in the successful organizational development and accomplishment of the Centre's goals. The ICDDR,B Ordinance of 1978 has clearly emphasized the importance of this very basic principle for recruitment of international and national staff. The ordinance has also emphasized the need to consider geographic distribution for selecting candidates for international positions. Although the Centre has adopted a set of Staff Regulations for appointment, salary assessment, and promotion, there are instances where such policy guidelines do not exist and are not strictly followed. This creates a lack of fairness, injustice, and personal bias in appointing and ranking individuals in different positions.

The recent advertisement for recruiting six international positions, mostly supported by the core funds, is conflicting with the financial policy of the Center, and needs to be reviewed in consideration of the existing deficit of 1.7 m dollar in core funds.

The Role of the ICDDR,B Staff Welfare Association (SWA): As stipulated in the SWA constitution, the major objectives of the association, in addition to social and general welfare of the staff members, is to make proposal to the Director with regard to "personnel policies, conditions of service, staff grievances, and protection of staff rights". In view of this broad principle, I think, as a official

representative of the staff members of the Centre, that the SWA does not only talk about the demands and rights of the individual employees, but also contribute to the overall development of the Centre by giving constructive suggestions and helpful hints to the management for consideration. The SWA would like to work hand-in-hand with the management and the Board to optimize Centre's accomplishments and to create a congenial working atmosphere, particularly when it is acutely needed. The role of the SWA should be seen as complementary to the management's action, and not as a worker's union or a competitor. The SWA believes that the present undesirable situation in the Centre can be resolved through participatory negotiation and cooperation involving the management, the Board, and the SWA. The SWA places the interest of the Centre in the first place and strongly feels that the Centre must be saved at all costs, even at a sacrifice of the employees at all levels. The Centre is the basic driving force of the lives of the employees and they will resist any activities that are not constructive to the Centre.

Nevertheless, the SWA also expects that the management would appreciate the SWA's constructive role and helping attitudes and in return, would come forward positively to help them in the time of their need. Cooperation, tolerance, and mutual understanding would be the key principle of our working relationship.

The SWA believes that the Board will sympathetically consider the implementation of the salary structure of the local employees according to the UN pay scale as stipulated in the ICDDR,B Ordinance of 1978. Besides, there are other issues including recruitment policies, promotion, working hours, job classification, effects of currency devaluation, etc that need to be reviewed. Specific problems related to the staff of the ICDDR,B field stations in Matlab, Chittagong, Jessore, and other places also need to be looked at.

The Board as the supreme authority: According to the ICDDR,B Ordinance of 1978, the Board of Trustees have been given enormous power, authority, and responsibility as the highest executive body of the Centre. The level of responsibility is further increased during any period of crisis such as the current financial deficit faced by the Centre. Therefore, the credibility of the Board as the supreme executive authority of the Centre is held at the crossroad of a strong desire to rescue the Centre in one hand and the practical constraints of declining donor support on the other. We have high expectation that the Board will come forward to do the best it can at this time of need.

The impact of the present crisis:

Demoralization of staff: With the present administrative and financial problems, the future of the Centre has become uncertain, and as a result the moral standard of the staff, particularly its scientists, has significantly deteriorated. There is increasing frustration, job insecurity, and lack of confidence among the

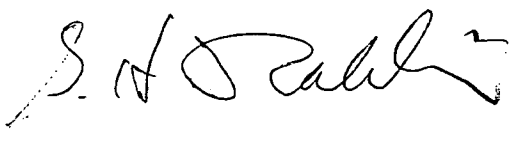
employees of the Center. If this situation continues it would seriously affect the very existence of the Centre.

Lack of leadership: Absence of senior level staff including the Director and the Division Directors of administrative and scientific divisions has resulted in a big vacuum in both scientific and administrative leadership. The expected loss of scientific productivity due to absence of proper guidance would likely to take twice as much time to recover.

How to contain the crisis: In the present situation, we think that a major participatory effort involving the Board, the donors, the local management, and the SWA, would be necessary to develop a suitable, practical, and acceptable solution to these problems. We do not think that separation of staff is the right way to resolve the problem. Regaining the interests and the lost confidence of the donors, generating own revenues, and production of good quality science are the key factors to ensure uninterrupted survival and growth of the Centre.

Recommendations and Suggestions

- The Centre should try very hard to find a new, active, and efficient Director as soon as possible.
- The vacant positions of three Division Directors should also be filled in as soon as possible.
- A committee should be organized to critically look into the causes of fund deficit and declining revenue and to suggest corrective measures for future guidance.
- The Board members must address the issue of salary gap of the local and international positions in relation to UN pay scale as stipulated in the ICDDR,B Ordinance of 1978.
- A policy guideline must be developed and strictly followed for new recruitment of personnel regardless of all national and international positions at all levels
- Other avenues to generate income must be explored before deciding to separate existing staff.
- Morale of the staff, particularly the scientific staff must be regained and a good working environment should be maintained by developing appropriate strategies involving the management and the staff altogether.
- Specific fund-raising initiatives must be undertaken and the existing system should be strengthened to attract more resources.



9/BT/NOV. 98

FORMAT OF BOT MEETING

10/BT/NOV.98

SELECTION OF TRUSTEES

7/10/98

BT/Nov.1998

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 Professor Chen Chunming (developing country - Asia) for 3 years from 1 July 1998.

2. Initiate nominations for a replacement for Professor Fehmida Jalil (developing country Asia) who will conclude her second term of service on 30 June 1999.

3. Initiate nominations for a replacement for Professor Helena Makela (developed country Europe) who will conclude her second term of service on 30 June 1999.

4. Initiate nominations for a replacement for Professor Cesar Victora (developing country the Americas) who will conclude his second term of service on 30 June 1999.

5. Note that Dr. Ralph Henderson, WHO Representative, will be concluding his service with WHO, and therefore his service with ICDDR,B, in March 1999. Note that a replacement will be advised by WHO in due course.

ICDDR,B

LIST OF BOT MEMBERS
WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES
(as at November, 1998)

Name	Country	Discipline	Joined Bd/ end date
Mr. Rolf Carriere	UNICEF	Management/ Int'l Health	1997/2000
Maj. Gen. (Retd) M.R. Choudhury	Bangladesh	Pathology	1994/2000
Prof. R.R. Colwell	U.S.A.	Microbiology	1995/2001 *
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	1995/2001 *
Prof. P.F. McDonald	Australia	Demography	1995/2001 *
Prof. P.H. Makela	Finland	Microbiology/ Vaccine dev.	1993/1999 *
Mr. J.O. Martin	Switzerland	Finance/manage-ment	1994/2000 *
Dr. A.K.M. Masihur Rahman	Bangladesh	Civil Servant	1996/1999
Mr. M.M. Reza	Bangladesh	Civil Servant	1998/2001
Dr. Y. Takeda	Japan	Microbiology	1994/2000 *
Prof. C.G. Victora	Brazil	Epidemiology/ Public Health	1993/1999 *
Prof. C. Vlassoff	Canada	Public Health/ Trop. Diseases	1998/2001

*Unable to serve another term without a break.

ICDDR,B

LIST OF BOT MEMBERS (AS AT NOVEMBER 1998) WITH TERMS

Name	Joined Board	End of Term
Mr. Rolf Carriere	1 July 1997	30 June 2000
Maj. Gen. (Retd) M.R. Choudhury	11 June 1994	10 June 2000
Prof. R.R. Colwell	1 July 1995	30 June 2001 *
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 2001 *
Prof. P.F. McDonald	1 July 1995	30 June 2001 *
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
Mr. M.M. Reza	1 October 1998	30 Sept 2001
Dr. Y. Takeda	1 July 1994	30 June 2000 *
Prof. C.G. Victora	1 July 1993	30 June 1999 *
Prof. C.K. Vlassoff	1 July 1998	30 June 2001

* Unable to serve another term without a break

NOMINATIONS FOR TRUSTEES – NOVEMBER 1998

(Revised 7/10/98)

Name	Nationality	M/F	Discipline	Current Occupation	Nominated by
A. DEVELOPED COUNTRY (Europe)					
Joseph Hautvast	Dutch	M	Public Health & Clinical Nutrition	Director, Graduate School Food Sciences Human Nutrition, Wageningen Agric. Uni.	Dr. R. Suskind/Dr. G. Fuchs
Stig Wall	Swedish	M	Epidemiology and Public Health	Chairman, Centre for Public health, Umea Univ.	SIDA/Mr. J. Martin
B. DEVELOPED COUNTRY (Nth. America)					
C. SOUTH AMERICAN REGION					
Ricardo Uauy Dagach	Chilean/US perm. Resident	M		Director, Inst. of Nutrition and Food Technology, Uni. Chile	Dr. R. Suskind
D. DEVELOPED COUNTRY – (Pacific)					
Peter Heywood	Australian	M	Nutrition, Tropical Health, formerly Prof. Of Nutrition, Univ. Queensland	World Bank Delhi – leads WB's public health work	Dr. R. Feachem (World Bank/W)

E. DEVELOPING COUNTRY (Asian Region)					
Prof. Wu Yi-qun	Chinese	F	Occupational Medicine	Prof. Vice President, Chinese Academy of Preventive Medicine	Dr. Wang Ke-an (through Dr. Henderson)
Prof. Zheng Qing-si	Chinese	F	Social Medicine	Director & Prof. Dept. of Social Medicine Chinese Academy of Prev. Med. , Vice Chief National Assoc. of Social Medicine, Chief, Beijing Assoc. of Social Medicine	Dr. Wang Ke-an (through Dr. Henderson)

Date: Thu, 6 Aug 1998 15:27:32 +0900 (TAIDT)
From: wangka@ccs.capm.ac.cn
To: julie@citechco.net
Cc: henderson <hendersonr@who.ch>
Subject: Resume

Dear Ms. Banfield Julie:
Here attached two CVs of Prof. Wu Yi-qun and Zheng Qing-si. Would you please kindly forward this e-mail to Mr. Henderson to ensure his receipt of these material? It will be more convenient for me to sent other possible materials to you if you can give me a fax number which is available to you and Mr. Henderson.

1.Curriculum vitae
Name: Wu Yi-qun
Family Name: Wu
First Name: Yiqun
Sex: Female
Date of Birth: May 2, 1946
Place of Birth: Shanghai, P.R.China

Academic Qualification and Dates:
1968 Graduated from Fu Dan University ,Shanghai, B.S. of Chemistry
1986-1988 Visiting postgraduate Researcher, Division of Environmental and Occupational Medicine and Drug Studied Unit, Analytical Division. Department of Pharmacy, UCSF,U.S.A.
1995-1996 Visiting postgraduate Researcher, Division of Environmental and Occupational Medicine and Drug Studied Unit, Analytical Division. Department of Pharmacy, UCSF, U.S.A.

Professional Activities:

1996-present Professor, Vice president, Chinese Academy of Preventive Medicine

1995-1996 Professor, in Environmental and Biological Monitoring. Institute of Occupational Medicine. CAPM, Beijing

1990-1995 Associate professor, in Environmental and Biological Monitoring, Deputy Director, Institute of Occupational Medicine, CAPM, Beijing

1985-1989 Lecturer, in Biological Monitoring ,Deputy Director, Department of Environmental and Biological Monitoring, Institute of Occupational Medicine, CAPM, Beijing

1983-1985 Assistant Engineer in Environmental and Biological Monitoring, Institute of Health National Center for Preventive Medicine, Beijing

1975-1983 Assistant Engineer in Environmental Monitoring, Institute of Environmental Protection, Changsha, Hu Nan Province, China.

19681975 Assistant Engineer in Synthesis of Polyester Fiber, Yue Yang Petrochemical Plant, Hu Nan Province, China

Professional Associations:1
nternational Committee on Occupational Health.
2. Member, Chinese Preventive Medicine Association.
3. Inspector, China Metrology Accreditation.
4. Temporary Consultant of WHO for Guideline on Biological Monitoring of Exposure Chemical in Work Place. 1993,1994

Awards:
The Vernon Houk Award for work in the prevention of lead poisoning was given to me by the Alliance to End Childhood Lead Poisoning and the Society for Occupational and Environmental Health (1994 in Washington, D.C.)

The Advance in Science and Technology Award was given to me in 1995 by the Chinese Ministry of Public Health for my work with Development and Application of Standard Reference Materials.

2.Curriculum vitae

Name: Zheng Qing-si
Sex: Female
Nationality: China
Date of Birth and Place: September 23, 1940, Guangdong
Address: 3 Ya Bao Road
Beijing, 100020
P.R.China
Tel: 86-10-6512 8189
Tel/Fax : 86-10-65041174
Email: zhengqs@cdm.imicams.ac.cn
Education Background:

July 1983--Sep.1985 Dept. of Epidemiology and Dept. of Microbiology, University of Ottawa, Canada (M.Sc)
Sep. 1960--Sep. 1962 Dept. of Epidemiology and Dept. of Microbiology,Union Medical University, Beijing (B.M)
July 1957--July 1960 Dept. of Medicine, Hunan Medical College

Current position:
1.Director and Professor, Dept. of Social Medicine, CAPM
2.Vice chief, National Association of Social Medicine
3.Chief, Beijing Association of Social Medicine

Main Work Areas:
1. National manager and consultant for National CDD Program involve in national policy-making and administration, active on training activities, comprehensive review, etc.
2. Manager of National IDD program, National consultant for WFP on women and child health project, National consultant for World Bank health project V and IIIX.
3. Conducting research projects on health behavior and health education, implementation research, community health, etc.

Please keep me informed of any other materials you want.

Wang Ke-an

11/BT/NOV. 98

APPOINTMENTS TO COMMITTEES

Draft
7/10/98

BT/Nov. 1998

APPOINTMENTS TO COMMITTEES OF THE BOARD

The following is the current composition of the Committees:

Personnel & Selection Committee

Prof. Fehmida Jalil (Chair)
Mr. M.M. Reza
Prof. M. Jacobs
Dr. Y. Takeda

Chairperson
Director

Finance Committee

Prof. R.R. Colwell (Chairperson)
Mr. R. Carriere
Dr. R.H. Henderson
Dr. A.K.M. Masihur Rahman

Chairperson
Director

Programme Committee

Prof. C. Victora (Chairperson)
Maj. Gen. (Ret'd) M.R. Choudhury
Dr. T.A.M. Khoja
Prof. P.F. McDonald
Prof. P.H. Makela

Chairperson
Director

ACTION REQUIRED

1. Appoint, by resolution, Chairpersons and Members to each of the three committees. The term of appointment will be from 1 January 1999 to 31 December 1999.

DATES OF NEXT

MEETINGS

7/10/98

BT/Nov.1998

DATES FOR 1998 AND 1999 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 and 1999 is as follows.

Programme reviews of scientific divisions have been reinstated from 1998.

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	Special Full Board Meeting Personnel & Selection Committee Meeting
Sunday 8th November	Finance Committee Meeting Programme Committee Meeting
Monday 9th November	Executive Session of the Full Board Donors' Support Group Meeting

Programme Committee Review of CSD - June 1999

Tuesday 1 June	Reviewers arrive
Wednesday 2nd June to Friday 4th June	Review of Clinical Sciences Division and write-up of report

BOARD OF TRUSTEES MEETING - JUNE 1999

Friday 4th June	Trustees arrive
Saturday 5th June	Personnel & Selection Committee Meeting Finance Committee Meeting
Sunday 6th June	Programme Committee Meeting
Monday 7th June	Executive Session of the Full Board Donors' Support Group Meeting

Programme Committee Review of LSD - November 1999

Tuesday 2 November	Reviewers arrive
Wednesday 3 November to Friday 5 November	Review of Laboratory Sciences Division and write-up of report

BOARD OF TRUSTEES MEETING - NOVEMBER 1999

Friday 5 November	Trustees arrive
Saturday 6 November	Personnel & Selection Committee Meeting Finance Committee Meeting
Sunday 7 November	Programme Committee Meeting
Monday 8 November	Executive Session of the Full Board Donors' Support Group Meeting

Action Required:

1. Confirm dates of the Programme Committee Review of the Clinical Sciences Division in June 1999.

2. Confirm dates of the Programme Committee Review of the Laboratory Sciences Division in November 1999.

3. Confirm dates of the BOT Meetings in June and November 1999.

ANY OTHER BUSINESS