

ICDDR,B

BOARD OF TRUSTEES MEETING

June 4-7, 1999

**PROGRAMME OF THE
BOARD OF TRUSTEES MEETING**

June 4-7, 1999

Draft

April 7, 1999

PROGRAMME
BOARD OF TRUSTEES MEETINGS

June 4-7, 1999

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

Thursday 3 June: Trustee Members of the Guidance Team arrive (Mr. J. Martin, Prof. Marian E Jacobs, Mr. R. Carriere, Prof. Peter F. McDonald) (Dhaka: Maj. Gen (Retd) M.R. Choudhury, Centre Director)

Friday 4 June: Trustees arrive

Friday 4 June:
8.30 a.m. – 5.00 p.m. **GUIDANCE TEAM MEETING (Task Force and EC)**
(closed) (with tea and lunch breaks)

Saturday 5 June: **PERSONNEL & FINANCE COMMITTEE MEETINGS**

8.30 a.m. – 10.15 a.m. Personnel & Selection Committee Meeting (closed – for trustees and Executive Committee)

10.15 a.m. – 10.30 Tea/Coffee

10.30 a.m. – 12.00 noon Personnel & Selection Committee meeting continues

12.00 noon – 12.30 p.m. Trustees to meet with SWA Executives

12.30 p.m. – 2.15 p.m. Lunch with Invited staff (Sasakawa)

2.15 p.m. – 3.30 p.m. Finance Committee Meeting

3.30 p.m. – 3.45 p.m. Tea/Coffee

3.45 p.m. – 5.30 p.m. Finance Committee Meeting continues

SOCIAL

8.00 p.m. Dinner for Trustees hosted by Prof. G. Fuchs, Interim Director

Sunday 6 June

PROGRAMME COMMITTEE AND SPECIAL FULL BOARD MEETING

- 8.30 a.m. – 9.30 a.m. Centre's Response to HPED Review
- 9.30 a.m. – 9.45 a.m. CSD Review – Nov 1999
LSD Review – June 2000
- 9.45 a.m. – 10.00 a.m. Tea/Coffee
- 10.00 a.m. – 12.30 p.m. Special Full Board Session (Reorganization Plan)
- 12.30 – 2.00 p.m. Lunch
- 2.00 p.m. – 3.45 pm. Special Full Board Session (Reorganization Plan) continues
- 3.45 p.m. – 4.00 p.m. Tea/Coffee
- 4.00 p.m. – 5.00 p.m. Nutrition Seminar

Evening

Options – free evening or dinners hosted by Division Directors

Monday 7 June

EXECUTIVE SESSION OF FULL BOARD

- | | |
|-------------------------|---|
| 8.00 a.m. – 8.15 a.m. | Approval of the Agenda |
| 8.15 a.m. – 8.30 a.m. | Approval of the Draft Minutes of November 1998 meeting |
| 8.30 a.m. – 9.00 a.m. | Director's Report |
| 9.00 a.m. – 10.00 a.m. | Fund Raising Strategies
(First round of discussions) |
| 10.00 a.m. – 10.30 a.m. | Summary of discussions (Reorganization Plan) |
| 10.30 a.m. – 10.45 a.m. | Tea/Coffee |
| 10.45 a.m. – 11.15 a.m. | Resolutions from Personnel & Selection Committee |
| 11.15 a.m. – 11.45 a.m. | Resolutions from Finance Committee |
| 11.45 a.m. – 12 noon | Resolutions and/or Recommendations from the Programme Committee |
| 12 noon – 12.30 p.m. | Resolutions from Reorganization Plan meeting |
| 12.30 p.m. – 12.45 p.m. | Action from Report from SWA |
| 12.45 p.m. – 1.15 p.m. | Selection of Trustees/Appointment to Committees
(Composition of the Board) |
| 1.15 p.m. – 1.30 p.m. | Dates of Next meeting |
| 1.30 p.m. – 1.45 p.m. | Other Resolutions |
| 1.45 p.m. – 2.00 p.m. | Any Other Business |
| | Closure of Meeting |
| 2.00 p.m. – 3.00 p.m. | Lunch |
| 3.00 p.m. – 5.00 p.m. | DONORS' SUPPORT GROUP MEETING |

Programme to be determined

1/BT/JUNE 99

APPROVAL OF AGENDA

EXECUTIVE SESSION

Agenda 1

Approval of Agenda

Draft
April 7 1999

BT/June 1999

AGENDA

EXECUTIVE SESSION OF THE FULL BOARD

Monday 7 June, 1999

Training Room #1

1. Approval of Agenda
2. Approval of Draft Minutes of November 1998 Board Meeting
3. Director's Report
4. Fund Raising Strategies (First Round of Discussions)
5. Summary of discussions (Reorganization Plan)
6. Resolutions from Personnel & Selection Committee
7. Resolutions from Finance Committee
8. Resolutions/Recommendations from the Programme Committee
9. Resolutions from the Guidance Team (Reorganization Plan)
10. Actions on Report from SWA
11. Selection of Trustees/Appointment to Committees
(Composition of the Board)
12. Dates of next meeting
13. Other Resolutions
14. Any Other Business

2/BT/JUNE 99

**APPROVAL OF DRAFT MINUTES
OF THE MEETING
HELD ON 7-9 NOVEMBER, 1998**

EXECUTIVE SESSION

Agenda 2

Approval of Draft Minutes of November 1998 BOT meeting

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES, ICDDR,B
HELD IN DHAKA, BANGLADESH
SATURDAY 7 NOVEMBER TO MONDAY 9 NOVEMBER 1998

The 39th Meeting of the Board of Trustees of ICDDR,B was held on Saturday 7, Sunday 8, and Monday 9 November 1998 in the Sasakawa Training Centre at the Centre's Mohakhali location, and the Centre's guest house.

The Chairperson of the Board of Trustees, Mr. Jacques Martin, opened the meeting on 7 November 1998 at 8.30 a.m. by welcoming the Trustees, the Interim Director, and the senior staff.

The following members were present, constituting a quorum:

Mr. R. Carriere
Major General (Ret'd) M.R. Choudhury
Prof. R.R. Colwell
Prof. G.J. Fuchs - Secretary
Dr. R.H. Henderson
Prof. M.E. Jacobs
Dr. T.A.M. Khoja
Prof. P.F. McDonald
Mr. J.O. Martin
Dr. A.K.M. Masihur Rahman
Mr. M.M. Reza
Prof. C.K. Vlassoff

The Chairperson reported that apologies had been received from Professors Fehmida Jalil, Helena Makela, Cesar Victora, and Dr. Yoshifumi Takeda.

SATURDAY 7th NOVEMBER 1998

MORNING SESSION - FULL BOARD

At 8.30 a.m. the Chairperson opened the Special Session of the Full Board. The following were in attendance:

Trustees

Mr. R. Carriere
Major General (Ret'd) M.R. Choudhury
Prof. R.R. Colwell
Prof. G.J. Fuchs - Secretary
Dr. R.H. Henderson
Prof. M.E. Jacobs
Dr. T.A.M. Khoja
Prof. P.F. McDonald
Mr. J.O. Martin
Dr. A.K.M. Masihur Rahman
Mr. M.M. Reza
Prof. C.K. Vlassoff

Centre staff

Prof. Barkat-e-Khuda
Dr. Andres de Francisco
Prof. V.I. Mathan
Dr. Md. Salam
Mr. J. Winkelmann
Mr. W. Zaman
Ms J. Banfield - Minute Secretary

Centre guests

Mr. Jürg Frick
Ms Jackie Reeves
Mr. Matthias Scherler
Dr. Jim Tulloch

The chairperson asked the Interim Director of the Centre, Professor George Fuchs, to introduce the topics to be discussed.

Human Resource Report

Prof. Fuchs asked Ms Jackie Reeves, Human Resource consultant, to provide the Committee with an update on the human resource agenda.

The October 1998 Human Resource Report is attached to the official copy of the minutes. Ms Reeves' presentation included reports on Workforce Planning, Salary Review, Job Classification, and Other Human Resource Support needed.

Ms Reeves' recommendations were as follows:

1. That the Centre offer an enhanced severance package for all at risk staff identified.
2. That the Centre investigate the possibility of running in-house support services at local market rates.
3. That the Centre undertake workforce reviews on a regular basis.
4. That the Centre makes a clear statement to staff about the Centre's strategy for pay.
5. That the Centre introduce any pay increase at the beginning of the year as a single percentage increase across all grades.
6. Beginning June 1999 the Centre should target pay increases as a means to correct specific UN shortfalls and reflect local market factors.
7. That the Centre identify a mechanism for updating pay information in the future.
8. That the Centre ensure that the job classification committee is the only recognised group for classifying jobs.
9. That the Centre ensure that all personnel undertaking job classification receive training in this activity.
10. That the Centre continue to pursue possible links with and support from UNICEF in the job classification activity.
11. That the Centre agree on a suitable policy for the appointment of Bangladeshi staff to international posts.
12. That the Centre further investigate the use of local human resource consultants to complement international consultants.
13. That the Centre explore possible management training and development opportunities with the Dhaka University.
14. That the Centre immediately recruit for the Head of Human Resources post, once approved.

The Chairman thanked Ms Reeves for the clear and concise presentation, the Committee discussed the matter, and then asked for a response from the Interim Director, Professor George Fuchs.

Professor Fuchs advised the Committee that the Human Resources process has been fully

participatory, primarily by the Executive Committee of the Centre. It is recognised by the Executive Committee and the consultants that, although independent, the Human Resource agenda is related to the Business Plan. It was noted that staff at all levels have been invited to participate in the process.

The Board welcomed the excellent report by the Human Resource consultant and extended its thanks to the Department for International Development (DFID) of the UK for the financial support for Ms Jackie Reeves' consultancy. The Board agreed:

- a. that Centre management should pursue implementation of the recommendations in the report, and report on progress at the Board of Trustees meeting in June 1999.
- b. that Centre management should closely coordinate the Human Resource and Business Plan implementation.

Business Plan Report

The chairperson asked Mr. Jurg Frick, Managing Director of Mummert + Partner, Zurich, Switzerland, to present the Business Plan Report. Copies of the report had previously been distributed to trustees (copy attached to the official minutes). The consultants summarized the proposed reorganisation which encompasses major structural changes within the Centre.

Professor Fuchs advised the Committee that all members of the Executive Committee participated intensively in the development of the Business Plan and endorsed the process. Questions were asked and detailed discussion followed.

MEETING WITH THE STAFF WELFARE ASSOCIATION

On Saturday 7 November 1998 at 12.40 p.m. Board Members met with the Executive Committee of the Staff Welfare Association. The Board members listened to the requests of SWA and the concerns they had previously circulated in their report. The SWA Executive Committee distributed an additional report to the Board members.

The SWA Executive Committee were advised that their concerns will be dealt with in the process of the personnel reorganisation and within the context of the implementation of the human resource activities. The Board emphasised again that the Centre will be continuing with a right-sizing programme based on assessment of needs within the Centre, as well as the restructuring programme.

It was agreed to put on record the Board's appreciation for the work of the staff, especially during the recent floods, and for the documentation provided of SWA's concerns. SWA was advised that their concerns are being considered by the Board in consultation with the Centre management.

SATURDAY 7th NOVEMBER 1998

AFTERNOON SESSION - SPECIAL SESSION OF THE FULL BOARD (cont'd)

The continuation of the Special Session of the Full Board commenced at 2.15 p.m.

The Board members continued the discussion on the Business Plan and restructuring of the Centre with the consultants, Messrs Jurg Frick and Matthias Scherler.

Following lengthy discussion, the following resolution was agreed to:

1/BT/Nov.98

The ICDDR,B Board of Trustees:

- a. endorses the principle of a major reorganisation of the Centre with a view to promoting scientific and management efficiency; enhancing transparency, facilitating cost assessment as well as offering to potential donors a business plan enabling clear identification of costing elements.
- b. makes in this respect specific reference to the report by Mummert + Partner on the institutional development of the Centre.
- c. recognises the fact that this reorganisation has human and institutional dimensions which are deeply interwoven and should be addressed in a coordinated manner.
- d. affirms that the responsibility for its implementation rests with the Centre management, i.e. its Director and the Executive Committee.
- e. charges the existing "Organisation Development Committee" of the Board of Trustees to liaise with the Centre management, providing moral support and advice to facilitate the implementation of the required changes, thus accompanying the implementation process.
- f. notes that flexibility is necessary and that the Board mechanism to accompany this process might be adjusted in order to better fit the overall transformation mechanism.
- g. notes that budgetary limitations and existing contractual agreements both constrain the pace and extent of change and pledges therefore its full support in seeking ways to overcome both of these.
- h. commits itself to playing its part in sensitising the international environment to the mutual advantages of the reorganisation for donors and co-operating institutions on the one hand and the Centre on the other.

i. affirms that it is taking the recommendations for reorganisation into consideration in filling senior posts for ICDDR,B including that of the Director.

The Board agreed to record appreciation to the consultants from Mummert + Partner for the excellent Business Plan provided. Appreciation was also extended to the Swiss Development Cooperation Agency (SDC) for their support in the provision of the consultants.

It was agreed that the following Board members would further discuss this subject and report back to the Full Board - Mr. Rolf Carriere, Professor Marian Jacobs, Professor Peter McDonald, and Professor Carol Vlassoff.

AFTERNOON SESSION - PERSONNEL AND SELECTION COMMITTEE MEETING (fully closed session)

On Saturday 7 November 1998 at 3.45 p.m. the Chairperson requested Professor Marian Jacobs to chair the Personnel and Selection Committee session of the Board Meeting, in the absence of the chairperson of the committee, Professor Fehmida Jalil.

Professor Marian Jacobs 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.

Professor Jacobs advised that this session was for trustees only.

Personnel and Selection Committee Members

Prof. M.E. Jacobs (chairperson)

Mr. M.M. Reza

Mr. J.O. Martin (ex officio)

Invited Trustees

Mr. R. Carriere

Major General (Ret'd) M.R. Choudhury

Prof. R.R. Colwell

Dr. R.H. Henderson

Dr. T.A.M. Khoja

Prof. P.F. McDonald

Prof. C.K. Vlassoff

Miss Julie Banfield (Minute Secretary)

1. APPROVAL OF THE AGENDA

The agenda was approved.

2. GENERAL MATTERS FOR CLOSED SESSION

a. Appointment of the Centre Director

The Board met in a fully closed session to discuss the selection of the Director. Mr. Jacques Martin reported that as Professor Helena Makela, chair of the Selection Committee, was unable to attend he would provide a report to the Board on the selection process for the Director's post.

The Search Committee comprised Professor P. Helena Makela (chair), Dr. R.H. Henderson, Prof. R. Colwell, Major-General M.R. (Ret'd) Choudhury, Mr. J.O. Martin.

It was noted that advertisements for the 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 initially short-listed for consideration by the Search Committee which then reduced the short-list to three candidates as follows:

- Dr. David Sack (USA)
- Dr. Jim Tulloch (Australia)
- Dr. Ahmed Azad (Australia)

Mr. Martin reported to the Committee on the interview process for the above short-listed candidates.

He advised that because Dr. Azad was not available for two years he would not be considered for

this position.

The Committee extended its thanks to the Committee for the work they had accomplished in the search process.

The Committee decided to continue its deliberations on this topic after distribution of the curriculum vitae and further personal and telephone interviews with the candidates. It was also decided that no final decision would be made at the present November Board Meeting, but a deadline was fixed for November 25, 1998, for such a decision to be made and announced.

b. Contract Renewal of Prof. G. Fuchs

The Committee noted and recorded congratulations to Professor George Fuchs on his promotion to full professor at the Louisiana State University Medical Center.

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 Board of Trustees Meeting the Board appointed Prof. Fuchs as the Interim Director of the Centre effective 10 June 1998.

The Committee agreed to recommend that the Board note the action being taken to finalise the agreement relating to the secondment of Prof. George J. Fuchs.

The Personnel and Selection Committee continued with the inclusion of the following Centre management and guests:

Prof. G. Fuchs
Dr. Md. Salam
Prof. V. Mathan
Mr. J. Winkelmann

Ms J. Reeves, Human Resource consultant

3. STAFFING

3.1 Overview of the Staffing Situation

Attention was drawn to Tables 1-8. It was noted that there has been a net reduction of 69 staff members. As at 30 September 1998 the total staff directly employed by the Centre numbered 938 compared to 1007 as at 31 March 1998 and 988 as at 30 September 1997.

3.2 Recruitment of International Staff

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

It was reported to the Committee that 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.

The Committee noted that Dr. Persson has accepted the offer and is expected to join the Centre by March 1999 as the Division Director, Public Health Sciences Division.

The Committee agreed to recommend that the Board note 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. Dr. Persson has been informed of the possibility that his post designation could be modified as a consequence of the reorganisation, but that his scientific activity would remain similar to that described in the post vacancy.

c. **Director, Health and Population Extension Division, D1**

It was reported to the Committee that the vacant position of Division Director, Health & Population Extension Division had been noted by the BOT at its June meeting. The BOT approved the job description and authorised the Centre management to advertise the position.

The Committee noted that 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.

The Committee agreed to recommend to the Board that the Centre management be requested to take no further action on an appointment to this position until the proposed reorganisation plan is finalised.

d. **Health Economist, Operations Research Project, P4**

It was reported to the Committee that 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 and international vacancy announcement for the post of Health Economist in *The Economist*, and 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.

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

e. Head of Training, Director's Division, P4

The Committee noted that the Board in June authorized 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, and collaborating institutions.

It was noted that 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*.

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

f. Research Microbiologist, Laboratory Sciences Division, P4

The Committee noted that, as agreed by the BOT at its June 1998 meeting, 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, and 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.

The action taken by the Centre management to re-advertise the position of Research Microbiologist was noted.

g. Social Scientist, Public Health Sciences Division, P3/P4

This vacant position was noted by the BOT at its June 1998 meeting.

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

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

The Committee agreed to recommend that the Board approve the Centre's action in recruiting a

Social Scientist for the Public Health Sciences Division.

h. Operations Research Scientist, Operations Research Project, HPED, P4

It was reported to the Committee that 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, and 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.

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

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

The Committee noted that a new position of Head, Human Resources, in the Director's Division, is 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.

The Committee agreed to the post description as distributed, which had been prepared by Ms. Jackie Reeves, Human Resource consultant.

The Committee agreed to recommend that the Board approve the creation of the post of Head, Human Resources, Director's Division, and requests that the post be externally classified at the appropriate level.

j. Head, External Relations & Institutional Development, Director's Division, P2

The Committee noted that 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, and collaborating institutions. There were 40 responses to the advertisements.

The Committee agreed to recommend to the Board that the selection process of a suitable person as Head of External Relations and Institutional Development, Directors Division, be in consultation with the new Centre Director and be consistent with the reorganisation plan.

k. Executive Assistant to the Director, P1

The Committee noted that Ms Julie Banfield, Executive Assistant to the Director, submitted her resignation from the employment of the Centre effective February 22, 1999.

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, and collaborating institutions.

The Committee agreed to recommend to the Board 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.

3.3 Contract Renewals

a. Dr. Shameem Ahmed, Health Scientist, ORP, HPED, P4

The Committee noted that 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.

The Committee agreed to recommend that the Board approve 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.

b. Dr. A.K.M. Siddique, Epidemiologist, ECPP, HPED, P4

The Committee noted that 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. He will complete three years of employment with the Centre as an international professional staff member.

The Committee agreed to recommend that the Board approve 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.

c. Dr. Aye Aye Thwin, Health Policy Analyst, ORP, HPED, P4

The Committee noted that Dr. Aye Aye Thwin, Health Policy Analyst, Operations Research Project, Health & Population Extension Division, has resigned from the Centre.

The Committee agreed to recommend to the Board 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.

d. Dr. Cristobal Tunon, Management Scientist, ORP, HPED, P4

The Committee noted that 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. He will complete 4 years and 7 months of employment with the Centre as an international professional staff member.

The Committee agreed to recommend to the Board that Dr. Cristobal Tunon's contract be renewed for a period of 1 year and 5 months from 1 August 1999 to allow completion of six years of service at the Centre.

3.4 Information on other international staff

a. Prof. R.M. Suskind

The Committee noted that Dr. Robert M. Suskind left the Centre, on separation as Director of the Centre, on June 10, 1998.

b. Prof. Patrick Vaughan

The Committee noted that on completion of his tenure of 2 years and 9 months of service with the Centre as Division Director, Public Health Sciences Division, Prof. J. Patrick Vaughan left the Centre on June 30, 1998.

c. Dr. Carol Jenkins

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

d. Dr. Mizanur Rahman

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

SUNDAY 8th NOVEMBER 1998

MORNING SESSION - FINANCE COMMITTEE MEETING

On Sunday 8 November 1998 at 8.30 a.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. G.J. Fuchs - ex officio

Board Members

Mr. M.M. Reza
Major General (Ret'd) M.R. Choudhury
Prof. M.E. Jacobs
Prof. P.F. McDonald

Invited

Division Directors
Centre staff
Centre guests

1. APPROVAL OF THE AGENDA

The draft agenda was approved including the suggestion that Agenda item 4 Staff Salaries and Allowances (national and international) be discussed at a joint meeting of the Finance and Personnel and Selection Committees.

2. 1998 FORECAST

The 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, consistent with the forecast given to the Board of Trustees in June.

The 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.

3. 1999 BUDGET

The 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%).

The 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%).

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

In reviewing the financial position of the Centre, in particular the annual deficit of \$1.8 million in 1997 and the forecast deficit of \$1.6 million in 1998, concern was expressed because the Centre will have a cumulative deficit of \$4.3 million by the end of 1998. The Board noted that a major contributing factor for this deficit is the operation of the two hospitals in Dhaka and Matlab. These hospitals provide free care to 130,000-150,000 patients annually, at a cost of approximately \$1.7 million. No direct funding for this is received by the Centre. The Board requested Centre management to pursue with the Government of Bangladesh and bi-lateral donors means by which this service activity could be funded. Failure to find a funding solution to this problem may result in the need to reduce the number of patients who receive treatment at ICDDR,B as the large and continuing deficit will jeopardize the existence of the Centre.

4. STAFF SALARIES AND ALLOWANCES

The Committee noted the report on national and international staff salaries and allowances.

5. REPORTS

5.1 ICDDR,B Hospital Endowment Fund

The Committee noted that the Hospital Endowment Fund is invested in three different investment portfolios - Morgan Stanley & Co., USA, American Express Bank, and the Dhaka Stock Exchange.

The Committee noted that the capital investment is \$3,362,862 and the market value at 30 September 1998 was \$3,961,585.

5.2 Centre Endowment Fund

The Committee noted that the Centre Endowment Fund is invested entirely with Morgan Stanley & Co., USA. The capital investment is \$3,180,148, and the market value at 30 September 1998 was \$3,309,029.

5.3 Reserve Fund

The Committee noted that the balance of the Reserve Fund at 31 December 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 the end of 1998.

5.4 Fixed Assets Acquisition and Replacement Fund

It was reported that as at 30 September 1998 the fund had a deficit of \$330,456.

The Committee 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.

6. **OTHER MATTERS**

6.1 Voluntary Severance Programme

The Committee noted the report on the Voluntary Severance Programme and that the cost for the separation of 57 staff was \$438,523. The salary savings on an annual basis will be \$300,734.

6.2 Centre Endowment Fund Operating Bylaws

It was agreed to recommend 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.

SUNDAY 8 NOVEMBER 1998

MORNING SESSION - PERSONNEL & SELECTION COMMITTEE MEETING
(cont'd)

At 11.00 a.m. on Sunday 8 November 1998 the Personnel and Selection Committee continued its meeting. The following were present:

Personnel and Selection Committee members

Prof. M.E. Jacobs (chairperson)
Mr. Jacques Martin - ex officio
Prof. G.J. Fuchs - ex officio

Invited Trustees

Mr. R. Carriere
Major General M.R. (Ret'd) Choudhury
Prof. R.R. Colwell
Dr. R.H. Henderson
Dr. T.A.M. Khoja
Prof. P.F. McDonald
Dr. A.K.M. Masihur Rahman
Prof. C. Vlassoff

Others

Dr. Barkat-e-Khuda
Dr. A. de Francisco
Prof. V. Mathan
Dr. Md. Salam
Mr. J. Winkelmann
Mr. W. Zaman
Ms J. Reeves - Human Resource Consultant
Mr. Jurg Frick - Business Plan Consultant
Mr. Matthias Scherler - Business Plan Consultant
Miss J. Banfield - Minute Secretary

3.5 Contract renewals of international seconded staff

b. Dr. Jeroen K. van Ginneken

The Committee noted that Dr. Jeroen K. Van Ginneken, Head, Health & Demographic Surveillance Program, has resigned from the Centre's employment effective 30 November, 1998.

c. Dr. Jozef Bogaerts

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.

The Committee agreed to recommend that the Board note the expected contract renewal of Dr. Jozeph Bogaerts.

d. Dr. Mahmud Khan

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.

The Committee agreed to recommend that the Board 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.

3.6 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 five has been made.

The Committee agreed to recommend to the Board 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.

4. **STAFF SALARIES** (Joint Meeting of the Finance and Personnel and Selection Committees)

The following proposal from the Finance Committee was agreed to:

The Joint Committee agreed to recommend that the Board approve a salary increase for national staff of 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.

The Joint Committee noted that, depending on the improvement in the financial situation, the June 1999 Board of Trustees meeting will review the situation with regard to the same offer being extended to all international staff.

5. **SELECTION OF BOARD OF TRUSTEES MEMBERS**

- a. The Committee agreed to recommend to the Board 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. It was noted that Professor Zheng should be invited to the June 1999 meeting.
- b. The Committee agreed to recommend to the Board that it initiate nominations for a replacement for Professor Fehmida Jalil (developing country Asia) who will conclude her second term of service on 30 June 1999.
- c. The Committee agreed to recommend to the Board that it initiate nominations for a replacement for Professor Helena Makela (developed country Europe) who will conclude her second term of service on 30 June 1999.
- d. The Committee agreed to recommend to the Board that it 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.
- e. The Committee noted that Dr. Ralph Henderson, WHO Representative, will be concluding his service with WHO and therefore his service with ICDDR,B in March 1999. The Committee noted that a replacement will be advised by WHO in due course.

6. REPORT ON HUMAN RESOURCE REVIEW CONSULTANCIES AND UPDATE ON CENTRE'S HUMAN RESOURCE 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 has 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 to 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 progress with support from a management consultant and the forthcoming appointment of an HR specialist at international level.

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

7. OTHER BUSINESS

a. UN Salary System

It was agreed to note that the Centre intends to continue using the UN system pay scales as the basis for Centre salaries.

SUNDAY 8 NOVEMBER 1998

AFTERNOON SESSION - PROGRAMME COMMITTEE MEETING

At 2.00 p.m. on Sunday 8 November 1998, Professor Peter McDonald, Acting Chairperson of the Programme Committee in the absence of Prof. Cesar Victora, opened the meeting of the Programme Committee. He welcomed everyone to the meeting.

Members of the Board of Trustees, Centre staff, and representatives of the donor community were present.

The Committee approved the agenda that had been distributed.

Professor McDonald introduced the Interim Director of ICDDR,B, Professor George Fuchs, to the meeting.

1. REPORT ON ACTIVITIES OF 1998 AND PLANS FOR 1999

1.1 **Overview and Reports**

Professor Fuchs presented to the Committee an overview of the activities of the Centre for the past six months. He referred to the Director's Report which had been previously distributed (copy attached to the official minutes).

Following Professor Fuchs' overview, the Committee was presented with reports on the work of the scientific divisions and the Training and Education Department by the division and department heads.

Each presentation was followed by discussion.

The Committee agreed to recommend to the Board that it commend the staff for the continuation of their excellent work over the past six months during a period of considerable stress and difficulty. The Committee commended the dedication and professionalism of all members of the staff in handling the massive demand for their services during the recent floods.

2. CENTRE'S RESPONSE TO PHSD REVIEW REPORT

The Committee agreed to recommend acceptance of the Centre's response to the June 1998 review of the Public Health Sciences Division (copy attached to the official minutes).

3. EXTERNAL REVIEW OF THE HEALTH AND POPULATION EXTENSION DIVISION

Professor McDonald invited Dr. Halida Hanum Akhter, member of the External Scientific Programme Review team, to present the report to the Board of Trustees. Other members of the review team were Professor Wim van Lerberghe (external reviewer), Major General M.R. (Ret'd) Choudhury, Professor Peter McDonald, and Professor Carol Vlassoff (Board members).

After the presentation of the report, Professor McDonald invited comments on the report (copy attached to the official minutes).

The Programme Committee agreed to recommend to the Board that the report on the Health and Population Extension Division be accepted. It was noted that a response from the Centre would be expected for the June 1999 Board of Trustees meeting.

SUNDAY 8 NOVEMBER 1998

EVENING SESSION - PERSONNEL & SELECTION COMMITTEE MEETING
(cont'd)

At 6 p.m. Professor Marian Jacobs opened the continuation of the Personnel and Selection Committee meeting. The following were in attendance:

Board of Trustees

Mr. R. Carriere
Major General M.R. (Ret'd) Choudhury
Prof. R.R. Colwell
Prof. G.J. Fuchs - Secretary
Prof. R.H. Henderson
Prof. M.E. Jacobs
Dr. T.A.M. Khoja
Prof. P.F. McDonald
Prof. C.K. Vlassoff

Staff

Miss J. Banfield (Minute Secretary)

Dr. Barkat-e-Khuda
Dr. A. de Francisco
Dr. Md. Salam
Prof. V.I. Mathan
Mr. J. Winkelmann
Mr. W. Zaman

Guests

Mr. Jurg Frick - Business Plan Consultant
Mr. Matthias Scherler - Business Plan Consultant
Ms Jackie Reeves - Human Resource Consultant

6. HUMAN RESOURCE REPORT (cont'd, see also page 20)

Ms Reeves reported on key areas that need further work and development

The Committee agreed to recommend to the Board that it recognise and 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 human resource policies and procedures
- review of staff performance appraisal system
- management and other training and development

and any other human resource matters as appropriate. The Committee further 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.

7. OTHER BUSINESS (cont'd from page 20)

b. Reorganisation Task Force

It was noted that the membership and Terms of Reference of the Reorganisation Task Force will be decided by the Full Board on Monday 9 November, taking into account the views expressed by the trustees.

c. Voluntary Severance Package

The Committee approved and recommended that the Centre implement the recommendations

from the Executive Committee on the Voluntary Severance Package activities with the advice that further discussion should take place on item 2.1 (g).

8. REVIEW OF POLICY FOR INTERNATIONAL PROFESSIONAL POSTS

The Committee received the report prepared by Centre management on the review of the policy for international professional positions. After considerable discussion, it was agreed to defer the matter until the next meeting of the Board.

At 7.10 p.m. the chairperson, Mr. Jacques Martin, opened a fully closed session of the Board.

7. OTHER BUSINESS (cont'd)

d. Moratorium

The Board agreed that Centre management be requested to institute a moratorium on all new appointments and promotions for levels from P6, with the exception of the appointment of the Centre Director and critical posts.

This session closed at 7.40 p.m.

MONDAY 9 NOVEMBER 1998

MORNING SESSION - PERSONNEL AND SELECTION COMMITTEE (cont'd)

At 8.00 a.m. the Personnel and Selection Committee continued its fully closed meeting attended by the following, and chaired by Professor Jacobs:

Mr. R. Carriere
Prof. R. Colwell
Major General M.R. (Ret'd) Choudhury
Prof. M.E. Jacobs
Dr. T.A.M. Khoja
Mr. J.O. Martin
Prof. P.F. McDonald

Professor Jacobs advised the Committee that the agenda would be as follows:

1. Report on the Reorganisation Task Force

2. Proposal for process of selection of the new Director

1. Report on the Reorganisation Task Force

Prof. Carol Vlassoff reported on the committee's discussions on the membership of a Task Force and the Terms of Reference.

2. Process for the selection of the new Director

Mr. Jacques Martin reported to the Committee on the process to be adopted, and the trustees continued with a lengthy discussion. The Committee agreed to continue with the discussion later in the day.

3. Workforce Planning

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

FULL BOARD SESSION

At 10.30 a.m. the Chairperson of the Board opened the Full Board Session

1. APPROVAL OF THE AGENDA

The agenda as presented was adopted.

2. APPROVAL OF THE DRAFT MINUTES OF THE MEETING HELD 6-8 JUNE 1998

The draft minutes of the Board of Trustees Meeting held on 6-8 June 1998 were approved subject to the amendment on page 1 of the addition of Mr. R. Carriere to the attendance list.

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.

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.

5. RESOLUTIONS FROM THE PROGRAMME COMMITTEE MEETING

It was noted there were no specific resolutions from the Programme Committee Meeting.

6. OTHER RESOLUTIONS

6.1 USA Global Development Co.

The Board noted that no report had been received from USA Global nor had any of the pledged funds announced by USA Global Development Co. at the Board of Trustees meeting in June 1998 been received.

The Board agreed to empower the Chairperson of the Board, with assistance from other members of the Board, to further negotiations with USA Global Development Co.

7. INSTITUTIONAL DEVELOPMENT ACTIVITIES

This topic was included in the discussion of the Human Resource and Business Plan agendas.

8. ACTIONS ON REPORT FROM SWA

As part of its agenda, the Board met with the Staff Welfare Association (SWA) Executive Committee on Saturday 7 November 1998 and received its reports.

9. FORMAT OF BOT MEETINGS

This topic was included in the discussion of the Human Resource and Business Plan agendas.

10. SELECTION OF TRUSTEES

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

The meeting closed at 1.00 p.m.

DONORS' SUPPORT GROUP MEETING

The Trustees met with representatives of the Donors' Support Group (minutes recorded separately by the Chairperson of the DSG).

MONDAY 9 NOVEMBER

EVENING SESSION OF THE FULL BOARD

The Trustees resumed the general session of the Full Board Meeting at 6.30 p.m.

11. APPOINTMENTS TO COMMITTEES

Professor R.R. Colwell was elected as the Chairperson of the Finance Committee, Professor Fehmida Jalil as the Chairperson of the Personnel and Selection Committee, and Professor Cesar Victora as the Chairperson of the Programme Committee.

The following resolutions were passed:

37/BT/Nov.98

The Board resolved that the following members be appointed to the Personnel and Selection Committee for one year effective from 1 January 1999:

Prof. F. Jalil (chairperson)
Mr. M.M. Reza
Prof. M. Jacobs
Dr. Y. Takeda

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

38/BT/Nov.98

The Board resolved that the following members be appointed to the Finance Committee for one year effective from 1 January 1999:

Prof. R.R. Colwell (Chairperson)
Mr. R. Carriere
Dr. A.K.M. Masihur Rahman
WHO Representative

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

39/BT/Nov.98

The Board resolved that the following members be appointed to the Programme Committee for one year effective from 1 January 1999:

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

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

12. DATES OF 1999 MEETINGS

It was agreed to confirm an earlier decision of the Board that meetings should be held in Dhaka on the first Saturday, Sunday, and Monday of June and November each year. Accordingly, the programme for 1999 is as follows:

It was agreed that the External Scientific Programme Committee Review of the Clinical Sciences Division scheduled for June be deferred until November 1999.

It was agreed to add one day to the June 1999 meeting schedule.

Board of Trustees Meeting - June 1999

Friday 4 June	Trustees arrive in Dhaka
Saturday 5 June	Personnel and Selection Committee Meeting Finance Committee Meeting
Sunday 6 June	Programme Committee Meeting
Monday 7 June	Executive Session of the Full Board Donors' Support Group Meeting

Programme Committee Review of the Clinical Sciences Division - November 1999

Tuesday 2 November	Reviewers arrive in Dhaka
Wednesday 3 November to Friday 5 November	Review of Clinical Sciences Division and write up of report

Board of Trustees Meeting - November 1999

Friday 5 November Trustees arrive in Dhaka

Saturday 6 November Personnel and 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

13. ANY OTHER BUSINESS

13.1 Appreciation - Dr. R.H. Henderson

The Board of Trustees unanimously expressed its gratitude to Dr. Ralph H. Henderson for his eight years of service to the Centre as the WHO Representative on the Board of Trustees.

13.2 Appreciation - Dr. Andres de Francisco

The Board of Trustees expressed its thanks to Dr. Andres de Francisco for his eight years of service to the Centre.

13.3 Appreciation - Miss J.A. Banfield

The Chairperson, Mr. Jacques Martin, on behalf of the Board expressed appreciation to Miss Julie Banfield for her contribution to the Centre over the past 4½ years. Her assistance to the trustees has been much appreciated.

13.4 Congratulations - Prof. G.J. Fuchs

The Board of Trustees congratulated Professor George Fuchs, Interim Director of the Centre, on his promotion to full professor at the Louisiana State University Medical Center.

13.5 Reorganisation Task Force/Transition Team

The Board noted that further work needs to be completed on the Reorganisation Task Force and that further discussions will be held in the days following the conclusion of the Board meetings.

The Chairperson, Mr. Jacques Martin, closed the November 1998 Board of Trustees Meeting. at 6.45 p.m.

3/BT/JUNE 99

DIRECTOR'S REPORT

EXECUTIVE SESSION

Agenda 3

Director's Report

Dr. George J. Fuchs

From: Jacques MARTIN [Jacques_O_Martin@compuserve.com]
Sent: Monday, April 12, 1999 3:39 AM
To: FUCHS, George - 1; SARDHANA - ICDD, Loretta; COLWELL, Rita - NSF; CARRIERE, Rolf
Subject: June BOT AGENDA

Dear George,
Dear Loretta,

I am now replying to the Fund raising concept item.
I suggest we have ** a first round of discussion ** on this.
Have asked Rolf Carriere to share his knowledge with us.
He is ready to do so.
I would think that we will only finalize our discussion after probably another meeting (novembre 99 ?).
This June we will review principles followed sofar and experiences made with them.
We may start identify some others principles as need be and their additionnal potential.
I agree this is a matter for the full Board and not only for the finance committee.

On the ** composition of the Board ** issue, I agree too that we have to carry on with our intention to discuss basically the question of Trustees' profiles.
I suggest that we have a round of discussion taking advantage of those vaccancies to be filled.
If necessary this discussion can be continued at a later date (nov. 99 ?).

Thank you George and Loretta for your work regarding the Board and your offer for help.
If need be, I'll come back.
All the best.
Jacques

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1. Overview

The Centre during this reporting period of October 1, 1998 through the end of March has experienced the implementation of difficult but important decisions and the initiation of restructuring of the ICDDR,B. All of this was being done as we rebounded from the unprecedented flood of 1998 that resulted in increased hospital admissions to both the Dhaka and Matlab Hospitals, necessitated rehabilitation of our clinical centres and field facilities, and demanded an exceptionally high level of dedication and contribution in both time and service by the Centre's staff. At the same time ICDDR,B took on new initiatives and enlisted new major donor support from international organisations and from the corporate sector. Significantly, substantial and important progress continued in the evolution of our research agenda and in research output by Centre scientists.

The Clinical Sciences Division has been busy. In addition to the remarkable numbers of patients related to the flood, somewhat unexpectedly the number of patients treated in our Clinical Research and Service Centre of the Dhaka hospital remained elevated after the flood as well and were greater during this reporting period as compared to the previous year (October 1997 to March 1998) and the year of the last great flood (October 1988 through March 1989). The cumulative number of patients for this reporting period of 42,470, exceeded the patient numbers for the same period of any previous year in the history of the Dhaka Hospital. Despite increasing demands for patient care services, CSD scientists have remained engaged in several research activities. A total of 32 protocols were operational in some phase, i.e. new, ongoing, or being completed during the reporting period. While most of the protocols were conducted within the CRSC, the mix also includes several community-based and laboratory-based which reflects the diversity of expertise of the CSD scientists as well as the increased emphasis on cross-divisional research activities throughout the Centre as a whole. International peer-reviewed journal publications, as one quantifiable indicator of quality, included 16 articles published and another eight in press during this period.

Efforts of the Laboratory Sciences Division have expanded our knowledge of the prevalence of emerging and traditional pathogens causing diarrhoeal diseases, acute respiratory illnesses, reproductive tract infections and sexually transmitted diseases. The Division also initiated the laboratory component of the national HIV surveillance of high-risk groups, an important practical piece of work. Scientists from LSD also reported findings on the prevalence of toxic substances, lead and cadmium, in underprivileged children sampled from industrial slums in Dhaka as well as the collaborated on three publications with scientists from other institutions. Additionally, seven journal publications and one book are currently in press. The Division has 28 ongoing research protocols.

Professor Lars Ake Persson, Professor, Umea University, Sweden, joined the Public Health Sciences Division as Director in March 1999. One of the key achievements of the Division during this period was the integration into a unified surveillance system of the Demographic Surveillance System, the Record Keeping System and the Geographic Information System at the Matlab Research and Service Centre. Another highlighted Division activity was the hosting in conjunction with BRAC of the Global Health Equity Initiative Meeting in Dhaka in which 40 participants from all over the world attended. Professor Amartya Sen, the Nobel Laureate, gave the keynote speech at a session attended by the Prime Minister of Bangladesh and other prominent individuals. The Public Health Sciences Division published ten articles and has five articles in press. The Division's research activities include 21 ongoing protocols.

The Health and Population Extension Division expanded its activities under the Operations Research Programme (ORP) and, in response to the post-flood epidemic, its epidemic surveillance activities and environmental health interventions. Since October 1998 ORP has added to its agenda new research activities and technical assistance to the Government of Bangladesh (GoB) in key areas. Eight research and technical assistance protocols were

finalised and approved that focused on cost recovery for Essential Services Package (ESP) delivery, strategies to improve prevention and clinical management of RTIs and STDs and strategies to ensure referral and linkages for emergency obstetric care in the rural setting. Baseline surveys and data collection was conducted on households to identify indicators for new health care interventions in ORP surveillance areas and to collect data on adolescent health issues. Technical assistance to the GoB focused on assisting the Ministry of Health and Family Welfare on developing a unified management information system for the national health and population sector programme that was recently reorganised. During this reporting period ORP has published 3 articles in international journals and has 12 articles in press. It has also circulated six publications on GoB programme implementation and lessons learned to the donor community, international organisations, GoB institutions and NGO partners engaged in health and population research and policy implementation.

At the request of the Government of Bangladesh, the ECPP assisted the health service delivery system of Bangladesh in the management of diarrhoeal diseases during the post-flood epidemic by working in some of the most remote and under-served areas of Bangladesh. The ECPP also assessed the need for logistics and supplies necessary in the management of these outbreaks and accordingly advised the health services at the local and central levels. Since October 1998 ECPP has published one scientific journal article in collaboration with an LSD scientist. The Environmental Health Programme prepared a report on "Arsenic mitigation in Bangladesh" and has been selected by a coordinating council that includes WHO-Geneva, to coordinate the VISION 21 initiatives for Drinking Water Supply and Sanitation in Bangladesh. Other EHP activities have included rehabilitation of tubewells and drinking water supplies damaged in the flood of 1998 and education and training at the community level on diarrhoeal disease prevention during the post-flood period. The EHP publications during this reporting period include one journal article and 3 articles in press.

The activities of the Director's Division were substantial during this reporting period and included coordination of flood relief activities, the coordination of the ongoing human resources activities, fundraising activities and the completion of year-end donor reporting and auditing functions. The Division also implemented plans for construction, expansion of telecommunications infrastructure, and negotiated new initiatives as part of the framework for overall restructuring and institutional development.

The Centre continued to receive responses to its appeal for relief assistance through January 1999. Ultimately the Centre received financial and material support totaling US\$1,600,116 in cash and kind from its traditional development partners. In addition, four international energy companies responded to the Centre's appeal for flood relief providing \$300,000 of emergency assistance and pledging an additional \$200,000 for flood-related activities and for infrastructure enhancement. Contributions from the traditional as well as new donors supported the following Centre components: (i) Dhaka Hospital; (ii) Malab Hospital and the four sub-centres; (iii) Environmental Health Programme; and (iv) Epidemic Control Preparedness Programme. ICDDR,B's ERID Office and Procurement Branch also coordinated on behalf of UNICEF and the USAID Office of Federal Disaster Assistance the distribution of emergency relief supplies and pharmaceuticals to international organisations and NGOs operating in Bangladesh.

New initiatives of the Centre brought in additional sources of income including a grant of US\$1 million from the World Bank to develop a Nutrition Centre of Excellence. The Centre's inter-divisional Nutrition Working Group will implement this grant. The funding period for this grant is from July 1998 through June 1999 and allowed us to offset core expenditures of 1998 by approximately US\$185,000. The grant proposal for the second year of funding was submitted to the World Bank in February of 1999. Another proposal was completed to begin a collaboration between ICDR,B and John Snow International beginning in May 1999. Most of the funding under this initiative will offset hospital core expenditures from the Nutrition Rehabilitation Unit and the Short-Stay Ward beginning in May 1999. Negotiations for a

similar agreement with Pathfinder International and their Rural Delivery System Programme is in progress as is intended to cover core expenditures for clinical services in Matlab. Both agreements are intended to provide a source of income to compensate for the outlay of funds utilised by the Centre to cover the costs of the separation package.

As agreed upon by the Board of Trustees and the Centre's senior management team, the process of the overall restructuring of the Centre continued. The first phase involving restructuring of personnel management occurred through a voluntary separation programme that was completed by 30 September 1998. This was followed by a workforce needs assessment that resulted in smaller workforce from 938 to 904 fixed term staff. This activity significantly reduced the size of the administrative staff elimination of redundant posts and optimizing resources within the Director's Division. Other resignations of international fixed term and seconded staff and reductions in the number of field health workers reduced the staff by another 16 personnel including 3 international professionals. At the end of this reporting period the Centre's total staff including fixed-contract, short-term staff and all other categories stood at 1136. Discussion on the reorganisation plan began during this period with the first stage of consultation between senior management, the reorganisation task force and the reorganisation working groups with representation from the four scientific divisions and the Director's Division.

The Director's Division through the Director's Office, the Office of External Relations, the Finance Department and the Travel Office engaged corporate sponsors, women's organisations, several local businesses and representatives from donor governments in the 1999 Annual Fundraising Event that marked our 20th Anniversary. A total of over \$33,000 was raised through raffles, dinner ticket sales, donation of raffle prizes and pledges for the Hospital Endowment Fund.

The Finance Department continued to perform all routine financial functions including donor reporting. The accounts were closed for year-end and the annual joint audit was completed. The audit was completed and signed on March 18, 1999 followed by the audit of the USAID cooperative agreements that was completed in April. The shift of selected core or critical activities to project costs coupled with reduced expenditures in 1998 resulted in a decrease in our net expenditures for 1998 of approximately \$587,000. This together with increased revenues resulted in a reduction of our deficit from 1.8 million that was projected in June 1998 to \$818,000 actual by the end of the year and which is also \$1 million less than it was for 1997. Initiatives relating to the right-sizing of the Centre's workforce, particularly through the streamlining of its administrative structure, have resulted in a potential annual reduction of approximately \$471,000 in salary outlay in future years. The long-term financial impact of our workforce reduction will not be fully realised until the year 2001.

Other key activities of the Director's Division during this reporting period included the efforts to improve our web site information, upgrading of our computer systems and ongoing training and education activities for ICDDR,B staff and for participants from other institutions and abroad. The Centre's Dissemination and Information Services (DISC) was given the task of overseeing the expansion and improvement of the Centre's web site and has selected an eight member committee representing the various divisions to assist in this process. The Computer Information System was upgraded to expand the LAN system to more than 280 computers across the Centre. A Centre-wide Internet E-mail Systems using MS Exchange was installed for Intranet activities and introducing paperless office automation services to the Centre. The Training and Education Department conducted a total of 14 courses and training programmes for 557 participants from 30 countries. Through staff development funds, TED supported 60 staff members that attended international conferences, seminars and academic programmes designed to enhance and upgrade their technical expertise and skills.

2. Division Reports

2.1 Clinical Sciences Division

The Clinical Sciences Division (CSD) continued its programme in research, service and training activities in 1998 with support from 179 fixed-term staff (122 core and 57 project staff). A total of 65 health workers, 13 trainee doctors, 15 trainee nurses, one Nurse Consultant, one International Child Survival Fellow, and 108, hospital and field project staff on contractual service agreement assisted in the activities of CSD. Two senior paediatricians and one radiologist provided support for better training of staff and trainee doctors of the division.

2.1.1 Division Highlights

Patient care services

The record highest number of 157,441 patients (36% higher than 1997) received treatment at the Clinical Research and Service Centre (CRSC) in 1998, and the increase has been primarily due to flood-related epidemic of diarrhoeal diseases. During the report period, October 1988 through March 1999, a total of 65,949 patients were treated at the CRSC, representing 28% increase over the previous corresponding period. Provision of care to these higher number of patients required extension of the existing pavilion, and hiring of 43 nurses, 8 doctors, and 30 health workers on a temporary basis to assist regular hospital staff. Despite expanded epidemic activities, the training activities of CSD remained unaffected.

Results of selected research projects

- ◆ In children with acute diarrhoea, supplementation of zinc but not vitamin A significantly reduced the duration of diarrhoea as well as the incidence of prolonged (>7days) diarrhoea.
- ◆ In non-severely malnourished children without acute illness, supplementation of 40mg elemental zinc daily for 7 days reduced the incidence of subsequent diarrhoea, improved weight gain, and increased measles antibody titre. Significantly better height gain and maintenance of vitamin A stores (positive RDR) were observed among children who received a single 200,000 IU of oral vitamin A.
- ◆ Supplementation of zinc to women of Dhaka City slums during their pregnancy and early lactation period did not influence the gestational age, birth weight or growth during the first 6 months of life of their infants. However, infants of zinc but not placebo-supplemented women had reduced risk of acute diarrhoea, dysentery, and fever.
- ◆ A standardized dietary management protocol evaluated locally available, culturally acceptable, inexpensive foods (vegetables formed the primary source of protein) in promoting growth of severely malnourished children recovering from diarrhoea. Energy intake and weight gain were both significantly greater among protocolized compared to control children who received the same diet *ad libitum*.
- ◆ Increased intake of dietary fat during pregnancy and early lactation improved maternal plasma retinol, β -carotene and lutein concentrations as well as breast milk retinol concentration. However, plasma retinol/carotenoids levels of infants were not different at 6 month of age. It was also observed that diarrhoea and respiratory infections do not influence maternal vitamin A status.

- ◆ Oral administration of anti-rotavirus hyperimmune bovine colostrum (HBC), cross-reactive against major human serotypes of rotavirus (G1-G4) did not reduce the duration of diarrhoea, volume of unformed stools and ORS intake, or duration of fecal excretion of virus.
- ◆ In animal experiments, short-chain fatty acids (SCFA) acetate, propionate, and butyrate all significantly reduced cholera toxin-induced colonic secretion of H₂O as well as Na⁺, K⁺, Cl⁻ and HCO₃⁻. In another study, SCFA precursors pectin or green banana (as a source of pectin) fed to children with persistent diarrhoea significantly reduced the duration of diarrhoea as well as the need for intravenous and oral rehydration fluids. Results indicate a potential role of SCFA or their dietary precursors in the management of diarrhoeal diseases.
- ◆ Treatment of adults with dysentery due to *S. dysenteriae* type 1 was associated with a gradual decrease in the concentration of Shiga toxin in stool. This probability indicates a reduced risk for developing haemolytic uraemic syndrome (HUS) in children with dysentery due *S. dysenteriae* type 1 who receive an effective antimicrobial therapy within 48 hours of onset of illness.

Other developments

- ◆ The Centre recently received a US\$ 1.0 million grant from the World Bank to establish a Nutrition Centre of Excellence (NCOE) which is a cross-divisional activity. The scientists of the CSD significantly contribute to the activities of the NCOE, and this is reflected in the ongoing research projects of the division.
- ◆ To continue support for child survival activities, CSD entered into discussions with John Snow International (JSI) Urban Family Health Partnership (JSI/UFHP) in Bangladesh as a collaborator in providing services, improving hospital based educational programmes, developing an effective referral network with UFHP's urban clinics to improve follow up, and in identifying means of self-sustainability of hospital services. The collaboration is expected to begin in mid-1999.
- ◆ Ever increasing patient visits at the CRSC not only requires increasing unrestricted fund support but also requires considerable time from the clinical scientist affecting their research output. CSD will take the lead in the partnership with JSI to develop "franchise" using ICDDR, B's clinical protocols for control and treatment of diarrhoeal diseases at their urban clinics. As a first step, JSI/UFHP will establish a clinic in close proximity to CRSC where provision of care to patients with mild diarrhoeal diseases will be a part of their essential service package. Patients with mild diarrhoeal diseases constitute approximately 40% of all patients attending the CRSC. CSD will also utilize JSI expertise and experience to explore "ability and willingness to pay" for services provided by CRSC patient population, and assess the feasibility of "user fees" to be applied to patients treated at the CRSC.



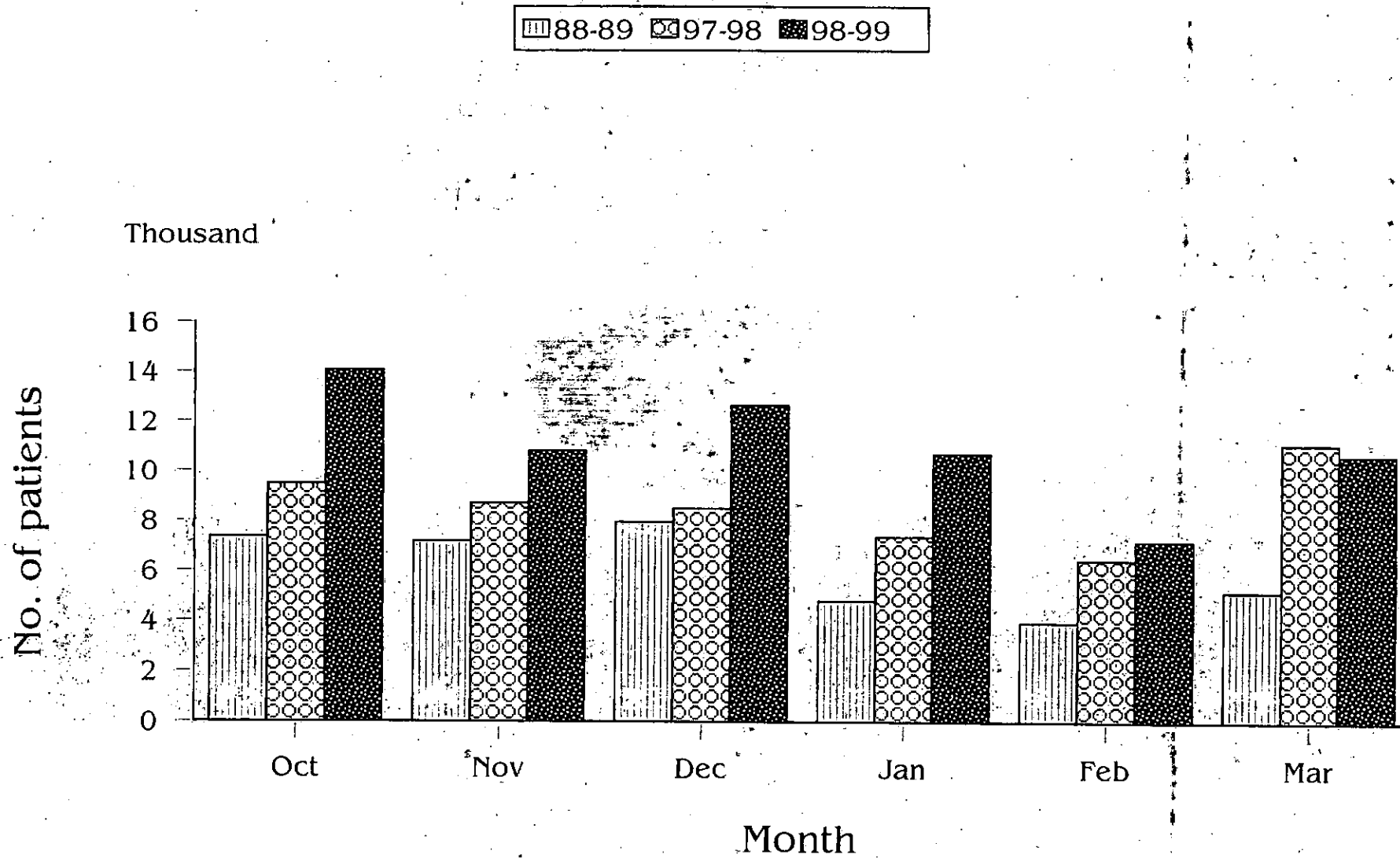
Table 1: Clinical Research and Service Centre, CSD

Patients records from October '98 to March '99.

Months	Total patient visits	Patient treated in ORT	PATIENT ADMITTED												Grand Total
			Short Stay Ward (SSW)				GW + RW + NRU				Special Care Unit (SCU) (direct admissions only)				
			< 12 hrs.	12-24 hrs.	> 24 hrs.	Total	< 1 day	1 - 7 days	> 7 days	Total	< 1 day	1 - 7 days	> 7 days	Total	
Oct '98	14,054	4,418	5,523	1,905	2,208	9,636	7	408	100	515	12	119	16	147	10,298
Nov '98	10,787	3,862	3,653	1,518	1,754	6,925	8	368	88	464	12	136	16	164	7,553
Dec '98	12,635	4,770	3,748	1,996	2,121	7,865	7	441	93	541	7	161	16	184	8,590
Jan '99	10,675	5,477	2,104	1,266	1,828	5,198	7	371	85	463	11	126	13	150	5,811
Feb '99	7,180	3,970	1,228	703	1,279	3,210	3	274	63	340	9	102	12	123	3,673
Mar '99	10,618	4,819	2,806	1,300	1,693	5,799	3	501	71	575	5	153	13	171	6,545
Total	65,949	27,316	19,062	8,688	10,883	38,633	35	2,363	500	2,898	56	797	86	939	42,470

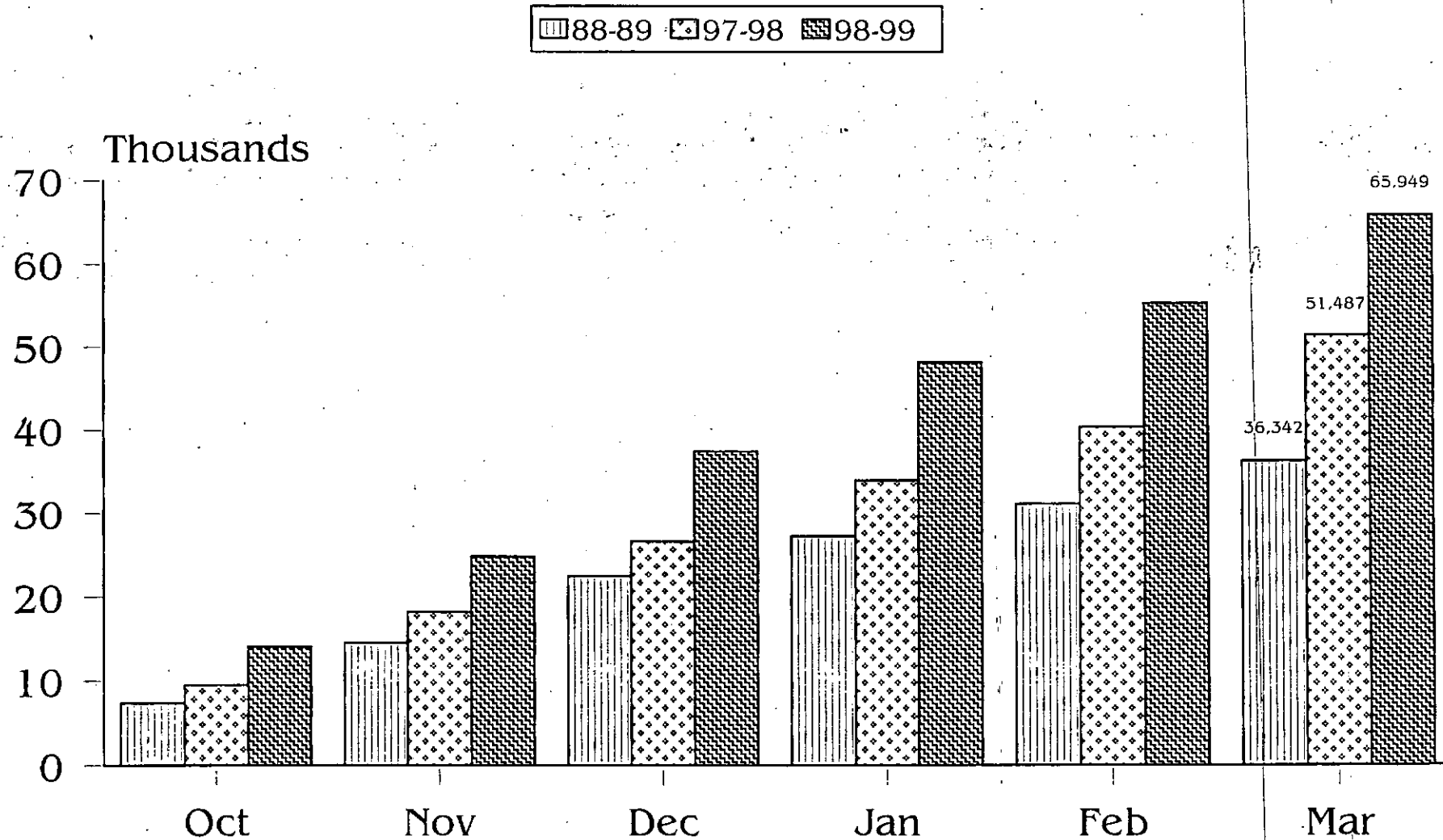
ORT = Oral Rehydration Traige, GW = General Ward, RW = Research Ward, NRU = Nutrition Rehabilitation Unit.

Patient Visits at the Clinical Research and Service Centre October - March: 1988-89, 1997-98 and 1998-99



Clinical Research and Service Centre

Cumulative Patient Visits: October - March 1988-89, 1997-98 and 1998-99



2.1.2 Publications of CSD

Journal and Book Publications (Published)

1. Ashraf H, Rahimian MM, Fuchs GJ, Mahalanabis D. Folic acid in the treatment of acute watery diarrhoea in children: a double-blind, randomized, controlled trial. *Acta Paediatr* 1998 Nov;87(11):1113-5.
2. Brooks A, Fuchs G. Zinc deficiency and child health in developing countries: recent advances [editorial]. *J Ind Paediatr* 1998;35:1173-76.
3. Faruque ASG, Salam MA, Faruque SM, Fuchs GJ. Aetiological, clinical and epidemiological characteristics of a seasonal peak of diarrhoea in Dhaka, Bangladesh. *Scan J Infect Dis* 1998;30(4):393-6.
4. Faruque AS, Mahalanabis D, Haque SS, Fuchs GJ, Habte D. Double-blind, randomized, controlled trial of zinc or vitamin A supplementation in young children with acute diarrhoea. *Acta Paediatr* 1999 Feb;88(2):154-60.
5. Hossain MI, Kabir AKMI, Khan WA, Fuchs GJ. *Acinetobacter bacteraemia* in patients with diarrhoeal disease. *Epidemiol Infect* 1998 Mar-Apr;120(2):139-42.
6. Hossain S, Biswas R, Kabir I, Sarker S, Dibley M, Fuchs G, Mahalanabis D. Single dose of 200,000 IU of vitamin A reduces severity of acute shigellosis among the children in Bangladesh: a randomized, double-blind study. *Brit Med J* 1998 Feb;316(7129):422-6.
7. Kabir I, Rahman MM, Haider R, Mazumder RN, Khaled MA, 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 Oct;128(10):1688-91.
8. Khaled MA, Sarker SA. Changes of oxidant and antioxidant status in humans due to *H. pylori* Infection. *Nutr Res* 1998 Sep;18(9):1463-8.
9. Khan WA, Dhar U, Salam MA, Griffiths JK, Rand W, Bennish ML. Central nervous system manifestations of childhood shigellosis: prevalence, risk factors, and outcome. *Pediatrics* 1999 Feb;103:1-8.
10. Mitra AK, Alvarez JO, Guay-Woodford L, Fuchs GJ, Wahed MA, Stephensen CB. Urinary retinol excretion and kidney function in children with shigellosis. *Am J Clin Nutr* 1998 Nov;68(5):1095-103.
11. Mitra AK, Alvarez JO, Wahed MA, Fuchs GJ, Stephensen CB. Predictors of serum retinol in children with shigellosis. *Am J Clin Nutr* 1998 Nov;68(5):1088-94.
12. Rabbani GH, Albert MJ, Rahman ASMH, Islam MM, Islam KMN, Alam K. Short-chain fatty acids improve clinical, pathologic, and microbiologic features of experimental shigellosis. *J Infect Dis* 1999 Feb;179:390-7.
13. 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 Oct;44(5):283-7.
14. 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 Dec;87(12):1235-9.

15. Salam MA. Antimicrobial therapy for shigellosis: issues on antimicrobial resistance. *Jpn J Med Sci Biol* 1998;51(Suppl 1):S43-62.
16. Sarker SA, Casswall TH, Mahalanabis D, Alam NH, Albert MJ, Brussow H, Fuchs GJ, Hammarstrom L. Successful treatment of rotavirus diarrhea in children with immunoglobulin from immunized bovine colostrum. *Pediatr Infect Dis J* 1998 Dec;17(12):1149-54.
17. Teka T, Faruque ASG, Hossain MI, Fuchs GJ. *Aeromonas*-associated diarrhoea in Bangladeshi children: clinical and epidemiological characteristics. *Ann Trop Paediatr* 1999;19:15-20.

Journal and Book Publications (In Press)

1. Ahmed T, Ali M, Ullah MM, Choudhury IA, Haque ME, Salam MA, Rabbani GH, Suskind RM, Fuchs GJ. Mortality in severely malnourished children with diarrhoea and use of a standardized management protocol. *The Lancet*.
2. Alam NH, Majumder RN, Fuchs GJ, and CHOICE Study Group. A randomized double-blind clinical trial to evaluate the efficacy and safety of a reduced osmolarity oral rehydration solution in adults with cholera. *Lancet*.
3. Hossain MI, Yasmin R, Kabir I. Nutritional and immunisation status, weaning practices and socioeconomic condition of under five children in three rural villages of Bangladesh. *Indian J Pub Health*.
4. Islam S, Kabir I, Wahed MA, Goran MI, Mahalanabis D, Fuchs GJ, Khaled MA. Multifrequency bioelectrical impedance analysis to assess human body composition. *Nutr Res*.
5. Rabbani GH, Greenough WB III. Importance of food in the environmental transmission of cholera. *J Diarrhoeal Dis Res*.
6. Rabbani GH, Albert MJ, Rahman H, Chowdhury AK. Short-chain fatty acids inhibit fluid and electrolyte loss induced by cholera toxin in the proximal colon of rabbit in vivo. *Dig Dis Sci*.
7. Rahman MM, Akramuzzaman SM, Mitra AK, Fuchs GJ, Mahalanabis D. Long-term supplementation with iron does not enhance growth in malnourished Bangladeshi children. *J Nutr*.
8. Roy SK, Tomkins AM, Haider R, Behrens RH, Akramuzzaman SM, Mahalanabis D, Fuchs GJ. Impact of zinc supplementation on subsequent growth and morbidity in Bangladeshi children with acute diarrhoea. *Eur J Clin Nutr*.

2.1.3 Research Protocols of CSD

1. Zinc balance and bioavailability from two different dietary regimes for children with persistent diarrhoea syndrome in Bangladesh using zinc stable isotopes. PI: S.K. Roy. Donor: USAID/W.
2. Evaluation of hypotonic oral rehydration solutions (rice and glucose-based) in children with persistent diarrhoea: a controlled clinical trial. PI: S.A. Sarker. Donor: USAID/W.
3. Clinical efficacy of L-glutamine in persistent diarrhoea in children. PI: I. Kabir. Donor: USAID/W.
4. Evaluation of the newly designed osmotic bags for preparation of oral rehydration solution. PI: S.K. Roy. Donor: UCB Osmotics, UK.
5. Effect of iron supplementation on growth and intestinal permeability of iron-replete and iron-deplete children. PI: George J. Fuchs. Donor: USAID/W.
6. Evaluation of chicken egg yolk immunoglobulin (IgY) in the treatment of diarrhoea due to Rotavirus in children. PI: S.A. Sarker. Donor: SAREC/SIDA.
7. Evaluation of the effect of a soluble fiber (Benefiber) supplemented comminuted chicken diet in the treatment of persistent diarrhoea in children. PI: N.H. Alam. Donor: Novartis Nutrition, Switzerland.
8. Effect of zinc supplementation during pregnancy and infancy on the immune responses to vaccines in Bangladeshi children. PI: Saskia Osendarp. Donor: funded by USAID.
9. Is *Helicobacter pylori* infection a cause or treatment failure of iron deficient anemia in children in Bangladesh? PIs: S.A. Sarker and George Fuchs. Donor: NIH and USAID/W.
10. Effect of simultaneous zinc and Vitamin A supplements on the bioavailability of Vitamin A in children. PI: M.M. Rahman. Donor: Thrasher Foundation and University of Alabama.
11. Shiga toxin ELISA: proposal for evaluation of premier EHEC for the diagnosis of *Shigella dysenteriae* type 1 infection, and for determination of sequential Shiga toxin excretion. PIs: E.T. Ryan & W.A. Khan. Donor: Meridian Diagnostics, Inc., Cincinnati, OH, USA, and the Centre.
12. Efficacy of modified oral rehydration solution in severely malnourished children with watery diarrhoea. PI: N.H. Alam. Donor: WHO.
13. Efficacy and safety of hypotonic glucose based ORS with low sodium concentration in the treatment of neonates and young infants with acute dehydrating diarrhoea. PI: A.M. Khan. Donor: USAID/W.
14. Efficacy of parenteral gentamicin in a single daily dose versus conventional three divided dose in malnourished children. PI: A.M. Khan. Donor: USAID/W.
15. Treatment of rotavirus diarrhoea in infants and young children by oral hyper immune bovine colostrum (HBC) containing antibodies against human rotavirus serotypes: a randomized, double-blind, placebo controlled clinical trial. PI: S.A. Sarker. Donor: Northfield Laboratories Ltd.
16. Impact of home gardening programme in rural Bangladesh. PIs: George Fuchs. Donor: USAID/W through HKI.

17. 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.. PI: M.A. Salam. Donor: New England Medical Centre (NEMC).
18. Efficacy of zinc supplementation in young infants with acute watery diarrhoea. PI: A. Brooks. Donor: USAID/W through JHU.
19. 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. PI: M. Shahadat Hossain. Donor: USAID/W.
20. Effective means to address moderately malnourished children in BINP communities. PI: S.K. Roy. Donor: BINP/GoB.
21. Zinc supplementation to prevent acute lower respiratory tract (LRI) infection and diarrhoea in children below 2 years of age. A. Brooks. Donor: USAID/W through JHU, USAID/W targeted research and SDC.
22. Randomized, double-blind, controlled clinical trial of a single-dose azithromycin versus a 3-day multiple dose erythromycin in the treatment of childhood cholera due to *V. cholerae* O1 or O139. PI: W.A. Khan. Donor: NEMC.
23. Randomized, double-blind, controlled clinical trial of a single-dose of azithromycin versus a single dose ciprofloxacin in adults with severe cholera due to *V. cholerae* O1 or O139. PI: M.A. Salam. Donor: NEMC.
24. Dietary treatment algorithm as a home-based management of children with persistent diarrhoea: a community-based trial. PI: N.H. Alam. Donor: SDC.
25. Therapeutic evaluation of L-histidine in experimental shigellosis in rabbits. PI: G.H. Rabbani. Donor: Cytos Pharma, USA.
26. Effect of zinc supplementation during pregnancy/infancy on mental development of infants PI: J.D. Hamadani. Donor: UNICEF.
27. Evaluation of an osmotically driven ultrafiltration device to prepare therapeutic feeds for home management of malnutrition.. PI: S.K. Roy. Donor: UCB Osmotic Ltd.
28. Effect of supplemental zinc in the treatment of pneumonia in hospitalised infants less than two years of age. PI: Abdullah Brooks. Donor: USAID/W through JHU.
29. Assessment of carotenoid bioavailability from plant sources. PI: K.M.A. Jamil & K.H. Brown (UCD, USA). Donor: University of California, Davis, USA.
30. Surveillance of diarrhoeal-disease-pathogens-and-their-antimicrobial-resistance-patterns-in Bangladesh. PI: G.J. Fuchs & A.S.G. Faruque. Donor: USAID/W.
31. Parenteral magnesium in the management of ileus associated with diarrhoea in severely malnourished children. PI: T. Ahmed. Donor: Core-USAID/W.
32. Diagnosis of pneumonia in children with dehydrating diarrhoea. PI: M.A. Salam. Donor: USAID/W.

2.2 Health and Population Extension Division

The Health and Population Extension Division (HPED) 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 the 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 findings, nationally and globally, through seminars, conferences, and publications; and providing technical assistance to the Government of Bangladesh (GoB) and the non-governmental organizations (NGOs) to strengthen the national health and family planning programme.

2.2.1. Operations Research Project (ORP)

From July 1997, ORP has been the Centre's contribution to the activities of the National Integrated Population and Health Programme (NIPHP) supported by the GoB and USAID. During the reporting period, ORP has provided applied research and other technical assistance to service delivery agencies in the health and population sector. In this context, ORP is working closely with the Ministry of Health and Family Welfare (MOHFW) and the Directorates of Health and Family Planning at central and local levels as well as with the Health Department of Dhaka City Corporation. In addition, ORP's mandate has brought the Centre into partnerships with technical assistance agencies such as Pathfinder International, John Snow Inc., Focus on Young Adults Programme of Pathfinder International, Access to Voluntary and Safe Contraception (AVSC), Basic Support for Institutionalizing Child Survival (BASICS), the Social Marketing Company (SMC), and a large number of national rural and urban NGOs.

Research Activities of ORP

Eight research and technical assistance protocols were finalised and approved by the Research Review Committee. The approved protocols are: i) Operationalising a cost-effective tiered system for delivering the essential services package (ESP) in the public sector; ii) Operationalising a cost-effective tiered system for delivering the ESP by NIPHP NGOs; iii) Strategies for improving the quality and performance of clinical contraceptive services; iv) Operations Research to provide technical assistance to strengthen management support systems for the effective delivery of the ESP; v) Operations research on cost recovery for ESP delivery through systematic pricing and revenue management in the public sector; vi) Operations research on cost recovery of ESP delivery through systematic pricing and revenue management in the RSDP sites; vii) Strategies to improve prevention and management of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs); and viii) Modified strategies for ensuring referral and linkage for essential obstetric care.

A combined baseline survey of 26,000 households was initiated in November, 1998 on a number of indicators for the eight new interventions in ORP field sites. In addition, information on health care demand and willingness to pay for health services is being collected from a sample population of 10,400.

During this reporting period, ORP completed the data collection phase for the largest study on adolescent health issues ever conducted in Bangladesh. The study used quantitative and qualitative data collection techniques to explore five basic themes: a) views and concerns about transition from childhood to adulthood; b) adolescent networking; c) adolescent

morbidity and health care seeking-behaviour; d) adolescent sexual knowledge and behaviour; and e) reproductive information and health service needs of adolescents.

Technical Assistance to GoB

Orientation workshops and training sessions were organised to operationalise the new national service delivery strategy of community clinics.

Service delivery manuals and protocols for Essential Obstetric Care were finalised and submitted to the Technical Review Committee of the MOHFW. Also, the Project assisted the MOHFW in the development of a unified management information system (UMIS) for the reorganised national health and population sector programme.

ORP scientists have been selected by the Government as members of the following policy advisory bodies: a) National Technical Committee on Cost Recovery and Financial Sustainability in the Health and Population Sector; b) National Essential Obstetric Care Committee; and c) National Unified MIS Implementation Task Force. Two staff members participated as members of the Bangladesh Government delegation to the ICPD Plus 5 Meeting at the United Nations in March 1999.

Technical Assistance to NGO

Other areas of applied research and technical assistance included work with NIPHP partners in documenting the effects of interventions to build management capacity and improve planning at the local level. This work has been done in collaboration with the University of North Carolina. The Project is also working with interventions funded by the Asian Development Bank to improve coordination among urban service delivery agencies in the health and population sector.

Journal and Book Publications of ORP (Published)

1. Perry H, Weierbach W, Hossain I, Islam R. Tetanus toxoid immunization coverage among women in Zone-3 of Dhaka city: the challenge of reaching all women of reproductive age in urban Bangladesh. *Bull WHO* 1998;76(5):449-57.
2. Perry H, Weierbach W, Arifeen SE, Hossain I. A comprehensive assessment of the quality of immunization services in one major area of Dhaka city, Bangladesh. *Trop Med Int Health* 1998 Dec;3(12):981-92.
3. Salway S, Nurani S. Uptake of contraception during postpartum amenorrhoea: understandings and performances of poor, urban women in Bangladesh. *Soc Sci Med* 1998 Oct;47(7):899-909.

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).
2. Shahriar A, Nahar Q, Sultan R. Proceedings of the first stock-taking workshop on "Adolescent Health Activities in Bangladesh". Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B special publication, 88).

3. Rahman S, Ahmed MU, Barkat-e-Khuda, Ahmed S, Kane TT. Prevention and management of reproductive tract infections and sexually transmitted diseases: a review. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B special publication, 86).
4. Karim AM, Ahmed S, Sobhan F, Faisal AJ. Developing strategies for improving the quality and performance of clinical contraceptive services: a review. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B special publication, 89).
5. Quayyum Z, Routh S, Rahman MA, Jahan M, Barkat-e-Khuda. Cost-recovery strategies in the health and population programmes of Bangladesh: issues for the application of user fees: Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B special publication, 90).
6. Nahar Q, Amin S, Sultan R, Nazrul H, Islam M, Kane TT, Barkat-e-Khuda, Tunon C. Strategies to meet the health needs of adolescents: a review. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B special publication, 91).

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 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).
3. Levin A, Rahman MA, Quayyum Z, Routh S, Barkat-e-Khuda. Demand for child curative care in two rural thanas of Bangladesh: effects of income and women's employment. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B working paper, 116; Operations Research Project working paper, 150).
4. Islam M, Kane TT, Barkat-e-Khuda, Reza MM, Hossain MB. Determinants of contraceptive use among married teenage women and newlywed couples. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B working paper, 117; Operations Research Project working paper, 151).
5. Ahsan SS, Thwin AA. Bangladesh's experience with human resource development strategies in family planning service delivery: a critical look at the past and directions for the future. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B working paper, 118; Operations Research Project working paper, 152).

Journal and Book Publications of ORP (In Press)

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*.
2. Ahmed S, Parveen SD, Islam A. Infant feeding practices in rural Bangladesh: policy implications. *J Trop Paediatr*.

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. *Soc Sci Med*.
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 Perspectives*.
5. Haque I, Kane TT, Roy NC, Mozumder KA, Barkat-e-Khuda. Contraceptive switching patterns in rural Bangladesh. *Int Fam Plann Perspectives*.
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.
7. Barkat-e-Khuda, Caldwell JC, Caldwell BK, Pieris I, Caldwell P, Ahmed S. The global fertility transition: new light from the Bangladesh experience. *IUSSP volume*, Oxford University Press.
8. 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*.
9. Levin A, Caldwell BK, Barkat-e-Khuda. Effect of price and access on contraceptive use. *Soc Sci Med*.
10. Levin A, Amir A, Saifi RA, Rahman MA, Barkat-e-Khuda, Mozumder KA. Cost-effectiveness of family planning and maternal health service delivery strategies in rural Bangladesh. *J Health Plann Management*.
11. Hasan Y, Maru RM. Performance improvement through local planning: an action research. *J Health Management*.
12. Caldwell JC, Barkat-e-Khuda, Caldwell B, Pieris I, Caldwell P. Bangladesh Fertility Decline: An Interpretation. *Pop Dev Review*.

Working paper

1. Ahmed S, Wirzba H, Hakim JA, Barkat-e-Khuda Khatun R. Disease patterns, treatment practices and drug requirements in rural Bangladesh: key findings from several investigations.-Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B working paper, 119; Operations Research Project working paper, 153).

2.2.2. Epidemic Control Preparedness Programme (ECP)

In 1998, Bangladesh experienced the worst flood in the history of the country. The flooding, which persisted for nearly three months, affected three-quarters of the country. The ECP assisted the health service delivery system of Bangladesh in the management of diarrhoea epidemics caused by the flooding. It did this by investigating and then working to control the epidemics. The ECP also assessed the need for logistics and supplies necessary in the management of these outbreaks and accordingly advised the health services at the local and central levels.

During the reporting period, the incidence of diarrhoeal disease increased considerably. A total of 1,723,978 diarrhoea cases were reported by the GoB in 1998, which was significantly

higher than any other year during the last five-year period. Nearly 90 percent (1.55 million) of the total (1.7 million) diarrhoea cases reported during the year occurred between July and December 1998. The magnitude of the diarrhoeal epidemic varied by region and flood severity. Overall, there was a 10-fold increase in the reported incidence of watery diarrhoea during the flood and post-flood period, as compared to the pre-flood period.

The ECPP investigated diarrhoea outbreaks in 81 flood-affected thanas. Between July and December 1998, ECPP identified and treated a total of 1,670 diarrhoea patients at the household level in the villages. Nearly 80 percent (1,317) of the diarrhoea patients treated suffered from acute watery diarrhoea. Clinical investigations revealed that 14.7 percent were severely dehydrated, and nearly half had signs of dehydration. Many needed initial intravenous fluid therapy. A sample of 743 patients' specimens was cultured for laboratory identification of the organisms. *V. cholerae* was isolated from 45 percent of the samples. Over 38 percent of the laboratory-confirmed cholera patients were below the age of five years and 35 percent were in the age group 5-14 years. Results of the ECPP investigations also indicated that in 62 of the 81 thanas (82.7%), diarrhoea outbreaks were caused by *V. cholerae*. Based on the findings, it was estimated that the flood induced diarrhoea epidemic was responsible for at least 390,000 cases of cholera.

2.2.3. Environmental Health Programme (EHP)

The overall objective of the programme was 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 governmental and non-governmental agencies.

Major achievements/developments of EHP

- Prepared a report on "Arsenic Mitigation in Bangladesh" on request from WHO, Geneva.
- Conducted a workshop on arsenic mitigation activities at the field level.
- Based on satisfactory evaluation, the project entitled, "Replicable Environmental Health Interventions in Primary Health Care Perceptions: An Applied Research" has been recommended by MOHFW for further extension.
- Submitted interim report to ERID on Flood Mitigation in Environmental Health Priorities.
- EHP has been selected for writing/coordinating the VISION 21 initiatives for Drinking Water Supply and Sanitation in Bangladesh by the Collaborative Council for WSS, WHO, Geneva, Switzerland.

Journal and Book Publications of EHP (Published)

1. Shafiul Azam Ahmed, Bilqis Amin Hoque and Abdullah Al Mahmud. Water management practices in rural and urban homes: A case study from Bangladesh on Ingestion of Polluted water. Public Health; September 1998.

Journal and Book Publications of EHP (In Press)

1. Bilqis Amin Hoque, et al. Effects of environmental factors on child survival in Bangladesh: A case control study. Public Health; U.K.

2. Bilqis Amin Hoque et al. Domestic Water and Health Inside a Flood Control, Drainage and Irrigation Project in Bangladesh. Water Resource Journal: ESCAP, United Nations.
3. Bilqis Amin Hoque et al. Measurement and Mitigation of Arsenic in Drinking Water: Action Research Challenges. Publish in Confluence: ESCAP, United Nations.

Other papers/ reports published

1. GARNET News: Quarterly Newsletter of GARNET South Asia, December 1998.
2. Arsenic mitigation activities at Field level: Outcome of a GARNET workshop.

Research/Technical protocols of EHP in progress

1. Action research and impact studies on community water, sanitation and hygiene education intervention in rural areas. PI: Dr. Bilqis A. Hoque, Donor: SDC.
2. Impact of exogenous technology on traditional resource management and the environment in rural Bangladesh. PI: Dr. Bilqis A. Hoque. Donor: SDC.
3. Flood Mitigation in Environmental Health Priorities (Rehabilitation and applied research). PI: Dr. Bilqis A. Hoque. Donor: DFID-Oil Companies.

2.3 Laboratory Sciences Division

2.3.1 Division Highlights

- ◆ The prevalence of reproductive tract infection in women in the general population was: *N. gonorrhoeae* 0.5%, *C. trachomatis* 1.9%, *T. vaginalis* 2.0%, *T. pallidum* 2.9%. Eight percent of women had yeast cells and 20% had a Gram stain compatible with bacterial vaginosis. HIV was not diagnosed.
- ◆ In a study of 293 commercial sex workers, 31% were positive for *Neisseria gonorrhoeae*, 34% for syphilis and 38% for *T. vaginalis*. No HIV infection was detected.
- ◆ The first round of the national sentinel surveillance for HIV and syphilis in Bangladesh has been completed. The surveillance analysed 3673 samples for HIV and 3887 samples for syphilis, from high risk groups. The overall prevalence of HIV positivity was 0.4% while the 402 intravenous drug users tested had a prevalence of 2.5%.
- ◆ Significantly higher number of *Aeromonas* spp. were observed in diarrhoeal isolates compared to isolates from control children and the environment possessed a heat-labile cytotoxin enterotoxigenic gene. It appears that this heat-labile cytotoxic enterotoxin may contribute to diarrhoea.
- ◆ A monoclonal antibody has been developed against Longus, a recently described class-B type-4 pilus antigen of ETEC designated as CS21. This antigen is present on approximately 6% of ETEC isolates in Bangladesh.
- ◆ Temporal changes in the G- and P- types of rotavirus strains were observed between 1996-1997 and 1997-1998. The predominant strain in 1996-1997 was G9 (31%) of which the

majority were P[6]. In 1997-1998, the predominant strain was G1 (32%) followed by G non-typable. P-typing of these strains is ongoing.

- ◆ A polymerase chain reaction has been standardised for detecting *Streptococcus pneumoniae* and *Haemophilus influenzae* type b directly from blood and cerebrospinal fluid.
- ◆ A high prevalence of lead and cadmium has been shown in the blood samples of children from 2 industrial slums of Dhaka.
- ◆ The Nepal "Antimicrobial Resistance Surveillance" has completed a preliminary survey of hospital clinical microbiology laboratories in Nepal. A consensus workshop in Kathmandu has been held and 13 laboratories have been identified to take part in the AMR surveillance. The scientists from these labs will be trained in Dhaka during May.

2.3.2 Publications of LSD

Journal and Book Publications (Published)

1. Albert MJ, Qadri F, Bhuiyan NA, Ahmad SM, Ansaruzzaman M, Weintraub A. Phagocytosis of *Vibrio cholerae* O139 Bengal by human polymorphonuclear leukocytes. Clin Diagn Lab Immunol 1999; 6:276-8.
2. Azim T, Rashid A, Qadri F, Sarker MS, Hamadani J, Salam MA, Wahed MA, Albert MJ. 1999. Antibodies to Shiga toxin in the serum of children with *Shigella*-associated Haemolytic Uraemic Syndrome. J. Med. Microbiol. 48:11-16.
3. Bhuiyan BU, Miah MRA, Rahman M, Rahman KM, Albert MJ. High prevalence of ciprofloxacin-resistant *Neisseria gonorrhoeae* among commercial sex workers in Bangladesh. J. Antimicrob Chemotherapy 1998; 42:675-6.
4. Bhuiyan BU, Rahman M, Miah MRA, Nahar S, Islam N, Ahmed M, Rahman KM, Albert MJ. Antimicrobial susceptibility and plasmid content of *Neisseria gonorrhoeae* isolated from commercial sex workers in Dhaka, Bangladesh: emergence of high level resistance to ciprofloxacin. J Clin Microbiol 1999; 37:1430-6.
5. Faruque S M, Asadulghani, Saha MN, Alim A. R. M. A, Albert MJ, Islam K MN, and Mekalanos JJ. 1998. Analysis of clinical and environmental strains of nontoxicogenic *Vibrio cholerae* for susceptibility to CTXΦ: molecular basis for the origination of new strains with epidemic potential. Infect. Immun. 66:5819-5825.
6. Haque R, Ali IKM, Clark GC, Petri WA Jr. (1998) A case report of *Entamoeba moshkovskii* infection in a Bangladeshi child. *Parasitology International*, 47: 201-202.
7. Mitra R, Saha PK, Basu I, Venkataraman A, Ramakrishna BS, Albert MJ, Takeda Y, Nair GB. Characterization of non-membrane damaging cytotoxin of *Vibrio cholerae* O1 and its relevance to diseases. FEMS Microbiol Lett 1998; 169:331-9.

Reviews

1. Faruque SM, Albert MJ and Mekalanos JJ. 1998. Epidemiology, Genetics and Ecology of toxicogenic *Vibrio cholerae*. Microbiol. Mol. Biol. Rev. 62:1301-1314.
2. Mahbubur R and Rahman ATMA. The growing antibiotic resistance: a crisis needs rational use of antibiotics. The Orion Med J 1998; 1:3-5.

3. Mahbubur R and Rahman ATMA. Will gene therapy offer a better option for neurological disorders? *The Orion Med J* 1999; 2:3-5

Journal and Book Publications (In Press)

1. Albert MJ, Morris Jr. JG. Cholera and other Vibrioses. In: Strickland GT, editor. *Hunter's Tropical Medicine*. 8th edition. Philadelphia; W.B. Saunders Company.
2. Ansaruzzaman M, Shimada T, Bhuiyan NA, Nahar S, Alam K, Islam MS, Albert MJ. *Vibrio mimicus* strain cross-reacts with *Vibrio cholerae* O139 Bengal. *J Med Microbiol*.
3. Faruque SM, Siddique AK, Saha MN, Asadulghani, Rahman MM, Zaman K, Albert MJ, Sack DA, and Sack RB. Molecular characterization of a new ribotype of *Vibrio cholerae* O139 Bengal associated with an outbreak of cholera in Bangladesh. *J. Clin. Microbiol*.
4. Haque R, Ali IKM and Petri WA Jr (1999). Prevalence and Immune response to *E. histolytica* infection in preschool children in Bangladesh. *Am J Trop Med Hyg*.
5. Mahbubur R, Levy J, Butzler JP. Quinolone resistance in *Shigella dysenteriae* type 1: role of resistance plasmid and *gyrA* gene. *J Antimicrobial Chemother*.
6. Talukder KA, Dutta DK, Albert MJ. Evaluation of pulsed-field gel electrophoresis for typing of *Shigella dysenteriae* 1. *J. Med Microbiol*.
7. Unicomb LE, Podder G, Gentsch JR, Hasan KZ, Faruque ASG, Albert MJ, Glass RI. Evidence Of high frequency genomic reassortment of groups A rotavirus strains in Bangladesh: emergence of type G9 in 1995. *J. Clin. Microbiol*.
8. Wahed MA, Mitra AK, Azad A.K., Jahan F., Fuchs G.J. Retinal concentration in liver and serum among children who died in a diarrhoeal hospital in Bangladesh. *Nutrition Research*.

2.3.3 Research Protocols of LSD

1. Ecological and epidemiological studies on *Aeromonas* spp, in Bangladesh with special emphasis on their spread between the environment and the human. Starting date: January 1997. PI: M.J. Albert. Donor: SAREC/SIDA.
2. Studies on the capsule of *Vibrio cholerae* O139 Bengal. Starting date: January 1997. PI: M.J. Albert. Donor: SAREC/SIDA.
3. Effect of vitamin A and zinc supplementation on immune response to oral cholera vaccination in children. Starting date: May 1998. PI: M.J. Albert. Donor: Thrasher Research Fund.
4. Molecular characterization and antimicrobial resistance of *Helicobacter pylori* strains. Starting date: July 1998. PI: M.J. Albert. Donor: SAREC/SIDA.
5. Studies in virulence of *Vibrio cholerae* O139 Bengal. Starting date: Jan 1999. PI: M.J. Albert. Donor: SAREC/SIDA.
6. Epidemiology and ecology of *Vibrio cholerae* in Bangladesh. Starting date: August 1996. PI: F. Qadri, S.K. Faruque, S. Islam. Donor: NIH.

7. Development and application of multiplex PCR assays as an aid to clinical and environmental studies. Starting date: January 1997. PI: S.M. Faruque. Donor: USAID/W.
8. Surveillance of invasive *Streptococcus pneumoniae* (Spn) and *Haemophilus influenzae* (Hi) diseases in Bangladeshi children and the antimicrobial resistance and serotype patterns of Hi and Spn isolates in Bangladesh. Starting date: October 1998. PI: Mahbubur Rahman. Donor: USAID/W.
9. Immune responses in children with both acute lower respiratory tract infection and diarrhoea. Starting date: October 1998. PI: Dilara Islam. Donor: USAID/W.
10. Intraspecies variation in *E. histolytica*. Starting date: October 1998. PI: Rashidul Haque. Donor: NIH and University of Virginia.
11. Field studies of human immunity to amebiasis in Bangladesh. Starting date: September 1998. PI: Rashidul Haque. Donor: University of Virginia.
12. Development of nutrient – dense supplementary foods for malnourished children. Starting date: November 1998. PI: M.A. Wahed. Donor: World Bank through BINP.
13. High levels of lead and cadmium in blood of children of Dhaka (A pilot project is completed). PI: M.A. Wahed. Donor: USAID/W.
14. Night blindness in pregnant women in Bangladesh. Starting date: March 1998. PI: M.A. Wahed. Donor: USAID/W.
15. Study of specific and innate mechanisms of the immune response in acute watery diarrhoea due to *Vibrio cholerae* and enterotoxigenic *Escherichia coli*: Studies in patients and vaccinees. Starting date: January 1999. PI: F. Qadri. Donor: SAREC/SIDA.
16. The influence of innate immune mechanisms on T cell stimulation and Shigellosis. Starting date: January 1999. PI: Dilara Islam. Donor: SAREC/SIDA.
17. A simple water filtration technique to prevent cholera. Starting date: September 1998. PI: S. Islam. Donor: NIH.
18. Further studies of immunoprotective and immunopathogenic mechanisms in shigellosis. Starting date: January, 1999. PI: R. Raqib. Donor: SAREC/SIDA.
19. Detailed study of the humoral and cellular immune responses in children with primary infection due to *Shigella* species. Starting date: January, 1998. PI: R. Raqib. Donor: USAID/W.
20. Effect of zinc supplementation on the immune and inflammatory responses of children to *Shigella flexneri* infection, and correlation with clinical severity of illness and growth following recovery. Starting date: March, 1999. PI: R. Raqib. Donor: SAREC/SIDA.
21. Further evaluation of ETEC vaccine and immune responses in acute watery diarrhea. Starting date: January 1999. PI: F. Qadri. Donor: SAREC/SIDA.
22. Are water stabilisation ponds (WSP) barriers to or reservoirs of cholera? How much *V. cholerae* is there in waste water. Starting date: August 1998. PI: S. Islam. Donor: SAREC/SIDA.

23. Studies in preparation for the introduction of rotavirus vaccines for routine childhood immunisation in Bangladesh. Starting date: January 1997. PI: T. Azim. Donor: USAID/W.
24. National sentinel surveillance for HIV and syphilis in Bangladesh. Starting date: March 1998. PIs: T. Azim and J. Bogaerts. Donor: UNAIDS.
25. Identification of risk factors and study of the outcome of *Shigella*-associated haemolytic uraemic syndrome (HUS). Starting date: July 1998. PI: T. Azim. Donor: Japan and USAID.
26. Cellular and humoral immune responses to rotavirus infection in Bangladeshi infants and relevance to rotavirus vaccine studies. Starting date: October 1998. PI: T. Azim. Donor: USAID/W.
27. Investigation of the importance of Norwalk-like viruses in childhood diarrhoea in Bangladesh. Starting date: October 1997. PI: T. Azim. Donor: USAID/W.
28. The aetiology of reproductive tract infection among women attending the Bangladesh Women's Health Coalition and Marie Stopes Clinic Society Clinics in Taan Bazaar and Dhaka. Starting date: April 1999. PI: J. Bogaerts. Donor: BADC/Belgium.

2.4 Public Health Sciences Division

2.4.1 Division Highlights

- ◆ Professor Lars Ake Persson, Professor, Umea University, Sweden joined the Division as the Director from March 1, 1999.
- ◆ The DSS, RKS and GIS have been integrated into one unified Matlab Health and Demographic Surveillance System (MHDSS), so that one interactive system covers all data collection and handling, linking of separate data sets, and the preparation and archiving of the master files. Another major change will be the introduction, in both the intervention and comparison areas, of data collection only by CHWs, who collect and record the household surveillance data. Data collection exclusively by CHWs has been already introduced in the comparison area. In the past this was done by joint visits of a CHW and a Health Assistant (now called FRA). In future FRAs will be utilised solely for supervisory purposes.
- ◆ PHSD, through its Social and Behavioural Sciences Programme jointly organised with BRAC, the Global Health Equity Initiative Meeting in Dhaka (sponsored by Rockefeller Foundation). Approximately 40 participants from all over the world attended the meeting. Professor Amartya Sen, the Noble Laureate gave the key-note speech at a ceremony which was also attended by the Honourable Prime Minister of the government of the People's Republic of Bangladesh, among others.
- ◆ 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. The review was favourable and the recommendations received are being implemented. The construction of the project office building (12000 Sft) in Chakaria has begun with assistance from the Swiss Red Cross Society.
- ◆ Construction work of the new facility for diarrhoea outpatients in Matlab is almost complete.

2.4.2 Publications of PHSD

Journal and Book Publications (Published)

1. Alam N, van Ginneken J. Repeated neonatal deaths in families with special reference to causes of death. *Journal of Paediatric and Perinatal Epidemiology* 1999;13(1):78-88.
2. Ali Md, de Francisco A, Khan MM, Chakraborty J, Myaux J. Factors affecting the performance of family planning workers: importance of geographical information system in empirical analysis. *Int. J. Popul. Geogr.* 1999;5:19-29.
3. Bairagi R, Ahsan RI. Inconsistencies in the findings of child nutrition surveys in Bangladesh. *American Journal of Clinical Nutrition* 1998;68:1267-71.
4. Desmet M, Chowdhury AQ, Islam MK. The potential for social mobilisation in Bangladesh: the organisation and functioning of two health insurance schemes. *Social Science & Medicine* 1999;48:925-938.
5. Islam MM, Mamun AA, Bairagi R. The proximate determinants of fertility in Bangladesh: findings from Bangladesh Demographic and Health Survey 1993/94. *Asia-Pacific Population Journal* 1998;13(3):3-22.
6. 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.
7. Razzaque A. Preference for children and subsequent birth in Matlab: Does wife husband agreement matter? *J. Biosoc.Sci.* 1999; 31:17-28.
8. Razzaque A, Islam & Alam N. Contraception among the limiter and spacer in Matlab, Bangladesh. *J. Asia Pacific Pop.* 1998; 1(13):65-77.
9. Rice AI, Stoltzfus RJ, de Francisco A, Chakraborty J, Kjolhede CL, Wahed MA. Maternal vitamin A or β -carotene supplementation in lactating Bangladeshi women: effects on mothers and infants. *J. Nutr.* 1999;129:356-365.
10. Ronsmans C, and Campbell O. Short birth intervals don't kill women: Evidence from Matlab, Bangladesh. *Studies in Family Planning* 1998;29(3):282-290.

Internal Publications: Working Papers

1. Ahmed SM, Chowdhury M, and Bhuiya A. 1998. Two studies on health care-seeking behaviour and household sanitation practices of BRAC member and non-member households in Matlab, Bangladesh. In *Three Studies on HIV/AIDS*. Working Paper No. 21, BRAC-ICDDR,B joint Research Project, Dhaka, Bangladesh.
2. Fulton EK, Kamal N, Ahmed SM, Khan MI. 1998. AIDS knowledge in rural Bangladesh. In *Three Studies on HIV/AIDS*. Working Paper No. 21, BRAC-ICDDR,B Joint Research Project, Dhaka, Bangladesh.
3. Khatun M, Wadud N, Bhuiya A, Chowdhury M. 1998. Psychological well-being of rural women: developing measurement tools. Working Paper No. 23, BRAC-ICDDR,B Joint Research Project, Dhaka, Bangladesh.

4. Khatun M, Hyder SMZ, Bhuiya A, Chowdhury M. 1998. Effect of rural development programme on calorie consumption: evidence from Matlab. In Two Studies on Nutrition. Working Paper No. 26, BRAC-ICDDR,B Joint Research Project, Dhaka, Bangladesh.
5. Mahmud S, Huda S. 1998. Participation in BRAC's rural development programme and the impact of group dynamics on individual outcomes. Working Paper No. 24, BRAC-ICDDR,B Joint Research Project, Dhaka, Bangladesh.
6. Nasreen H., Chowdhury M., Ahmed S.M. Bhuiya A. Rana AKMM. 1998. Providing AIDS awareness education through village based women's organizations. In Three Studies on HIV/AIDS. Working Paper No. 21. BRAC-ICDDR,B Joint Research Project, Dhaka, Bangladesh.
7. Nasreen H., Chowdhury M, Bhuiya A, Ahmed SM, Rana AKMM. 1998. Communication Network in reproductive health information dissemination to the adolescents. In Three Studies on HIV/AIDS. Working Paper No. 21. BRAC-ICDDR,B Joint Research Project, Dhaka, Bangladesh.
8. Rasheed S, Hyder SMZ, Khatun M, Chowdhury M. 1998. In Three Studies on HIV/AIDS. Working Paper No. 21. BRAC-ICDDR,B Joint Research Project, Dhaka, Bangladesh.
9. Roy RD, Hyder SMZ, Chowdhury M, Adams A. 1998. Does involvement of women in BRAC influence sex bias in intr-household food distribution? Working Paper No. 25. BRAC-ICDDR,B Joint Research Project, Dhaka.

Journal and Book Publications (In Press)

1. Ahmed MK, Rahman M, and van Ginneken, J. A Case-control Study of Risk Factors Associated with Maternal Mortality in Matlab, Bangladesh. Intl J Gynecology and Obstetrics.
2. Ahmed MK, Rahman M, and van Ginneken J: Epidemiology of child death due to drowning in Matlab, Bangladesh. Intl J of Epidemiol.
3. Bairagi R, Islam MM, Barua MK. Contraceptive failure: levels, trends and determinants in Matlab, Bangladesh. J Biosoc Science.
4. Perry HB, Arifeen SE. A comprehensive assessment of the quality of immunization services in one major area of Dhaka city, Bangladesh. Trop Med Int Health.
5. Rahman M. Longitudinal Study on the Effect of Child Mortality on Fertility Regulation Behavior in Rural Bangladesh?. Studies in Family Planning .

2.4.3 Research Protocols of PHSD

1. Kinship and Social Structure in Bangladesh. Starting date: January 1997. PI: Abbas U. Bhuiya. Donor: Ford Foundation.
2. Improvement of health through community development oriented programme in rural Bangladesh. Starting date: January 1994. 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. Starting date: January 1993. PI: Abbas U. Bhuiya. Donor: Ford Foundation.
4. Matlab Family Planning Programme. Starting date: January 1995. Md Yunus. Donor: Japan.
5. Study of the immunogenicity of conjugate pneumococcal vaccine in infants of mothers who have and who have not been immunized with polysaccharide vaccine. Starting date: May 1998. PI: Nigar Shahid. Donor: USAID/W and Thrasher Research Fund.
6. Does disease due to V.cholera O1 confer protection against subsequent diarrhoea due to V. cholera O139? Starting date: November 1996. PI: Md Yunus. Donor: NIH.
7. Contraceptive use dynamics in rural Bangladesh. Starting date: June 1998. PI: R. Bairagi. Donor: European Union.
8. Abortion dynamics in rural Bangladesh: does an MCH-FP programme bring about any change? Starting date: December 1997. PI: R. Bairagi. Donor: WHO.
9. Tetravalent Rhesus Rotavirus Vaccine: Proposal for a randomised, placebo controlled trial to evaluate immunogenicity, reactogenicity and acceptability in infants in Matlab, Bangladesh. Starting date: January 1998. PI: Md. Yunus. Donor: WHO.
10. Safety and immunogenicity of 4×10^5 pfu tetravalent rhesus rotavirus vaccine, with or without zinc supplementation in Matlab, Bangladesh. Starting date: October 1998. PI: SE Arifeen. Donor: USAID/W through JHU and WHO.
11. 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. Starting date: August 1998. PI: Abdullah H Baqui. Donor: USAID/W through JHU.
12. A study of safety, dose and immunogenicity of an oral live attenuated Shigella flexneri 2a vaccine candidate (SC602) in a rural community setting in Bangladesh. Starting date: October 1998. PI: A.H. Baqui. Donor: Walter Reed Army Institute for Research (WRAIR), USA; National Vaccine Programme (NVPO); and USAID/W.
13. Costing of the BINP activities at the community level. Starting date: July 1998. PI: Mahmud Khan. Donor: BINP/GoB.
14. Essential Obstetric Care-Safe Motherhood at Health Sub-centres. Starting date: January 1999. PI: Md Yunus. Donor: European Union.
15. Male involvement in reproductive health programmes. Starting date: January 1999. PI: Md Yunus. Donor: European Union.

16. A study on the effect of Menstrual Regulation Service provision on induced abortion morbidity in Matlab. Starting date: February 1999. PI: Rubina Shaheen. Donor: SDC.
17. Evaluation of sustainability of education intervention aimed at increased consumption of green leafy vegetables. Starting date: March 1999. PI: Md Yunus. Donor: SDC.
18. A cohort study to estimate the optimal duration of nutritional supplementation for pregnant women and its impact on birth weights of newborns. Starting date: July 1998. PI: Rubina Shaheen. Donor: BINP/GoB.
19. Costing the Integrated Management of Childhood Illnesses (IMCI). Starting date: August 1998. PI: Mahmud Khan. Donor: ABT Associates, USA.
20. Costing the Bangladesh Integrated Nutritional Project (BINP). Starting date: July 1998. PI: Mahmud Khan. Donor: BINP/GoB.
21. Costing of urban EPI Programme: the case of Dhaka City Corporation. Starting date: March 1999. PI: Mahmud Khan. Donor: LSHTM, UK.

2.5 Director's Division

2.5.1 Personnel Office

The Centre's fixed-term staff on 31 March, 1999 stood at 904 out of whom 11 were international professionals, 162 national officers and 731 belonged to the general services category. Out of this 904 again, 446 were in the unrestricted funding areas and 447 in restricted funding.

Besides the international professionals, the distribution of the total fixed-term staff were 545 for Research (scientific, support and field), 221 for Research Administration, 93 for Administration, 9 for Personnel and 34 for Finance.

The Centre also had in the other category 3 international seconded staff, 11 short-term (international, NO & GS) staff, 153 community health workers and 65 auxiliary health workers.

Additions: NO & GS

a) Conversion from Contractual Service Agreements	: 12
b) New appointments	: 22

Separations: NO & GS

a) Retirement/Abolition of post/Release/Death	: 10
b) Resignation	: 21
c) Separation by Involuntary Severance Package	: 31
d) Separation by Voluntary Severance package	: 2

International Professional

a) New appointments	1	a) Released	: 1
		b) Resigned	: 4
	-----		-----
	35		69

Net separations : 34

Staff Clinic

The staff clinic has been continuing to provide improved health care services to NO & GS staff members and their entitled dependents. From October 1998 to March 1999, a total of 9170 patients attended the staff clinic. Out of them 8934 were treated in the staff clinic and 236 patients required referral to outside Clinics/Hospitals/Consultants for better management which included confinement, surgery, correction of refractory error and consultation. The clinic also vaccinated 205 children and attended to 53 emergency cases. Family planning services were provided to 211 couples. Minor surgeries on 186 patients were done in the staff clinic. Other services included ECG and pre-employment medical examinations.

2.5.2 Administrative Services

Various entities described below provided administrative services to the Centre:

Support Services Department

The Support Services Department facilitates optimum utilisation of all physical resources of the Centre to achieve its goal. It provides administrative, technological, engineering and logistical support to the Centre and its staff. The department coordinates security and cleaning services, transport and logistic support management. 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

The branch within the reporting period ensured proper maintenance of utility services of the Centre for effective functioning besides maintaining. Following are some of the highlights:

- Construction of the Community Centre at Chokoria in Chittagong, minor renovation works required to facilitate the shifting of various departments from one IPH building to the Hospital building, renovation of staff canteen, and initial construction of the main store building at Matlab, supervision of the construction of OPD at Matlab.
- Installation of 2" diameter pipeline and assistance with the process of installing a deep tube well to ensure adequate water supply.

Electrical Engineering Branch

This branch routinely continues to maintain electrical appliances and devices including the 800 KVA standby generator and electrical substation. It also maintains the 255 line PABX exchange and 105 T&T direct telephones.

Transport Management Branch

This branch undertakes transport support activities by coordinating the use of the Centre's vehicles. Regular transport support for pick up and drop is provided to 283 staff members of the Centre. The routine wireless communication between Dhaka and Matlab is also maintained by this branch.

Vehicle Maintenance Branch

This branch supports the Centre's movement facilities by providing routine servicing, major and minor repairs to Centre-owned vehicles.

General Services Branch

The General Services Branch continues to provide services for the safety and security of the Centre's properties, cleaning, mail, and logistic support to conference, workshop, etc. held at the Centre.

Travel and Estate Office

The Travel Services Office provides all travel-related services to the Centre's staff, members of the Board of Trustees, visitors, trainees, etc. It also arranges accommodations for visitors and trainees as and when required. The Office also maintains liaison with concerned government authorities for issuance of visas, landing permits and customs passbooks, clearance of personal and household effects shipment (incoming and outgoing) for staff. The Estate office regularly collects the utility bills of the Centre and those of the expatriates from respective government departments, arranges timely payments of the bills, and assists with real estate negotiations on the Centre's rental properties.

In addition, the Office also oversees the day-to-day activities of the guest-house and assists in organising social function, IDS and workshop.

2.5.3 Procurement Office

The Branch is responsible for procuring scientific and other materials for the Centre through local and overseas purchase. For smooth and efficient support to the Centre's research and related activities, the branch continued its efforts throughout the year. This resulted in timely procurement and placement of orders worth US\$1.54 million out of which US\$0.35 million was spent for local purchase and US\$1.19 million for overseas purchase including procurement of I.V. fluid materials/equipment worth US\$0.52 million for use of the Institute of Public Health, Government of Bangladesh. During the reporting period, the Branch cleared 192 shipments, including 65 perishable consignments.

The Branch completed the periodical Rate Running Contract for minimizing cost and reducing lead time and selection of vendors. The branch also procured IV fluids, ORS, and compact foods as emergency flood relief from USAID/UNICEF and coordinated overall distribution to the hospital, ICDDR,B project offices, and local NGOs.

2.5.4 Computer Information Services

In continuation of the new IT strategy of the Centre during 1998, a Centre wide fiber backbone was introduced and completed under Phase-II plan funded by DFID. This upgrade of the Centre's present network was coupled with the expansion of the LAN to several new departments. All departmental LANs are now Fast Ethernet-Fiber combination network which included the Director's Division, Finance, CIS (Computer Information Services), DISC and HDSP of PHSD. The LANs have now expanded to more than 280 network computers across the Centre.

A Centre-wide Internet E-mail System using Management Systems Exchange was installed for Intranet activities which will introduce total paperless Office Automation in the Centre for sharing tasks, schedules, appointments, departmental meetings and activities through public and departmental information folders. The present E-mail Server is being transferred to a more robust based 64-bit platform to meet the growing need of the researchers for Internet Web Information Searching for faster response. A permanent true non-interrupting lease line from B

T&T (Bangladesh Telephone and Telegraph) for Internet backbone of the Centre is being planned.

Centre's Web Page which is hosted from a CIS Server has been reorganized to reflect wider activities of all divisions of the Centre.

Matlab, ICDDR,B was equipped with a LAN for remote connectivity to Dhaka ICDDR,B through rural telecom system for E-mail, data, fax and voice communication.

2.5.5 Finance Department

During the reporting period, the department carried out all routine financial functions including donor reporting. The accounts were closed for year end and the annual joint audit was carried out. The audit was completed and signed on March 18, 1999. The audit required for the USAID cooperative agreements was started immediately after the annual audit was completed. The field work and draft audit report is scheduled to be completed by mid April.

2.5.6 Dissemination and Information Services Centre (DISC)

DISC provided information, audiovisual and literature support to the Centre's staff and others, and also 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 3,479 outside researchers, physicians, health professionals, teachers and students, and trainees who came from different universities, institutes, and organizations from within and outside the country. The ongoing services of DISC include: cataloguing and expanding its collection of books, journals and databases; providing photocopying and printing services for the Centre's internal publications; and publishing externally circulated publications including Glimpse, ICDDR,B newsletter, working papers, scientific reports, etc. DISC conducts literature searches for ICDDR,B scientists and outside users mainly on the Medline and Popline databases.

In August 1998, DISC was given an additional responsibility of maintaining the Centre's web site. Subsequently an 8-member committee with representatives from different divisions was formed to advise DISC on development, management and promotion of the web site. Selected publications, including Annual Report, Glimpse, ASCON Proceedings, other scientific achievements, research activities, training opportunities, staff information, employment opportunities, announcements, etc., are now disseminated through the web site.

The Audiovisual Unit that was made part of DISC beginning January 1999, continues to assist the staff of the Centre with audiovisual support. This included support through desktop publishing, layouts and illustrations for the Annual Report, Glimpse and other Centre publications.

2.5.7 Training and Education Department

Training and Education Department (TED) continues to disseminate research findings through training seminars, workshops and courses aiming at the development of health research manpower. With support from the Government of Japan, USAID, SAREC/SIDA, BADC and JICWELS-Japan, TED provides training to health professionals from other countries primarily in Asia and Africa as well as to Bangladeshi nationals to increase their capabilities to manage programmes for the control of diarrhoeal diseases, emerging and re-emerging infectious

diseases, family planning services and to improve responses in emergency and disaster situations.

During this reporting period, the Centre distributed US\$30,941 for staff development. This grant was made available from SDC contribution. Moreover, the Centre provided support for staff development from different projects' allocation and also from scholarships/fellowships from respective educational institutions. A total of 42 staff attended conferences and workshops, and another 18 staff had been studying for their advanced degrees to improve technical expertise and skills. Additionally, the Centre spent a sum of US\$1,276 for its staff for their in-house and in-country training.

Since October 1998, three staff members who were sent abroad, returned to the Centre with advanced degrees. As of the end of this reporting period 23 staff are enrolled in training programmes abroad.

Table 2: ICDDR,B Training Activities during 1 October 1998 – 31 March 1999

Particulars of activities/courses/programmes	Number	
	Courses	Participants
1. Health Research Training Programme:		
1.1 International Workshop on Research Methodology	1	12
1.2 Post-graduate Students (M. Sc. & M.Phil.)		11
2. Clinical Fellowship Programme		
2.1 Clinical Fellows	13	
2.2 Nursing Fellows	15	
2.3 SRRAC countries	10	
2.4 International fellows	11	49
3. Short International Training Courses/workshop		
3.1 Workshop on Emergency Response to Cholera and Shigella Epidemics	1	17
3.2 Course on Emerging and Reemerging Pathogens	1	6
3.3 Workshop on Improving Effectiveness, Quality of Services and Sustainability of Reproductive Health Programme through Operations Research	1	11
3.4 Course on Management of Severely Malnourished Children	1	10
4. National Training Courses/Workshop		
4.1 Child Survival Training Course for paramedics	3	39
4.2 Clinical Management of Diarrhoeal Diseases	2	26
4.3 Applied Health Economics for Developing Countries	1	17
4.4 Training of Trainers: HIV/AIDS	3	29
5. Other trainees:		
5.1. at DISC	- 4	
5.2. at CIS	- 2	
5.3. at ARB	- 1	
5.4. Orientation Training		7
5.5. Seminars:		323
- Weekly Seminars	- 4	
- Inter-divisional Scientific Meeting	-15	
Total	14	557

Home countries of participants (30 Countries):

a) Asia: Afganistan, Bangladesh, Bhutan, India, Indonesia, Japan, Maldives, Malaysia, Nepal, Pakistan, Philippines, Sri and Thailand; b) Africa: Angola, Burundi, Congo, Egypt, Ghana, Kenya, Nigeria, Rwanda, Somalia, Sudan and Tanzania; c) Australia; d) Europe: Sweden, Switzerland, Spain and UK; and e) United States of America.

Table 3: Staff Development Activities Report during the period from 1 October 1998 to 31 March 1999.

Sl. #	Staff training	Ph.D.	Masters	Short training	Conferences/ Workshops	Total
1	Staff returned during the period after completing training and degree (see Appendix I)	1	2*	5		8
2	Staff who left for training (type and place of training) (see Appendix II)	4**	1	5		10
3	Staff abroad on training as 31 March 1999	17	5	1		23
4	Staff attended conferences/workshops				42	42

* Completed partial requirement only and now conducting research for dissertation for Ph.D. degree.

** Two of them will return after completing partial requirement for Ph.D. degree to conduct research for dissertation at the Centre.

Table 4: Distribution by discipline and outcome of training of staff abroad as on 31st March 1999

Field of training	PhD (n=17)	Masters (n=5)	Focused training (n=1)	Total (n=23)
Gastroenterology	3			3
Public Health/Community Health	4	3		7
Immunology	1			1
Demography/Population Dynamics/Sociology	4			4
Epidemiology	1*			1
Reproductive Health/Gender Studies		2		2
Nutrition	2			2
Health Programme Management/Health Promotion Science	1*		1	2
Cartography and satellite imagery	1*			1
Total	17	5	1	23

* They will return to the Centre after completing the partial requirement for the Ph.D. degree, to conduct research for dissertation.

2.5.8 External Relations & Institutional Development Office (ER&ID)

The External Relations and Institutional Development (ER&ID) 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 seeking 1999 annual contribution from AusAID, Japan, and the Netherlands, and new project support from DFID and the Asian Development Bank. The ER&ID Office also drafted project proposals for Japanese funding through UNDP and new initiatives supported by John Snow International and Pathfinder International. This project funding would cover programmes currently supported by the Centre's core contributions. The ER&ID Office has also provided the annual review and grant progress report to the World Bank headquarters as part of the Centre's competitive bid for continued Nutrition Centre of Excellence funding.

Emergency Assistance for ICDDR,B's Flood-related Activities

Project proposals were sent to donors for the Centre's activities during the post-flood epidemic response. The ERID Office coordinated the submissions of the project proposals. In response, the Centre received financial and material support to the tune of **US\$1,600,116** in cash and kind from its development partners. The generous contributions from the traditional as well as new donors provided support for the Centre's four components: (i) Dhaka Hospital; (ii) Matlab Hospital and the four sub-centres; (iii) Environmental Health Programme; and (iv) Epidemic Control Preparedness Programme. Support from traditional donors included:

- AusAID for the Dhaka Hospital's infrastructure enhancement;
- SDC for Matlab Hospital costs;
- DFID for Matlab sub-centres and EHP;
- Canadian CIDA for personnel and drug costs of Dhaka Hospital;
- USAID/OFDA for personnel support to ECPP;
- USAID/OFDA for procurement of drugs, high-protein/high-calorie biscuits through UNICEF;
- USAID/OFDA for 1000 blankets for Dhaka and Matlab hospitals and IV fluids for ECPP;
- USAID through CARE-Bangladesh for a four-wheel drive vehicle "on loan" and a Water Purification Unit for Matlab; and,
- WHO for supplies and equipment for the Dhaka Hospital.

Smaller donations were received from the business and philanthropic organisations including ANZ Bank, American Express Bank Limited; American Life Insurance Company Limited; ANZ Grindlays Ladies Club and British Women's Association.

Contribution from the International Energy companies

Four international energy companies responded to the Centre's appeal for flood relief. Since most of the budgetary needs of the Centre's Phase II appeal were supported by other donors, the four companies pledged support for additional activities as part of emergency assistance. **Shell, UNOCAL, Cairns, Occidental** have pledged **\$500,000** (with each contributing \$125,000) to ICDDR,B as emergency assistance. Initially, they provided \$300,000 to meet the expenses of Dhaka Hospital, Matlab Hospital, and the Environmental Health Programme. The remaining \$200,000 of funds will be utilised to set up a waste-water treatment facility at ICDDR,B's Dhaka Hospital. The discussions with outside consultants on this project are currently under way.

Hospital Endowment Fund (HEF)

The ER&ID office also assisted the Centre's Events Committee to organize the Annual Fundraising Dinner at the Sheraton Hotel on 19 February 1999. Over \$32,000 was raised from ticket sales, raffles, and generous contributions. The ER&ID Office secured raffle prizes and pledges from new donors and participation from an expanded group of corporations and NGOs.

International Health Solutions Trust

The ER&ID Office acted as the Secretariat for the U.K.-based charity called the International Health Solutions Trust. Our Office liaised with the Chairman Mr. Peter McLean and Trustee Mr. Tony Shillingford to prepare a mailing list for mass mailing of appeal-for-support-letter from IHST. ER&ID Office's role as the IHST Secretariat included, among others, write-up for the IHST Patron H.E. Mr. Mahmood Ali, High Commissioner of Bangladesh to the U.K.

Grants Administration

The ER&ID Office initially reviews the Centre's contracts to ensure that the agreements are acceptable to the Centre and that the interests of the Centre are protected. The ERID Office also works with the Finance Office to ensure that the full cost of each project is realised and the appropriate overhead rate is included in the budget component of the projects.

During this reporting period ER&ID continued to review and draft, where necessary, the terms and conditions of grants and contracts entered into by the Centre. These included: (1) four sub-agreements with Karolinska Institute, Sweden under the ICDDR,B-SIDA 1999-2001 agreement, (2) multiple agreements between individual scientists from national institutions, NGOs and ICDDR,B with ICDDR,B as the secretariat for the Bangladesh Integrated Nutrition Programme, (3) agreements such as Memoranda of Understanding between ICDDR,B and various academic institutions, universities, research organisations, and development partners worldwide; (4) a new collaboration between ICDDR,B with both the Government of France and the University of Dhaka as partners; (5) major project agreements between ICDDR,B and JSI Urban Family Health Partnership and Pathfinder International, (6) a collaborative nutritional survey with CARE-Bangladesh; (7) a proposal to UNDP New York for a grant financed by the Japanese Women in Development Programme; and (8) contracts with the investigators for the Bangladesh Integrated Nutrition Programme-Operations Research.

Special Write-ups

The ER&ID Office drafted the following documents that provided ongoing recognition to the Centre for its contributions and continued role in international research training and education in the treatment of diarrhoeal diseases, nutrition, family planning, and child survival issues:

(i) Redesignation of ICDDR,B as a WHO Collaborative Centre

The ER&ID Office coordinated with the scientific divisions to consolidate information and prepare a 100-page write-up for submission to the World Health Organization (WHO), requesting re-designation of ICDDR,B as a WHO Collaborative Centre for the next four years.

(ii) Prince of Asturias Awards

The ER&ID Office prepared a proposal for the Centre to be considered for the Award.

(iii) TWNSO

The ER&ID Office produced a special write-up on the Oral Rehydration Solution (ORS) as an innovation that has touched the lives of millions of people around the world, and submitted it to the Third World Network of Scientific Organizations (TWNSO) for inclusion in their forthcoming book.

(iv) Multiple Project Assurance (MPA)

The ER&ID Office initiated a set of activities that led to the Centre entering into an institutional arrangement with USAID. This arrangement entitled "Multiple Project Assurance (MPA)", acknowledges the Centre's adherence to the ethical principles regarding all research involving humans as subjects. USAID and ICDDR,B signed the MPA recently. Similarly, the Centre has sought a separate MPA with NIH that assures NIH that the Centre will comply with the Department of Health and Human Services (DHHS) regulations for the protection of human research subjects. An MPA agreement with NIH will allow NIH to accept reviews of ICDDR,B protocols by its internal Ethical Review Committee without requiring a separate approval from NIH for the same purpose. A signed MPA is expected to abolish the duplication of the ethical review of a research protocol reviewed either at NIH or at ICDDR,B.

Communication

The ER&ID Office took a lead role in the dissemination of the Centre's research findings during the eighth Annual Scientific Conference (ASCON VIII) by organizing press conferences, arranging radio and TV coverage, and drafting scripts for special radio and TV programme on ASCON VIII and the coverage of the Prime Minister Sheikh Hasina's address to the opening session which also initiated the Centre's 20th Anniversary celebration. The ER&ID Office expanded its role in the quarterly production of the GLIMPSE with ERID officer assuming the position as editor-in-chief and by revising the content of the publication to assure inclusion of donor support and a Director's Column that highlight on important activity.

Special Visitor

In September 1998, the Honorable Prime Minister of Bangladesh Sheikh Hasina visited the Centre's Dhaka Hospital to see for herself the overcrowded hospital wards during the 1998 flood. She made bed-side visits and enquired about the well-being of the patients. She also praised the Centre for its quality patient care and thanked the Centre for its relentless service. The ER&ID Office liaised with various branches during this VIP visit. In February 1999, the ER&ID Office liaised with the GoB in preparing the Prime Minister's address to the ASCON VIII Conference.

2.5.9. Committee Coordination Office

The following are the activities of the Centre's mandatory committees:

Research Review Committee (RRC):

During the reporting period, RRC met 6 times and reviewed 26 research proposals, all of which were approved.

Ethical Review Committee (ERC)

ERC met 6 times during the reporting period and approved all 26 protocols approved by the RRC.

Programme Coordination Committee (PCC):

During the reporting period the following activities were undertaken to maintain the process of PCC activities:

- Based on the decision of the Scientific Review Committee (SRC) in its meeting held on 21 September 1998, a draft 'Case Statement' was made with regard to PCC's role as laid down in the 'Ordinance' emphasising the importance & urgency of research activities in the areas as approved by the SRC. The case statement highlighted the importance of 'capacity building' of National Research Institutions. It is still under review, but expected to be finalised soon and will be sent to donors for funding.
- In response to PCC's call for submission of concept papers, several concept papers were received from different institutions. But due to fund constraints, these are on hold. If and when funds are identified, the concept papers will be considered for funding.

3. Research and Related Activities

3.1 Research Output

Table 5 shows the number of publications and ongoing research protocols for this reporting period.

Table 5: Research Output during the period from 1 October 1998 to 31 March 1999

Papers/Protocols	PHSD	CSD	LSD	HPED	Total
Papers Published:					
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	12	11	9	4	36
1 Oct 98 - 31 Mar 99	10	17	7	4	38
Papers in Press:					
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	13	12	8	13	46
1 Oct 98 - 31 Mar 99	5	8	8	15	36
Total Papers Published and in Press:					
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	25	23	17	17	82
1 Oct 98 - 31 Mar 99	15	25	15	19	73
Research Protocols/Programmes in Progress:					
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
1 Oct 98 - 31 Mar 99	21	32	28	8	89

Appendix - I.

**Staff Returned After Completing
Overseas Training/Study
1 October 1998 - 31 March 1999.**

Sl #	Name of the staff members	Outcome of training/study
1.	Dr. Rokeya Begum Medical Officer, CSD	MPH from Curtin University of Western Australia, Australia
*2.	Dr. Kaniz Gausia Medical Officer Reproductive & Sexual Health Programme, PHSD	M.Sc. in Sexually Transmitted Diseases from LSHTM, UK.
3.	Dr. Rukhsana Haider Associate Scientist, CSD	Ph.D. in Public Health Nutrition
4.	Ms. Hazera Nazrul Operations Researcher Operations Research Project HPED	Course on Reproductive Health: perspectives and issues" at the Institute for Population and Social Research, Mahidol University, Thailand
5.	Mr. M. A. Wahed Head, Biochemistry and Nutrition Laboratory Sciences Division	Fourth International Graduate course on production and Use of Food Composition Data in Nutrition at the Wageningen Agricultural University, The Netherlands.
6.	Mr. Masud Reza Research Officer, ORP HPED	Course on Social Research Methodology at the Institute for Population and Social Research, Mahidol University, Thailand
7.	Mr. Ariful Islam Research Officer, ORP, HPED	Course on Social Research Methodology at the Institute for Population and Social Resarch, Mahidol University, Thailand
8.	Dr. Sukumar Sarker Senior Operations Researcher ORP, HPED	Inter-country Training Course on Integrated Management of Childhood Illness organised by WHO at Kathmandu, Nepal.

* She has extended leave to join her husband who is also a Centre staff and is pursuing his studies in Germany.

Staff Who Left To Begin Overseas Training/Study
31 October 1998 - 31 March 1999

SI #	Name of the staff members	Outcome of training/study
1.	Dr. Hafizur Rahman Chowdhury Senior Medical Officer Matlab Health Research Programme PHSD	Master's Programme in Community Health Management in Developing Countries Ruprecht-Karls University of Heidelberg, Germany
2.	Mr. M.A. Wahed Head, Biochemistry and Nutrition LSD	Fourth International Graduate course on production and Use of Food Composition Data in Nutrition at the Wageningen Agricultural University, the Netherlands.
3.	Mr. Masud Reza Research Officer, ORP, HPED	Course on Social Research Methodology at the Institute for Population and Social Research, Mahidol University, Thailand
4.	Mr. Ariful Islam Research Officer, ORP, HPED	Course on Social Research Methodology at the Institute for Population and Social Research, Mahidol University, Thailand
5.	Dr. Sukumar Sarker Senior Operations Researcher ORP, HPED	Inter-country Training Course on Integrated Management of Childhood Illness organised by WHO at Kathmandu, Nepal.
6.	Dr. Ali Mehryar Karim Senior Operations Researcher ORP, HPED	Doctoral Programme in Public Health at the Tulance University School of Public Health and Tropical Medicine, USA
7.	Mr. Md. Mafizur Rahman Senior Operations Researcher ORP, HPED	Training Programme on "Management Methods for International Health" at the Department of International Health, University of Boston, USA
*8.	Mr. Mohammed Ali Head, Geographic Information Services, HDSP, PHSD	To fulfill the partial requirement for his Ph.D. degree in Cartography and Satellite Imagery at the University of Liege, Belgium.
*9.	Mr. Md. Nurul Alam Research Fellow HDSP, PHSD	To fulfill the Partial requirement for his Ph.D. degree at the London School of Hygiene & Tropical Medicine (LSHTM), UK as an external candidate
10.	Dr. Md. Mujibur Rahman Senior Medical Officer Clinical Research and Service Centre, CSD	To complete analyses of data, writing and defence of dissertation for a DrPH degree from the University of Alabama at Birmingham (UAB), USA

* They will return to the Centre after completing the partial requirement for PhD degree.

**Staff Members on Overseas Training/Study
as on 31 March 1999**

Sl. #	Name of the staff members	Outcome of training/study
1.	Dr. Syed Samiul Hoque Senior Medical Officer, CSD	Ph.D. in Gastroenterology at the University of Edinburgh, UK.
2.	Mr. Ramesh Chandra Halder Senior Technician (Research), LSD	Ph.D. in Immunology at the Niigata University School of Medicine, Niigata, Japan.
3.	Dr. Tanjina Mirza Senior Medical Officer, ORP, HPED	Ph.D. in Demography at the Australian National University, Australia.
4.	Dr. Pradip Kumar Bardhan Associate Scientist, CSD	Ph.D. in Gastroenterology at the University of Basel, Switzerland.
5.	Dr. M. Aminul Islam Associate Scientist, CSD	Ph.D. in Nutrition (Clinical), UAB, USA.
6.	Mr. Mian Bazle Hossain Assistant Scientist, ORP, HPED	Ph.D. in Population Dynamics at the Southampton University, UK
7.	Dr. Md. Khalequazzaman Manager, Clinical Services, MHRP, PHSD	Dr. PH at the Department of International Health the Johns Hopkins University, USA
8.	Dr. Kh. Zahid Hasan Associate Scientist, PHSD	Dr. PH at the University of Alabama at Birmingham, USA
9.	Mr. Nizam Uddin Khan Research Officer, HDSP PHSD	Ph.D. in Sociology at the Department of Sociology, University of Colorado at Boulder, USA Boulder, USA
10.	Mrs. Shamim Ara Jahan Senior Investigator, ORP, HPED	MPH at the Department of Community Health Services, University of California, Los Angeles, USA
11.	Dr. R.N. Mazumder Assistant Scientist, CSD	Training in Gastroenterology leading to Ph.D. programme at the Department of Medicine, University of Edinburgh, UK
12.	Mr. Md. Kapil Ahmed Senior Data Management Officer HDSP, PHSD	PhD Programme in Demography at the International Institute for Population Sciences, Mumbai, India
13.	Dr. Dewan Shamsul Alam Senior Medical Officer Matlab Health Research Programme PHSD	Data analysis, writing and defense of of thesis for PhD in Nutrition at the Wageningen Agricultural University, the Netherlands.

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| 14. | Ms. Parveen A. Khanum
Operations Researcher
ORP, HPED | Master in Population and Reproductive Health at the Institute for Population and Social Research, Mahidol University Thailand. |
| 15. | Ms. Lazeena Muna
Senior Research Officer
SBS Programme, PHSD | To fulfil the requirements of the study for her Ph.D. degree at LSHTM, UK as an external candidate. |
| 16. | Dr. Disha Ali
Research Officer
Health Economics Programme, PHSD | Master of Public Health at the University of Alabama at Birmingham, USA |
| 17. | Ms. Zesrina Haider
Research Officer, ORP, HPED | Master's programme in Gender Studies at the LSHTM, UK. |
| 18. | Dr. Hafizur Rahman Chowdhury
Senior Medical Officer
Matlab Health Research Programme
PHSD | Master's Programme in Community Health Management in Developing Countries Ruprecht-Karls University of Heidelberg, Germany. |
| 19. | Dr. Ali Mehryar Karim
Sr. Operations Researcher
ORP, HPED | Doctoral Programme in Public Health at the Tulane University School of Public Health and Tropical Medicine, USA |
| 20. | Mr. Md. Mafizur Rahman
Senior Operations Researcher
ORP, HPED | Training Programme on "Management Methods for International Health" at the Department of International Health University of Boston, USA |
| 21. | Mr. Mohammed Ali
Head, Geographic Information Services, HDSP, PHSD | Training for postgraduate study in Cartography and Satellite Imagery at the University of Liege, Belgium |
| 22. | Mr. Md. Nurul Alam
Research Fellow
HPSP, PHSD | To fulfill the partial requirement for the Doctoral study LSHTM, UK, as an external candidate |
| 23. | Dr. Md. Mujibur Rahman
Senior Medical Officer
Clinical Research and Service Centre, CSD | To complete analyses of data, write and dissertation for a DrPH degree from UAB, USA. |

Note: In addition, Dr. Nigar S. Shahid, Scientist from PHSD is conducting research leading to her Ph.D. degree from LSHTM, UK, as an external candidate.

Appendix IV

International Conferences/Workshops attended By ICDDR,B Staff

1 October 1998 – 31 March 1999

Sl. #	Title, venue and duration of the conferences/workshops	Sl. #	Name and designation of the staff members attended	Division
1	IMCI meeting organized by WHO in Geneva, during 4-21 October, 1998	1	Dr. Shams-El Arifeen Epidemiologist	PHSD
2	Conference on Baseline Survey for Antimicrobial Resistance Surveillance of various laboratories held in Nepal during 11-20 November, 1998	2	Dr. Anowar Hossain Associate Scientist	LSD
3	126 th Annual Meeting of American Public Health Association held in Washington DC, USA during 15-29 November, 1998	3	Professor Barkat-e-Khuda Division Director (A)	HPED
		4	Mr. ABMKA Mozumder Senior Demographer, ORP	HPED
		5	Mr. Md. Mafizur Rahman Sr. Operations Researcher, ORP	HPED
6	Mr. Ali Ashraf Sr. Operations Researcher, ORP	HPED		
4	WHO meeting on Health Inequalities and Social Change in South-East Asia held in Bhutan during 21-30 November, 1998	7	Dr. Abbas Bhuiya Head, Social and Behavioural Sciences Programme	PHSD
5	Second SAARC Food meeting held in Katmandu, Nepal during 21-24 November, 1998	8	Mr. M. A. Wahed Head, Biochemistry & Nutrition	LSD
6	WHO Convergence on Water and Sanitation Bad Elster held in Germany during 24-28 November, 1998	9	Dr. Bilqis Amin Hoque Senior Scientist and Head Environmental Health Program	PHSD
7	Sixth Annual Conference of IAP Chapter on Paediatric Gastro and CAPGAN update on Paediatric Gastroenterology held in New Delhi, India during 26-28 November, 1998	10	Dr. Tahmeed Ahmed Senior Medical Officer	CSD
8	Sixth West Pacific Congress of Chemotherapy and Infectious Diseases held in Kuala Lumpur during 30 November – 03 December, 1998	11	Dr. M. A. Salam Interim Head	CSD
9	Thirty-fourth Joint Conference on Cholera and other bacterial enteric infections panel held in Shonan Village, Tokyo, Japan during 30 November – 02 December, 1998	12	Dr. M. John Albert Research Microbiologist	LSD

10	Tenth International Congress of Immunology held in New Delhi, India during 1-6 December, 1998	13	Dr. Tasnim Azim Associate Scientist	LSD
		14	Dr. Rubhana Raqib Assistant Scientist	LSD
		15	Dr. Firdausi Qadri Senior Scientist	LSD
11	International Symposium organized by Prof. Takeda, Director-General, Research Institute, International Medical Centre, Japan during 2-4 December, 1998	16	Prof. V. I. Mathan Division Director	LSD
12	WHO meeting on ETEC and EHEC held in Tokyo, Japan during 4-5 December, 1998	17	Dr. Firdausi Qadri Senior Scientist	LSD
13	WHO conference on Vaccines for Enterotoxigenic <i>E. coli</i> held in Tokyo, Japan during 5-6 December, 1998	18	Prof. V. I. Mathan Division Director	LSD
14	Fourth Asia-Pacific Social Sciences and Medicine Conference held in Yogyakarta, Indonesia during 7-11 December, 1998	19	Mr. Md. Golam Mostafa Research Fellow, HDSP	PHSD
		20	Ms. Lutfun Nahar Research Fellow, HDSP	PHSD
		21	Dr. Sharful Islam Khan Research Fellow, SBS	PHSD
15	South East and South Asian Regional Consultation Meeting held in Bangkok, Thailand during 17-18 December, 1998	22	Dr. Bilqis Amin Hoque Senior Scientist and Head Environmental Health Program	HPED
16	GARNET/VISSION21 for Water Supply & Sanitation Meeting held in Bangkok, Thailand during January 20-23, 1999.	23	Dr. Bilqis Amin Hoque Senior Scientist and Head Environmental Health Program	HPED
17	Huairou Commission Best Practice Task Force Meeting held in Mumbai, India during 31 January - 04 February, 1999	24	Dr. Bilqis Amin Hoque Senior Scientist and Head Environmental Health Program	HPED
18	Vth International Congress of Tropical Pediatrics (ICTP) Meeting held in Jaipur, India during 8-12 February, 1999	25	Dr. S. K. Roy Scientist	CSD
19	Global Programme for Vaccines and Immunization held in WHO, Geneva, Switzerland from 9-12 February, 1999	26	Dr. Nigar S. Shahid Scientist	PHSD
20	INCLEM meeting held in Bangkok, Thailand during 28 February - 4 March, 1999	27	Dr. M. Shahadat Hossain Sr. Medical Officer	CSD

21	XIXth International Vitamin A Consultative Group (IVACG) Meeting held in Durban, South Africa during 8-11 March, 1999.	28	Professor George J. Fuchs Interim Director	
		29	Dr. S.K. Roy Scientist	CSD
		30	Dr. M. Mujibur Rahman Associate Scientist	CSD
		31	Dr. M. Shahadat Hossain Sr. Medical Officer	CSD
22	Twenty-second Annual Conference of Indian Association for the Study of Population (IASP) held in West Bengal, India during 14-17 March, 1999	32	Dr. R. Bairagi Senior Scientist	PHSD
		33	Mr. Abdullah Al Mamun Research Officer	PHSD
23	Annual Meeting of the Population Association of America (PAA) held in New York, USA during 25-27 March, 1999	34	Dr. R. Bairagi Senior Scientist	PHSD
		35	Dr. Abdur Razzaque Assistant Scientist, HDSP	PHSD
		36	Mr. Golam Mostafa Research Fellow, HDSP	PHSD
		37	Mr. Md. Nurul Alam Research Fellow, HDSP	PHSD
		38	Dr. Md. Mazharul Islam Consultant, HDSP	PHSD
		39	Dr. Abbas Bhuiya Scientist and Head, Social and Behavioural Sciences Program	PHSD
		40	Professor Barakat-e-Khuda Division Director (A)	HPED
		41	Dr. Shameem Ahmed Health Scientist, ORP	HPED
24	Meeting of the Global Health Equity Initiative of the Rockefeller Foundation, held in USA during 28 March - 01 April, 1999	42	Dr. Abbas Bhuiya Scientist and Head, Social and Behavioural Sciences Program	PHSD

4/BT/JUNE 99

FUND RAISING STRATEGIES

(FIRST ROUND OF DISCUSSIONS)

EXECUTIVE SESSION

Agenda 4

Fund Raising Strategies (First Round of Discussions)

FUND RAISING STRATEGIES

PARTICIPATION OF THE BOARD OF
TRUSTEES IN FUNDRAISING INITIATIVES

BOARD OF TRUSTEES: FUNDRAISING INITIATIVES, JUNE 1999

A DISCUSSION ON
ROLES IN FUNDRAISING INITIATIVES

OUTLINE

I. The Governance Role of the Board of Trustees

- 1) : Basic Principles and Fiduciary Obligations
- 2) Distinguishing Between Governance vs. Management Roles
 - Policy vs. Administration: How do we distinguish between the two?
 - Lines of Authority: BOT Chairman vs. Centre Director
 - Lines of Communication:
 1. Centre Management
 2. Board Committees
- 3) Delegation of Responsibility by the BOT to Board Members:
 - In accordance with general principles
 - In accordance with the Ordinance
- 4) Conflicts of Interests: Where may they arise for Board Members?

BOARD OF TRUSTEES: FUNDRAISING INITIATIVES, JUNE 1999

4

II. The Role of the Board of Trustees in the Centre's fundraising strategies

- 1) Role of the Fund Management Committee in North America:
What the FMC is empowered to do by the Board of Trustees: See attached- By-laws approved by the BOT on 9 November 1999.
- 2) Developing a Plan of Action for the Board of Trustees Fundraising Initiatives—BOT Issues for Consultation and BOT Proposed Actions
 - Proposed Roles for the Current Board Members
 - BOT Role in Addressing the Centre's Budget Deficit
 1. Possible immediate short-term strategies for raising unrestricted funds to cover the current year deficit.
 2. Longer term strategies for eliminating cumulative deficit of \$3.9 million
 3. Setting targets for unrestricted funds.
 - Qualifications related to fundraising sought in new Board appointees
 - Ways in which the ERID Office can facilitate contacts and otherwise support Board members fundraising activities

BOARD OF TRUSTEES: FUNDRAISING INITIATIVES, JUNE 1999

III. Role of the Board in the Fundraising Process: Examining and Answering the Following Questions.

- 1) What are our priorities for fundraising?
- 2) Who should we target at this time?
 - Government and UN Agency contributions
1. Attracting new donors (e.g., Arab countries currently not supporting the Centre)
2. Bringing "old" donors back to the Table (e.g. Netherlands, UNFPA, UNDP, Arab Gulf Fund)
 - Foundation Contributions
 - Humanitarian Contributions
 - Private Sector Contributions
- 3) What role can the Board take in approaching some of the above type of organisations?

III. Distinguishing Between Governance vs. Management Roles in the Fundraising Initiatives: Consultation Topic for the Board of Trustees and Senior Management

Attached is a list of fundraising suggestions for non-profit organisations. Most of the suggestions are clearly inappropriate for an international organisation such as ICDDR,B and are geared towards "grassroots organisations", i.e., small community-based organisations in the United States. However it would be useful if Board members can at least review the list of suggestions and identify any that are worth our considering.

[Published in the *Bangladesh Gazette, Extraordinary*, dated the 9th December 1978.]

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

MINISTRY OF LAW AND PARLIAMENTARY AFFAIRS

NOTIFICATION

Dacca, the 9th December, 1978.

No. 920-Pub.—The following Ordinance made by the President of the People's Republic of Bangladesh, on the 6th December, 1978, is hereby published for general information:—

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH,
BANGLADESH ORDINANCE, 1978.

Ordinance No. LI of 1978.

AN

ORDINANCE

to provide for the establishment of an International Centre for Diarrhoeal Disease Research, Bangladesh.

WHEREAS it is expedient to provide for the establishment of an international centre for diarrhoeal research in Bangladesh with multinational scientific collaboration and financial contributions to conduct research in diarrhoeal diseases and directly related subjects of nutrition and fertility with special relevance to developing countries and for matters ancillary thereto;

Now, THEREFORE, in pursuance of the Proclamations of the 20th August, 1975, and the 8th November, 1975, and in exercise of all powers enabling him in that behalf, the President is pleased to make and promulgate the following Ordinance:—

1. Short title and Duration.—(1) This Ordinance may be called the international Centre for Diarrhoeal Disease Research, Bangladesh.

(2) It shall continue in force for a period of 25 years.

Price: 35 paise.

2. Definitions.—In this Ordinance, unless there is anything repugnant in the subject or context,—

- (a) "Board" means the Board of Trustees for the Centre constituted under section 8;
- (b) "Centre" means the International Centre for Diarrhoeal Disease Research, Bangladesh established under section 3;
- (c) "Chairman" means the Chairman of the Board;
- (d) "Cholera Research Laboratory" means the Cholera Research Laboratory established in Bangladesh under an agreement executed on 15th May, 1974, between the Government of the People's Republic of Bangladesh and the Government of the United States of America and others;
- (e) "developing countries" mean those countries who have been put under this classification by the United Nations;
- (f) "Director" means Director of the Centre;
- (g) "donor" means an agency, organization, or government which contributes in cash or kind to the Centre;
- (h) "employee" includes regular, contractual and probationers employed by the Centre;
- (i) "member" means a member of the Board;
- (j) "officer" includes advisor, consultant and expert employed by the Centre;
- (k) "prescribed" means prescribed by laws made under this Ordinance.

3. Establishment and Incorporation of the Centre.—(1) There shall be an international centre to be called the "International Centre for Diarrhoeal Disease Research, Bangladesh" for carrying out the purposes of this Ordinance.

(2) The Centre shall be a body corporate having perpetual succession and common seal with power, subject to the provisions of this Ordinance, to acquire, hold and dispose of property, both movable and immovable, and shall by the said name sue and be sued.

(3) The Centre shall be an autonomous, international, philanthropic, and non-profit centre for research, education and training as well as clinical service.

4. Headquarters of the Centre.—(1) The Headquarters of the Centre shall be at Dacca.

(2) The Centre may establish such subsidiary offices of research stations as may be decided by the Board as being necessary for effective conduct of its programme subject to the approval of the respective governments.

5. Aims and objectives of the Centre.—(1) The aims and objectives of the Centre shall be:

- (a) To function as an institution to undertake and promote study, research and dissemination of knowledge in diarrhoeal diseases and directly related subjects of nutrition and fertility with a view to developing improved methods of health care and for the prevention and control of diarrhoeal diseases and improvement of public health programmes with special relevance to developing countries.
 - (b) To provide facilities for training to Bangladeshi and other nationals in areas of the Centre's competence in collaboration with national and international institutions, but not to include conferring of academic degrees.
- (2) In fulfilling the above aims and objectives, the Centre shall have responsibilities:
- (a) To conduct clinical research, laboratory and animal experiments, epidemiological and survey research, field investigations, demonstration projects, within the applicable laws and regulations, or concurrence where necessary, of the Government and other countries where it may be appropriate; to hold meetings and to arrange lectures, seminars, discussions and conferences, both international and national, on clinical medicine, epidemiology, basic medical sciences, bio-statistics, demography, fertility and other social sciences relating to studies of diarrhoeal disease control and public health, in this section referred to as the studies.
 - (b) To publish books, periodicals, reports and research and working papers on the studies.
 - (c) To establish and maintain contact with scholars and their work on the studies through collaborative studies, seminars, exchange of visits or otherwise.
 - (d) To undertake studies on behalf of or in collaboration with other institutions.
 - (e) To maintain hospitals, clinics, laboratories, animal research facilities, libraries, reading rooms, scientific equipment and instruments, as well as vehicles, boats and other transport for its proper functioning.
 - (f) To ensure the rights and opportunities of Bangladesh scientific personnel to participate in the programme and activities of the Centre.
 - (g) To undertake a systematic staff development programme.
 - (h) To institute fellowships for different categories of professional workers on the studies.
 - (i) To create within itself, from time to time, branches, divisions, sections and other units for proper and efficient conduct of the activities of the Centre in different fields of the studies.
 - (j) To accept endowments, gifts, donations, grants, other funds, payments for services and to earn income.
 - (k) To take such other actions as may further the aims and objectives of the Centre.

6. **Interim International Committee.**—(1) There shall be an Interim International Committee for the purpose of assisting in the establishment of the Centre. The Interim Committee shall consist of the United Nations Development Programme which shall be its Chairman and the following initial members, namely:—

- (a) the Government of Australia;
- (b) the Government of Bangladesh;
- (c) the Government of the United Kingdom;
- (d) the Government of the United States of America;
- (e) the Ford Foundation;
- (f) the International Development Research Centre;
- (g) the United Nations Fund for Population Activities;
- (h) the United Nations Children Fund; and
- (i) the World Health Organisation.

(2) The Chairman of the Interim Committee may invite any other Government or Organisation to become members of the Interim Committee or to attend its meeting as observers.

(3) The Interim Committee shall function through the representatives of its members. It shall meet at the call of the Chairman and shall conduct its business at such meeting. The decision of a meeting shall be taken either by consensus or by a majority of votes of the members present and voting, including the Chairman, each member having one vote. Majority of the members of the Interim Committee including its Chairman shall constitute a quorum. Subject to these provisions, the business of the Interim Committee shall be regulated by the rules of procedure adopted by it.

(4) Unless otherwise decided by the Interim Committee the Secretariat of the Interim Committee shall be located in the premises of the Cholera Research Laboratory.

(5) The Interim Committee shall take steps for the establishment of the Board. For this purpose it shall elect not less than seven nor more than eleven members for the first Board to be constituted under this Ordinance. It shall also specify the date on which the first Board shall assume its functions under this Ordinance.

(6) The Interim Committee shall stand dissolved on the day on which the Board holds its first meeting, unless the Board by a Resolution continues the existence of the Interim Committee for such period and for the purpose as may be specified in the Resolution.

7. **Powers and Functions of the Board.**—(1) The general direction, management and administration of the affairs of the Centre shall vest in the Board which shall have full authority to determine and execute the policies and undertakings of the Centre within the framework of this Ordinance.

(2) Without prejudice to the generality of the foregoing provisions, the Board shall, in particular, have power—

- (a) to exercise general supervision over the affairs of the Centre;
- (b) to approve courses of studies and research work and other related activities to be conducted in the Centre in broad outlines;
- (c) to approve the plan, programme and organisation of the Centre;
- (d) to authorize the Centre to request and receive grants-in-aid from aid-giving agencies, Governments and other institutions; with intimation of such receipts to appropriate governmental agencies;
- (e) to authorize the Centre, if and when necessary, to borrow money or raise loans in accordance with the applicable laws and regulations of the countries in which the funds are being sought;
- (f) to select and appoint the Director and terminate his services;
- (g) to approve establishment of all international level positions in the Centre and approve the appointments of persons to these positions, and in its description, delegate to the Director authority to appoint persons to other staff positions;
- (h) to determine employment policies and practices of the Centre;
- (i) to examine and approve the budget for the Centre; and
- (j) to do and perform all other acts that may be considered necessary, suitable and proper for the attainment of any or all of the purposes, activities and objectives for which the Centre is established.

8. **Constitution of the Board.**—(1) The Board shall consist of sixteen members who shall serve in their individual capacity as follows:—

- (a) three members nominated by the Government;
- (b) a member nominated by the Director-General of the World Health Organisation;
- (c) the Director of the Centre; and
- (d) eleven members at large, who shall be chosen initially by the Interim Committee, comprising as members of the Interim Committee those governments and organizations under sub-sections (1) and (2) of section 6;

(2) At any given time, no country shall have more than two members except for Bangladesh under sub-section (1).

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

(4) The members shall be individuals qualified to serve by reason of scientific, research, administrative or other appropriate experience.

(5) Except for the Director, all members shall be appointed to fill three-year terms, except for members of the initial Board. In the initial Board, all members except the Director shall be divided into three classes of approximately equal numbers, these classes serving terms of one, two and three years respectively. The Board shall decide how many members shall be in each class, and the members of each class shall be chosen by lot.

(6) Vacancies in seats of members at large shall be filled by the Board. A member appointed to a vacancy arising from a cause other than the normal expiration of a term shall serve for the remainder of the term of the member being replaced. No member may serve more than two consecutive three-year terms or portion thereof, except that a member serving a term of less than three years on the initial Board may serve two consecutive three-year terms immediately thereafter.

9. The Chairman.—(1) The members shall elect one of them except the Director as Chairman for a term to be determined by the Board.

(2) The Chairman shall preside over the Board meetings.

(3) In the absence of the Chairman, the members present may appoint one of them as the Chairman for that meeting.

10. Meetings of the Board.—(1) The meetings of the Board shall be held at such time, place and manner as may be prescribed. A majority of the sitting membership shall constitute a quorum.

(2) Except for the first year, at least two meetings of the Board shall be held in one calendar year.

(3) In the meeting of the Board, each member shall have one vote, but in the event of equality of votes, the Chairman shall have the second or casting vote.

11. Validity of Proceedings.—(1) No act or proceedings of the Board shall be invalid merely on the grounds of the existence of any vacancy in or defect in the constitution of the Board. A vacancy in the Board or a temporary absence of a member for any reason shall not impair the right of the remaining members to act.

(2) All acts done by a person acting in good faith as the Chairman or member shall be valid, notwithstanding that it may afterwards be discovered that his appointment was invalid by reason of any defect or disqualification or had terminated by virtue of any provision of law for the same being in force; but nothing in this section shall be deemed to give validity to any act of the Chairman, member or Director after his appointment has been shown to be invalid or to have been terminated.

12. Committees.—(1) The Board may designate an Executive Committee of its members who shall have the power to act for the Board in the interim between Board meetings on all matters which the Board delegates to it. The Director and at least one of the Bangladeshi members shall serve as members of the Executive Committee.

(2) All interim actions of the Executive Committee shall be reported to the Board at its next subsequent meeting.

(3) The Board shall convene, at least once in two years, an external Scientific Review Committee from developing and developed countries of such numbers as the Board may decide for the purpose of carrying out a technical review of the scientific programmes of the Centre.

(4) The Board shall create a Programme Co-ordination Committee for the purpose of co-ordination of research in Bangladesh and may create such other standing committees or *ad hoc* committees as may be deemed necessary for carrying out the responsibilities of the Centre. The Centre shall be supportive of, and avoid actions prejudicial to, the interest of research in similar fields carried out by other organizations in Bangladesh. A standing committee with representatives from the Government shall be set up for the purpose of co-ordinating research by the Centre with that of other organizations specifically in fertility and related fields in Bangladesh.

(5) The Board shall authorize the creation of an Ethical Review Committee with representation from the Bangladesh Medical Research Council.

(6) The Board may delegate its functions and powers to such committees as may be prescribed.

(7) The powers, functions and duties of different committees shall be such as may be prescribed.

13. Director.—(1) The Centre shall be administered by a Director who shall be selected and appointed by the Board for a term of three years which may be renewable for another term.

(2) The Director shall be the Chief executive of the Centre and subject to the provisions of this Ordinance, and the by-laws made thereunder, he shall administer and manage the affairs and funds of the Centre.

(3) The Director shall be responsible for implementation of the decisions of the Board in directing, conducting and carrying out research and other activities of the Centre.

(4) The Director may be assisted by a Deputy Director who shall be selected and appointed by the Board, in all matters assigned to him by the Director and shall act as the Director during the Director's absence, serving as a member of the Executive Committee but not assuming the seat of the Director on the Board.

14. Salaries, etc.—(1) Persons including Bangladeshi nationals appointed to the international level positions of the Centre by the Board shall receive the same privileges and salaries for equivalent positions; restrictions on pay and allowances imposed by the Government upon its nationals shall not be applicable.

(2) Salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations organizations in Bangladesh.

15. Indemnity.—The Chairman, members, Director, officers and employees shall be indemnified by the Centre against all losses and expenses incurred by them in or in relation to the discharge of their duties, except such as have been caused by their wilful act of default or negligence.

16. **Public Servant.**—The Chairman, members, Director, officers and employees shall while acting or purporting to act in pursuance of any provision of this Ordinance or by-laws made thereunder, be deemed to be a public servant within the meaning of section 21 of the Penal Code (Act XLV of 1860).

17. **Fund.**—(1) The Centre shall have its own fund which shall consist of—

- (a) grants made by the Government;
- (b) grants and contributions from other governments and their agencies, international organizations and private organizations;
- (c) gifts and endowments;
- (d) sale proceeds and royalties of publications;
- (e) income from research and contractual undertakings; and
- (f) other sources.

(2) All funds of the Centre shall ordinarily be kept in any nationalized Bank or Banks in Bangladesh as approved by the Board.

18. **Accounts of Receipts and Expenditure.**—(1) The Director shall maintain the accounts of all receipts and expenditures of the Centre in the manner as may be prescribed and such accounts shall be audited annually by Chartered Accountants as may be appointed by the Board in this behalf, a report of which shall be submitted to the Board.

(2) Copies of such audited reports shall be supplied to the donors.

19. **Annual Report and Statement of Accounts.**—The Director shall, as soon after the end of every financial year as may be directed by the Board, prepare for the Board an annual report of the working of the Centre and a statement of receipts and expenditure of the Centre. Following the approval by the Board it shall be circulated to the donors.

20. **Exemption from Labour Laws.**—(1) The Centre shall be exempted from the labour laws in force in the country. It shall be governed by its own by-laws as may be prescribed.

(2) The Centre shall not be construed as a “shop”, “commercial establishment”, “industrial establishment”, “factory” or “industry” within the meaning of the Shops and Establishment Act, 1965 (VII of 1965), the Factories Act, 1965 (IV of 1965) or the Industrial Relations Ordinance, 1969 (XXIII of 1969).

21. **Exemption from tax, rate and duty.**—(1) Notwithstanding anything contained in any law for the time being in force relating to any tax, rate or duty, the Centre shall not be liable to pay any tax, rate or duty other than those paid by any other person in respect of any movable or immovable property which the Centre purchases or otherwise acquires from such person and other than those payable in respect of public utilities like water, gas, electricity, telephone and municipal rates.

(2) All non-Bangladeshi experts, technicians and research scholars employed by the Centre and working in Bangladesh for the furtherance of the objectives of the Centre shall be exempt, notwithstanding the provisions of the Income Tax Act, 1922 (XI of 1922), from payment of income tax in respect of any salary or other remuneration received or deemed to be received by them or accruing or arising, or deemed to accrue or arise in Bangladesh to them; if such salary or other remuneration of the person is also exempt from the payment of tax in the country of his domicile or permanent residence and evidence in respect of the said exemption is produced to the income tax authority concerned in Bangladesh. Such person shall also be accorded privileges for importation of personal and household effects and articles for consumption free of customs duty and sales tax as are accorded, under laws and regulation in force from time to time, to the expatriate experts, technicians and consultants working in Bangladesh under international agreements.

22. Immunities and privileges of officers and employees.—The Chairman, Trustee, Director, Officers, and employees—

- (a) shall be immune from any legal process with respect to any acts performed by them in their official capacity except when the Board or the Director waives their immunity, which should be reported to the Board; and
- (b) those who are nationals of countries other than Bangladesh, and their spouses and dependents, shall be free from immigration restrictions, other than normal visa requirements, and alien registration requirements in accordance with the laws and regulations of the Government.

23. Immunities and privileges.—(1) The centre, its property and assets wherever located and by whomsoever held, shall enjoy immunity from every form of judicial process except for criminal offences for which the Board or the Director expressly waives its immunity for the purpose of any proceeding. Such action shall be reported to the Board.

(2) All property and assets of the Centre shall be free from any restrictions, regulations, controls and moratoria of any nature to the extent it is necessary to carry out the objectives and functions of the Centre effectively.

(3) Subject to national and international laws and regulations, the Centre shall be entitled to movement of biological materials in and out of the country.

24. Waiver or Immunity, Exemption and Privileges.—The Board may waive any of the privileges, immunities, and exemptions granted under this Ordinance in any particular case or instance, in such a manner and upon such conditions as it may determine to be appropriate in the best interest of the Centre.

25. Free publication and dissemination of research.—(1) The Centre shall enjoy the privilege of free publication and dissemination of its research and other scientific work.

(2) All research materials and scientific results shall be treated as property of the Centre and shall not be used, published, duplicated or transferred for private advancements or other material gains or used by any other institution without express approval of the Centre.

26. **Patents and Copyrights.**—(1) The Centre shall enjoy full rights of patents and copyrights with respect thereto under Bangladesh and foreign laws.

(2) It shall be the responsibility of the Board to ensure that appropriate arrangements are made concerning the public availability of patents, licences, copyrights and the like arising from the Centre's scientific results and discoveries.

27. **Benevolent fund.**—The Centre may establish benevolent fund for its officers and employees for the purpose of providing welfare amenities and facilities for their betterment and development, and the same shall be regulated in the manner as may be prescribed.

28. **Power to make by-laws.**—The Board may make by-laws for carrying out the purposes and provisions of this Ordinance.

29. **Government support for facilities.**—The Government may provide facilities and privileges to the Centre for its proper development and expansion including lease of land at nominal or no rent.

30. **Dissolution of the Cholera Research Laboratory.**—On the commencement of this Ordinance, the Cholera Research Laboratory, in this section referred to as the CRL, shall notwithstanding anything contained in any other law for the time being in force, or in any other instrument or in the agreement under which it was established, stand dissolved and upon the such dissolution—

(a) all assets and liabilities of the CRL shall stand transferred to, and vested in, the Centre.

Explanation.—(i) The term "assets" includes all rights, powers, authorities and privileges, cash and bank balances, grants and all other interests and rights, in or arising out of, such property and all books of accounts, registers and all other documents or whatever nature relating thereto; and all properties, movable and immovable which were owned, used and or possessed by the CRL other than land and buildings thereupon wherever they may be situated.

(ii) The term "liabilities" shall be limited to all obligations to claims on behalf of *ex-employees* of the CRL at the time of dissolution for compensation or under existing employment agreements or other contractual arrangements and vendors of goods and services to the CRL.

(b) all officers, employees, consultants, advisors, and other staff of the CRL shall hold their respective offices on the same terms and conditions and with the same rights and privileges which were enjoyed by them immediately before the commencement of this Ordinance and shall continue to do so until the same are duly altered by the Board.

31. **Validation, etc.**—Notwithstanding the dissolution of the Cholera Research Laboratory, anything done or action taken in good faith in or in relation to the Cholera Research Laboratory before the commencement of this Ordinance shall be deemed to have been validly done or taken, and shall have and shall be deemed always to have had effect accordingly, and shall not be called in question in any court, except those currently under adjudication.

32. **Dissolution.**—(1) At any time that the Board may determine by vote of not less than three-fourths of its sitting members, whether or not present and voting, that the Centre is no longer able to function effectively or is no longer required, the Board may recommend to the Government the dissolution of the Centre.

(2) In the event of dissolution, any land or other assets made available to the Centre by the Government, and permanent fixed capital improvements thereon, shall revert to the Government. The other assets of the Centre shall be retained by the Government and by other governments where assets distributed to institutions having purposes similar to Government or other governments were appropriate, and the Board.

DACCA;
The 6th December, 1978.

ZIAUR RAHMAN, BU,
MAJOR GENERAL,
President.

A. K. TALUKDAR
Deputy Secretary.

(Published in the Bangladesh Gazette, Extraordinary, dated the 23rd December 1978)

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

MINISTRY OF LAW AND PARLIAMENTARY AFFAIRS

CORRIGENDUM

In the International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978 (Ordinance No. LI of 1978), published in the *Bangladesh Gazette, Extraordinary*, dated the 9th December, 1978, at pages 6285—6295,—

- (1) At page 6285, in section 1, in line 1, for "international" read "International";
- (2) At page 6289, in section 7, in clause 2, in sub-clause (g), in line 3, for "description" read "discretion";
- (3) At page 6289, in section 8, in clause (4), in line 1, for "qualified" read "qualified";
- (4) At page 6290, in section 10, in clause (2), in line 1, for "mettings" read "meetings";
- (5) At page 6291, in section 12, in clause (3), in the last line, for "progrommnes" read "programmes";
- (6) At page 6294, in section 31, in line 1, for "Valioation" read "Validation";
- (7) At page 6295, in section 32, in clause (2), in line 3, for the words "The other assets of the Centre shall be retained by the Government and by other governments where assets distributed to institutions having purposes similar to Government or other governments where appropriate, and the Board", read "The other assets of the Centre shall be retained by the Government and by other governments where assets are located, and used for similar purposes or distributed to institutions having purposes similar to those of the Centre as may be agreed between the Government or other governments where appropriate, and the Board of Trustees".

A. K. TALUKDAR
Deputy Secretary.

BGP-78/79-6976G-5,765—27-12-78.

Price : 10 paise.

[Published in the Bangladesh Gazette, Extraordinary, dated the 24th February 1985.]

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH
MINISTRY OF LAW AND JUSTICE

NOTIFICATION

Dhaka, the 24th February, 1985

No. 119-Pub.—The following Ordinance made by the President of the People's Republic of Bangladesh, on the 15th February, 1985, is hereby published for general information:—

THE INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE
RESEARCH, BANGLADESH (AMENDMENT) ORDINANCE, 1985

Ordinance No. X of 1985

AN

ORDINANCE

*to amend the Ordinance called the International Centre For Diarrhoeal Disease
Research, Bangladesh*

WHEREAS it is expedient to amend the Ordinance called the International Centre for Diarrhoeal Disease Research, Bangladesh (Ord. LI of 1978), for the purposes hereinafter appearing;

NOW, THEREFORE, in pursuance of the Proclamation of the 24th March, 1982, and in exercise of all powers enabling him in that behalf, the President is pleased to make and promulgate the following Ordinance:—

1. Short title.—This Ordinance may be called the International Centre for Diarrhoeal Disease Research, Bangladesh (Amendment) Ordinance, 1985.

Price : 10 Paisa

2. Amendment of section 1, Ord. LI of 1978.—In the Ordinance called the International Centre for Diarrhoeal Disease Research, Bangladesh (Ord. LI of 1978), hereinafter referred to as the said Ordinance, in section 1, in sub-section (1), for the word "Bangladesh" the words, commas and the figure "Bangladesh, Ordinance, 1978" shall be *substituted* and shall be deemed always to have been so substituted.

3. Amendment of section 8, Ord. LI of 1978.—In the said Ordinance, in section 8,—

(a) in sub-section (1),—

(i) for the word "sixteen" the word "seventeen" shall be *substituted*; and

(ii) after clause (b), the following new clause shall be *inserted*, namely:—

"(bb) a member to be nominated by a United Nations agency other than the World Health Organisation to be specified by the Government;"; and

(b) in sub-section (3), for the words "by the World Health Organisation" the words, brackets, letters and figure "under clauses (b) and (bb) of sub-section (1)" shall be *substituted*.

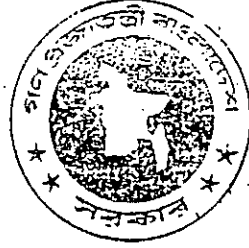
DHAKA;
The 15th February, 1985.

H M ERSHAD, ndc, psc
LIEUTENANT GENERAL
President.

MD. ABUL BASHAR BHUIYAN
Deputy Secretary (Drafting).

রেজিষ্টার্ড নং ডি এ-১

বাংলাদেশ



গেজেট

অতিরিক্ত সংখ্যা

কর্তৃপক্ষ কর্তৃক প্রকাশিত

শনিবার, নবেম্বর ১৬, ১৯৯৫

বাংলাদেশ জাতীয় সংসদ

ঢাকা, ১৬ই নবেম্বর, ১৯৯৫/১লা আশ্বিন, ১৪০২

সংসদ কর্তৃক গৃহীত নিম্নলিখিত আইনটি ১৬ই সেপ্টেম্বর, ১৯৯৫ (১লা আশ্বিন, ১৪০২) তারিখে রাষ্ট্রপতির সম্মতি লাভ করিয়াছে এবং এতদ্বারা এই আইনটি সর্বসাধারণের অবগতির জন্য প্রকাশ করা যাইতেছে:—

১৯৯৫ সনের ২২ নং আইন

International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978

এর অধিকতর সংশোধনকল্পে প্রণীত আইন

যেহেতু নিম্নবর্ণিত উদ্দেশ্যসমূহ পূরণকল্পে International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978 (LI of 1978) এর অধিকতর সংশোধন সমীচীন ও প্রয়োজনীয়;

নেহেতু এতদ্বারা নিম্নরূপ আইন করা হইল:—

১। সংক্ষিপ্ত শিরনামা ও প্রবর্তন।— (১) এই আইন The International Centre for Diarrhoeal Disease Research, Bangladesh (Amendment) Act, 1995 নামে অভিহিত হইবে।

(২) ইহা ১১ই আগস্ট, ১৯৯৫ ইং মোতাবেক ২৭শে শ্রাবণ, ১৪০২ বাং তারিখে কার্যকর হইয়াছে বলিয়া গণ্য হইবে।

২। Ord. LI of 1978 এর section 8 এর সংশোধন।— International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978 (LI of 1978), অতঃপর উক্ত Ordinance বলিয়া উল্লিখিত, এর section 8 এর sub-section (6) এর দ্বিতীয় বাক্যে

(২৯৬১)

মূল্য: টাকা ১.০০

“No Member” শব্দগুলির পরিবর্তে “Subject to provision of sub-section (1) of section 13, “No Member” শব্দগুলি, বন্ধনীগুলি, সংখ্যাগুলি ও কমা প্রতিস্থাপিত হইবে।

৩। Ord. LI of 1978 এর section 13 এর সংশোধন।— উক্ত Ordinance এর section 13 এর sub-section (1) এর শেষে ফুল-স্টপের পরিবর্তে একটি কোলন প্রতিস্থাপিত হইবে এবং তৎপর নিম্নরূপ শর্তাংশ সংযোজিত হইবে, যথা:—

“Provided that, the Board may in exceptional case, extend the tenure of the Director for a period maximum of which shall not exceed a period equivalent to another term.”।

আব্দুল হাশেম

সচিব।

মোঃ মিজানুর রহমান, উপ-নিয়ন্ত্রক, বাংলাদেশ সরকারী মুদ্রণালয়, ঢাকা কর্তৃক মুদ্রিত
মোঃ আব্দুর রশীদ সরকার, উপ-নিয়ন্ত্রক, বাংলাদেশ ফরমস্ ও প্রকাশনী অফিস,
তেজগাঁও, ঢাকা কর্তৃক প্রকাশিত।

Final Draft of the By-Laws
Fund Management Committee
of the
Centre Endowment Fund

for approval by the
Board of Trustees, ICDDR,B
9 November 1998

**FUND MANAGEMENT COMMITTEE
OF THE
CENTRE FUND ENDOWMENT OF THE ICDDR,B
OPERATING BY-LAWS**

1. **NAME:** Fund Management Committee of the Centre Fund Endowment of the International Centre for Diarrhoeal Diseases Research, Bangladesh.

2. **DEFINITIONS:**

“Centre” means the International Centre for Diarrhoeal Disease Research, Bangladesh, established under Ordinance L1 of 1978 of the People’s Republic of Bangladesh.

“Endowment Fund” means the ICDDR,B Endowment Accounts under management by an asset manager in the United States of America or elsewhere as directed by a donor relative to its own fund contribution.

“Accounting Year” means the period beginning on the 1st day of January and ending on the 31st day of December.

“Investment Income” means interest and dividends derived from the investment of the capital of the Fund.

“Capital Income” means all income excepting Investment Income.

“The Committee” means the Members of the Fund Management Committee of the Endowment Fund.

“Trustees” means the members of the Board of Trustees of ICDDR,B .

“Asset Manager” means the asset manager based in the United States of America.

“Government” means the Government of the People’s Republic of Bangladesh.

3. **PURPOSE:**

3.01- The Fund Management Committee of the Centre Fund Endowment of the Centre was established by the Trustees of the Centre in November 1995 to achieve the aim of the Endowment Fund, as set forth in paragraph 3.02, by overseeing the investment activities of the endowment accounts managed by an Asset Manager. The Committee is a volunteer entity, which acts on behalf of and reports to the Trustees of the Centre.

3.02- The ICDDR,B Centre Fund Endowment was established by a resolution of the Board of Trustees of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) dated the 6th day of June, 1991. The aim of the Fund is to raise money and from the income of that invested money to: 1) insulate the Centre from unexpected fluctuations in revenue; 2) provide fiscal flexibility to permit the Centre to move quickly in exploring research opportunities; 3) help the Centre maintain its competitive edge as a centre of excellence; and , 4) contribute to the costs of patient treatment and care.

4. COMMITTEE STRUCTURE AND FUNCTION

4.01- Number and Composition. Although the specific number of Committee members shall be determined from time to time by the Trustees, the Committee shall be composed of no more than thirteen (13) and no less than nine (9) persons as follows:

- a) the Chair of the Centre's Board of Trustees;
- b) the Director of the Centre
- c) the Chair of the Finance Committee of the Centre's Board of Trustees
- d) the Chief Financial Officer of the Centre
- e) five to nine at-large members approved by the Centre's Board of Trustees.

The at-large members shall be individuals qualified to serve by reason of experience in the areas of health and population research, finance, law, administration, or endowment management.

4.02- Appointment. The Committee members will be appointed initially by the Trustees and thereafter by the Committee in general meeting. The Chairperson of the Committee will be appointed by the Director of the Centre. At the Autumn meeting of ICDDR,B's Board of Trustees, the members of the Committee to serve terms in the ensuing fiscal year will be approved by the Trustees.

4.03- Term. Each Committee member shall hold a term of two (2) years or until a successor is approved by the Trustees.

4.04- Responsibilities. The responsibilities of the Committee are as follows:

- a) To develop general guidelines for the investment of endowment funds to be managed by the Asset Manager and to submit those guidelines to the Trustees for approval;
- b) To select the Asset Manager and to submit its choice to the Board of Trustees for its approval;

- c) To receive and review at least on a quarterly basis, the Asset Manager's reports on the performance of the fund account(s) under its management;
- d) To report on the performance of the endowment fund account(s) managed by the Asset Manager to the Board of Trustees.

4.05- Voting. All Committee members have one vote.

4.06- Vote by Proxy. Proxy votes are not permitted.

4.07- Reimbursements: All reasonable expenses incurred by the Committee members in the conduct of their duties will be reimbursed by ICDDR,B. Reimbursable expenses include: travel to Committee meetings, long-distance phone calls, e-mail and facsimile charges related to Committee business.

4.08- Officers

- a) Election. The officers shall consist of a Chairperson of the Fund Management Committee and such additional officers as created from time to time by ICDDR,B's Board of Trustees.
- b) Vacancies. Any vacancy occurring in any office, for whatever reason, shall be filled by ICDDR,B's Board of Trustees and any Committee member so elected shall fill the term of his/her predecessor.
- c) Removal. Any officer may be removed, without cause, as determined by ICDDR,B's Board of Trustees at any meeting where there is a quorum.
- d) Resignation. An officer may resign only by submitting a written resignation to the Chair of ICDDR,B's Board of Directors.
- e) The Officers shall have the authority and responsibility delegated by the Board and as stated in these Bylaws.
- f) The Chairperson shall prepare the agenda for, preside at and conduct all meetings of the Fund Management Committee; cause to be delivered all notices of meetings to those persons entitled to vote as such meeting; communicate fund management performance information to the Committee members, serve as liaison with the Asset Manager; communicate the general investment recommendations of the Fund Management Committee to the Asset Manager; and normally serve as the representative of both the Committee and ICDDR,B's Board of Trustees with the Asset Manager.

g) Other Officers shall perform such duties as may be specified by the Committee member, the Board or officer given authority over them.

5. MEETINGS

5.01- Regular Committee Meetings. Regular meetings of the Fund Management Committee shall be held at least twice yearly and may be scheduled more often by the Committee Chairperson or by the Chairperson of the Centre's Board of Trustees. The regular meetings will be in October and April, to coincide with the receipt of the Asset Manager's performance reports for the past six months.

5.02- Special Meetings. Special meetings of the Committee shall be held at any time and at any place within the Washington, DC- New York City corridor when called by the Committee Chairperson or the Centre Chairperson of the Board of Trustees or by at least three (3) Committee members.

5.03- Notice of Meetings. Notice of regular Committee meetings shall be in writing and delivered at least 10 (ten) days and no more than 30 (thirty) days before the day of the meeting. Notices of special meetings shall state that it is a special meeting being called and may be given orally or in writing at least 24 hours prior to the meeting time. All persons entitled to vote at the meeting must receive proper notice of the meeting.

5.04- Quorum. At any meeting, a majority of those persons entitled to vote being present in person or through use of conference telephone or similar communications equipment shall constitute a quorum. A majority vote shall consist of 50 percent of those present in person or by conference telephone or similar equipment and entitled to vote.

5.05- Participation in a meeting by Conference Telephone. Members of the Committee may participate in a meeting through use of conference telephone or similar communications equipment, so long as all members participating in such meeting can hear one another.

5.06- Meeting Minutes. The Committee shall cause proper minutes of all their resolutions and proceedings to be kept and submitted to the Centre's Director in Dhaka. Minutes of any meeting of the Committee signed by the Chairperson of the Committee or the Chairperson of the next succeeding meeting shall be recorded.

5.07- Action without a Meeting. Any action required or permitted to be taken at a Meeting of the Committee (including amendment of these By-laws) may be taken without a meeting if all the members of the Committee consent in writing to take the action without a meeting approving the specific action. Such consents shall have the same force and effect as a unanimous vote of the Committee as the case may be.

6) FUND ACCOUNTS

6.01- Committee's Investment Authority. Acting on behalf the Centre's Board of Trustees, the Committee is empowered to invest with the Asset Manager all the capital and all the investment income not required by the Centre for the purposes identified in paragraph 3.02.

6.02- Asset Manager's Investment Authority. The Asset Manager is empowered to invest the Centre's endowment funds in a global portfolio of mutual funds which are publicly listed. The Fund Management Committee, must approve the Asset Manager's investment strategy and asset allocation. Investments must be sound and prudent and not highly speculative in character. The Centre's portfolio should be highly diversified and fall within the moderate risk category.

6.03- Establishment of Investment Accounts. The Fund Management Committee shall cause separate accounts to be opened with the Asset Manager. Initially three accounts will be established, all with the same investment strategy and the same asset allocation; they are: the *USAID Endowment* account, the *Hospital Endowment* account and the *General Endowment* account. The *USAID Endowment* is comprised solely of endowment contributions made by USAID to the Centre for child health activities. The *Hospital Endowment* is comprised solely of endowment funds to support otherwise unfunded hospital patient care. The *General Endowment* is comprised of all other endowment funds not allocated to either the *USAID* or *Hospital Endowment* accounts. As endowment contributions come into the Centre, the Centre's Director is authorized to allocate contributions to each of the three funds. As needed, the Centre's Director is also authorized to create additional endowment accounts with the Asset Manager.

6.04- Disbursement Information. The Fund Management Committee will inform the Board of Trustees as to whether investment income received in any year or accumulated from prior years is available for disbursement to ICDDR,B for purposes set forth in paragraph 7.01.

7. UTILIZATION OF THE FUND'S INVESTMENT INCOME

7.01 Purposes for which the Endowment income can be used are as follows:

- a) *USAID Endowment*: Child Health Research (diarrhoeal diseases, nutrition, acute respiratory infections, immunization research, other child survival activities).
- b) *Hospital Endowment*: Support for ICDDR,B's hospital patient care.
- c) *General Endowment*: Institutional development activities, and all other activities specified by the Director and the Board of Trustees.

7.02- Procedures for Disbursement of Endowment Income:

- a) The Board of Trustees of ICDDR,B is the sole authority in determining the amount of any disbursement from the Endowment Fund and the specific activities for which such funds will be used.
- b) The Fund Management Committee will communicate to the Director of ICDDR,B at least 60 (sixty) days prior to the first day of the semi-annual meeting of the Board of Trustees, the value of the Fund and whether investment income is available for disbursement to ICDDR,B for purposes set forth in paragraph 7.01. The Director will report this information to the Board or Trustees at the semi-annual Board of Trustees meetings.
- c) No more than 5 percent of the value of the Endowment Fund can be disbursed annually. The value will be based on the amount of Capital Income available in the Endowment Fund on the last day of the previous calendar year.
- d) Based on the information provided by the Fund Management Committee at the semi-annual Board of Trustees meeting, the Trustees may determine whether funds may be disbursed and the amount that may be disbursed from the Endowment Fund. The Board of Trustees may also determine that no disbursement occur until a future date.
- e) Income from the Endowment Fund will be disbursed only once per annum at the beginning of the year. The Fund Management Committee will coordinate this activity with the Asset Manager.

7.03- Closure of the Fund. In the event the Centre is closed or suspended in its activities for any reason, the Endowment Fund will remain intact and its income will be used for purposes consistent with the goals and mission of ICDDR,B under the authority of its Board of Trustees.

8. REPORT

8.01- The Director will provide an annual report to the Board of Trustees of the Centre on contributions received, income earned and investment activities of the Endowment Fund.

9. FISCAL YEAR

9.01- The fiscal year of the Fund Management Committee will coincide with that of the International Centre for Diarrhoeal Disease Research, Bangladesh (January 1 to December 31).

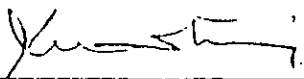
10. INDEMNIFICATION

10.01- Every member of the committee shall be indemnified by the Corporation against all expenses and liabilities, including counsel fees, reasonably incurred or imposed upon such member in connection with any threatened, pending or completed action, suit or proceeding to which she/he may become involved by reason of her/his being or having been a member of the Committee, or any settlement thereof, unless adjudged therein to be liable for negligence or misconduct in the performance of her/his duties. At the discretion of the ICDDR,B Board of Trustees, and subject to a finding that such indemnification herein shall apply only when the Board approves such settlement and reimbursement as being in the best interest of ICDDR,B. The foregoing right of indemnification shall be in addition and not exclusive of all other rights to which such member of the Committee is entitled.

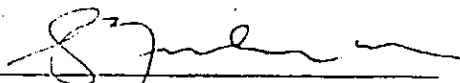
11. AMENDMENTS

11.01- These By-laws may be amended by a majority vote of the Centre's Board of Trustees provided the proposed amendment(s) has (have) been submitted to the Trustees for consideration at its regular meeting.

We the undersigned, being Chairperson of the Board of Trustees and Director of the International Centre for Diarrhoeal Disease Research, Bangladesh, respectively, hereby certify that the above is a true, complete, and accurate copy of the By-laws of the Fund Management Committee of the Centre Endowment Fund as adopted by the Board of Trustees on November 9th, 1998.



Mr. Jacques Martin, Chairperson,
ICDDR,B



Dr. George Fuchs, Interim Director,
ICDDR,B



about us

our mission

The mission of the **Alliance for Nonprofit Management** is to provide leadership in enhancing a civil society by challenging and strengthening those who deliver management and governance support services to nonprofit organizations.

our principles

Three principles undergird the Alliance mission, goals and strategies:

1. **Inclusiveness** - full inclusion of a diverse mosaic of society's cultures in our membership, leadership, and staff;
2. **Collaboration** - building on mutually beneficial working relationships with an array of community, business, and government partners and stakeholders; and
3. **Quality** - setting and requiring increasingly higher standards in our performance and our products.

our members

Alliance members include management support organizations (MSOs), individual professionals, and a range of national/regional, umbrella, academic, publishing and philanthropic organizations that provide technical assistance (training and consulting) to nonprofits.

By "**raising the bar**" on quality among its members and its members' clients, the Alliance provides leadership in the enhancement of a broader vision - one of healthy communities and a stronger civil society.



Alliance for Nonprofit Management
1899 L Street, NW, 6th Floor
Washington, DC 20036
202/955-8406 (phone), 202/955-8419 (fax)
Or, contact the Alliance via e-mail



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PegMorO@aol.com

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How do I get my board involved in fundraising and how much should a board member give?

There isn't a senior nonprofit manager alive that hasn't asked herself this question at some point in her career. Take some comfort in the fact that you are not alone in pondering this question. No one will argue with the notion that the ultimate responsibility for organizational success resides with the board of directors. Further, success not only requires good programs but it also requires the necessary funding to implement those programs and services. Yet this argument alone is rarely enough to motivate board members to spring to action around the fundraising program. True motivation springs from involvement in the life and mission of the organization.

It is a tremendous asset to any organization to have an active board of directors involved in the fundraising function. Most professional fundraisers will tell you that before boards get involved in fund raising, they must first be involved in the mission and governance of the organization. This involvement with the larger scope of the organization often leads to more focused commitment to the fundraising program. It is important to remember that fundraising is a means to an end, and therefore we must involve our board members in the ends if we are to secure willing help on the means.

First and foremost, board members must be engaged in the planning process to determine with staff what the organization wants and what it will do. Involvement in planning builds ownership of the plans which essentially become the organization's agenda for the future and the foundation for all subsequent fundraising. After goals, objectives, programs and services have been determined, planning turns to translating these aspirations into real financial needs, often reflected in budgets. It is essential that the Board participates in determining the financial needs if they are to be involved in serious fundraising in the future.

After this process has been completed, board and staff need to form a partnership to develop and implement a plan to secure the necessary funds required to go forward with the plan. The actual fundraising task is immeasurably strengthened when a true partnership between board and staff is in place. As with other management functions, staff manage the fundraising program, while board members get involved in those elements that are suited to their interests, skills and capabilities. A good fundraising plan is explicit about both board and staff responsibilities. The following breakout of tasks is an example:

BOARD

- Have input into fundraising plan
- Organize and participate on fundraising committee
- Identify and cultivate new pro
- Organize and participate on fundraising committee
- Identify and cultivate new prospects/donors
- Ask peers for donations
- Always be an advocate for the agency
- Make introductions for staff to follow-up
- Accompany staff on key visits to funders
- Help with expressions of thanks when appropriate

STAFF

- Accompany staff on key visits to funders
- Help with expressions of thanks when appropriate

- Research new and existing donors
- Write case materials
- Assist board in any way possible
- Write proposals
- Accompany board members on solicitation visits
- Ask for money when appropriate
- Take care of all logistics related to fundraising activities
- Plan, plan, plan

Most people do not gravitate to fundraising naturally or easily. It can be helpful to get board members involved in a process to explore their personal feelings about giving and asking. Several helpful exercises on overcoming reluctance to asking can be found in FAQ #3, Why Are People Afraid to Ask for Money.

A related question to the larger issue of board involvement in fundraising is how much should a board member give? We have another simple answer: the goal should achieve 100% giving by the board and for each member to make a "generous" gift. Obviously, each board member will have to determine what constitutes generosity in terms of their personal financial situation. Another question to ponder: If you can't convince your board members to give, and give generously, what barriers are standing in the way? Answering this question forthrightly will be a critical step in turning a bad situation around.

Fundraising requires commitment from people. The first place to look for the this commitment is within the board. After all, the board is the vital link between a nonprofit organization and the public. Board membership in itself represents a significant level of commitment. The fundraising process demands a deepening of this commitment. Once in place, the organization has a powerful asset for reaching out into the larger community for gift support.



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FAQs

board development

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What is the role of governance?

What is governance?

In the aftermath of every "nonprofit mismanagement" news story is the question: Why didn't the Board do something? Yet the boards of the United Way of America, Covenant House and others did not do any less than most nonprofit boards. The reality is that most nonprofit boards are ineffective in their governing function. Only when gross mismanagement occurs does a failure at governance come to the fore.

The overlooked reason is that the prevailing "team" model for the relationship between boards of directors and their staff is only half of the story. "Team" members are understood to bring different skills and play different roles to support and build the organization, working toward common goals. But while board members should and do act as supporters and builders, they have another role to play as questioners and monitors of the organization. As part of the team, the board stands with their well-intentioned organization as it operates in a demanding world. In contrast, in their governing role, the board must stand outside the organization and hold it accountable to the public interest.

Both these roles--supporting and governing--are critical to effective work by nonprofit organizations. Rather than try to eliminate the contradictions and tensions of their governance role, boards must find techniques for strengthening their independence and creatively using this tension for the good of the organization and the purpose it was created to serve.

What is governance?

The two roles of support and governance encompass different tasks. In the role of supporters board members strive to ensure the success of the organization. Boards raise money, bring contacts and clout to the organization, provide special skills such as in law or accounting, and act as ambassadors to the community. The many books, articles and seminars on the subject testify to the emphasis on helping boards help--on strengthening organizations by means of board assistance.

The governance role, on the other hand, has as its goal protection of the public interest. Governance responsibilities for boards include selecting the top executive (the Chief Executive Officer) and assessing his or her performance, reviewing and authorizing plans and commitments, ensuring compliance with legal and contract requirements, and evaluating the organization's work.

Both of these board roles are distinguished from that of management, the province of the Chief Executive Officer.



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Why don't boards govern all the time?

Boards govern in crisis And the rest of the time?

Boards govern in crisis

Despite the obstacles and uncertainty, boards strive to perform their governance roles well. They make valiant efforts to read and understand financial statements. They listen attentively to reports about client-centered methodologies and new x-ray machines. They give up Saturdays for board retreats. When agencies are in crisis, boards go further. They give up weekends to attend emergency meetings where hard questions are asked; they sort out financial problems, and meet with disgruntled funders and clients. They seek out a wide range of informants: funders, staff, colleagues in the field, and members of other boards. When serious charges are brought to boards about CEOs, boards often hire independent investigators or analysts to report on charges of sexual harassment, racial or gender discrimination, alcohol or drug abuse, or mis-use of funds. In crisis, boards realize that while they can't manage, they must govern. And to do so they need information sources that are independent of executive staff: they need their own, diverse channels of information.

If boards can act to overcome some of their limitations and act effectively as governors in time of crisis, what are some reasons why they don't act that way in normal times?

And the rest of the time?

When Kenneth Dayton drew a line between governance and management in his famous paper, "Governance is Governance," he called for boards to stop meddling in the management of agencies. If anything, boards have taken his sound advice too literally. These days boards are reluctant to call staff to question about anything.

Some reasons why boards don't govern all the time include: lack of time, lack of independent information, and lack of familiarity with the "business." But in addition, another important factor is at work: a desire to avoid tension and conflict.

When boards act in their governance and oversight roles, uncomfortable questions may be asked; tensions may enter the room. It takes a lot of nerve for a board member to challenge a staff recommendation in a board meeting. New board members are often quiet, waiting until they know more before speaking up. But long-time board members too are reluctant to appear adversar>

Transfer interrupted!

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In fact, when asking probing, "tough" questions, board members may feel guilty. Is it fair to question staff competency in fundraising when I've only made an average contribution myself? Is it being distrustful to ask for a list of salaries and comparable salaries in similar organizations? Does my admiration for a competing organization's programs reflect a lack of loyalty to my own organization?

A subtle cause of this avoidance of conflict is the emphasis on a smooth working partnership. Boards often view tension as a symptom of an illness which everyone must work to avoid catching. Conflicts should be smoothed over. Staff frequently see board members with serious questions as obstacles at best, enemies at worst. (This is exacerbated when board members who don't do much as supporters still want to ask questions.) As a result, some boards neglect this responsibility all together and act as a rubber-stamp for the director. Just as often, boards will allow one or two members to be the chronic complainers without allowing them any real influence.

The wider nonprofit community has colluded with this avoidance through the scant attention given to

the governance role in books, academic papers and other management literature. A small industry has grown up around board training and consulting. While consultants and trainers have done a great deal to help boards raise more money, they have done little to help boards be more effective as governors. One reason is that they have been hired to help the board support the organization, not to help it govern.

In crisis, the emphasis on a smooth working relationship takes a back seat to the need for action and straight answers. It is "okay" in a crisis to ask tough questions. In normal times, boards need to learn how to use the authority they are willing to assert in times of crisis.

A second reason boards don't govern is that, at least narrowly speaking, it is not in the interest of executive staff to have an active, governing board. Supporters help the manager get the job done; governors often make the job harder. The governance role is an outsider's role, holding the organization, and specifically the executive staff, to high standards of performance. While most nonprofit managers work hard to do a good job, it is not in any manager's personal interest to make her own job harder.

Finally, except very infrequently, the consequences for inadequate governance have not been borne by nonprofit leaders as individuals. The most extreme consequence for poor governance is organizational failure. However, board members are unlikely to have their careers or status in the community affected as a result of organizational failure, and the executive director can usually find another job. The big losers are the people or community purpose the organization was designed to serve. Nonprofits are often perceived as weak and struggling. Supporters are recruited to help it survive, not to rein it in. In short, there has been no one holding boards accountable: a lack of governance hasn't really mattered to board members as individuals.



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What's wrong with the "ideal board member"?

When most board members and executive directors dream of their ideal board member they envision someone who contributes money, obtains contributions from others, helps the organization get media coverage and political contacts, bring specialized expertise, and helps diversify the board's composition. This ideal board member also identifies with the organization, is liked and admired by staff and other board members, "fits in." These characteristics describe a board member who can help provide the critical support agencies need to succeed.

But the very qualities that make board members good supporters are often qualities that limit their ability to carry out their governance responsibilities. In particular, board members are recruited to bring assistance and skills from other sectors of society, and are typically unfamiliar with both the program field and with the business of nonprofit management.

Because board members typically come from outside the program field, they are limited in their ability to know what trends, factors and technologies exist in the field; in short, they are limited in their ability to plan, to evaluate, to determine strategies, to see whether they are achieving success. For example, board members of a homeless shelter for youth are unlikely to know what similar programs serving disadvantaged youth are offered by other local agencies. Board members of a mental health agency may not be aware that the treatment field is moving away from their agency's methods. Board members are typically informed (by staff) about their own programs, and often less aware of work done by overlapping, competing organizations.

A different problem is posed by unfamiliarity with nonprofit management. Nonprofits are a fundamentally different type of business from either large corporations or small businesses. For example, a restaurant losing money all year can't hope to make it up with a big fundraiser or grant at the end of the year. A manufacturer can drop a product line without the ill social consequences of a social service agency dropping a service. Business people from the private sector have many skills to offer nonprofits, but expertise in nonprofit management is not always one of them. In particular, three areas important to nonprofit success are unfamiliar to business people: volunteer management, indirect cost rates, and financial strategies based on contributed rather than earned monies.

One additional limitation on board effectiveness is simply the lack of time that board members have to work with the agency. Board members are generally achievers with many responsibilities. Even a dedicated board member finds it difficult to attend board and committee meetings, study materials, and attend organizational functions. In response, organizations try to keep meetings short and have fewer of them per year. Yet the assumption continues that meaningful planning and governance can take place on a board that spends only a few hours a month considering the issues.



BOARD DEVELOPMENT
FAQ #4



Are corporate boards any different?

Boards of directors governing for-profit corporations face many of these same obstacles. They are busy and short of time; they lack familiarity with the field, and they may not be managers. The question was posed to a partner in a venture capital firm who sits on five corporate boards in which her firm has an equity interest. How does such a board member tell if the company is well managed? Although she doesn't know as much about microchip production or about the market for frozen pizzas, she must act to direct and oversee the growth of the company.

Her answer: because of her unfamiliarity with the field and its markets, she reads trade journals and industry publications. To supplement the information received from management, she reads reports from consultants and analysts hired to assess the company's operations. She uses all the means available, including informal impressions from walking through the plant or a chance conversation with an employee on the line, to obtain independent information. She follows up on rumors of mismanagement or takeovers. In short, she keeps her eyes and ears open all the time for information. With \$1 million of her firm's money invested, she makes the time and gets enough information.

Corporate boards have one important advantage over nonprofit boards in their oversight, governance role. They have two ready measures that can be used to measure performance: profit and market share. In contrast, successful performance in a museum, drug treatment program or family counseling program is much more elusive.

Perhaps a bigger difference though is that corporate board members like this venture capitalist also have a material stake in the success of the organization. If nonprofit board members each had \$100,000 of their own money invested in their own organizations, would they find more time and more information?

HOME

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What is the role of governance in planning and budgeting?

The planning process on the board of a nonprofit mental health clinic provides an instructive example of board governance under the conventional model. The last five years have seen large numbers of nonprofits develop strategic plans. Boards struggle with mission statements, goal statements, outcome statements. They try to "set program directions" and program objectives. Through examining this process, a more realistic and limited definition of the board's governance role can be developed.

As noted above, some of the factors mitigating against meaningful board planning include:

- The board members are "lay," neither mental health professionals nor clients of the mental health clinic. As a result, they do not bring with them independent experience with the field, issues surrounding case management or licensing, funding opportunities and client needs.
- Board members from corporations, small business and churches seldom have the time to develop a deep enough grasp of the organization's strengths, weaknesses, and environment to make informed planning decisions.
- Many key decisions have in effect been made by staff already, in response to funding cuts, new licensing requirements, or the opportunity to hire a person with unusual qualifications.

As a result, planning by the mental health clinic board tends to devolve into either a minor re-working of staff-made plans, or simply a mechanism for organizing the board's supporting role in implementing the plan. This latter is not unimportant, but it is not governance.

A parallel dynamic in the budgeting process was pointed out by John Carver in *Nonprofit Management and Leadership*. The budget approval process tends to lean either towards minor revisions of staff-made budgets or to rubber stamping. The conventional budget approval process often leaves board members with the uneasy feeling they have approved something they don't fully understand.

To balance the dual roles of governance and support roles in planning and budgeting, the board needs to ask a different set of questions.

First, rather than attempting to develop the plan, the board should focus on the quality of the plan. Boards should ask what information was used in planning, and require clearly stated assumptions about the most critical issues facing the organization and clearly stated strategies for dealing with these issues. What will be accomplished? How will we know? Are these the right things to be accomplished? Why? One doesn't need to understand internal combustion to make a sound, informed decision about which car will best suit your transportation needs and meet your budget. The board is buying a plan and a budget; it must be able to determine whether it is getting the plan that will best meet its organization's needs.

Second, once the board has "bought" the plan, and it delegates management of the plan to staff, it needs to see what it is getting for its money. This involves careful evaluation, oversight and monitoring of the activities and results achieved.

To do a good job of monitoring, the board should supervise independent program evaluations, and contract independent management evaluators as well. In other words, the board needs to acquire independent information, a "second opinion."

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What are some practical ways to strengthen governance?

The Paradox and the Challenge Practical Ways to Strengthen Governance

The Paradox and the Challenge

The board-staff relationship is a paradoxical one. When acting in their governing role, the board must stand above staff and be the "boss." But when acting in their supporting role, board members act to support and assist staff-led work.

Some boards become so excited about their roles as governors that they mistake governance for close supervision of management and begin meddling in minor management affairs. In other cases, as boards govern more, they shirk their supporting role. The challenge is to fulfill both roles, not simply switch from one to the other.

In short, boards have some inherent limitations in their ability to govern, including lack of time, lack of familiarity with the field, and lack of material stake. These limitations have been supplemented by the sector's nearly exclusive emphasis on the board's supporting role and by a human tendency to avoid conflict. A first step towards an effective board is acknowledgment of the paradox, and the need to perform both functions equally well. A failure to govern as well as support is a transgression both against clients and the wider community.

Practical Ways to Strengthen Governance

Here are some practical ways to strengthen governance:

1. Have auditors and program evaluators report to the board. Agencies frequently hire two types of independent evaluators: CPA auditors and program evaluators. But in both cases these independent professionals are typically chosen by staff (often with just a cursory approval by the board), report to staff, and work as partners to staff in the staff's relationship with the board. Instead, such evaluators should make their reports directly to the board and to the staff. Auditors should be selected by and report to the board or the board audit committee.
2. Hire independent management evaluators. In addition to auditors and program evaluators, boards need unbiased sources of information about management as well. One of the most difficult tasks for boards is the evaluation of the CEO. On one hand a board can't interview staff about their opinions, but on the other hand, problems are created when a board obtains all its information from the person being evaluated. An independent evaluator might interview staff, and, for example, if there were several allegations of sexual harassment, would report to the board that such charges exist.
3. Make governance an explicit part of meetings. Boards should affirm their responsibilities in both support and governance. Board agendas should be clearly marked "Governance Items," and "Supporting Items." Among the qualities we should seek and reward in board members are critical thought, discernment, questioning attitude. When someone raises an objection or concern, or votes against the majority, the board president should make a point of going up to that person and expressing appreciation for the seriousness and courage to make the point.
4. Consider board stipends. To give a signal about the importance and seriousness of board work, we should take another look at the corporate practice of payments for board service. Much of the nonprofit sector has summarily dismissed such stipends: isn't the board supposed to raise money? Some large nonprofit institutions already pay board members \$200/meeting, but smaller organizations could consider small stipends such as \$15/meeting. Such stipends reimburse board members for expenses, and demonstrate visibly that the agency places a real value on board

support and governance. (Some board members may choose to contribute their stipends back to their organizations.)

5. Consider a paid secretary to the board. Local government councils and commissions often have their own staff, separate from the agency staff that reports to the Chief Administrative Officer. Boards of many nonprofits have far-reaching responsibilities, and board officers may not have personal secretaries they can assign to board support. A paid board secretary, perhaps working only a few hours a week, can act as the board's facilitator, reminder, educator. Duties might include: board correspondence, obtaining information from staff or others at board request, clipping from professional journals for the board, minutes and follow-up for the board, meeting arrangements, and helping new officers with their responsibilities. Having their "own" staff can help board members be better supporters as well as governors.
6. Recruit governors. When recruiting, boards should seek members who are good governors as well as those who are good supporters: people who know clients as well as people who know philanthropists, people familiar with nonprofit management as well as those familiar with business, operational volunteers as well as fundraising volunteers, people who ask critical questions as well as people who cheer. A diverse board such as this will keep the agency rooted in the world it serves as well as in the world in which it raises funds. In many cases, governors and supporters may turn out to be the same people once governing responsibilities are recognized and valued as much as supporting responsibilities are.



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BOARD DEVELOPMENT
FAQ #8

Should an executive director be a member of the board?

Here's a scenario:

You're hiring a new executive director and your first choice wants to be a member of the board. She feels board membership will give her the stature she needs to represent the agency in the community. Some board members are against the idea, while others (mostly corporate folks) think it's fine. Should the executive director be a member of the board?

If you grant her wish, your new executive director might regret being a member of the board. If, for example, your board is split on an issue, her vote would mean voting against half her board.

State laws vary on this. In California, for instance, the law permits staff members to be on nonprofit boards as long as 50% or more of the board members are neither staff nor "interested parties" (such as relatives of staff). Most for-profit corporations have their CEOs (Chief Executive Officer) as the Chair of the Board. Organizations with board members familiar with that corporate model, and organizations that expect their directors to lead the board, are more likely to have executive directors on the board.

Before agreeing to board membership for the director, the board should discuss the impact on sensitive matters such as performance review, salary and contract negotiation, and board-staff relations. There may be other ways to give the new executive director the stature she feels she needs: perhaps a series of coffees introducing her to community leaders, a more significant role in working with the board than the previous director experienced, or a printed announcement of her selection. What ever you decide, you and the director should review and reconsider the decision in a year.

This FAQ was written by Jan Masaoka, Executive Director of the Support Center for Nonprofit Management in San Francisco, CA. (415) 541-9000.



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BOARD DEVELOPMENT FAQ #9



How can we get board members to help with fundraising solicitations when they've never done it before, or had a negative experience fundraising in the past?

First, we don't agree with the conventional wisdom that all board members on all boards should raise money. Each board needs to determine an appropriate role for itself in the organization's overall strategy. Even if fundraising solicitations are a part of that strategy, it may not be appropriate for every board member to be involved.

But if your board has decided that all board members should help raise money, then it's to everyone's advantage to ensure positive experiences. If we think about fundraising solicitation as door-to-door sales, it may well be unappealing to most folks. When properly managed, fundraising means simple explaining to another why the organization's work is important, and personally meaningful. Whether or not the request results in a substantial gift, the organization will have a new friend.

Find out more about what negative experiences board members have had previously. Perhaps they were sent to speak to a hostile or cold prospect. Perhaps they didn't have the information to answer questions, or perhaps they were the wrong individuals to have asked those prospects. Perhaps they simply didn't have the preparation or practice time to learn to ask successfully for money.

In our experiences training board members in fundraising, we've found that if staff can provide the proper support in prospect selection and solicitor training, most board members can have successful experiences. Not only does this give the board member a euphoric feeling, but seeing the impact of, say \$5,000, on the organization's services strongly reinforces the connection between the agency's goals and the act of seeking support for those goals.

If the board has agreed that every board member needs to be involved in solicitation, and some individuals feel uncomfortable with solicitations, it may be appropriate to suggest that they reconsider, without stigma, their participation on the board. Such individuals can contribute in other important ways to the organization. If fundraising is a central responsibility for the board, new board members should be recruited with the experience, contacts, or willingness to learn that will be helpful in the future.

This FAQ was written by Kat Rosqueta, Program Director of Board Match Plus+, a board recruitment and placement program in San Francisco, CA.(415) 541-9000.

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STATEMENT OF INDIVIDUAL BOARD MEMBER'S RESPONSIBILITIES

Those who serve on the board of a nonprofit organization have responsibilities different from, but complementary to, those of the board itself. The obligations of board service are considerable—they extend well beyond the basic expectations of attending meetings and participating in fund-raising initiatives and personal giving.

An interesting paradox, however, is quickly apparent as part of the ambiguity that shrouds volunteer directorship. On the one hand, board members as *individuals* have no special privileges, prerogatives, or authority; they must meet in formal session to make corporate decisions. On the other hand, individual board members are expected to meet higher standards of personal conduct on behalf of their organization than those usually expected of other volunteers.

A clear statement of individual board member responsibilities adapted to the organization's needs and circumstances can serve at least two purposes: it can help with the process of recruiting new board members by clarifying expectations before candidates accept nomination; and it can provide criteria by which the committee responsible for nominations can review the performance of incumbents who are eligible for reelection or reappointment.

Prospective and incumbent board members should commit themselves to:

General Expectations

- Know the organization's mission, purposes, goals, policies, programs, services, strengths, and needs.
- Suggest possible nominees to the board who are clearly women and men of achievement and distinction and who can make significant contributions to the work of the board and the organization's progress.
- Serve in leadership positions or undertake special assignments willingly and enthusiastically when asked.
- Avoid prejudiced judgments on the basis of information received from individuals and urge those with grievances to follow established policies and procedures through their supervisors. (All matters of potential significance should be called to the attention of the executive and the board's elected leader as appropriate.)
- Follow trends in the organization's field of interest.
- Bring a sense of humor to the board's deliberations.

Meetings

- Prepare for and participate in board and committee meetings, including appropriate organizational activities.
- Ask timely and substantive questions at board and committee meetings consistent with their conscience and convictions, while supporting the majority decision on issues decided by the board.
- Maintain confidentiality of the board's executive sessions, and speak for the board or organization only when authorized to do so.
- Suggest agenda items periodically for board and committee meetings to ensure that significantly policy-related matters are addressed.

Relationship with Staff

- Counsel the executive as appropriate to offer support in his or her often difficult relationships with groups or individuals.
- Avoid asking for special favors of the staff, including special requests for extensive information, without at least prior consultation with the executive, board, or appropriate committee chairperson.

Avoiding Conflicts

- Serve the organization as a whole rather than any special interest group or constituency.
- Avoid even the appearance of a conflict of interest that might embarrass the board or the organization, and disclose any possible conflicts to the board in a timely fashion.
- Maintain independence and objectivity and do what a sense of fairness, ethics, and personal integrity dictate even though not necessarily obliged to do so by law, regulation, or custom.
- Never accept (or offer) favors or gifts from (or to) anyone who does business with the organization.

Fiduciary Responsibilities

- Exercise prudence with the board in the control and transfer of funds.
- Faithfully read and understand the organization's financial statements and otherwise help the board fulfill its fiduciary responsibility.

Fund Raising

- ♦ Give an annual gift according to personal means.
- ♦ Assist the development committee and staff by implementing fund-raising strategies through personal influence with others (corporations, individuals, foundations).

5/BT/JUNE 99

SUMMARY OF DISCUSSIONS

(REORGANIZATION PLAN)

EXECUTIVE SESSION

Agenda 5

Summary of discussions (Reorganization Plan)

REPORT FROM THE REORGANISATION TASK FORCE

1. Executive Summary & Action Points
2. The Report
3. Annexure I - Task Force Minutes
4. Annexure II - Working Group Report
5. Annexure III - Communication from Staff

GUIDANCE TEAM MEETING (TASK FORCE & EC)

Guidance team

- Mr. Jacques O. Martin
- Prof. Marian E. Jacobs
- Mr. Rolf Carriere
- Prof. Peter F. McDonald
- Maj Gen M.R. (Ret'd) Choudhury
- Director

- Mr. M.M. Reza - Consultant

Task Force

- Dr. V.I. Mathan - Division Director, LSD
- Dr. Barkat-e-Khuda - Acting Division Director, HPED
- Mr. Winkelmann - Chief Finance Officer
- Dr. Ferdousi Qadri - Senior Scientist, LSD
- Dr. Iqbal Kabir - Scientist, CSD
- Dr. Nigar S. Shahid - Scientist, PHSD

Other Executive Committee

- Prof. David A Sack - Director, Designate
- Prof. Lars Ake Persson - Division Director, PHSD
- Dr. M. A. Salam - Interim Div. Director, CSD
- Mr. Wahabuzzaman Ahmed - Chief Personnel Officer

Report from the Reorganisation Task Force

Executive Summary

The report by Mummert and Partners on Institutional development identified 5 key issues as forming the basis of the reorganisation.

1. A radical reorganisation of the organogram of the Centre
2. Delinking Hospitals, Matlab and Laboratories from Scientific Divisions and placing them in a Support Services Division with other administration related functions.
3. Organise the research activity of the Centre around "marketable" Scientific Themes that span scientific disciplines (Scientific Divisions).
4. Efficient, transparent and accountable management with devolution of authority to the lowest possible level.
5. Reevaluation of cost recovery.

The report from the Task Force addresses these key issues. The structural reorganisation and delinking the scientific infrastructure from the Scientific Divisions should be carefully considered after Prof. David Sack assumes responsibility as the Director of the Centre. Items 3,4 and 5 above are now well accepted in the Centre and strategies for their implementation are described.

The progress up to now is summarised and specific recommendations are made in the following areas:

1. Structural Reorganisation
2. List of Scientific Themes
3. Administrative relationship of Scientific Themes to the existing Scientific Divisions
4. Project and programme management
5. Decentralisation of administrative authority
6. Management of scientific infrastructure
7. Preliminary costing strategy
8. Preliminary IT/MIS strategy.

The Task Force would like to thank the Guidance Team for giving them the opportunity to undertake this exciting and difficult task. The Task Force would also like to thank Prof. David Sack, the Director Designate, the Interim Director, the other members of the EC and all the Centre staff especially members of the Working Groups and the Representative Staff Committee for their valuable contributions.

In order to assist the Guidance Team a list of potential action points arising from the report are given below under Policy and Management issues:

Action Points

Policy

1. Structural reorganisation (changes in the organogram) to be deferred till Prof. Sack has time to evaluate the situation after joining the Centre.
2. Approve that hospitals, clinical labs and Matlab infrastructure stay (for the time being) as part of the existing Scientific Divisions with appropriate costing, cost recovery and projectisation wherever possible.
3. Recommend how the process of reorganisation is to go forward.
4. Recommend how the costs of reorganisation should be funded.

Management

1. Cross Cutting Scientific Themes
 - 1.1 How and when are these to be finalised?
 - 1.2 Ways to ensure administrative balance between Scientific Themes and Scientific Divisions. Who has the authority now? Should it change in the future? What are the lessons of history?
 - 1.3 Approve the functioning of scientific theme groups with budgetary authority with Division Directors.
2. Decentralisation of administrative authority
 - 2.1 Programme Authorisation, Management and Process Audit Strategies to be approved and implemented
 - 2.2 All new projects/programmes thereafter to go through the formal authorisation process.
 - 2.3 Approve the role of PIs as middle level managers with decentralisation of authority to PIs, when the necessary databases are established.
 - 2.4 Initiate necessary training and sensitisation of all levels of managers.
 - 2.5 Establish Service Standards for all Logistic Support Units.
 - 2.6 Establish strategies for appropriate management of scientific infrastructure, and appropriate service standards.
3. Costing
 - 3.1 Develop the preliminary costing strategy to a working document.
4. MIS/IT
 - 4.1 Develop the MIS/IT preliminary strategy by system analysis into a working document.
 - 4.2 Proceed rapidly to set up Centre LAN and to develop MIS.
 - 4.3 Priority to developing and establishing necessary databases.

Report from the Reorganisation Task Force

Introduction:

The Reorganisation Task Force (TF) and Guidance Team (GT) of the Board of Trustees were set up by the BOT in November 1998.

The terms of reference of the TF were finalised in a meeting of the GT, TF and the external consultants on 10/Nov/1998 (Annexure I, P 1-4). The membership of the TF was increased to six with the permission of the BOT Chair from 21/11/98.

The TF took steps to circulate copies of the report of the consultants, "Institutional Development", to staff through the Divisions. The executive summary was made available to all e-mail users in the Centre. Meetings were arranged with all the staff in appropriate small groups in Dhaka and Matlab. During these meetings it was clear that there were considerable apprehensions in the mind of the staff about the whole process of reorganisation.(Annexure III).

There was reasonable agreement on the need for some change, but the recommendations of the consultants were felt to be rather radical. It was felt that the process should be gradual, with involvement of the Director Designate. Four Working Groups (WG) were identified, Reorganised Structure, Scientific Themes, MIS/IT and Costing and the members were nominated by the Divisions.

The TF clearly recognised that the guidance and inputs of the Prof. David Sack were essential for the success of the reorganisation. There were joint meetings with Prof. Sack on 17/2/99 and 16/4/99 and a clear way forward was worked out. It was decided that structural reorganisation and changes in the organogram could be decided only after Prof. Sack joins the Centre full time.

The WG on Reorganised Structure has presented their report. The WG to identify Cross Cutting Scientific Themes have also presented their report (Annexure II). A preliminary report on MIS/IT and Costing are also ready.

The WG on Reorganised Structure has presented their report. The WG to identify Cross Cutting Scientific Themes have also presented their report (Annexure II). A preliminary report on MIS/IT and Costing are also ready.

The TF at their meeting with Prof. Sack on 16/4/99 identified priority areas and have now prepared working papers for the consideration of the GT. The working papers were sent to the EC and to Prof. Sack. A joint meeting was held with the EC on 24/5/99 to agree on issues.

The following documents are for the consideration of the Guidance Team and for discussion at the joint meeting in Dhaka on 4/6/99. They have been modified after a joint meeting of the EC and TF with Prof. David Sack on 2/6/99.

1. Scientific Themes and the administrative relationship between existing Scientific Divisions and Cross Cutting Scientific Themes .
2. Project/Programme authorisation, management and process audit.
3. Scientists (Principal Investigators) logistics and management .
4. Management of the Scientific Infrastructure: Hospitals, Laboratories and Field Stations (including Matlab).
5. Preliminary costing strategy .
6. Preliminary report on MIS/IT .

The Centre feels and the TF in their discussion with Prof. Sack recommended that the decision about major changes in the organogram and structure of the Centre be deferred till Prof. Sack has an opportunity to review the Centre after he joins. However the management changes envisaged in the following documents can be implemented with the present 4 Scientific Division structure.

It is necessary that the management issues identified be disseminated to the Centre senior staff and finalised after appropriate discussion possibly in small groups. This implementation will be evolutionary under the supervision of Prof. Sack.

1. Scientific themes and the administrative relationship between existing Scientific Division and Cross Cutting Scientific Themes

The centre is now organised into four Scientific Divisions, Clinical Sciences, Health and Population Extension, Laboratory Sciences and Public Health Sciences. Inter-divisional working groups have been established to foster cross divisional collaboration in developing and executing scientific projects. A few of these are functioning well. Others are not. The diversity of scientific skills available in the Centre requires further coordination to ensure that high quality, implementable, research outputs of the Centre can be increased. Historically the Centre was organised thematically in the 1970's and early 80's. The present Scientific Divisions have evolved out of the earlier thematic organisation. What is envisaged by the consultants by the Thematic (or marketables) approach was to better organise and present the Centre and probably not the primary administrative structure (hence the reference to the "virtual" Programme Management Division). However it is apparent that a scientific focus on themes may lead to the themes evolving into administrative structures.

The following Scientific Themes have been identified as a preliminary list by a working group and were modified by the TF. The sub Themes identified by the WG were left out.

- 1. Infectious Diseases**
- 2. Vaccine Evaluation**
- 3. Nutrition**
- 4. Health Systems**
- 5. Reproductive Health**
- 6. Environmental Health**

Eighty three Research projects and programmes are reported in the Director's report to the June 1999 BOT meeting. These research projects are arranged according to the above themes and location of the PI in the existing Scientific Divisions:

Scientific Divisions

Themes	CSD	HPED	LSD	PHSD
Infectious Diseases	18	-	13	1
Vaccine Evaluation	1	-	8	5
Nutrition	14	-	2	2
Health Systems	-	2	-	5
Reproductive Health	-	-	2	6
Environmental Health	-	1	3	-

While all the current projects in the Centre could be assigned to one or other of the Scientific Themes there are certain facts to be kept in mind:

1. Certain projects (e.g. ORP) includes many sub-projects but are shown as only a single project in the above table.
2. Many of the projects/programmes are inter divisional with CoPI's from other divisions. The above table is based on the Division in which the PI is located and therefore does not truly reflect inter-divisional synergies.
3. Several of the projects can be assigned to more than one theme and such a strategy is likely to increase Centre synergies
4. An inter-divisional approach to relevant scientific topics clearly exists in the Centre now. What is necessary is to formalise this approach and maximise its impact.
5. Till the list of scientific themes is finalised it will not be possible to decide on the Scientific Divisions where they will be located. Scientific Theme leaders have to be identified.
6. It was pointed out that the strong development of the Nutrition Working Group may be related to the fact of its close links to a Division (CSD) administrative structure. A critical question is likely to be who controls the finance for developing a theme? The theme group leader or the DD of the Division where the theme is located?

However a general consideration of the administrative and functional relationship between the Themes and the Divisions can be addressed.

Existing Role of Divisions and Division Directors

The Scientific Divisions are organised in accordance to the skills and expertise of groups of scientists. This enables the development of the skills of individual scientists and should define a clear career path for the scientists and others based on their research output. A scientific skill based environment is needed for fostering the development of junior scientists, technologists, field workers, technicians and other skilled employees. However the tendency of groups of scientists to build walls around themselves can lead to decreased synergistic growth in the Centre as such. This is compounded by the tendency for "empire" building. Three of the existing Scientific Divisions, CSD, LSD and PHSD are also responsible for major infrastructural facilities, the Dhaka Hospital, the Clinical Service Laboratory and Matlab respectively. It is important to recognise that there are other significant scientific infrastructures already in the Centre, several of them field based.

The current roles of the Divisions can be summarised as:

- Foster the development of scientific skills
- Ensure that all staff have appropriate career tracks and can progress in their profession.
- Maximise research output of all scientists
- Foster collaborative research with other Divisions.
- Develop collaborations with National and International research groups.

The current role of the Division Director, the Scientific and Administrative Head of the Division, can be summarised as:

- Scientific leadership and Mentoring of all the scientists in the Division
- Foster the development of scientific ideas into viable research projects.
- Division administration including career development, oversight of budgetary matters, maintenance of discipline, foster interpersonal relationship.
- Ensuring optimum utilisation of Human Resources.
- Individual research activities.

The Division Director has to be a scientist, a manager and a mentor.

Scientific Themes

The scientific themes reflect the research priorities of the Centre. The themes as they are listed above needs further refinement and a decision about deletions or additions. The Centre will prioritise and conceptualise the relevant themes. The themes list should be reviewed periodically.

A. Purpose of identifying Scientific Themes:

1. Creation of a critical mass of scientists in areas identified by the Centre as of high health and scientific priority, to enable cross fertilisation of ideas and generation of new research projects.
2. A forum for critical peer review of ongoing and completed research.
3. Providing the framework for displaying the Centre's research priorities and results to optimum advantage (Marketability).
4. Identified scientific themes may be a means of improved collaboration with National Institutions (Academic, Government and NGO) in Bangladesh.

B. Criteria for Identification of Scientific Theme Group Leader:

1. The Scientific Theme Leader should be a visionary who can offer innovative leadership and mentoring of peer scientists.
2. Scientific credentials based on publication record and funded projects
3. Good interpersonal and leadership skills
4. Willing to learn management skills
5. Sufficient experience to be considered part of Centre's senior management.
6. Theme group leadership could rotate among senior scientists in a group.

C. Composition of the scientific Theme Group.

1. All scientists (Principal Investigators) who are involved currently in research activities relating to the identified theme would form the core group.

2. Scientists who are not PIs and junior scientists should be enabled to be identified as part of scientific theme groups. This would be an important part of career development and should foster ways in which young scientists can become PIs.
3. A scientist may be a member of more than one scientific theme group.
4. Technologists, technicians, field workers and other scientific support staff would be identified as having skills valuable for a particular scientific theme. Their services could be contributed to more than one theme.

D. Function and administration of the scientific theme group

1. Provide a forum for the development of scientific research in areas identified as Centre priorities
2. The theme group is a vehicle for cooperative and coordinated scientific activity. It should accommodate all research projects relevant to the defined area.
3. While the theme group has a scientific function it is not at present an administrative unit. The PIs and projects will at present be located in Scientific Divisions according to the PIs scientific skills.
4. The oversight of the administration of each project/programme by the PI, the process audit of its progress and monitoring scientific output are the responsibility of the respective Scientific Division Directors assisted by the Theme Leader.
5. The skills of the ICDDR,B staff can be categorised into basic skills and applied skills. Several projects in different themes could require similar skills eg. Microbiology technicians, field interviewers. Mechanisms should be developed where people can be trained and supervised to foster their applied skills.

E. Relationship between the Scientific Division Director and Scientific Theme group Leader.

1. All Scientific Division Directors are scientists as well as administrators and hence will have peer interaction with the Scientific Theme Leaders and Scientists in relevant Theme Groups and Divisions.

2. The Scientific Divisions in which the theme group is based can be determined on the basis of the volume of work that is directly in the area of expertise of the Division; judged either by scientific productivity or the total budget in the Division
3. Some or all Division Directors may fulfil the criteria for leadership of a particular scientific theme. While it is desirable that a senior scientist other than a DD is identified as the Theme Group Leader, there should be no bar to a DD also being a group leader.

Summary of the discussions in the joint meeting of TF and EC.

1. The assignment of projects/programmes to more than one theme is likely to increase scientific synergies in the Centre.
2. The identification of a thematic approach to the scientific output to the Centre is going back to a historically relevant way in which the Centre was organised. At that time the mandate of the Centre was primarily on diarrhoeal diseases and on population dynamics. With the broader current mandate of the Centre, there is a real risk of duplication of infrastructural facilities if the scientific themes become the administrative units.
3. However if the Scientific Theme Group does not do the decision making in budget allocation, would the theme be viable?
4. It is therefore likely that over a period of time the administrative relationship outlined above could reverse with the Scientific Divisions fading and the themes becoming administrative units.
5. A possible answer to this problem is the decentralisation of budgetary authority to the PI after appropriate project authorisation. Under these circumstances a Centre Committee would be responsible for scientific prioritisation and allocation.

2. Project/Programme Authorisation, Management and Process Audit

One of the key recommendation of the consultants was that functional authority should be devolved to the lowest possible level. This was linked with the essential concept of Project and Programme management.

After careful consideration the idea of a "virtual" Programme Management Division has been found to be unworkable in the context of the Centre. An alternative strategy with three steps which can achieve the aims of decentralisation, increased efficiency and accountability is suggested.

1. Project/Programme Authorisation:

The present process of initiating a project/programme has the following steps.

- A research protocol is developed by a scientist (PI)
- The project is internally and externally reviewed
- The budget is prepared by PI and approved by budget office
- A revised project proposal incorporating responses to reviewers is presented to RRC.
- After RRC approval the project is submitted to ERC.
- Provided funds are available after ERC approval, the project is given a budget code.

The current reality is that in the process of budgeting there is little, if any, input by Division Directors. There is no data base available of time utilisation of scientists and scientific support staff to ensure optimum utilisation of existing staff. In general, if the project budget can accommodate, as far as possible new personnel are recruited. Even after the budget code is allocated the PI has to obtain administrative clearance from the DD, Finance, Personnel and Centre Director with delays in the response of Logistics Units who do not see the PI as a responsible manager.

Suggested strategy of Project/Programme Authorisation:

- a. Research protocols are developed by scientists in consultation with Scientific Theme Leaders/DD's.
- b. The proposal is internally and externally reviewed and modified appropriately.
- c. The PI identifies and raised the Human Resources, Capital, Consultants, Travel, Consumables etc. required for the project, with reference to established norms. Job descriptions, volume and time of work estimates, progress indicators and expected outcomes will be prepared by the PI.
- d. DD reviews the requirements and, utilising established data bases, ensures optimum utilisation of existing human resources and allocation of funds to cover the cost. Job descriptions of all new personnel will be carefully evaluated and measured against available man power and its utilisation.
- e. DD reviews requirement of other budgeted items in consultation with Scientific Theme Leader and reviews the set of indicators to monitor progress, financial, scientific and logistic.
- f. The budget is then approved by Finance and Personnel. A set of expenditure indicators will be prepared projecting fund flow requirements.
- g. The final revised protocol is presented to RRC and ERC for approval.
- h. After the clearance by ERC and when funds for the project are available there is Formal Project Authorisation by CFO, CPO and DD and the PI is authorised to operate: the budget from an approved date according to the line items which shall be on file with DD, Theme Leader, CFO and CPO. As long as no deviation from the authorised budget is required only the PI's signature is necessary for logistical units to act. The MIS will flag any deviation from the authorised budget.

2. Project/Programme Management

The project authorisation mechanism should ensure that:

- a. The full and detailed budget will be available in the MIS system and all mid level managers in Finance, Personnel and Logistic Units will have access to check each requisition by the PI. All requisitions which are covered by the authorisation should be immediately processed. The fund flow projection will control this process.

- b. All personnel requirements will be available to the Personnel office. Appropriate entries will be made in the files of existing personnel and necessary budgetary commitments made for proportionate salary allocation. All new posts will be advertised and recruitment made as per Centre's normal procedure.
- c. The concerned DD and senior managers can access the budget and measure it against present fund flow pattern and HR utilisation.
- d. HR utilisation information will be entered by the PI in the MIS system against as per standard protocols.
- e. Scientific progress indicators will be maintained in the MIS by the PI.
- f. The concerned DD and Theme Leader can access the relevant data to monitor progress.

3. Process Audit

- a. Process audit is a function directly responsible to Centre Director.
- b. The Process Auditor can directly access all information of a project in the MIS and check
it against predetermined progress indicators.
- c. A randomly selected number of projects/programmes will be audited where the primary
data is verified against the reported progress indicators.
- d. At the conclusion of the project/programme, outcomes can be measured against initial expected outcomes.
- e. The process Auditor will audit the functioning of all logistic and infrastructural units according to established service standards.

3. Scientists, logistics and management

The strategy of devolution of authority to scientists (PIs) can only succeed if there is Centrewide recognition of the key role of scientists and their relationship to logistics and management.

Basic Premise: The primary function of the ICDDR,B is research outputs that are relevant and implementable, in areas determined by its strategic plan guided by the Mission statement.

Functional Definitions:

A. Scientists: Primarily responsible for the research output through the coordinated activity of Junior Scientists, Technologists, Technicians and other staff, utilising the support provided by Logistic Units, Infrastructure and Management.

Roles:

- Develop relevant research ideas.
- Obtain funds for project support.
- Train and guide Junior Scientists, Technologists etc.
- Manage projects according to Centre guidelines.

B. Logistics: Activities that facilitate the scientific output such as Material management (Procurement and Stores), Information technology, Transport, Travel, Environmental cleanliness Buildings, Electricity, Water, Gas, Air conditioning, Cold rooms, Equipment, etc. Mid and Junior level managers are responsible for these activities. They should be accountable to the Scientists. The Scientific Infrastructure consisting of the Hospitals, Laboratories and field areas including Matlab are considered separately.

C. Management: Management is generally divided into three levels. The primary function of Management is as Mentors and Facilitators. Process audit is an essential part of mentoring.

C1. Senior Management: (Director, Division Directors, Theme leaders, CFO, CPO). At this level all have a management function. The Scientific Senior managers have scientific leadership and mentoring as an additional responsibility.

Senior Management responsibilities include:

1. Overall planning and external relations
2. Scientific leadership
3. Devolution of management authority to PIs for each programme/project
4. Process audit of project/programmes
5. Ensure optimum use of human resources
6. Mobilisation of financial resources

Role: Mentor and Facilitator

- C2. Mid level management: (Principal Investigators, Heads of Logistics Units).
- C2.1 The Project Authorisation Process, including allocation of resources, ensures that the responsibility for the management of the project/programme is entirely with the PI and is subject to process audit and accountability.
- C2.2 The Heads of Logistic Units have dual accountability to senior management and to PIs. Clear administration guidelines have to be developed to ensure that such a system works effectively.

Role: Facilitate the Scientific output within Centre guidelines. Ensure that guidelines are adhered to. Accountability is subject to process audit.

- C3. Junior Management: (Designated staff in Logistic units).

Role: Facilitation of Scientific Output by optimal performance of designated functions. Initiative and innovation in carrying out assigned function will be a key process indicator.

Implications:

1. The Centre accepts Scientific output as the major objective.
2. Role of each level in the Management Chain/Scientific Teams/Logistic units should be defined. Training as appropriate especially in role change is essential.
3. Policy guidelines to be developed and implemented.
4. The process of Project/Programme authorisation and devolution of authority to be instituted.
5. Process audit to be defined and instituted.
6. The development of an appropriate MIS is an essential requisite for this.
7. Establish service standards for all logistic and infrastructure units.

4. Management of the Scientific Infrastructure: Hospitals, Laboratories and Field Stations (including Matlab).

The Management consultants suggested that the Dhaka Hospital, the Matlab Infrastructure and the Clinical Service Laboratory be delinked from the Scientific Divisions in which they are now housed (CSD, PHSD and LSD respectively) and be transferred to a separate Support Service Division where in addition much of the existing functions of the Directors Division covering logistics, personnel and finance would also be placed.

A. From the management perspective this might appear ideal for the following reasons:

- A unit cost can be decided for each activity which can then be charged to projects thereby facilitating cost recovery. These facilities are now primarily funded from unrestricted funds.
- Separation from the Scientific Divisions would lead to better human resource utilisation and cost optimisation.
- Professional managers in charge would increase efficiency and costs would reduce.

B. However a careful analysis of the present situation suggests that these assumptions are not without flaws. Each of these facilities can be considered separately to decide whether the decision to delink them from the Scientific Divisions was correct.

C. Clinical Service Laboratory:

- This is already under several separate budget codes and is a self supporting activity which contributes cash income to the unrestricted funds of the Centre.
- Quality assurance and ensuring updated technologies mandate that the ideal leader of the clinical laboratory is a scientist with management skills and not a professional manager.
- Interaction of the scientists, technologists and technicians in the Service Laboratory with the Research Laboratory personnel leads to exchange and upgradation of skills.
- The Clinical Laboratory also serves a research function as the support facility for several research projects. These activities are costed and recovered.

D. The Dhaka Hospital:

- The CRSC is the "Compassionate face" of the ICDDR,B, open 24 hours and saving thousands of lives.
- The Clinical Scientists in the CSD play a dual role as clinicians in the CRSC with their own research agenda. This leads to optimum Human Resources utilisation.
- Since only about 5000 patients of the average of 120,000 patients seen each year are actually enrolled in research protocols, it has been estimated that only a patient attendance of about 50,000 is required for this purpose. This is a fallacy. The strict inclusion and exclusion criteria for enrolment in projects results in only a very few patients who fulfil the criteria. We are able to recruit them because of the large numbers also are seen.
- The CRSC is already identified as a cost Centre and there is some cost recovery from the protocols. The basis of the cost recovery can be examined further.

E. Matlab Infrastructure:

A detailed analysis of Matlab can be made later. Much of Matlab infrastructure is currently projectised. Several new research projects in vaccine evaluation, IMCI and environmental health are likely to be in Matlab in the next few years.

F. Conclusions:

1. The Clinical Laboratory Service is a financially self supporting activity. In fact if we actively market this, the income generating potential is considerable.
2. The hospital is essential as long as infectious diseases are the research priority of the Centre. The base number of patients seen to provide adequate patients for enrolment in research protocols is debatable. However the hospital service activities are eminently projectisable particularly for donors interested in humanitarian assistance rather than research.
3. Projectisation of Matlab is possible. It is likely that the Centre's focus on Vaccine Evaluation can significantly enhance the project support to the Matlab infrastructure.

4. The Task Force therefore suggests that till such time as the 4 Scientific Division structure of the Centre is changed these "infrastructural activities" remain as the responsibility of allied Scientific Divisions. However they must be costed separately and full cost recovery attempted. Additional income generation should be encouraged where possible.

G. The future:

The external consultants only addressed the limited issue of the Hospitals, Service Lab and Matlab. However the Research infrastructure extends much beyond these to include all the field sites of ICDDR,B and all the infrastructure that is now supporting research.

The TF recommends:

1. Although at present it is appropriate that the hospitals, Matlab and the Service Laboratory remain with the respective Scientific Divisions, as the thematic approach evolves there is a likelihood that the role of Scientific Divisions may decrease.
2. It is essential for ICDDR,B to develop a policy on the management of scientific infrastructure that can be applied uniformly to all such requirements.
3. There are several possible strategies that can be explored if the Centre decides on this course.

5. Preliminary Costing Strategy

The Centre has over the past years relied on unrestricted contributions and overhead on projects to support its core programs and services. In almost all situations, these activities are necessary to support the Centres research agenda.

In the last five years, there has been a dramatic fall in unrestricted contributions as well as many donors reducing or unable to pay overheads on project funding.

In this situation, the Centre must shift towards including costs from core departments and services into project activities. This must be done on a basis where the non project activity can be measured and costed as to its direct relationship to a project.

The Centre must also develop a clear methodology for establishing a overhead (indirect) cost rate for all the activities that cannot be costed as a direct project cost.

Steps to be taken to develop the appropriate direct and indirect cost components.

Direct Cost Component

1. Review each component of a Division or Department to determine if a activity or function can be directly related to projects.
2. Develop a methodology for allocating the costs of each function as a direct cost to a project.
3. Determine the unit costing for the service provided.
4. Develop a system for charging the appropriate unit costs to projects.
5. Develop methodology and guidelines to include all relevant support costs as direct project costs in funding applications.
6. Develop procedure for auditing unit costs on a periodic basis.
7. Prepare documentation for the methodology and costing of each activity to be charged as a direct cost.
8. Develop procedures for reviewing the methodology and costing of each activity on a periodic basis, but at least every 2 years.

Indirect Costs (Overhead)

All activities and associated costs that cannot be allocated as a direct cost to a project must be determined and funded by means of a overhead charge to projects. This must include all activities that provide a necessary service for all projects and programmes at the Centre.

A special study will have to be carried to determine the required level of patients necessary at the Dhaka and Matlab hospital to support research activities. Excess patients including supports services associated with this patient care (indirect costs) should not be included in the overhead computation.

Steps to be taken to develop the methodology and formula for overhead:

1. Determine by Division or Department which activities cannot be allocated to a project as a direct cost.
2. Determine which activities are essential to support research activities verses services to the public.
3. Determine the most equitable method of allocating overheads, i.e. dollar value of a project or personnel utilized in a project.
4. Document methodology and computation of overhead.
5. Develop procedures for reviewing overhead methodology and rates on a periodic basis (annually).
- 6.. Develop a procedure for auditing overhead rates on a periodic basis.
7. Establish guidelines for determining the acceptance of project funds where full overhead is not provided.

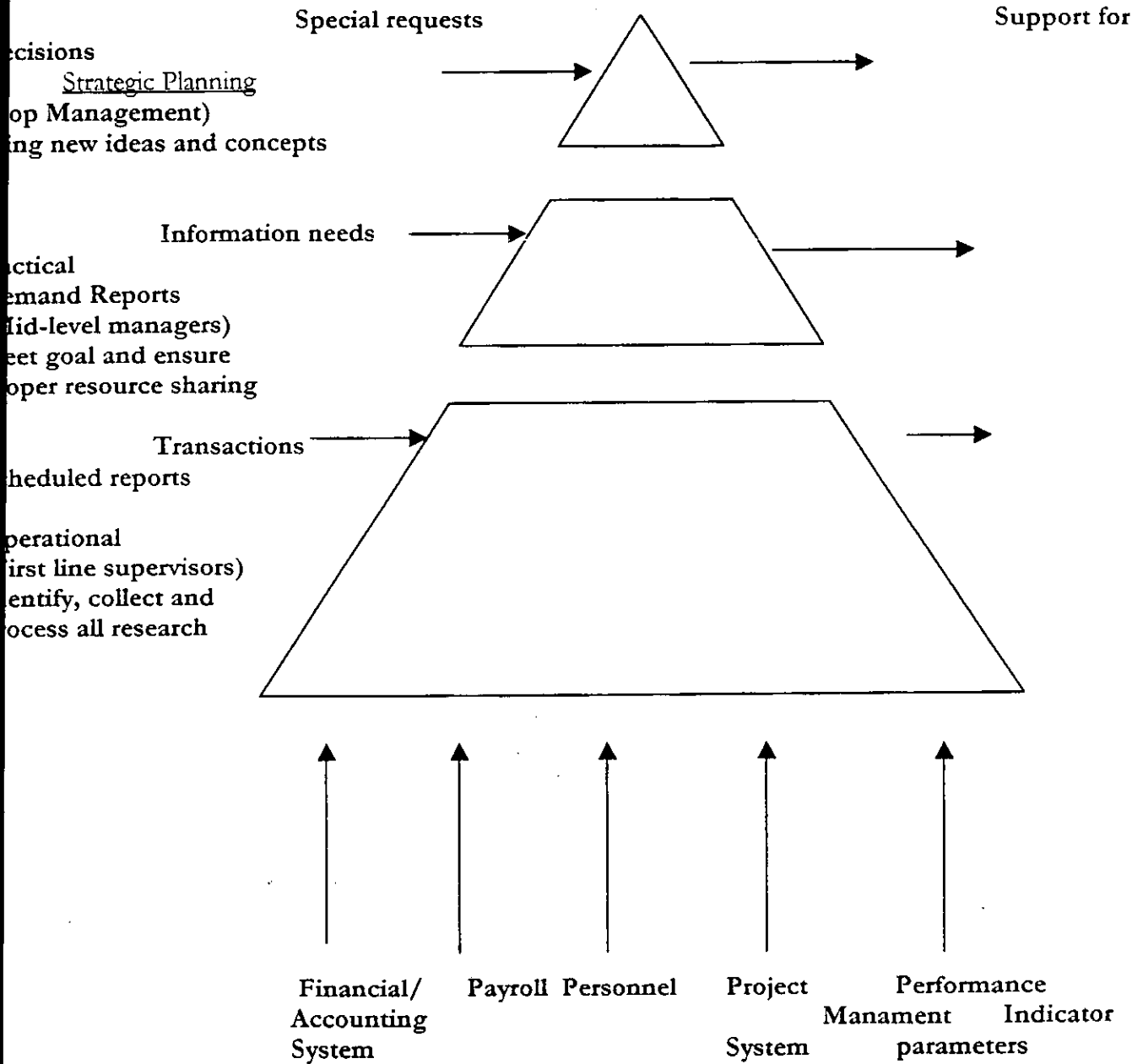
6. MIS Requirement Report

Part-A

Objective: To develop input processing system, output reports, storage and control systems that convert data resources into information products for Management, PIs and end-users in ICDDR,B. MIS should focus on providing managerial end users with predefined management reports which would give individual PIs/Managers the information they need for decision making purposes. It should include the following components:

- **Decision making needs of strategic (top) management**
- **Technical (middle) management**
- **Operating (supervisory) management.**

iii) A framework for Management Information Systems



Application development issues in the MIS planning

Strategic Issues	Tactical Issues
What applications will bring about the highest return?	Are the phases of the systems development life cycle being successfully accomplished?
What applications will support the strategic goals of the organization?	Are projects being completed within time and cost constraints?
Should we move toward a data driven Application development environment?	Do user-managers have an opportunity to review project activities and outcomes at checkpoints in the systems development process?
Can CASE (Computer Aided Software Engineering) tools be used to improve productivity?	
Should software packages be used?	
Should fourth-generation languages/RDBMS be used?	

New Technology issues in MIS planning process

Strategic Issues	Tactical Issues
What opportunities do new technology provide?	What equipment selection strategy should be designed?
Do we invest in latest personal computers? Office automation?	What vendor strategy is needed?
How do we integrate midrange-based data systems with latest personal computers?	What controls over equipment acquisition must be introduced?

Organization and Management issues in MIS planing

Strategic Issues	Tactical Issues
How will information processing be Organized?	What project management guidelines must be followed by user-managers in accomplishing local projects?

What will be the respective roles of user-managers and information systems professionals?

What new skills will be needed by user-managers?

What new skills will be needed by Information processing professionals?

What training and professional development strategies are needed to prepare information processing professionals for their new roles?

Part-B

MIS Resource Requirements:

- : People (end users and IS specialists)
- : Hardware
- : Software
- : MIS modules
- : Networks (LANs, Remote communication for LAN)

i) People:

IS (Information System) specialists are people who operate, develop and maintain the system. They include MIS application Designers, Programmers, other managerial, technical, and clerical IS specialists. Application Designers independent of hardware or software set requirements for end users (Directors, PIs and end users), programmers prepare programs based on the specifications of MIS Application designer, and the clerical IS specialists operate the MIS applications.

End Users:

Users or clients who use an information system or the information it produces. They can be people on staff from Directors' division or staff from Scientific divisions/Projects. Most of the staff who would be on the Centre Network are MIS end users.

Hardware Resources for MIS:

Existing Mid-range Hardware System:

- # AS/400 running DB2/400 RDBMS, RPG/400/Query/400
- # Sun UNIX running Oracle RDBMS

(Proposed) Systems:

Option A:

I. Mid-range Server RISC based platform

- (a) RS/6000 IBM Server 64-bit
- (b) SUN UNIX Server 64-bit
- (c) Alpha Servers (Digital)
- (d) AS/400

Option B:

II. PC Based Server

- (a) Net-Finity or any high-end IBM Server
- (b) HP/Compaq High-end Server

End – user Hardware for MIS:

- a) PC configuration
 - Pentium II
 - 64 MB RAM
 - 8 GB HD

iii) Software Resources for MIS :

MIS Host Software

Mid-range:

OS : (Operating System) for Proposed System (Mid-range systems) : UNIX
for Alpha System Windows NT Server can be used

OS : For PC based system :
Window NT 4.0 Server or later

MIS end-user Operating System (OS) software:

OS : Windows 1998 or later version / Windows NT Work station

Application Software Development Environment :

A. The proposed system could be developed using Client/Server model on distributed database systems hosted from respective department/projects, using any of the Relational Database Management System (RDBMS) given below as back-end/front-end combination:

- a) Microsoft SQL Sever / MS Access or Visual Basic
- b) Oracle / Developer 2000

B. Proposed local database platform: a) MS Visual Basic /MS Access / MS Visual Fox-Pro

Parts of the MIS systems if needed can be integrated with the Centre Web Page for Internet links.

iv) MIS Modules:

The MIS modules can be designed for three different tier of the management. Three MIS modules will be produced for decision making purpose. These are on: (i) Financial/Accounting Profile (ii) Donor Profile (iii) Staff Profile. These modules will be on line. The three tiers are:

- i) Director
- ii) Division Director/CFO/CPO
- iii) Principal Investigator

Director:

The director would get summarized information Divisionwise and themewise and would have access to all resources in the MIS as superuser.

Division Directors:

Besides many information they would need system should include information for breakdown of staff's salaries, % of budgets and % of time .

CFO :

Should include Access to complete Financial Information. Weekly and Monthly bank position

CPO:

Should include reports for functional category for example Programmers etc.

Pis/Supervisors :

Supervisors would enter workload of a staff for optimal usage of a staff
Field workers' time utilization

Financial/Accounting System:

Financial Information systems are essential information system for any organization. Like other information systems they can be categorized into operational, tactical and strategic planning system. Each category of financial information uses data of somewhat different nature, is used principally by persons at different levels within an organization, and supports decisions of a different nature.

Project Management Information System with Performance Indicator Module:

The three levels of the MIS framework as described earlier is responsible for this MIS module:

Operational Part:

This primarily records routine, repetitive, descriptive, expected and objective data that describe past project/research activities. The information produces is usually detailed, highly structured, accurate, derived from internal sources, and produced regularly.

Tactical Part:

This part differs from operational part because they design and develop customized software, generate ad hoc reports, create unexpected as well as expected output, produce comparative as well as descriptive information, provide summary information as opposed to detailed data, include both internal and external data resources, and process subjective as well as objective data.

Strategic Part:

To develop an overall research/project ideas, an organization may engage in a variety of tactical and strategic planning activities. The strategic activities may include segmenting the research into target groups of potential groups based on common wishes to reach, planning projects and results.

Program Performance indicator for Project Management System:

- i) Program Performance indicators will be different for different program/project. However, the following indicator may form a common platform for division and/or project.
 - a) Number of Journal articles
 - b) Number of working paper
 - c) Number of protocol completed
 - d) Number of IDSF presentation
 - e) Number of Intervention update
 - f) Annual reports, manuals, monographs
 - g) Scaling up in the national and the international program
 - h) Technical assistance provided
 - i) Number of Dissemination workshop held
 - j) Number of Training workshop held

Monitoring Systems Module:

It can be developed in three Phases to ensure following:

- (a) Project development steps are completed
- (b) Operation plan is followed (protocols) with respect to standards and enforcement guidelines preferred by donors.
- (c) A method for continuing service of the implementation of the project and any modifications there to assure compliance.

- Also Project Monitoring /management tools can be designed to fully track time, cost and resources depending on different parameters defined by individual Division/Project.

HRMS: (Human Resource Management System):

HRMS is concerned with the individuals who constitute the organization. From the standpoint of organization, this module is responsible for the acquisition and effective use of individuals within the organization. To manage the diverse, and important resource within a complex environment, human resource departments rely on computer-based information systems. Computer based information systems can address a variety of human resource functions in an integrated and comprehensive manner. Computer-based information also provide support for a single or a small group of human resource activities.

Flexibility of the overall MIS:

- Client/Server Applications
- Hardware Independent OS
- Modular in Design

Networks (LANs , Remote communication for system):

- v) **LANs:** Centre LAN now incorporates about 300 PC through Fast-Ethernet/Fiber backbone. There are seven departmental LAN now in the Centre as follows:
- a) CIS
 - b) ORP
 - c) FINANCE
 - d) DSS
 - e) DISC
 - f) DIRECTOR DIVISION
 - g) MATLAB (REMOTE LAN)

Each above LANs (Departmental) has their own Servers for Departmental user making the distributed enterprise environment which is very useful for implementing MIS Application. LAN will offer sharing of data, printers and other public information including Intranet activities.

Remote system:

MATLAB is the only remote LAN which is connected to Dhaka (off-line) by dialing to CIS. Similar to Matlab LAN, other remote stations/field offices can be connected to Centre SystemPart-C

i) Financial System:

Financial System is hosted from AS/400 which is on the Centre Network backbone. The system offers following reports:

- a) **Division Director**
Summarized Cost Report by Division
 - 1. By Expenditure line item
 - 2. By Branch/project by line item

- b) **Interdepartmental Service Area**
- Recovery Report by Branch/project
- c) **P.I/ Branch Head**

1. Summarized Cost Report
2. Detail Cost Report
3. Detail Committed Expenditure

d) Advance Holder

1. Detail Advance Statement

e) Chief Finance Officer & Finance

1. Income Expenditure Statement
2. General Ledger
3. Trial Balances
4. Revenue Reports
5. Bank position
6. There are other supplementary detail reports which are available to support above reports/statements

f) Detail information for:

- Annual Audit
- Donor Audit
- Donor Reporting

ii) Payroll System produces the following from AS/400:

1. Reconsideration with Personal System Manual
2. Pay slip
3. Bank Disbursement Report
4. Pay Register
5. Summarized Report for Bank Transfer
6. Festival Disbursement
7. Bonus Disbursement
8. R.F / P.F Calculation Report

The above report is produced for both Local & International Employee Separately.

9. Medical Bill Disbursement
10. Travel Bill Disbursement

Personnel Management System

1. Detail Information of Staff as of Date / Run date
2. List of National Officer with Increment during a period, General Services Staff and Community Health workers with Increment during a period
3. List of national Officers, General Services and Community Health workers on probation till Date / Run date

4. List of Employee Retiring during period
5. Insurance Premium of Fixed/Community Health Workers calculated for Finance Department
6. Detail Annual Leave Statement of all Employee
7. Detail Annual Leave Statement of Matlab Employee
8. Annual Leave Balance Status Report to Employee
9. Annual Leave Statement by Budget code for Finance Department
10. Calculates balance and taken day for each type of leave of each active Employee
11. Calculates yearly annual leave balance
12. Leave data entry program
13. Create a text file (ASCII) with the leave balance of the employee ordered by budget code. The file is sent to FINANCE. The program is run from SQL PLUS environment
14. Lists the staff who have taken sick leaves more than allowed limit in a certain period
15. Report in Character format file created for Finance from Fixed Term staff insurance data
16. Report in character format file created for Finance from CHW insurance data
17. Letter to separated staff on leave balance, taken etc.
18. Summary information on annual balance of leave of active employee

Comments: These remains stand alone. Integration will benefit all in terms of accuracy, speedy ready made situation on any particular date.

Part D:

OFFICE AUTOMATION:

A Centrewide Office Automation System can be implemented which will introduce paperless office automation environment for sharing, tasks, schedules, appointments, departmental meeting and activities through Centre Public and departmental folders.

MIS should also bring paperless environment for hospital, patients record system and pharmacy.

Existing System:

MS Exchange Server with Outlook for E-mail, MS Schedule+ and Task tools is already installed on Centre Server which can be delivered to end-users if decided.

Future System:

MS Exchange Server System or
Lotus Notes

ANNEXURE I

Minutes of Task Force Meetings

	Page No.
10/NOV/1998 (With flow chart and responsibilities)	1-4
12/Nov/1998	5
17/Nov/1998 (With NOC Staff)	6
18/Nov/1998 (With Representative Staff Committee)	7-8
28/Nov/1998	8-9
30/Nov/1998 (With NOC/D,E and Int'l Staff)	9
15/Dec/1998	10
15/Dec/1998 (With NOC/D,E and Int'l Staff)	11-12
17/Dec/1998	12
23/Dec/1998	13
17/Feb/1999 (With Prof. David Sack & EC)	13-14
16/Apr/1999 (With Prof. David Sack)	14-16
22/Apr/1998	16-18

Minutes of the meeting held on Tuesday 10th November, 1998 at ICDDR,B, Guest House, Gulshan

Present:

Mr. J.O. Martin, Chairman, BOT
Prof. M. Jacob, Member BOT (for 1st 30 minutes)
Prof. P. MacDonald, Member, BOT
Prof. G. Fuchs, Interim Director
Prof. Barkat-E-Khuda, Member Task Force
Prof. V.I. Mathan, Member Task Force
Mr. J. Winkelmann, Member Task Force
Mr. Jurg Frick, Consultant
Mr. Mathias Scherler, Consultant

Mr. J. Martin initiated the meeting and stated:

- This meeting between some members of the BOT Guidance Team, three members of the Task Force and the consultants was convened to clarify the terms of reference (Flow Diagram and Table) which was given by the BOT to the Interim Director and the members of the Executive Committee in draft form on the evening of Monday 9th November and to finalise it.
- The BOT Guidance Team will play a decisive role in the reorganisation and development process and has authority to make decisions on personnel and budgetary matters related to the process.
- The driving force in the Centre for the reorganisation is the Board appointed Task Force.
- The BOT Guidance Team must be kept fully informed at all points of the way by the Task Force.
- Forms and lines of communication between the Task Force, the BOT Guidance Team and the Task Force and other Centre staff especially the EC must be clear.
- Every question raised about the reorganisation shall be answered by the Task Force.

Mr. Martin then requested Mr. Frick to be the ad hoc Chair of the meeting.

Prof. Mathan presented to the group a revised flow diagram and Table and made the following clarifications.

- The Task Force will report to and be steered and controlled by the Guidance Team.
- External Consultants while very valuable for the work of the Task Force will not be members of the Task Force.
- The reorganisation process is a Centre wide process and therefore the Centre staff should surround the Task Force and not be shown in a separate box.
- The EC and the Representative Staff committee including the President of SWA will be kept fully informed and all feedback will be given careful consideration for inclusion in the overall work plan for reorganisation.

- The Task Force will create working groups of the Centre staff to work out the details of sub projects.
- The Guidance Team will be responsible for communication with the Donors especially at Headquarters while all communication with the local Donor Support Group in Dhaka will be through the Executive Committee and Director.

There was a full and detailed discussion on these and other points. The following additional points were also considered.

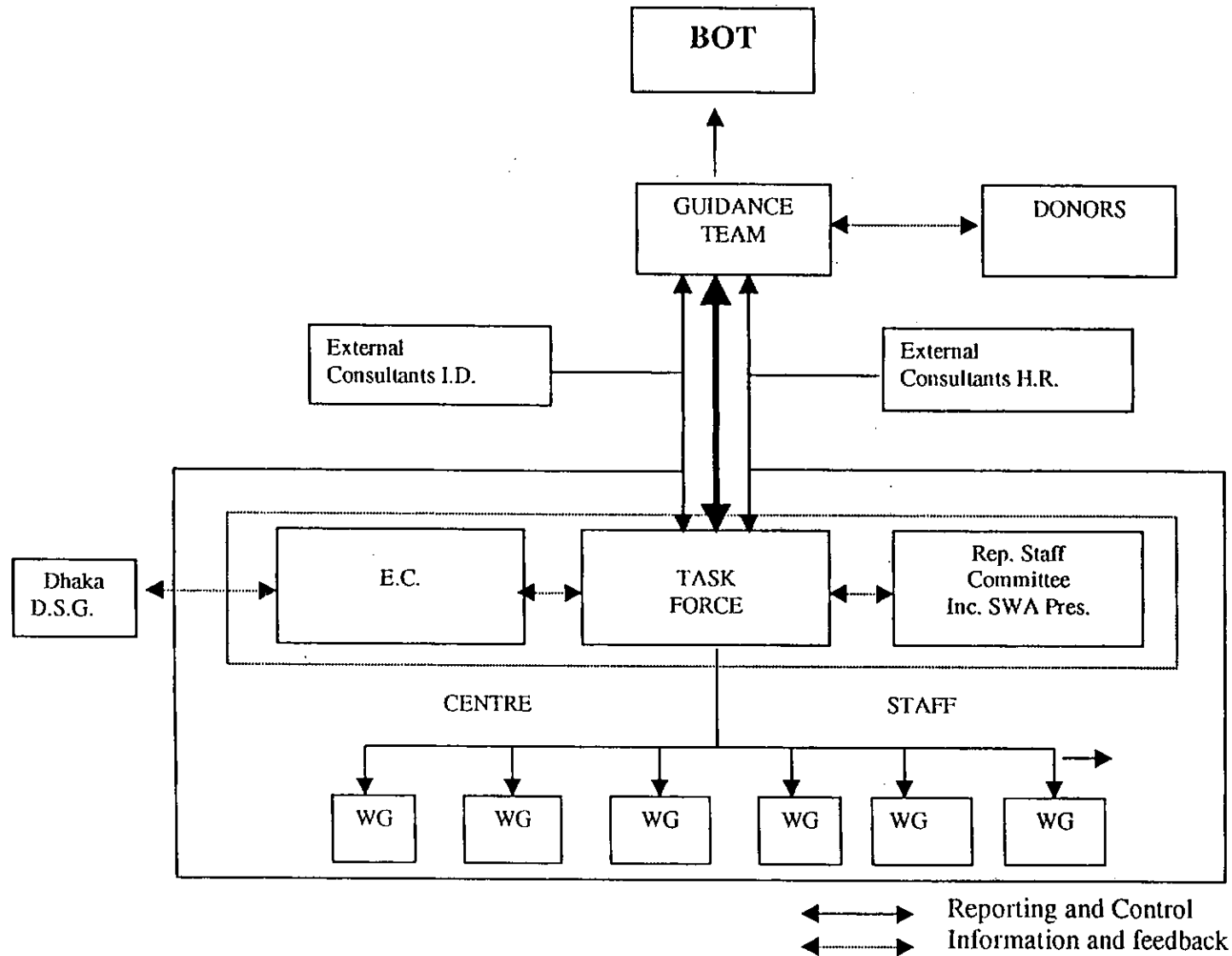
- Dr. Firdausi Qadri will be the 4th member of the Task Force.
- The Task Force, EC and the Representative Staff Committee will form a core team in the reorganisation process.

The revised flow chart and the table with revised descriptions of responsibilities and time line were approved. (See Annexure for revised final Flow Diagram and Table of responsibilities)

The following points were also noted.

- All meetings will have written agendas and detailed minutes which will be shared with the EC and the Guidance Team for feedback in draft form. All questions raised will be addressed and answered by the Task Force. It was recognised that while the Task Force will listen and take into consideration all proposals it is understood that all proposals cannot conceivably be accommodated.
- Ways of conflict resolution, if necessary with outside help (Guidance Team; consultants), have to be worked out.
- There is a considerable cost in time for the additional work of all staff involved and the time line of deliverables have to be realistic. However the business of the Centre has to continue without loss of productivity.
- All HR issues have to be worked out with external consultants as appropriate.
- The budget for the task Force has to be a detailed ledger of all expenditure. The Task Force should work out an interim budget expeditiously. The Guidance Team will facilitate the necessary funds.
- MIS-IT and costing were high priority tasks. External consultants would be needed at the appropriate time.
- There would be a memo from the Chair of the BOT to the Interim Director on the reorganisation Task Force. The Interim Director will send a memo to all staff on the reorganisation plan. Copies of the Consultants final report will be made available to all staff and the Task Force will expeditiously meet with groups of staff for detailed discussion.
- Prof. Peter MacDonald presented an alternate structure for reorganisation, which was similar to the original ideas of M&P which will be considered by the appropriate working group and the Task Force.
- The meeting closed at about 3 P.M. with the BOT Chair thanking the consultants and the consultants thanking the EC and the Board for the positive interaction.

REORGANISATION PLAN – THE WAY FORWARD



REORGANISATION RESPONSIBILITIES

Groups	Composition	Terms of Reference	Deliverables	Time line
Task Force	Mathan, Barkat Winkleman, Qadri With power to co-opt for specific needs	Project management of the change	<ol style="list-style-type: none"> 1. Staff Buy in 2. Detailed studies of structure 3. Preliminary costing strategies 4. Details of Sub Projects 5. Detail Prog. Plan with milestones 6. Initiation of work groups 7. Communication concept 8. Prepare all documents for BOT 	<p>Dec. 01, 1998 Dec. 31, 1998 Dec. 31, 1998 Dec. 31, 1998 Jan. 15, 1998</p> <p>As and when needed Dec. 31, 1998 Apr. 30, 1999</p>
Centre staff				
EC Rep. staff. cttee	Existing Rep. All levels + SWA President	Buy in Sounding Board Facilitate staff interaction with task force	<ol style="list-style-type: none"> 1. Staff Buy in 2. Periodic reports. 	<p>Dec. 01, 1998 Ongoing As per time table</p>
All staff	All staff	Buy in and keep momentum		
Working groups	Designated staff	As per working group duties	Working group report	To be specified
Transition Guidance Team (BOT)	J. Martin, M. Jacobs R. Carriere P. MacDonald Maj.Gen.Choudhury Director M.M. Reza	<ul style="list-style-type: none"> . Guiding and steering the task force by inputs and feedback as appropriate. . Monitoring the progress. . Interim approvals . Raise funds for reorganisation. . Donor contacts . Decisions <p>. Available for administrative inputs</p>	<ol style="list-style-type: none"> 1. Minutes of TF for approval 2. Mid term meeting at an appropriate time & place 3. Funds 4. Decisions and final Board approval 	<p>Ongoing To be decided</p> <p>Ongoing June 1999</p>
External Consultants	To be named	Coaching, facilitating. Specialised inputs	Defined by terms of reference	To be specified

Minutes of the meeting of the Task Force on Thursday 12/11/98 at 11:30 A.M. in Mr. John Winkleman's office

Present:

Dr. Barkat-e-Khuda
Dr. Firdausi Qadri
Prof. V.I. Mathan
Mr. John Winkelmann

1. The Task Force unanimously decided that Prof. V.I. Mathan will be the Chair of the Task Force.
2. VIM presented the draft of a memo to all staff (Annexure 1) which was approved with correction. This draft had been earlier approved by the Interim Director. All members of the Task Force will sign this memo. Names will be listed in alphabetic order.
3. The revised flow diagram and Table of responsibilities were presented as finalised on 12/11/98 at the meeting in the guest house and was noted.
4. A tentative list of names was prepared for the Representative Staff Committee and it was decided that this will be finalised in consultation with the EC. Three representatives will be selected from each Division of whom at least one should be a lady and one from the GS group. The total number of members will be 16 including the President of SWA.
5. The Task Force identified that it was necessary to start the work of three working groups as soon as possible.

5.1. Working group on New Structure of Centre

Dr. Abbas Bhuiyan
Dr. M.A. Salam
Dr. Subrata Routh
Dr. Tasnim Azim (Chair)
Mr. Wahabuzzaman Ahmed

5.2. Working Group on Costing

Dr. Tahmeed Ahmed
Mr. Akhtar Ahmed
Dr. Anowar Hossain
Dr. Mahmud Khan
Mr. M. Bozlur Rahman
Ms. Shamima Moin (Chair)

5.3. Working Group on MIS and IT

Mr. Abu Sufian Alam (Chair)
Mr. K.M. Lutfur Rahman
Mr. Khorshed Mazumder
Mr. Abdul Razzaque
Dr. S.M. Faruque
Dr. A.S.G. Faruque

Notes on meeting held by the Task Force with the NOC staff regarding reorganisation strategy on Tuesday, November 17, 1998 at 2:00 p.m.

The meeting was chaired by Prof. V.I. Mathan

He presented the salient features of the vision plan presented by the consultants, Mummert and Partner for the reorganisation and development of the Centre which was accepted by the BOT in their November meeting.

Dr. Shahadat Hossain: This reorganisation plan appears to have cost-effective analysis to run the Centre but no alternative assumption has been made which is termed as sensitivity analysis. An alternative assumption would be needed for consideration also.

He also said that the reorganisation plan may have adverse impact on quality of the research work because the PIs of the respective projects would have lesser control than at present.

He also observed that whether this is the appropriate time to consider such radical changes in organisation when a new Director for the Centre is expected to be appointed shortly.

Dr. Subrata Routh: Raised a point on the term "Virtual Division" under which all projects are proposed to be organised.

Prof. Mathan observed that the concept of the proposal is to enhance the quality of productivity and achieve better utilisation of human resources.

Dr. Tasnim Azim: It seems that in this reorganisation plan PIs will not only report to the Division Director but also to the Programme Committee. It appears that the system is more bureaucratic in nature.

Dr. Rashidul Haque: This new system that has been proposed by the consultants is existing in other international organisations like ICDDR,B?

Mrs. Shamima Moin: The Centre's budget and activities are donor driven.

Previously the Centre had maintained a dept from which projects used to get services but eventually projects shifted from that system and started hiring employees for individual project.

Mr. M.A. Wahed: Suggested that the final outline of the reorganisation plan should be subjected to review by a suitable third party of international repute.

Dr. Shafiq Sarker: Raised the issue of scientists' role in the changed set up.

Prof. George Fuchs, Interim Director, attended the meeting for the last part. He explained to the meeting that elaborate discussions will be held by the various groups and final developments will be decided after careful review and taking into consideration all the suggestions and view points.

Notes on the deliberations of the meeting held by the Task Force with the members of the Representative Staff Committee on Wednesday, 18 November 1998 in Sasakawa Training Room No. 2.

The meeting was chaired by Prof. V.I. Mathan

Prof. Mathan presented the outline of the reorganisation plan of the Centre and stated this was accepted in principle by the BOT and the donors. However suggestions for streamlining and further improvement will be welcome from the participants.

Dr. Rabbani: Raised some important issues regarding the reorganisation plan. He noted that the problems, objectives, and scopes for reorganisation have not been sufficiently mentioned in the background.

- The term "Managing Director" is not appropriate for an academic organisation like ICDDR,B
- The reorganisation should involve the new Director of the Centre and may be delayed.
- The Centre has been viewed as "with a big corporate identity" this is a wrong concept for an academic institute like ICDDR,B
- The 3 Division structure as proposed in the reorganisation plan may not be the ideal solution and needs to be further reviewed.

Dr. Yunus: wanted to know the purpose of forming this committee and whether there were any terms of reference.

Prof. Mathan observed that the main idea is to encourage involvement of the staff in the transition with their invaluable inputs.

Dr. Yunus stated that BOT is the authority to initiate changes but likely results should be kept in view before finalisation of the plan.

He also pointed out that this important issue of reorganisation has been taken up before appointment of a permanent Director for the Centre.

Prof. Mathan and Mr. Winkelmann said that two likely candidates for the post of Director had been kept fully informed of the reorganisation plan and briefed by the consultants prior to BOT meeting in November.

Dr. Anjuman Ara enquired about the origin of idea for reorganisation and questioned whether this will lead the Centre in the right direction.

Mr. Hanifur Rahman: Stated that structural change is welcome but procedural change is also needed at the same time to achieve result. Thus a review of the procedure of work should also be given priority.

He also raised the point as to how the efficiency under the changed structure would be judged as compared to the present quality of work. Is there any benchmark for such estimation?

Dr. Shahadat Hossain: pointed out that the Centre has attained this present shape by a gradual process through long years step by step but now a change is visualised within a very short period. This may cause a psychological trauma with the staff who will have to adapt themselves to a radical change.

Mr. S.I. Khan: He wanted to know how the feedback will be transmitted from the staff

to the Guidance Team.

Prof. Mathan explained that various meetings will be held with different groups of staff (already formed) and their valuable suggestions/inputs will be forwarded to the Guidance Team for implementation.

* * * * *

D R A F T

Minutes of the Task Force meeting 28/11/98.

Present: Barkat-e-Khuda, Firdausi Qadri, Nigar Shahid, V.I. Mathan, John Winkelmann

1. Dr. Nigar Shahid was welcomed to the Task Force. Dr. Iqbal Kabir is still on leave.

2. The Chair informed the Task Force that the following meetings have taken place with the staff. Several of TF members were also present at all these meetings.

- 17/11/98 NOD,NOE and International staff
- 17/11/98 NOC staff
- 18/11/98 Representative Staff Committee
- 23/11/98 NOA & B staff
- 23/11/98 GAS 1 and 2 staff
- 24/11/98 Matlab 2 meetings. Senior staff (AM) others (PM)
- 25/11/98 GS III and IV staff
- 26/11/98 GS V and VI staff

At each of the meetings the Task Force explained the report of the consultants and the terms of reference the Board has given the Task Force and the Staff.

Concerns were expressed by some of the NOC,D,E and International staff about several aspects of the reorganisation report. It was pointed out that statements on page 11 and page 79 of the report about the composition of the Task Force and of potential future role of members of the Task Force were inappropriate. There was also concerns about the exact functioning of a "virtual" programme vision and the possibility that the envisaged structure may be even more hierarchical and cumbersome than the present one. All the staff had not had a chance to carefully study the report.

There would be a further meeting with NOC,D,E and International staff on 30/11/98. The TF recognised that further progress on the reorganisation would depend on the cooperation of all staff especially the senior staff. The working groups identified earlier have not yet been constituted and started their work pending the finalisation of staff acceptance.

3. The Task Force had preliminary discussions on the issues that have to be addressed urgently.

3.1. The Task Force discussed and identified that the key changes envisaged in the reorganisation are: (1) Optimum Project Management (2) Costing and Cost Recovery, (3) MIS and IT. Several other sub projects are already identified.

3. 2. Optimum Project Management Strategies. The key step in this is the "Principal Capacity Allocation" as shown in Chart 26 on page 64 of the document. The optimum allocation and budgeting of human resources which will involve the three Division Directors, the Principal Investigators of each project (Project Manager) and the Topic Leaders is essential for successful project management. This can only be done effectively if the capacity utilisation of all staff are available through MIS and the optimum need of resources for each project is clearly identified by the PI. The project cost will be defined by this. The role of each of the Division Director at this point and how the progress of the project is to be monitored and facilitated by MIS should be clearly worked out. This will allay much of the anxiety of the staff.

3. 3. The concept of virtual division was discussed. It was felt that since project management is one of the crucial activities in the reorganisation, it should be considered "real" rather than "virtual". The role of the project management Division has to be clearly defined, especially since the human resources will be in the other two Divisions.

* * * * *

D R A F T

Minutes of the meeting of the Task Force with the NOC, D, E and International staff on 30/11/98 at 2:00 P.M.

Appropriately 30 of the senior staff met with the Task Force. The Interim Director was also present. The following concerns were raised by the staff.

- The wording of the report especially the statement on page 11 and page 79 about the composition and future role of the Task Force was a matter of concern.
- It was felt that sufficient identification of the problems to be addressed was not apparent.
- Is this reorganisation going to further increase the hierarchical bureaucracy in the Centre?
- The present way of functioning of the scientists which has been productive was threatened.
- The qualification of the consultants was questioned.
- This major reorganisation should take place only when the new Director is in place.
- There was general agreement that some changes were needed.

The Interim Director and members of the Task Force gave clarification to many of the questions raised. The Director Designate has been informed of the proposed plan of action and the Task Force is awaiting his response.

It was decided that staff would write and send their concerns by 10/12/98 to the Task Force Chair, who would consolidate all suggestions and criticisms into one document. The Task Force Chair would send a memo to all concerned (Appendix 1). The group would meet with the Task Force again on 15/12/98 to discuss on the basis of the document prepared on the basis of the written memos from the staff.

DRAFT

Minutes of the Task Force meeting on Tuesday, 15/12/9 at 9:30 A.M.

Present: Barkat-e-Khuda, F. Qadri, N. Shahid, I. Kabir, V.I. Mathan, J. Winkelmann

- The Task Force Chair shared the following documents with the Task Force
 1. Resolution of the SWA Executive Committee of 19/11/98
 2. Memo from the members of the Staff Representative Committee of CSD dated 26 November 1998.
 3. Memo from NOC,D,E and International Staff dated 8/12/98 (These documents are on file).
- The discussion at the EC meeting on 6/12/98 was also shared by Task Force by members present at the EC.
- It was informed that there was as yet no reply from the Director Designate. A reminder would be sent by the Chair.
- The TF felt that the first milestone set by the BOT was staff acceptance. It was apparent that several of the senior staff had reservation about the strategy for reorganisation. However the need for change is apparently recognised by all.
- The TF decided that if at the 15/12/98 the meeting of NOC,D,E, and International staff there was no general agreement on a way forward, the advice of the Guidance Team of the Board must be sought. It was clear to the TF that without the willing participation of the staff it would not be possible to achieve the job assigned by the Board.
- The TF decided that they should meet with the Interim Director prior to the meeting in the afternoon with the NOC,D,E and International staff.

The meeting adjourned and was reconvened to meet with the Interim Director at 1:30 PM (Dr. BEK could not be present at that time).

- The TF shared their concerns with the Interim Director.
- The Interim Director felt that there is apparently some positive thinking among many of the staff. He agreed that staff acceptance and participation was crucial and that a postponement of any decision indefinitely would be contrary to the BOT decisions.

DRAFT

Minutes of the meeting of the Task Force with the NOC,D, E and International staff on 15/12/98 at 2:00 PM in the Hospital Conference Room.

The following were present:

- | | |
|--------------------------|----------------------------|
| 1. Prof. George Fuchs | 17. Dr. Shameem Ahmed |
| 2. Prof. V.I. mathan | 18. Dr. ASG Faruque |
| 3. Dr. Barkat-e-Khuda | 19. Mr. Wahabuzzaman Ahmed |
| 4. Dr. Nigar Shahid | 20. Dr. S.K. Roy |
| 5. Dr. Iqbal Kabir | 21. Dr. M.A. Salam |
| 6. Mr. John Winkelmann | 22. Dr. M. Mujibur Rahman |
| 7. Dr. Firdausi Qadri | 23. Dr. Shafique Sarker |
| 8. Dr. AN Alam | 24. Mr. Khorshed Mazumder |
| 9. Dr. AKM Siddique | 25. Mr. Md. Ali Bhuiya |
| 10. Dr. John Albert | 26. Mr. Abu Sufian J. Alam |
| 11. Dr. G.H. Rabbani | 27. Dr. Subrata Rout |
| 12. Dr. Shams-El-Arifeen | 28. Mrs. Saleha Begum |
| 13. Dr. Anowar Hossain | 29. Dr. Tasnim Azim |
| 14. Dr. Shahadat Hossain | 30. Dr. N. Huq Alam |
| 15. Mr. M.A. Wahed | 31. Mr. Bijoy R. Saha |
| 16. Mrs. S. Moin | 32. Dr. Rashidul Haque |

Invited: Mrs. Saleha Chowdhury (minute secretary)

- The consensus was that there is a need for a change in the structure of the organisation but the framework and actual process of such change should be carefully considered.
- There is scope for improvement in the structure but a radical or total change as proposed in the consultants report may not be ideal.
- After discussion it was agreed that the working group on the new structure should consist of 2 members from each existing Divisions. Working groups on costing, MIS and IT and to identify themes, should have one representative from each of the Divisions. The Division Directors will be requested to nominate the members from the Division by Sunday 20/12/98. The Task Force may nominate additional members if needed. Future working groups may be appointed by TF depending on needs.
- The Task Force will prepare terms of reference for each working group and will meet with them initially.
- The EC will also discuss the alternatives for structural changes.
- It was agreed that a workshop may be held after the working group on structure prepares alternatives for consideration.
- There was a request that there should be SWA representation in all working groups. It was pointed out that the BOT has defined the role of SWA and the Task Force cannot go beyond that.
- The Task Forces' mandate is to project manage the reorganisation. The staff participation is primarily through the working groups. The working groups will be briefed by and will report to the Task Force, who will consolidate all reports and

present it to the Guidance Team of the BOT.

- Suggestions from Individual staff members are welcomed by relevant working groups and the Task Force.
- The Representative Staff Committee will continue as a major medium of communication and feed back.

* * * * *

D R A F T

Minutes of the Task Force meeting at 9:30 AM on 17/12/98

Present: Barkat-e-Khuda, F. Qadri, Nigar Shahid, V.I. Mathan, J. Winkelmann. Dr. Iqbal Kabir is on sick leave.

- The Chair informed that as decided at the meeting of the TF with the NOC,D,E and International staff all Division Directors have been requested to give their nominations by evening of Sunday 20/12/98 for the first four working groups.
- The working groups constituted at the TF meeting of 12/11/98 would change according to the nominations by the Division Directors. These working groups have not been initiated yet.
- The Task Force will prepare terms of reference for each working group and will meet with them initially. One TF member would be responsible to work with each working group.
- The Chair shared the response from Dr. David Sack (copied to Board Chair and Interim Director). It was felt that:
 1. It would help the TF if Dr. Sack would specifically inform us about the controversies surrounding the reorganisation.
 2. The terms of reference of specific working groups would include exploration of alternatives while keeping the good points of the report.
 3. The recognition of the cost of time involved in this process is real. As per BOT resolution this is seen as additional work, while the scientific activities continue without interruption.

The TF appreciated Dr. Sacks inputs and the chair will update him especially about the way forward arrived at in the meeting on 15/12/98.

Minutes of the Task Force meeting held at 2:00 P.M. on Wednesday 23/12/98 at LSD office.

Present: Drs. Barkat-e-Khuda, Nigar Shahid, Iqbal Kabir, Firdausi Qadri, Mr. J. Winkelmann

- The Chair informed that nominations for the four working groups have been received from LSD, CSD, PHSD and HPED. As soon as the names for the Director's Division is received the working groups can be constituted (Names received at 4:30 P.M. on 23/12).
- The TF decided to have the briefing meeting with the Working Group on Structure preferably at 2:00 P.M. on 29/12/ A draft briefing document will be circulated to the TF members for inputs.
- The time frame for this WG was discussed and it was felt that it would be ideal if their report is received by Sunday 17/1/99 or at the latest by 24/1/99. The report would then be discussed at the EC and the TF and finalised at a joint workshop with the EC, WG and TF prior to submission to the Guidance Team.
- The other three WGs will be briefed at the beginning of January.

The following were assigned from the TF to work in the respective working groups.

Reorganised Structure	-	Dr. Iqbal Kabir
Scientific Themes	-	Dr. Nigar Shahid
Costing	-	Mr. John Winkelmann
IT and MIS	-	Prof. V.I. Mathan

The meeting adjourned at 2:30 P.M.

* * * * *

Minutes of the meeting of the Executive Committee and Reorganisation Task Force with Dr. David Sack, Director Designate - Wednesday 17/2/99 - 1:00 P.M.

Present: David sack, George Fuchs, Iqbal Kabir, M.A. Salam, F. Qadri, A.H. Baqui, Barkat-e-Khuda, W. Zaman, J. Winkelmann, V.I. Mathan

- The discussion at the structure working group meeting on 15/2/99 with DS and VIM and at the EC on 16/2/99 were briefly summarised by VIM.

The following were accepted after discussion:

1. The thematic approach to the reorganisation of the scientific activity of the Centre has been accepted by the staff.
2. The concept of programme and project management has not yet been fully understood or accepted and further discussions are needed.
3. The new structure or organogram needs further work and inputs from the Working Group, EC and TF. This should continue with several drafts ready for discussion with DS at his next visit probably in April 1999.
4. The following working groups should be initiated immediately with expected date of final/first reports as indicated.
 - a. Identification of scientific themes. Final March 20th.
 - b. IT and MIS: Preliminary March 30th.
 - c. Costing strategies: Preliminary April 15th.
5. The dimension of the proposed support services group (?Division) has to be identified. Management structure to reduce the need of the Director being directly responsible for this area has to be worked out.
6. Board Chair and Guidance Team members should be informed of these decisions. It is probably premature for the GT to plan to be in Dhaka in mid March. The timing and need for a visit would become clearer after DS visit in April.
7. GF, DS and VIM will meet with structure working group at 4:00 P.M. today.

* * * * *

Minutes of the Task Force Meeting on Friday 16/4/99 at 9:00 AM in the Director's Conference Room.

Present: Prof. David Sack, Prof. Barkat-e-Khuda, Dr. Firdausi Qadri, Dr. Nigar Shahid, Dr. Iqbal Kabir, Mr. John Winkelmann, Prof. V.I. Mathan

1. The progress of reorganisation activities were summarised:
 - 1.1. Four working groups have been identified. The working group on Structure has met but has not been able to arrive at a consensus to present appropriate alternatives to the present or proposed structure.
 - 1.2. The working group on (a) Identification of Cross Cutting Scientific Themes (B) Management Information System and (c) Costing Strategies, have been identified. The briefing document for the Scientific Themes WG is in draft form.
 - 1.3. It is recognised that the time involvement of scientists in the working groups has to be limited to ensure that productivity is not interfered with.
 - 1.4. The recent local Donor support group meeting (11/4/99) was informed that an interim report with inputs from the Director Designate would be presented to the

Guidance Team before the June BOT meeting. This will address issues of Identification of Scientific Themes, Preliminary Costing Strategies including better definition of indirect costs and a preliminary systems Analysis of the essentials of a Management Information System.

2. Prof. Sack was invited to share his ideas with the TF.

2.1 The reorganisation should provide a practical mechanism to increase efficiency and scientific productivity. It should provide a clear focus on which to secure and utilise grants such as for Nutrition.

2.2 The centre should explore the dimensions of the definition of an international centre in the next century. Three realities should be kept in mind: the changing scientific relationship between disease endemic and technologically advanced countries; the priorities of donor policies; the availability in the Centre of skilled Bangladeshi scientists. The Centre is of high scientific quality and should not feel threatened by outside forces. In planning scientific theme function external inputs should be utilised up front at the planning stage itself.

2.3 It is important not to confuse cross cutting scientific themes with administrative structures. The themes should functionally integrate scientific skills currently organised administratively in the existing four Scientific Divisions.

2.4 We should present our programme to the outside world in a way which is clearly understandable. This will be improved with a thematic approach.

2.5 Developing a visiting Scientist/Professor scheme would be of considerable scientific benefit to the Centre.

2.6 We need to anticipate problems which might arise with the matrix structure and prepare solutions for them.

3. There was a thoughtful discussion of the way forward for the reorganisation. The following issues were recognised as requiring attention prior to the Guidance team and BOT meeting.

3.1 The Centre's vertical skill based structure in four Scientific Divisions may need change. However this has to be studied and dialogued carefully. The implications of any changes may have to be modelled. It is unlikely that decisions regarding such structural changes can be made till after Prof. Sack is in place full time (October 1999).

3.2 A list of scientific themes (not more than 4 to 6) should be identified for presentation in June. The themes should be functionally organised and relate to the skill based vertical divisions. Some existing projects may be outside these themes.

3.3 Each Scientific Theme should have a mission statement and a resulting mandate with clearly identified goals.

3.4 The administrative relationship between the Scientific Divisions and the cross cutting scientific themes should be carefully defined.

3.5 While each theme would be based in one of the Scientific Divisions what should be the role of the Division Director vis-a-vis the Theme Leader? Should Division Directors be Theme Leaders also? How can we avoid manipulative situations? It must be kept in mind that Division Directors are also scientists and that administrative responsibility should not be restrictive.

3.6 The ambit of process audit and programme management should be defined. The mission statements and the goals will be the basis of bringing to bear process audit and programme management appropriately. This will track the progress of work on scientific themes for commendation or corrective action.

3.7 The importance of good governance in the Centre, the seamless fabric supporting the scientific activities, was recognised. This is more than administration or management. Appropriate in house training of all levels managers on an ongoing basis is essential to maintain good governance.

3.8 A preliminary system definition of MIS issues should be ready by June.

3.9 Preliminary costing strategies and ways to define overheads in an acceptable manner, as several possible options also should be ready by June.

3.10 Logistics including procurement are important issues in ensuring good governance. The relationship between and responsibility to, science and logistics should be defined on the basis of mutual respect. Decentralisation and feed back must be facilitated.

3.11 The Hospitals, Matlab infrastructure and the Service Laboratory are likely to be better managed if they continue administratively in the appropriate Scientific Division. However they should be managed well. Projectising these essential facilities is desirable.

3.12 Should Training, Dissemination and Information be together as one Department/Division or should they be attached to one Scientific Division?

4. The time frame of the reorganisation was discussed. Prof. Sack asked the question whether it would be possible to present the 1999 Annual Report on the basis of Scientific Themes?

* * * * *

D R A F T

Minutes of the Task Force meeting on Thursday 22nd April at 11:00 A.M. in the LSD Division Director's office.

Present: Prof. Barkat-e-Khuda, Dr. Firdausi Qadri, Dr. Nigar Shahid, Mr. John Winkelmann, Prof. V.I. Mathan.

Apologies: Dr. Iqbal Kabir

1. This meeting of the Task Force was held to consider the issues that arose out of the meeting on the 16th of April with Prof. David Sack. In the light of Prof. Sack's ideas regarding the reorganisation, as outlined (item 2 of the minutes 16.4), the Task Force should address itself to each of the items in paragraph 3 of that minutes. It was decided that the Task Force will try to provide preliminary or final recommendations on each item in consultation with Prof. David Sack. These will be discussed

ultimately by the Executive Committee and then submitted to the Guidance Team about a week before they are due to arrive in Dhaka for the pre-Board meeting on the 4th of June.

2. The Task Force discussed how much Working Groups should be involved in this process and whether we should have any new Working Group. In order to move forward in a timely fashion, the existing working groups will continue, but for other activities the Task Force will consult staff as appropriate and prepare reports. It was also decided that a report will be requested from the Working Group on the reorganised structure.

3. The Task Force then addressed itself to the items listed under para 3 in the minutes of 16.4. In the following the same numbers are used as in the minutes of 16.4.

3.1 Since decisions regarding structural changes will only be made after Prof. Sack assumes charge in October 1999, a report on proposed structural changes, if any, can probably be presented to the Board of Trustees at the June 2000 meeting.

3.2 The Working Group for identifying Scientific Themes will be convened immediately. The basic terms of reference for the committee is to look at all existing projects in the Centre, a print out of which is available, and keeping in mind the scientific priorities of the Centre and global research priorities, identify between four and not more than a maximum of six scientific themes in which the majority of the existing projects can be grouped. The committee will be convened immediately and will be requested to present their report by the 10th of May. The ambit of this committee is only to identify the proposed scientific themes.

3.3 Once the list of scientific themes have been finalised, in consultation with the relevant Division Directors, draft mission statements and mandates can be prepared. After the ratification of the scientific themes and the identification of Scientific Themes Leaders, specific objectives and performance indicators will have to be prepared. This activity is likely to occur only after the June 99 meeting of the Board.

3.4 & 3.5 The Task Force recognised that defining the administrative relationships between the Scientific Divisions and the cross cutting Scientific Themes is very important. A draft paper outlining possible options will be prepared by Prof. V.I. Mathan and will be discussed by the Task Force before sharing it with Prof. David Sack.

3.6 Mr. John Winkelmann will prepare a draft outline of the ambit of process audit and programme management, to track the progress of work on scientific themes and the utilisation of project budgets.

3.7 & 3.10 Dr. Firdausi Qadri will be responsible for preparing a draft document on the governance of the Centre including the logistics, and the relationship between administrators or managers and scientists. Issues of decentralisation and feedback will be covered in this.

3.8 Prof. Barkat-e-Khuda along with Mr. Abu Sufian will be responsible for making a draft outline defining management information system issues for consideration.

3.9 Preliminary costing strategies etc. will be worked out by Mr. John Winkelmann.

3.11 The issue of the Hospital the Matlab infrastructure and the service laboratory and how to improve their management needs some consideration. It is also essential to see how part or whole of them can be projectised for specific donor support. These issues will be addressed in a draft document which will be prepared by Prof. V.I. Mathan.

12 The exact nature of the training, dissemination and information activities will be decided in consultation with Prof. David Sack.

13 The individual members of the Task Force who have been given the responsibility of preparing the draft documents will submit them for circulation among the Task Force on Monday the 3rd of May. The Task Force will meet at 2:00 P.M. on Thursday the 6th of May for detailed consideration.

The Task Force felt that it would be optimal to work towards making it possible to present the 1999 Annual Report on the basis of scientific themes.

The meeting adjourned at 12:00 P.M.

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ANNEXURE II

1. Response of the Working Groups on the proposal of "Structural reorganisation of the Centre" developed by Mummert and Partners. (Terms of Reference enclosed)
2. Report of the Scientific Theme Working Group (Terms of Reference enclosed).



INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH


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Memorandum

TO: Prof. V I Mathan, Task Force Chair

FROM: Dr. A K Siddique, Chairman Structure Working Group 

DATE: May 04, 1999

SUBJECT: Response of the working Group on the proposal of "Structural reorganisation of the Centre" developed by Mummert and Partners.

A total of ten members representing all the divisions were nominated to look into the structural reorganisation plan submitted by the consultant Mummert and Partners in their Institutional Development report.

The members of the group extensively discussed the report with representatives across their own divisions and among themselves. Expressed views were noted and were brought to the notice of all working group members. Most frequently expressed views were:

The proposed 3 divisional structure of the Centre was discussed by the members in a greater detail. All the members were of the opinion that the functions and responsibilities of the Science and Programme divisions could not be clearly differentiated. As it stands there is every likelihood that this structure will result in a situation of dual administration involving the scientists and other staff members. All the members were of the opinion that the proposed structure will complicate the situation rather than improving the management problems of the Centre.

The plan seemed to present considerable administrative ambiguity. The "matrix management" method has some desirable qualities. However, in

developing countries such as Bangladesh, ambiguity in lines of authority leads to inappropriate competition and poor communication. When there is ambiguity of authority, then all decisions must be made at higher levels, as others will be reluctant to make decisions, realising that their actions will always be questioned. Therefore, an ambiguous model for the organisational structure will not be conducive to a smoothly functioning administrative structure.

The documents used (listed) by the consultants, as the resource materials for study and assessment of the Centre were grossly inadequate. They overlooked to study the most important document - the ICDDR,B Ordinance of 1978. This document is the basis of creation of the Centre and describes all aspects of its scopes, objectives and organisational format. Omission of this document has led to an incomplete understanding and assessment of the Centre. This will disqualify the plan for major change of the Centre. Furthermore, experts at regular intervals critically reviewed the scientific and administrative activities of the divisions. In addition multi-donor institutional review team evaluated the scientific, administrative and financial activities of the Centre in 1996 headed by David Censor.

Based on the recommendations of the reviewers, divisions have been constantly reorganised and activities formulated and implemented. The review documents are available at the Centre. The current structure of the Centre thus evolved through multiple critical review and recommendations. The consultants, however, have not consulted these documents. It will be interesting to note that none of the previous reviewers recommended such a radical restructuring of the scientific divisions as prescribed by the consultants.

The report did not mention the specific problems with the current structure, if there are any. Nor any justification was given to support plan for reorganisation. Centralisation of scientific, administrative and support services was recommend without clearly indicating how the changes would improve the situation.

A new director of the Centre has been selected. Implementation of a major reorganisation plan without the involvement of the new director would not only be unwise, but would deprive the Centre of his valuable contribution in the reorganisation process. It was strongly felt that the reorganisation plan should be further reviewed when the new director takes over.

The structural reorganisation plan as outlined in the proposed Institutional Development is not suitable for implementation in its present form because of its inadequacy, lack of clarity and lack of comprehensiveness and in view of the

greater interest of the Centre. More thoughts and efforts are needed to develop an acceptable reorganisation plan of the Centre.

Cc: The Interim Director
Division Director, CSD
Division Director, HPED
Division Director, PHSD
Dr. David Sack, Director Designate
Dr. A N Alam, TED
Ms. Vanessa Brooks, ERID
Dr. Tasnim Azim, LSD
Mr. M A Wahed, LSD
Dr. A K Siddique, ECPP, HPED
Dr. Subrata Routh, ORP, HPED
Dr. Abbas Bhuiyan, SBSP, PHSD
Dr. Md Yunus, PHSD
Dr. G H Rabbani, CSD
Dr. M Shahadat Hossain, CSD

Briefing Document from the Task Force

Working Group: Reorganised Structure of the Centre

1. The key activity of any reorganisation is the determination of the new structure and organogram of the organisation.
2. The structure and organogram should be defined keeping in mind:
 - 2.1. The mission of the Centre.
 - 2.2. The current and projected activities.
 - 2.3. The need to foster scientific creativity.
 - 2.4. Optimum utilisation of the work force.
 - 2.5. Appropriateness for total cost assignment.
3. The consultants have identified the following key principles for the reorganisation that have been accepted by the Board and the Donors:
 - 3.1. The concept of optimum programme and project management
 - 3.2. Appropriate costing and cost recovery.
 - 3.3. Optimum use of IT and MIS.
 - 3.4. Human Resource Development and utilisation.
 - 3.5. A thematic organisational approach.

These key principles should be best served by the final reorganised structure of the Centre.

4. The consultants have suggested a 3 Division structure emphasising the key role of Programme Management and decentralisation of authority. Their plan is based on a thematic approach, the themes being eminently marketable and within the strategic priorities of the Centre.
5. Prof. Peter MacDonald outlined another possible organogram a copy of which enclosed. The concept of project management is not specifically addressed in this.
6. The working group can develop alternates but specific reasons must be given for changing or not accepting the structure defined by the consultants.
7. Dr. Iqbal Kabir, member Task Force is assigned to this Working Group.
8. The report of the working group will be reviewed by the Task Force and the EC and a joint workshop will be held to finalise the recommendation to be sent to the Guidance Team by the Task Force.

cc: Interim Director
Members of the Task Force

Encl:

C:\TASK\TASKDOC



INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH BANGLADESH
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Memorandum

To : Prof. V.I. Mathan
Chairman, Taskforce - ICDDR,B

Date: May 16, 1999

From : Dr. S.K. Roy
Scientific Theme Working Group (STWG)
& Members

1. Dr. Ishtiaque Zaman (Director's Office)
2. Mr. Mohammed Ali Bhuiyan (HPED)
3. Dr. S.M. Faruque (LSD)
4. Dr. Abdullah H. Baqui (PHSD)
5. Dr. Nigar Shahid (Taskforce)

Sub : Scientific Theme Selection

I am pleased to forward you with this document in response to your memorandum to members of Scientific Theme Working Group dated April 28, 1999.

We have discussed the above issue in four meetings since we have been assigned to do the task. Different Division representatives have also extended their discussions in form of feed back from the division scientists.

It was felt by the STWG members that mechanism of exact restructuring and functional implications in benefitting the Centre need more clarification at individual scientists and divisional levels.

It was also felt that, although the STWG tried to identify major themes as future projections for long-term, yet the group tried to provide some directions on Sub-themes as to enable scientists to utilize their scope. It was clearly felt by the STWG, that Sub-themes are just guidelines and would be modified/added/deleted/programmed as indicated by interest of the Centre.

With all hopes of a brighter future of ICDDR,B, we wish you a successful reorganization process.

We are therefore submitting you our report of Scientific Theme Working Group.

Thank you very much.

cc: STWG Members

Encl: Report

REPORT OF THE SCIENTIFIC THEME WORKING GROUP (STWG)

1. Theme: Nutrition - Location of Secretariat (CSD)

- Sub-themes
- a) Low Birth Weight
 - b) Infant Feeding Practices
 - c) Growth and Development
 - d) Severe PEM Management
 - e) Nutrition -Infection Cycle
 - f) Nutrition Operations Research

2. Theme: Population & Reproductive Health - Location of Secretariat (PHSD)

- Sub theme:
- (a) RTI+STI+HIV
 - (b) Safe Motherhood
 - (c) Population Dynamics

3. Theme: Infectious Diseases - Location of Secretariat (LSD)

- Sub theme
- (a) ERID
 - (b) Pathogenesis & therapy
 - (c) Epidemiology
 - (d) Characterization of pathogen

4. Theme: Vaccine evaluation - Location of Secretariat (PHSD)

- Sub theme
- (a) ARI
 - (c) Diarrhoeal Diseases
 - (c) Other Vaccines

5. Theme: Health Systems Research - Location of Secretariat (HPED)

- Sub theme
- (a) Health Systems Research
 - (b) Social and Behavioral Determinants of Health
 - (c) Program Evaluation
 - (d) Health Economics

6. Theme : Environmental Health - Location of Secretariat (HPED)

- Sub-theme
- (a) Environmental Microbiology
 - (b) Environmental Pollution and Health Hazards
 - (c) Environmental Health Interventions

Briefing document for the working group for identification of integrating cross disciplinary Scientific Themes.

Definition of tasks: The reorganisation has envisaged that there should be cross cutting scientific themes on the basis of which the work of the Centre is to be organised. These scientific themes will not have an administrative structure and each theme will be located in one of the existing Scientific Divisions. However they will involve people from all Scientific Divisions and for each theme a team leader will be identified. The cross cutting scientific themes should be eminently marketable and in keeping with the scientific priority of the Centre as well as global health research priorities.

Suggested strategies:

1. The working group should elect a Chairperson from among their members.
2. A copy of the list of projects and programmes currently ongoing in the Centre is enclosed with this. It would be worthwhile to identify broad titles under which these projects could be classified. It is likely that there are some projects which cannot be classified under these titles.
3. Once the broad projects are classified the group could try and refine the title of each scientific theme to make it as relevant, topical and attractive as possible.
4. The report of this working group should be submitted by Monday 10th of May.

ANNEXURE III

1. Memorandum from the Staff Representative Committee, CSD, 26/11/98
2. Resolution of the SWA November 1998

ICDDR,B Staff Welfare Association

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

আইসিডিডিআর,বি কর্মী মঙ্গল সংস্থা

আন্তর্জাতিক উদরাময় গবেষণা কেন্দ্র বাংলাদেশ

মহাখালী, ঢাকা-১২১২, বাংলাদেশ

The Executive Committee of the ICDDR,B Staff Welfare Association met on 19 November 1998 to review the 86-page document entitled **Institutional Development**, which was prepared by the Swiss business consultant, Mummert + Partner, and submitted to the Board for consideration in its November 1998 meeting in Dhaka.

The following members were present:

1.	Dr. G. H. Rabbani	-	President
2.	Mr. Md. Nazrul Islam	-	Vice-President
3.	Mr. K. M. Rafique	-	General Secretary
4.	Ms. Tahmina Begum	-	Joint Secretary
5.	Mr. K.M. Shafiullah	-	Treasurer
6.	Mr. Md. Delwar Hossain	-	Athlet. Secretary
7.	Mr. Ruhul Amin Bhuiyan	-	Soc & Ent. Secretary
8.	Mr. Md. Nazmul Hassan	-	Cultural Secretary
9.	Mr. Md. Abul Hossain	-	Member
10.	Mr. Md. Osman-Ali	-	Member
11.	Mr. Kabir Ahmed Bhuiyan	-	Member
12.	Mr. Nurul Hoque Sikder	-	Member
13.	Mr. Md. Abdus Sobhan	-	Member
14.	Mr. Bachhu Miah	-	Member
15.	Mr. S. M. Akramul Hoque	-	Member

The SWA Executive Committee has resolved as follows:

- The reorganization plan as outlined in the proposed Institutional Development is not acceptable in its present form in view of the greater interest of the Centre.
- The reasons for this major reorganization as indicated in the Introduction section of the document, seem to be "...the recent management changes" and "shift of donor support from unrestricted (core) to restricted (project) funding". These reasons have not been adequately explained, elaborated, analyzed, and assessed to justify the proposed restructuring plan of the Center.
- The Executive Committee noted that the formation of the reorganization task-force and other working groups are not representative of the general staff of the Centre and not consistent with the Interim Director's memo (12 Nov. 98) to all staff, i.e., "The process will be driven by a newly formed Task Force with assistance from a Guidance Team headed by the chair of the Board with Board members, and the Centre director."

- In view of the fact that the new director of the Centre can take over at any moment, the implementation of a major reorganization plan without the involvement of the new director would not only be unwise, but it would also deprive the Centre of his valuable contribution in the reorganization process. The SWA Executive Committee strongly feels that the reorganization process should wait till the new director is appointed.
- In the Terms of Reference, it is mentioned that if required, appropriate staff of the Centre will be consulted. In reality, the Centre's staff were not consulted, except for a few highly selected ones for the development of the this important reorganization plan.
- It is also mentioned in the Terms of Reference that the consultants will address the important issue of income generation for the Centre. Unfortunately, this issue has not been addressed at all.
- In this document there is no information given to assess the quality and competence of the hired consultants. The staff is concerned about the adequacy of the background of the consultants in undertaking the task of reorganisation of a scientific institution such the ICDDR,B. Inclusion of a short CV or their previous accomplishments is therefore needed.
- It is mentioned in item # 1.5 that copies of this document will only be given to the Acting Director, Members of the Executive Committee, and BOT members. The reasons for such restricted access are not clear.
- A list of documents (mentioned in item # 1.5) used by the consultants as the resource materials for study and assessment of the Centre. They, however, have failed to identify the most important document – the ICDDR,B Ordinance of 1978, which created the Centre and described all aspects of its scopes, objectives, and organization. Omission of this document would lead to an incomplete understanding and assessment of the Centre and disqualify any attempt for major change.
- In describing the actual situation of the Centre and probably identifying a causative factor for reorganization, the consultants mention that there are "...duplication of functions, administrative support and even of some scientific activities". However, the term "duplication" has not been properly defined. In many instances, duplication may be necessary, particularly in the scientific disciplines. Moreover, the consultants did not clearly identify the scientific, financial, and administrative problems of the Centre.
- In discussing the General Concept of the Reorganization (p5), the consultants argue that the "...new start would help to improve employees' motivation and dedication". Although this improvement is desirable but unqualified changes may not always lead to the expected outcome if the Centre's staff do not agree with the principles of the reorganization.
- The consultants state that (2.2.1, p5) "...the new structure would simplify all aspects of management and science." They also provide a big list of improvements that would occur. This is, in our opinion, oversimplification of a complex system, overenthusiastic, and may be unrealistic goals to be accomplished.
- The consultants propose a 3 Divisional reorganization plan of the Centre, i.e., a science division, a support division, and a virtual programme division. Given the previous successful

background and future prospects of the Centre, we do not think that such reorganization will achieve the expected scientific goals of the Centre. On the contrary this may be counterproductive because of a lack of general agreement among the staff. More thoughts and efforts are needed to develop an acceptable reorganization plan for the Centre.

- A careful review of the proposed plans implies that the consultants have fundamentally viewed the Center "...with a big corporate identity" with the scientific outputs as the "products" of the Centre. It is difficult to accept the philosophy that the introduction of a corporate concept in a scientific institution would lead to similar improvement. The suggestion that the head of the Centre be called a "Managing Director" (as in a private limited company) in stead of Director, reflects their business-oriented background.
- The graphic representation of the reorganization plan outlined on page 9 appears to be incomprehensible because it is not self-explanatory.
- In describing the Reorganization Task Force on page 11, the consultants propose that "...due to political and psychological reasons we suggest that the reorganization team has at least one Bangladeshi member". This comment is not rational and could be inflammatory.
- On page 11 (2.4.1), the consultants made a highly biased and self-motivated comment that the present management team, by virtue of their involvement in the reorganization process, would qualify for appointment to posts of the division directors. This precondition makes the entire study unacceptable and highly biased towards the personal interests of the management team involved in the process.
- The consultants have asked the Board (p12, 2.7) to approve the contents of their Institutional Plan. Such request for approval is outside the purview of the consultants and is not mentioned in the Terms of Reference. They simply submit their report to the authority.
- On p13, the consultants report that there have been several previous reviews, none of which focussed on elementary organizational structure of the Centre. They also commented earlier that despite such inconsistency, the Center performed excellently. Thus their comments are self-contradictory.
- On page 13, the consultants comment that "...the donor will continue to support the Centre only (our emphasis!) if it is able to prove optimal organization combined with management efforts to keep the Centre financially break even". They have missed the point that the donor will only support the Centre if it is also scientifically productive and financially efficient. Comparison of the Centre with the companies such as Anderson, Coopers Lybrand etc (as cited) is difficult to accept.
- The recommended change of designation of the Board of Trustees to Board of Directors further reflects the limitation of the consultants expertise which is largely oriented towards management of private limited company rather than scientific institutions.
- The consultants have viewed the scientific projects as small companies- this can not be a true realization of the scopes and objectives of the research projects. They also talk about lack of synergies among the different scientific divisions. We don't think this conception is based on evidence. The Centre has several strategies to optimize cooperation among the divisions;


these include, the weekly interdivisional meetings, interdivisional collaborative research programmes, formation of crossdivisional thematic working groups, cost sharing between CSD and LSD research programmes, etc.

- The consultants state on page 19 that "...the directors and the Division Directors management skills should have a higher priority than the scientific skills." We think this kind of absolute statement is not justified and is open to debate. Again, they made a conflicting remark on page 44 saying that the primary qualification for the Science Division Director and the Managing Director should be based on scientific issues.
- The consultants report that the present divisions are loosely structured and the division directors can not influence, guide, head, and control their divisions; yet they are respected and accepted by their subordinates. These statements are not clear and in fact, self-contradictory. If this is so, why not any division director has raised concerns about the loose structure before. What is then the basis of the observed staff loyalty to the division directors?
- The consultants statement on page 19 are not true that the detail of financial, research, and administrative data are not available on demand. All these data exist in different forms in the respective offices- it is only a matter of putting them in order with some effort. In such case what was their focus of recommendations.
- The consultants clearly recommend centralisation of all administrative and support services but do not provide sufficient reasons why these would improve the situation. This is now an obsolete idea - even the business organizations, which consultant seem to represent, have discarded this method.
- The consultants report on page 20 that once a project is funded by a donor, the project manager is relatively independent to consume the resources without any control. This concept is not true. Every donor has its own rules and regulations about the way the resources are to be consumed, and this is strictly guided and controlled through our finance and supply office and coordinated through the development office.
- The consultants have failed to recognize that experts at regular intervals critically review the scientific and administrative activities of the Centre. Based on these reviews, the scientific divisions are being constantly reorganized and their activities are formulated and properly implemented.
- The activities of the scientific divisions are transparent in contrast to the other division such as the administration and management, which should have been the target of the consultants' activities and recommendations.
- The consultants have obviously prescribed the needed change providing little scope for considering other options. Nor there were mentions of viable options.
- On page 21, the consultants say that the Centre must become financially self-sustainable, but do not provide any clue how to achieve sustainability and maintain this on a long-term basis.
- The consultants make a general statement on page 30 (5.1.3.2) that a bigger number of services could be outsourced. This is an unqualified statement. This could only be possible by

compromising quality of services and output, and in a wild sense, could be applied to the whole Centre.

- The consultants have not evaluated the Training and Education Department (p32). However, no reason for this omission has been provided.
- The matrix design given in chart 18 with topics and skills may look impressive on theoretical ground, but in reality may not perform optimally in the perspective of scientific research.
- The expected improvements outlined in table 7 (page 55) seem to be a product of intelligent guesswork and is mostly speculative.
- The duties of the science division as outlined on page 62 are unrealistic because of the unpredictable nature of the project funding. We never know which, when, and how many projects will be funded by the donors.
- The summary illustrated in table 11 (page 65) does not recognise the fact that every researcher is a super specialist scientist in one specific topic and all clinicians do not have the same skills.
- Last but not the least, we are astonished to see how the management team have accepted this reorganization plan without further qualification.
- Moreover, the document has not been properly edited before presentation. There are many instances of using business-oriented jargons, inconsistency of statements and terminologies, and ambiguity. The graphic representations are not self-explanatory.

CONCLUSION: The Executive Committee of the SWA feel that there will always be scopes and opportunities for further improvement of the Centre's activities, but on the basis of the above-mentioned analytical review, the present reorganisation plan is not the acceptable way to go about it. Further course of action needs to be developed through participatory actions involving the Board, donors, management, and the staff.



Dr. G. H. Rabbani, MD, PhD
President
ICDDR,B Staff Welfare Association

K. M. Rafique
General Secretary
ICDDR,B Staff Welfare Association

① Salam
C.D.

08/14

Director,

I think our staff have problems
in understanding. How we
will like you to know the
feelings of our staff.

② C.C. Task Force

Thom

Memorandum

gy

27/11/98

To: Interim Director 26 November 1998
From: Members of the Staff Representative Committee
CSD
Through: Acting Division Director, CSD
Subject: CSD Staff Discussion on the Centre's Reorganisation Plan (23 Nov 98)

Stona
Allison
Dunlop

A meeting was organized by the members of the Staff Representative Committee of the of the CSD to review The Institutional Development plan submitted by the Swiss management consultants with a view to reorganize the Centre's overall structure and activities on 22 November 1998 at the Clinical Conference Room at 3:30 PM.

The following suggestions were made:

- The group felt that the members of the reorganization task-force nominated by the BOT and the later formation of the working groups by the Task-force are not truly representative of the staff of the Centre. The task of reorganizing the Centre is a general issue and should involve staff-nominated representatives and as outlined in the Interim Director's memo (12 Nov 1998) to all staff, i.e., "The process will be driven by a newly formed Task Force with assistance from a Guidance Team headed by the chair of the Board with Board members, and the Centre's director."
- While the members agree in principle that a constructive reorganization of the Centre would improve its performance, the radical changes proposed in the reorganisation plan may not accomplish the desired goals in the present perspective of the Centre.
- The consultants have proposed an elaborate reorganization plan, but in the context, did not provide sufficient background and identification of the problems, goals, and objectives to achieve.
- The consultants have a business-oriented background and understandably, viewed the Centre's activity in the perspectives of "...a large corporate identity." We feel that there is no reason to believe that this concept is applicable in reviewing a Centre with purely academic objectives and world wide scientific reputation which functions more like a university and not as a company. All our directors come from universities, the Centre offers training courses, and we maintain close working relationship with major foreign universities and medical centres.
- The members felt that such major reorganisation plan should be undertaken only after the appointment of the new Director and other Division Directors, because, in fact, they will be the leaders who will implement this plan in the years to come. Moreover, the new appointments are already in the final stage- there is no reason to rush now.

A meeting of the members of the clinical sciences division was held at the conference room of the hospital ^{on 22.11.98.} The main agenda was to discuss the proposed reorganisation structure. Members present in the meeting:

Name of CSD members	Signature
1) Dr. Shahadat Hossain	
2. Gulafroz Khanam	
3. N.H. Haq	Haq
4. SA Sultana Dr. SA-Sanna	
5. Mohammad Ullah	
6. Dr. Ali Mirij Khan	
7. Dr. Haqim Ashraf	
8. Dr. Akromuzzaman	
9. Mrs. Nasiba Masud	
10. Md. Shahidul Islam	
11. Md. Jalaluddin Chisty	
12. Henry B. Ghor	
13. Humayun Kabir	
14. Md. Jafarji Alam	
15. Md. Malabi Hossain Mallik	
16. Ratan Ch. Gordin	
17. Dr. Jena	
18. Monica Begum	
19. Makhdesra Khatun	
20. SHABIBA KHANAM	

1. Md. Ramzan Ali	-	Pa
2. Dr. Hasan Mahmud		Hasan Mahmud
3. Dr. Tahmid ahmed		Tahmid
4. Dr. S. K. Roy		S. K. Roy
5. Dr. K. M. A. Jamil		Jamil
Dr. J. J. Hasan		Hasan
Dr. S. C. Dilli		

6/BT/JUNE 99

**RESOLUTIONS FROM PERSONNEL
AND SELECTION COMMITTEE**

EXECUTIVE SESSION

Agenda 6

Resolutions from Personnel & Selection Committee

BOARD OF TRUSTEES MEETING JUNE 1999



CENTRE
FOR HEALTH AND
POPULATION RESEARCH

**PERSONNEL AND SELECTION
COMMITTEE MEETING**

PERSONNEL AND SELECTION COMMITTEE MEETING

Saturday, 5 June 1999

Agenda

1. Approval of agenda
2. Staffing:
 - 2.1 Overview of the staffing status and total numbers by categories
 - 2.2 Status of recruitment of international professional staff:
 - a. Head, Reproductive Health Programme, P5
 - b. Head, Health & Demographic Surveillance Programme, P5
 - c. Health Economist, P4
 - d. Operations Research Scientist, P4
 - e. Research Microbiologist, P4
 - f. Head of Training, P4
 - g. Social Scientist, P3/P4
 - h. Head, Human Resources, P3
 - i. Internal Auditor, P2
 - j. Executive Assistant to Director, P1
 - 2.3 New international professional post:
 - a. Bio-statistician, P2
 - 2.4 Information on international staff separations
 - a. Dr. Andres de Francisco, Head, RHP, PHSD, P5
 - b. Mr. Ngudup Paljor, Administrative Director, ORP, HPED, P5
 - c. Dr. Thomas T. Kane, OR Scientist, ORP, HPED, P4
 - d. Dr. Aye Aye Thwin, Health Policy Analyst, ORP, HPED, P4
 - e. Ms. Julie Banfield, Executive Assistant, P2
 - f. Dr. Jeroen K. Van Ginneken, Head, HDSP, PHSD
3. Selection of members of the Board of Trustees
4. Update on Centre's Human Resources activities
5. Review of policy for international professionals
6. Any other business

Staffing

2.1 Overview of the staffing situation

The Centre continued to enforce the ban on external recruitment of non-project (unrestricted) fixed-term staff during this reporting period (October 01, 1998 to March 31, 1999). There were 72 separations which included 35 fixed-term NO & GS separations through both Voluntary & Involuntary Severance Packages and 38 additions, mostly in the restricted areas. The total number of Centre fixed-term staff belonging to all categories thus decreased by 34 as shown in Table 1 below:

Table 1

Separations/Additions of Staff

	<u>Restricted</u>		<u>Unrestricted</u>		<u>Total</u>	
	<u>Sep</u>	<u>Add</u>	<u>Sep</u>	<u>Add</u>	<u>Sep</u>	<u>Add</u>
International	(-4)	-	(-1)	+1	(-5)	+1
Research (Scientific Support & Field)	(-21)	+29	(-3)	+2	(-24)	+31
Research (Administration)	(-4)	+4	(-4)	+1	(-8)	+5
Administration & Personnel	-	-	(-28)	-	(-28)	-
Finance	-	-	(-7)	+1	(-7)	+1
	(-29)	+33	(-43)	+5	(-72)	+38

Net separation : 34

STAFFING STATUS

CF - Core funded
PF - Project funded

Functional Area	1998 (March 31)	1998 (Sept 30)	1999 (March 31)
International Professional staff	18	15	11
Research (Scientific, Support & Field)	569	538	545
	CF 228 PF 341	CF 196 PF 342	CF 195 PF 350
Research (Administration)	242	224	221
	CF 146 PF 96	CF 126 PF 98	CF 123 PF 98
Support Services & Personnel	135	121	93
	CF 135 PF 0	CF 121 PF 0	CF 93 PF 0
Finance	43	40	34
	CF 43 PF 0	CF 40 PF 0	CF 34 PF 0
Sub Total	1007	938	904
International Seconded Staff	6	4	3
Short term staff (Int'l, NO & GS)	13	11	11
Community Health Worker	148	145	153
Sub Total	167	160	167
Health Worker	77	79	65
GRAND TOTAL	1251	1177	1136
OTHERS			
Fellows	28	22	29
Contractual Service Holders	208	182	253
Daily Wagers	10	101	246
Total	246	305	528

NUMBER OF FIXED-TERM UNRESTRICTED,
RESTRICTED & INTERNATIONAL PROFESSIONAL STAFF

Functional Area	1998 (March 31)	1998 (Sept 30)	1999 (March 31)
Unrestricted	552	483	445
Restricted	437	440	448
International Professional	18	15	11
Total	<u>1007</u>	<u>938</u>	<u>904</u>

**STAFFING STATUS
FIXED-TERM**

As of March 31, 1999

Sl. No.	Location	International Professional				NO	GS	Total	
		Fixed Term	Short Term	Seconded	Fellow				Part Time
1.	Director's Division	1	2	-	-	-	24	121	148
	-SWA	-	-	-	-	-	-	1	1
	-ER&ID	-	1	-	-	-	2	-	3
	-Audio Visual	-	-	-	-	-	1	1	2
	-Training	-	1	-	-	-	3	2	6
	-DISC	-	-	-	-	-	2	6	8
	-Support Services	-	-	-	-	-	5	79	84
	-Finance	1	-	-	-	-	9	25	35
	-Personnel	-	-	-	-	-	2	7	9
2.	Public Health Sciences Division	3	-	1	-	1	36	181	222
3.	Clinical Sciences Division	-	-	1	2	-	30	149	182
4.	Laboratory Sciences Division	2	-	1	-	-	24	93	120
5.	Health & Population Extension Division	5	-	-	-	-	48	187	240
Total		11	2	3	2	1	162	731	912

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

As of March 31, 1999

Location	Seconded Staff (Int'l)	Short-term			CHWs	Total	HW
		Int'l	NO	GS			
Director's Division	-	2	-	-	-	2	-
Public Health Sciences Division	1	-	-	8	145	154	-
Clinical Sciences Division	1	-	1	-	-	2	65
Laboratory Sciences Division	1	-	-	-	8	9	-
Health & Population Extension Division	-	-	-	-	-	-	-
Total	3	2	1	8	153	167	65

NO : National Officer
 GS : General Services
 CHW : Community Health Worker
 HW : Health Worker

LIST OF INTERNATIONAL PROFESSIONAL STAFF
As of March 31, 1999

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	01.10.2000
2.	ALBERT, Dr. M. John	India	Research Microbiologist, LSD	P5	04.05.89	02.11.1999
3.	BAQUI, Dr. Abdullah H.	Bangladesh	Senior Epidemiologist, PHSD	P5	01.08.97	31.12.2000
4.	BHUIYA, Dr. Abbas Uddin	Bangladesh	Project Director ICDDR,B-SRC Project, PHSD	P4	01.07.94	30.06.2000
5.	HOQUE, Dr. Bilqis Amin	Bangladesh	Environmental Specialist, PHSD	P4	01.06.97	30.05.2000
6.	KHUDA, Dr. Barkat-e-	Bangladesh	Chief of Party, ORP, HPED	P5	01.08.97	31.07.2000
7.	MATHAN, Prof. V. I.	India	Division Director, LSD	D1	01.01.98	31.12.2000
8.	PERSSON, Prof. Lars Åke	Sweden	Division Director, PHSD	D1	01.03.99	28.02.2002
9.	SIDDIQUE, Dr. A. K. M	Bangladesh	Epidemiologist, ECPP, HPED	P4	01.07.96	30.06.1999
10.	TUNON, Dr. Cristobal	Panama	Management Specialist, ORP, HPED	P4	01.12.94	31.07.1999
11.	WINKELMANN, Mr. John F.	Canada	Chief Finance Officer, Director's Division	P5	01.12.97	30.11.2000

SHORT-TERM

Sl. No.	Name	Country	Job Title	Pay Level	Contract Start Date	Contract End Date
1.	ALAM, Dr. A. N.	Bangladesh	Head, Training & Education Dept., Director's Division	P4	01.05.96	31.07.99
2.	BROOKS, Dr. Vanessa J.	U.S.A.	Grants Administrator, ER&ID, Director's Division	P2	01.10.97	31.12.1999

Agenda 2.1

Table-7
BOT/P&S/June 1999

LIST OF SECONDED STAFF
As of March 31, 1999

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	01.11.94	30.06.2001	LSU
3.	KHAN, Dr. Mahmud	Bangladesh	Health Economist, PHSD	P4	01.01.97	31.07.1999	TU

BADC : Belgian Administration for Development Cooperation
 LSU : Louisiana State University
 TU : Tulane University

LIST OF INTERNATIONAL FELLOWS
As of March 31, 1999

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	14.01.2000	EU & WHO
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2.2 Recruitment of International Staff

All the vacant international professional posts of the Centre as mentioned below were announced in relevant magazines, journals, overseas newspapers, web sites, national dailies etc. These announcements were also sent to all donor agencies, trustees, former trustees, alumni, Dhaka embassies and high commissions, collaborating agencies, UN agencies and to various people and places through the Centre senior management staff.

The applications for the different positions after the initial scrutiny by the Personnel Office, have been reviewed and short-listed by the respective Division Directors, the Interim Director and the Director-designate.

Agenda 2.2a Head, Reproductive Health Programme, P5, PHSD

Total responses	:	16
Short-listed	:	1

While the search for other suitable candidates continues, the short-listed candidate will be interviewed at a convenient time soon.

Agenda 2.2b Head, Health & Demographic Surveillance Programme, P5, PHSD

Total responses	:	17
Short-listed	:	4

Interview for the first two candidates is being scheduled and the evaluation for the rest two are being carried out.

Agenda 2.2c Health Economist, P4, ORP, IIPED

Total responses	:	13
Short-listed	:	3

Interview for the candidates is being scheduled shortly.

2.2 Recruitment of International Staff

Agenda 2.2d Operations Research Scientist, P4, ORP, HPED

Total responses : 27
Short-listed : 2

Interview for the candidates will be scheduled shortly.

Agenda 2.2e Research Microbiologist, P4, LSD

Total responses : 10
Short-listed : None

Further search continues.

Agenda 2.2f Head, Training & Education Department, P4, Director's Division

The position has been re-advertised with the revised criteria. The tentative closing date is May 20, 1999. So far, 15 applications from different parts of the world including Bangladesh, have been received.

Agenda 2.2g Social Scientist, SBSP, PHSD, P3/P4

Total responses : 42
Short-listed : 2

The interview for the short-listed candidates is being scheduled shortly.

Agenda 2.2h Head, Human Resources, P3, Director's Division

Total responses : :
Short-listed : :

Interview for the short-listed candidates is being held shortly.

2.2 Recruitment of International Staff

Agenda 2.2i Internal Auditor, P2, Director's Division

Total responses : 77
Short-listed : 3

Interview for the short-listed candidates is being scheduled shortly.

Agenda 2.2j Executive Assistant to the Director, Director's Division, P1

The recruitment for this position is nearing completion and a formal offer is likely to be given to Ms. Judith Bennett Henry from Trinidad and Tobago.

Draft resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it approve the short-list of the candidates for the following positions and authorize the Centre management to proceed with the interview and selection procedure:

- 2.2a. Head, Reproductive Health Programme, P5, PHSD
- 2.2b. Head, Health & Demographic Surveillance Programme, P5, PHSD
- 2.2c. Health Economist, P4, ORP, HPED
- 2.2d. Operations Research Scientist, P4, ORP, HPED
- 2.2g. Social Scientist, SBSP, PHSD, P3/P4
- 2.2h. Head, Human Resources, P3, Director's Division
- 2.2i. Internal Auditor, P2, Director's Division

The Personnel & Selection Committee note that further search (apart from the single candidate short-listed) for the position of Head, Reproductive Health Programme, P5, Public Health Sciences Division continues. The search also continues for the post of the Research Microbiologist, P4, Laboratory Sciences Division.

The Personnel & Selection Committee further notes, while applications are being received for the position of Head, Training & Education Department, P4, Director's Division, the recruitment to the position of Executive Assistant to the Director is in final stage.

2.3 New International Professional Post

Agenda 2.3a Bio-Statistician, P2, Director's Division

In view of the growing need for providing the Centre scientists with technical assistance in the areas of bio-statistics and research methodologies – the Centre Management feels the need to have the services of a bio-statistician who, in addition to providing the required assistance, will impart training to the Centre scientists, through formal training courses, in designing and improving the quality of research and developing their statistical expertise.

It has been agreed that the position if allowed to be established, will be a central resource and paid for equally by each of the scientific divisions from restricted (project) funds. The post is recommended to be established at International Professional pay level P2 and a Post Description is enclosed at Annexure-A for perusal.

This proposal for the establishment of a new International Professional post is submitted to the P&S Committee for review and for approval of the Board.

Encl. as stated

Draft resolution:

The Personnel & Selection Committee agreed to recommend to the Board that it approve the establishment of the post of a Bio-statistician at pay level P2.

ICDDR,B: CENTRE FOR HEALTH AND POPULATION RESEARCH

JOB DESCRIPTION

POSITION: BIostatistician
LEVEL: P2
DIVISION: DIRECTOR'S DIVISION

A. SUMMARY OF POSITION

Under the supervision of Director, ICDDR,B the incumbent provides technical assistance to the scientists in the areas of biostatistics and research methodology; conducts formal and informal courses for the scientists; and conducts research in area of mutual interest to the Centre and self.

B. DESCRIPTION OF FUNCTION

1. Provide design and analytical support to the scientists of ICDDR,B with the objective to improve the quality of research
2. Increase the level of statistical expertise of ICDDR,B scientists through formal and informal training courses, workshops etc. and
3. Develop and conduct research, and participate at the research activities of ICDDR,B.

C. QUALIFICATIONS AND EXPERIENCE

1. A doctoral degree in biostatistics or in epidemiology with excellent background on biostatistics
2. Must have excellent knowledge of statistical methods, particularly on biological and social sciences, and research methodologies.
3. Good teaching capability, helping attitude, and communication skills will be additional advantage
4. Proven research ability with good track record in publication in peer reviewed journals in relevant field(s).

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH POST DESCRIPTION FOR PROFESSIONAL POST		FOR USE OF PERSONNEL SERVICES ONLY
1. Present Title of Post: Biostatistician	2. Post Number(s)	Effective Date:
3. Status New Vacant Occupied Other	4. Present Grade	Approved Title
	5. Division: Director's Division	CCOG Classified Grade:
	6. Office	Comments:
	7. Official Station and Country: Dhaka	Authorized by: Title: Date:
8. Organizational Setting: Attach the current organizational chart that clearly shows the overall structure of the programme, division, unit, or field activity, as appropriate. Identify each post by title, post number and classified grade		
9. Identify the objectives of the programme, and of the immediate unit or field activity as appropriate. The ICDDR,B. conducts research in a variety of health and population related areas; disseminates findings; and conducts training in these areas; and provides services. Director's Division is		
10. Summarize the assigned responsibility <ul style="list-style-type: none"> •Technical assistance: provide guidance to the Centre's scientists on the use of appropriate research methodology and statistical methods. •Training: conduct/participate at formal and informal training for ICDDR,B scientists on research methodology and biostatistics •Research: conduct research in the line of ICDDR,B's Strategic Plan, and disseminate results through publication in journals, seminars/conferences, workshops etc. 		
11. Indicate	Essential minimum qualification(s) required to perform the work	Additional desirable qualification(s)
a. Knowledge, abilities and skills, including personal qualities and human relationship	Excellent knowledge of research methodologies, statistical methods, especially as they relate to biomedical and social sciences.	Ability to work harmoniously with scientists with diverse background and scientific experience, as well as good teaching and communication skills
b. Level and field of study and extent of specialization	A doctoral degree in biostatistics, or in epidemiology with excellent background on biostatistics	Good track record in publication in peer reviewed journals in relevant field(s).
c. Length and nature of practical experience at the national and/or international level	At least 5 year's of experience in applying biostatistical methods	Working in a multicultural environment, particularly in a developing country setting
d. Languages required and the level and nature of their use	Good command of English to write research papers, conduct training courses, and communicate	

12. Identify the main objectives of the work (usually 4-6 reasons why the post exists). Within each objective, identify the duties, which are performed to achieve objective. Objectives should be presented in order of importance with an indication of the percentage of time of the annual workload required for each objective

- | | |
|--|--|
| <p>1. Provide assistance to ICIDDR,B scientists in improving research quality</p> <ul style="list-style-type: none"> - keep up to date with new developments in statistics - provide guidance in the areas of biostatistics and research methodology - review scientific proposals and manuscripts to ensure application of correct statistical tests and validation of results | |
| <p>2. Increase level of statistical expertise at the Centre and research community at large through formal and informal training courses</p> <ul style="list-style-type: none"> - conduct formal and informal courses, workshops etc. in statistics and research methodology, and actively participate at such courses organized by the Centre's Training and Education Department | |
| <p>3. Conduct and take part in research activities of ICIDDR,B in accordance with the Centre's Strategic Plan</p> <ul style="list-style-type: none"> - determine research priority - attract fund for research - disseminate results | |

13. Indicate the guidelines which are available (for example the decisions of legislative bodies, publications, policies, regulations, established procedures, accepted practices, research techniques, project documents etc.)

- in meeting research objectives, the scientific divisions of ICIDDR,B are generally guided by the Annual Work Plan within the broader context of the Strategic Plan of ICIDDR,B
- the incumbent should become familiar with and follow the accepted principles and techniques of statistics and research methodologies used by various disciplines

Describe the interpretations and/or deviations permitted, and the authority to establish new guidelines

- the incumbent is expected to be at the forefront of those defining these practices and techniques, and thus has great latitude in these matters

14. Describe:

- The type and extent of supervision given to the post:

Although will be supervised by the Director, ICDDR,B, it is expected that the incumbent will be self-motivated and be able to work independently

- How assignments are given?

Priority setting of tasks required to meet the objectives of the post should be established by the incumbent, which may be reviewed and revised by the Director

- The guidance and assistance to be provided by the supervisor and or others:

Guidance are broadly stated, and normally require extensive interpretation by the incumbent

- The review and verification of the work while in progress or on completion:

Work considered as authoritative, and normally accepted without change, except for editorial advice. Major evaluation is through review process established by international journals. The Director will review Work Plan on a yearly basis.

15. Indicate the typical contacts required outside the immediate work unit. Explain the purpose of contacts as clearly as possible e.g. to obtain information on....., to represent the Organization at, to provide advice on etc.

a. Inside the Organization	
Title and level	Purpose
Division Directors	Discuss scientific priorities and protocols, need assessment in research methodology and statistics, and review of scientific papers
Scientists	Provide technical assistance (research methodology and statistics)
RRC, Editor, JDDR	Review of research proposals and manuscripts

16. Professional posts DIRECTLY supervised:		
Title	Classified level	Post Number(s)
Total number of professional posts supervised directly and through subordinate supervisors		
Total number of general service post supervised directly and through subordinate supervisors		
Title, classified grade and post number of supervisor's post	Director, ICDDR,B	

17. Describe the most important decisions that the incumbent is authorized to take:

Decisions regarding the choice of statistical methods and interpretation of results. Decisions on conducting research projects. Decisions on priorities of research and related activities

18. Describe the most important recommendations expected of the incumbent:

- ◆ Recommendations to ICDDR,B scientists on the choice of statistical methods, methodological issues, and on interpretation of results.

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section 8, on the organization, and on the immediate unit

- ◆ Improper recommendations given to ICDDR,B scientists can seriously damage their activities, resulting in the loss of money as well as may damage ICDDR,B's reputation.
- ◆ Improper conduct and interpretation of own research can result in loss of money and other resources of the ICDDR,B and adversely affect its scientific credibility

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities:

Not applicable

21. Certified as an accurate description of the work assigned (and performed if the post is occupied):

Post No.

_____ First level supervisor	_____ George J Fuchs, MD	_____ (Signature)
_____ Second level supervisor	_____ George J Fuchs, MD	_____ (Signature)

Also please certify the organizational chart as correct by signing and indicating the effective date

2.4 Information on International Staff Separations

Agenda 2.4a **Dr. Andres de Francisco**
Head, Reproductive Health Programme, P5, PIISD

Dr. Andres de Francisco, Head, Reproductive Health Programme, PIISD left the Centre, on resignation from the services of the Centre effective January 17, 1999. Dr. Francisco served the Centre for a total of 8 (eight) years.

Agenda 2.4b **Mr. Ngudup Paljor**
Administrative Director, P5, ORP, HPED

Mr. Ngudup Paljor, Administrative Director, ORP, HPED resigned from the services of the Centre effective January 15, 1999. Mr. Paljor served this Centre for a total of 7 (seven) years.

Agenda 2.4c **Dr. Thomas T. Kane**
Operations Research Scientist, P4, ORP, HPED

Dr. Thomas T. Kane, Operations Research Scientist, ORP, HPED resigned from the services of the Centre effective October 15, 1998. Dr. Kane served the Centre for 1 (one) year.

Agenda 2.4d **Dr. Aye Aye Thwin**
Health Policy Analyst, P4, ORP, HPED

Dr. Aye Aye Thwin, Health Policy Analyst of Operations Research Project resigned from the services of the Centre effective January 15, 1999. She served the Centre for 1 (one) year.

Agenda 2.4e **Ms. Julie Banfield**
Executive Assiatant to the Director, P2

Ms. Julie Banfield, Executive Assistant to the Director resigned from the services of the Centre effective February 22, 1999 after having served the Centre for about 5 (five) years.

Agenda 2.4f **Dr. Jeroen K. Van Ginneken**
Head, Health & Demographic Surveillance Programme, PIISD

On completion of 3 years secondment contract, Dr. Jeroen K. Van Ginneken, Head, Health & Demographic Surveillance Programme, PIISD left the Centre on October 31, 1998.

Agenda 3.1 Selection of members of the Board 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:

Agreed to pursue nominations for persons from the corporate and private sector for further discussion at the November 1999 Board of Trustees meeting.

C. 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".

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

Action Required

1. Decide whether or not to extend the term of Prof. M.E. Jacobs for a second term of 3 years from 1 July 1999.
2. Endorse the replacement of Dr. R.H. Henderson, WHO on the Board.
3. To select a member of the Board of Trustees effective July 1, 1999 to replace Prof. Fehmida Jalil (developing country Asia).
4. To select a member of the Board of Trustees effective July 1, 1999 to replace Prof. Helena Makela (developed country Europe).
5. To select a member of the Board of Trustees effective July 1, 1999 to replace Prof. Cesar Victora (developing country The Americas).

LIST OF BOARD MEMBERS
WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES
(as at June 1999)

Name	Country	Discipline	Joining/Ending date
Mr. Rolf Carriere	UNICEF	Management/ Int'l Health	1997/2000
Maj. Gen (Retd) M.R. Choudhury	Bangladesh (GoB)	Pathology	1994/2000
Prof. R.R. Colwell	U.S.A. WHO	Microbiology	1995/2001*
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/Mgmt.	1994/2000*
Dr. A.K.M. Masihur Rahman	Bangladesh (GoB)	Civil Servant	1996/1999
Mr. M.M. Reza	Bangladesh (GoB)	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
Prof. Zheng Qing-si	P.R. China	Social Medicine	1999/2002

**Unable to serve another term without a break*

**LIST OF BOARD OF TRUSTEES MEMBERS (AS AT JUNE 1999) WITH
TERMS**

Name	Joined Board	End of Term
Mr. Rolf Carriere	1 July 1999	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*
WIIO		
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 September 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
Prof. Zheng Qing-si	1 July 1999	30 June 2002

**Unable to serve another term without a break*

As at June 1999

(Must be – 11 members at large
3 GoB
1 UN
1 WHO
1 Director, ICDDR,B

Total: 17 members

<u>Developed Country</u>	<u>Region</u>	<u>Developing Country</u>	<u>Region</u>
G Fuchs (USA) Interim	Nth America	Zheng (China)	Asia
R Colwell (USA)	Nth. America	F Jalil (Pakistan)	Asia
McDonald (Aus)	Pacific	Khoja (S/Arabia)	M/East/Arab
Makela (Finland)	Europe	M Jacobs (RSA)	Africa
Martin (Switz)	Europe	Victoria (Brazil)	S. Am/Carib
Takeda (Japan)	Asia	Bangladesh (3 GoB)	Asia
Vlassoff (Canada)	Nth America		

Total: 7

Total: 8

Plus: WHO:

UNICEF: Rolf Carriere

Total: 17 (as at June 1999)

Of 15 (excluding WHO and UNICEF) more than 50% must come from developing countries (including Bangladesh), and not less than 1/3 from developed countries.

As per above table:

8/15 (53%) are from developing countries (50% = 7 ½)

6/15 (40%) are from developed countries (1/3 = 5)

Gender: M=9

F=6

Appointments to the 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

Finance Committee

Prof. R.R. Colwell (Chair)
Mr. R. Carriere
Dr. A.K.M. Masihur Rahman
Professor Carol Vlassoff
WHO Representative

Programme Committee

Prof. C. Victora (Chair)*
Maj. Gen (Retd) M.R. Choudhury
Dr. T.A.M. Khoja
Prof. P.F. McDonald
Prof. P.H. Makela*

Chairperson
Director

End of term - 30 June, 1999

ACTION REQUIRED

1. Appoint by resolution new Trustees to Committees to replace outgoing Trustees for a period of 1 year

2. Appoint by Resolution Dr. Zheng Qing-si to a Committee

NOMINATIONS FOR TRUSTEES – JUNE 1999

(Revised 20/05/1999)

Name	Nationality	M/F	Discipline	Current Occupation	Nominated by
A. DEVELOPED COUNTRY (Europe)					
J G Cleland	British	M	Demography	Professor of Medical Demography. Centre for Population Studies	Professor Carol Vlassoff
Joseph Hautvast	Dutch	M	Public Health & Clinical Nutrition	Director, Graduate School Food Sciences Human Nutrition. Wageningen Agric. University	Dr. R. Suskind/Dr. G. Fuchs
Carla Pruzzo	Italian	F	Biology/Microbiology	Professor of Microbiology, Medical Faculty, School of Dentistry. University of Ancona	Professor Rita R. Colwell
B. DEVELOPED COUNTRY (Nth America)					
C. SOUTH AMERICAN REGION					
Ricardo Uauy Dagach	Chilean/US Perm. Resident	M	Nutrition	Director, Inst. Of Nutrition and Food Technology, Uni. Chile	Dr. R. Suskind
Claudio Franco Lanata	Perú	M	Epidemiology of diarrhoeal diseases Vaccine field trials	Senior Researcher. Instituto de Investigación Nutricional	Professor Cesar G. Victora
Roberto Briceno-León	Venezuelan	M	Social Scientist	Professor of Latin American Diploma Programme in Medical Parasitology. UNAM (Mexico) Faculty of Medicine	Professor Carol Vlassoff
Victoriano Campos Pardo	Chilean	M	Licenciature in Philosophy and Education. UCV.	Head of the Master in Microbiological Science Program	Professor Rita R. Colwell

Name	Nationality	M/F	Discipline	Current Occupation	Nominated by
D. DEVELOPED COUNTRY - (Pacific)					
E. DEVELOPING COUNTRY					
Jongsik Chun	Korean	M	Microbiology	Curator, Korean Collection for Type Cultures, Korca Research Institute of Bioscience & Biotechnology	Professor Rita R. Colwell

To replace: Professor P. Helena Makela (Developed Country)
 Professor Cesar G. Victora (Developing Country)
 Professor Felumida Jalil (Developing Country)

etta

From: john.cleland@lshtm.ac.uk on behalf of John Cleland [john.cleland@lshtm.ac.uk]
Date: 06 May 1999 23:05
To: loreta@icddr.org
Subject: Re: FW: Nomination for the ICDDR,B Board of Trustees



cv.dat

Dear Prof. Fuchs,

I am willing for my name to be considered for membership of the Board of Trustees. My c.v. is attached.

Sincerely,

John Cleland
John Cleland
Centre for Population Studies
151 Bedford Square
London WC1B 3DP
Tel: 0171 299 4621/4614
Fax: 0171 299 4637

Please have a look at our web site: <http://www.lshtm.ac.uk>

J G CLELAND - CURRICULUM VITAE

PERSONAL DETAILS

Date of birth: 9 March 1942

Nationality: U.K.

Education: Cambridge University, BA
Economics and Sociology, 1964
MA, 1967

Address (office): Centre for Population Studies
London School of Hygiene & Tropical Medicine
49-51 Bedford Square
London WC1B 3DP
Tel: (44 171) 299-4621
Fax: (44 171) 299-4637
e-mail: J.CLELAND@lshtm.ac.uk

EMPLOYMENT

1993 - Professor of Medical Demography, Centre for Population Studies, London School of Hygiene & Tropical Medicine. From 1 January 1996, Head of Centre for Population Studies.

1988-92 Senior Research Fellow, Centre for Population Studies, London School of Hygiene & Tropical Medicine.

1985-87 Head, Dynamic Data Base, International Statistical Institute Research Centre, The Hague.

1975-84 World Fertility Survey, London. Research Associate (1975-78); Chief of Analysis Section (1979-81); Chief of Assessment Section (1982-83); Chief of Analysis and Assessment Division (1984).

1972-74 Demographer, Medical Department, Fiji.

1969-72 Sociologist, Population Bureau, Overseas Development Administration, London.

1966-69 Research Officer, Survey Research Centre, London School of Economics.

1964-66 Research executive, Marplan Limited, London.

RECENT PROFESSIONAL ACTIVITIES

- 1990- - Member, Publications Committee, IUSSP
- 1990-97 - Member, Steering Committee, Task Force on Behavioural and Social Determinants of Fertility Regulation, World Health Organization.
- 1990-95 - Member, Social Science Research Council, International Centre for Diarrhoeal Disease Research, Bangladesh.
- 1991- - Trustee, Simon Population Trust.
- 1991- - Associate Editor, Health Transition Review.
- 1991- - Member, Scientific Advisory Committee, Demographic and Health Surveys.
- 1991-94 - Chair, Working Group on AIDS, IUSSP.
- 1992- - Member and Trustee, Population Investigation Committee
- 1993- - Editorial Board, Studies in Family Planning
- 1993- - Joint Editor, Population Studies.
- 1994-95 - Member, Panel on Data Research Priorities for Arresting AIDS in sub-Saharan Africa, U.S. National Academy of Sciences.
- 1994-97 - External Examiner, Population Studies, Southampton University.
- 1994-95 - Senior Fellow, 21st Century Trust, London.
- 1995-98 - Member, Population Panel, The Wellcome Trust.
- 1995- - Member, Fertility and Family Planning Committee, IUSSP
- 1995- - Member, Advisory Board, African Population Policy Research Centre, Nairobi
- 1995-97 - Vice-President, British Society for Population Studies
- 1997-99 - President, British Society for Population Studies
- 1997- - Member, Advisory Board, CHESTRAD, Ibadan, Nigeria
- 1997- - Member, Editorial Board, African Journal of Reproductive Health
- 1998-99 - Member, Panel on Population Projections, US National Academy of Sciences
- 1998- - Temporary Adviser, Scientific and Technical Group (STAG), Human Reproductive Programme, WHO.

1998- Chairperson, Examination Board, Masters Degrees in Medical Demography and in Reproductive and Sexual Health Research, LSHTM.

PUBLICATIONS

Journal Articles

- and, J. (1973) "A critique of KAP Studies", Studies in Family Planning, 4(2).
- and, J. and S. Singh (1980) "Islands and the Demographic Transition", World Development, 8.
- and, J. and G. Rodrigues (1980) "How Women's Work and Education Effects Family Size", People, 7 (4).
- gues, G. and J. Cleland (1981) "The Effects of Socio-Economic Characteristics on Fertility in 20 Countries", International Family Planning Perspectives, 7.
- and, J. (1983) "New WFS Findings prove Spacing Benefits", People, 10 (2).
- erson, J. and J. Cleland (1984) "The World Fertility Surveys and Contraceptive Prevalence Surveys: A Comparison of Substantive Results", Studies in Family Planning, 15 (1).
- and, J., J. Casterline, S. Singh and H. Ashurst (1984) "The Effects of Nuptiality, Contraception and Breastfeeding on Fertility in Developing Countries", International Family Planning Perspectives, 10 (3).
- , H., N. Sabir and J. Cleland (1984) "Why are toddler girls at risk of death and undernutrition in a slum area of Pakistan?" Lancet, April 7.
- and, J. and Z. Sathar (1984) "The Effects of Birth Spacing on Childhood Mortality in Pakistan", Population Studies, 38.
- , S., J. Casterline and J. Cleland (1985) "Proximate Determinants of fertility: Sub National Variations", Population Studies, 39.
- and, J. (1986) "Fertility and Family Planning Surveys: Future Priorities in the Light of Past Experience", International Family Planning Perspectives, 12 (1).
- and, J. and S. Rutstein (1986) "Contraception and Birthspacing", International Family Planning Perspectives, 12 (3).
- and, J. (1986) "A New Service for Demographic Analysts: The Dynamic Data Base", Population Index, 52 (4).
- and, J. and C. Wilson (1986) "Demand Theories of Fertility Transition: An Iconoclastic View", Population Studies, 52 (4).

- Cleland, J. (1987) "Socio-economic Determinants of Fertility: Assessment of Findings and Implications", Population Research Leads, 26.
- Rodrigues, G. and J. Cleland (1988) "Modelling Marital Fertility by Age and Duration: An Empirical Appraisal of the Page Model", Population Studies, 42 (2).
- Cleland, J. and G. Rodrigues (1988) "The Effects of Parental Education on Marital Fertility in Developing Countries", Population Studies, 42 (3).
- Cleland, J. and J. van Ginneken (1988) "Maternal Education and Child Survival in Developing Countries: The Search for Pathways of Influence", Social Science and Medicine, 27 (12).
- Carballo, M., J. Cleland, M. Carael and L. Adeokun (1989) "A Cross-national Study of Patterns of Sexual Behaviour", Journal of Sex Research, 26, 3.
- Cleland, J. and J. van Ginneken (1989) "Maternal Schooling and Childhood Mortality", Journal of Biosocial Sciences, Suppl. 10.
- Cleland, J. and V. Verma (1989) "The World Fertility Survey: An Appraisal of Methodology" Journal of the American Statistical Association, 84, 407.
- Cleland, J. (1990) "Cash Payments for Family Planning in Bangladesh: Merits and Demerits". IPPF Medical Bulletin, 24, 1.
- Carael, M., J. Cleland, L. Adeokun and Collaborators (1991) "Overview and Selected Findings of Sexual Behaviour Surveys", AIDS 5 (suppl. 1).
- Cleland, J. and W.P. Mauldin (1991) "The Promotion of Family Planning by Financial Payments: the Case of Bangladesh". Studies in Family Planning, 22 (1).
- Cleland, J., G. Bicego and G. Fegan (1992) Socio-economic inequalities in childhood mortality: the 1970s to the 1980s. Health Transition Review, 2, 1-18.
- Cleland, J., G. Bicego and G. Fegan (1993) Economic recession and child survival: a response to Crook. Health Transition Review. 3, 1.
- Cleland, J., M. Carael, J-C. Deheneffe and B. Ferry (1993) Sexual behaviour in the face of risk: preliminary results from the first AIDS-related surveys. Health Transition Review: Supplement to Vol. 2.
- Alway, S., N.C. Roy, M.A. Koenig and J. Cleland (1993) Levels and trends in post-partum amenorrhoea, breastfeeding and birth intervals in Matlab, Bangladesh. Asia-Pacific Population Journal. 8,2.
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- Carael, M., T. Mertens and J. Cleland (1993) Data collection strategies in the study of behaviours; limited use of simple solutions to a complex problem. Health Transition Review 3.

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- ël, M., J. Cleland and R. Ingham, R. (1994) Extra marital sex: implications of survey results for STD/HIV transmission. Health Transition Review 4 (Suppl.) 153-172.
- M. and J. Cleland (1995) Contraceptive discontinuation in six developing countries: a cause-specific analysis. International Family Planning Perspectives. 21, 92-97.
- tia, J. and J. Cleland (1995) Self-reported symptoms of gynaecological morbidity and their treatment in South Asia India. Studies in Family Planning 26, 203-216.
- tia, J. and J. Cleland (1995) Determinants of maternal care in a region of South India. Health Transition Review. 5, 127-142.
- ël, M., J. Cleland, J.-C. Deheneffe, B. Ferry, and R. Ingham (1995) Sexual behaviour in developing countries: implications for HIV control. AIDS 9, 1171-1175.
- nia, J.A., J.T. Moskowitz, M. Ruiz and J. Cleland (1996) A review of national AIDS-related behavioral surveys. AIDS 10 (Suppl. A), 183-190.
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- and, J. (1996) Demographic Data Collection in Less Developed Countries 1946-1996. Population Studies, (50) 433-450.
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- tia, J. and J. Cleland (1997) Gynecological Morbidity in South India. Studies in Family Planning, 28 (2), 95-103.
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- , K. L. Lush, G. Walt and J. Cleland (1998) Family Planning Policies and Programmes in eight low-income countries: a comparative policy analysis. Social Science and Medicine, No.7. 949-959.

Cleland, J. (1998) Understanding Fertility Transition. Journal of Centre for Nepal and Asian Studies, 25, 199-214.

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Ali, M. and J. Cleland (in press) Determinants of Contraceptive Discontinuation in Six Developing Countries. Journal of Biosocial Sciences.

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Rodrigues, G. and J. Cleland (1981) "Socio-economic Determinants of Marital Fertility in Twenty Countries: A Multi-variate Analysis", World Fertility Survey Conference, 1980, Record of Proceedings, Vol. 2.

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Macura, M. and J. Cleland (1985) "Reflections on the World Fertility Survey", in A C Atkinson and S E Fienberg (eds). A Celebration of Statistics, New York, Springer-Verlag.

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Cleland, J. (1988) "Factors Affecting Human Fertility", Chap.2 in R Kleinman (ed) Family Planning Handbook for Doctors, London, International Planned Parenthood Federation.

am, C. and J. Cleland (1988) "The Effects of Birthspacing on Infant and Child Mortality", in A M Hallouda, S Farid and S H Cochrane (eds), Demographic Responses to Modernization, Cairo, Central Agency for Public Mobilization and Statistics.

and, J. and J. van Ginneken (1989) Maternal education and child survival in developing countries: the search for pathways of influences. In J. Caldwell and G. Santow Selected readings in the cultural social and behavioural determinants of health. Canberra, Australian National University. Health Transition Series No.1.

and, J. (1990) "Maternal Education and Child Survival: Further Evidence and Explanations". In J. Caldwell et al (eds). What do we know about Health Transition: The Cultural, Social and Behavioural Determinants of Health. Canberra, Australian National University. Health Transition Series No.2.

and, J. (1990) "The Idea of the Health Transition". In J. Caldwell et al (eds) loc. cit.

and, J. (1990) "Fertility Decline in Developing Countries: the Roles of Economic Modernization, Culture and Government Interventions". In J. Landers and V. Reynolds (eds) Fertility and Resources. Cambridge, Cambridge University Press.

and, J. (1990) "The Adequacy of Service Statistics Systems for Programme Monitoring, Evaluation and Research". In United Nations. Monitoring and Evaluating Family Planning Programmes. Bangkok, ESCAP, Asia Population Studies Series No. 104.

and, J. and Shen Yimin (1991) "Later, Fewer but not Longer: Fertility Decline in Hebei, Shaanxi and Shanghai provinces, 1965-85. In Fertility in China: Proceedings of an International Seminar on the Chinese In-Depth Fertility Surveys. Voorburg, International Statistical Institute.

and, J., G. Bicego, and G. Fegan (1991) "Socio-Economic Inequalities in Childhood Mortality: The 1970s Compared to the 1980s. In. Proceedings of the World Conference of the Demographic and Health Surveys. Columbia, Maryland, Institute for Resource Development.

ael, M., J. Cleland and L. Adekun (1991) "Sexual Behaviour and HIV: The GPA/WHO Collaborative Surveys and other Studies. In T. Dyson (ed). Sexual Behaviour and Networking: Anthropological and Socio-Cultural Studies on The Transmission of HIV. Liège, Ordina.

and, J. and A. Hill (1991) "Studying the Health Transition". In J. Cleland and A. Hill (eds). The Health Transition: Methods and Measures. Canberra, Australian National University, Health Transition Series No. 3

and, J. (1991) In P.G. Smith and R.H. Morrow. Methods for Field Trials of Interventions against Tropical Diseases: A Toolbòx. Oxford, Oxford University Press (Contributing author).

and, J. and W. Robinson (1991) "The Use of Payments and Benefits to Influence Reproductive Behaviour", in J Phillips and J Ross (eds). The Role of Family Planning Programmes as a Fertility Determinant, Oxford, Oxford University Press.

Robinson, W. and J. Cleland (1991) "The Influence of Contraceptive Costs on The Demand for Children". In J. Phillips and J. Ross (eds) loc. cit.

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Landbouwniversiteit **Wageningen**

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Professor George Fuchs
Interim Director ICDDR,B

JH/MJ/U99-060

29 April, 1999
Marie Jansen

FAX: 880 2 883 116 (11 pages)

Dear Professor Fuchs,

Thank you for your fax of April 26. I am still very interested to be nominated for trustee membership for ICDDR,B. I would be very honoured if selected for the membership of this prestigious Board. If selected I will invest a lot of effort for the continuous success of ICDDR,B. It is so important for the health of large groups of people in developing countries that ICDDR,B will continue his guidance and leadership role on different public health problems.

My contribution could be on public health issues in general with special emphasis on public health nutrition.

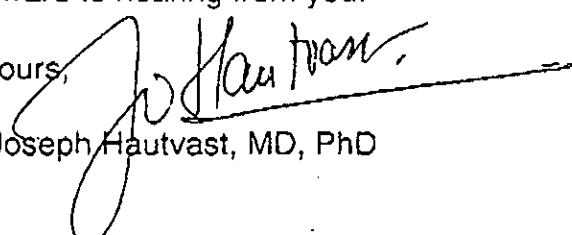
On May 12, 1998 I did send you by fax my CV and by regular mail information about my publication list.

In this letter I will include again my CV and I have written a 5-page document regarding my work, my experience and my involvement in activities with special emphasis on developing countries.

By separate mail I do send you some additional documents.

Looking forward to hearing from you.

Sincerely yours,


Professor Joseph Hautvast, MD, PhD

Encl.:

- short description of my working life with special emphasis on the past 5-10 years
- CV and publication Lancet

Separate mailing:

- information on Graduate School VLAG
- suppl. AJCN on Nutrition and Primary Care Physicians.

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WHO
Collaborating Centre
for Nutrition



Professor Joseph Hautvast, MD, PhD

additional information with regard to enclosed curriculum vitae

Training was received in tropical medicine (Nijmegen and Amsterdam) followed by a 3-years position as M.O. i/c of a 72-beds mission hospital in Tanzania. This was followed by a degree training in nutrition metabolism and public health in Cambridge (UK). Additional training was received in medical anthropology. There is no doubt that this training and work experience has given me a very strong motivation and basis for my orientation to nutrition problems in developing countries.

In 1972 I was appointed as the only full-time professor in Human Nutrition in the Netherlands. My responsibilities were to build up a university research and training department for MSc and PhD students in Human Nutrition. The new department was established in 1969 and my predecessor, Professor den Hartog, only served from 1969-1972 and had to step down due to illness. It was a challenging job because the only Netherlands University department was located in the only Dutch Agricultural University at Wageningen. It took a lot of effort of my staff and myself that human nutrition is more than studying the quality of foods. We had to show the role of foods on health of people. From 1972 this was the challenge and gradually the University became convinced that agriculture should care for foods serving the health of people. From a distinct peripheral position of our department in the University we belong today to the core activities of our University.

The department had to train MSc and PhD students in human nutrition. In 1974 the first batch of students ever in the Netherlands obtained a MSc degree in human nutrition. 4 Years later the first students obtained a PhD degree in human nutrition. From the beginning onwards I took a lot of effort in providing the best research possibilities and training for our students. Till about today more than 1200 students obtained the MSc degree, and I took the responsibility to chair all final MSc students exams. Our PhD programme

became also very successful, up till now I did supervise myself 65 PhD students who successfully obtained the degree under my responsibility.

A large group of our MSc students followed PhD programmes at other Dutch universities. Of the 65 PhD students mentioned above 60 did a PhD on nutrition studies in humans, both in developed and in developing countries. The other 5 PhD students did their research on experimental nutrition in animals (mainly rats). It was our very strong driving force that we had to study human nutrition and our publication list (in your possession) will show that we were rather successful.

When appointed in 1972 I was asked to become director of the programme on "International Courses in Food Sciences and Nutrition" (ICFSN). The programme was offering annually 5 months applied nutrition courses for mid-career people from developing countries and the programme was and still is paid by our Ministry of Foreign Aid. Till 1988 I was Director of this programme followed by the Chairmanship of this activity. Annually we train about 25 persons and with many of my former international students I have a good relationship and together we have a strong network.

In the period 1975-1978 I was made responsible for starting the Master Degree programme on Food and Nutrition Policy at the University of the Philippines at Los Banos; for a number of years I kept this responsibility. Our department initiated a university cooperation programme with the National University of Benin at Cotonou (start early eighties); 3 years ago we started a comparable cooperation with the University of Burkina Faso at Ouagadougou. Our department has had a strong input in developing the SEAMEO Nutrition Degree programmes at the University of Indonesia in Jakarta in the past 10 years; we started in 1998 with support to the University of Zimbabwe in Harare; we initiated at the National Institute of Nutrition at Hanoi the NIEC-programme. NIEC stands for a unit involved in Nutrition Information Education and Communication. The group was trained in Wageningen and in Bangkok.

The above mentioned information is given to illustrate our policy to invest strongly in human resources and institutional strengthening.

The research programmes have a very strong human nutrition direction. At present 40 percent of our PhD students ($n=20$) do their research in developing countries. These students are nationals or Dutch. This research is strongly focussed on a proper assessment of nutritional problems followed by carefully designed intervention studies. Much of the research is oriented towards the micronutrients carotenoids, vit. A, zinc, iodine and iron and my colleague Professor Clive West is joining leadership in this. We have e.g. shown very successfully that the bioavailability of carotenoids is in general much more limited than always thought and is therefor probably not the best source to provide vit. A in situations of deficiencies. The research in vit. A metabolism has been and still is carried out in the countries Indonesia, Vietnam, Bangladesh, Ethiopia, Guatemala. For several years we are involved in studies on prevalence and consequences of zinc deficiency. Excellent studies are carried out in Bangladesh, Indonesia and Ethiopia. Iodine deficiency disorders is another topic which we do study. Our work in Malawi did significantly show that IDD in school children does have severe consequences on school performance. This was confirmed in our studies in Indonesia and Benin. From our studies in Benin we are going to show that IDD in school children causes hear-impairment. We are also involved in the effects of infections on micronutrient status and vice-versa whether a better micronutrient status influence the development of disease and curing process. In Tanzania we did research on measles and vit. A; in Kenya we study malaria and micronutrients; in Zambia we studied the stunting process in young children in relation to infections such as HIV and malaria; in Indonesia we study at present the nutritional status of active pulmonary tuberculosis patients and also whether micronutrient supplementation will increase the efficacy of TB treatment with standard drugs. As an example I enclose a copy of an invited end-of-the year review paper which we wrote for the Lancet on micronutrient malnutrition.

The above research orientation towards developing countries is not the only one. In Indonesia we are involved in studies on diet obesity and blood lipids because of the growing importance of the double burden of diseases in these countries.

In September 1997 I stepped down as Chairman of the Department after serving 25 years. I wanted to give this responsibility to a younger generation who I have been training. My own wish was to get more involved in strategic and policy work regarding food and nutrition issues. It might be good to illustrate the activities I was and now am involved in.

I am very pleased that I still serve in the Council of the International Union of Nutritional Sciences (IUNS). I have served in this Union for a period of 12 years as Secretary General which brought me in a regular contact with colleagues in about 60 different countries. This has broadened my knowledge and understanding of food and nutrition issues in these countries.

In Europe I was one of the founding fathers and 5 years Director of the European Nutrition Leadership Programme (start 1994). This programme, supported by EU (European Union) and international food industry, aims at developing leaders in our science. The best PhD and post-doc students from Europe could be invited to attend a unique and challenging 7-days leadership and teamwork training in Luxembourg. A very successful programme so far and already copied in the USA and in Latin America. The United Nations University (Tokyo) under the new leadership of the former Dutch Professor Hans van Ginkel, has stimulated our initiative to have in June this year an international meeting (on invitation only) on the African Nutrition Leadership Initiative in Cape Town. Our department has been appointed as the European Office of the UNU-Food and Nutrition Programme with special responsibilities in Africa and Eastern Europe. I have been made responsible for this programme.

In September 1997 I was appointed as Director of the Dutch Graduate School on Food Technology, Agrobiotechnology, Nutrition and Health Sciences (known as VLAG). In this school we have enrolled at present more than 200

PhD students (no MSc students). This is again a challenging work. We provide highly advanced international courses on topics in which we have an outstanding name. Some information is sent by air mail.

Since 1994 I am Vice-Chairman of the Netherlands Health Council, and appointed by the Minister of Health. We have to give our Ministers the best scientific advice on a broad range of health issues. This Health Council has a very high rating in the Dutch Medical World. Another awarding activity is the initiative we took several years ago to have a sharp focus and study of the role of primary care physicians in dealing with nutrition guidance of their patients. We are convinced that the attitude and involvement of the medical profession is crucial in changing nutrition patterns. In December 1995 we organised an international workshop and the proceedings were published in June 1997 in the AJCN (will be sent by separate mail). In December 1998 we organised the second international workshop on this topic and the proceedings will be published in May this year in the EJCN. The third workshop in 2001 is already in planning. As Chairman of this programme I am really very convinced that this is a very important research investment and will become highly relevant for public health in future. My strategic and policy work is further actively involved in several international committees. E.g. I was asked to be a Board Member of the MRC Physiological Medicine and Infectious Board (1996-2000); to have such a position for a foreigner is more than unique. This gives me a lot of new and challenging information. I serve on comparable institutions in Berlin, Brussels and Paris. What I might say is that I consider this work at the present phase of my career very challenging indeed. It broadens my public health knowledge and brings to my nutrition knowledge a new and broader horizon.

In this short document I have tried to describe some insight and background of my academic involvements, my motivation of the work I did so far and what brought me to the work I do today and in the years to come.

CURRICULUM VITAE

Dr J.G.A.J. Hautvast

Full name	Joseph Gerardus Andreas Johannes HAUTVAST
Date of birth	07-04-1938
Nationality	Dutch
Family status	married; 3 children
Academic qualifications	<ul style="list-style-type: none"> * Diploma Nutrition, University of Cambridge, United Kingdom, 1972. * PhD, Nijmegen University, the Netherlands, 1967 Thesis: Growth changes in the human head, face and stature. * MD, Nijmegen University, the Netherlands, 1966. * BA-Anthropology, Nijmegen University, the Netherlands, 1965.
Present positions	<ul style="list-style-type: none"> * Professor in Human Nutrition, Wageningen Agricultural University. * Director Graduate School VLAG (Food, Nutrition, Health). * Vice-Chairman Netherlands Health Council (MOH).
Employment record	
1996 to date	* Director Graduate School Food Sciences/Human Nutrition (VLAG).
1972 to 1997	* Chairman, Department of Human Nutrition, Wageningen Agricultural University:
1972 to date	* Professor Human Nutrition, Wageningen Agricultural University.
1971 - 1972	* Postgraduate student Dunn Nutritional Centre, Cambridge, United Kingdom.
1970 - 1971	* Medical Faculty, Department of Anatomy and Anthropology, Nijmegen University, the Netherlands.
1967 - 1970	* Medical Officer in charge of 70-beds Igogwe Mission Hospital, Mbeya Region, Tanzania.
Prizes and awards	<ul style="list-style-type: none"> * Golden Award of Merit of Warsaw Agricultural University, 1985. * Correspondant étranger dans la section élevages et productions animales de l'Academie d'Agriculture de France, 1989. * EV McCollum International Lectureship, Adelaide, Australia, 1993. * Knighthood in the Order of the Dutch Lion, 1996 (by Her Majesty Queen Beatrix of the Netherlands).

Experience record

1. Research

Department of Human Nutrition, Wageningen Agricultural University

- Several epidemiological studies on the role of diet in lipoprotein metabolism and atherosclerosis mainly in schoolboys.
- Longitudinal studies on incidence of obesity in young adults; and the consequences of body fat distribution on health parameters.
- Longitudinal studies on the energy needs during pregnancy and lactation, both in the Netherlands, in the Philippines and in India.
- Studies on the vitamin A and iron status and their interrelationship in schoolboys in Ethiopia and in pregnant women in Indonesia.
- Studies in IDD, including the effectiveness of oral dosing with iodated oil, in children in Malawi.
- The consequences of seasonal food shortages on energy balance and adaptation and on household strategies in Benin.
- The consequences of fuel shortage in developing countries on food choice, food preparation and nutritional status in Malawi and Ethiopia.
- The functional consequences of iron deficiency in female Chinese labours on work performance and work output.
- European multi-centre study on the nutritional status of elderly in Europe (EURONUT-SENECA).
- A longitudinal study on the consequences for growth, health and mental development of children on a macrobiotic diet.

Dunn Nutritional Centre

- The role of folic acid in collagen synthesis.

2. Teaching

Department of Human Nutrition, Wageningen Agricultural University

Intramural teaching

- Teaching in lectures and seminars in BSc and MSc courses.
- Supervision of PhD fellows: 64 have graduated and 25 are enrolled.
- Final examiner of students for the MSc Human Nutrition Degree of Wageningen Agricultural University on average 50 a year since 1974.

Extramural teaching

- From 1974-1988 Director of the Programme of International Courses in Food Sciences and Nutrition at Wageningen; since 1988 to date Chairman of the Programme Committee.
- Founder, supervisor and facilitator of Master of Professional Studies Programme on Food and Nutrition Planning at the University of the Philippines at Los Baños in 1978.

- Founder and facilitator of short regional nutrition courses for Southern African Countries in Harare (Zimbabwe), 1985.
- Initiator of European Nutrition Summer Courses for advanced PhD-students: this is The European Nutrition Leadership Programme, 1994.
- Executive Officer NATURA-NECTAR-NUTRITION: a European Union-financed programme to develop teaching modules for MSc courses in developing countries.
- Topics covered since 1993: Food and Nutrition Security; Nutrition Epidemiology; Micronutrients and Food Composition and Food Quality.

3. Affiliations and other activities

- Member American Institute of Nutrition and the British Nutrition Society.
- Project Manager EC Concerted Action on Nutrition and Health - EURONUT, from 1981 - 1988.
- Project Manager EC Concerted Action on Nutrition and Health of the Elderly - SENECA, from 1988 - to date.
- Member Project Team EC Concerted Action on "Physiological Implications of Resistant Starch - EURESTA, from 1990 - 1995.
- Chairman Editorial Committee Europ J Clin Nutrition, 1987 - 1991.
- Member several editorial committees of nutrition journals.
- Secretary-General of the International Union of Nutritional Sciences: 1985 - 1997.
- Board Member "New" German Institute of Nutrition at Potsdam-Rehbrücke: 1992 - 1998.
- International advisor SU.VI.MAX Research Program in France (project leader Dr J. Hercberg): 1995 - to date.
- Member of Physiological Medicine and Infections Board, MRC-UK: 1996 - to date.
- Reviewer of papers for Am J Clin Nutrit, Eur J Clin Nutrit, Ann of Nutrit and Metab, Lancet.

4. Special appointments

- Chairman Food and Nutrition Council, which is the advisory body to the Minister of Health and the Minister of Agriculture regarding nutrition and food supply (01/09/1994 - 31/12/1995).
- Vice Chairman Netherlands Health Council (from 01/01/1996 onwards).
- Scientific Director Postgraduate School VLAG: Food Technology, Agrobiotechnology, Nutrition & Health Sciences.
- Advisor to the UNU Food and Nutrition Programme.
- Advisor to WHO international activities.
- Chairman WHO Collaborating Centre in Human Nutrition.



Nutrition**From 'whither' to 'wither' micronutrient malnutrition?**

Clive E West, Joseph G A J Hautvast

At the International Conference of Nutrition in Rome in 1992, end-of-millennium goals were set to virtually eliminate iodine and vitamin A deficiencies and to reduce the prevalence of nutritional anaemia by one third of the 1990 levels in women of reproductive age. Striving for such targets usually leads to tales of woe. Success is at hand or not far away (UNICEF, *State of the World's Children*. London: Oxford University Press, 1998). The biggest success story is in eliminating iodine deficiency through the efforts of governments, encouragement by UNICEF and other UN agencies, and injections of money from Kiwanis International. Of the 80 countries where iodine deficiency was a problem, 28 now have universal salt iodisation (USI, >90% salt iodised), 14 iodise 75-90% of their salt, and all but 7 now have USI legislation. Two of the many effects of iodine deficiency are a reduction of intelligence quotient on average by 10 points and high rates of child mortality (*Lancet* 1997; 350: 771, *J Nutr* 1997; 127: 574).

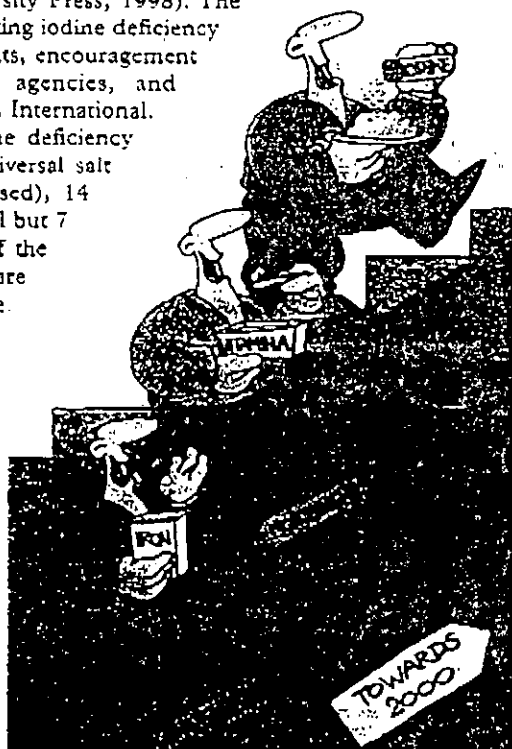
For controlling vitamin A deficiency, there are three basic approaches: use of high-dose vitamin A capsules, promoting home gardens, and food fortification with vitamin A. Now 61 of 78 countries where vitamin A deficiency is a public health concern have a supplementation policy with the proportion of children in these countries receiving vitamin A supplements increasing from 31% to 50% from 1994 to 1996. Because supplementation programmes may not be sustainable, home gardens have been regarded as the ultimate solution to controlling vitamin A deficiency in developing countries. Unfortunately, effort expended towards their introduction has not led to significant progress. Insights into why this is so are emerging.

In a study in breastfeeding women in Indonesia, no improvement in serum concentrations of β -carotene and retinol were found after feeding dark-green leafy vegetables and carrots. However, feeding wafers providing the same β -carotene intake as from vegetables produced marked increases in both indices (*Lancet* 1995; 342: 1325). Further research from Indonesia (De Pee S, et al *Am J Clin Nutr* 1998 [in press]) and Vietnam confirm

these findings and challenge the dogma that 6 μ g of β -carotene is equivalent to 1 μ g of retinol. Instead, 26 μ g of β -carotene from dark-green leafy vegetable and carrots or 12 μ g from yellow and orange fruits are required to provide 1 μ g of retinol. Vegetable processing can increase bioavailability (*Am J Clin Nutr* 1997; 66: 116) as highlighted by the finding that the incidence of prostate cancer is related to ingestion of tomato sauce but not of raw tomatoes (*J Natl Cancer Inst* 1995; 87: 1767). The third approach to control of vitamin A deficiency is also making an impact: in developed countries, over one-third of vitamin A intake is supplied from fortified margarine. In many countries of Central America, fortification of sugar with vitamin A is taking place; and fortification programmes are gaining impetus in other countries on the realisation that gardens alone can not provide adequate vitamin A.

Controlling nutritional anaemia, a problem in developing and developed countries alike, is proving more difficult; not surprisingly, considering the more modest goals of the International Conference of Nutrition. But progress is being made. The problem of compliance with iron tablets may be resolved by studies in Indonesia which have shown that consumption once a week is just as effective as daily supplementation. (*Am J Clin Nutr* 1997; 66: 177). In addition, iron fortification is now more widespread in developed countries and is getting under way in developing countries.

These successes should inspire us to more vigorously combat other nutrition problems in developing countries such as stunting.



Towards the new millennium: away with micronutrient malnutrition

Clive West/Nat

Lancet 1997; 350 (suppl III): 15

Division of Human Nutrition and Epidemiology, Department of Food Technology and Nutritional Sciences, Wageningen Agricultural University, 6700 EV Wageningen, Netherlands (C E West BSc, J G A J Hautvast MSc)

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loretta

From: Rita R. Colwell [rcolwell@nsf.gov]
Sent: 12 April 1999 18:55
To: 'George Fuchs'
Cc: MAJ Martin Jacques; Choudhury (E-mail); Fehmida JALIL (E-mail); 'Takeda Yoshifumi'; Marian E. JACOBS (E-mail); Cesar.VICTORA (E-mail); Carol.VLASSOFF 1 (E-mail); CARRIERE; Rolf (E-mail 2); Helena MAKELA (E-mail); Peter McDONALD (E-mail); Loretta SALDANHA (E-mail); Rafe HENDERSON (E-mail 2); Fehmida JALIL (E-mail 2); Helena MAKELA (E-mail 2); 'AtHomeJacquesMARTIN'
Subject: Re: ICDDR,B - Selection of Trustees

Dear George:

To replace the following people leaving, I am suggesting the following:

>Those leaving after our June 99 meeting are :
>Prof. Dr. Cesar Victora The Americas + developing country

SUGGESTED REPLACEMENT

Dr. Victoriano Campos Pardo
Laboratorio de Microbiologia Ambiental
Universidad Catolica de Valparaiso
Avenida Brazil 2950 - Casilla 4059
Valparaiso, CHILE
FAX: 011-56-32-212-746
TEL: 011-56-32-251-024

>Prof. Dr. Helena Makela Europe + developed country

SUGGESTED REPLACEMENT

Dr. Carla Pruzzo
Universita Degli Studi Di Ancona
Istituto Di Microbiologia
Via Ranieri - Monte d'Ago
60132 Ancona - ITALY
FAX: 011-39-71-220-4693 (11/20/98)
TEL: 011-39-71-220-4697 (11/20/98)
E-mail: pruzzo@mbox.ulisse.it
novi@leonardo.arch.unige.it

>Prof. Dr. Fehmida Jalil Asia + developing country

SUGGESTED REPLACEMENT

Dr. Jongsik Chun
Korean Collection for Type Cultures
Korea Research Institute of Bioscience
and Biotechnology (KCTC, KRIBB)
P.O. Box 115, Yusong
Taejon 305-600, REPUBLIC OF KOREA
FAX: 011-82-42-860-4625
TEL: 011-82-42-860-4640
E-mail: jchun@kribb4680.kribb.re.kr (e-mail 10/26/98)
jchun@mail.kribb.re.kr - (e-mail 6-11-98)

Rita Colwell

=====
At 09:17 AM 4/9/99 , MAJ Martin Jacques wrote:

>>From : Jacques Martin
>To : Trustees
>
>cc : Ms Loretta Saldhana,
> with kind request to ensure circulation to Dr. A.K.M. Masihur Rahman
>and to Mr M.M. Reza.
>
>Dear Board Members,

Dear Friends,

>As you are aware there are several Trustees who have reached the time when
>we should look for a replacement for them.

>We are always sorry to see Friends and competent Colleagues go, but that's
>not only the name of the game but also part of life.

>Those leaving after our June 99 meeting are :

>Prof. Dr. Cesar Victora The Americas + developing country

>Prof. Dr. Helena Makela Europe + developed country

>Prof. Dr. Fehmida Jalil Asia + developing country

>May I recall that the *gender* perspective is also of importance.

>Further WHO will propose a replacement for Dr Rafe Henderson.

>Also may I remind you that at one stage we thought we could have somebody
>from the *private sector* on our Board.

>In my opinion this idea still stands. But the more alternative suggestions
>we would have particularly for this post the better, as it might not be an
>easy choice for us to make.

>I would suggest we all actively and urgently submit ideas to George Fuchs (
>gfuchs@icddrb.org or loretta@icddrb.org) so that the Centre Director
>contact the individuals asking them to submit a CV and a declaration of
>interest (with no commitments however from the part of ICDDR,B, as our Board
>may have to select one among several and to balance the various usual
>factors).

>It makes a lot of sense also to contact the individual concerned on an
>informal basis first, in order

>(1) to inform her/him about the implications of being on our Board and

>(2) make sure the person is basically interested and available.

>Your assistance in this respect would be very much appreciated.

>All the best and see you in June.

>Jacques Martin, Chairperson, ICDDR,B Board of Trustees

>copy by fax to Dr. T.A.M. Khoja

>From Jacques MARTIN

> Head, Human Resources Division

> Swiss Agency for Development and Cooperation

> DFAE, CH-3003 Berne, Switzerland

>Phone : + 41 31 322 34 47 Fax : + 41 31 323 08 49

>e-mail off. : jacques.martin@cdc.admin.ch

>e-mail home : Jacques_O_Martin@compuserve.com



UNIVERSITÀ DEGLI STUDI DI ANCONA
ISTITUTO DI MICROBIOLOGIA

Via Ranieri - Monte d'Ago
60131 ANCONA - Italy

071/220.4698 (Direttore: 071/220.4694)
Fax 071/220.4693

April 24th, 1999

TO:

Dr. George Fuchs
ICDDR,B: Centre for Health
and Population Research
GPO Box 128
Dhaka 1000, Bangladesh
Fax: 880 2 883116

FROM:

Dr. Carla Pruzzo
Institute of Microbiology
University of Ancona
Via Ranieri Monte D'Ago
60131 ancona Italy
Fax. 39 71 2204693
E-mail: pruzzo@mbox.unisse.it

Number of pages: 6

Dear Dr. Fuchs,

In response to the letter of April 15th from Prof. V.I. Mathan, informing me that my name was suggested for nomination as new member of the Board of Trustees of ICDDR,B: Centre for Health and Population Research, I would like to both thank you very much for the honour and confirm my interest. Please find enclosed my CV that I have also sent by e-mail.

Thank you again for your consideration and with my best wishes, I remain,

Yours sincerely

Carla Pruzzo

CURRICULUM VITAE

CARLA PRUZZO

Permanent address: Piazza Rensi 1/5
16146 Genova Italy
Phone: +39 010 314222

Work address: Institute of Microbiology
University of Ancona
Via Ranieri Monte D'Ago
60131 Ancona Italy
Phone: +39 071 2204697
Fax: +39 071 2204693
E-mail: pruzzo@mbox.ulisse.it

Date of Birth: September 11th, 1951
Place of Birth: Genova, Italy
Nationality: Italian
Marital Status: Married, one son

EDUCATION

970 High School leaving certificate (Liceo Classico G. Mazzini, Genova)
974 Biology Doctor with the highest honors (University of Genova). Thesis on lysogenic bacteria and prophage-host interactions
972-1974 Basic training in Microbiology (Institute of Microbiology, University of Genova)

PROFESSIONAL APPOINTMENTS

974-1977 Assistant Professor, non permanent position (Institute of Microbiology, University of Genova)
978-1986 Assistant Professor, permanent position (Institute of Microbiology, University of Genova)
986 Associate Professor of Microbiology, Faculty of Pharmacy, University of Genova
986-1990 Associate Professor of Microbiology, Faculty of Sciences, University of Genova
991-up to know Full Professor of Microbiology, Medical Faculty, School of Dentistry, University of Ancona

FELLOWSHIP

983 Fulbright Fellowship

Emory University, Department of Microbiology/Immunology, Atlanta (GA, USA)

TEACHING ACTIVITIES

- 1980-1992 Course "Genetics of microorganisms", School of Specialization in Microbiology, University of Genova
- 1983-1986 Course "Industrial Microbiology", School of Specialization in Microbiology, University of Genova
- 1986 Course "Microbiology", Faculty of Pharmacy, University of Genova
- 1987-1991 Course "Microbiology", Faculty of Sciences, University of Genova
- 1991-1994 Course "General Microbiology", Faculty of Sciences", University of Genova
- 1991 up to now Course "Microbiology", Medical Faculty, School of Dentistry, University of Ancona
- 1991-up to now Course "Microbiology", School for "Bio-medicine laboratory technicians", Medical Faculty, University of Ancona
- 1994-1996 Course "Bacteriology", Faculty of Sciences, University of Ancona
- 1996-up to now Course "Environmental Microbiology", Faculty of Sciences, University of Ancona
- 1997-up to now Course "Environmental Microbiology" School of Specialization in Microbiology, University of Ancona

TEACHING ACTIVITIES COORDINATED OR ORGANIZED WITH UNIVERSITIES OF FOREIGN COUNTRIES

- 1987 Course "Pathogenicity mechanisms of bacteria", Faculty of Biochemistry, University of Rosario, Argentina
- 1993-up to now ERASMUS-SOCRATES Inter-University Cooperation Program. Subject areas: Natural Sciences. Other participating institutions: (i) Regional Technical College, School of Science Galway (IRL); (ii) Stedelijk Instituut voor Technisch Mechelen (Belgium); (iii) University of Wolverhampton, Faculty of Sciences (UK)

MAIN RESEARCH FIELDS

- 1974-1978 Lysogeny in *Klebsiella pneumoniae*: association between shape alteration and derepression of prophage genes
- 1978-up to now Bacterial adherence and pathogenicity:
- (i) *Klebsiella pneumoniae*: role of receptors for T3 and T7 phages in adherence to epithelial cells and phagocytes
 - (ii) *Bacteroides fragilis*: role of pili and capsule in hemagglutination and adherence to human cells. Neuraminidase-dependent attachment
 - (iii) *Enterococcus faecalis*: serum dependent expression of adhesins involved in interactions with heart cells and phagocytes
 - (iv) *Streptococcus mutans*: inhibition of attachment to hydroxyapatite by low molecular weight chitosans. Studies on the possible use of these molecules as anti-caries agents.

- 1992-up to now Bacterial adherence in the aquatic environment
(i) Analysis of bacteria associated with copepods
(ii) Analysis of the presence in the Adriatic Sea of vibrio and vibrio-like bacteria both free in the water and attached to plankton
(iii) Role of surface proteins in vibrio attachment to chitin containing surfaces

OTHER RESEARCH FIELDS

- 1983-1993 Role of a bacteriolytic enzyme (endo-beta-N-acetyl glucosaminidase [SaG]) produced by *Staphylococcus aureus* in pathogenicity
(i) Cloning, sequencing and molecular analysis of SaG
(ii) Evolutionary relationship and homology with other lysozymes.
(iii) Development of an immunoenzymatic assay based on anti-SaG monoclonal antibodies to identify coagulase- and protein A- negative *S. aureus* strains.
- 1990-1994 Construction of expression-secretion vectors to achieve excretion of recombinant proteins in *Escherichia coli* periplasmic leaky mutants

PATENT

- 1991 Metodo rapido per l'identificazione dello *S. aureus*, kit diagnostico per l'esecuzione di tale metodo; anticorpi monoclonali contro la glucosaminidasi dello *S. aureus* e ibridoma per la produzione di tali anticorpi (Rapid method for *S. aureus* identification, diagnostic kit for that purpose, monoclonal antibodies against *S. aureus* glucosaminidase and hybridoma to produce these antibodies) Italian Patent TO 91 A 001003, inventor with Prof. G. Satta and Dr. C.A. Guzmàn.

PUBLICATIONS

Number of original papers: 65
Number of communications to scientific meetings: 70
Books: editor of 1 book

SELECTED PAPERS

- 1) Satta G., Pruzzo C., Debbia E. and Calegari L. 1978. Lysogenic conversion in *Klebsiella pneumoniae*: a system which requires active immunity regulation for expressing the conversion phenomenon. *J. Virol.* 28: 786-794.
- 2) Satta G., Pruzzo C., Debbia E. and Fontana R. 1978. Close association between shape alteration and loss of immunity to superinfection in a wild *Klebsiella pneumoniae* lysogen which can be both immune and non-immune to superinfection. *J. Virol.* 28:772-785
- 3) Satta G., Debbia E., Pruzzo C and Calegari L. 1978. The peculiar behaviour of coliphage P1 *vir* mutants on restricting hosts. *Microbios* 22:93-102
- 4) Pruzzo C., Debbia E. and Satta G. 1980. Identification of the major adherence ligand in *Klebsiella pneumoniae* in the receptors for coliphage T7 and alteration of *Klebsiella* adherence properties by lysogenic conversion. *Infect. Immun.* 30:562-571
- 5) Pruzzo C., Debbia E. and Satta G. 1982. Mannose-inhibitable adhesins and T3-T7 receptors of *Klebsiella pneumoniae* inhibit phagocytosis and intracellular killing by human polymorphonuclear leukocytes. *Infect. Immun.* 36:949-957
- 6) Pruzzo C., Valisena S. and Satta G. 1983. Laboratory and wild-type *Klebsiella pneumoniae* strains carrying mannose-inhibitable adhesins and receptors for coliphages T3 and T7 are more pathogenic for mice than strains without such receptors. *Infect. Immun.* 39:520-527
- 7) Pruzzo C., Dainelli B. and Ricchetti M. 1984. Piliated *Bacteroides fragilis* strains adhere to epithelial cells and are more sensitive to phagocytosis by human neutrophils than non-piliated strains. *Infect. Immun.* 43:189-194
- 8) Pruzzo C., Casarino L., Valisena S. and Satta G. 1986. Inhibition of neutrophil phagocytic activity by the *Klebsiella pneumoniae* MIAT adhesin. In "Bacteria and the host" (M. Ryc and J. Franek eds) pg. 65-68. Avicenum Publishing House
- 9) Biavasco F., Pruzzo C. and Thomas C. 1988. Cloning and expression of the *Staphylococcus aureus* glucosaminidase in *Escherichia coli*. *FEMS Microbiology Letters* 49:137-142
- 10) Pruzzo C. and Satta G. 1988. Capsular antigenic variations by lysogenic conversion in *Klebsiella pneumoniae*: relationships with virulence. *Current Microbiol.* 16:259-263
- 11) Valisena S., Pruzzo C., Varaldo P.E. and Satta G. 1988. Interference of a *Staphylococcus aureus* bacteriolytic enzyme with polymorphonuclear functions. In "Bacteria, complement and the phagocytic cell" (F. Cabello and Pruzzo C. eds) pg. 255-267. Springer-Verlag
- 12) Pruzzo C., Valisena S., Baldi L. and Satta G. 1988. A surface protein of *Klebsiella pneumoniae* and *Escheria coli* that binds phagocytes and inhibits phagocytosis. In "Bacteria, complement and the phagocytic cell" (F. Cabello and Pruzzo C. eds) pg. 211-220. Springer-Verlag
- 13) Pruzzo C., Cisani G. and Satta G. 1988. MIAT-mediated interactions with epithelial cells in *E. coli* strains. In "Host-parasite interactions in urinary tract" (E.H. Kass and C. Svanborg_Eden eds) pg. 127-131. The University of Chicago Press.
- 14) Li Pira G., Pruzzo C. and Calegari L. 1988. *Enterococcus faecalis* adherence. In "Host-parasite interactions in urinary tract" (E.H. Kass and C. Svanborg_Eden eds) pg. 209-213. The University of Chicago Press.
- 15) Pruzzo C., Guzmán C.A. and Dainelli B. 1989. Incidence of hemagglutination activity among pathogenic and non pathogenic *Bacteroides fragilis* strains and role of capsule and pili in HA and adherence. *FEMS Microbiology Letters* 59:113-118
- 16) Guzmán C.A., Pruzzo C., Li Pira G. and Calegari L. 1989. Role of adherence in the pathogenesis of *Enterococcus faecalis* UTI and endocarditis. *Infect. Immun.* 57:1834-1838
- 17) Pruzzo C., Guzman C.A., Calegari L. and Satta G. 1989. Impairment of phagocytosis by the *Klebsiella pneumoniae* Mannose Inhibitable Adhesin/T7 Receptor. *Infect. Immun.* 57:975-982
- 18) Guzman C.A., Platè M. and Pruzzo C. 1990. Role of neuraminidase - dependent adherence in *Bacteroides fragilis* attachment to human epithelial cells. *FEMS Microbiol. Letters* 71:187-192.

- 19) Guzmán C.A., Pruzzo C., Platè M., Guardati M.C. and Calegari L. 1991. Serum dependent expression of *Enterococcus faecalis* adhesins involved in the colonization of heart cell. *Microb. Pathogenesis* 11:399-409
- 20) Guzmán C.A., Pruzzo C. and Calegari L. 1991. *Enterococcus faecalis*: specific and non specific interactions with human polymorphonuclear leukocytes. *FEMS Microbiol. Letters* 84:157-162
- 21) Carli A., Bandelloni R., Mariottini G.L., Pane L., Pruzzo C. and Romairone V. 1992. The plankton biotic community and eutrophication in coastal regions of the Gulf of Genova. In: "Marine Coastal Eutrophication" (Vollenweider R.A., Marcetti R. and Viviani R. eds.) pg.693-696. Elsevier Science Publishers, Amsterdam
- 22) Guzmán C.A., Platè M., Guardati M.C., Pruzzo C. and Calegari L. 1992. *E. faecalis* ligands that mediate adherence to different cell substrates. *Zbl. Bakt. Suppl.* 22:148-149
- 23) Guzmán C.A., Guardati M.C., Fenoglio D., Coratza G., Pruzzo C. and Satta G. 1992. Novel immunoenzymatic assay for identification of coagulase- and protein A- negative *Staphylococcus aureus* strains. *J. Clin. Microbiol.* 30:1194-1197
- 24) Guzmán C.A. and Pruzzo C. 1992. Review article: Adhesins of uropathogenic bacteria: properties, identification and use for new antibacterial strategies. *Int. Urogynecol. J.* 3 (4):302-316
- 25) Guardati M.C., Guzmán C.A., Piatti G. and Pruzzo C. 1993. Rapid methods in *S. aureus* identification when both human and animal staphylococci are tested: comparison with a new immunoenzymatic assay. *J. Clin. Microbiol.* 31:1606-1608
- 26) Carli A., Pane L., Casareto L., Bertone S. and Pruzzo C. 1993. Occurrence of *Vibrio alginolyticus* in Ligurian Coast rock pools (Tyrrhenian Sea, Italy) and its association with the copepod *Tigriopus fulvus* (Fisher 1860). *Appl. Environ. Microbiol.* 59:1960-1962
- 27) Guardati M.C., Guzmán C.A., LiPira G., Piatti G., Robbiati F. and Pruzzo C. 1993. The use of monoclonal antibodies for studying the biological properties of *Staphylococcus aureus* endo-beta-N- acetyl glucosaminidase. *FEMS Microbiol. Letters* 112:73-80
- 28) Guzmán C.A., Piatti G., Walker M.J., Guardati M.C. and Pruzzo C. 1994. A novel *Escherichia coli* expression-export vector containing alkaline phosphatase as an insertional inactivation screening system. *Gene* 148: 171-172
- 29) Guzmán C.A., Piatti G., Pronzato C., Crippa A., and Pruzzo C. 1995. Inhibition of bacterial colonization of the gut by human and bovine casein. *Microecol. Therapy.* 25:235-238
- 30) Guzmán C.A., Piatti G., Staendner L.H., Biavasco F. and Pruzzo C. 1995. Export of *Bordetella pertussis* serotype 2 and 3 fimbrial subunits by *Escherichia coli*. *FEMS Microbiol. Letters* 128:189-194
- 31) Pruzzo C., Crippa A., Bertone S., Pane L. and Carli A. 1996. Attachment of *Vibrio alginolyticus* to chitin mediated by chitin binding proteins. *Microbiology* 142: 2181-2186
- 32) Tarsi R., Muzzarelli R.A.A., C.A. Guzmán and Pruzzo C. 1997. Inhibition of adsorption to hydroxyapatite by low molecular weight chitosans. *J. Dent. Res.* 76(2): 665-672
- 33) Guzmán C.A., Biavasco F. and Pruzzo C. 1997. Adhesiveness of *Bacteroides fragilis* strains isolated from faeces of healthy donors, abscesses and blood. *Current Microbiol.* 34(5): 332-334
- 34) Tarsi R., Corbin B., Pruzzo C. and Muzzarelli R.A.A. 1998. Effect of low molecular weight chitosans on the adhesive properties of oral streptococci. *Oral Microbiol. Immunol.* 13:217-224
- 35) Pruzzo C. and Guzmán C.A. 1998. Efficient phagocytosis of *Klebsiella pneumoniae* strains that poorly bind to human polymorphonuclear leukocytes. *Internatl. Microbiol.* 1:53-57
- 36) Tarsi R. and Pruzzo C. 1999. Role of surface proteins in *Vibrio cholerae* attachment to chitin. *Appl. Env. Microbiol.* 65:1348-1351
- 37) Montanari M.P., Pruzzo C., Pane L. and Colwell R.R. 1999. Vibrios associated with plankton in a coastal zone of the Adriatic Sea (Italy). *FEMS Microbiol. Ecol.* in press.

tta

From: George Fuchs [gfuchs@icddrb.org]
Date: 28 April 1999 07:11
To: loretta@icddrb.org
Subject: FW: CV for Board presentation



Curry202.doc



ATT00008.txt

Dear Loretta,

Attached is the cv. Please put copy in files (and send me copy too!).
Thanks,

George

-----Original Message-----

From: Ricardo Uauy [mailto:uauy@abello.dic.uchile.cl]
Date: Sunday, May 02, 1999 10:30 PM
To: George Fuchs (by way of Michael Golden <refugees@abdn.ac.uk>)
Subject: CV for Board presentation

George:

Attached you will find a copy of my CV

Regards

Ricardo Uauy

CURRICULUM VITAE

NAME: Ricardo Uauy Dagach
DATE OF BIRTH: December 29, 1948
NATIONALITY: Citizen of Chile
USA Permanent Resident
MARITAL STATUS: Married

Positions Held:

- 1994 - Director Institute of Nutrition and Food Technology (INTA) University of Chile.
- 1984 - 1994 Head, Clinical Nutrition Unit and Human Nutrition Area. INTA University of Chile.
- 1985 - 1991 Associate Professor of Pediatrics, and Human Nutrition Center University of Texas Southwestern Medical Center at Dallas, Attending Physician, Neonatology Parkland Memorial Hospital and St. Paul Hospital, (Dallas, Texas USA)
- 1981 Professor, Nutrition and Pediatrics, University of Chile.
- 1980 - 1983 Head of Training Programs, INTA University of Chile.
- 1980 Visiting Associate Professor, Pediatrics. Yale University. Attending Physician Newborn Intensive Care Unit, Yale New Haven Hospital (3 months).
- 1979 - 1981 Director, Clinical Research Center, Institute of Nutrition and Food Technology, University of Chile.
- 1977 - 1984 Resident Coordinator, United Nations University. World Hunger Program, Santiago, Chile.
- 1977 - 1981 Associate Professor, Nutrition and Pediatrics, University of Chile.
- 1977 - 1980 Research Associate, Department of Nutrition and Food Science, Massachusetts Institute of Technology, Cambridge, Massachusetts.
- 1976 - 1977 Program Assistant, United Nations, University, World Hunger Program, Cambridge Massachusetts.
- 1975 - 1977 Fellow in Clinical Nutrition, Harvard University Children's Hospital Medical Center, Boston, Massachusetts.

Cardo Uauy D.

- 1977 Research Assistant. Department of Nutrition and Food Science, Massachusetts Institute of Technology, Cambridge, Massachusetts.
- 1975 Fellow in Neonatology, Yale University, Yale New Haven Hospital, New Haven, Connecticut.
- 1974 Resident in Pediatrics, Harvard University Children's Hospital Medical Center, Boston, Massachusetts.
- 1973 Intern in Pediatrics, Harvard University Children's Hospital Medical Center, Boston, Massachusetts.
- 1972 Tutor in Pharmacology and Experimental Medicine, University of Chile, Santiago, Chile.

Experiences and Certifications:

- 2 Medico Cirujano, Universidad de Chile
- 2 E.C.F.M.G. approved
- 4 F.L.E.X. approved
- 6 Pediatrics Written Board Approved
- 7 Doctor of Philosophy - Nutritional Biochemistry and Metabolism (major) International Nutrition Planning (minor), Massachusetts Institute of Technology, Cambridge, Massachusetts
- 7 Pediatrics Oral Board Approved
- 7 Neonatal-Perinatal Medicine Board Approved

Licenses for Medical Practice:

- No. 37659 Massachusetts, USA
- No. 7954 Santiago, Chile
- Temporary Connecticut, USA
- No. G 7901 Texas, USA

Memberships:

- Colegio Medico de Chile
- Fellow, American Academy of Pediatrics
- Sociedad Latinoamericana de Nutricion
- Diplomate American Board of Pediatrics

Sociedad Latinoamericana de Investigaciones Pediátricas
 Sociedad Chilena de Nutrición, Presidente 1981-1982
 Sociedad Chilena de Pediatría, Head Nutrition Branch
 American Institute of Nutrition
 American Society for Clinical Nutrition
 Federation of American Societies for Experimental Biology
 American Association Advancement Science
 Society for Pediatric Research

Experience in International Organizations since 1980:

- 80 Workshop on Protein Energy Requirements, Universidad de las Naciones Unidas. Cambridge, Massachusetts.
- 81 Workshop on Impact of Income Policies on Nutritional Status of the Poor. Universidad de las Naciones Unidas, Santiago, Chile.
- 81 Member FAO/WHO/UNU Expert Consultation on Energy and Protein Requirements, Rome, Italy.
- 82- Member I.U.N.S. Committee I/4: Food Standards. (International Union of Nutritional Sciences).
- 82- Member Advisory Committee International Nutrition Foundation.
- 86 - Member I.U.N.S. Committee I/11: Protein Energy Requirements
- 87 Member UNU/SLAN Expert Group on Nutritional Recommendations for Latin America.
- 91 - Member Scientific Advisory Panel CIBA Foundation
- 93 - Member FAO/WHO Expert Consultation on Fats and Oils in Human Nutrition, Rome, Italy.
- 95 - Member FAO/WHO Expert Consultation on Dietary Guidelines
- 95 - Member of the ACC-Sub-Committee on Nutrition (SCN), United Nations
- 95 - Chairman Advisory Group on Nutrition AGN/SCN, United Nations
- 97 - Council Member International Union of Nutritional Sciences (IUNS)
- 97 - Member WHO Expert Consultation on Obesity

4
Ricardo Uauy D.

8 - Member FAO/WHO Expert Consultation on Vitamin and Mineral Requirements

Memberships in Institutional Committees at UT Southwestern.

7 - Institutional Review Board for Human Investigation

7 - General Clinical Research Center Executive Committee

Memberships in National (USA) Committees

9 - 1993 National Institute of Health (NIH) Nutrition Study Section

Member of Editorial Board:

5 - Revista Chilena de Nutrición

2 - Early Human Development

3 - 1997 American Journal of Clinical Nutrition

3 - Journal of Nutritional Biochemistry

6 - Journal of Pediatric Gastroenterology and Nutrition

Review Papers For

96 - Acta Paediatrica

97 - South African Medical Journal

97 - Pediatrics

98 - Lipids

98 - Journal of Pediatrics

FEDERAL GOVERNMENT GRANT SUPPORT:

"Are Omega-3 Fatty Acids Essential for Normal Development." *R. Uauy, J. Tyson, D. Jameson, D. Birch, E. Birch/NIH/R01HD22380-01. \$368,707 for 4 years. (R. Uauy, principal investigator with 20% time/effort salary support), Funded December 1986.(continuing #8)

"Effect of the Lipid Composition of Infant Feeding on Lipoproteins and Fatty Acids During the First Year of Life." *R. Uauy, S. Grundy, C. Mize, R. Kramer. Funded by Wyeth Nutrition Division \$60,500 for 24 months starting Oct. 1, 1986. (Completed)

"Dietary Protein Growth and Glomerular Filtration Rates in Infants With Renal Failure." *R. Uauy, R. Hogg, M. Holliday, J. Reisch, G. Glasser. R01DK36473. Funded by NIH.

—
cardo Uauy D.

\$827,000 for 4 years (R. Uauy, principal investigator with 10% of time/effort, salary support), January, 1986.(Completed)

"Effect of Dietary Nucleotides in the Growth and Repair of Intestinal Injury in the Weaning Rat." G. Stringel, *R. Uauy, D. Keljo, J. Horton. Funded by Mead Johnson Nutritional Division. \$73,000 for 18 months. March, 1986. (Completed)

"Ventilation Patterns in LBW Infants:Effects of Acute Carbohydrate and Protein Administration." *S. Mayfield, R. Uauy, J. Tyson. Funded by March of Dimes, April, 1987. \$62,000 for 2 years.(completed)

"Effect of Dietary Omega 3 Fatty Acids on Brain and Visual Development in Low Birth Weight Infants" *R. Uauy, E. Birch, D. Birch, J. Tyson. Funded by United Cerebral Palsy Research Foundation \$155,721 for 3 years starting February 1988.(completed)

Early and late feedings on mortality of infants. *J. Tyson, R. Uauy, C. Rosenfeld. NIH 3 U01-HD21373. \$251,000 per year. Ricardo Uauy funded 10% time/effort. 4/1/86-11/30/90. (NIH Perinatal Collaborative Network) (completed).

"Are Omega-3 Fatty Acids Essential for Normal Development."*E. Birch,*R. Uauy, D. Birch, D. Hoffman, P. Peirano, A. Valenzuela /NIH/R01HD22380-05. \$ 810,301 for 4 years.(E. Birch P-I, R. Uauy co-principal investigator with 20% time/effort salary support), Funded January 1993.

"Metabolismo y Requerimientos de Acidos Grasos Esenciales en el Recien Nacido de Bajo Peso" *R. Uauy, P. Mena, A. Valenzuela, A. Gil. Funded by Fondecyt/Chile # 1930820. \$201.000 for 3 years starting March 1993.

"Biological Significance of Copper Excess for man".* R. Uauy., A. Valenzuela, C. Castillo., D. Bunout. Funded by ICA/CIMM Research \$ 90.000 por 2 years starting July 1993.

Role of Polyunsaturated fatty acids in retinal development : effect on regulating gene expression". *R. Uauy, C. Rojas. Funded by Government of Chile. US\$99.000 2 years, 1996.

"Metabolismo y Requerimientos de Acidos Grasos Esenciales en el Recien Nacido. Factores Condicionantes de la desaturación y elongación de ácido linoleico y linolénico para síntesis de ácidos grasos de cadena larga de las series N3 y N6". * R. Uauy, S. Nieto, P. Mena. Fondecyt/Chile #1961001 \$201.000 for three years, 1996.

Principal Investigator

PUBLICATIONS

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8. World Health Organization (WHO) Division of Noncommunicable Diseases and Programme of Nutrition Family and Reproductive Health. Obesity Preventing and Managing the Global Epidemic. Report of a WHO Consultation on Obesity, Geneva, Switzerland 3-5 June, 1997.
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4. Uauy R., Mena P. Preterm Infant Nutrition in South America. Abstract Nº WE-SA1. XXII. International Congress of Pediatrics. The IPA World Congress of Pediatrics. Amsterdam - The Netherlands 9-14 August 1998.
5. Uauy R. The Nutrition Challenge for the 21st Century. What Role for Pediatricians. Abstract Nº TH-PL3. XXII International Congress of Pediatrics. The IPA World Congress of Pediatrics. Amsterdam - The Netherlands 9-14 August 1998.

loretta

From: George Fuchs [gfuchs@icddrb.org]
Sent: 06 May 1999 06:59
To: loretta@icddrb.org
Subject: FW: Trustee Nomination



LANATA\ICDDRB

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-----Original Message-----

From: Cesar G Victora [mailto:cvictora@zaz.com.br]
Sent: Wednesday, May 05, 1999 1:49 AM
To: gfuchs@icddrb.org; jacques.martin@sdc.admin.ch;
Jacques_O_Martin@compuserve.com
Subject: Trustee Nomination

Dear George and Jacques,

I attach the CV of Dr Claudio Lanata from Peru, whom I would like to nominate as a candidate to become the Trustee for the Latin American region. I know him well and strongly recommend him, and he has accepted to be considered.

Looking forward to seeing you soon,

Best wishes,

Cesar

CURRICULUM VITAE

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February 4, 1951

SOCIAL STATUS: Married, 3 children

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Department : Epidemiology

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London School of Hygiene and Tropical Medicine
University of London

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COMMITTEES

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Scientific Working Group
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Pan American Health Organization
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Scientific Working Group
Microbiology and Vaccine Development
Diarrheal Diseases Control Programme
World Health Organization
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1990 - 1994 Member
Technical Advisory Group
Diarrhoeal Diseases Control Programme
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1991 - 1992 Member
Viral Sub-Committee,
Steering Committee of Diarrhoeal Disease Vaccines
WHO/UNDP Programme for Vaccine Development.
World Health Organization,
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Programme for the Control of
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1994 - 1995 Member
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Global Programme on AIDS
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Global Programme for Vaccines and Immunization
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- 1999 Member
Working Group on Bacterial Enteric Vaccines
Vaccines and Other Biologicals
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EDITORIAL COMMITTEES

- 1988 - 1992 Editorial Adviser
Dialogue on Diarrhoea
AHRTAG, London, England
- 1992 - 1998 Editorial Adviser
Child Health Dialogue
Healthlink Worldwide, London, England

REVIEWER OF JOURNAL ARTICLES

- Journal of Infectious Diseases
WHO Bulletin
Journal of Clinical Trials
American Journal of Epidemiology
Pan American Journal of Public Health

PUBLICATIONS

JOURNAL ARTICLES

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8. Levine MM y Lanata CF : Progresos en Vacunas contra diarrea bacteriana. Adelantos en Microbiol. Enf. Infec. 1983; 2:67-117.
9. Levine MM, Black RE, Clements ML, Lanata CF, Sears S, Honda T, Young CR, Finkelstein RP: Evaluation in humans of attenuates vibrio cholerae. El Tor Ogawa Strain Texas Star Sr as a live oral vaccine. Infection and Immunity 1984; 43:515-522
10. Lanata CF, Kaper JB, Baldini MM, Black RE, and Levine MM : Sensitivity and specificity of DNA probes with the stool blot technique for detection of Escherichia coli enterotoxins. J. Inf. Dis, 1985, 152(5):1087-1090.

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14. Black RE, Lanata CF : "Development of Rotavirus Vaccine". *Indian J. Pediatrics.* 1988; 55:234 - 237.
15. Lanata CF, Stroh G, Jr., Black RE. Lot Quality Assurance Sampling in Health Monitoring. *The Lancet.* 1988; i:122-123.
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- 16b. Lanata CF, Tafur C, Benavente L, Gotuzzo E, Carrillo C. Detection of Salmonella Typhi carriers in food handlers by Vi serology in Lima, Peru. *Bulletin Pan Am Health Organ* 1990; 24(2):177-182.
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51. Nguyen BM, Lanata CF, Black RE, Gil AI, Karnell A, Wretling B. Age-related prevalence of Shigella and Salmonella antibodies and their association to diarrhoeal diseases in Peruvian children. Scand J Infect Dis 1998;30(2):159-64.
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54. Yeager BAC, Huttly SRA, Bartollini C, Rojas M, Lanata CF. Determinants of defecation practices of young children in a Peruvian shanty town. Soc Sci Med In press.

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56. Marquis GS, Habicht JP, Lanata CF, Black RE, Rasmussen KM. Age-specific masking of the benefits of breastfeeding in the second year of life by maternal feeding decisions. Submitted.

BOOK CHAPTERS

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2. Levine MM, Black RE, Ferreccio C, Clements ML, Lanata CF, Rooney J and Germanier R, Chilean Typhoid Committee. The Efficacy of attenuated *Salmonella Typhi* oral vaccine strain TY21a evaluated in controlled field trials. In: Holmgren J, Lindberg A, Mollby R, eds. Development of Vaccines and Drugs against Diarrhea. 11th Nobel Conference. Lund, Sweden: Studentlitterature, 1986:90-101.
3. Campos MA, Barclay A, Benavente L, Lanata CF, Novara J. Teaching General, Tropical and Nutritional Epidemiology with Microcomputer Support. In: Microcomputer applications in Education and Training for Developing Countries. Proceeding of a meeting on the use of microcomputers for developing countries. National Academy of Sciences. Westview Press, Inc. Boulder, Colorado, USA, 1987, pp 253-262.
4. Lanata CF, Black RE: "El problema mundial de la diarreas". Capitulo I. En : Torregrosa L y col. "Enfermedades diarreicas en el niño". Novena Edición. Ediciones Médicas del Hospital Infantil de México Federico Gómez, México DF, Mexico, 1988 pp. 3 - 9.
5. Lanata CF : "Las Enfermedades Diarreicas en el Perú" en : "Problemas Nutricionales desde una Perspectiva de Salud". Ministerio de Salud -PAHO publication, Lima, Perú 1989 7:253-302.
6. Lanata CF, Black RE, Stroh G. Jr., Gonzales H. Assessment of Health Program performance to improve management: Utilization of Lot Quality Assurance Sampling to increase immunization coverage in Perú. In: Chen LC, Kleinman A, Ware NC, eds. Advancing Health in Developing Countries. The Role of Social Research. Westport, CT: Auburn House Inc., 1992:141-151.

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Shin S, Lanata CF. Vaccine production and supply in developing countries. In: Cutts FT, Smith PG, eds. Vaccination and World Health. Chichester: John Wiley & Sons, Ltd. 1994:253-55.

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Lanata CF. Incidencia y evolución de la neumonía en niños a nivel comunitario. En: Benguigui Y, López Antuñano FJ, Schmunis G, Yunes J, eds. Infecciones Respiratorias en Niños. Washington, D.C.: Organización Panamericana de la Salud, 1997:65-86.

Lanata CF, Black RE. Diarrhea and Respiratory Diseases. In: Semba RD, Bloem M, eds. Nutrition and Health in Developing Countries. Totowa, NJ: Humana Press Inc. In press.

George J. Fuchs

From: CAROL_VLASSOFF@acdi-cida.gc.ca
Sent: Monday, May 03, 1999 2:23 PM
Subject: gfuchs@icddrb.org
Thanks

Dear George

Thanks so much for the lovely dinner and evening 'chez vous' in Dhaka. It is great seeing you and catching up on things.

I have also been giving some thought to our conversation re. Board members. I had mentioned Dr John Cleland, Chair, Centre for Population Studies, London School of Hygiene and Tropical Medicine. If you are interested in his email address is jclelandj@lshtm.ac.uk I think. He is really superb - social scientist, demographer, and has done quite a bit of research on Bangladesh, and a lot of fun on a Board or review committee.

From Latin America - Dr Roberto Briceno-Leon, a distinguished social scientist who has a long experience in health research - he also heads a large network on this with Carnegie and Rockefeller funding so could be an interesting link from the perspective of fund raising. His email address is rbriceno@reacciun.ve. I hope you would like to get a CV (I was thinking that if you take a person with clinical expertise from Europe, Roberto could be the Latin American person. Similarly if you take the clinician from Latin America and could be the European nomination).

In Asia I could recommend an excellent woman who has worked a long time in reproductive health issues. Her name is Pilar Ramos-Jimenez, Behavioural Sciences Research Associate, Social Development Research Centre, De La Salle University, 2401 Taft Avenue, 1004 Manila, Philippines. Email pramos@aprcj@mail.dlsu.edu.ph. She is articulate and quite wise. We jointly supervise a PhD thesis at present and she has been involved with the Gender Task Force of TDR, WHO.

These are my choices for the best people in the regions we need to recruit from.

Everything is well and that you get some rain! We are also suffering from a drought here believe it or not!

See you in June!

pl

ROBERTO BRICEÑO-LEÓN

Curriculum Vitae

A.- PERSONAL INFORMATION

Name: Roberto Briceño-León
Place of Birth: Valera, Edo. Trujillo, Venezuela.
Date of Birth: April 27, 1951.
Identity Card No. CI: 3.551.915

Address: Laboratorio de Ciencias Sociales - LACSO
Av. Agustín Codazzi, Quinta LACSO
Santa Mónica. Caracas-1040.
Telf. 693 1765 - 693 0758 - 661 9752

Position: Director of LACSO
Full Profesor. Central University of Venezuela.

B.- EDUCATION

Secondary: Colegio La Salle-La Colina School. 1963-1969
Undergraduate: Central University of Venezuela. 1969-1973.
Degree: Sociologist. Grade Average: 18.46 (on 1-20 scale). Rank in Class: First.
Postgraduate: Central University of Venezuela. 1979-1984.
Degree: Doctor in Social Science.
Grade Average: 19.65 (on 1-20 scale). Honors: Summa cum laude.
Dissertation Grade: Pass With Honors.

C.- POSITIONS HELD

ACADEMIC/ RESEARCH

1969-70 Research Assistant. Urbanization and Lower-Income Neighborhood Improvement Program. BANCO OBRERO bank.

1971-72 Research Assistant. VEN-II Project: Urbanization in Venezuela. CORDIPLAN-UNITED NATIONS.

1973-74 Teaching Assistant for Social History Course. Central University of Venezuela School of Sociology and Anthropology.

1975- Instructor, chosen by competition. Central University of Venezuela School of Sociology.

1975-76 Professor. Andrés Bello Catholic University. School of Social Science.

1976- Professor. Central University of Venezuela. School of Architecture.

1978-79 Assistant Director of Central University of Venezuela School of Sociology.

1983 Professor. Central University of Venezuela Master's Program in Urbanism.

1984- Professor. Central University of Venezuela Doctorate in Social Science.

Roberto Briceño-León 2

- 1983- Guest Lecturer at universities in Britain, France, Italy, USA, Colombia, Nicaragua, Paraguay, Argentina, Mexico.
- 1984-85 Coordinator of Urban Studies. Central University of Venezuela School of Architecture.
- 1986 Professor. University of Zulia Master's Program in Sociology.
- 1986- Professor. Ministry of Health/University of Carabobo Master's Program in Metaxenic Diseases.
- 1986- Temporary Adviser to Special Programme for Research and Training in Tropical Diseases. UNDP/World Bank/WHO and International Development Research Center (IDRC) of Canada.
- 1988 Visiting Professor. University of Oxford, Oxford, England.
- 1988-89 Co-opted Member of Steering Committee on Social and Economic Research, TDR/World Health Organization.
- 1989-91 Full Member of Steering Committee on Social and Economic Research, TDR/World Health Organization.
- 1989-91 Full Member of Joint Steering Committee on Chagas' Disease, TDR/World Health Organization.
- 1990-93 Member of Expert Committee on Control of Chagas' Disease.
- 1993-1995 Full Member of Steering Committee in Applied Field Research, TDR/ World Health Organization.
- 1993-1997 Member of WHO Expert Advisory Panel on Parasitic Diseases (Trypanosomiasis)
- desde 1984- Director of Laboratorio de Ciencias Sociales (Social Science Laboratory).
- 1993-1995 Head of Dr. Arnaldo Gabaldón Chair, School of Malaria Control, Ministry of Health and Social Assistance.
- Desde 1995- Professor of Latin American Diploma Program in Medical Parasitology. UNAM (Mexico) Faculty of Medicine.

ADMINISTRATIVE / COMMITTEES / JOURNALS

- 1972-73 Social Promotion Adviser. Centro Simón Bolívar.
- 1976-77 Organizer of FORUM FOR DEFENSE OF THE CITY.
- 1979-81 Alternate Member of Supreme Electoral Council.
- 1984 Member of CONICIT Social Science Technical Committee.
- 1985 Member of Panel of Judges for CONICIT Annual Award for the Best Scientific Work in Social Science.
- 1985-87 Member of CONICIT Urban Development, Construction, and Transportation Technical Committee.
- 1987 Member of Panel of Judges for CONICIT National Science Award (Social Science Area).
- 1989 Member of Panel of Judges for CONICIT Annual Award for Best Scientific Work in Social Sciences.
- 1986-90 Editor of SOCIAL SCIENCES AND TROPICAL DISEASES. LIS UCV-TDR/WHO.
- 1989-93 EXECUTIVE SECRETARY of program of Small Grants for Research into the Social and Economic Aspects of Tropical Diseases. for Latin America.
- 1993-96 Field Editor (Sociology) of journal ACTA CIENTIFICA VENEZOLANA. Caracas, Venezuela.
- 1991-1995
- 1992- Associate Editor of journal CADERNOS DE SAUDE PUBLICA, Rio de Janeiro, Brazil.
- 1997 Member of HEALTH RESEARCH Scientific Committee. Rosario. Argentina
- 1998- Member of Editorial Board of CURRENT SOCIOLOGY
- 1997-1999 Global Secretary of INTERNATIONAL FORUM FOR SOCIAL SCIENCES AND HEALTH (IFSSH)

D.- SCIENTIFIC ASSOCIATIONS

International Sociological Association. 1976- Member of Research Committees: RC 09: Social Practice and Social Transformation RC 15: Sociology of Health; RC 28: Social Stratification.
Director of Latin American Sociology Association 1983-86.
President of Venezuelan Sociology Association, 1984-
International Coordinator of Social Sciences & Tropical Diseases Network. 1986-92.
Member of Association de Recherche Coopérative Internationale "Transformation Socio-Economique et Dynamique Culturelle". 1983-
Regular member of Latin American Studies Association, USA.
Regular member of Interamerican Psychology Society.
Member of Steering Committee and Management Team of International Forum for Social Sciences and Health.
Member of Housing Research Association, ALEMO, Venezuela.
Member of International Sociological Association Executive Committee, 1994-98.
Global Secretary of International Forum for Social Science and Health. 1997-1999

E.- AWARDS AND DISTINCTIONS

Recognition of Publication in research projects for promotion to Assistant, Aggregate, and Associate Professor at Central University of Venezuela.
Annual CONICIT Award for best scientific work in Social Science Area, 1984.
Recognition of Social Research for Municipal Literature Award, Caracas Municipal Council, 1986.
The Andrés Bello Fellowship, Saint Antony's College, University of Oxford, England. 1988-1989.
Appointment as Researcher III in CONICIT Researcher Promotion Program. 1990-1994
Full Member of Panamerican Health Organization Health Research Advisory Committee (CAIS), for 1991-1997 period.
Biennial Award for Best Research Work in Social Science Area. Central University of Venezuela Faculty Association, 1993.
Order of ANDRES BELLO Award, Ministry of Education of Venezuela. Medal Category 1991, Tie Category 1993.
Appointment as Researcher III in CONICIT Researcher Promotion Program. 1994-1998
Member of Organizing Committee for AsoVAC Annual Convention, Simón Bolívar University, 1995.
Member of Panel of Judges for CONICIT Annual Social Science Research Award (three times), 1995.
Member of Panel of Judges for CONICIT National Science Award (twice), 1995
Judge for Annual Award for Best Published Work by a CENDES Professor-Researcher, 1996.
Reader for articles: "La arbitraria percepción de lo social", "La historia de las organizaciones de base en los barrios populares de Mérida en el contexto de consolidación democrático y urbanización creciente (1958-1980)" and "Venezuela: Estado, acumulación y estructura de poder ante la apertura internacional", for FERMENTUM, A Venezuelan Sociology and Anthropology journal, 1998.
Reader for work: "El Modelo Neoliberal y su efecto sobre la salud latinoamericana", for journal Revista Tribuna del Investigador N°6, Association for Progress of University Research, - 1998.
Member of Panel of Judges for "APUCV Annual Award for Research Work" Area: Social Science competition, 1998.
Judge for Faculty of Economic and Social Science in 1998 National Academic Aptitude Test (OPSU-CNU).
Teacher - Adviser for Central University of Venezuela "Prison Extension Program", undertaken by the University's Central Extension Coordination Office.
Appointed as Researcher III in CONICIT Researcher Promotion System (SPI). 1998-2002.

CURRICULUM VITAE

VICTORIANO CAMPOS PARDO

Nationality: Chilean, **Birthdate:** April 27, 1941, **NSN:** 3.529.129-6, **Home address:** Los Pinos # 20 Viña; **Phone:** 56-32-671694, **University address :** Av. Brasil #2950, Valparaíso; **Phone:** 56-32-273126, **Fax:** 56-32-212746; **E-mail:** vcampos@ucv.cl.

Degrees: Licenciature in Philosophy and Education, UCV. Licenciature in Biological Sciences, Universidad Central de Madrid. Doctor in Biological Sciences, Universidad Central de Madrid. **Post Doctoral training:** Institut Pasteur France, University of Maryland, USA. **Academical Post:** Professor. **Research interests:** Environmental Microbiology: Microorganisms in extreme environments. Water Pollution. Cyanobacterial toxicity. **Societal memberships:** Sociedad Chilena de Microbiología; Sociedad Española de Microbiología; American Society for Microbiology; Member of the Real Academia de Farmacia del Instituto de España. **Relevant Academic and Research activities. Invited Professor:** Consejo Superior de Investigaciones Científicas (España); Universidad de Granada (España); University of Maryland (U.S.A.). Universidade de Campinas (Brazil);Universitat de Freiburg (Germany). **Research projects funded by:** DGI UCV; FONDECYT; OEA; PNDU; CNPq; NCF; DAAD; Stiftung Volkswagenwerk. **Member of Editorial boards:** Revista Española de Microbiología. ISSN-0213-4101. Boletín Micológico .ISSN-0716-114X. Acta Microbiológica. ISSN-0716-5269. **Publications and Congress Presentations:** More than 70 papers in National and International journals. More than 90 presentations in National and International scientific meetings. **Academic Positions:** President of the "Asociación Chilena de Microbiología" (1983-1985). Head of the Biology Department (1970-1972), Head of the Institute of Basic-Sciences (1975-1978), Dean of the Faculty of Sciences (1986-1993), Head of the Master in Microbiological Science Program (1998). **Awards:** Panamerican Health Organization Award, 1983. Regional Award of Science, Valparaíso, Chile, 1995.



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FAX + 880-2-883116 (Containing 7 pages including this cover)

Re: Nomination of the Board of Trustees

April 23, 1999

Dear Dr. Fuchs:

I am writing to reply Prof. Mathan's letter on April 23, concerning the nomination of new member of the Board of Trustees. I am very pleased to hear the nomination and happy to serve as a member of the BOT, if selected. Please find the attached CV. If you need further information about me, please let me know.

Best wishes.

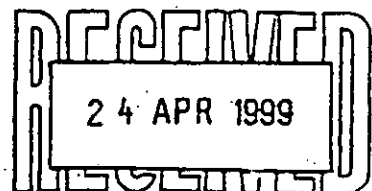
Yours,

A handwritten signature in cursive script that reads "Jongsik Chun".

Jongsik Chun

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CURRICULUM VIATE

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DATE OF BIRTH: 20 February 1967
EDUCATION:

<i>School:</i>	Whimoon High School, Seoul, Korea	1983-1985
<i>University:</i>	Seoul National University, Seoul, Korea	1985-1990
	Department of Microbiology B.Sc. Microbiology	
	University of Newcastle upon Tyne, U.K.	1991-1995
	Department of Microbiology Ph.D. title: Computer Assisted Classification and Identification of Actinomycetes	
	Supervisor: Professor Michael Goodfellow	

PROFESSIONAL EXPERIENCE

1. Postdoctoral Research Fellow 1995 Aug - 1996 Aug
Research Center for Molecular Microbiology
Seoul National University, Republic of Korea
2. Research Associate 1997 Nov - 1998 May
Center of Marine Biotechnology
University of Maryland Biotechnology Institute
Baltimore, U.S.A.
3. Curator 1998 Jun - Present
Korean Collection for Type Cultures
Korea Research Institute of Bioscience and
Biotechnology
Taejon, Republic of Korea

AWARDS AND SCHOLARSHIPS

1. British Council Fellowship (Seoul, Republic of Korea) 1992-1994
2. Overseas Research Students Award (UK) 1992-1994

CONSULTANCY

1. Consultant Microbiologist to Severn Trent Water Authority, Coventry, UK 1995-1997

MEMBERSHIP OF ACADEMIC SOCIETIES

1. Society of General Microbiology since 1992
2. American Society for Microbiology since 1992

MEMBERSHIP OF ACADEMIC COMMITTEES

1. International Committee on Systematic Bacteriology: Subcommittee on the Taxonomy of *Pseudonocardiales* since 1995
2. International Committee on Systematic Bacteriology: Subcommittee on the Taxonomy of *Nocardiales* since 1995

REVIEWING SCIENTIFIC PAPERS

1. Reviewer of International Journal of Systematic Bacteriology
2. Reviewer of Antonie Van Leeuwenhoek
3. Reviewer of Korean Journal of Microbiology

PUBLICATIONS**A. Refereed Journals**

1. Chun, J., E. Atalan, A. C. Ward, and M. Goodfellow. 1993. Artificial neural network analysis of pyrolysis mass spectrometric data in the identification of *Streptomyces* strains. FEMS Microbiology Letters 107:321-326.
2. Chun, J., E. Atalan, S. B. Kim, H. J. Kim, M. E. Hamid, M. E. Trujillo, J. G. Magee, G. P. Manfio, A. C. Ward, and M. Goodfellow. 1993. Rapid identification of streptomycetes by artificial neural network analysis of pyrolysis mass spectra. FEMS Microbiology Letters 114:115-120.
3. Hamid, M. E., J. Chun, J. G. Magee, D. E. Minnikin, and M. Goodfellow. 1994. Rapid characterisation and identification of *Mycobacterium* using fluorogenic enzyme tests. Zentralblatt für Bakteriologie 260:476-487.
4. Goodfellow, M., J. Chun, S. Stubbs, and A. S. Toboli. 1994. Transfer of *Nocardia amarae* Lechevalier and Lechevalier to the genus *Gordona* as *Gordona amarae* comb. nov. Letters in Applied Microbiology 19:401-405.
5. Chun, J., and M. Goodfellow. 1995. A phylogenetic analysis of the genus *Nocardia* with 16S ribosomal RNA gene sequences. International Journal of Systematic Bacteriology 45:240-245.
6. Kim, D., J. Chun, N. Sarin, Y. C. Hah, and M. Goodfellow. 1996. Analysis of thermophilic clades within the streptomycetes by 16S rRNA sequence comparisons. International Journal of Systematic Bacteriology 46:581-587.
7. Chun, J., S.-O. Kang, Y. C. Hah and M. Goodfellow. 1996. Phylogeny of mycolic acid-containing actinomycetes. Journal of Industrial Microbiology 17:205-213.
8. Chun, J., A. C. Ward, S.-O. Kang, Y. C. Hah, and M. Goodfellow. 1997. Long-term identification of streptomycetes using pyrolysis mass spectrometry and artificial neural networks. Zentralblatt für Bakteriologie 285:258-266.
9. Chun, J., L. L. Blackall, S.-O. Kang, Y. C. Hah, and M. Goodfellow. 1997. A proposal to reclassify *Nocardia piensis* Blackall et al as *Skermania piniformis* gen. nov., comb. nov. International Journal of Systematic Bacteriology 47:127-131.
10. Chun, J., H.-D. Youn, Y.-I. Yim, H. Lee, M. Y. Kim, Y. C. Hah, and S.-O. Kang. 1997. *Streptomyces seoulensis* sp. nov. International Journal of Systematic Bacteriology 47:492-498.
11. Goodfellow, M., A. Brown, J. Cia, J. Chun, and M. D. Collins. 1997. *Amycolatopsis japonicum* sp. nov., actinomycete producing (S,S)-N,N'-ethylenediaminedisuccinic acid. Systematic and Applied Microbiology 20:78-84.
12. Kang, M. R., Y. K. Cho, J. Chun, Y. B. Kim, I. Lee, H. J. Lee, S. H. Kim, Y. K. Kim, K. Yoon, J. M. Yang, J. M. Kim, Y. O. Shin, C. Kang, J. S. Lee, K. W. Choi, D. G. Kim, W. M. Fitch, and S. Kim. 1998. Phylogenetic analysis of the *nef* gene reveals a distinctive monophyletic clade in Korean HIV-1 cases. Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology 17:58-68.

13. Friedman, C. S., B. L. Beaman, J. Chun, M. Goodfellow, A. Gee, and R. P. Hedrick. 1998. *Nocardia crassostreeae* sp. nov., the causal agent of nocardiosis in Pacific oysters. International Journal of Systematic Bacteriology 48:237-246.
14. Chun J., C.-N. Seong, K. S. Bae, K.-J. Lee, S.-O. Kang, M. Goodfellow, and Y. C. Hah. 1998. *Nocardia flavorosea* sp. nov. International Journal of Systematic Bacteriology 48:901-905.
15. Goodfellow, M., F. M. Stainsby, R. Davenport, J. Chun and T. Curtis. 1998. Activated sludge foaming. The true extent of actinomycete diversity. Water Science and Technology 37:511-519.
16. Goodfellow, G. Alderson, and J. Chun. 1993. Rhodococcal systematics: problems and developments. Antonie Van Leeuwenhoek 74:3-20.
17. Chung, Y. R., K. C. Sung, H. K. Mo, D. Y. Son, J. S. Nam, J. Chun, and K. S. Bae. 1999. *Kitasatospora cheerisanensis* sp. nov., a new species of the genus *Kitasatospora* that produces an antifungal agent. International Journal of Systematic Bacteriology 49:753-758
18. Isik, K., J. Chun, Y. C. Hah, and M. Goodfellow. *Nocardia salmonicida* nom. rev., a fish pathogen. International Journal of Systematic Bacteriology 49:833-837
19. Wommack, K. E., J. Ravel, R. T. Hill, J. Chun, and R. R. Colwell. Population dynamics of Chesapeake Bay viroplankton: Total community analysis by pulsed-field gel electrophoresis. Applied and Environmental Microbiology 65:231-240.
20. Chun, J., A. Huq and R. R. Colwell. Analysis of 16S-23S rRNA intergenic spacer regions of *Vibrio cholerae* and *Vibrio mimicus*. Applied and Environmental Microbiology (AEM 1666-98; in press).
21. Isik, K., J. Chun, Y. C. Hah, and M. Goodfellow. *Nocardia uniformis* nom. rev. International Journal of Systematic Bacteriology (in press 1999)
22. Chun, J., S. B. Kim, Y. K. Oh, C.-N. Seong, D.-H. Lee, K. S. Bae, K.-J. Lee, S.-O. Kang, Y. C. Hah, and M. Goodfellow. *Amycolatopsis thermoflava* sp. nov. International Journal of Systematic Bacteriology (in press 1999)
23. Ivanova, E. P., J. Chun, L. A. Romanenko, M. H. Matte, V. V. Mikhailov, G. M. Frolova, A. Huq and R. R. Colwell. Reclassification of *Alteromonas distincta* Romanenko et al. 1995 as *Pseudoalteromonas distincta* comb. nov. International Journal of Systematic Bacteriology (in press 1999 IJSB 01059)
24. Baer, M. L., J. Ravel, J. Chun, R. T. Hill, and H. N. Williams. A proposal for the reclassification of *Bdellovibrio stolpii* and *Bdellovibrio starrii* into a new genus, *Bacteriovorax* gen. nov. as *Bacteriovorax stolpii* and *Bacteriovorax starrii*. International Journal of Systematic Bacteriology (in press)
25. Ivanova, E. P., L. A. Romanenko, J. Chun, M. H. Matte, G. R. Matte, V. V. Mikhailov, A. Huq, T. Mangel, and R. R. Colwell. *Idiomarina* gen. nov., novel indigenous deep-sea bacteria from the Pacific Ocean including descriptions of two species, *Idiomarina abyssalia* sp. nov. and *Idiomarina zobellia* sp. nov. International Journal of Systematic Bacteriology (submitted 1998)

B. Book Chapters

1. Goodfellow, M., J. Chun, E. Atalan, and J. J. Sanglier. 1994. Curie point pyrolysis mass spectrometry and its application to bacterial systematics. p. 87-104. *In Bacterial Systematics and Diversity* (Priest, F. G., A. Ramos-Cormenzana, and B. Tindall eds.) Prenum Press, London.
2. Goodfellow, M., G. P. Manfio, and J. Chun. 1997. Towards a practical species concept for cultivable bacteria. p. 25-59. *In The Units of Biodiversity - Species in Practice* (Claridge, M. F., H. A. Dawah, and M. R. Wilson eds.) Chapman and Hall, London.

C. Original Contributions Presented at Scientific Meetings

1. Chun, J., E. Atalan, A. C. Ward, and M. Goodfellow. 1993. Use of an artificial neural network for the identification of *Streptomyces* isolated from soil by pyrolysis mass spectrometry. *In Proceedings of the 5th Conference of the European Actinomycetes Group*, p. 35. Institut Pasteur, Paris, France.
2. Trujillo, M. E., J. Chun, C. J. Maddock, and M. Goodfellow. 1993. Characterisation of clinically significant sporoactinomycetes using Curie point pyrolysis mass spectrometry. *In Proceedings of the 5th Conference of the European Actinomycetes Group*, p. 57. Institut Pasteur, Paris, France.
3. Chun, J., E. Atalan, A. C. Ward, and M. Goodfellow. 1993. Identification of streptomycetes by pyrolysis mass spectrometry. *In Identification of Bacteria: Present Trends - Future Prospects*, p. 74. FEMS Meeting, Granada, Spain.
4. Chun, J., A. C. Ward, and M. Goodfellow. 1994. Artificial neural networks and pyrolysis mass spectrometry in the identification of actinomycetes. *In Proceedings of 7th International Congress of Bacteriology and Applied Microbiology*, p. 316. IUMS Congress, Prague, Czech Republic.
5. Ward, A. C., R. Freeman, J. Chun, J. Wang, and E. V. Ferguson. 1994. Application of pyrolysis mass spectrometry to molecular microbiology. *In Proceedings of International Symposium on Molecular Microbiology*, p. 25-62. Research Center for Molecular Microbiology, Seoul.
6. Chun, J. and M. Goodfellow. 1995. Molecular systematics of the mycolic acid-containing actinomycetes. *In Proceedings of Korean Microbiological Society Meeting*, p. 95-103. Korean Society for Microbiology.
7. Goodfellow, M., F. M. Stainsby, R. Davenport, J. Chun, and T. Curtis. 1997. Activated sludge foaming: the true extent of actinomycete diversity. *In the Proceedings of the Second International Congress on Microorganisms in Activated Sludge and Biofilm Processes* (D. Jenkins and S.W. Hermanowicz eds.), University of California, Berkeley, USA.
8. Chun, J., A. Huq, and R. R. Colwell. 1998. Identification of *Vibrio cholerae* based on genes coding for 16S-23S rRNA internal transcribed spacers. *In Proceedings of 98th General Meeting, American Society for Microbiology*, p. 295. Atlanta, USA
9. Matte, G. R., M. H. Matte, J. Chun, A. Huq, and R. R. Colwell. 1998. Distribution of genes in *Vibrio cholerae* O1, O139, and non-O1/non-O139 strains encoding for

several virulence factors using polymerase chain reaction. *In Proceedings of 98th General Meeting, American Society for Microbiology*, p. 167. Atlanta, USA

10. Ivanova, E. P., J. Chun, M. H. Matte, A. Hug, and R. R. Colwell. 1998. Phylogenetic analysis of bacteria isolated from the Boreal and tropical area of the Pacific Ocean. *In Proceedings of 98th General Meeting, American Society for Microbiology*, p. 462. Atlanta, USA

ORAL CONTRIBUTION in ACADEMIC MEETINGS

1. Artificial neural networks and pyrolysis mass spectrometry in the identification of actinomycetes. 7th International Congress of Bacteriology and Applied Microbiology. International Union of Microbiological Societies (IUMS) Congress. Prague, Czech Republic, July 1994.
2. Molecular Systematics of the Mycolic Acid-Containing Actinomycetes. Korean Microbiological Society Meeting. Korean Society for Microbiology, Chonan, Republic of Korea, October 1995.
3. Analysis of 16S-23S rRNA intergenic spacer regions of *Vibrio cholerae* and *Vibrio mimicus*. Symposium on Recent Development in Microorganism Identification Methods and Biotechnology. Yonsei University, Republic of Korea, August 1998.
4. Analysis of 16S-23S rRNA intergenic spacer regions of *Vibrio cholerae* and *Vibrio mimicus*. Korean Society for Molecular Biology Meeting, Korean Society for Molecular Biology, Seoul National University, Seoul, Republic of Korea, October 1993.

WORKSHOP LECTURES

1. United Kingdom Federation for Culture Collections (UKFCC) workshop on "computer applications for microbiologists and culture collection scientists" 15-16 September, Leicester University, England, UK.
Lecture on "Introduction to neural networks"
Practical on "Introduction to computer programs"
2. Institute of Microbiology, Seoul National University (IMSNU) workshop on "Culture and Classification of Microorganisms" 24 June, Seoul National University, Seoul, Republic of Korea
Lecture on "Numerical systematics of actinomycetes"

References will be provided upon request.

Total number of staff released	=	125
Total number of posts created	=	6
Net change	=	119

4.1.3 Others:

Regarding further Human Resources activities, in line with the recommendations of the Human Resources Consultant, the Centre received two consultancy bids from two HR consulting agencies – one from the UK and the other from Bangladesh. These are under review and portion of work are likely to be given to both of these firms as a combination of both work and responsibility. Upon finalizing this decision, donors will be approached for necessary funding. In the meantime, the Personnel Department, has already finished the work on a Staff Hand Book and the employee communications have been significantly improved. However, the following important areas with regard to Human Resources activities of the Centre need immediate attention with the help of external HR assistance (consultants).

- a. Job classification
- b. Review and updating of post/job descriptions
- c. Salary structure
- d. Promotion policies

Agenda 5.1 **Review of Policy for International Professionals**

The Centre's guidelines for appointment to an established International Professional (P level) position at ICDDR,B have in general followed the UN/WHO pattern of open worldwide competition, irrespective of nationality. In the past, recruitment and appointment procedures have not always been carefully followed or been transparent for some International Professional posts at the Centre.

Some Bangladeshi nationals on National Officer (NO) categories have been appointed without the processor guidelines being clear. In addition, by being promoted to International Professional level position, their salary increase more than fivefold and the Centre then also pays their Bangladesh salary taxation. In addition, there are only a few examples of where an ICDDR,B national staff member has reverted from "P" back to "NO". When project funds are not available to cover 100% of salary, it has now been started as a practice for national staff to accept a percentage of the "P" salary scales as affordable from their respective project funding.

Since today the Centre faces financial constraints and donors are increasingly making contributions that have restricted project funding, new mechanisms are required for NO and P level appointments that are much more flexible and recognize the inequitable situation between the two systems. Any new salary system should, however, also have clear incentives and rewards for those scientists who have an international reputation and who are instrumental in obtaining donor contributions and project funding.

Two situations exist:

1. International post identified or established according to specific project (funds already exist) or Centre need.

The Board of Trustees should approve appointments at International Professional levels P4 and above and the appointment process should be the direct responsibility of the Director and Division Directors. These posts must be advertised nationally and internationally and will be filled through a competitive process by an individual with specific qualifications appropriate for the level of the post. These positions are open to all nationals, including Bangladeshis. The appointments continue for three years and are renewable for a further three years only or for as long as project funds are available. After six years the post is fully open again for international competition and must be re-advertised.

2. Conversion from National Officer category to International Professional status and salary thereof:

2.1 The following principles are recommended:

- The National Officer involved is eligible and is accorded an international ("P") position based on merit as defined by specific and transparent criteria.
- Subsequent to qualifying for and receiving an international position, the individual must secure the funds to receive the "P" level salary.

The inclusion of a portion of all the "P" position salary in budget of projects proposed to donors is allowable only after the staff member has been made an international staff member and upon review and approval of the request by Division Directors and Centre Director before submission to the funding agency.

2.2 Evaluation of candidate:

- Internal Review: ICDDR,B Promotions Committee makes the initial decision whether or not the applicant might be eligible, the application of eligible candidates is forwarded for external review, the Promotion Committee makes a final decision based on internal and external review.
- External Review: A panel of three external expert reviewers with expertise in the same field as the candidate reviews the application and makes a recommendation based on specific, primarily objective, criteria.

Criteria upon which to make a decision would include academic qualifications (Ph.D., M.D. for MBBS, MBBS with clinical specialty certification such as MRCP and/or Board certification), sustained academic achievement (e.g., quality and quantity of publications and research record), international recognition (invitations to speak at important conferences, participation in expert committees, etc.), demonstrated ability to generate grants, teaching activities (record of active participation in training programmes of the Centre), management/administrative abilities, leadership qualities, duration of service etc.

2.3 Where funds are limited or for a limited duration then the following could apply:

Where the project funds for full salary at the approved "P" level are available for the duration of the project the individual while keeping the substantive NO level will be paid the "P" salary while funds are available as supplementary non pensionable salary.

Where project funds are for a limited time or do not cover the full salary of the individual at the approved "P" level the amount remaining after the appropriate NO level is fully funded will be given to the individual as supplementary non pensionable salary. The appropriate amount for Bangladesh income tax will be deducted.

Where project funds are for a limited time or do not cover the full salary of the individual at the approved "P" levels the amount remaining after the appropriate NO level is fully funded will be given to the individual as supplementary non pensionable salary. The appropriate amount for Bangladesh income tax will be deducted.

In cases that funding ceases or decreases below the full time international salary, the staff members retain their international position but their salary is decreased according to the scheme described immediately above.

2.4 At present the Centre pays hardship and mobility (relocation) allowances to Bangladesh nationals in P level positions. Because these allowances are intended for expatriate staff, the Centre should withdraw such allowances for Bangladesh nationals in order to reduce disparity between nationals on NO and P level appointments.

In calculating the international salaries the same formula as applicable to all other international positions will apply. The project funds should provide all necessary salary related expenses. Only the NO salary is pensionable.

Agenda 6

BOT/P&S/Jun 1999

Agenda 6.1

Any other business

7/BT/JUNE 99

RESOLUTIONS FROM FINANCE

COMMITTEE

EXECUTIVE SESSION

Agenda 7

Resolutions from Finance Committee

WELCOME TO FINANCE COMMITTEE



ICDDR,B CENTRE FOR
HEALTH AND POPULATION RESEARCH

BOARD OF TRUSTEES MEETING
FINANCE COMMITTEE

JUNE 5 1999

Draft
April 7, 1999

PROGRAMME
BOARD OF TRUSTEES MEETINGS
June 4-7, 1999

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

Thursday 3 June: Trustee Members of the Guidance Team arrive
(Mr. J. Martin, Prof. Marian E Jacobs, Mr. R. Carriere,
Prof. Peter F. McDonald) (Dhaka: Maj., Gen (Retd)M.R.
Choudhury, Centre Director)

Friday 4 June: Trustees arrive

Friday 4 June:
8.30 a.m. – 5.00 p.m. **GUIDANCE TEAM MEETING (Task Force and EC)**
(closed) (with tea and lunch breaks)

Saturday 5 June: **PERSONNEL & FINANCE COMMITTEE MEETINGS**

8.30 a.m. – 10.15 a.m. Personnel & Selection Committee Meeting (closed – for trustees and Executive Committee)

10.15 a.m. – 10.30 Tea/Coffee

10.30 a.m. – 12.00 noon Personnel & Selection Committee meeting continues

12.00 noon – 12.30 p.m. Trustees to meet with SWA Executives

12.30 p.m. – 2.15 p.m. Lunch with Invited staff (Sasakawa)

2.15 p.m. – 3.30 p.m. Finance Committee Meeting

3.30 p.m. – 3.45 p.m. Tea/Coffee

3.45 p.m. – 5.30 p.m. Finance Committee Meeting continues

SOCIAL

8.00 p.m. Dinner for Trustees hosted by Prof. G. Fuchs, Interim Director

Sunday 6 June

PROGRAMME COMMITTEE AND SPECIAL FULL BOARD MEETING

8.30 a.m. - 9.30 a.m.

Centre's Response to HPED Review

9.30 a.m. - 9.45 a.m.

CSD Review - Nov 1999
LSD Review - June 2000

9.45 a.m. - 10.00 a.m.

Tea/Coffee

10.00 a.m. - 12.30 p.m.

Special Full Board Session (Reorganization Plan)

12.30 - 2.00 p.m.

Lunch

2.00 p.m. - 3.45 p.m.

Special Full Board Session (Reorganization Plan) continues

3.45 p.m. - 4.00 p.m.

Tea/Coffee

4.00 p.m. - 5.00 p.m.

Nutrition Seminar

Evening

Options - free evening or dinners hosted by Division Directors

Monday 7 June

EXECUTIVE SESSION OF FULL BOARD

8.00 a.m. -- 8.15 a.m.	Approval of the Agenda
8.15 a.m. -- 8.30 a.m.	Approval of the Draft Minutes of November 1998 meeting
8.30 a.m. -- 9.00 a.m.	Director's Report
9.00 a.m. -- 10.00 a.m.	Fund Raising Strategies (First round of discussions)
10.00 a.m. -- 10.30 a.m.	Summary of discussions (Reorganization Plan)
10.30 a.m. -- 10.45 a.m.	Tea/Coffee
10.45 a.m. -- 11.15 a.m.	Resolutions from Personnel & Selection Committee
11.15 a.m. -- 11.45 a.m.	Resolutions from Finance Committee
11.45 a.m. -- 12 noon	Resolutions and/or Recommendations from the Programme Committee
12 noon -- 12.30 p.m.	Resolutions from Reorganization Plan meeting
12.30 p.m. -- 12.45 p.m.	Action from Report from SWA
12.45 p.m. -- 1.15 p.m.	Selection of Trustees/Appointment to Committees (Composition of the Board)
1.15 p.m. -- 1.30 p.m.	Dates of Next meeting
1.30 p.m. -- 1.45 p.m.	Other Resolutions
1.45 p.m. -- 2.00 p.m.	Any Other Business
	Closure of Meeting
2.00 p.m. -- 3.00 p.m.	Lunch
3.00 p.m. -- 5.00 p.m.	DONORS' SUPPORT GROUP MEETING
	Programme to be determined

ICDDR,B BOARD OF TRUSTEES MEETING

FINANCE COMMITTEE - JUNE 5, 1999 MEETING

AGENDA

1. Approval of Agenda.
2. 1998 Audited Financial Statements and Auditors' Reports.
 - a) ICDDR,B
 - b) ICDDR,B Hospital Endowment Fund
3. 1999 Forecast.
4. Appointment of Auditors for 1999.
5. Staff Salaries and Allowances
 - a) National
 - b) International
6. Report on:
 - a) Centre's Endowment Fund
 - b) Reserve Fund
 - c) Fixed Assets Acquisition and Replacement Fund
7. Miscellaneous.
 - a) Bank Overdraft
 - b) Cheque Signatories
 - c) Voluntary Severance Program

Attachments:

- Table 1/1A. Contributions from Donors 1997 to 1999
Table 2. Income by Sources and Expenditure by Categories 1997 to 1999
Table 3. Unrestricted and Restricted Income and Expenditure 1997 to 1999
Table 4/4A. Donor Contributions by Unrestricted and Restricted Funds 1997 to 1999
Table 5. Unrestricted Programme and Management Expenditure 1997 to 1999

Annexures:

- "A" - Report of the Finance Committee of November 8, 1998
"B" - 1998 Auditors' Report and Audited Financial Statements
"C" - 1998 ICDDR,B Hospital Endowment Fund Auditor's Report and Audited Financial Statements

1998 ICDDR,B AUDITED FINANCIAL STATEMENTS AND AUDITORS' REPORTS

The audited Financial Statements are attached as annexure "B". The audit was completed and the Financial Statements were signed on March 18, 1999. Abridged audited Financial Statements are included in the Centre's Annual Report.

The Auditors' Report includes two qualifications. One relates to the recoverability of the \$200,000 outstanding for 1995 and 1996 from the Arab Gulf Fund/UNDP. Management continues to followup on this issue and feels that this amount will be received by the Centre.

The second issue noted is the treatment of the voluntary severance payment to employees as a deferred revenue expenditure. Management deferred this expenditure to be charged to the operating fund equally over two years, 1999 and 2000, to relate to the salary savings from this program over the next two years.

The joint auditors considered that there are no matters of significance which needed to be reported to the Board, but they have submitted a letter to management covering minor matters. This is available, should any committees member wish to review it.

The audited financial statements do not contain the detailed information which we present to the Finance Committee. Accordingly, Finance Department has prepared detailed tables from the audited accounts.

INCOME

Donor Contributions (Table 3 for summary and Table 4 for individual donor amounts) increased by \$715,000 (6.7%) from \$10,674,000 to \$11,389,000. This increase comprised:

	1998 <u>ACTUAL</u>	1997 <u>ACTUAL</u>	DIFF. <u>(DECREASE)</u>
Restricted			
Projects/Programs	7,839,000	6,896,000	943,000
Fixed Assets	<u>496,000</u>	<u>185,000</u>	<u>311,000</u>
	8,335,000	7,081,000	1,254,000
Project Overhead	<u>1,255,000</u>	<u>1,246,000</u>	<u>9,000</u>
Total Restricted	9,590,000	8,327,000	1,263,000
Unrestricted			
General	<u>1,799,000</u>	<u>2,347,000</u>	<u>(548,000)</u>
Total Income	<u><u>11,389,000</u></u>	<u><u>10,674,000</u></u>	<u><u>715,000</u></u>

Restricted income increased primarily due to new funding from the World Bank, increased project activity funded by USAID and additional funds received for the extraordinary flood of 1998.

Unrestricted income decreased primarily due to unfavourable exchange rate fluctuations and a decrease in contributions from several donors.

EXPENDITURE

Operating Expenditures (Tables 3 to 5) decreased by \$278,000 (2.2%) from \$12,484,000 to \$12,206,000. This decrease comprised:

	1998 <u>ACTUAL</u>	1997 <u>ACTUAL</u>	DIFF. <u>(DECREASE)</u>
Restricted			
Projects/Programs	7,839,000	6,896,000	943,000
Fixed Assets	<u>496,000</u>	<u>185,000</u>	<u>311,000</u>
Total Restricted	8,335,000	7,081,000	1,254,000
Unrestricted			
Program	2,757,000	3,844,000	(1,087,000)
Management	<u>1,114,000</u>	<u>1,559,000</u>	<u>(445,000)</u>
Total Unrestricted	3,871,000	5,403,000	(1,532,000)
Total Operating Cash Cost	<u><u>12,206,000</u></u>	<u><u>12,484,000</u></u>	<u><u>(278,000)</u></u>

Depreciation decreased by \$5,000 (0.6%) from \$900,000 to \$895,000.

Total Expenditures including capital expenditure and depreciation, decreased by \$282,000 (2.1%) from \$13,384,000 to \$13,102,000.

BALANCE

Operating Deficit, excluding depreciation decreased by \$992,000 (54.8%) from \$1,810,000 in 1997 to \$818,000 in 1998.

Cumulative Operating Deficit, excluding depreciation increased by \$1,168,000 (42.3%) from \$2,753,000 to \$3,921,000. This increase is comprised of the operating deficit of \$818,000 and a transfer of \$350,000 to the Fixed Assets Acquisition and Replacement Fund for unfunded assets purchased from this fund.

Cumulative Unfunded Depreciation, increased by \$854,000 (\$895,000 depreciation, less \$41,000; assets written off or disposed) from \$9,408,000 to \$10,262,000.

Restricted expenditure increased due to increased project activity and the extraordinary floods of 1998.

Unrestricted expenditures decreased significantly due primarily to a reduction in national and international salaries and the ability of the Centre to attract Donor support as project funds for some essential programs previously supported from unrestricted funds.

Even with these measures, the Centre still incurred a deficit. With the cumulative deficit at over \$3.9 million, the ability of the Centre to continue to operate is in serious jeopardy. While further cost reductions will be pursued, additional unrestricted funds are essential.

**1998 ICDDR,B HOSPITAL ENDOWMENT FUND
AUDITED FINANCIAL STATEMENTS AND AUDITORS'
REPORTS**

The audited Financial Statements are attached as annexure "C". The audit was completed and the Financial Statements were signed on March 18, 1998.

	<u>1998</u>	<u>1997</u>
Income:		
Investment Income	88,628	93,667
Donations	26,968	94,953
Net Fund Raising Activities	3,611	5,578
Exchange loss	<u>(28,969)</u>	<u>(31,587)</u>
Net Income	<u>90,238</u>	<u>162,611</u>
Distribution/Appropriation of Net Income:		
Transfer to:		
Inflation Reserve	69,708	98,286
Other Investment Capital Account	30,579	100,531
Investment Income Account	<u>(10,049)</u>	<u>(36,206)</u>
	<u>90,238</u>	<u>162,611</u>
Investments at Cost:		
Morgan Stanley Co. USA	2,000,000	2,000,000
Cash or equivalents - Dhaka	1,658,419	1,541,915
Shares of Common Stock - Dhaka	<u>388,372</u>	<u>414,638</u>
Total Invested Funds	<u>4,046,791</u>	<u>3,956,553</u>

The shares of common stock investments had a market value of \$256,840 as at December 31, 1998 (1997 \$345,494).

As at December 31, 1998, the market value of the investment portfolio with Morgan Stanley & Co in the USA was \$2,256,279 (1997 \$2,158,563).

The total market value of the fund at December 31, 1998 was 4,260,192.

1999 FORECAST

INCOME

Donor Contributions (Table 3 for summary and Table 4 for individual donor amounts) which were budgeted at \$13,335,000 are expected to increase to \$13,377,000. This increase of \$42,000 (.03%) comprises:

	1999 <u>BUDGET</u>	1999 <u>FORECAST</u>	DIFF. <u>INC/(DEC)</u>
Restricted			
Projects/Programs	9,022,000	8,812,000	(210,000)
Fixed Assets	<u>1,039,000</u>	<u>1,336,000</u>	<u>297,000</u>
	10,061,000	10,148,000	87,000
Project Overhead	<u>1,502,000</u>	<u>1,457,000</u>	<u>(45,000)</u>
Total Restricted	11,563,000	11,605,000	42,000
Unrestricted	<u>1,772,000</u>	<u>1,772,000</u>	-
Total Contributions	<u>13,335,000</u>	<u>13,377,000</u>	<u>42,000</u>

Restricted income is expected to increase due to an increase in capital expenditures funded within project budgets. Funding for non capital projects is expected to decrease in line with project activities.

Unrestricted income is not expected to change.

EXPENDITURE

Operating Cash Cost (Tables 3 to 5) which was budgeted at \$14,365,000 is forecast to decrease by \$487,000 (0.3%) to \$13,878,000. This decrease comprises:

	1999 <u>BUDGET</u>	1999 <u>FORECAST</u>	DIFF. <u>INC/(DEC)</u>
Restricted			
Projects/Programs	9,022,000	8,812,000	(210,000)
Fixed Assets	<u>1,039,000</u>	<u>1,336,000</u>	<u>297,000</u>
	10,061,000	10,148,000	87,000
Unrestricted			
Programs	2,761,000	2,274,000	(487,000)
Management	<u>1,543,000</u>	<u>1,456,000</u>	<u>(87,000)</u>
Total Unrestricted	4,304,000	3,730,000	(574,000)
Total Operating Cash Cost	14,365,000	13,878,000	(487,000)

Depreciation which was budgeted at \$854,000 is expected to increase by \$21,000 (2.5%) to \$875,000.

Total Expenditure was budgeted at \$14,365,000 and is anticipated to decrease by \$487,000 (0.3%) to \$13,878,000.

BALANCE

The Net Operating Deficit excluding depreciation was budgeted at \$1,030,000. This is expected to decrease by \$529,000 (51.3%) to a deficit of \$501,000.

Net Operating Deficit including depreciation was budgeted at \$1,884,000. This is anticipated to decrease by \$508,000 (27%) to \$1,376,000.

Restricted expenditures are expected to increase as noted under revenue.

Unrestricted expenditures are expected to decrease due to salary savings as a result of the voluntary severance program, the delayed recruitment of international staff funded from unrestricted funds, and Donor support with restricted funds for some essential programs supported from unrestricted funds.

Without additional unrestricted funds, the Centre will again incur a deficit and its future is in further jeopardy.

Fund raising strategies and related issues will be dealt with in the Directors report.

APPOINTMENT OF AUDITORS FOR 1999

Price Waterhouse, Calcutta and ACNABIN & Co., Dhaka were the auditors for 1998.

Price Waterhouse, Calcutta have been the Centre's auditors for the last three years and ACNABIN & Co., Dhaka for the last four years.

The Centre's practice is to normally retain auditors for three to five years to provide continuity in the audits and minimize audit costs.

Management is recommending that the local auditors ACNABIN & Co. Dhaka, be changed for next year to provide greater continuity in audits as our international auditors will likely be changed in 2 years time.

In line with this, management is recommending the appointment of Hoda Vasi Chowdhury & Co, Dhaka an associate of Deloitte Touche Tohmatsu as local auditors for the year 1999, and Price Waterhouse Coopers remain as our international auditors.

Management is recommending that the audit fee not exceed \$15,000. The fee for the previous 3 years was \$14,000.

Staff Salaries

At the November 1998 Board meeting it was agreed to review the National Officers (NO) and International Staff Salaries.

Relevant documentation and background information will be tabled at the Committee Meeting.

a) **Centre's Endowment Fund**

The balance of Centre Endowment Fund including USAID Endowment Fund was \$3,180,148 as at December 31, 1998. This entire amount is invested in Morgan Stanley's Total Fund Management Portfolio and is being monitored by the Centre Fund Finance Committee. The unrealized income as at December 31, 1998 was \$433,155 for a total market value of the fund of \$3,613,303. There were no contributions to this fund during 1998.

b) **Reserve Fund**

The balance of the Reserve Fund as at December 31, 1998 was \$2,259,834. Interest income of the fund during 1998 was \$104,736. The Reserve Fund is held as security by American Express Bank for our overdraft facility.

c) **Fixed Assets charged to Fixed Asset Acquisition and Replacement Fund**

Capital expenditures charged to the fund in 1998 totaled \$599,535 comprising:

Matlab International Training Centre	321,199
2nd Floor Dhaka Hospital	231,550
Other Equipment	<u>46,786</u>
Total	<u>\$ 599,535</u>

During the year a transfer of \$350,000 was made from the Operating Fund to provide for unfunded assets purchased from this fund.

The fund balance as at December 31, 1998 of \$146,726 is funding from Government of Japan committed for the completion of the Matlab International Training Centre.

All fixed asset acquisitions in future will be charged to the Operating Fund.

MISCELLANEOUS**a) Bank Overdraft**

The Centre's current \$2 million overdraft facility with American Express Bank, which carries no undrawn commitment fees, will expire on July 13, 1999. The facility is used for the balance of margins on letters of credit and any overdraft. The overdraft facility was used with the overdraft reaching a maximum of \$577,000 in the past six months. As a result of the large cumulative deficit of the Centre, there will be a ongoing overdraft requirement to cover operating costs. In view of this, management request Board approval to renew the overdraft agreement of \$2 million for the year to July 13, 2000. This overdraft facility is secured by term deposits of the Reserve Fund.

By way of Board resolution in June 1995, management may also borrow from the Hospital Endowment Fund up to a maximum of \$750,000 to cover operating cash requirements. No funds were borrowed during 1998.

b) Cheque Signatories

As required by the Board resolution of November 22, 1994, the Interim Director advises that Dr. Lars Ake Persson, Director PHSD, has been appointed as a cheque signatory.

c) Voluntary Severance Program

During 1998 a BoT approved voluntary severance package was offered to Centre Staff. This package was introduced as part of the reorganization of the Centre in right sizing and creating greater efficiency.

A total of 90 staff opted for this program in 2 phases. The first group of 57 employees were separated in September 1998 and the second group of 33 employees separated in December 1998.

The total cost of the severance package for the 90 employees was \$576,000. The total estimated annual salary savings is \$451,000.

The cost of this voluntary severance package was not charged to the Operating Fund in 1998. It was recorded as a "Deferred Revenue Expenditure" and will be charged to the Operating Fund at \$288,000 per year in 1999 and 2000, as an offset against salary savings.

While the Centre was not successful in obtaining Donor support directly for this cost, negotiations are underway with a Donor to fund certain hospital activities currently paid from unrestricted funds. This will than make available unrestricted funds to cover the cost of this program. If these negotiations are successful, there would be no impact on the deficit of our operating fund.

TABLE - 1 A
ICDDR,B: - CENTRE FOR HEALTH AND POPULATION RESEARCH
CONTRIBUTIONS FROM DONORS 1997 - 1999

(IN US\$'000)

	1997		1998		1999		1999		1999-STATUS	
	ACTUAL		ACTUAL		BUDGET		FORECAST		FIRM	ESTI.
OTHERS :										
SAUDI ARABIA	58	6.3%	50	3.3%	50	6.1%	50	4%	50	
SRI LANKA			8	0.5%						
CHF	19	2.0%								
SDC	5	0.5%								
AGA KHAN FOUNDATION	15	1.6%	(1)	-0.1%						
ABT Associates	0	0.0%	27	1.8%						
AusAID	86	9.3%								
AIBS\ Dr. Patricia			10	0.7%						
BGS ARGOSS			8	0.5%	28	3.4%	10	1%	10	
BDG/DGHS/ARI	1	0.1%	4	0.3%						
ICRW/USA : BRAC-ICDDR,B	30	3.2%	22	1.4%			37	3%	37	
CANADA/CHC-ASCON VI	3	0.3%	2	0.1%						
CYTOS PHARMACEUTICAL			4	0.3%			25	2%	25	
FAMILY HEALTH INTERNATIONAL			42	2.8%						
G. MASON FOUNDATION	9	1.0%	1	0.1%	5	0.6%	13	1%	13	
HELLEN KELLER INTERNATIONAL	8	0.9%	1	0.1%						
HKI-ASCONVII			6	0.4%						
IDRC	56	6.0%	11	0.7%						
INPL. ATOMIC ENERGY	1	0.1%	6	0.4%						
JAPAN - JICWELS			19	1.2%			4	0%	4	
MACRO INTERNATIOAL INC.			54	3.5%						
NEW ENGLAND MEDL CENTRE (NEMC)	48	5.2%	35	2.3%	47	5.7%	59	5%	59	
NORTHFIELD LABORATORIES	21	2.3%	83	5.4%	41	5.0%	12	1%	12	
NIH/RAND CORPORATION	39	4.2%	(10)	-0.7%						
NOVARTIS			22	1.4%	53	6.4%	54	4%	54	
NEWCASTLE UNIVERSITY			15	1.0%	173	21.0%	135	11%	135	
POPULATION COUNCIL	78	8.4%								
POP COUN/300821			17	1.1%						
SAVE THE CHILDREN			9	0.6%						

TABLE - 1 A
ICDDR,B: - CENTRE FOR HEALTH AND POPULATION RESEARCH
CONTRIBUTIONS FROM DONORS 1997 - 1999

(IN US\$'000)

	1997		1998		1999		1999		1999 - STATUS	
	ACTUAL		ACTUAL		BUDGET		FORECAST		FIRM	ESTI.
OTHERS :										
PROCTOR & GAMBLE	13	1.4%	10	0.7%	3	0.4%	9	1%	9	
ROCKEFELLER FOUNDATION	57	6.1%	62	4.1%	68	8.2%				
SDRC	2	0.2%								
SAIDNET							5	0%	5	
THRASHER	73	7.9%	58	3.8%	96	11.6%	98	8%	98	
THRASHER (ALBERT)										
UCB-OSMOTICS/SIDAC	18	1.9%	43	2.8%			51	4%	51	
USAID / OFDA	50	5.4%	72	4.7%						
UK/ODA-ASCON VI	13	1.4%								
UC - Davis							35	3%	35	
UNICEF	114	12.3%	18	1.2%	10	1.2%	23	2%	23	
UNIVERSITY OF ALABAMA	47	5.1%	53	3.5%	12	1.5%	18	1%	18	
UNIVERSITY OF LOUGHBOROUGH	1	0.1%	1	0.1%	11	1.3%				
UNIVERSITY OF PENNSYLVANIA			27	1.8%			3	0%	3	
UNIVERSITY OF VIRGINIA			14	0.9%	98	11.9%	89	7%	89	
UFHP-633841			5	0.3%						
WANDER-AG	11	1.2%	5	0.3%			1	0%	1	
WHO	67	7.2%	187	12.3%	116	14.1%	136	11%	136	
<u>DISASTER / EPIDEMIC :</u>										
USAID/CARE			265	17.4%			25	2%	25	
CIDA			65	4.3%						
DfID-DHAKA			22	1.4%			47	4%	47	
AusAID			3	0.2%			13	1%	13	
UNOCAL, Cairn, Shell & OXY			88	5.8%			214	18%	214	
SDC			81	5.3%			33	3%	33	
AMEX BANK			7	0.5%						
ALICO			6	0.4%						
ANZ BANK			-4	0.3%						
OTHERS (SS)	(15)	-1.6%	(16)	-1.0%	14	1.7%	17	1%	17	
TOTAL OTHERS	928	100.0%	1,525	100.0%	825	100.0%	1,216	100%	1,216	

	ACTUAL 1997		ACTUAL 1998		BUDGET 1999		FORECAST 1999		INC/(DEC) FORECAST 1999 ACTUAL 1998	
INCOME:										
CONTRIBUTIONS BY DONORS:										
UNRESTRICTED FUNDS	2,347	22%	1,799	16%	1,772	13%	1,772	13%	(27)	-2%
RESTRICTED - OVERHEADS	1,246	12%	1,255	11%	1,502	11%	1,457	11%	202	16%
RESTRICTED - PROJECTS / PROGRAMS	7,081	66%	8,335	73%	10,061	76%	10,148	76%	1,813	22%
HOSPITAL ENDOWMENT										
TOTAL DONOR INCOME	10,674	100%	11,389	100%	13,335	100%	13,377	100%	1,988	36%
EXPENDITURE:										
LOCAL SALARIES	6,478	52%	5,708	47%	5,951	41%	5,598	40%	(110)	-2%
INTERNATIONAL SALARIES	2,750	22%	2,615	21%	3,306	23%	2,487	18%	(128)	-5%
CONSULTANTS	133	1%	114	1%	268	2%	261	2%	147	129%
MANDATORY COMMITTEES	166	1%	100	1%	121	1%	121	1%	21	21%
TRAVEL	317	3%	324	3%	544	4%	520	4%	196	60%
SUPPLIES AND MATERIALS	1,450	12%	1,611	13%	1,506	10%	1,734	12%	123	8%
REPAIR AND MAINTENANCE	158	1%	83	1%	114	1%	128	1%	45	54%
RENT, COMMUNI. AND UTILITIES	493	4%	480	4%	448	3%	445	3%	(35)	-7%
PRINTING AND PUBLICATION	255	2%	239	2%	262	2%	286	2%	47	20%
TRAINING AND FELLOWSHIP	299	2%	313	3%	448	3%	464	3%	151	48%
STAFF DEVELOPMENT	132	1%	155	1%	220	2%	218	2%	63	41%
OTHER EXPENSES	789	6%	1,054	9%	955	7%	1,109	8%	55	5%
OTHER RECEIPTS	(1,121)	-9%	(1,085)	-9%	(892)	-6%	(904)	-7%	181	-17%
TOTAL INTERNAL CASH EXPENDITURE	12,299	99%	11,711	96%	13,251	92%	12,467	90%	756	6%
DONOR CAPITAL EXPENDITURE	185	1%	496	4%	1,114	8%	1,411	10%	915	184%
TOTAL OPERATING CASH EXPENDITURE	12,484	100%	12,207	100%	14,365	100%	13,878	100%	1,671	14%
NET CASH SURPLUS/(DEFICIT)	(1,810)		(818)		(1,030)		(501)		317	-39%
DEPRECIATION	900		895		854		875		(20)	-2%
NET OPERATING SURPLUS/(DEFICIT)	(2,710)		(1,713)		(1,884)		(1,376)		337	-20%
CAPITAL EXPENDITURE:										
BANGLADESH	210		232							
DfID	145									

Note: Where necessary 1997 to 1999 figures have been regrouped to conform with 1999 budget preparation.

TABLE - 3

**ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH
UNRESTRICTED AND RESTRICTED INCOME AND EXPENDITURE 1997 TO 1999**

(IN US\$'000)

	ACTUAL	ACTUAL			BUDGET			FORECAST		
	1997	1998		TOTAL	1999		TOTAL	1999		
	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL
INCOME:										
CONTRIBUTIONS BY DONORS:										
UNRESTRICTED FUNDS	2,347	1,799		1,799	1,772		1,772	1,772		1,772
RESTRICTED - OVERHEADS	1,246	1,255		1,255	1,502		1,502	1,457		1,457
RESTRICTED - PROJECTS / PROGRAMS	7,081		8,335	8,335		10,061	10,061		10,148	10,148
HOSPITAL ENDOWMENT										
TOTAL INCOME	10,674	3,054	8,335	11,389	3,274	10,061	13,335	3,229	10,148	13,377
EXPENDITURE:										
LOCAL SALARIES	6,478	2,843	2,865	5,708	2,746	3,205	5,951	2,376	3,222	5,598
INTERNATIONAL SALARIES	2,750	894	1,721	2,615	1,154	2,152	3,306	909	1,578	2,487
CONSULTANTS	133	44	70	114	17	251	268	17	244	261
MANDATORY COMMITTEES	166	95	5	100	121	0	121	121		121
TRAVEL	317	25	299	324	29	515	544	29	491	520
SUPPLIES AND MATERIALS	1,450	734	877	1,611	762	744	1,506	718	1,016	1,734
REPAIR AND MAINTENANCE	158	50	33	83	63	51	114	63	65	128
RENT, COMMUN. AND UTILITIES	493	257	223	480	245	203	448	245	200	445
PRINTING AND PUBLICATION	255	148	91	239	158	104	262	178	108	286
TRAINING AND FELLOWSHIP	299	66	247	313	65	383	448	65	399	464
STAFF DEVELOPMENT	132		155	155		220	220		218	218
OTHER EXPENSES	789	446	608	1,054	472	483	955	457	652	1,109
INTERDEPARTMENTAL SERVICES	0	(682)	682	0	(713)	713	0	(632)	632	0
OTHER RECEIPTS	(1,121)	(1,048)	(37)	(1,085)	(890)	(2)	(892)	(891)	(13)	(904)
TOTAL INTERNAL CASH EXPENDITURE	12,299	3,872	7,839	11,711	4,229	9,022	13,251	3,655	8,812	12,467
DONOR CAPITAL EXPENDITURE	185	0	496	496	75	1,039	1,114	75	1,336	1,411
TOTAL OPERATING CASH EXPENDITURE	12,484	3,872	8,335	12,207	4,304	10,061	14,365	3,730	10,148	13,878
NET CASH SURPLUS/(DEFICIT)	(1,810)	(818)	0	(818)	(1,030)	0	(1,030)	(501)	0	(501)
DEPRECIATION	900	895		895	854	0	854	875		875
NET OPERATING SURPLUS/(DEFICIT)	(2,710)	(1,713)	0	(1,713)	(1,884)	(0)	(1,884)	(1,376)	0	(1,376)
CAPITAL EXPENDITURE:										
BANGLADESH	210	232		232						
DFID	145									

Note: Where necessary 1997 to 1999 figures have been regrouped within Unrestricted & Restricted to conform with 1999 budget preparation.

TABLE 4A
ICDDR,B - CENTRE FOR HEALTH AND POPULATION RESEARCH
MAJOR DONOR CONTRIBUTIONS BY UNRESTRICTED AND RESTRICTED FUNDS 1997-1999

(IN US\$'000)

	1997		1998 - ACTUAL			1999 - BUDGET				1999 - FORECAST			1999 - STATUS	
	ACTUAL		UNRESTR.	RESTR.	TOTAL	UNRESTR.	RESTR.	TOTAL	UNRESTR.	RESTR.	TOTAL	FIRM	ESTIMATE	
UNRESTRICTED FUNDS: - OTHERS														
SAUDI ARABIA	58	0.5%	50	50	0.4%	50		50	0.4%	50	50	0.4%	50	
SRI LANKA			3	8	0.1%									
CHF	19	0.2%												
SDC	5	0.0%												
TOTAL UNRESTRICTED - OTHERS	82	0.8%	58	0	58	50	0	50	0.4%	50	0	50	0.4%	50
RESTRICTED FUNDS: - OTHERS														
AGA KHAN FOUNDATION	15	0.1%		(1)	(1)									
ABT Associates		0.0%	1	26	27									
AusAID	86	0.8%												
AIBS/Dr. Patricia			1	9	10									
BGS ARGOSS			2	6	8	6	22	28	0.2%	2	8	10	0.1%	10
BDG/DGHS/ARI	1	0.0%		4	4									
ICRW/USA : BRAC-ICDDR,B	30	0.3%	5	17	22					9	28	37	0.3%	37
CANADA/CHC-ASCON VI	3	0.0%		2	2									
CYTOS PHARMACEUTICAL				4	4						25	25	0.2%	25
FAMILY HEALTH INTERNATIONAL			8	34	42									
G. MASON FOUNDATION	9	0.1%		1	1		5	5	0.0%		13	13	0.1%	13
HELLEN KELLER INTERNATIONAL	8	0.1%		1	1									
HKI-ASCONVII			1	5	6									
IDRC	56	0.5%	1	10	11									
INT'L ATOMIC ENERGY	1	0.0%		6	6									
JAPAN - JICWELS				19	19						4	4	0.0%	4
MACRO INTERNATIONAL INC.			10	44	54									
NEW ENGLAND MEDI. CENTRE (NEMC)	48	0.4%	8	27	35	11	36	47	0.4%	14	45	59	0.4%	59
NORTHFIELD LABORATORIES	21	0.2%	17	66	83	8	33	41	0.3%	2	10	12	0.1%	12
NIH/RAND CORPORATION	39	0.4%		(10)	(10)									
NOVARTIS			5	17	22	13	40	53	0.4%	13	41	54	0.4%	54
NEWCASTLE UNIVERSITY			3	12	15	41	132	173	1.3%	32	103	135	1.0%	135
POPULATION COUNCIL	78	0.7%												
POP COUN/300821			4	13	17									
SAVE THE CHILDREN				9	9									
PROCTOR & GAMBLE	13	0.1%	1	9	10		3	3	0.0%	1	8	9	0.1%	9
ROCKEFELLER FOUNDATION	57	0.5%		62	62	14	54	68	0.5%					
SDRC	2	0.0%												
SAIDNET										1	4	5	0.0%	5
THRASHER	73	0.7%	4	54	58	6	90	96	0.7%	6	92	98	0.7%	98
THRASHER (ALBERT)														
UCB-OSMOTIC/SIDAC	18	0.2%	10	33	43					11	40	51	0.4%	51
USAID / OFDA	50	0.5%		72	72									
UK/ODA-ASCON VI	13	0.1%												
UC - Davis										4	31	35	0.3%	35
UNICEF	114	1.1%	3	15	18		10	10	0.1%		23	23	0.2%	23
UNIVERSITY OF ALABAMA	47	0.4%	3	50	53		12	12	0.1%		18	18	0.1%	18

Contd...

TABLE - 4 A
 ICDDR,B - CENTRE FOR HEALTH AND POPULATION RESEARCH
 MAJOR DONOR CONTRIBUTIONS BY UNRESTRICTED AND RESTRICTED FUNDS 1997-1999

(IN US\$'000)

	1997		1998 - ACTUAL				1999 - BUDGET			1999 - FORECAST				1999 - STATUS	
	ACTUAL		UNRESTR.	RESTR.	TOTAL		UNRESTR.	RESTR.	TOTAL	UNRESTR.	RESTR.	TOTAL		FIRM ESTIMATE	
UNIVERSITY OF LOUGHBOROUGH	1	0.0%		1	1	0.0%		11	11	0.1%					
UNIVERSITY OF PENNSYLVANIA				27	27	0.2%						3	3	0.0%	3
UNIVERSITY OF VIRGINIA			1	13	14	0.1%	24	74	98	0.7%	22	67	89	0.7%	89
UFHP-633841				5	5	0.0%									
WANDER-AG	11	0.1%	1	4	5	0.0%						1	1	0.0%	1
WHO	67	0.6%	1	186	187	1.6%		116	116	0.9%		136	136	1.0%	136
<u>DISASTER / EPIDEMIC :</u>															
USAID/CARE				265	265	2.3%						25	25	0.2%	25
CIDA				65	65	0.6%									
DCID-DHAKA				22	22	0.2%						47	47	0.4%	47
AmAID				3	3	0.0%						13	13	0.1%	13
UNOCAL, Cairn, Shell & OXY				88	88	0.8%						214	214	1.6%	214
SDC			11	70	81	0.7%						33	33	0.2%	33
AMEX BANK				7	7	0.1%									
ALICO				6	6	0.1%									
ANZ BANK				4	4	0.0%									
OTHERS (SS)	(15)	-0.1%	3	(19)	(16)	-0.1%		14	14	0.1%		17	17	0.1%	17
TOTAL RESTRICTED	846	7.9%	104	1,363	1,467	12.9%	123	652	775	5.8%	117	1,049	1,166	8.7%	1,166

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TABLE - 5
ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH
UNRESTRICTED PROGRAM AND MANAGEMENT EXPENDITURE 1997 TO 1999

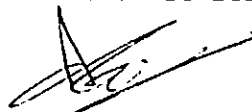
(IN US\$ '000)

	ACTUAL 1997		ACTUAL 1998				BUDGET 1999				FORECAST 1999			
	NET COSTS	% AGE	GROSS COSTS	RECOVER	NET COSTS	% AGE	GROSS COSTS	RECOVER	NET COSTS	% AGE	GROSS COSTS	RECOVER	NET COSTS	% AGE
PROGRAMS														
CLINICAL SCIENCES:														
DHAKA HOSPITAL	1,220	9.8%	1,178	(135)	1,043	8.5%	1,397	(143)	1,254	8.7%	1,209	(159)	1,050	7.6%
HOSPITAL SURVEILLANCE	155	1.2%												
DIVISIONAL	124	1.0%	260	(123)	137	1.1%	257	(140)	117	0.8%	228	(129)	99	0.7%
PUBLIC HEALTH SCIENCES:														
MATLAB CLINICAL RESEARCH	315	2.5%	266	(1)	265	2.2%	342	0	342	2.4%	289		289	2.1%
MATLAB ADMINISTRATION	194	1.6%	296	(103)	193	1.6%	287	(129)	158	1.1%	285	(117)	168	1.2%
MATLAB FAMILY PLANNING	0		142	(142)	0		133	(133)	0		132	(132)		
MATLAB COMMUNITY RESEARCH	465	3.7%	290	0	290	2.4%	177	0	177	1.2%	146		146	1.1%
DIVISIONAL	226	1.8%	208	(5)	203	1.7%	251	0	251	1.7%	152		152	1.1%
HEALTH & DEMOGRAPHIC SURVEILL.	661	5.3%	297	0	297	2.4%	194	0	194	1.4%	163		163	1.2%
LABORATORY SCIENCES:														
LABORATORY SERVICES	48	0.4%	1,119	(1,149)	(30)	-0.2%	1,068	(1,177)	(109)	-0.8%	925	(1,181)	(256)	-1.8%
DIVISIONAL	53	0.4%	246	(120)	126	1.0%	182	(120)	62	0.4%	213	(120)	93	0.7%
HEALTH & POPULATION EXTENSION:														
DIVISIONAL	43	0.3%	70	(91)	(21)	-0.2%	97	(89)	8	0.1%	60	(79)	(19)	-0.1%
TECHNICAL SUPPORT:														
DISC	219	1.8%	185	(13)	172	1.4%	218	(13)	205	1.4%	208	(10)	198	1.4%
TRAINING & DISSEMINATION	59	0.5%	126	(113)	13	0.1%	173	(132)	41	0.3%	168	(44)	124	0.9%
COMPUTER SERVICES	62	0.5%	104	(35)	69	0.6%	97	(36)	61	0.4%	77	(10)	67	0.5%
TOTAL PROGRAMS	3,844	30.8%	4,787	(2,030)	2,757	22.6%	4,873	(2,112)	2,761	19.2%	4,255	(1,981)	2,274	16.4%
MANAGEMENT														
DIRECTOR'S BUREAU	310	2.5%	302		302	2.5%	348	0	348	2.4%	231		231	1.7%
EXTERNAL RELATIONS & INSTTU. DEV	102	0.8%	133		133	1.1%	214	0	214	1.5%	170		170	1.2%
BOT & COMMITTEES	156	1.2%	110		110	0.9%	146	0	146	1.0%	141		141	1.0%
ADMINISTRATION & PERSONNEL	865	6.9%	1,064	(368)	696	5.7%	900	(402)	498	3.5%	852	(350)	502	3.6%
FINANCE	421	3.4%	312	(13)	299	2.4%	342	(16)	326	2.3%	324	(16)	308	2.2%
OTHER	(295)	-2.4%	94	(520)	(426)	-3.5%	318	(307)	11	0.1%	382	(278)	104	0.7%
TOTAL MANAGEMENT	1,559	12.5%	2,015	(901)	1,114	9.1%	2,268	(725)	1,543	10.7%	2,100	(644)	1,456	10.5%
TOTAL PROGRAMS AND MANAGEMENT	5,403	43.3%	6,802	(2,931)	3,871	31.7%	7,141	(2,837)	4,304	30.0%	6,355	(2,625)	3,730	26.9%
UNRESTRICTED FUNDS	5,403	43.3%			3,871	31.7%			4,304	30.0%			3,730	26.9%
RESTRICTED FUNDS	7,081	56.7%			8,335	68.3%			10,061	70.0%			10,148	73.1%
TOTAL	12,484	100.0%			12,206	100.0%			14,365	100.0%			13,878	100.0%

AUDITORS' REPORT

TO THE BOARD OF TRUSTEES OF INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1. We have audited the accompanying Statement of Financial Position of INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH (ICDDR,B) as of December 31, 1998 and the related Statements of Activity (Operating Fund) and Cash Flows for the year then ended. These financial statements are the responsibility of ICDDR,B's management. Our responsibility is to express an opinion on these financial statements based on our audit.
2. We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance as to whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial presentation. We believe that our audit provides a reasonable basis for our opinion.
3. As explained in Note 17, US\$ 8,402,021 being the accumulated balance of the "ICDDR,B Employees Separation Payment Fund" at December 31, 1998 and invested with Generali Worldwide Insurance Company Limited of Guernsey, Channel Islands has not been recognised in these accounts.
4. Except for the matter referred to in the immediately preceding paragraph and also for recoverability of funded support of \$200,000 from Arab Gulf Fund and treatment of voluntary severance pay of \$576,037 as Deferred Revenue Expenditure as explained in Notes 20 and 21 respectively, in our opinion, the financial statements referred to above, together with the notes thereon, present fairly, in all material respects, the financial position of ICDDR,B as of December 31, 1998 and the results of its activities and its cash flows for the year then ended, in conformity with the accounting policies disclosed in Note 2.
5. Attention is drawn to Note 22 with regard to Year 2000 compliance. It may be noted in this connection that the audit is not intended, designed nor performed to identify or detect problems that may result from computer hardware, software or other automated processes' inability to properly process dates which include issues, internal and/or external, related to Year 2000. In the opinion of the management, the problem of Year 2000 will not vitiate the assumption of going concern in view of the plans to make the Company Year 2000 compliant as drawn up by the management. However, we have no responsibility with regard to the Centre's efforts to make systems, internal and/or external, capable of properly processing dates including the Year 2000 or provide assurance on whether the Centre has addressed or will be able to address all of the affected systems on a timely basis. These are responsibilities of the Centre's management.


ACNABIN & Co.
Chartered Accountants

Dhaka, March 18, 1999


Price Waterhouse
Chartered Accountants

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

STATEMENT OF FINANCIAL POSITION
AS OF DECEMBER 31, 1998

	Note	<u>1998</u>	<u>1997</u>
FIXED ASSETS:			
Cost	3	14,970,567	13,915,737
Less: Accumulated depreciation	3	<u>10,262,656</u>	<u>9,408,407</u>
		<u>4,707,911</u>	<u>4,507,330</u>
CURRENT ASSETS:			
Inventories	4	623,693	567,543
Accounts receivable			
Donors	5	1,118,917	1,486,357
Others	6	615,879	808,243
Centre Endowment Fund investments			
At cost	16	3,180,148	3,180,148
Cash and bank balances	7	606,571	1,270,471
Deposits with banks against Reserve Fund	8	<u>2,259,834</u>	<u>2,355,110</u>
		<u>8,405,042</u>	<u>9,667,872</u>
LESS: CURRENT LIABILITIES:			
Bank overdraft	9	576,882	-
Donations received in advance	5	3,537,959	3,215,463
Accounts payable others	10	<u>3,200,936</u>	<u>3,591,690</u>
		<u>7,315,777</u>	<u>6,807,153</u>
NET CURRENT ASSETS		1,089,265	2,860,719
DEFERRED REVENUE EXPENDITURE	21	576,037	-
TOTAL NET ASSETS		US\$ <u>6,373,213</u>	<u>7,368,049</u>




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PRICE WATERHOUSE

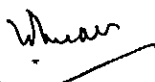
INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

STATEMENT OF FINANCIAL POSITION
AS OF DECEMBER 31, 1998 (Cont.)


	Note	<u>1998</u>	<u>1997</u>
FINANCED BY:			
Fixed Asset Fund	11	4,707,911	4,507,330
Fixed Asset Acquisition and Replacement Fund	12	146,726	279,287
Centre Endowment Funds	16	3,180,148	3,180,148
Reserve Fund	13	2,259,834	2,155,098
Operating Fund	14	(3,921,406)	(2,753,814)
TOTAL FUNDS	US\$	6,373,213	7,368,049
		=====	=====

THE ACCOMPANYING NOTES 1 TO 17 AND 20 TO 23 ARE AN INTEGRAL PART OF THIS STATEMENT



Interim Director
ICDDR, B


Member
Board of Trustees

This is the Statement of Financial Position referred to in our report of same date.


ACNABIN & Co.
Chartered Accountants

Dhaka, March 18, 1999


Price Waterhouse
Chartered Accountants

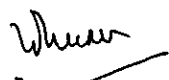
INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

STATEMENT OF ACTIVITY (OPERATING FUND)
FOR THE YEAR ENDED DECEMBER 31, 1998

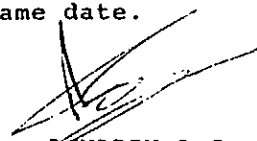
	Note	1998	1997
REVENUE			
Contributions	5	11,389,461	10,673,341
LESS: Transferred to Fixed Asset Fund to the extent of capital expenditure funded by Donors	11	<u>495,737</u> 10,893,724	<u>184,931</u> 10,488,410
Exchange gains (net)		240,454	230,986
Other receipts (net of expenditure \$142,735; 1997:\$198,673)		844,527	889,814
		<u>11,978,705</u>	<u>11,609,210</u>
EXPENDITURE			
Personnel salaries and benefits - local		5,707,686	6,477,867
Personnel salaries and benefits - international		2,614,888	2,750,372
Consultancy - local and international		114,073	133,162
Mandatory committee meetings	18	100,344	165,861
Travel		324,491	316,846
Supplies and materials		1,611,788	1,450,012
Repairs and maintenance		82,426	158,221
Rent, communication and utilities		479,956	492,342
Printing and publications		239,105	254,419
Other expenditure	19	1,521,580	1,219,824
		<u>12,796,337</u>	<u>13,418,926</u>
Deficit before depreciation		817,632	1,809,716
ADD: Provision for depreciation	3	<u>894,651</u>	<u>899,838</u>
DEFICIT FOR THE YEAR	US\$	<u>1,712,283</u>	<u>2,709,554</u>


THE ACCOMPANYING NOTES 1, 2, 5, 11, 18, 19, 22 AND 23 ARE AN INTEGRAL PART OF THIS STATEMENT


Interim Director
ICDDR, B


Member
Board of Trustees

This is the Statement of Activity (Operating Fund) referred to in our report of same date.


ACNABIN & Co.
Chartered Accountants


Price Waterhouse
Chartered Accountants

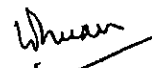
Dhaka, March 18, 1999

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

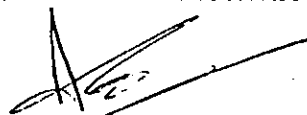
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 1998


	<u>1998</u>	<u>1997</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Deficit of revenues over expenses	(1,712,283)	(2,709,554)
Adjustments to reconcile net cash from operating activities		
Depreciation	894,651	899,838
Loss/(Profit) on disposal of fixed assets	40	458
Decrease/(Increase) in assets		
Accounts receivable		
Donors	367,440	(167,673)
Others	192,364	550,611
Inventories	(56,150)	(87,873)
Increase/(Decrease) in liabilities		
Donors' Contribution received in advance	322,496	1,465,334
Accounts payable	(390,754)	552,849
	(382,196)	503,990
Deferred Revenue Expenditure	(576,037)	-
Cash Surplus/(Deficit) from operating activities	(958,233)	503,990
CASH FLOWS FROM INVESTMENT ACTIVITIES		
Acquisition of fixed assets	(1,095,272)	(1,153,656)
Contribution to North American office	-	(100,000)
Interest on Reserve Fund deposits	104,736	106,390
Net cash from investment activities	(990,536)	(1,147,266)
CASH FLOWS FROM FINANCING ACTIVITIES		
Bank Overdraft	576,882	-
Donor capital fund contributions	612,711	540,096
Net cash from financing activities	1,189,593	540,096
Net Increase/(Decrease) in cash and equivalents	US\$ (759,176)	(103,180)
Cash and equivalents beginning of year	US\$ 3,625,581	3,728,761
Cash and equivalents end of year	US\$ 2,866,405	3,625,581


Interim Director
ICDDR, B


Member
Board of Trustees

This is the Statement of Cash Flows referred to in our report of same date.


ACNABIN & Co.
Chartered Accountants


Price Waterhouse
Chartered Accountants

Dhaka, March 18, 1999

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

NOTES TO THE FINANCIAL STATEMENTS
AS ON DECEMBER 31, 1998

1. NATURE OF ACTIVITIES

The International Centre for Diarrhoeal Disease Research, Bangladesh ("Centre") was established in 1978 by an Ordinance of the Government of The People's Republic of Bangladesh to provide for the establishment of an international centre in Bangladesh with multinational scientific collaboration and financial contributions to conduct research in diarrhoeal diseases and the directly related subjects of nutrition and fertility with special relevance to developing countries and for matters ancillary thereto. The activities of the Centre are mainly funded by various Governments and international organisations.

2. SIGNIFICANT ACCOUNTING POLICIES

- a) These financial statements have been prepared on a going concern basis, in accordance with generally accepted accounting principles on the historical cost convention and in the manner as prescribed and approved by the Board of Trustees.
- b) "Revenue" and "Expenditure" of the Centre for the year have been accounted for on an accrual basis.
- c) Other receipts mainly include interest, fees and charges for services provided to staff and third parties.
- d) Contributions have been considered as revenue on the following bases:
Central Funds have been accounted for to the extent they relate to the current period and those pertaining to future periods have been carried forward.

Project Funds received during the year but not expended have been carried forward as contributions received in advance. Correspondingly, amounts equal to the expenses incurred but not yet reimbursed by donors have been treated as contributions receivable. Project funds include overhead recoveries at the rate provided for in the various Donor agreements.

- e) Grants in kind by way of various services rendered by different Donors and those directly paid by Donor(s) to other organisation(s) and institution(s) for project/service work carried out by them on behalf of the Centre have not been considered in these accounts.
- f) Fixed assets acquired up to August 1981 have been brought to account at material cost only. Subsequent thereto incidental expenses such as labour, freight, insurance, etc. have also been taken into consideration in arriving at the cost of fixed assets. Fixed assets other than gifted motor vehicles, costing less than \$200 are expensed on acquisition. Depreciation on fixed assets has been charged on the "Straight Line" method based on the estimated useful life of such assets.



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PRICE WATERHOUSE

2. SIGNIFICANT ACCOUNTING POLICIES (Cont.)

g) Inventories are valued at invoice price plus incidental expenses such as labour, freight, insurance, etc. less, a provision to cover obsolete and slow moving items. Inventories issued at weighted average cost to Service Centres are expensed when issued and the stock of such items remaining unconsumed at the year end not being material is not included in the closing stock. However, closing inventories at Matlab Health Complex are accounted for.

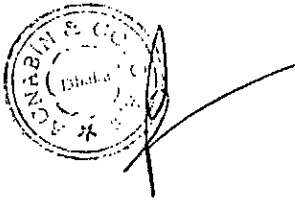
h) Currency conversion of non-US currencies to US Dollars:

Advances, liabilities and cash and bank balances are translated into US Dollars at the prevailing year end exchange rates.

All items other than those stated above are translated into US Dollars at the rates of exchange prevailing at the beginning of that month.

The exchange rates used for the currency conversion are calculated on the prevailing average of the buying and selling rates as published by centre's Bank are as follows:

Currency	Average monthly	Year end exchange rate	
	exchange rate	1998	1997
-----	-----	-----	-----
	1998	1998	1997
	Taka	Taka	Taka
US \$ 1.00	46.4225	48.3092	45.1475
UK £ 1.00	76.5984	80.9807	74.9900
ECU 1.00	-	50.9806	-



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PRICE WATERHOUSE

3. FIXED ASSETS

PARTICULARS	C O S T			D E P R E C I A T I O N			NET
	At January 1 1998	Additions/ (Disposals) in 1998	At December 31 1998	At January 1 1998	Additions/ (Disposals) in 1998	At December 31 1998	At December 31 1998
Freehold Land	85,508	-	85,508	-	-	-	85,508
Buildings	3,899,805	672,571	4,572,376	1,790,988	208,722	1,999,710	2,572,666
Equipment	8,117,112	408,952	8,526,064	6,706,505	535,549	7,242,054	1,284,010
Furniture	148,529	2,097	150,626	141,745	3,330	145,075	5,551
Vehicles	<u>957,631</u>	<u>100,030</u>	<u>1,057,661</u>	<u>769,169</u>	<u>106,648</u>	<u>875,817</u>	<u>181,844</u>
	13,208,585	1,183,650	14,392,235	9,408,407	854,249	10,262,656	4,129,579
Capital Work in progress	707,152	(128,820)	578,332	-	-	-	578,332
1998 US\$	<u>13,915,737</u>	<u>1,054,830</u>	<u>14,970,567</u>	<u>9,408,407</u>	<u>854,249</u>	<u>10,262,656</u>	<u>4,707,911</u>
1997 US\$	<u>12,905,277</u>	<u>1,010,460</u>	<u>13,915,737</u>	<u>8,651,307</u>	<u>757,100</u>	<u>9,408,407</u>	<u>4,507,330</u>
		(a)			(b)		

(a) External additions and disposals/write offs of fixed assets in the year comprised \$1,095,272 (1997: \$1,153,656) and \$40,442 (1997: \$143,196) respectively.

(b) External additions and disposals/write offs for depreciation in the year comprised \$ 894,651 (1997: \$899,838) and \$40,402 (1997: \$142,738) respectively.

Two plots of land admeasuring 4.10 and 0.51 acres situated at Mohakhali (Dhaka) and at Matlab (Chandpur), received as donations from the Government of the People's Republic of Bangladesh and a private individual respectively, have not been valued and therefore not incorporated in these accounts.

Cost-of-buildings includes an amount of \$103,488 spent by the Centre on the extension of the Institute of Public Health building, owned by the Government of the People's Republic of Bangladesh and which is at present partly accommodating the Centre.

No provision for depreciation on fixed assets has been made up to December 31, 1982.

4. INVENTORIES

	1998	1997
Supply stores	378,896	422,135
Maintenance stores	<u>94,554</u>	<u>111,575</u>
	473,450	533,710
Stores in transit	<u>166,766</u>	<u>50,356</u>
	640,216	584,066
Less: Provision for obsolete and slow moving stock	16,523	16,523
	<u>623,693</u>	<u>567,543</u>
	US\$	

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5. CONTRIBUTIONS

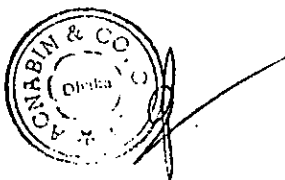
DONOR	1998					1997 Income
	(Due)/ Advanced at 1.1.98	Received during the Year	(Due)/ Advanced 31.12.98	Income for the Year		
Central Funds: (Unrestricted)						
Arab Gulf Fund	(200,000)	-	(200,000)	-	-	-
Australia - AusAID	-	206,830	-	206,830	254,004	254,004
Bangladesh	(110,500)	218,000	(103,500)	211,000	379,763	379,763
Belgium - BADC	-	-	(88,800)	88,800	165,233	165,233
Canada - CIDA	(10,786)	10,786	(143,057)	143,057	216,114	216,114
Saudi Arabia	(58,000)	-	(108,000)	50,000	58,048	58,048
Sweden - SIDA	-	320,850	-	320,850	313,764	313,764
Switzerland - SDC	311,819	324,330	324,330	311,819	341,994	341,994
United Kingdom - DfID	83,050	-	-	83,050	219,220	219,220
United States - AID	-	275,000	-	275,000	275,000	275,000
UNICEF	-	100,000	-	100,000	100,000	100,000
Others (b)	-	8,000	-	8,000	23,718	23,718
Total Central Funds (A)	US\$ 15,583	1,463,796	(319,027)	1,798,406	2,346,858	2,346,858
Project Funds: (Restricted)						
Bangladesh-WB & BINP	(26,488)	205,286	(45,668)	224,466	83,988	83,988
Belgium - BADC	260,047	-	112,411	147,636	133,183	133,183
European Union	(2,820)	45,554	(80,213)	122,947	89,807	89,807
Ford Foundation	1,425,610	-	1,092,624	332,986	361,493	361,493
Japan	-	580,000	-	580,000	680,000	680,000
Johns Hopkins University	940	103,026	24,263	79,703	54,456	54,456
Netherlands	13,770	26,390	-	40,160	157,464	157,464
Norway - NORAD	-	132,768	7,495	125,273	161,481	161,481
Sweden - Sida/SAREC	30,405	140,849	10,204	161,050	187,123	187,123
Switzerland - SDC	219,415	544,303	640,056	123,662	464,035	464,035
Swiss Red Cross	45,218	549,669	303,120	291,767	212,414	212,414
Thrasher Research Fund	(44,970)	75,181	(28,163)	58,374	73,029	73,029
United Kingdom - DfID	(69,363)	826,166	379,517	377,286	444,490	444,490
United States - AID etc.	(58,568)	5,286,777	(132,098)	5,360,307	4,541,879	4,541,879
United Nations - UNAIDS	-	127,650	32,798	94,852	-	-
UNDP/JAPAN	-	87,000	27,834	59,166	-	-
UNICEF	(16,136)	24,465	(4,578)	12,907	113,875	113,875
WHO	89,143	190,642	92,743	187,042	67,273	67,273
WORLD BANK	-	-	(184,835)	184,835	-	-
Disaster/Epidemic (c)	-	878,947	337,025	541,922	-	-
Others (b)	172,346	465,902	153,534	484,714	500,493	500,493
Total Project Funds (B)	US\$ 2,038,549	10,290,575	2,738,069	9,591,055	8,326,483	8,326,483
Total Contributions (A+B)	US\$ 2,054,132	11,754,371	2,419,042	11,389,461	10,673,341	10,673,341
(a)						
Fixed Asset Funds (Note 12)						
United Kingdom - DfID	(114,576)	-	-	(114,576)	144,715	144,715
Government of Bangladesh	(210,450)	442,000	-	231,550	210,450	210,450
Total Fixed Assets Funds	(325,026)	442,000	-	116,974	355,165	355,165

a) (Due)/advanced contributions comprise net of due \$1,118,917 (1997: \$1,161,331) and advanced \$3,537,959 (1997: \$3,215,463).

b) Contributions in 1998 from Others for project funds were received from Bangladesh-DGHS, George Mason Foundation, Helen Keller International, International Atomic Energy Centre, North Field Laboratories, Proctor & Gamble, New England Medical Centre, Rand Corporation, Wander Ag., SDC, Japan, Canadian High Commission, Population Council, Cytos Pharmaceutical Inc., Novartis, British Geological Survey, UNICEF, UCB/Sidac, USAID/FHI, Urban Family Health Partnership and Universities of Alabama, Pennsylvania, New Castle, Loughbourn and Virginia.

c) Contributions in 1998 for Disaster/Epidemic funds were received from USAID/CARE, CIDA, DfID, AusAID, American Express Bank, American Life Insurance Co., ANZ Grindlays Bank, Cairn Energy Plc., UNOCAL, Shell Bangladesh Exploration & Dev. B.V. and Occidental of Bangladesh Ltd.

During 1998 contributions in kind, for specific and general activities were received from Bangladesh, Belgium, Ford Foundation, Netherlands, UNICEF, USAID/OFDA and US Govt. Department of Defence.



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PRICE WATERHOUSE

6. ACCOUNTS RECEIVABLE - OTHERS	<u>1998</u>	<u>1997</u>
Advances to employees:		
Official	86,482	68,458
Investment loans	139,252	171,388
Rent and utilities	-	69,247
Others	<u>16,278</u>	<u>19,187</u>
	242,012	328,280
Operating advances to projects	29,570	23,300
Advances to suppliers and others	87,236	298,947
Deposits and other receivables	257,061	149,357
Current account with ICDDR,B		
Hospital Endowment Fund	-	8,359
	-----	-----
	US\$ 615,879	808,243
	=====	=====
 7. CASH AND BANK BALANCES		
Cash in hand	3,586	2,611
	-----	-----
Cash at banks:		
Taka Accounts		
American Express Bank Ltd., Dhaka		
Current account (convertible)	39,022	17,310
Current account	13,129	636
Agrani Bank, Dhaka		
Current account	20,827	140,732
Time deposit	724	4,310
Project bank accounts	<u>5,554</u>	<u>9,762</u>
	79,256	172,750
	-----	-----
US\$ Accounts		
American Express Bank Ltd., New York		
Current account	-	19,402
American Express Bank Ltd., Dhaka		
Current account (NORAD)	19,048	45,446
Current account	79,140	225,835
Current account (USAID-MCH/FP & ORP)	<u>324,280</u>	<u>634,601</u>
	422,468	925,284
	-----	-----
ECU Account		
American Express Bank Ltd., Dhaka		
Current account (European Union)	57,940	-
UK£ Account		
American Express Bank Ltd., London		
Current account	43,321	169,826
	-----	-----
	US\$ 606,571	1,270,471
	=====	=====
 8. DEPOSITS WITH BANK AGAINST RESERVE FUND		
American Express Bank Ltd., Dhaka		
Time deposit	2,254,000	2,346,000
Current account	5,834	9,110
	-----	-----
	US\$ 2,259,834	2,355,110
	=====	=====
This represents -		
Reserve Fund Investments	2,259,834	2,155,098
Operating Fund Investments	-	200,012
	-----	-----
	US\$ 2,259,834	2,355,110
	=====	=====




 PRICE WATERHOUSE

9. BANK OVER DRAFT

	<u>1998</u>	<u>1997</u>
US\$ Account		
American Express Bank Ltd., New York	576,882	-
	=====	=====

Secured by a lien on time deposits held with them on Reserve Fund Account.

10. ACCOUNTS PAYABLE - OTHER

Supplies and materials	193,385	221,457
Expenses and other	2,940,809	3,325,263
Security and other deposits	61,902	44,970
Current account with ICDDR,B		
Hospital Endowment Fund	4,840	-
	-----	-----
US\$	3,200,936	3,591,690
	=====	=====

11. FIXED ASSET FUND

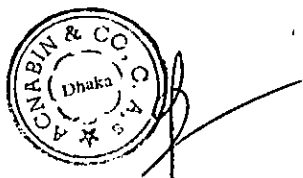
Balance as at January 1	4,507,330	4,253,970
Add: Capital expenditure funded by Donors	495,737	184,931
Fixed Assets Acquisition and Replacement Fund (Note 12)	599,535	968,725
	5,602,602	5,407,626
	-----	-----
Less: Transferred to Operating Fund (Note 14)		
Written down value of fixed assets sold/written off	40	458
Depreciation for the year	894,651	899,838
	-----	-----
US\$	4,707,911	4,507,330
	=====	=====

The fixed asset fund reflects contributions from Donors and Centre's expenditure for fixed assets and is equal to the net book value of fixed assets.

12. FIXED ASSET ACQUISITION AND REPLACEMENT FUND

Balance as at January 1	279,287	892,847
Add: Donor contribution (Note 5)	231,550	355,165
Transfer from Operating Fund (Note 14)	350,000	-
	860,837	1,248,012
	-----	-----
Less: Funds utilized for replacement of fixed assets (Note 11)	599,535	968,725
	-----	-----
Fixed Asset Fund Receivable written off (Note 5)	114,576	-
	-----	-----
US\$	146,726	279,287
	=====	=====

The fund was created to provide for the acquisition or replacement of fixed assets. It is the intention to build the fund up to an amount equal to the provision for depreciation by Donor contributions, by annual transfers from the Operating Fund and by income earned on investment of the fund.



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PRICE WATERHOUSE

	<u>1998</u>	<u>1997</u>
13. RESERVE FUND		
Balance as at January 1	2,155,098	2,148,708
Add: Net interest earned on deposits	<u>104,736</u>	<u>106,390</u>
	2,259,834	2,255,098
Less: Amount granted and thereafter written off to support the cost of North American office of the Centre	-	100,000
	-----	-----
	US\$ 2,259,834	2,155,098
	=====	=====

The fund was created to enable the Centre to attain better financial stability and to enable it to retain a satisfactory level of work in case of uneven flow of resources beyond its control. The fund comprises donations, transfers from operating account and income earned on investment of the fund.

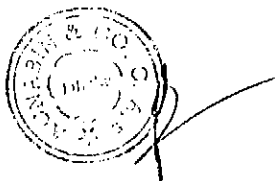
14. OPERATING FUND		
Balance as at January 1	(2,753,814)	(944,556)
Add: Deficit for the year	(1,712,283)	(2,709,554)
Transfer from Fixed Asset Fund (Note 11)		
Written down value of fixed assets sold/written off	40	458
Depreciation for the year	894,651	899,838
	-----	-----
	(3,571,406)	(2,753,814)
Less: Transferred to Fixed Asset Acquisition and Replacement Fund (Note 12)	(350,000)	-
	-----	-----
	US\$ (3,921,406)	(2,753,814)
	=====	=====

15. ICDDR,B HOSPITAL ENDOWMENT FUND	US\$ 4,046,791	3,964,912
	=====	=====

The ICDDR,B Hospital Endowment Fund was created to raise money through donations and other fund raising activities and to use the income earned on the investment of those funds for patient care in the Centre's hospitals. The Governors of the Fund are empowered to invest all such moneys and all investment income not immediately required for patient care in bank deposits, listed securities inside or outside Bangladesh and as subscriptions to limited companies which are about to be listed. This accumulated fund is not reflected in the books of account as it is not considered a part of the Centre's assets.

16. CENTRE ENDOWMENT FUNDS	US\$ 3,180,148	3,180,148
	=====	=====

The Fund was created to raise donations from Governments or their Agencies, Foundations, Corporations and Individuals. The income earned from the investment of those funds will be used in supporting new research initiatives and provide a stable financial base for the Centre's ongoing activities. The investment of funds is monitored by the Centre Fund Finance Committee. Included in those funds are USAID contribution of \$1,000,000 (market value as at December 31, 1998 \$1,237,962 (1997: \$1,182,226)). The total market value of the Funds as at December 31, 1998 was \$3,613,303 (1997: \$3,501,302)).



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17. EMPLOYEES RETIREMENT FUNDS

The Centre operates a retirement fund called "ICDDR,B Employees Separation Payment Fund" for all National employees under an agreement with the Generali Group of UK. During the year the Centre and staff members contributed 14.8% and 7.4% of the base pay respectively to the fund. The amounts so accumulated were remitted, net of employee settlements, to Generali Group on a quarterly basis by the Centre. The Generali Group is empowered to invest the fund available with them as considered profitable by them and at the end of each calendar year the profits earned from these investments are distributed among the staff members' accounts.

This accumulated fund which at December 31, 1998 was estimated at \$8,402,021 (1997: \$9,805,565) is not reflected in the books of account as it is not considered a part of the Centre's assets.

The Centre operates and manages a fund called "ICDDR,B Severance Pay Fund" for Community Health Workers since July 1, 1987. The balance of this fund is \$98,532 (1997: \$97,508).

18. MANDATORY COMMITTEE MEETINGS

The expenses include an amount of \$12,431 (1997: \$16,174) paid as honorarium to the members of the Board of Trustees.

19. OTHER EXPENDITURE

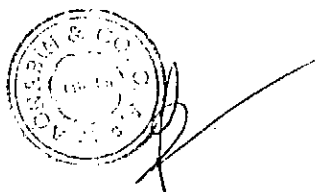
	<u>1998</u>	<u>1997</u>
Training and dissemination	312,185	298,683
Staff development and training	154,872	131,906
Contractual services	227,381	96,923
Other services	617,940	495,629
Hospital patient food	114,747	105,058
Other items	94,455	91,625
	-----	-----
	US\$ 1,521,580	1,219,824
	=====	=====

20. ACCOUNTS RECEIVABLE - DONORS

The Arab Gulf Fund provides support to ICDDR,B through United Nations Development Programme (UNDP) under agreements signed by Arab Gulf Fund and UNDP. Funding support of \$200,000 (\$100,000 for 1995 and \$100,000 for 1996) was approved by Arab Gulf Fund in 1997. These funds have not been received, however through correspondence and follow-up to date, management feels that this amount will be realized.

21. DEFERRED REVENUE EXPENDITURE

In June 1998 the Board of Trustees approved a Voluntary Severance Package for the Centre Staff. During 1998, \$576,037 was paid to 90 staff members who opted for this program. This amount will be charged to operations at \$288,018 per year for the next two years as an offset against salary savings resulting from this program.




 PRICE WATERHOUSE

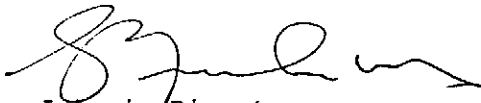
22. YEAR 2000 COMPLIANCE

Centre management is of the opinion that the problem of Y2K will not vitiate the assumption of going concern in view of the plan to make the Centre Y2K compliant drawn up by the management. During the ongoing implementation of the plan (expected to be completed by June 1999), management has not yet come across any adverse features which may have any material effect on the financial statements. Management feels that any additional expenditures required to make the Centre Y2K compliant will be negligible.

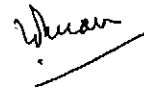
23. GENERAL

The previous year's figures have been rearranged and regrouped, wherever considered necessary, to conform to the current year's presentation.

Figures appearing in these Financial Statements have been rounded off to the nearest US dollar.



Interim Director
ICDDR, B



Member
Board of Trustees




PRICE WATERHOUSE

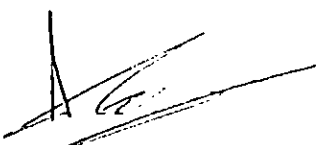
AUDITORS' REPORT

TO THE BOARD OF GOVERNORS OF ICDDR,B HOSPITAL ENDOWMENT FUND

We have audited the accompanying Statement of Financial Position of ICDDR,B HOSPITAL ENDOWMENT FUND as of December 31, 1998. The preparation of this Statement of Financial Position is the responsibility of the Fund Management. Our responsibility is to express an opinion on this Statement of Financial Position based on our audit.


We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance as to whether the Statement of Financial Position is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement of Financial Position. An audit also includes assessing the accounting principles used and significant estimates made by the management, as well as evaluating the overall financial presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, and to the best of our information and according to the explanations given to us, the Statement of Financial Position referred to above, together with the notes thereon and subject to indication regarding decline in the value of Investments on Note 3, presents fairly, in all material respects, the financial position of ICDDR,B Hospital Endowment Fund as of December 31, 1998 in conformity with the accounting policies disclosed in Note 2.



ACNABIN & CO.
Chartered Accountants

Dhaka, March 18, 1999



Price Waterhouse
Price Waterhouse
Chartered Accountants

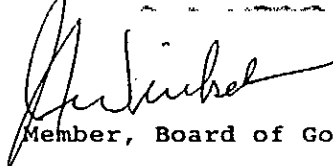
ICDDR,B HOSPITAL ENDOWMENT FUND

STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 1998


	Note	<u>1998</u>	<u>1997</u>
INVESTMENTS AT COST:			
Shares and Debentures	3	388,372	414,638
Overseas Investment with Morgan Stanley & Co. Incorporated	4	2,000,000	2,000,000
CURRENT ASSETS:			
Cash on Deposit and at Bank	5	1,653,579	1,550,274
CURRENT ACCOUNT WITH ICDDR,B		<u>4,840</u>	<u>-</u>
	US\$	<u>4,046,791</u>	<u>3,964,912</u>
		=====	=====
REPRESENTED BY:			
INVESTMENT CAPITAL ACCOUNT	6	4,034,161	3,933,874
INVESTMENT INCOME ACCOUNT	7	12,630	22,679
CURRENT ACCOUNT WITH ICDDR,B		<u>-</u>	<u>8,359</u>
	US\$	<u>4,046,791</u>	<u>3,964,912</u>
		=====	=====


THE ATTACHED NOTES 1 TO 8 CONSTITUTE AN INTEGRAL PART OF THIS STATEMENT OF FINANCIAL POSITION.


Member, Board of Governors


Member, Board of Governors

This is the Statement of Financial Position referred to in our report of same date.


ACPABIN & Co.
Chartered Accountants


Price Waterhouse
Chartered Accountants

Dhaka, March 18, 1999

ICDDR,B HOSPITAL ENDOWMENT FUND

NOTES TO THE STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 1998

1. NATURE OF ACTIVITIES

The ICDDR,B Hospital Endowment Fund (here-in-after referred to as the "Fund") was established on June 6, 1991 by a resolution of the Board of Trustees of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) to be a permanent resource which will generate a stream of income from the invested capital of the Fund to complement other sources of income for running the operations of ICDDR,B's hospitals in Dhaka and Matlab.

2. SIGNIFICANT ACCOUNTING POLICIES

- a) This Statement of Financial Position has been prepared on a going concern basis and in accordance with generally accepted accounting principles on the historical cost convention.
- b) The Statement of Financial Position of the Fund has been prepared in the manner as prescribed and approved by the Board of Governors.
- c) The Governors of the Fund are empowered to invest all capital and all investment income not immediately required for running the operations of ICDDR,B hospitals in bank deposits, publicly listed securities inside and outside Bangladesh and subscriptions to limited companies which are about to be listed.
- d) Income of the Fund for the year has been accounted for on the cash receipt basis.
- e) Investments are carried at cost.
- f) Currency conversion of non-US currencies to US dollars:

All advances, liabilities, investments and bank balances are translated into US dollars at the prevailing year end exchange rate.

All items other than those stated above are translated into US dollars at the rate of exchange prevailing at the beginning of that month.


PRICE WATERHOUSE

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

The exchange rates used for the currency conversion, are calculated on the prevailing average of the buying and selling rates as published by the centre's Bank and are as follows:

Currency	Average monthly exchange rates	Year end exchange rate	
	1998 Taka	1998 Taka	1997 Taka
US \$ 1.00	46.4225	48.3092	45.1475

- g) To protect the capital of the Fund an amount equal to the approximate rate of inflation is transferred annually from the Investment Income Account to the Inflation Reserve on December 31 and is based on the investment and cash asset currency mix on January 1 of the same year. The inflation for 1998 was estimated at 1.5% for US dollars assets and 3.7% for Bangladesh taka assets.
- h) In any one year 50% of the net realized Capital Profits, after providing for the real Capital of the Funds may be disbursed to ICDDR,B Hospital budget. However, the total disbursement amount shall not exceed seven and one half percent of the value of the Fund at the beginning of the year. The balance of the net realized Capital Profits will accrue to the Investment Capital Account under Profit on Sale of Investments.

3. INVESTMENTS AT COST

	1998	1997
Quoted on the Dhaka Stock Exchange		
Shares	357,835	381,925
Debentures	<u>30,537</u>	<u>32,713</u>
	US\$ 388,372	414,638
	=====	=====

(Market Value of Quoted Investments as of December 31, 1998 \$256,840; 1997 \$345,494)

Note: Decline in the value of Investments of \$131,532 has not been accounted for as, according to Management, this is not considered to be permanent short fall.

4. OVERSEAS INVESTMENT

WITH MORGAN STANLEY & Co. INCORPORATED, USA	US\$ 2,000,000	2,000,000
	=====	=====

(Market Value of investment portfolio as at December 31, 1998 \$2,256,279; 1997 \$2,158,563)



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PRICE WATERHOUSE

5. CASH ON DEPOSIT AND AT BANK

	<u>1998</u>	<u>1997</u>
Cash on deposit		
Taka Account		
Agrani Bank, Dhaka	67,275	36,465
US\$ Accounts		
American Express Bank Ltd., Singapore	1,521,958	1,442,848
American Express Bank Ltd., Dhaka	50,000	50,000
Cash at Banks:		
Taka Accounts		
Agrani Bank, Dhaka - Savings Account	1,856	13,189
American Express Bank Ltd., Dhaka/ -Current Account (Convertible)	813	897
US\$ Account		
American Express Bank Ltd., Dhaka -Current Account	11,677	6,875
	US\$ <u>1,653,579</u>	<u>1,550,274</u>
	=====	=====

6. INVESTMENT CAPITAL ACCOUNT

DONATIONS		
Balance as at January 1	3,323,773	3,228,820
Donations received	<u>26,968</u>	<u>94,953</u>
Balance as at December 31	<u>3,350,741</u>	<u>3,323,773</u>
FUND RAISING ACTIVITIES		
Balance as at January 1	39,090	33,512
Net Funds raised	<u>3,611</u>	<u>5,578</u>
Balance as at December 31	<u>42,701</u>	<u>39,090</u>
INFLATION RESERVE - DOLLAR		
Balance as at January 1	234,588	162,425
Transfer from Investment Income Account	<u>52,496</u>	<u>72,163</u>
Balance as at December 31	<u>287,084</u>	<u>234,588</u>
INFLATION RESERVE - TAKA		
Balance as at January 1	82,961	56,838
Transfer from Investment Income Account	<u>17,212</u>	<u>26,123</u>
Balance as at December 31	<u>100,173</u>	<u>82,961</u>
PROFIT ON SALE OF INVESTMENTS	<u>253,462</u>	<u>253,462</u>
	US\$ <u>4,034,161</u>	<u>3,933,874</u>
	=====	=====



PRICE WATERHOUSE

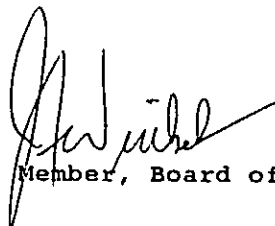
7. INVESTMENT INCOME ACCOUNT	<u>1998</u>	<u>1997</u>
Balance as at January 1	22,679	58,885
Add Investment Income		
Bank Interest	80,938	86,233
Debenture Interest	4,437	4,772
Dividend	<u>3,253</u>	<u>2,662</u>
	<u>111,307</u>	<u>152,552</u>
Less: Exchange Loss	28,969	31,587
Transfer to		
Inflation Reserve - Dollar	52,496	72,163
Inflation Reserve - Taka	<u>17,212</u>	<u>26,123</u>
	<u>98,677</u>	<u>129,873</u>
Balance as at December 31	US\$ 12,630 =====	22,679 =====

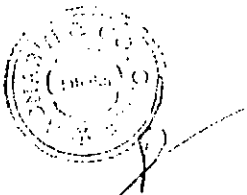
8. OTHERS

The Statement of Financial Position has been prepared using figures extracted from ICDDR,B books of account in which the transactions of the Fund are incorporated.

Figures appearing in the Statement of Financial Position have been rounded off to the nearest US dollar.


Member, Board of Governors


Member, Board of Governors




PRICE WATERHOUSE

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

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	<u>(767,000)</u>	(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	<u>30,000</u>	<u>1,102,000</u>

Net Decrease in Contributions (687,000)

(Decrease)/Increase in Overheads

DIID (now restricted funding)	(216,000)	
Japan	(24,000)	
Norway	(20,000)	
SDC	(70,000)	
USAID	(142,000)	
Other	<u>36,000</u>	<u>(436,000)</u>

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	<u>(30,000)</u>	<u>(277,000)</u>

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.

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

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 <u>BUDGET</u>	1998 <u>FORECAST</u>	DIFF. <u>INC./DEC.)</u>
Restricted			
Projects/Programs	9,022,000	7,908,000	1,114,000
Fixed Assets	<u>1,039,000</u>	<u>535,000</u>	<u>504,000</u>
	10,061,000	8,443,000	1,618,000
Project Overhead	<u>1,502,000</u>	<u>1,176,000</u>	<u>326,000</u>
Total Restricted	11,563,000	9,619,000	1,944,000
Unrestricted	<u>1,772,000</u>	<u>1,764,000</u>	<u>8,000</u>
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	<u>118,000</u>	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	<u>(16,000)</u>	<u>(982,000)</u>

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	<u>12,000</u>	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 <u>BUDGET</u>	1998 <u>FORECAST</u>	DIFF. <u>INC./DEC.</u>
Restricted			
Projects/Programs	9,022,000	7,908,000	1,114,000
Fixed Assets	<u>1,039,000</u>	<u>535,000</u>	<u>504,000</u>
Total Restricted	10,061,000	8,443,000	1,618,000
Unrestricted			
Programs	2,761,000	2,957,000	(196,000)
Management	<u>1,543,000</u>	<u>1,594,000</u>	<u>(51,000)</u>
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 outsourcing 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 AND ALLOWANCES

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	<u>1,520,000</u>
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	<u>17,600</u>
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	<u>699,000</u>
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	<u>102,000</u>
Total	\$ 309,000 =====

Implementation to 95% of UN scales would cost:

Salaries	131,300
Allowances	<u>60,000</u>
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	<u>7,200</u>
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 million in 1999. The cumulative deficit at the end of 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.

	<u>Capital Investment</u>	<u>Market Value Dec. 31, 1997</u>	<u>Market Value Sept. 30, 1998</u>	<u>Market Value INC./(DEC.)</u>
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	<u>950,998</u>	<u>1,541,915</u>	<u>1,618,583</u>	<u>76,668</u>
	<u>3,362,863</u>	<u>4,045,972</u>	<u>3,961,585</u>	<u>(84,387)</u>

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.

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

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	<u>2,706</u>
Sub Total	718,052
Information Technology Upgrade	<u>123,241</u>
Total	\$ <u>841,293</u>

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	<u>231,550</u>
	510,837
Less: Expenditure up to September 1998	<u>841,293</u>
Deficit as at September 30, 1998	\$ <u>(330,456)</u>

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/BOI/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**

8/BT/JUNE 99

**RESOLUTIONS/RECOMMENDATIONS
FROM THE PROGRAMME COMMITTEE**

EXECUTIVE SESSION

Agenda 8

**Resolutions/Recommendations from the Programme
Committee**

Draft
April 21, 1999

**PROGRAMME COMMITTEE MEETING
SUNDAY, JUNE 6, 1999**

**PROGRAMME
(Open)**

8.30 a.m. – 9.30 a.m.	Centre's Response to HPED Review
9.30 a.m. – 9.45 a.m.	CSD Review – November 1999
	LSD Review – June 2000
9.45 a.m. – 10.00 a.m.	Tea/Coffee

Programme Committee

Sunday 6 June

HPED Review Response

Response to the 1998 External Scientific Review of the Health and Population Extension Division (HPED)

1. Introduction

We found the review to be quite constructive and overall positive about the Division's activities. It compliments the HPED "in 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 ICPD."

The review team referred to the many strengths of HPED (particularly ORP), including: (a) close links with the GoB at all stages of research and the development of common goals and targets, monitoring approaches, indicators, tools, etc.; (b) strong leadership, committed staff, awareness of issues, flexibility and responsiveness to programme needs as they arise; (c) operationalization and GoB evaluation of ICPD recommendations, working hand in hand with all sectors, including NGOs and the private sector; (d) capacity building in the field itself through training and involvement of local health personnel in project sites in conducting, analyzing and disseminating research, thereby building sustainability and commitment to quality of care; (e) appreciation by the donors of the contribution of ORP, particularly the direct use made of research results by the GoB and NGOs; and (f) success in securing external funds. The review team points out several areas of concern, however. Our response to each area of concern is given below.

2. Areas of Concern

2.1. Structural

The review notes "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."

Further, in its recommendation section, the review team notes "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."

HPED Response

The review team acknowledges the role of ORP in improving the practical application of its research findings in strengthening the national health and population programme. The EHP

and ECPP also work with the national programme. The results of EHP's basic and applied research have contributed to the development of environmental health related policies and programmes of the government and NGOs. Investigations conducted by ECPP assisted the GoB health services to understand the distribution and magnitude of cholera epidemics in Bangladesh. This has contributed to the development of response mechanism at community level and at central level. The monitoring of the antibiotic sensitivity and resistance patterns of *V. cholerae* by ECPP assists the health services to formulate uniform and effective use of drugs against cholera infection. Cholera surveillance conducted by ECPP at five sentinel sites provides early warning for impending cholera epidemic and assists the health service to respond to the epidemics. ECPP assisted in the training of 1,711 GoB staff in the management of diarrhoeal epidemics.

Management at the Centre agrees and recognizes the need for some reorganization in HPED and PHSD to minimize overlap and duplication, with the aim to improve the efficiency of their programmes. The Centre as a whole is currently engaged in a restructuring process which includes examination of division structure and composition.

2.2. Publications

The review team notes "the number of peer reviewed publications in HPED is at the lower end – but within the range of the output of other similar organizations (e.g., London School of Hygiene and Tropical Medicine, U.K.; University of Montreal, Canada; TDR/WHO). 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 to assist in the publication area. This may be a positive suggestion."

HPED Response

The HPED appreciates the identification of these various issues as well as constraints related to publications by the Division. The Division attaches high priority to its publications. In addition to peer-reviewed journal articles, the Division's publications include other useful research outputs such as externally reviewed working papers, review reports, manuals and protocols, workshop proceedings, and special publications. Given the nature of work and the demands of the partner organizations, peer-reviewed journal articles receive less attention from the scientific staff. However, staff are being increasingly encouraged to produce journal articles. The overall position of the Division, regarding publications, especially peer-reviewed journal articles, has improved since the review was undertaken (Appendix Table 1).

Regarding the appointment of a senior scientist to assist in the publication area, the decision is under consideration of the Centre management.

2.3. Collaboration and overlap among programmes

The review team notes "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."

The review further notes "while there is evidence of collaborative international activities at an individual level and ICDDR,B's laboratory areas are used as 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."

In the recommendation section, the team notes "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 collection in both HPED and PHSD; and (3) in the area of health economics (e.g., costing studies in ORP and expenditure surveys in PHSD). Multidisciplinary and applied research needs to be strongly encouraged, with teams organized within the Divisions on a thematic basis rather than by discipline. Better use of existing data needs to be made"

HPED Response

The issue of interdivisional collaboration has received increasing attention over the past few years from all of the scientific divisions of the Centre. As far as HPED is concerned, in addition to outside collaboration, many examples exist of cooperative efforts with other divisions of the Centre. Over the past year, HPED has intensified collaborative activities with CSD, LSD and PHSD (e.g., comparative data analysis of Matlab DSS and ORP's surveillance system, CSD's zinc pregnancy study, OR component of Bangladesh Integrated Nutrition Project (BINP) coordinated by CSD; ORP-LSD collaborative studies on RTI/STD syndromic management validation, antenatal screening for syphilis, and vitamin A deficiency in pregnant women). Such collaborative effort requires extra investments of time, especially by senior staff, to ensure cross-programme interaction.

Regarding international visibility, the Division collaborates with a number of universities such as Australian National University, Johns Hopkins University, London School of Hygiene and Tropical Medicine, Loughborough University and Basel University as well as with a number of research organizations such as Population Council and Pathfinder International.

Discussions are currently at the final stage of signing an Memorandum of Understanding (MOU) to develop linkages with 14 countries in the region through Partners in Population and Development (PPD). The resulting network will allow ORP to collaborate with the PPD member countries with regard to ongoing studies in areas including maternal health, health financing, and MIS. Discussion is also underway with PHSD to involve ORP in the Unmet Obstetric Network (UON). ORP is actively contacting universities and research institutions, both within Bangladesh and outside, with the aim of establishing links. Such collaboration has already been finalized with Abt Associates of USA and is under discussion with the Institute of Health Economics of Dhaka University. Also, ORP has been made the joint convenor of the National Technical Committee on Financial Sustainability of Health and Population Programme which comprises the Health Economics Unit of Ministry of Health and Family Welfare, Government of Bangladesh, ORP, Institute of Health Economics, Dhaka University, USAID, World Bank and DfID.

The above initiatives are expected to enable a more thorough analysis and dissemination of existing data and greater sharing of experiences in related fields. This opportunity will be further explored during the IUSSP-ORP Conference on Family Planning Programmes in the 21st century to be held at ICDDR,B, January 17-20, 2000, where over 60 internationally reputable population scientists are expected to attend. Of the 55 papers accepted for presentation at the conference, 17 are from ORP.

We fully agree with the review team's recommendation that multidisciplinary and applied research needs to be encouraged, with the research team organised within the Divisions on a thematic basis rather than by discipline. It is for information that ORP is organized in a similar way on broad themes, for example, Management Improvement, Quality of Care, and Health Financing and Sustainability. Each of these teams has multidisciplinary skills. However, the 1998-99 workforce plan of ORP has addressed the issue of further diversification of the team composition with multidisciplinary skills, in line with the relevant recommendation made by the review team to recruit more researchers with training in social sciences.

2.4. Priority setting for research

The review report notes "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."

The review, further, notes "In HPED, priority setting is driven mainly by needs outside the Centre. Projects building on research from elsewhere in the Centre have been relatively few. Priority setting needs to emerge from both directions. ORP is itself a large project driven by practical needs and well defined users and funded by a single donor. Its priorities are established in a broad partnership with the GoB, donor and NGO partners. This close collaboration has made the ORP project relevant and responsive. The reviewers recommended that, in future, HPED should attempt to identify additional priorities with a similar practical and problem-solving approach, based on priorities emanating from research within the Centre as well as from outside, in order to diversify and increase both funding and the internal consistency of the Centre's research agenda as a whole."

HPED Response

We agree that while high quality data are being collected, the analysis and use of the data for research purposes have not reached desired levels. Even the review team noted that the demanding and often stressful working environment – in which it is essential that the staff respond to many different bodies on an almost day-to-day basis – makes it difficult for the research staff to devote an adequate amount of time for data analysis. Nevertheless, research output has been considerably increasing during the past years. However, we believe that this is an area which requires further improvement, and we have already mentioned some of the steps being undertaken in this regard.

Priority setting has largely been determined by the needs of the national health and population programme, which is currently in the process of strengthening its focus to materialise the ICPD Programme of Action. As the review team itself noted, ORP is driven by practical needs and well-defined users, and its priorities are established in a broad partnership with the GoB, the donor and its NGO partners, thereby making the Project relevant and responsive. It may further be noted that ORP's research priorities are in conformity with the ICPD Agenda and the Centre's Strategic Plan.

We agree with the reviewers' recommendation that in the future the HPED should identify additional priorities based on findings emanating from research within the Centre. For example, ORP has already started collaborating with the Nutrition Working Group, and additional important areas of collaborative research have been identified and planned.

2.5. Review process

In this regard, "The review team welcomed ICDDR,B's recent decision to require all ORP projects to undergo both research and ethical review. It understands, however, 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 the donors, the Government and the 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."

HPED Response

Although it was not mandatory for the research proposals of ORP and its predecessor MCH-FP Extension Projects (Rural and Urban) to undergo these reviews, ORP proposed to the Centre management that all ORP proposals should go through RRC and ERC. Accordingly, all ORP proposals are now being reviewed by RRC and ERC.

We are pleased to report that ORP has received timely review of its proposals from RRC and ERC. ORP proposals contain sections on relevance to the ICPD Programme of Action as well as those of the national programme.

2.6. Quality of research

The review team mentions "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." Also, in its recommendation section, the team noted: "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."

HPED Response

The report that was presented to the review team contained only the major interventions and the key findings and lessons learned. Various other interventions, considered of less relevance, were not mentioned in the report. The findings shared with the review team were based on data from the Project's longitudinal surveillance system. Because most of the interventions during the reporting period were of two or three years' duration, intervention-specific long-term impact evaluations had not been carried out. However, long-term impacts in terms of various health and population indicators are being analyzed, using longitudinal surveillance data. Already, 10 such studies have been carried out and results published. Nevertheless, more long-term impact evaluations, using longitudinal data, are now being planned.

While some unsuccessful interventions were shared with the review team and there are Project reports documenting these, the Project agrees with the reviewers' recommendation that examples of unsuccessful interventions can serve as equally valuable lessons and prevent pitfalls in future programmes and research.

2.7. Capacity building

The review team reports that "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 on social science and operational research areas. Ways of dealing with this problem need to be explored." Further, in its recommendation section, the team notes: "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."

HPED Response

The HPED appreciates the review team's comments and recommendations in this important area. The Centre's management is aware of these concerns, and it is assessing ways to address

them. In this connection, a committee is currently reviewing promotion criteria to address this issue across the Centre.

2.8. EHP-related issues

The review team notes "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.... 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 contaminations 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."

In its recommendation section, the review team notes "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 continue to 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."

HPED Response

The review team expressed a number of concerns, and put forward two recommendations. The Environmental Health Working Group (with cross-division representation) has been working to sharpen the focus of the Centre's environmental health research agenda as well as to identify areas for potential collaboration and joint research activities within the Centre. It has drafted a bibliography on environmental health activities at the Centre, and is also expected to identify its priorities based on the Centre's relative advantages and scientific needs. The Centre will then approach the GoB and various donors for funding.

Scientists of EHP and ORP are developing a study on clinical waste management in selected ORP field sites. Possible collaboration in linking environmental health and child and mother health issues is also under consideration.

The EHP is continuing its work on arsenic mitigation. The results of the study regarding the development of water supply options in arsenic-affected areas are being shared with the GoB, NGOs, and other agencies. Encouraging comments have been received from UNICEF and

WHO (Geneva) for possible collaborative studies. Also, EHP and PHSD are discussing a study on arsenic issues in Matlab as a potential collaborative effort with The Australian National University. However, future work on arsenic is an area where further evaluation is needed to determine the appropriate role of EHP within the Centre. HPED seeks guidance from the BoT as to how much we should be involved on arsenic-related issues.

3. Conclusions

The 1998 External Review of the HPED concluded with some important observations that are pertinent not only for HPED, but for the Centre as a whole. "ICDDR,B is both a national and 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." We understand that HPED was referred to as one of the Divisions at the Centre that falls under the above category of operational groups. We agree with the spirit of the conclusions. We strongly believe that HPED, with its exceptional expertise in operations research, has the potential of firmly positioning itself in the international arena. Mention has been made of the steps already taken in the area of international collaboration. We also attach greater importance to the sharing of research findings through publications in international journals and presentations at various international fora. We are also strengthening and expanding our collaborations with various national and international institutions. Taking up an enhanced international role by HPED would require some modifications in its existing mandate. We feel that this would be gradually possible without, however, compromising the current priorities and mandate of HPED.

Appendix Table 1

HPED Scientific Publications

	HPED		Other Similar Groups ³
	1998 BoT review assessments ¹	Present assessments ²	
% of peer reviewed journal articles in total output	20	43	12-52
Average output/year/scientist ⁴	2	1.6	0.7 – 4
Average number of peer reviewed journal articles/year/scientist	0.2	0.7	0.3-2.1

¹ *BoT review assessments are the averages based on the publications made during January 1995 – June 1998*

² *The present reporting period covers July 1998 to June 1999 (Total publications = 51; 40 have already been published till April 1999 and 11 are forthcoming. Out of the 51 publications, 22 are articles published/in-press in peer-reviewed journals)*

³ *e.g., LSHTM, TDR/WHO, University of Montreal*

⁴ *Includes 30 ORP scientists and one scientist each from ECPP and EHP*

Programme Committee

o

Sunday 6 June

HPED External Review Report

**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.

CSD Review – November 1999

LSD Review – June 2000

14-3-99

BT/June 99

DATES FOR 1999 and 2000 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 1999 and 2000 is as follows:

The Programme Review of CSD has been deferred until November 1999.
The Programme Review of LSD would then be deferred to June 2000.

It was agreed to add one extra day at the end of the June 1999 meeting. However, since the Guidance Team meeting was deferred to June instead of April, 1999, an extra day was added at the beginning of the meeting to enable the Guidance Team to meet.

BOARD OF TRUSTEES MEETING – JUNE 1999

Thursday, June 3	- Guidance Team members arrive
Friday, June 4	Meeting of the Guidance Team
Saturday, June 5	Personnel & Selection & Finance Committee Meetings
Sunday, June 6	Programme Committee & Special Full Board Meeting (To discuss Guidance Team report)
Monday, June 7	Executive Session of the Full Board and DSG Meetings

Programme Committee Review of CSD – November 1999

Tuesday 2 November	Reviewers arrive
Wednesday 3 November to Friday 5 November	Review of Clinical Sciences Division and report writing.

BOARD OF TRUSTEES MEETING –NOVEMBER 1999

Tuesday 5 November	Trustees arrive in Dhaka
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 Donor's Support Group Meeting

Programme Review of LSD – June 2000

Tuesday 30 May	Reviewers arrive
Wednesday 31 May – June 2	Review of LSD and Report Writing

BOARD OF TRUSTEES MEETING – JUNE 2000

Friday 2 June	Trustees arrive
Saturday 3 June	Personnel & Selection Committee And Finance Committee Meetings
Sunday 4 June	Programme Committee Meetings
Monday 5 June	Executive Session of the Full Board Donor Support Group Meeting

ACTION REQUIRED

1. **Confirm dates of Programme Committee Review of the Clinical Sciences and Laboratory Sciences Division in November 1999 and June 2000 respectively.**
2. **Confirm dates of the BOT meetings in November 1999 and June 2000**
3. **Suggest possible members of the Review Team for the CSD External Review.**

2000

January

Wk	S	M	T	W	T	F	S
52							1
01	2	3	4	5	6	7	8
02	9	10	11	12	13	14	15
03	16	17	18	19	20	21	22
04	23	24	25	26	27	28	29
05	30	31					

February

Wk	S	M	T	W	T	F	S
05				1	2	3	4
06	6	7	8	9	10	11	12
07	13	14	15	16	17	18	19
08	20	21	22	23	24	25	26
09	27	28	29				

March

Wk	S	M	T	W	T	F	S
09				1	2	3	4
10	5	6	7	8	9	10	11
11	12	13	14	15	16	17	18
12	19	20	21	22	23	24	25
13	26	27	28	29	30	31	

April

Wk	S	M	T	W	T	F	S
13							1
14	2	3	4	5	6	7	8
15	9	10	11	12	13	14	15
16	16	17	18	19	20	21	22
17	23	24	25	26	27	28	29
18	30						

May

Wk	S	M	T	W	T	F	S
18		1	2	3	4	5	6
19	7	8	9	10	11	12	13
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June

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23	4	5	6	7	8	9	10
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July

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27	2	3	4	5	6	7	8
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August

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35	27	28	29	30	31		

September

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37	10	11	12	13	14	15	16
38	17	18	19	20	21	22	23
39	24	25	26	27	28	29	30

October

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43	22	23	24	25	26	27	28
44	29	30	31				

November

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48	26	27	28	29	30		

December

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2001

January

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February

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March

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April

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July

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August

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September

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October

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44	29	30	31				

November

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December

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9/BT/JUNE 99

**RESOLUTIONS FROM THE GUIDANCE
TEAM (REORGANIZATION PLAN)**

EXECUTIVE SESSION

Agenda 9

**Resolutions from the Guidance Team
(Reorganization Plan)**

10/BT/JUNE 99

**REPORT FROM
STAFF WELFARE ASSOCIATION**

EXECUTIVE SESSION

Agenda 10

Actions on Report from SWA

SWA Representations to the Board of Trustees' Meeting : June 1999

**G.H. Rabbani, MD, PHD, FACG
President, SWA**

On behalf of the members of the Staff Welfare Association, I am pleased for being given the opportunity to present this representation to the members of the Board of Trustees, the Interim Director, and the Director Designate Prof. David Sack.

I would like to thank the Interim Director and the management for arranging this meeting with the BOT members so that the SWA representatives can directly interact and express their views with the Board for better understanding and co-operation.

We would like to draw the kind attention of the Board to the following issues:

1. **Appointment of Prof. David Sack, MD as the Director Designate:** The SWA representatives, on behalf of the SWA, heartily welcome the Board's decision to appoint Prof. David Sack as the Director Designate of the Centre. We look forward to working with Prof. Sack.
2. **Implementation of the UN Pay Scale:** For more than fifteen years, there has been a wide gap in the salary structure between the Centre's staff and the UN pay scale as stipulated in the ICDDR,B Ordinance of 1979. This issue has been repeatedly brought to the attention of the Board members at each Board meeting. Unfortunately, a plan to resolve this issue has not been developed and the gap is widening which would eventually be beyond repair. A significant proportion of the Centre's staff are locals, whose sincere contribution has brought the Centre world-wide recognition as a "Centre of scientific excellence". The local staff have achieved scientific credibility through academic exercises, developing research topics and through publications of research findings that are comparable to international standards. Nevertheless, their salary remains far below the comparable level.

The salary of international positions has been upgraded to the prescribed UN level at regular intervals. Whereas, that of the NO and GS positions have never been upgraded to reach the recommended levels. In the last Board meeting in November 1998, the management was reported a current salary gap of 30-50% and 20%-30% for the centre's NO and GS level staff respectively in comparison to the UN pay scale. This tends to reflect an impression of inequity, disregard to the Centre's charter, and failure to appreciate the value of available human resources.

We understand that the Centre has financial shortcomings. We also appreciate the Board's approval of 3% salary increase last year and realize that the Centre may not be able to reduce the salary gap overnight. However, we suggest the management to take up this issue seriously, and develop short term plans to match the salary gap as soon as possible and long

term plans to sustain the salary structure. For example, a 20% Annual Salary rise may be considered for implementation.

While we appreciate the Board's approval of 3% salary increase last year, we believe that the effort should continue and a reasonable increase in salary be considered at the Board meeting this year. As a usual practice, the management should follow and implement the rules clearly prescribed in the Ordinance of 1979 including the salary structure; it is unpleasant that the staff have to press for a demand which otherwise would have been a standard practice.

3. **Staff Reduction:** The Centre has reduced 94 staff last year under the voluntary separation package; another 76 totalling 170 staff were separated through normal retirement, non-prejudicial dismissal, or deaths. Many of these positions were not replaced. Although the SWA did not support the staff reduction policy of the Centre as a means to adjust the financial deficit, it has been implemented and the Centre has now been downsized.

It is quite logical to assume that the previous financial deficits have been reduced and the Centre should now actively consider to reduce the salary gap by increasing the salary level of the staff.

4. **Restructuring of the Centre:** To review the Centre's overall scientific and administrative issues the Board appointed a group of Swiss business consultants who submitted this report in the last Board meeting. The consultants proposed a major reorganization of the Centre including, a three-division structure of the Centre, a major orientation towards cooperate identity, and an improved management information system.

The SWA have made a critical analysis of the consultants' report and commented that it is not acceptable in its present form because:-

- (a) the Consultants failed to identify the basic problems of the Centre;
- (b) they did not provide scientific basis for proposed changes;
- (c) they ignored important background information and documents;
- (d) they failed to understand the Centre's structure, objectives, and operation in the true sense of its form;
- (e) they were not clear about the Centre in regard to its present scientific perspective and its future potential as a research Centre in a third world country; and
- (f) overall , the report has flaws in specific details, and has objectionable and biased statements.

5. **Recruitment of international positions:** The SWA has previously expressed its views that no recruitment of international positions be considered, particularly supported by the Centre's core funds, unless the financial situation of the Centre has been improved. However, six international positions have recently been advertised, including some from core funds. We again urge upon the Centre's management that this issue be carefully reconsidered with a view to saving valuable resources of the Centre without compromising its scientific output.

Moreover, the SWA suggest that the criteria for international recruitment should be based on scientific and academic competence as outlined in the ICDDR,B Ordinance of 1979 and a third term appointment should not be considered at all.

6. **Policies regarding recruitment, ranking, and promotion:** The Centre is currently undergoing a reorganisation of its administrative and financial policies. Currently, the Centre's policies and rules, across the scientific and administrative divisions and at various levels of appointment, are not uniform, and not based on objective criteria. There is also lack of fairness, transparency, and objectivity in the process of appointment, ranking, and promotion inclusive of fixed-term and project staff. This creates confusion, conflicts, and frustration among employees leading to disruption and loss of interest in the activity. Thus there is a great need to formulate and implement uniform and fair policies to maintain the quality and standard of work and morale of the employees. We hope that the new Director would certainly consider this matter as top priority.
7. **ICDDR,B Official Holidays:** Presently we have been enjoying only 11 (eleven) holidays to be split into important religious festivals of all castes in addition to the observance of important national holidays. Since the national holidays of the Government of the People's Republic of Bangladesh has been increased it becomes very difficult to limit ourselves within 11 holidays and therefore, it is requested that the Board should consider enhancement of ICDDR,B holidays from 11 days to 14 days minimum .
8. **Matlab issues:** The Community Health Workers (CHWs) employed in the Matlab field station of ICDDR,B were originally recruited at the ICDDR,B pay scale, but later shifted to the GoB pay scale at a lower level. Although previously recommended by the external reviewer (Jackie Reeves) and the Division Head to revise the CHW's salary at the ICDDR,B pay scale, it has not yet been implemented. The SWA suggest that the management should pay immediate attention to implement a revised pay scale of the CHWs of Matlab field station. Because of the hardships involved due to workers condition in the field at Matlab, we request that the management consider a special allowance for the Matlab field workers.

Final Comments: We want to reiterate that the SWA is firmly committed to safeguarding the interests and privileges of the employees as well as to protecting the interests of the Centre in a complementary way. We must affirm our unequivocal support for the accomplishment of the Centre's scientific goals. For long, we have been putting our full efforts to place our legitimate grievances to the management and the Board of Trustees, but in return our demands and justifications were given little attention.

We are determined to continue our dialogue with the management through constitutional means conforming to highest level of discipline, peace and harmony.

We strongly believe that better cooperation, understanding, and sacrifice among the staff, the management, and the Board would certainly lead to a bright and productive ICDDR,B in the next millennium.

Thank you all.

11/BT/JUNE 99

**SELECTION OF TRUESTTES/
APPOINTMENT TO COMMITTEES
(COMPOSITION OF THE BAORD)**

EXECUTIVE SESSION

Agenda 11

**Selection of Trustees/Appointment to Committees
(Composition of the Board)**

Dr. George J. Fuchs

From: Jacques MARTIN [Jacques_O_Martin@compuserve.com]
Sent: - Monday, April 12, 1999 3:39 AM ...
To: FUCHS, George - 1; SARDHANA - ICDD, Loretta; COLWELL, Rita - NSF; CARRIERE, Rolf
Subject: June BOT AGENDA

Dear George,
Dear Loretta,

I am now replying to the Fund raising concept item.
I suggest we have ** a first round of discussion ** on this.
Have asked Rolf Carriere to share his knowledge with us.
He is ready to do so.
I would think that we will only finalize our discussion after probably another meeting (novembre 99 ?).
This June we will review principles followed sofar and experiences made with them.
We may start identify some others principles as need be and their additional potential.
I agree this is a matter for the full Board and not only for the finance committee.

On the ** composition of the Board ** issue, I agree too that we have to carry on with our intention to discuss basically the question of Trustees' profiles.
I suggest that we have a round of discussion taking advantage of those vacancies to be filled.
If necessary this discussion can be continued at a later date (nov. 99 ?).

Thank you George and Loretta for your work regarding the Board and your offer for help.
If need be, I'll come back.
All the best.
Jacques

BT/June 1999

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:

Agreed to pursue nominations for persons from the corporate and private sector for further discussion at the November 1999 Board of Trustees meeting.

C. 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”.

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

Action Required

1. Decide whether or not to extend the term of Prof. M.E. Jacobs for a second term of 3 years from 1 July 1999.
2. Endorse the replacement of Dr. R.H. Henderson, WHO on the Board.
3. To select a member of the Board of Trustees effective July 1, 1999 to replace of Prof. Fehmida Jalil (developing country Asia).
4. To select a member of the Board of Trustees effective July 1, 1999 to replace Professor Helena Makela (developed country Europe).
5. To select a member of the Board of Trustees effective July 1, 1999 to replace Prof. Cesar Victora (developing country The Americas).

LIST OF BOARD MEMBERS
WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES
(as at June 1999)

Name	Country	Discipline	Joining/Ending date
Mr. Rolf Carriere	UNICEF	Management/ Int'l Health	1997/2000
Maj. Gen (Retd) M.R. Choudhury	Bangladesh (GoB)	Pathology	1994/2000
Prof. R.R. Colwell	U.S.A. WHO	Microbiology	1995/2001*
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/Mgmt.	1994/2000*
Dr. A.K.M. Masihur Rahman	Bangladesh (GoB)	Civil Servant	1996/1999
Mr. M.M. Reza	Bangladesh (GoB)	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
Prof. Zheng Qing-si	P.R. China	Social Medicine	1999/2002

**Unable to serve another term without a break*

**LIST OF BOARD OF TRUSTEES MEMBERS (AS AT JUNE 1999) WITH
TERMS**

Name	Joined Board	End of Term
Mr. Rolf Carriere	1 July 1999	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*
WHO		
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
Prof. Zheng Qing-si	1 July 1999	30 June 2002

**Unable to serve another term without a break*

As at June 1999

(Must be – 11 members at large
3 GoB
1 UN
1 WHO
1 Director, ICDDR,B

Total: 17 members

<u>Developed Country</u>	<u>Region</u>	<u>Developing Country</u>	<u>Region</u>
G Fuchs (USA) Interim	Nth America	Zheng (China)	Asia
R Colwell (USA)	Nth. America	F Jalil (Pakistan)	Asia
McDonald (Aus)	Pacific	Khoja (S/Arabia)	M/East/Arab
Makela (Finland)	Europe	M Jacobs (RSA)	Africa
Martin (Switz)	Europe	Victoria (Brazil)	S. Am/Carib
Takeda (Japan)	Asia	Bangladesh (3 GoB)	Asia
Vlassoff (Canada)	Nth America		

Total: 7

Total: 8

Plus: WHO: -
UNICEF: Rolf Carriere

Total: 17 (as at June 1999)

Of 15 (excluding WHO and UNICEF) more than 50% must come from developing countries (including Bangladesh), and not less than 1/3 from developed countries.

As per above table:

8/15 (53%) are from developing countries (50% = 7 ½)

6/15 (40%) are from developed countries (1/3 = 5)

Gender: M=9
F=6

14-3-99

BT/June 1999

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

Finance Committee

Prof. R.R. Colwell (Chair)
Mr. R. Carriere
Dr. A.K.M. Masihur Rahman
Professor Carol Vlassoff
WHO Representative

Programme Committee

Prof. C. Victora (Chair)*
Maj. Gen (Retd) M.R. Choudhury
Dr. T.A.M. Khoja
Prof. P.F. McDonald
Prof. P.H. Makela*

Chairperson
Director

*end of term - 30 June, 1999

ACTION REQUIRED

1. Appoint by resolution new Trustees to Committees to replace outgoing Trustees for a period of 1 year
2. Appoint by Resolution Dr. Zheng Qing-si to a Committee

12/BT/JUNE 99

DATE OF NEXT MEETING

EXECUTIVE SESSION

Agenda 12

Dates of next meeting

14-3-99

BT/June 99

DATES FOR 1999 and 2000 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 1999 and 2000 is as follows:

The Programme Review of CSD has been deferred until November 1999.
The Programme Review of LSD would then be deferred to June 2000.

It was agreed to add one extra day at the end of the June 1999 meeting. However, since the Guidance Team meeting was deferred to June instead of April, 1999, an extra day was added at the beginning of the meeting to enable the Guidance Team to meet.

BOARD OF TRUSTEES MEETING – JUNE 1999

Thursday, June 3	- Guidance Team members arrive
Friday, June 4	Meeting of the Guidance Team
Saturday, June 5	Personnel & Selection & Finance Committee Meetings
Sunday, June 6	Programme Committee & Special Full Board Meeting (To discuss Guidance Team report)
Monday, June 7	Executive Session of the Full Board and DSG Meetings

Programme Committee Review of CSD – November 1999

Tuesday 2 November	Reviewers arrive
Wednesday 3 November to Friday 5 November	Review of Clinical Sciences Division and report writing.

BOARD OF TRUSTEES MEETING –NOVEMBER 1999

Tuesday 5 November	Trustees arrive in Dhaka
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 Donor's Support Group Meeting

Programme Review of LSD – June 2000

Tuesday 30 May	Reviewers arrive
Wednesday 31 May – June 2	Review of LSD and Report Writing

BOARD OF TRUSTEES MEETING – JUNE 2000

Friday 2 June	Trustees arrive
Saturday 3 June	Personnel & Selection Committee And Finance Committee Meetings
Sunday 4 June	Programme Committee Meetings
Monday 5 June	Executive Session of the Full Board Donor Support Group Meeting

ACTION REQUIRED

1. **Confirm dates of Programme Committee Review of the Clinical Sciences and Laboratory Sciences Division in November 1999 and June 2000 respectively.**
2. **Confirm dates of the BOT meetings in November 1999 and June 2000**
3. **Suggest possible members of the Review Team for the CSD External Review.**

2000

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November

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2001

January

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April

Wk	S	M	T	W	T	F	S
14	1	2	3	4	5	6	7
15	8	9	10	11	12	13	14
16	15	16	17	18	19	20	21
17	22	23	24	25	26	27	28
18	29	30					

May

Wk	S	M	T	W	T	F	S
18		1	2	3	4	5	
19	6	7	8	9	10	11	12
20	13	14	15	16	17	18	19
21	20	21	22	23	24	25	26
22	27	28	29	30	31		

June

Wk	S	M	T	W	T	F	S
22					1	2	
23	3	4	5	6	7	8	9
24	10	11	12	13	14	15	16
25	17	18	19	20	21	22	23
26	24	25	26	27	28	29	30

July

Wk	S	M	T	W	T	F	S
27	1	2	3	4	5	6	7
28	8	9	10	11	12	13	14
29	15	16	17	18	19	20	21
30	22	23	24	25	26	27	28
31	29	30	31				

August

Wk	S	M	T	W	T	F	S
31			1	2	3	4	
32	5	6	7	8	9	10	11
33	12	13	14	15	16	17	18
34	19	20	21	22	23	24	25
35	26	27	28	29	30	31	

September

Wk	S	M	T	W	T	F	S
35						1	2
36	3	4	5	6	7	8	9
37	10	11	12	13	14	15	16
38	16	17	18	19	20	21	22
39	23	24	25	26	27	28	29
40	30	31					

October

Wk	S	M	T	W	T	F	S
40		1	2	3	4	5	6
41	7	8	9	10	11	12	13
42	14	15	16	17	18	19	20
43	21	22	23	24	25	26	27
44	28	29	30	31			

November

Wk	S	M	T	W	T	F	S
44				1	2	3	
45	4	5	6	7	8	9	10
46	11	12	13	14	15	16	17
47	18	19	20	21	22	23	24
48	25	26	27	28	29	30	

December

Wk	S	M	T	W	T	F	S
48						1	
49	2	3	4	5	6	7	8
50	9	10	11	12	13	14	15
51	16	17	18	19	20	21	22
52	23	24	25	26	27	28	29
53	30	31					

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OTHER RESOLUTIONS

EXECUTIVE SESSION

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Other Resolutions

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ANY OTHER BUSINESS

EXECUTIVE SESSION

Agenda 14

Any Other Business

BT/June 99

ANY OTHER BUSINESS

1. Appreciation:

Prof. F. Jalil

Prof. P.H. Makela

Prof. C.G. Victora