

**ICDDR,B**

**BOARD OF TRUSTEES MEETING**

**November 6-8, 1999**

**PROGRAMME OF THE  
BOARD OF TRUSTEES MEETING**

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**November 6-8, 1999**

DRAFT  
Oct 10, 1999

PROGRAMME

**BOARD OF TRUSTEES MEETING**  
**NOVEMBER 4-8, 1999**

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

<b><u>Wednesday 3 November:</u></b>	Trustees arrive
<b><u>Thursday 4 November:</u></b>	Board Retreat (afternoon and evening session)
<b><u>Friday 5 November</u></b>	Board retreat (morning session and possibly late afternoon/evening session).
<b><u>Saturday 6 November:</u></b>	<b>PROGRAMME AND PERSONNEL &amp; SELECTION COMMITTEE MEETINGS</b> (Sasakawa Auditorium)
8.00 a.m. – 10.00 a.m.	Programme Committee Meeting
10.00 a.m. – 10.15 a.m.	Tea/Coffee
10.15 a.m. – 12.00 a.m.	Programme Committee Meeting continues
12.00 noon – 1.00 p.m.	Trustees to meet with Executives of SWA
1.00 p.m. - 2.00 p.m.	Lunch (at the Centre)
2.00 p.m. - 3.30 p.m.	Personnel & Selection Committee Meeting (Closed – only Trustees and Executive Committee)
3.30 p.m. - 3.45 p.m.	Tea/Coffee
3.45 p.m. - 5.30 p.m.	Personnel & Selection Committee Meeting continues (Closed – only Trustees and Executive Committee).
<b>Social Programme</b>	
8.00 p.m.	Dinner for Trustees hosted by Director, Dr. David Sack

**Sunday 7 November**

**FINANCE COMMITTEE MEETING**

- 8.30 a.m. – 10.30 a.m. Finance Committee Meeting (closed – For Trustees and Executive Committee)
- 10.30 a.m. – 10.45 a.m. Tea/Coffee
- 10.45 a.m. - 12.30 p.m. Finance Committee Meeting continues
- 12.30 p.m. - 2.00 p.m. Lunch at Sasakawa Training Centre with invited staff
- 2.00 p.m. – 3.15 p.m. (free time to finalize draft recommendations etc.)
- 3.15 p.m. – 3.30 p.m. Tea/Coffee
- 3.30 p.m. - 5.00 p.m. Seminar: Reproductive Health (PHSD)

**Social Programme**

- 6.30 – 8.30 p.m. Reception at ICDDR,B Guest House (Trustees, Donors and Invited Staff)
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**Monday 8 November**

**EXECUTIVE SESSION OF THE FULL  
BOARD  
(Closed)**

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 June 1999 meeting
8.30 a.m. - 9.30 a.m.	FUND RAISING STRATEGIES: Presentation of Proposal by the Executive Committee of the Board.
9.30 a.m. - 9.45 a.m.	Resolutions from Personnel & Selection Committee
9.45 a.m. - 10.00 a.m.	Resolutions from the Finance Committee
10.00 a.m. - 10.15 a.m.	Resolutions and/or Recommendations from Programme Committee
10.15 a.m. - 11.00 a.m.	Discussions on the Results of the Retreat/Resolutions (if any)
11.00a.m. - 11.15 a.m.	Tea/Coffee
11.15 a.m. - 11.30 a.m.	Actions from Report from SWA
11.30 a.m. - 11.45 a.m.	Selection of Trustees
11.45 a.m. - 12.00 noon	Dates of Next Meeting (June and November)
12.00 noon - 12.30 p.m.	Any Other Business
	Closure of Meeting
	<b>DONORS' SUPPORT GROUP MEETING (Programme to be determined)</b>
12.30 p.m. - 2.00 p.m.	Lunch (at the Centre for trustees, donors, division directors)
2.00 p.m. - 5.00 p.m.	Donors' Support Group Meeting

**1/BT/NOV 99**

**APPROVAL OF AGENDA**

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BT/Nov.99

**EXECUTIVE SESSION OF THE FULL BOARD**

**Monday, November 8, 1999**

**AGENDA**

1. Approval of the Agenda
2. Approval of the Draft Minutes of Meeting held in June 1999
3. Strategies for Fund Raising: Presentation of Proposal by Executive Committee of the Board.
4. Resolutions from Personnel and Selection Committee
5. Resolutions from the Finance Committee
6. Resolutions and/or Recommendations from the Programme Committee
7. Discussions on the Results of the Board retreat (Resolutions if any)]
8. Actions on Report from Staff Welfare Association (SWA)

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9. Selection of Trustees
10. Dates of Next Meeting
11. Any other Business

**2/BT/NOV 99**

**APPROVAL OF THE DRAFT MINUTES  
OF THE MEETING  
HELD ON 5-7 JUNE, 1999**

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DRAFT  
JUNE 8, 1999

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

**HELD IN DHAKA, BANGLADESH, JUNE 5-7, 1999**

**SATURDAY, JUNE 5, 1999**

The 40<sup>th</sup> Meeting of the Board of Trustees of ICDDR,B was held on Saturday 5, Sunday 6, and Monday 7 June 1999 in the Sasakawa Training Centre at the Centre's Mohakhali location.

The Chairperson of the Board of Trustees, Mr. Jacques Martin, opened the meeting on 5<sup>th</sup> June 1999 at 8.30 a.m. by welcoming the Trustees, the Interim Director, and the senior staff. Mr. Martin introduced the two new Trustees, Prof. Zheng Qing-si, replacing Prof. Chen Chunming, and Prof. Tikki Pang, replacing Dr. R. Henderson for the World Health Organization. He also welcomed Prof. David Sack, Director Designate, ICDDR,B.

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  
Prof. M.E. Jacobs  
Prof. P.F. McDonald  
Mr. J.O. Martin  
Prof. Tikki Pang  
Mr. M.M. Reza  
Dr. T.A.M. Masihur Rahman  
Prof. Cesar Victora  
Prof. C.K. Vlassoff  
Prof. Zheng Qing-si

The Chairperson reported that apologies had been received from Professors Fehmida Jalil, Helena Makela and Dr. T.A.M. Khoja.

**SATURDAY 5<sup>th</sup> JUNE 1999**

**MORNING SESSION - PERSONNEL AND SELECTION COMMITTEE  
MEETING**

(closed session)

On Saturday 5 June 1999 at 8.30 a.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, Professor Fehmida Jalil.

Professor Marian Jacobs assumed the chair, declared the Personnel and Selection Committee open with the following committee members and others present, welcomed everyone and called the meeting to order.

The meeting included members of the Centre's Executive Committee.

**Personnel and Selection Committee members**

Prof. M.E. Jacobs (chairperson)  
Mr. M.M. Reza  
Mr. J.O. Martin (ex-officio)  
Dr. Y. Takeda

**Invited Trustees**

Mr. R. Carrière  
Major General (Ret'd) M.R. Choudhury  
Prof. R.R. Colwell  
Prof. George Fuchs (Secretary)  
Prof. P.F. McDonald  
Prof. Tikki Pang  
Prof. C.K. Vlassoff  
Prof. Cesar Victora  
Prof. Zheng Qing-si

## **Centre Staff**

Mr. Wahabuzzaman Ahmed  
Dr. Barkat-e-Khuda  
Dr. V.I. Mathan  
Dr. Lars Ake Persson  
Dr. M.A. Salam  
Mr. John Winkelmann

Ms. Loretta Saldanha (Minute Secretary)

### **1. Approval of the Agenda**

The Agenda was approved.

It was agreed that items for discussions pertaining to Centre staff would be discussed in a session at which only Trustees will be present.

The Committee agreed to recommend to the Board that with regard to the process every meeting of this Committee would in future include a closed session for discussion of salaries and other matters.

### **2. 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. Only those posts deemed essential and approved by the Director's Office after scrutiny were exempt from this ban. It was noted that there has been a net reduction of 34 staff in both the restricted and unrestricted areas. As at March 31, 1999 the total staff directly employed by the Centre numbered 904 compared to 938 as at September 1998 and 1007 as at March 1998.

The increase in daily wagers from 101 in September 1998 to 246 as at March 31 was noted. With regard to daily wagers and contractual service staff it was suggested that in future their time be shown in person-years. In addition, a table of authorized posts and perhaps some analysis of the average duration of the vacancy should also be included.

With regard to gender distribution a more instructive table indicating positions/levels should be made available. A historical perspective on this in the different categories was also suggested. It was also felt that the Centre should deliberately set goals for the next five years, pursue them and monitor gender distribution.

## 2.2 Recruitment of International Staff

### a. **Head, Reproductive Health Programme, P5**

It was reported to the Committee that the vacant position of Head, Reproductive Health Programme was announced in relevant magazines, journals, overseas newspapers, web sites, national dailies, and that copies of the advertisement were circulated to all donor agencies, trustees, former trustees, alumni, Embassies in Dhaka, collaborating agencies, UN agencies and to various people and places through the Centre's senior management. Sixteen responses have been received and 1 (one) was shortlisted.

The Committee agreed to recommend to the Board that the post be retained at its present level and that the search continue. The Committee also recommended that reproductive health field of study and research experience be essential requirements for appointment.

### b. **Head, Health & Demographic Surveillance Programme, P5 PHSD**

It was reported to the Committee that a total of 17 candidates responded to the national and international vacancy announcement for the post of Head, Health & Demographic Surveillance Programme position in relevant magazines, journals, overseas newspapers, national dailies, web sites etc. These announcements were also circulated to all donors, trustees, former trustees, collaborating institutions, embassies in Dhaka, and through Centre's management. These applications were reviewed by a committee and 4 (four) are short-listed. Two candidates have been interviewed and a selection has been made.

The Committee delegated two Board members to review the CV's of the two candidates and noted that the candidate selected is appropriate for the position.

The Committee agreed to recommend to the Board that Mr. Kim Streatfield be appointed as Head, Health and Demographic Programme.

### c. **Health Economist, P4, ORP, HPED**

It was reported to the Committee that out of a total of 13 (reported at the June and November 1998) 3 (three) have been short-listed.

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

### d. **Operations Research Scientist, P4, ORP, HPED**

It was reported to the Committee that the vacant position of Operations Research Scientist, P4, was advertised in relevant journals, national dailies, to all donors, trustees, former trustees, alumni, embassies in Dhaka, UN agencies and collaborating institutions. Twenty-seven (27) responses have so far been received and 2 (two) are short-listed.

The Committee agreed to recommend to the Board that it note the position of Operations Research Scientist will be filled following the standard selection procedures.

**e. Research Microbiologist, P4,LSD**

It was reported to the Committee that in response to the advertisement for the position of Research Microbiologist, P4, in relevant journals, overseas newspapers, national dailies, web site and circulation of the announcement to all donors, UN agencies, collaborating institutions, trustees, former trustees, a total of 10 applications were received. None of the applicants were deemed suitable.

The Committee agreed to recommend to the Board that it approve the search to fill the position of Research Microbiologist, LSD to actively continue.

**f. Social Scientist, SBSP, PHSD, P3/P4**

It was reported to the Committee that in response to the advertisement for the position of Social Scientist, SBSP, PHSD, P3/P4, in relevant journals, overseas newspapers, national dailies, web site and circulation of the announcement to all donors, UN agencies, collaborating institutions, trustees, former trustees, a total of 42 applications were received. These responses were reviewed by a Committee and 2(two) have been short-listed and interviews are being scheduled shortly.

The Committee agreed to recommend to the Board that the Centre proceed with the recruitment following the standard selection procedures.

**g. Head, Training & Education Department, P4, Director's Division**

It was reported to the Committee that the position of Head, Training & Education Department, P4 was re-advertised with the revised criteria in relevant journals, overseas newspapers, national dailies, web site and circulation of the announcement to all donors, UN agencies, collaborating institutions, trustees, former trustees, alumni. A total of 15 (fifteen) applications were received from different parts of the world including Bangladesh.

The Committee agreed to recommend to the Board that the job description of Head, Training & Education Department, be updated in the context of the reorganization.

**h. Head, Human Resources, P3, Director's Division**

It was reported to the Committee noted that the position of Head, Human Resources was advertised in relevant magazines, journals, overseas newspapers, web sites, national dailies etc. This announcement was also sent to all donor agencies, trustees, former trustees, alumni, embassies and high commissions in Dhaka, collaborating agencies, UN agencies and to various individuals through the Centre's senior management staff.

Following discussions at the Reorganization Plan meeting in the context of the restructuring it was suggested that the Centre should not proceed with this appointment at the P3 level but instead, it seek a person at the P4/P5 level for a 2-3 year period and that preference be given to a seconded person.

The Committee agreed to recommend to the Board that the recruitment of Head, Human Resources be in the context of the reorganization. The Centre should not proceed with this appointment at its present P3 level; that the job description be revised, and the post be reclassified and readvertised for appointment at level P4/P5 for a maximum period of 3 years.

**i. Internal Auditor**

It was reported to the Committee that the position of Internal Auditor was advertised in relevant magazines, journals, newspapers, web sites, national dailies etc. This announcement was also sent to donor agencies, trustees, former trustees, alumni, embassies and high commissions in Dhaka, collaborating and UN agencies. A total of 77 applications were received. Three (3) candidates have been short-listed.

The Committee noted that following the restructuring of the Director's office the job description and level of the position of Internal Auditor will need to be revised and reclassified.

The Committee agreed to recommend to the Board that the recruitment for the position of Internal Auditor be deferred until after the reorganization of the Director's Division has been finalized.

**ii. Executive Assistant to the Director, P1, Director's Division**

It was reported to the Committee that position was advertised in relevant magazines, journals, overseas newspapers, web sites, national dailies etc. This announcement was also sent to donors, trustees, former trustees, alumni, embassies and high commissions in Dhaka and UN and collaborating agencies. Responses have been received and recruitment for this position is nearing completion.

The Committee agreed to recommend to the Board that the Centre proceed with the recruitment for this position.

## 2.3 New International Professional Post

### a. **Bio-Statistician, P2, Director's Division**

The Committee agreed with the Centre management that 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 requires the services of an individual who, apart from providing statistical assistance, will impart training to Centre scientists through formal training courses in designing and improving the quality of research. The position if established, will be a central resource and paid for equally (combined assistance) by each of the scientific divisions (cross cutting post) from restricted (project) funds. The post is requested at Pay level P2 (copy of post description attached to official Minutes).

The Committee felt that this is a worthy initiative. An addition to the Qualifications and Experience in the job description was suggested. Point 2 should read “ Must have broad knowledge of statistical method....” instead of “Must have excellent knowledge of statistical methods.....”.

The Committee agreed to recommend to the Board that the post of Biostatistician be established at level P2 and that it be advertised and related recruitment be undertaken.

## 2.4 Information on International Staff Separations

The Committee noted the list of staff members who had separated from the Centre as shown below:

Dr. Andres de Francisso, Head, Reproductive Health Programme, P5, PHSD  
Mr. Ngudup Paljor, Administrative Director, P5, ORP, HPED  
Dr. Thomas T. Kane, Operations Research Scientist, P4, ORP, HPED  
Dr. Aye Aye Thwin, Health Policy Analyst, P4, ORP, HPED  
Ms. Julie Banfield, Executive Assistant to the Director, P2  
Dr. J.K. Van Ginneken, Head, Health & Demographic Surveillance Programme, PHSD

### General Discussion/Comments:

Following concerns regarding the policy for recruitment for international positions, it was clarified that the involvement of the Board is essential for all positions, but recruitment is the Centre's responsibility up to the P5 level.

It was also reported that all international positions are reported to the Board.

Regarding the 6-year term it was agreed that contracts for international staff would not be extended for more than 2 terms (each term of 3 years). The positions will be

advertised at the end of 6 years for which the current incumbent will need to apply. The Board and the Centre management may wish to enforce the rule in a more stringent way in order to limit to a strict minimum cases whereby the incumbent stays more than 6 years in total.

Regarding the selection process, Dr. Fuchs explained that all vacancies are announced and a deadline for the recruitment is set. On receipt of applications these are reviewed, a short-list is created for all positions and only the short-list for the P5 and above positions are put forward to the Board. For positions below the P5 level the Centre proceeds with the interview, selection and then informs the Board. Standard selection criteria (matrix) are used to facilitate the selection process. With regard to the type of interview this depends on the post. For certain senior international candidates, a complete panel might not be formed but interviews are held on a one-to-one basis in a directed way, and since collective interview panels often have more disadvantages than advantages. Efforts are then made to recruit the individual. Great emphasis is also put on recruiting the spouse and to ensure adequate schooling facilities for their children.

The suggestion to ensure that women are well represented (gender issue) was noted as well as the suggestion that whenever candidates are being interviewed for positions at P5 and above that they be asked to give a seminar.

With regard to the expenses involved to carry out interviews, it was suggested that the use of the latest technology e.g. video, telephone conferences would tremendously decrease costs. The Centre management is asked to inquire about the availability of such facilities in Dhaka.

It was further reported that the Centre would like to hire people without inhibiting the recruitment process. For positions at P5 and above in which the Board is involved there are mechanisms to ensure that no delays occur (complete information as to why the individual was selected will be sent to the Board) the Board could delegate this responsibility to one of its members.

The Committee agreed to recommend to the Board that recognizing its statutory responsibility with respect to all international positions, that it henceforth approve the establishment of all international posts, with involvement in recruitment only for those positions at level P5 and above. Appointment to posts P4 and below will be brought to the Board for noting and approval.

### **3. SELECTION OF MEMBERS OF THE BOARD OF TRUSTEES**

- a. The Committee agreed to recommend to the Board to extend the term of Professor Marian E. Jacobs for a second term beginning July 1, 1999 for three years.



- b. The Committee agreed to recommend to the Board to endorse the appointment of Prof. Tikki Pang as WHO representative for a term of three years with effect from 1 June 1999.

It was recalled that in a previous meeting of the Board, a retreat to discuss composition and terms of reference of the Board of Trustees was planned. Since the profiles of the three replacements should correspond to the extent possible to the wish of the Board regarding its future composition, it was considered essential to keep at least two such replacements in abeyance until the retreat in November. The gender distribution on the Board should always be noted.

It was also noted that since two Board members would be completing their term in June 2000 resulting on a total of 5 new trustees at the June and November 2000 meeting, the Committee agreed that it is crucial that at least one candidate be nominated at this meeting to ensure a quorum in due course.

- c. The Committee agreed to recommend to the Board that Prof. Ricardo Uauy Dagach be nominated as a member of the Board of Trustees (developing country Latin America) for a period of three years with effect from July 1, 1999.
- d. The Committee agreed to defer the appointment of the representatives of developing country (Asia) and developed country (Europe) until the November Board retreat and discussions of the Board.

#### Appointments to the Committees of the Board

The Committee agreed to discuss this agenda item at the Full Board meeting.

### **4. UPDATE ON CENTRE'S HUMAN RESOURCES ACTIVITIES**

#### **4.1 Workforce assessment & Restructuring following November 1998 BOT Meeting:**

As reported in the November 1998 meeting, the workforce assessment and rightsizing was completed on schedule in October and December 1998 resulting in the abolition of 56 posts in the unrestricted areas and creation of 6 new ones. Prior to this, 36 posts were abolished and staff released through separation by mutual agreement between January and August, 1998. Staff affected by the Abolition of Posts and Reduction in Force were provided assistance, counselling and guidance by the Personnel department and attempts were made to identify suitable positions outside the Centre and to reassign to existing projects within the Centre.

A summary of the total workforce changes in 1998 was provided which included:

Separation by mutual agreement (Jan-August 1998) .....32  
Workforce Assessment and Rightsizing (Sept-December 1998)..... 93

To carry out further Human Resources activities in line with the recommendations of the Human Resources Consultant and within the time-line recommended, assistance from outside was sought. A request for proposals was prepared and the Centre received bids from two consulting agencies – one in the UK and one in Bangladesh – the cost difference between the two firms are substantial. The Centre’s assessment is that separate tasks will be offered to both. A donor that had earlier agreed to fund this activity has declined their support. The firm in the UK is willing to re-shape their proposal within the funds available. Funds (US\$ 80,000) from the Swiss Development Cooperation for Institutional Development are available which the Centre should claim in order to be able to utilize these funds for this activity as prioritized below:

- a. post classifications
- b. review and updating of job descriptions
- c. review of salary structures
- d. promotion policies

The Committee suggested that setting of gender issues be placed on the agenda.

The Committee agreed to recommend to the Board that with the available funding, the Centre implement the Human Resources plan as agreed.

## **5. Review of Policy for International Professionals**

The Committee reviewed the document providing guidelines for appointment to established international Professional (P level) positions (copy attached to official minutes).

The Committee noted that individuals who move from national to international positions also participate in different benefit programmes e.g. insurance programmes that are different for national staff. For international staff the Centre has an insurance programme that covers them worldwide. However, the Centre has different pension schemes for national staff which become difficult to adjust if their salaries change. There are pension schemes for different periods and if the concerned individual is no longer paid at that level (where funds are limited or for a limited duration) it may be difficult for them to become reinsured if their situation changes again. One solution would be for the Centre to pay a non-pensionable international salary (supplementary non-pensionable salary) and the appropriate amount for Bangladeshi income tax be deducted - national staff retain their national benefits but their international salaries may only be increased to the level established.

The Committee agreed that in cases where 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 above. However, the Committee

recommended that a clause to correct for potential for abuse cases be included. Principal investigators and senior staff should in no case inappropriately put portions of their salary on grant proposals to cover their own salary requirements.

The Committee agreed to recommend to the Board to accept the policy for international level professionals with the inclusion of a clause to correct the potential for abuse cases and, taking into consideration the above clarifications, the resolution be included in the Finance Resolutions.

## **6. ANY OTHER BUSINESS**

In a closed session of the Board the following recommendations were made:

### **1. STAFFING:**

- a. The Committee agreed to recommend to the Board that Dr. Barkat-e-Khuda be appointed to the position of Division Director, HPED, D1, at a step commensurate with the Centre's Rules and Regulations effective immediately.
- b. The Committee agreed to recommend to the Board that a special post allowance at the appropriate national officer level be awarded to Dr. Abdus Salam as compensation for services rendered in his capacity as Interim Head, CSD.

### **2. STAFF SALARIES:**

Acknowledging the current disparities in the structure and levels of remuneration between staff appointed to international posts and national staff, and recognizing the challenges of the prevailing organizational and economic context:

The Joint Committee agreed to recommend to the Board that an investigation into salary structures should proceed as a priority, with the goal of establishing an equitable system in which all staff contributions to the Centre's functions are recognized.

## **MEETING WITH THE STAFF WELFARE ASSOCIATION**

On Saturday, 5 June 1998 at 12.00 noon 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 Board advised the SWA Executive Committee that their concerns would be dealt with in the process of the reorganization and within the context of the implementation of the human resource activities. The SWA was also advised that their concerns were duly noted by the Board and would be considered by the Centre Management.

**SATURDAY, 5<sup>th</sup> JUNE 1999**

**AFTERNOON SESSION – FINANCE COMMITTEE MEETING**

On Saturday 5 November 1999 at 2.15 p.m. the Finance Committee of the Board of Trustees met to consider the finances of the Centre. This session was chaired by Professor Rita Colwell, Chairperson of the Finance Committee.

The following were present:

Finance Committee Members

Prof. R.R. Colwell (Chairperson)  
Mr. R. Carriere  
Dr. A.K.M. Masihur Rahman  
Mr. J.O. Martin – ex officio  
Prof. G. Fuchs – ex officio

Board Members

Maj. Gen (Ret'd) M.R. Choudhury  
Prof. M.E. Jacobs  
Prof. P.F. McDonald  
Prof. Tikki Pang  
Mr. M.M. Reza  
Dr. Y. Takeda  
Prof. Carol Vlassoff  
Prof. Cesar Victora  
Prof. Zheng Qing-si

Invited

Dr. David Sack, Director Designate  
Division Director, Centre Staff and Guests

Ms. Loretta Saldanha (Minute Secretary)

## **1. APPROVAL OF THE AGENDA**

The draft agenda was approved. It was agreed that Agenda 5: "Staff Salaries" be discussed in a closed session.

## **2. 1998 ICDDR,B AUDITED FINANCIAL STATEMENTS AND AUDITORS' REPORTS**

### **ICDDR,B**

The audit was completed and the Financial Statements were signed on March 18, 1999. The Auditors' Report included 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 follow up on this issue and feels that this amount will be received by the Centre.

The second issue 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.

### **INCOME**

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 unfavorable exchange rate fluctuations and a decrease in contributions from several donors.

### **EXPENDITURE**

Depreciation decreased by \$5,000 (0.6%) from \$900,000 to \$895,000.

### **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.

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 floods in 1998.

Unrestricted expenditures decreased significantly due primarily to the 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. While further cost reductions will be pursued, additional unrestricted funds are essential.

The Committee noted the significant reduction in the deficit from 1997 to 1998. However, all efforts must be made to generate increased revenues and endowments to address the cumulative deficit. The hospitals are still a major unfunded activity of the Centre. This requires further efforts in developing both short and medium term strategies to deal with the ever increasing patient load. Plans on a new strategy will be discussed at the full Board meeting.

While efforts must continue to reduce costs, further reductions will not be as significant in future as they were in the past year and with the reorganization and the potential need for new international posts supported from unrestricted funds. Any further cost cutting measures may be offset by these increased costs.

### **ICDDR,B HOSPITAL ENDOWMENT FUND**

The audit was completed and the Financial Statements were signed on March 18, 1999.

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.

The Committee agreed to recommend to the Board to accept the Audited Financial Statements of the Centre and the Hospital Endowment Fund for the year ended 31 December 1998.

### **3. 1999 FORECAST**

Donor contributions are expected to increase. This increase of \$ 42,000 comprises of Restricted (projects/Programs, Fixed Assets, Project Overhead) and unrestricted contributions.

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 which was budgeted at \$14,365,000 is forecasted to decrease by \$487,000 to \$13,878,000.

#### BALANCE

The Net Operating Deficit excluding depreciation is expected to decrease by \$529,000 to a deficit of \$501,000.

The Net Operating Deficit including depreciation is anticipated to decrease by \$ 508,000 to \$1,376,000.

Unrestricted expenditures are expected to decrease due to salary savings as a result of the voluntary severance program, delayed recruitment of international staff funded from unrestricted funds, donor support with restricted funds for some essential programs supported from unrestricted funds.

It was reported to the Committee that since completion of the Finance Committee document, and agreement was signed with JSI, funded by USAID, that would provide funding for hospital activities currently supported with unrestricted funds. This support will enable the Centre to recover the costs of the Voluntary Severance Package implemented in 1998 without increasing the deficit.

The Government of Netherlands has also advised that support of approximately \$230,000 in unrestricted funds would be provided in 1999. This will reduce the projected deficit in 1999.

The Committee suggested that the management pursue means of improving efficiency and accountability through innovative use of IT technology.

The need for more unrestricted revenue was also highlighted. The reduction of the cumulative deficit would take several years and this will continue to constrain Centre activities.

#### **4. APPOINTMENT OF AUDITORS FOR 1999**

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.

The Management recommended 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 the management is recommending the appointment of Hoda Vasi Chowdhury & Co., Dhaka as associate of Deloitte Touche Tohmatsu as local auditors for the year 1999, and Price Waterhouse, Calcutta remain as our international auditors.

The Management also recommended that the audit fee should not exceed \$15,000. The Committee noted that the fee for previous years was \$14,000.

The Committee agreed to recommend to the Board to approve the appointment of Hoda Vasi Chowdhury & Co., and Price Waterhouse, Calcutta; as joint auditors for the year 1999 as a fee not to exceed US\$15,000 and when appointment of new auditors is recommended in future, management consider the possibility of obtaining proposals from several audit firms for consideration.

## **5: STAFF SALARIES**

At the November 1998 Board meeting it was agreed to review the National Officers (NO) and International Staff Salaries.

It was agreed that this agenda will be discussed in a closed Joint session of the Personnel & Selection Committee and Finance Committee meeting.

## **5. ENDOWMENT/RESERVE FUNDS**

### **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.

Prof. Colwell emphasized that fund raising is a long process. However, greater efforts must be made in contacting and follow-up with potential individuals and organizations for contributions to the fund.

It was noted that at present US\$3,180,148 is invested with Morgan Stanley and the return on investment was very poor in 1998.



The Committee recommended that the Endowment Fund Management Committee be advised that monitoring of the investment portfolio is important to ensure a maximum return on our investment.

b. Reserve Fund

It was reported that 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 Acquisition and Replacement Fund

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 the Government of Japan committed for the completion of the Matlab International Training Centre.

All fixed asset acquisitions in future will be changed to the Operating Fund.

6. **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 Cumulative deficit of the Centre, there will be a ongoing overdraft requirement to cover operating costs. In view of this, management requested that the Board approve the renewal of the overdraft agreement of \$2 million for the year to July 13, 2000. The Committee noted that this overdraft facility is secured by term deposits of the Reserve Fund.

A Board resolution resolved in June 1995 by which 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.

The Board agreed to recommend to the Board that it authorize the continuation of the overdraft facility of up to \$2 million with the American Express Bank for the year to July 13, 2000.

b. Cheque Signatories

The Committee noted that as required by the Board resolution of November 22, 1994, Dr. Lars Ake Persson has been appointed as a cheque signatory.

c. Voluntary Severance Program

Following Board approval a 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.

The Committee noted the costs involved and the estimated total savings and that the costs of this package was not changed to the Operating Fund in 1998 but that it was recorded as a "Deferred Revenue Expenditure" to be charged to the Operating Fund at \$288,000 per year in 1999 and 2000.

It was reported that should the Centre be successful in obtaining donor support directly for this cost, there would be no impact on the deficit of the Centre's Operating Fund. The Committee was also advised that an agreement has now been signed with JSI, funded by USAID and a second agreement with Pathfinder, also funded by USAID is currently being negotiated that would fund hospital activities of the Voluntary Severance Package over the next two years.

The Committee suggested that management consider charging the cost of the voluntary severance program to the operating fund in 1999 rather than over the next two years. Management agreed to review this.

## **GENERAL DISCUSSIONS**

### Finance Committee Meeting

The Committee recommended that a portion of the Finance Committee be systematically a closed meeting. This will be implemented with the November meeting.

### Hospital Endowment Fund

The Committee was advised that the investment in shares on the Dhaka Stock Exchange had declined in value by approximately 50% since they were purchased in 1996.

The Committee suggested that management consider selling the shares held in companies trading on the Dhaka Stock Exchange. In order to avoid that such sales provoke a sharp decline in the stock value, the sale should be gradual.

Management should explore other investments in Bangladesh such as government bonds, savings certificates and similar investments that are secure and have a reasonable rate of return. Management agreed to proceed with this.

## Budget

The Committee suggested that a 2 year budget be presented (projections) at the next BOT meeting.

Mr. Martin thanked Prof. R. Colwell and Mr. John Winkelmann for their excellent presentations.

**SUNDAY 6<sup>th</sup> JUNE 1999**

## **MORNING SESSION – PROGRAMME COMMITTEE MEETING**

Prof. Cesar Victora, Chairperson of the Programme Committee opened the meeting of the Programme Committee on Sunday 6<sup>th</sup> June, 1999 at 8.30 a.m. He welcomed everyone.

### **Programme Committee Members**

Maj. Gen (Ret'd) M.R. Choudhury  
Prof. P.F. McDonald  
Mr. Jacques Martin (ex-officio)  
Prof. Cesar Victora (Chairperson)

### **Invited Trustees**

Mr. R. Carriere  
Prof. R.R. Colwell  
Prof. George Fuchs (Secretary)  
Prof. Tikki Pang  
Mr. M.M. Reza  
Dr. A.K.M. Masihur Rahman  
Dr. Y. Takeda  
Prof. C.K. Vlassoff  
Prof. Cesar Victora  
Prof. Zheng Qing-si

### **Others**

Dr. David Sack, Director Designate  
Division Directors, Centre staff and guests  
Members of the donor community

Ms. L. Saldanha (Minute Secretary)

## 2. CENTRE'S RESPONSE TO PHSD REVIEW

Dr. Barkat-e-Khuda, Acting Director, Health & Population Extension Division, presented the highlights of the Division's response to the Report of the Review Committee. He referred to the Division's Response which had been circulated earlier (copy attached to the official minutes).

The discussion that followed included the following comments, clarifications and suggestions by the Committee:

### 1. Capacity building :

Since PhD is a major criteria for promotion, a system for joint degrees (partnership) with local universities needs to be explored.

### 2. Arsenic activities:

In response to a query on how far the Centre will go with regard to arsenic work it was reported that this is a policy issue and a decision would also need to take into consideration the Centre's reorganization (Centre themes)

The role of ICDDR,B as a leader in raising issues of this nature and play a pioneering role in this area was recommended.. It was suggested that a "post-mortem" be initiated to see if there were missed opportunities for ICDDR,B and the question of balance when it comes to dissemination of new knowledge. The Centre should ensure that all it produces by way of knowledge gets the required application. Briefly, what is Centre's role in ensuring that its actions will be widely disseminated?

In response to the above, it was clarified that the Centre was the first to conduct a study on Arsenic contamination in ground water in Bangladesh and is presently leading research on water supply in arsenic affected areas. The Centre is also looking at strategies for community involvement and has been requested by the Collaborative Council and WHO to coordinate global information exchange mechanisms for arsenic.

### 3. Environmental Health Programme:

The Committee noted that the placement and scope of this programme will be looked at in greater detail in the reorganization.

#### 4 ECPP:

The Committee also noted that with their limited resources the ECPP is concentrating on activities in the field, and, that they should have a broader mandate. It was also felt that their positioning in this Division was not logical.

The Committee felt that the ECPP should consider getting involved in ERID activities.

##### 1. Name Change:

A change in the name of the Division, that would clearly reflect its work, was suggested.

In response to questions as to whether this is a conceptual issue, or is it because it is being recognized as a scientific discipline, or, does it relate to strategic positioning, it was suggested that Prof. Pang's expertise in this regard be utilized.

##### 2. Publications:

In response to the concern of the Review Team regarding the number of peer reviewed publications in HPED which is at the lower end – but within the range of the output of other similar organizations, it was clarified that given the nature of the work and the demands of partner organizations, peer-reviewed journal articles tend to receive less attention from the scientific staff. However, staff are being encouraged to produce journal articles.

Prof. Cesar Victora's suggestion that the Division participate in the forthcoming WHO/IMCI workshop was noted.

To assist in the publication, a proposal was put forward for the establishment of a position of Senior Scientist. The Committee agreed to recommend to the Board to approve the establishment of a Scientist at level P5 in the Health & Population Extension Division and his salary be covered from restricted funds.

The Committee noted the appreciation of the GoB representative for the support provided by the Operations Research Programme who also stated that the Centre has provided the Government of Bangladesh with the service of a reliable evaluator and commended the Division for its very important contribution.

The Committee agreed to recommend to the Board to accept the Response of the Health & Population Extension Division to the Report of the Programme Committee Review. The Division should follow up on the suggestions presented at the Programme Committee Meeting.

Prof. Victora stressed the importance of these reviews, and thanked Dr. Barkat-e-Khuda for his excellent presentation.

### **3. PROGRAMME COMMITTEE REVIEW OF THE CLINICAL SCIENCES DIVISION**

Dr. Fuchs suggested that, as the Centre moves towards the thematic approach the Centre should move to reviewing research themes and not the Centre's skills. The World Bank has provided funds for the Nutrition Centre of Excellence and requires that the Nutrition activities be reviewed.

Following some discussion in this regard it was agreed that the review of Clinical Sciences Division should not be scheduled for November and that the entire issue be reviewed again at the next BOT meeting in November.

The Committee agreed to recommend to the Board that it approve that, in view of the reorganization of the Centre, the Clinical Sciences Division review scheduled for November 1999 should be postponed. A decision will be taken at the November BOT meeting on the appropriate dates for this review.

### **4. MISCELLANEOUS**

ERC Membership:

A request to the Committee for an extension of 1 year to two of its members was made.

The Committee agreed to recommend to the Board that it grant an extension for one year to the two members of the Ethical Review Committee namely Prof. Shah Abdur Rahman Chowdhury and Dr. Halida Hanum Akhter who have already completed their 6-year term in view of the fact that six members will be retiring at the same time.

### **SPECIAL FULL BOARD SESSION REORGANIZATION PLAN 6<sup>th</sup> JUNE 1999**

A meeting of the Guidance Team, members of the Task Force and the Executive Committee was held on Friday 4<sup>th</sup> June 1999 from 9.00 a.m. to 5.00 p.m. A report from the Reorganization Task Force was circulated ahead of the meeting. In order to assist the Guidance Team a list of potential action points arising from the report was provided for discussion (copy attached to official Minutes).

A Special Full Board session was held on 6<sup>th</sup> June 1999 from 10.00 a.m. to 4.00 p.m. and a set of recommendations were drawn up for approval of the Board.

**MONDAY 7<sup>th</sup> JUNE 1999**

**FULL BOARD SESSION**

At 8.00 a.m. the Chairperson of the Board opened the Full Board Session.

**1. APPROVAL OF THE AGENDA**

The Agenda as presented was approved.

**2. APPROVAL OF THE DRAFT MINUTES OF THE BOT MEETING HELD  
7-9 NOVEMBER 1998**

The draft Minutes of the Board of Trustees Meeting held on 7-9 November 1998 were approved.

**3. INTERIM DIRECTOR'S REPORT**

Professor Fuchs presented main highlights on 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).

The Interim Director said that donors and the Board should take comfort in the efforts and amount of work put in by the senior staff during this period. He reported that the Centre's scientific achievements have been exceptional by usual measures (publication, participation in international workshops, conferences, workshops). The presentation included brief reports on the Centre's present and future plans:

- Finances
  - Deficit
- Funding
  - World Bank: Nutrition Centre of Excellence
  - DfID: Laboratory Strengthening
  - USAID/D, JSI, Pathfinder: Child Survival Services
  - Royal Dutch Government: Unrestricted funds
  - Government of Japan
  - GoB/World Bank: Purchase of hospital services
  - GoB: Supplemental funds for hospital services
- "Franchising" of Hospital
  - To reduce financial pressure
  - Create operations research opportunities
  - Improve health care delivery
- Institutional Development
  - Business Plan:

- a. Organizational structure
  - b. Financial Plan
  - c. MIS
- Human Resources Agenda
    - a. Work Force Assessment
    - b. Job Classification
    - c. Salary Structure
    - d. Promotion Criteria
    - e. International Posts
- \* Centre's Plans for Creating Clinical Treatment Units in Dhaka and Matlab
  - \* Recruitment: Centre Director  
Division Director, PHSD

### **JSI/ICDDR,B COLLABORATION**

Professor Fuchs introduced Mr. Richard Greene, USAID, Dhaka (who will be taking up a new post at USAID in Washington) who, he said, has been extremely supportive of this initiative. Mr. Greene described USAID's role in this effort.

Professor Fuchs invited Ms. Vanessa Brooks, ICDDR,B to provide a description of the aims and goals of this initiative. The presentation was as follows:

1. Clinical Treatment Units
  - The Conceptual Framework: Diarrhoeal Treatment Unit
  - Originally Research Protocol: EU funding in 1995
  - Developed in 1998 into a new concept as part of the overall strategy of improving primary health care and providing ICDDR,B quality assurance and quality care at the community facility level.
2. Implementation Issues arising under Original Scheme
  - Tasks: Identifying facilities, establishing new facilities or improving government facilities. Needs assessment must be done.
  - Clinic Requirements: Staffing, services, supplies
  - Patient Management and Training of clinic personnel
  - ICDDR,B's coordinating role
  - Assessment of impact on ICDDR,B
  - Mechanism for periodic evaluation
  - Cost effectiveness and efficiency
  - Partners GoB, ICDDR,B, others



3. More recent developments (since 1995) in the Health and Population Sector:  
USAID-GoB Initiatives

- \* Development of the National Integrated Population and Health Programme of USAID (NIPHP Partners) 1997-2004
  - Network of community based urban facilities – 24 in Dhaka
  - Network of rural facilities (RSDP – Pathfinder)
  - Other components: Social Marketing Corp., Behavioral Change Communication (BCC); pricing strategies, One-stop Family Planning and Primary Health Care Maternal-Child Health Care
- \* Comprehensive Primary Care Facility providing Essential Services Package

It was also reported that the franchising initiatives with JSI has several attractive goals:

- Achieving the NIPHP's Strategic Objectives within the Framework of ICDDR,B
- Strengthening its clinical network by transferring ICDDR,B's protocolized management of diarrhoeal diseases and strengthening its weaker components .
- Incorporate some of its strategies into ICDDR,B: BCC component, user fees, private ward.

Plans are underway to establish a clinic on site to and provide services to UFHP Clinics as follows:

- Step 1.: Establishment of UFHP NGO Clinic facility
- Step 2: Training Component for NGP clinic facility
- Step 3: Triage Patients
- Step 4: Health Economics

Other important benefits of JSI include:

- Offset right sizing costs
- Expand the network of funding partners and collaborators.

There is a plan to adopt a similar strategy in the rural context and there are prospects for an agreement by mid-July. Discussions between Pathfinder & Matlab are ongoing.

Assessment of the Strategy: Operations Research

- Assessment of Costing
- Assessment of Patient Referral Network
- Measuring outcomes – Hospital Patient Population

Finally, the objectives under the original proposal were highlighted which included:

- improve case management of diarrhoeal diseases within an essential services package of health care
- increase prevention of diarrhoeal diseases through health education
- strengthen diarrhoeal treatment units by identifying barriers to optimal utilization of GoB established DTUs and ORT corners
  - evaluate feasibility for establishment of a cost effective diarrhoeal treatment unit
  - decrease hospital caseload by making available more effective treatment in other facilities

It was further reported by Mr. Richard Greene of USAID that this initiative is aimed at strengthening the decentralized system of integrated health care.

Prof. Fuchs emphasized that the franchising initiative would also be structured as an operations research activity.

A National Committee to develop the IMCI after which this initiative will be adopted which will have a health and caseload impact. It was also mentioned that the Centre is looking at the possibility of a paying ward that would offset some of the costs, and JSI will provide a consultant to examine the prospects for this activity.

Prof. Fuchs reported that the Centre is committed to introducing a user fee scheme and explained that any cost recovery would not be done without an evaluation. Even so, the Centre does not expect this to contribute much (approx \$20-30,000 a year).

With regard to the behavioral pattern of the patients, it was felt that decisions on cost recovery and user fees are receiving increased attention among academics. As a central component of the Franchising the Centre needs to replicate the quality of care. The key to this whole exercise is the maintenance of quality and that a monitoring system should be in place. Regarding the impact of cost recovery, the Centre is aware of this and will review it in an Operations Research context.

The Chairperson, Mr. Martin thanked Professor Fuchs, Ms. Vanessa Brooks and Mr. Greene for their presentation and hard work in this regard.

The Board commended the Management for embarking on this important initiative that will assist in reducing costs.

#### 4. **FUND RAISING STRATEGIES (first round of discussions)**

##### Participation of the Board of Trustees in Fund Raising Initiatives

Mr. Martin invited Ms. V. Brooks and Mr. R. Carriere to make presentations. Handouts titled "Fundraising initiatives: some considerations" were distributed to those present (copy attached to Official Minutes).

Ms. Brooks identified the goals of this discussion which she said were aimed at:

- giving the Board a better understanding of how they can contribute to the Centre's fund raising initiative
- providing guidelines on how action can be taken by the Board as a whole and by Trustees individually in this process
- highlighting issues that will influence strategies

Other considerations were:

- How can the Board participate in fundraising decision-making?
- What can be done individually? Proposed roles
- What can be done collectively?
- What should be done collectively?
- Protecting the Board in the fundraising process
- Should fundraisers be paid? If so, how?
- Board Code of Ethics
- Fund Management Committee
- What are our priorities for fundraising at this time? Options for focus.

#### Fund Management Committee:

It was agreed that this should include individuals who have specific skills.

Mr. Rolf Carriere in his presentation highlighted the following:

#### **Development of contributions from the private sector: Working with the Corporate Sector – Rules of the Game**

Process of selection: Criteria

- a. Selection criteria
- b. Exclusion criteria
- c. Value fit: positive screening criteria
- d. Bottom line: No matter how precise the criteria, always judgement call.

How to screen companies

Corporate contributions in return for some public recognition

Assure: No adverse effect on our ability to act independently, impartially

Legal Agreement (audits, reports, publicity)

Mr. Jacques Martin thanked Ms. Brooks and Mr. Carriere for their presentations, which, he said were excellent and extremely informative. He said that this would be the first opportunity to visit the question. Members of the Board and donors were requested to provide additional thoughts in this regard with references and where these could be found.

Professor Fuchs suggested that a Strategic Plan needs to be developed in the near future. The Committee agreed that the endowments are very crucial for the continued stability and continued revival of the Centre. At this point concern was again expressed regarding the slow growth of the fund.

On the point of ethics the status of USA Global initiative was requested. It was reported that Mr. Martin, Prof. Colwell and Prof. Sack have been in contact with Mr. Hoffman. They were relatively hopeful of a positive outcome. The Centre has at present a contract with USA Global until the end of 1999. At its November 1999 session the Board will need to make a decision. At present the Board and the Centre should support USA Global in their endeavor. Prof. Sack further reported that he will be meeting with the representatives of the Gates Foundation and that there are other likely contributions.

It was also reported that the Centre is still waiting for the signed amendment to the Agreement with USA Global which, among other things, updates the list of present and potential donors with whom the Centre has already initiated a donor relationship (in particular the four oil companies namely, Shell, Cairns Energy, UNOCAL and Occidental) and whom USA Global should not approach.

Dr. Fuchs also expressed concern that none of the US\$ 4 million in pledges they announced in June 1998 were received and that, again as with the November Board meeting, the Centre did not receive a report from them of their activities which was to be presented at the June Board Meeting.

In response to Dr. Fuchs' comment for the need to seriously review the issue of their extension, Prof. Colwell reported that Dr. Greenough is attempting to establish some regular contact with Mr. Hoffman and that it will be wise to wait until the end of their contract before a decision is made.

In response to the need to move ahead with outlining a strategy by the November Board meeting and to have a mechanism for the Board to make decisions regarding its role in the fund raising activities, it was agreed that the Board should formalize an Executive Committee. The Committee should come up with a proposal in November and propose some options (3-5) pages to be a basis for a strategy. The Board was also reminded that the Committee should be provided with the Terms of Reference that expressly state the Committee's role and function in the fund raising process. The Board agreed to address this issue in August/September 1999.

## **5. SUMMARY OF DISCUSSIONS (Reorganization Plan)**

The Board noted that the direction and reporting arrangements related to the reorganization would revert to the normal structure. That is, the Task Force will report to and receive its directions from the Director and the Director will provide information and receive guidance from the Board through the Chair of the Board.

Prior to 1 October, it is understood that the Interim Director will work closely with the Director Designate in all aspects of the reorganization.

The Centre Management should share the plans for reorganization with the staff through the Divisions.

The Board commends the work of the Reorganization Task Force and the Centre Management as a job well done under difficult circumstances. The Board also Commends the staff for their excellent commitment to the process.

The Board endorsed the general direction of the recommendations made in the report of the Reorganization Task and that work should proceed as indicated.

## **6. 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 & Selection Committee meeting held on 5<sup>th</sup> June 1999 and noted the format/terminology to be followed when making recommendations to the Board for their approval. It was agreed that the draft resolutions be accepted, with amendments as noted. The amended resolutions as adopted by the full Board are as follows:

### **1/BT/JUNE 99**

The Board agreed with regard to the process, that every meeting of the Personnel and Selection Committee will include a closed session.

### **2/BT/JUNE 99**

The Board agreed that Mr. Kim Streatfield be appointed as Head, Health and Demographic Studies at level P5.

### **3/BT/JUNE 99**

The Board agreed that the Centre management proceed with the recruitment for the following positions following the standard selection procedures:

Head, Reproductive Health Programme, P5

Health Economist, ORP P4

Operations Research Scientist, ORP, P4

Research Microbiologist, LSD, P4

Social Scientist, SBSP, PSHD, P3/P4

Executive Assistant to the Director, Director's Division, P1

**4/BT/JUNE 99**

The Board agreed that in the context of reorganization, the job description of Head, Training and Education Department be updated.

**5/BT/JUNE 99**

The Board agreed that in the context of the reorganization the Centre should not proceed with the appointment of Head, Human Resources at its present P3 level, the job description should be revised, and the post be reclassified and readvertised for appointment at level P4/P5 for a maximum period of 3 years.

**6/BT/JUNE 99**

The Board agreed that the Centre Management defer the recruitment for the position of Internal Auditor until after the reorganization of the Director's Division has been finalized.

**7/BT/JUNE 99**

The Board agreed to approve the establishment of the position of Biostatistician at level P2 and that the position be advertised and related recruitment be undertaken.

**8/BT/JUNE 99**

The Board agreed to approve the establishment of a Scientist position at level P5 in the Health and Population Extension Division to be paid from restricted funds.

**9/BT/JUNE 99**

The Board agreed that effective immediately Dr. Barkat-e-Khuda be appointed to the position of Division Director, HPED at level D1, at a step commensurate with the Centre's rules and regulations.

**10/BT/JUNE 99**

The Board agreed that a special post allowance at the appropriate national officer level be awarded to Dr. Abdus Salam as compensation for his services rendered in his capacity as Interim Head, Clinical Sciences Division.

**11/BT/JUNE 99**

The Board agreed that an investigation into salary structures should proceed as a priority with the goal of establishing an equitable system in which all staff contributions to the Centre's functions are recognized.

#### **12/BT/JUNE 99**

The Board agreed that the Centre implement the Human Resources plan as agreed and within the funds available.

#### **13/BT/JUNE 99**

The Board agreed that recognizing its statutory responsibility with respect to all international positions, it henceforth approve the establishment of all international posts, with involvement in recruitment only for those positions at level P5 and above. Appointments to levels P4 and below will be brought to the Board for noting and approval.

#### **14/BT/JUNE 99**

The Board agreed to extend the term of Prof. Marian Jacobs, Board of Trustees Member, for a second term of three years effective July 1, 1999.

#### **15/BT/JUNE 99**

The Board agreed to endorse the appointment of Prof. Tikki Pang as WHO representative on the Board of Trustees for a term of three years effective 1 June 1999.

#### **16/BT/JUNE 99**

The Board agreed that Prof. Ricardo Uauy Dagach (developing countries, Latin America) be nominated as a replacement for Prof. Cesar Victora, as a member of the Board of Trustees with effect from 1 July 1999.

#### **17/BT/JUNE 99**

The Board agreed to defer the appointment of Trustees to represent developing country (Asia) and developed country (Europe) until after the November Board discussion on the roles of the Board.

### **7. RESOLUTIONS FROM THE FINANCE COMMITTEE**

Professor Rita Colwell, Chairperson of the Finance Committee, presented the draft resolutions from the Finance Committee Meeting held on Saturday 5 June 1999. It was agreed that the draft resolutions as presented and discussed be accepted with the addition of a resolution from the P&S Committee following discussions on the review of policy for international positions.

**18/BT/JUNE 99**

The Board agreed to accept the Audited Financial Statements of the Centre and the Hospital Endowment Fund for the year ended 31 December 1998.

**19/BT/JUNE 99**

The Board agreed to recommend to the Board to approve the appointment of Hoda Vasi Chowdhury & Co., and Price Waterhouse, Calcutta, as joint auditors for the year 1999 at a fee not to exceed US\$ 15,000.

**20/BT/JUNE 99**

The Board agreed to authorize the continuation of the overdraft facility of up to \$2 million with the American Express Bank for the year to July 13, 2000.

**21/BT/JUNE 99**

The Board agreed to accept the policy for international level professionals with the addition of a clause to correct the potential for abuse cases. Principal investigators and senior staff should in no case in appropriately put portions of their salary on grant proposals to cover their salary requirements.

**8. RESOLUTIONS FROM THE PROGRAMME COMMITTEE**

Prof. Cesar Victora, Chairperson of the Programme Committee, presented the draft resolutions from the Programme Committee Meeting held on Sunday 6 June 1999. It was agreed that the draft resolutions as presented and discussed be accepted. The resolutions as adopted by the full Board are as follows:

**22/BT/JUNE 99**

The Board agreed to accept the Response of the Health & Population Extension Division to the Report of the Programme Committee Review. The Division should follow up on the suggestions presented at the Programme Committee Meeting.

**23/BT/JUNE 99**

The Board agreed that in view of the reorganization of the Centre, the Clinical Sciences Division Review scheduled for November 1999 be postponed and that a decision will be taken at the November BOT meeting on the appropriate dates for this review.



**24/BT/JUNE 99**

The Board agreed to grant an extension for one year to the two members of the Ethical Review Committee namely Prof. Shah Abdur Rahman Chowdhury and Dr. Halida Hanum Akhter who have already completed their 6-year term in view of the fact that six members will be retiring at the same time.

### **3. RESOLUTIONS FROM THE REORGANIZATION PLAN MEETING**

Prof. Peter McDonald presented the recommendations made in the report of the Reorganization Task Force at the Special Full Board Session (Reorganization Plan) held on June 6, 1999 which are as follows:

**25/BT/JUNE 99**

The Board agreed to the general direction of the recommendations and that the Centre should proceed with the following work:

- The development of cross-cutting scientific themes and the administrative arrangements related to those themes, using the Nutrition theme as a proto-type.
- decentralization of administrative authority.
- Establishment of a new costing strategy (6 months)
- Establishment of an approach to MIS/IT that is consistent with the new organizational structure (6 months).

The Reorganization Task Force should continue its work on:

- formulation of an overarching statement of the purposes and aims of the reorganization
- reorganization of logistic units
- policy regarding administration of scientific infrastructure
- any other matter referred to the Task Force by the Centre Management.

### **4. Action from Report from SWA**

As part of its agenda, the Board met with the Staff Welfare Association (SWA) Executive Committee on Saturday 5<sup>th</sup> June 1999. Views were exchanged on SWA's main concerns.

## **5. Selection of Trustees/Appointments to Committees (Composition of the Board)**

### Selection of Trustees

The Board noted that this was discussed in the Personnel and Selection Committee Meeting with resolutions 14 through 17 agreed to as above.

### Composition of the Board

It was agreed that a Retreat to address the question of the composition of the Board and to review its functions (Future Search Methodology) will be held with the assistance of an external moderator during the next Board meeting in November. Three half days will be dedicated to this activity. It was also agreed that one morning could be a "hearing session" when Board Members could meet and listen actively to selected people, a whole series of different stake holders (donor, government official, staff members – Director and/or former Board Member), who will give their perspectives on the Centre and its current functioning. It was also agreed that apart from an external moderator two technical experts should be included (Prof. Carol Vlassoff and Ms. Vanessa Brooks).

The Discussions would be informal and should include the incoming Director's expectations etc.

The following members will form the focus group:

Mr. Jacques Martin  
Mr. Rolf Carriere  
Prof. Marian Jacobs  
Maj. Gen (Ret'd) M.R. Choudhury  
Interim Director and the Director Designate

Mr. Martin, Prof. Jacobs and Mr. Carriere agreed to keep the relevant individuals informed on their preparations. Other Board members were also requested to provide their input.

## **11. APPOINTMENTS TO COMMITTEES (closed session)**

Professor R.R. Colwell was elected as the Chairperson of the Finance Committee, Prof. Marian E. Jacobs as the Chairperson of the Personnel and Selection Committee, and Professor Peter F. McDonald the Chairperson of the Programme Committee.

The following resolutions were passed:

## **26/BT/JUNE 99**

The Board resolved that the following members be appointed to the Personnel & Selection Committee for one year effective July 1, 1999:

Prof. Marian E. Jacobs (chairperson)  
Mr. M.M.Reza  
Dr. Y. Takeda  
Prof. Zheng Qing-si (not sure)

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

## **27/BT/JUNE 99**

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

Prof. R.R. Colwell (Chairperson)  
Mr. R. Carriere  
Dr. A.K.M. Masihur Rahman  
Prof. Tikki Pang  
Dr. R. Uauy Dagach (?)

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

## **28/BT/JUNE 99**

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

Prof. Peter F. McDonald (Chairperson)  
Maj. Gen (Ret'd) M.R. Choudhury  
Dr. T.A.M. Khoja  
Prof. Carol Vlassoff

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

## **12. DATES OF NEXT MEETING**

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

It was agreed to add one extra day to the November 1999 meeting

## **BOARD OF TRUSTEES MEETING – NOVEMBER 1999**

Thursday 4 November	Board Retreat (Afternoon and evening session)
Friday 5 November	Retreat (morning)
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 <b>Donors Support Group Meeting</b>

## **BOARD OF TRUSTEES MEETING – JUNE 2000**

A decision regarding review of the CSD or a review by theme will be finalized at the November 1999 BOT meeting.

## **BOARD OF TRUSTEES MEETING – JUNE 2000**

Friday 2 June	Trustees arrive
Saturday 3 June	Personnel & Selection Committee & Finance Committee Meetings
Sunday 4 June	Programme Committee Meetings
Monday 5 June	Executive Session of the Full Board <b>Donor Support Group Meeting</b>

## **15. OTHER RESOLUTIONS**

Following earlier discussions regarding its statutory responsibility the Board agreed to establish an Executive Committee who shall have the power to act on its behalf.

### **29/BT/JUNE 99**

The Board agreed to establish an Executive Committee in accordance to the Ordinance who shall have the power to act for the Board in the interim between Board meetings on all matters that the Board delegates to it and the Members include:

Chairperson, BOT  
Chairperson, Personnel & Selection  
Chairperson, Finance Committee  
One member from Bangladesh (Maj. Gen (Ret'd) M.R. Choudhury)  
Director

#### **14. ANY OTHER BUSINESS**

14.1 The Board noted that in order for the guidelines followed by the Ethical Review Committee to be recognized the Committee is going through a review by the United States NIH OPRR. This is a body that approves the procedures through the MPA(Multiple Project Assurance).

Reference was made to the necessity for the Centre to be Y2K compliant. Some assurances were given in this respect. Our responsibilities were stressed.

In this respect attention was drawn to the quality of computer facilities at the Centre and particularly on the Internet access. It was reported that though modernization involves considerable expenses, the Centre is looking into this seriously. Suggestions to team up with the World Bank and UNICEF were made

#### **14.2 Appreciation – Prof. Cesar G. Victora**

The Board of Trustees unanimously expressed its gratitude to Prof. Cesar G. Victora for his contribution to the Centre as a member of the Board of Trustees. A letter was addressed to her.

#### **14.3 Appreciation – Prof. H. Makela**

The Board of Trustees unanimously expressed its gratitude to Prof. H. Makela for her contribution to the Centre as a member of the Board of Trustees. A letter was addressed to her.

#### **14.4 Appreciation – Prof. Fehmida Jalil**

The Board of Trustees unanimously expressed its gratitude to Prof. Fehmida Jalil for her contribution to the Centre as a member of the Board of Trustees.

#### **14.5 Welcome – Prof. Zheng Qing-si**

The Board of Trustees welcomed Prof. Zheng Qing-si as member of the Board of Trustees effective for a 3-year term beginning July 1999.

#### 14.6 **Welcome – Prof. Tikki Pang**

The Board of Trustees welcomed Prof. Tikki Pang (WHO member) as member of the Board of Trustees for a 3-year term effective June 1, 1999.

The Chairperson, Mr. Jacques Martin, closed the June 1999 Board of Trustees Meeting at 2.00 p.m.

During the afternoon the traditional Donors Support Group meeting took place which was attended by all Board Members present and by the Centre management and other senior staff.

**3/BT/NOV 99**

**STRATEGIES FOR FUND RAISING:  
PRESENTATION OF PROPOSAL BY  
EXECUTIVE COMMITTEE  
OF THE BOARD**

BOT/Nov.99

## **FUND RAISING STRATEGIES**

### **Presentation of Proposal by the Executive Committee of the Board**

In response to the need to move ahead with outlining a strategy for fund raising by the November Board meeting and to have a mechanism for the Board to make decisions regarding its role in the fund raising activities, it was agreed that the Board should formalize an Executive Committee. The Committee should come up with a proposal in November and propose some options (3-5 pages) to be a basis for a strategy. The Board was also reminded that the Committee should be provided with the Terms of Reference that expressly state the Committee's role and function in the fund raising process. The Board agreed to address this issue in August/September 1999.

Since this issue was not addressed in August/September 1999, this may be discussed by the Board at the Retreat.



**4/BT/NOV 99**

**RESOLUTIONS FROM PERSONNEL  
AND SELECTION COMMITTEE**

**BOARD OF TRUSTEES MEETING  
NOVEMBER 1999**



**CENTRE**  
FOR HEALTH AND  
POPULATION RESEARCH

**PERSONNEL AND SELECTION  
COMMITTEE MEETING**

**PERSONNEL AND SELECTION COMMITTEE MEETING**  
**Saturday, 6 November 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. Head, Human Resources, P5
    - d. Chief Scientist, P5
    - e. Health Economist, P4
    - f. Operations Research Scientist, P4
    - g. Research Microbiologist, P4
    - h. Head, Training & Education Dept., P4
    - i. Social Scientist, P4
    - j. Internal Auditor, P2
    - k. Bio-statistician, P2
    - l. Executive Assistant to Director, P1
  - 2.3 Renewal of contracts
    - a. Environmental Specialist, P4, HPED
    - b. Senior Scientist, P5, PHSD
  - 2.4 Completion of tenure at international professional posts
    - a. Social Scientist & Project Director, P4, PHSD
    - b. Management Scientist, P4, ORP, HPED
  - 2.5 Information on international staff separations
    - a. Dr. Mahmud Khan, Health Economist, PHSD
    - b. Dr. Shameem Ahmed, Health Scientist, HPED
3. Selection of members of the Board of Trustees
4. Update on Centre's Human Resources activities
5. Staff salaries
  - 5.1 International Professional Category
  - 5.2 NO & GS Categories
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 (April 01, 1999 to September 30, 1999). There were 36 separations and 42 additions, mostly in the restricted areas. The total number of Centre fixed-term staff belonging to all categories thus increased by 6 as shown in Table 1 below:

Table 1Separations/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	(-1)	+1	-	-	(-1)	+1
Research (Scientific Support & Field)	(-13)	+28	(-9)	+1	(-22)	+29
Research (Administration)	(-3)	+4	(-4)	+1	(-7)	+5
Administration & Personnel	-	-	(-6)	+3	(-6)	+3
Finance	-	-	-	+4	-	+4
	(-17)	+33	(-19)	+9	(-36)	+42

Net addition : 6

**STAFFING STATUS**

CF - Core funded  
PF - Project funded

Functional Area	1998 (Sept 30)	1999 (March 31)	1999 (Sept 30)
-International Professional staff	15	11	11
-Research (Scientific, Support & Field)	538	545	552
	CF 196 PF 342	CF 195 PF 350	CF 187 PF 365
-Research (Administration)	224	221	219
	CF 126 PF 98	CF 123 PF 98	CF 120 PF 99
-Support Services & Personnel	121	93	90
	CF 121 PF 0	CF 93 PF 0	CF 90 PF 0
-Finance	40	34	38
	CF 40 PF 0	CF 34 PF 0	CF 38 PF 0
<b>Sub Total</b>	<b>938</b>	<b>904</b>	<b>910</b>
-International Seconded Staff	4	3	2
-Short term staff (Int'l, NO & GS)	11	11	10
-Community Health Worker	145	143	152
<b>Sub Total</b>	<b>160</b>	<b>167</b>	<b>164</b>
<b>Health Worker</b>	<b>79</b>	<b>65</b>	<b>69</b>
<b>GRAND TOTAL</b>	<b>1177</b>	<b>1136</b>	<b>1143</b>

**FELLOWS, CONTRACTUAL SERVICE HOLDERS AND DAILY WAGERS**

	<b>1998 (Sept 30)</b>	<b>1999 (March 31)</b>	<b>1999 (Sept 30)</b>
Fellows	22	29	29
Contractual Service Holders	182	253	250
Daily Wagers	101	246	179
<b>Total</b>	<b>305</b>	<b>528</b>	<b>458</b>

**NUMBER OF FIXED-TERM UNRESTRICTED,  
 RESTRICTED & INTERNATIONAL PROFESSIONAL STAFF**

<b>Functional Area</b>	<b>1998 (Sept 30)</b>	<b>1999 (March 31)</b>	<b>1999 (Sept 30)</b>
Unrestricted	483	445	435
Restricted	440	448	464
International Professional	15	11	11
<b>Total</b>	<b>938</b>	<b>904</b>	<b>910</b>

STAFFING STATUS  
FIXED-TERMAs of September 30, 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	-	-	-	-	-	1	6	7
	-Support Services	-	-	-	-	-	5	75	80
	-Finance	1	-	-	-	-	9	29	39
	-Personnel	-	-	-	-	-	3	7	10
2.	Public Health Sciences Division	4	-	-	-	1	41	186	232
3.	Clinical Sciences Division	-	-	1	2	-	31	147	181
4.	Laboratory Sciences Division	2	-	1	-	-	26	100	129
5.	Health & Population Extension Division	4	-	-	-	-	45	178	227
<b>Total</b>		<b>11</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>167</b>	<b>732</b>	<b>917</b>



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

As of September 30, 1999

Sl. No.	Location	Seconded Staff (Int'l)	Short-term			CHWs	Total	HW
			Int'l	NO	GS			
1.	Director's Division	-	2	-	-	-	2	-
2.	Public Health Sciences Division	-	-	-	8	145	153	-
3.	Clinical Sciences Division	1	-	-	-	-	1	69
4.	Laboratory Sciences Division	1	-	-	-	7	8	-
5.	Health & Population Extension Division	-	-	-	-	-	-	-
<b>Total</b>		<b>2</b>	<b>2</b>	<b>-</b>	<b>8</b>	<b>152</b>	<b>164</b>	<b>69</b>

NO : National Officer  
 GS : General Services  
 CHW : Community Health Worker  
 HW : Health Worker

**LIST OF INTERNATIONAL PROFESSIONAL STAFF**  
**As of September 30, 1999**

**FIXED-TERM**

<b>Sl. No.</b>	<b>Name</b>	<b>Country</b>	<b>Job Title</b>	<b>Pay Level</b>	<b>Contract Start Date</b>	<b>Contract End Date</b>
1.	ALBERT, Dr. M. John	India	Research Microbiologist, LSD	P5	04.05.89	31.10.1999
2.	BAQUI, Dr. Abdullah H.	Bangladesh	Senior Epidemiologist, PHSD	P5	01.08.97	31.12.2000
3.	BHUIYA, Dr. Abbas Uddin	Bangladesh	Social Scientist & Project Director ICDDR,B-SRC Project, PHSD	P4	01.07.94	30.06.2000
4.	HOQUE, Dr. Bilqis Amin	Bangladesh	Environmental Specialist, HPED	P4	01.06.97	31.05.2000
5.	KHUDA, Dr. Barkat-e-	Bangladesh	Division Director, HPED	D1	01.08.97	19.06.2002
6.	MATHAN, Prof. V. I.	India	Division Director, LSD	D1	01.01.98	31.12.2000
7.	PERSSON, Prof. Lars Åke	Sweden	Division Director, PHSD	D1	01.03.99	28.02.2002
8.	SIDDIQUE, Dr. A. K. M	Bangladesh	Epidemiologist, ECPP, HPED	P4	01.07.96	30.06.2002
9.	STREATFIELD, Dr. Peter K.	Australian	Head, Health & Demographic Surveillance Programme, PHSD	P5	18.07.99	17.07.2002
10.	TUNON, Dr. Cristobal	Panama	Management Scientist, ORP, HPED	P4	01.12.94	30.11.2000
11.	WINKELMANN, Mr. John F.	Canada	Chief Finance Officer, Director's Division	P5	01.12.97	30.11.2000

Agenda 2.1 contd...

**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	31.01.2000
2.	BROOKS, Ms. 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/Nov 1999

**LIST OF SECONDED STAFF**  
**As of September 30, 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

BADC : Belgian Administration for Development Cooperation  
 LSU : Louisiana State University

**LIST OF INTERNATIONAL FELLOWS**  
**As of September 30, 1999**

Sl. No.	Name	Country	Job Title	Start Date	End Date	Funding Status
1.	OSENDARP, Ms. Saskia	Netherlands	Int'l Health Research Fellow	20.11.95	14.08.2000	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 Status of Recruitment of International Professional Staff**

**Agenda 2.2a      Head, Reproductive Health Programme, P5, PHSD**

As per resolution of the June 1999 meeting of the Board of Trustees, the Centre management proceeded with the recruitment for the above position and by following the standard selection procedures appointed Dr Japhet Killewo, a Tanzanian national to the post.

Dr Killewo has accepted the offer and is expected to join the Centre soon.

**Agenda 2.2b      Head, Health & Demographic Surveillance Programme, P5, PHSD**

As per approval of the meeting of the Board of Trustees (2/BT/June 99), Dr Peter Kim Streatfield was appointed as the Head, Health & Demographic Surveillance Programme at pay level P5 under the Public Health Sciences Division.

Dr Streatfield joined his post on July 18, 1999.

**Agenda 2.2c      Head, Human Resources, P5, Director's Division**

As per the resolution (5/BT/June 99) of the meeting of the Board of Trustees, arrangements are being finalized with the World Bank, Washington to second (reimbursable) a Human Resources expert from the Human Resources Division of the Bank to take up this post at the Centre for a period of 2/3 years. Towards this, Mr Fons Marcelis of the World Bank has been identified. He is likely to join the Centre soon.

**Agenda 2.2d      Chief Scientist, P5, ORP, HPED**

As per resolution (8/BT/June 99) of the Board of Trustees, the position of Scientist (later decided by the Interim Director to be called Chief Scientist) has already been announced in accordance with the Centre's standard recruitment procedures. So far, there has been 8 (eight) responses. The closing date of this vacancy announcement is October 20, 1999 and a further update on the responses will be provided during the meeting of the Personnel & Selection Committee.

**2.2 Status of Recruitment of International Professional Staff**

**Agenda 2.2e      Health Economist, P4, ORP, HPED**

Following the standard selection procedure, the position was offered to Dr Mukesh Chawla of the Harvard School of Public Health, USA. On October 10, 1999, he regretted the offer as he could not resolve his US resident status with the INS. Search for a suitable candidate to fill the position continues.

**Agenda 2.2f      Operations Research Scientist, P4, ORP, HPED**

The interview of the only short-listed candidate, Prof Abu Jafar M Sufian, of the King Faisal University, Dammam, Kingdom of Saudi Arabia was held at the Centre. It was generally agreed that the search should continue. In the meantime, another candidate Prof Ray Langsten who mostly matches the requirements of the position has been invited to visit the Centre at the end of October, 1999 for this purpose.

**Agenda 2.2g      Research Microbiologist, P4, LSD**

Dr G Balakrish Nair, Deputy Director of the National Institute of Cholera & Enteric Diseases has applied for this position. Dr. Nair has been invited to visit the Centre between October 24 and 26, 1999 for meeting with the Senior Management staff for the position.

**Agenda 2.2h      Head, Training & Education Department, P4, Director's Division**

As per a Board resolution (4/BT/June 99), the job description of the position was updated and was approved by the Interim Director and the Director-designate. The announcement was made and the short-listing of the candidates have been made by the Interim Director. The interview of the candidates will be scheduled after the Director-designate joins.

**2.2 Status of Recruitment of International Professional Staff**

**Agenda 2.2i      Social Scientist, P4, SBSP, PHSD**

Following the standard selection procedure, Dr Lauren S Blum of the University of Connecticut has been selected for the position. She has conveyed her acceptance to Prof Lars Åke Persson. It is likely that Dr Blum will take her post soon.

**Agenda 2.2j      Internal Auditor, P2, Director's Division**

As per Board resolution (6/BT/June 99), the recruitment for the above position has been deferred until finalization of the reorganization of the Director's Division.

**Agenda 2.2k      Bio-statistician, P2, Director's Division**

In response to the advertisement for this position, a total of 8 (eight) applications have been received. The applications are being reviewed for short-listing. The interview will be scheduled soon and a decision to appoint a suitable person will be taken.

**Agenda 2.2l      Executive Assistant to Director, P1, Director's Division**

Mrs Judith G Bennett Henry, a Trinidadian national has been selected for this position. Mrs Bennett Henry has joined her post as of October 01, 1999.

**2.3 Contract Renewals**

**Agenda 2.3a      Environmental Specialist, P4, HPED**

The international professional employment contract of Dr Bilqis Amin Hoque, Environmental Specialist at pay level P4 under the Health & Population Extension Division will expire on 31 May 2000. Dr Bilqis in the meantime has been drawing a salary equivalent to NOE/Step 7, due to shortage of funding of her international post.

As per current policy of the Centre, the contract of Dr Bilqis may be renewed for another 3 (three) years under the same mechanism as her performance has been rated satisfactory.

**Agenda 2.3b      Senior Scientist, P5, PHSD**

The part-time employment contract of Dr Radheshyam Bairagi, Senior Scientist, P5, PHSD who has been on this contract for 2 (two) years, will end on 14 January 2000. This contract was with the understanding that on availability of funds he will receive the full salary of the post.

Dr Bairagi has been working at the Centre for more than 8 years at the International Professional level.



**2.4 Completion of tenure at International Professional posts**

**Agenda 2.4a      Social Scientist & Project Director, P4  
ICDDR,B – SRC Project  
(Chakaria Community Health Project), PHSD**

Dr Abbas Uddin Bhuiya, Project Director of ICDDR,B – SRC Project at pay level P4 of the PHSD will be completing six years of his tenure at the International Professional position on 30 June 2000.

The position needs be announced as the project will continue.

**Agenda 2.4b      Management Scientist, P4, ORP, HPED**

Dr Cristobal Tunon, Management Scientist at pay level P4 of the Operations Research Project under the Health & Population Extension Division will complete six years of his tenure at the Centre in International Professional post on 30 November 2000.

The established post currently being held by Dr Tunon will continue and hence the position needs be announced.

**2.5 Information on International Professional staff separation**

**Agenda 2.5a      Dr Mahmud Khan  
Health Economist, PHSD**

After completion of his secondment from the University of Tulane, USA, Dr Mahmud Khan, Health Economist, Health Economics Programme of the Public Health Sciences Division left the Centre on 26 July 1999.

**Agenda 2.5b      Dr Shameem Ahmed  
Health Scientist, P4, ORP, HPED**

With great grief, the Centre reports the tragic death of Dr Shameem Ahmed, Health Scientist, Operations Research Project under Health & Population Extension Division, in a plane crash in Nepal on 5 September 1999.

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. To nominate .....as a member of the Board of Trustees effective July 1, 1999 to replace Prof. Fehmida Jalil (developing country Asia).
2. To nominate ..... as a member of the Board of Trustees effective July 1, 1999 to replace Professor Helena Makela (developed country Europe).
3. Initiate nominations for a replacement for Mr. Jacques Martin (developed country, Europe) for a period of 3 years from 1 July 2000.
4. Initiate nominations for a replacement for Dr. Y. Takeda (developed country, Japan) for a period of 3 years from 1 July 2000.
5. Endorse the nomination of Professor A.K. Azad Khan, who has replaced Late Maj. Gen M.R. Choudhury from the host country Bangladesh effective September 26, 1999.

**LIST OF BOARD MEMBERS  
WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES  
(as at Nov 1999)**

Name	Country	Discipline	Joining/Ending date
Mr. Rolf Carriere	UNICEF	Management/ Int'l Health	1997/2000
Prof. R.R. Colwell	U.S.A.	Microbiology	1995/2001*
Prof. M.E. Jacobs	South Africa	Child Health	1996/2002*
Dr. T.A.M. Khoja	Saudi Arabia	Public Health	1995/2001*
Prof. A.K. Azad Khan	Bangladesh	Gastroenterologist	1999/2002
Prof. P.F. McDonald	Australia	Demography	1995/2001*
Mr. J.O. Martin	Switzerland	Finance/Mgmt.	1994/2000*
Dr. A.K.M. Masihur Rahman	Bangladesh (GoB)	Civil Servant	1996/1999
Prof. Tikki Pang	WHO	Infectious Disease, Research & Policy	1999/2002
Mr. M.M. Reza	Bangladesh (GoB)	Civil Servant	1998/2001
Dr. Y. Takeda	Japan	Microbiology	1994/2000*
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 WITH TERMS  
(AS AT NOV 1999)**

Name	Joined Board	End of Term
Mr. Rolf Carriere	1 July 1999	30 June 2000
Prof. R.R. Colwell	1 July 1995	30 June 2001*
Dr. Ricardo Uauy Dagach	1 July 1999	30 June 2001
Prof. M.E. Jacobs	1 July 1996	30 June 2002*
Prof. A.K. Azad Khan	27 September 1999	30 June 2002
Dr. T.A.M. Khoja	1 July 1995	30 June 2001*
Prof. P.F. McDonald	1 July 1995	30 June 2001*
Mr. J.O. Martin	1 July 1994	30 June 2000*
Dr. A.K.M. Masihur Rahman	1 July 1996	30 June 1999
Prof. Tikki Pang	1 July 1999	30 June 2001
Mr. M.M. Reza	1 October 1998	30 Sept 2001
Dr. Y. Takeda	1 July 1994	30 June 2000*
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*

**Agenda 3****BOT/P&S/Nov 1999**

As at Nov 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>
D. Sack (USA) Director	Nth America	Zheng (China)	Asia
R. Colwell (USA)	Nth America	Vacant	Asia
McDonald (Aus)	Pacific	Khoja (S/Arabia)	M/East/Arab
Vacant	Europe	M. Jacobs (RSA)	Africa
Martin (Switz)	Europe	R.U. Dagach	S.Am/Carib
Takeda (Japan)	Asia	Bangladesh (3 GoB)	Asia
Vlassoff (Canada)	Nth America		

Total: 6

Total: 7

Plus: WHO: Prof. Tikki Pang  
 UNICEF: Rolf Carriere

Total: 15

Of 15 (including 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:

7/15 (47%) are from developing countries (50%=7½)

6/15 (40%) are from developed countries (1/3=5)

Gender: M=9  
 F=4





Name	Nationality	M/F	Discipline	Current Occupation	Nominated by
<b>D. DEVELOPED COUNTRY - (Pacific)</b>					
<b>E. DEVELOPING COUNTRY</b>					
Jongsik Chun	Korean	M	Microbiology	Curator, Korean Collection for Type Cultures, Korea Research Institute of Bioscience & Biotechnology	Professor Rita R. Colwell

To replace:      Professor P. Helena Makela (Developed Country)  
                          Professor Fehmida Jalil      (Developing Country)

Update on Centre's Human Resources activities

The Board of Trustees in its June meeting agreed that the Centre implements the Human Resources plan as previously endorsed and within the funds available (12/BT/June 99). The Board also agreed that 'in the context of the reorganization the Centre should not proceed with the appointment of Head, Human Resources at present P3 level, the job description should be revised, and the post be reclassified and re-advertised for appointment at level P4/P5 for a maximum period of 3 years' (5/BT/June 99). Subsequent to the June meeting of the Board, a suitable candidate has been identified to be seconded by the World Bank, Washington, to the Centre for two, maximum three years. The secondment arrangements are being finalized and the person is expected to join the Centre in January, 2000.

As a part of the total Human Resources plan and as per BOT resolution 11/BT/June 99 regarding review of the Centre's salary structure, on a priority basis for an equitable system, the Centre has as the initial step obtained a quote for a salary survey of its comparators. This has been reviewed and a further review on this with the consulting firm will be made by the identified HR expert from the World bank who is visiting the Centre from October 17, 1999 for one week. Upon joining of the HR expert, the following pending HR issues will also be addressed:

- a. Job classification
- b. Review and updating of post/job descriptions
- c. Salary structure
- d. Promotion policies
- e. Goals for gender distribution and plans for achievement

**Agenda 5**

**BOT/P&S/Nov 1999**

**Agenda 5.1: Staff salaries: International Professional Category**

Since January 01, 1995 there has not been any change in the salary and allowances for the International Professional staff of the Centre although there have been significant changes in the UN International Professional salary and allowances during this period.

ICDDR,B International Professional salary currently stands at 82.3% of the UN salary and the allowances are approximately at par with the UN.

The Finance Committee will present further details on this agenda item.

Agenda 5.2:Staff salaries: NO & GS categories

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

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

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

a)	Revision 6 for NO category (14.60%)	:	April 01, 1988
b)	Revision 13 for GS category (20.70%)	:	April 01, 1988
c)	Revision 7 for NO category (21%)	:	April 01, 1990
d)	Revision 14 for GS category (17%)	:	January 01, 1990
e)	Revision 8 for NO category (13.60%)	:	December 01, 1991
f)	Revision 15 for GS category (1.27%)	:	January 01, 1992
g)	Revision 9 for NO category (19.10%)	:	October 01, 1992
h)	Revision 16 for GS category (16.90%)	:	August 01, 1992
i)	Revision 10 for NO category (23.20%)	:	January 01, 1994
j)	Revision 17 for GS category (21.90%)	:	October 01, 1993
k)	Revision 11 for NO category (51.65%)	:	September 01, 1996
l)	Revision 18 for GS category (17.06%)	:	September 01, 1996
m)	Revision 12 for NO category (9%)	:	April 01, 1998
n)	Revision 19 for GS category (21%)	:	April 01, 1998

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

National officer	:	UN 100%	ICDDR,B 43.5% (average)
General service	:	UN 100%	ICDDR,B 48.1% (average)

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

Annex I

(1982 - Sept 1998)

Revision of Scales	UN AGENCIES			ICDDR, B		
	Level	Increase	Date Implemented	Effective Date of Implementation	Delay	Remarks
7th	GS1	38.00%	01.07.82	01.01.83	None	ICDDR,B introduced WHO Salary System effective 01.01.83 from the 8th revision
	NO	35.00%	01.07.82	01.01.83	None	
8th	GS1	9.00%	01.01.83	01.07.84	18 months	
	NO	4.00%	01.01.83	01.07.84	18 months	
9th	GS1	10.80%	01.10.84	01.01.86	15 months	
and	NO	8.00%	01.10.84	01.01.86	15 months	
10th	GS1	10.00%	01.01.85	01.01.87	24 months	
and	NO	17.00%	01.01.85	01.01.87	24 months	
11th	GS1&2	8.42%	01.12.85	01.07.87	19 months	
	GS3-5	10.68%	01.12.85	01.07.87	19 months	
	GS6	16.98%	01.12.85	01.07.87	19 months	
12th	NO	16.98%	01.12.85	01.07.87	19 months	
13th	GS1-4	6.00%	1.08.86	1.01.88	7 months	2.00% implemented
	GS5	54.00%	01.08.86	01.01.88	17 months	8.00% implemented
	GS6	37.00%	01.08.86	01.01.88	17 months	12.33% implemented
14th	NO	28.00%	01.04.87	01.01.88	9 months	9.33% implemented
				01.07.88	23 months	22.00% implemented
				01.07.88	23 months	18.00% implemented
				01.07.88	23 months	12.33% implemented
				01.07.88	15 months	9.33% implemented
				01.01.89	29 months	
			01.01.89		29 months	Remaining percentage implemented
				01.01.89	29 months	
				01.01.89	21 months	
15th	GS1-6	20.70%	01.04.88	-	-	Not implemented
16th	NO	14.60%	01.04.88	-	-	" "
17th	GS1-6	17.00%	01.01.90	-	-	" "
18th	NO	21.00%	01.04.90	-	-	" "
				01.01.91	33 months	10.00% increase implemented
				01.01.92	45 months	10.00% increase implemented

Contd.../2

UN AGENCIES				ICDDR,B		
Revision of Scales	Level	Increase	Date Implemented	Effective Date of Implementation	Delay	Remarks
15th	GS	1.27%	01.01.92	-	-	Not implemented
8th	NO	13.60%	01.12.91	-	-	" "
16th	GS	16.90	01.08.92	-	-	" "
9th	NO	19.10%	01.10.92	-	-	" "
				01.07.93		Salary adjusted to 85% of UN salary prevailing on November 01, 1992 (16th revision for GS and 9th revision for NO staff implemented later but with retroactive effect).
				01.07.93		
				01.01.94		Salary adjusted to 77% of UN salary prevailing on Nov 01, 1993 (16th revision for GS and 9th revision for NO staff) for NO and GS 5-6 categories and 75% for GS 1-4 categories.
17th	GS	21.9%	01.01.95			
10th	NO	23.2%	01.01.94			
				01.01.95		7% increase implemented
				01.01.95		7% increase implemented
						After implementation of 7% increase effective 01.01.95, salary for GS category is 66.31% and NO category is 66.87% (av) of the current UN salary.
				01.01.96		After implementation of 2% increase effective 01.01.96, salary for GS category is 67.73% (av) and NO category is 68.21% of the current UN salary.
18th	GS	17.06%	01.09.96			
11th	NO	59.84%	01.09.96			
						GS Category is 58.13% (av) and NO Category is 46.24% (av) of the current UN salary.
				01.01.98		After implementation of 4% increase effective 01.01.98, salary for GS category is 56.65% (av) and NO category is 45.88% (av) of the current UN salary.
19th	GS	21.00%	01.04.98	01.01.99		
12th	NO	9.00%	01.04.98			
						3% increase from 1.1.99 GS Category is 48.1% (av) NO Category is 43.5% (av) of the current UN salary.

NO : National Officer  
GS : General Services

**Agenda 6**

**BOT/P&S/Nov 1999**

**Any other business**

**5/BT/NOV 99**

**RESOLUTIONS FROM THE  
FINANCE COMMITTEE**



**WELCOME TO FINANCE COMMITTEE**

**ICDDR,B CENTRE FOR  
HEALTH & POPULATION RESERACH**



**BOARD OF TRUSTEES MEETING  
FINANCE COMMITTEE**

**NOVEMBER 07, 1999**

DRAFT  
2 Sept 199

PROGRAMME

**BOARD OF TRUSTEES MEETING  
NOVEMBER 4-8, 1999**

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

<b><u>Wednesday 3 November:</u></b>	Trustees arrive
<b><u>Thursday 4 November:</u></b>	Board Retreat (afternoon and evening session)
<b><u>Friday 5 November:</u></b>	Board Retreat (morning session and possibly late afternoon/evening session)
<b><u>Saturday 6<sup>th</sup> November:</u></b>	<b>PROGRAMME AND PERSONNEL &amp; SELECTION COMMITTEE MEETINGS</b>
8.30 a.m. – 10.30 a.m.	Programme Committee Meeting (OPEN)
10.30 a.m. – 10.45 a.m.	Tea/Coffee
10.45 a.m. – 12.00 noon	Programme Committee Meeting continues
12.00 noon - 1.00 p.m.	Trustees to meet with Executives of SWA
1.00 p.m. – 2.00 p.m.	Lunch (at the Centre)
2.00 p.m. - 3.30 p.m.	Personnel & Selection Committee Meeting (Closed - for Trustees and Executive Committee)
3.30 p.m. - 3.45 p.m.	Tea/Coffee
3.45 p.m. - 5.30 p.m.	Personnel & Selection Committee Meeting continues (closed).
<b>Social Programme</b>	
8.00 p.m.	Dinner for Trustees hosted by Director, Dr. David Sack

**Sunday 7 November**

**FINANCE COMMITTEE MEETING**

- |                         |   |
|-------------------------|---|
| 8.30 a.m. – 10.30 a.m.  | Finance Committee Meeting (closed – for Trustees and Executive Committee) |
| 10.30 a.m. – 10.45 a.m. | Tea/Coffee  |
| 10.45 a.m. – 12.30 p.m. | Finance Committee Meeting continues                                       |
| 12.30 p.m. - 2.00 p.m.  | Lunch at Sasakawa Training Centre with invited staff                      |
| 2.00 p.m. – 3.15 p.m.   | (free time to finalize draft recommendations etc.)                        |
| 3.15 p.m. – 3.30 p.m.   | Tea/Coffee  |
| 3.30 p.m. – 5.00 p.m.   | Seminar: Reproductive Health (PHSD)                                       |

**Social Programme**

- |                       |   |
|-----------------------|---|
| 6.30 p.m. – 8.30 p.m. | Reception at Guest House (Trustees, Donors and Invited Staff) |
|-----------------------|---|

**Monday 8 November**

**EXECUTIVE SESSION OF THE FULL BOARD**  
(Closed)

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 June 1999 meeting
8.30 a.m. - 9.30 a.m.	FUND RAISING STRATEGIES: Presentation of Proposal by the Executive Committee of the Board.
9.30 a.m. - 9.45 a.m.	Resolutions from Personnel & Selection Committee
9.45 a.m. - 10.00 a.m.	Resolutions from the Finance Committee
10.00 a.m. - 10.15 a.m.	Resolutions and/or Recommendations from Programme Committee
10.15 a.m. - 11.00 a.m.	Discussions on the Results of the Retreat/Resolutions (if any)
11.00 a.m. - 11.15 a.m.	Tea/Coffee
11.15 a.m. - 11.30 a.m.	Actions from Report from SWA
11.30 a.m. - 11.45 a.m.	Selection of Trustees
11.45 a.m. - 12.00 noon	Dates of Next Meeting (June and November)
12.00 noon - 12.30 p.m.	Any Other Business
	Closure of Meeting

**DONORS' SUPPORT GROUP MEETING**  
(Programme to be determined)

12.30 p.m. - 2.00 p.m.	Lunch (at the Centre for trustees, donors, division directors)
2.00 p.m. - 5.00 p.m.	Donors' Support Group Meeting

# ICDDR,B BOARD OF TRUSTEES MEETING

FINANCE COMMITTEE - NOVEMBER 07, 1999

1. Approval of Agenda
2. 1999 Forecast
3. 2000 Budget
4. Staff Salaries and Allowances:
  - a) National
  - b) International
5. Report on:
  - a) ICDDR,B Hospital Endowment Fund
  - b) Centre Endowment Fund
  - c) Reserve Fund
  - d) Fixed Assets Acquisition and Replacement Fund
6. Any Other Business:
  - a) Cheque Signatories

## Attachments:

Table 1/1A	Contributions from Donors 1997 to 2000
Table 2	Income by Sources and Expenditure by Categories 1997 to 2000
Table 3	Unrestricted and Restricted Income and Expenditure 1997 to 2000
Table 4/4A	Donors Contributions by Unrestricted and Restricted Funds 1997 to 2000
Table 5	Unrestricted Program and Management Expenditure 1997 to 2000

**Annexure -A** Report of the Finance Committee of June 5, 1999

## 1999 FORECAST

INCOME

Total Contributions by individual donors are summarized for years 1997 to 2000 in Table 1 & 1A 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 1997 to 2000 are shown in Tables 2 & 3.

Donor Contributions for 1999 were budgeted at \$13,335,000 and are expected to increase to \$13,889,000. This increase of \$554,000 (4.2%) is explained by the following summary table.

	1999 <u>BUDGET</u>	1999 <u>FORECAST</u>	DIFF. <u>INC./DEC.</u>
<b>Restricted</b>			
Projects/Programs	9,022,000	8,840,000	(182,000)
Fixed Assets	<u>1,039,000</u>	<u>1,406,000</u>	<u>367,000</u>
	10,061,000	10,246,000	185,000
Project Overhead	<u>1,502,000</u>	<u>1,462,000</u>	<u>(40,000)</u>
<b>Total Restricted</b>	11,563,000	11,708,000	145,000
<b>Unrestricted</b>	<u>1,772,000</u>	<u>2,181,000</u>	<u>409,000</u>
<b>Total Contributions</b>	<u>\$ 13,335,000</u>	<u>\$ 13,889,000</u>	<u>\$ 554,000</u>

In restricted contributions 2 new donors began supporting the Centre during 1999, The World Bank and John Snow Incorporated (JSI).

The World Bank is supporting the development of the Nutrition Centre of Excellence and JSI is supporting selected activities of Dhaka Hospital.

Restricted Contributions from ongoing donors have been forecast in line with anticipated project activities.

Unrestricted Contributions are expected to increase primarily due to an additional one time special contribution of \$203,000 from the Government of the People's Republic of Bangladesh and the Netherlands Government again supporting the Centre with unrestricted funds.

## 1999 FORECAST

### EXPENDITURE

Operating Cash Expenditures (Tables 3 and 5) were budgeted at \$14,365,000 and are forecast to decrease by \$348,000 (2.4%) to \$14,017,000. This decrease is explained by the following table.

	1999 <u>BUDGET</u>	1999 <u>FORECAST</u>	DIFF. <u>INC./DEC.</u>
<b>Restricted</b>			
Projects/Programs	9,022,000	8,840,000	(182,000)
Fixed Assets	<u>1,039,000</u>	<u>1,406,000</u>	<u>367,000</u>
<b>Total Restricted</b>	10,061,000	10,246,000	185,000
<b>Unrestricted</b>			
Programs	2,761,000	2,158,000	(603,000)
Management	<u>1,543,000</u>	<u>1,613,000</u>	<u>70,000</u>
<b>Total Unrestricted</b>	4,304,000	3,771,000	(533,000)
<b>Total Operating Cash Expenditures</b>	<u>\$ 14,365,000</u>	<u>\$ 14,017,000</u>	<u>\$ (348,000)</u>

Depreciation which was budgeted at \$854,000 is expected to increase by \$31,000 (3.6%) to \$885,000.

Total Expenditures including depreciation was budgeted at \$15,219,000 and is anticipated to decrease by \$317,000 (2.1%) to \$14,902,000.

### BALANCE

Net Operating Deficit excluding depreciation was budgeted at \$1,030,000. This is now anticipated to decrease by \$902,000 to a deficit of \$128,000.

Net Operating Deficit including depreciation was budgeted at \$1,884,000. This is now anticipated to decrease by \$871,000 to a deficit of \$1,013,000.

Restricted Expenditures for projects and programs are expected to decrease primarily due to a decrease in international salaries as a result of the departure of International Staff in late 1998 and 1999. Recruitment is currently underway to staff these vacant positions. Expenditures in all other categories are forecast in line with anticipated project activities.

Unrestricted Expenditures in programs are expected to decrease primarily due to salary savings as a result of the voluntary severance program and donor support with restricted funds for some essential programs supported with unrestricted funds.

Unrestricted Expenditures in management are expected to increase by \$70,000, however this includes \$288,000 being 50% of the cost of the voluntary severance program. Management costs in other areas are expected to decrease primarily due to salary savings from the voluntary severance program and international salaries, as recruitment of one position was deferred.

**2000 BUDGET**

**INCOME**

**Donor Contributions** (Table 1 for summary and Tables 4 & 4A for individual donor amounts) are budgeted at \$16,367,000 as compared to \$13,889,000 forecast for 1999. This increase of \$2,478,000 (17.8%) is explained by the following table.

	<u>2000 BUDGET</u>	<u>1999 FORECAST</u>	<u>DIFF. INC./DEC.)</u>
<b>Restricted</b>			
Projects/Programs	11,351,000	8,840,000	2,511,000
Fixed Assets	<u>1,340,000</u>	<u>1,406,000</u>	<u>(66,000)</u>
	12,691,000	10,246,000	2,445,000
Project Overhead	<u>1,791,000</u>	<u>1,462,000</u>	<u>329,000</u>
<b>Total Restricted</b>	14,482,000	11,708,000	2,774,000
<b>Unrestricted</b>	<u>1,885,000</u>	<u>2,181,000</u>	<u>(296,000)</u>
<b>Total Contributions</b>	<u>\$ 16,367,000</u>	<u>\$ 13,889,000</u>	<u>\$2,478,000</u>

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

The increase in contributions are mainly from the following:

European Union	614,000
USAID/Dhaka	749,000
USAID/ Washington	812,000
SDC	302,000
John Snow Inc.	89,000
Other	208,000
	-----
	<u>\$ 2,774,000</u>

**Unrestricted contributions** are anticipated to decrease by \$296,000. This decrease results primarily from a one time special contribution received from the Government of Bangladesh in 1999 and not anticipated in 2000. Support from the Kingdom of Saudi Arabia ended in 1999 and a reduction of \$36,000 as in the agreement with SDC.



## 2000 BUDGET

### EXPENDITURE

**Operating Cash Expenditures** (Tables 3 & 5) is expected to be \$16,456,000 as compared to \$14,017,000 forecast for 1999. This increase of \$2,439,000 (17.4%) comprises:

	<u>2000</u> <u>BUDGET</u>	<u>1999</u> <u>FORECAST</u>	<u>DIFF.</u> <u>INC./DEC.</u>
<b>Restricted</b>			
Projects/Programs	11,351,000	8,840,000	2,511,000
Fixed Assets	<u>1,340,000</u>	<u>1,406,000</u>	<u>(66,000)</u>
<b>Total Restricted</b>	12,691,000	10,246,000	2,445,000
<b>Unrestricted</b>			
Programs	2,029,000	2,158,000	(129,000)
Management	<u>1,736,000</u>	<u>1,613,000</u>	<u>123,000</u>
<b>Total Unrestricted</b>	3,765,000	3,771,000	(6,000)
<b>Total Operating Cash Expenditures</b>	<u>\$ 16,456,000</u>	<u>\$ 14,017,000</u>	<u>\$ 2,439,000</u>

**Restricted Expenditures** are expected to increase with the staffing of vacant international positions and increased project activity. The increased project activity is mainly in projects funded by the European Union, SDC and USAID.

**Unrestricted Expenditures** are not expected to change significantly. The increase in management costs is primarily due to 2 new international positions. Management costs also includes \$288,000 being the last 50% of the cost of the voluntary severance program.

**Depreciation** is expected to be \$908,000 as compared to \$885,000 forecast for 1999, an increase of \$23,000.

**Total Expenditures** including depreciation is budgeted at \$17,364,000 as compared to \$14,902,000 forecast for 1999. This is an increase of \$2,462,000 (16.5%).

### BALANCE

**Net Operating Deficit** excluding depreciation is expected to be \$89,000 compared to the forecast deficit of \$128,000 for 1999, which is a decrease of \$39,000 (30.5%).

**Net Operating Deficit** including depreciation is expected to be \$997,000 as compared to \$1,013,000 forecast for 1999, a decrease of \$16,000 (1.6%).

## COMMENTARY

The Centre has managed to reduce the annual deficit over the past two years to the point that breakeven is possible. Efforts continue to control and reduce costs. Efforts to obtain Donor support with restricted funds for essential activities that are currently supported from unrestricted funds will continue. These measures, along with continued Donor support with unrestricted funds should enable the Centre to operate without an annual deficit.

The cumulative deficit of approximately \$4.0 million remains a serious problem. The future viability of the Centre remains uncertain and cash flow continues to be a problem requiring a frequent overdraft.

Additional unrestricted funds are required to ensure the future stability of the Centre.

**NATIONAL STAFF SALARIES AND  
ALLOWANCES**

The Salaries and allowances scales were changed by 3% on January 1, 1999 and the Centre is now paying middle of each grade salaries at the following percentages against UN rates:

National Officers	43.5%
General Service Staff - 5/6	49.5%
General Service Staff - 1/4	46.7%

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

National Officers	134.7%
General Service Staff - 5/6	102.0%
General Service Staff - 1/4	114.5%

and would cost the Centre \$5,730,000

National Officers	2,650,000
General Service Staff - 5/6	1,145,000
General Service Staff - 1/4	<u>1,935,000</u>
Total	<u>\$ 5,730,000</u>

Implementation of each 1% increment would cost \$47,800, of which 41% (\$19,500) would be from unrestricted funds and 59% (\$28,300) from restricted funds.

National Officers	19,700
General Service Staff - 5/6	11,200
General Service Staff - 1/4	<u>16,900</u>
Total	<u>\$ 47,800</u>

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	99.5%
General Service - 5/6	72.0%
General Service - 1/4	61.0%

and would cost \$3,795,000

National Officers	1,957,000
General Service Staff - 5/6	808,000
General Service Staff - 1/4	<u>1,030,000</u>
Total	<u>\$3,795,000</u>

Over the last four years salaries for all National Officers and General Service Staff have been adjusted upwards on January 1, 1996 by 2%, January 1, 1998 by 4% and January 1, 1999 by 3%.

Fixed term employees total 901 staff and about three quarters receive an annual within grade increase which averages 3.3% of base salary.

**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 scales being:

Salaries	82.3% of UN
Allowances	100.5% of UN

In allowances the Centre is paying 18% as post adjustment, against 12.7% current UN rate for Bangladesh.

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

Salaries	320,000
Allowances	<u>36,700</u>
Total	<u>\$ 356,700</u>

Implementation to 95% of UN salaries and 100% of allowances would cost:

Salaries	238,800
Allowances	<u>36,700</u>
Total	<u>\$ 275,500</u>

Implementation of 1% increment based on current salaries and allowances paid by the Centre would cost \$17,800 of which 36% (\$6,400) would be from unrestricted funds and 64% (\$11,400) from restricted funds.

Salaries	14,900
Allowances	<u>2,900</u>
Total	<u>\$17,800</u>

Fixed term international employees totaling 14 staff may receive an annual within grade increase which approximates 2.5% of total annual income.

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

The balance of the Hospital Endowment Fund was \$4,046,791 at December 31, 1998. Receipts from the first nine months of 1999 were \$110,573. In addition the fund had net unrealized gains of \$181,254 at August 31, 1999 giving a total market value of the fund of \$4,338,618 at August 31, 1999.

**b). CENTRE'S ENDOWMENT FUND**

The balance of Centre Endowment Fund including USAID Endowment Fund was \$3,180,148 as at December 31, 1998. The unrealized income as at August 31, 1999 was \$625,044 for a total market value of the fund of \$3,805,192. This entire amount is invested with Morgan Stanley and is being monitored by the Centre Fund Management Committee. There have been no contributions to this fund to date in 1999.

**c). RESERVE FUND**

The Balance of the Reserve Fund as at December 31, 1998 was \$2,259,834. Interest income on this fund is approximately \$105,000 per year. The Reserve Fund is held as security by American Express Bank for our overdraft facility.

**d). FIXED ASSETS ACQUISITION AND REPLACEMENT FUND**

The balance of the Fixed Assets Acquisition and Replacement Fund as at December 31, 1998 was \$146,726. This is funding from the Government of Japan for the Matlab International Training Centre. With the completion of the Training Centre in early 1999 this fund will be fully utilized by the end of this year.

**a). CHEQUE SIGNATORIES**

As required by the Board resolution of November 22, 1994, the Board is advised that David A. Sack M.D., Director and Prof. Barkat-E-Khuda, Director, H&PED, have been appointed as cheque signatories.





**ICDDR,B: - CENTRE FOR HEALTH AND POPULATION RESEARCH  
CONTRIBUTIONS FROM DONORS 1997 - 2000**

(IN US\$'000)

	1997 ACTUAL		1998 ACTUAL		1999 BUDGET		1999 FORECAST		2000 BUDGET		2000-STATUS FIRM ESTI.	
<b>OTHERS :</b>												
SAUDI ARABIA	58	6.3%	50	3.3%	50	6.1%	58	3.8%				
SRI LANKA			8	0.5%								
CHF	19	2.0%										
SDC	5	0.5%										
AGA KHAN FOUNDATION	15	1.6%	(1)	-0.1%								
ABT Associates			27	1.8%			2	0.1%				
AusAID	86	9.3%										
AIBS\ Dr.Patricia			10	0.7%								
BGS ARGOSS			8	0.5%	28	3.4%	7	0.5%	9	0.6%	9	
BDG/DGHS/ARI	1	0.1%	4	0.3%								
BDG/WB/MINISTRY OF SCIENCE							3	0.2%	175	10.8%	175	
ICRW/USA : BRAC-ICDDR,B	30	3.2%	22	1.4%			47	3.1%				
CANADA/CHC-ASCON VI	3	0.3%	2	0.1%								
CYTOS PHARMACEUTICAL			4	0.3%			22	1.4%	20	1.2%	20	
FAMILY HEALTH INTERNATIONAL			42	2.8%								
FUTURE GROUP							78	5.1%	30	1.9%	30	
G. MASON FOUNDATION	9	1.0%	1	0.1%	5	0.6%	15	1.0%	1	0.1%	1	
HELLEN KELLER INTERNATIONAL	8	0.9%	1	0.1%								
HKI-ASCONVII			6	0.4%								
IDRC	56	6.0%	11	0.7%								
INT'L. ATOMIC ENERGY	1	0.1%	6	0.4%			4	0.3%				
JAPAN - JICWELS			19	1.2%			4	0.3%	46	2.8%	46	
JOHN SNOW INC. (JSI)							167	10.9%	256	15.8%	256	
MACRO INTERNATIONAL INC.			54	3.5%								
NEW ENGLAND MEDI. CENTRE (NEMC)	48	5.2%	35	2.3%	47	5.7%	74	4.8%	101	6.3%	101	
NORTHFIELD LABORATORIES	21	2.3%	83	5.4%	41	5.0%	3	0.2%				
NIH/RAND CORPORATION	39	4.2%	(10)	-0.7%								
NOVARTIS			22	1.4%	53	6.4%	38	2.5%	50	3.1%	50	
NEWCASTLE UNIVERSITY			15	1.0%	173	21.0%	56	3.7%	85	5.3%	85	
NUTRICIA RESEARCH FOUNDATION							23	1.5%	41	2.5%	41	
POPULATION COUNCIL	78	8.4%	17	1.1%								
PRAXIS									46	2.8%	46	
SAVE THE CHILDREN			9	0.6%								

**TABLE - 1 A**  
**ICDDR,B: - CENTRE FOR HEALTH AND POPULATION RESEARCH**  
**CONTRIBUTIONS FROM DONORS 1997 - 2000**

(IN US\$'000)

	1997		1998		1999		1999		2000		2000-STATUS	
	ACTUAL		ACTUAL		BUDGET		FORECAST		BUDGET		FIRM	ESTI.
<b>OTHERS :</b>												
PROCTOR & GAMBLE	13	1.4%	10	0.7%	3	0.4%	1	0.1%	2	0.1%		2
ROCKEFELLER FOUNDATION	57	6.1%	62	4.1%	68	8.2%						
SDRC	2	0.2%										
SAIDNET							4	0.3%				
THRASHER	73	7.9%	58	3.8%	96	11.6%	23	1.5%	90	5.6%		90
THRASHER (ALBERT)							73	4.8%				
UCB-OSMOTIC/SIDAC	18	1.9%	43	2.8%			38	2.5%	20	1.2%		20
USAID / OFDA	50	5.4%	72	4.7%			58	3.8%	47	2.9%		47
UK/ODA-ASCON VI	13	1.4%										
UC - Davis							50	3.3%	60	3.7%		60
UNICEF	114	12.3%	18	1.2%	10	1.2%	55	3.6%				
UNIVERSITY OF ALABAMA	47	5.1%	53	3.5%	12	1.5%	13	0.9%				
UNIVERSITY OF LOUGHBOROUGH	1	0.1%	1	0.1%	11	1.3%	1	0.1%				
UNIVERSITY OF PENNSYLVANIA			27	1.8%			11	0.7%				
UNIVERSITY OF VIRGINIA			14	0.9%	98	11.9%	56	3.7%	71	4.4%		71
UFHP-633841			5	0.3%			(8)	-0.5%				
WANDER-AG	11	1.2%	5	0.3%								
WHO	67	7.2%	187	12.3%	116	14.1%	250	16.4%	285	17.6%		285
<b>DISASTER / EPIDEMIC :</b>												
USAID/CARE			265	17.4%			15	1.0%				
CIDA			65	4.3%								
DDID-DHAKA			22	1.4%			47	3.1%				
AusAID			3	0.2%			13	0.9%				
UNOCAL, Cairn, Shell & OXY			88	5.8%			189	12.4%	136	8.4%		136
SDC			81	5.3%			40	2.6%				
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%	(1)	-0.1%	45	2.8%		45
<b>TOTAL OTHERS</b>	<b>928</b>	<b>100.0%</b>	<b>1,525</b>	<b>100.0%</b>	<b>825</b>	<b>100.0%</b>	<b>1,529</b>	<b>100.0%</b>	<b>1,616</b>	<b>100.0%</b>		<b>1,616</b>

ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH  
INCOME BY SOURCES AND EXPENDITURE BY CATEGORIES - 1997 TO 2000

(IN US\$'000)

	ACTUAL 1997		ACTUAL 1998		BUDGET 1999		FORECAST 1999		BUDGET 2000		INC/(DEC) BUDGET 2000 FORECAST 1999	
<b>INCOME:</b>												
CONTRIBUTIONS BY DONORS:												
UNRESTRICTED FUNDS	2,347	22%	1,799	16%	1,772	13%	2,181	16%	1,885	11%	(296)	-14%
RESTRICTED - OVERHEADS	1,246	12%	1,255	11%	1,502	11%	1,462	10%	1,791	11%	329	22%
RESTRICTED - PROJECTS / PROGRAMS	7,081	66%	8,335	73%	10,061	76%	10,246	74%	12,691	78%	2,445	24%
<b>TOTAL DONOR INCOME</b>	<b>10,674</b>	<b>100%</b>	<b>11,389</b>	<b>100%</b>	<b>13,335</b>	<b>100%</b>	<b>13,889</b>	<b>100%</b>	<b>16,367</b>	<b>100%</b>	<b>2,478</b>	<b>18%</b>
<b>EXPENDITURE:</b>												
LOCAL SALARIES \ WAGES	6,775	54%	6,106	50%	6,374	44%	6,049	43%	6,978	41%	929	15%
INTERNATIONAL SALARIES	2,750	22%	2,615	21%	3,306	23%	2,218	16%	2,859	17%	641	29%
CONSULTANTS	133	1%	114	1%	268	2%	209	1%	264	2%	55	26%
MANDATORY COMMITTEES	166	1%	100	1%	121	1%	122	1%	121	1%	(1)	-1%
TRAVEL	317	3%	324	3%	544	4%	464	3%	656	4%	192	41%
SUPPLIES AND MATERIALS	1,450	12%	1,611	13%	1,506	10%	1,668	12%	2,122	13%	454	27%
REPAIR AND MAINTENANCE	158	1%	83	1%	114	1%	113	1%	121	1%	8	7%
RENT, COMMUNI. AND UTILITIES	493	4%	480	4%	448	3%	428	3%	504	3%	76	18%
PRINTING AND PUBLICATION	255	2%	239	2%	262	2%	401	3%	356	2%	(45)	-11%
TRAINING AND FELLOWSHIP	142	1%	157	1%	206	1%	280	2%	270	2%	(10)	-4%
STAFF DEVELOPMENT	132	1%	155	1%	220	2%	176	1%	174	1%	(2)	-1%
VOLUNTARY SEVERANCE PROGRAM							288	2%	288	2%		
OTHER EXPENSES	649	5%	812	7%	774	5%	939	7%	1,128	7%	189	20%
OTHER RECEIPTS	(1,121)	-9%	(1,085)	-9%	(892)	-6%	(819)	-6%	(800)	-5%	19	-2%
<b>TOTAL INTERNAL CASH EXPENDITURE</b>	<b>12,299</b>	<b>99%</b>	<b>11,711</b>	<b>96%</b>	<b>13,251</b>	<b>92%</b>	<b>12,536</b>	<b>89%</b>	<b>15,041</b>	<b>91%</b>	<b>2,505</b>	<b>20%</b>
DONOR CAPITAL EXPENDITURE	185	1%	496	4%	1,114	8%	1,481	11%	1,415	9%	(66)	-4%
<b>TOTAL OPERATING CASH EXPENDITURE</b>	<b>12,484</b>	<b>100%</b>	<b>12,207</b>	<b>100%</b>	<b>14,365</b>	<b>100%</b>	<b>14,017</b>	<b>100%</b>	<b>16,456</b>	<b>100%</b>	<b>2,439</b>	<b>17%</b>
<b>NET CASH SURPLUS/(DEFICIT)</b>	<b>(1,810)</b>		<b>(818)</b>		<b>(1,030)</b>		<b>(128)</b>		<b>(89)</b>		<b>39</b>	<b>-30%</b>
DEPRECIATION	900		895		854		885		908		23	3%
<b>NET OPERATING SURPLUS/(DEFICIT)</b>	<b>(2,710)</b>		<b>(1,713)</b>		<b>(1,884)</b>		<b>(1,013)</b>		<b>(997)</b>		<b>16</b>	<b>-2%</b>
<b>CAPITAL EXPENDITURE:</b>												
BANGLADESH	210		232									
DIID	145											

Note: Where necessary 1997 to 1999 figures have been regrouped to conform with 2000 budget preparation.

**TABLE - 3**  
**ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH**  
**UNRESTRICTED AND RESTRICTED INCOME AND EXPENDITURE 1997 TO 2000**

(IN US\$'000)

	ACTUAL 1997			ACTUAL 1998			BUDGET 1999			FORECAST 1999			BUDGET 2000		
	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL
<b>INCOME:</b>															
CONTRIBUTIONS BY DONORS:															
UNRESTRICTED FUNDS	2,347		2,347	1,799		1,799	1,772		1,772	2,181		2,181	1,885		1,885
RESTRICTED - OVERHEADS	1,246		1,246	1,255		1,255	1,502		1,502	1,462		1,462	1,791		1,791
RESTRICTED - PROJECTS / PROGRAMS		7,081	7,081		8,335	8,335		10,061	10,061		10,246	10,246		12,691	12,691
<b>TOTAL INCOME</b>	<b>3,593</b>	<b>7,081</b>	<b>10,674</b>	<b>3,054</b>	<b>8,335</b>	<b>11,389</b>	<b>3,274</b>	<b>10,061</b>	<b>13,335</b>	<b>3,643</b>	<b>10,246</b>	<b>13,889</b>	<b>3,676</b>	<b>12,691</b>	<b>16,367</b>
<b>EXPENDITURE:</b>															
LOCAL SALARIES \ WAGES	3,813	2,962	6,775	2,925	3,181	6,106	2,865	3,509	6,374	2,322	3,727	6,049	2,364	4,614	6,978
INTERNATIONAL SALARIES	1,148	1,602	2,750	894	1,721	2,615	1,154	2,152	3,306	816	1,402	2,218	1,059	1,800	2,859
CONSULTANTS	46	87	133	44	70	114	17	251	268	1	208	209	14	250	264
MANDATORY COMMITTEES	118	48	166	95	5	100	121	121	121	122		122	121		121
TRAVEL	33	284	317	25	299	324	29	515	544	32	432	464	25	631	656
SUPPLIES AND MATERIALS	811	639	1,450	734	877	1,611	762	744	1,506	750	918	1,668	783	1,339	2,122
REPAIR AND MAINTENANCE	122	36	158	50	33	83	63	51	114	63	50	113	62	59	121
RENT, COMMUNL AND UTILITIES	281	212	493	257	223	480	245	203	448	235	193	428	221	285	504
PRINTING AND PUBLICATION	153	102	255	148	91	239	158	104	262	178	223	401	170	186	356
TRAINING AND FELLOWSHIP	16	126	142	25	132	157	39	167	206	38	242	280	31	239	270
STAFF DEVELOPMENT		132	132		155	155		220	220		176	176		174	174
VOLUNTARY SEVERANCE PROGRAM										288		288	288		288
OTHER EXPENSES	442	207	649	405	407	812	379	395	774	368	571	939	392	736	1,128
INTERDEPARTMENTAL SERVICES	(482)	482		(682)	682		(713)	713		(718)	718		(1,048)	1,048	
OTHER RECEIPTS	(1,098)	(23)	(1,121)	(1,048)	(37)	(1,085)	(890)	(2)	(892)	(799)	(20)	(819)	(792)	(8)	(800)
<b>TOTAL INTERNAL CASH EXPENDITURE</b>	<b>5,403</b>	<b>6,896</b>	<b>12,299</b>	<b>3,872</b>	<b>7,839</b>	<b>11,711</b>	<b>4,229</b>	<b>9,022</b>	<b>13,251</b>	<b>3,696</b>	<b>8,840</b>	<b>12,536</b>	<b>3,690</b>	<b>11,351</b>	<b>15,041</b>
DONOR CAPITAL EXPENDITURE		185	185		496	496		75	1,114		75	1,481		75	1,415
<b>TOTAL OPERATING CASH EXPENDITURE</b>	<b>5,403</b>	<b>7,081</b>	<b>12,484</b>	<b>3,872</b>	<b>8,335</b>	<b>12,207</b>	<b>4,304</b>	<b>10,061</b>	<b>14,365</b>	<b>3,771</b>	<b>10,246</b>	<b>14,017</b>	<b>3,765</b>	<b>12,691</b>	<b>16,456</b>
<b>NET CASH SURPLUS/(DEFICIT)</b>	<b>(1,810)</b>	<b>(1,810)</b>	<b>(818)</b>	<b>(818)</b>	<b>(818)</b>	<b>(1,030)</b>	<b>(1,030)</b>	<b>(1,030)</b>	<b>(128)</b>	<b>(128)</b>	<b>(128)</b>	<b>(89)</b>	<b>(89)</b>	<b>(89)</b>	<b>(89)</b>
DEPRECIATION	900		900	895		895	854	0	854	885		885	908		908
<b>NET OPERATING SURPLUS/(DEFICIT)</b>	<b>(2,710)</b>	<b>(2,710)</b>	<b>(1,713)</b>	<b>(1,713)</b>	<b>(1,713)</b>	<b>(1,884)</b>	<b>(0)</b>	<b>(1,884)</b>	<b>(1,013)</b>	<b>(1,013)</b>	<b>(1,013)</b>	<b>(997)</b>	<b>(997)</b>	<b>(997)</b>	<b>(997)</b>
<b>CAPITAL EXPENDITURE:</b>															
BANGLADESH	210		210	232		232									
DDD	145		145												

Note: Where necessary 1997 to 1999 figures have been regrouped within Unrestricted & Restricted to conform with 2000 budget preparation.

TABLE - 4  
ICDDR,B - CENTRE FOR HEALTH AND POPULATION RESEARCH  
MAJOR DONOR CONTRIBUTIONS BY UNRESTRICTED AND RESTRICTED FUNDS 1997-2000

(IN US\$'000)

	1997		1998 - ACTUAL				1999 - BUDGET				1999 - FORECAST				2000 - BUDGET				2000 - STATUS	
	ACTUAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	FIRM	ESTIM.
<b>UNRESTRICTED FUNDS:</b>																				
AUSTRALIA - AusAID	254	2.4%	207	207	207	1.8%	201	201	201	1.5%	209	209	209	1.5%	208	208	208	1.3%		208
BANGLADESH	380	3.6%	211	211	211	1.9%	214	214	214	1.6%	389	389	389	2.8%	204	204	204	1.2%	204	
BELGIUM - BADC	165	1.5%	89	89	89	0.8%	89	89	89	0.7%	68	68	68	0.5%	76	76	76	0.5%	76	
CANADA - CIDA	216	2.0%	143	143	143	1.3%	192	192	192	1.4%	205	205	205	1.5%	201	201	201	1.2%	201	
NETHERLANDS											232	232	232	1.7%	232	232	232	1.4%		232
SWEDEN - SIDA	314	2.9%	321	321	321	2.8%	315	315	315	2.4%	321	321	321	2.3%	301	301	301	1.8%	301	
SWITZERLAND - SDC	342	3.2%	312	312	312	2.7%	336	336	336	2.5%	324	324	324	2.3%	288	288	288	1.8%	288	
UNITED KINGDOM - DFID	219	2.1%	83	83	83	0.7%														
UNITED STATES - USAID	275	2.6%	275	275	275	2.4%	275	275	275	2.1%	275	275	275	2.0%	275	275	275	1.7%	275	
UNICEF	100	0.9%	100	100	100	0.9%	100	100	100	0.7%	100	100	100	0.7%	100	100	100	0.6%		100
OTHERS	82	0.8%	58	58	58	0.5%	50	50	50	0.4%	58	58	58	0.4%						
<b>TOTAL UNRESTRICTED</b>	<b>2,347</b>	<b>22.0%</b>	<b>1,799</b>	<b>1,799</b>	<b>1,799</b>	<b>15.8%</b>	<b>1,772</b>	<b>1,772</b>	<b>1,772</b>	<b>13.3%</b>	<b>2,181</b>	<b>2,181</b>	<b>2,181</b>	<b>15.7%</b>	<b>1,885</b>	<b>1,885</b>	<b>1,885</b>	<b>11.5%</b>	<b>1,345</b>	<b>540</b>
<b>RESTRICTED PROJECTS/PROGRAM FUNDS:</b>																				
BANGLADESH-WB & BINP	84	0.8%	8	217	225	2.0%	8	199	207	1.6%		276	276	2.0%		282	282	1.7%	282	
BELGIUM - BADC	133	1.2%		148	148	1.3%		50	50	0.4%		125	125	0.9%		164	164	1.0%	164	
THE EUROPEAN UNION:																				
EUROPEAN UNION - BHARP				123	123	1.1%		1,172	1,172	8.8%		658	658	4.7%		1,272	1,272	7.8%	1,272	
LONDON SCHOOL H & T M	70	0.7%																		
UNIVERSITY OF GÖTEBORG	20	0.2%																		
FORD FOUNDATION	362	3.4%	27	306	333	2.9%	57	407	464	3.5%	43	330	373	2.7%	47	322	369	2.3%	369	
JAPAN	680	6.4%	47	533	580	5.1%	47	533	580	4.3%	48	533	581	4.2%	47	533	580	3.5%	580	
NETHERLANDS	158	1.5%	9	31	40	0.4%														
NORWAY - NORAD	162	1.5%	13	112	125	1.1%	15	124	139	1.0%	10	86	96	0.7%	6	53	59	0.4%		59
SWEDEN - SIDA/SAREC	187	1.8%	2	159	161	1.4%	1	181	182	1.4%	10	108	118	0.8%	15	157	172	1.1%	172	
SWITZERLAND - SDC	465	4.4%	8	116	124	1.1%	24	246	270	2.0%	21	262	283	2.0%	65	520	585	3.6%	585	
SWISS RED CROSS	213	2.0%	38	254	292	2.6%	70	469	539	4.0%	60	401	461	3.3%	78	523	601	3.7%	601	
UNITED KINGDOM - DFID:																				
- DFID / RTI / Antimal/T.Well	125	1.2%	1	12	13	0.1%														
- DFID / HE	221	2.1%	23	160	183	1.6%	24	170	194	1.5%	22	155	177	1.3%	12	84	96	0.6%	96	
- DFID / DSS	25	0.2%		63	63	0.6%														
- DFID / Cholera / HDSS	13	0.1%																		
- DFID / BOT & PHSD / DSS	48	0.4%	12	106	118	1.0%	33	335	368	2.8%	57	438	495	3.6%	73	499	572	3.5%	572	
UNAIDS				95	95	0.8%		56	56	0.4%		50	50	0.4%						
UNDP - Japan			5	54	59	0.5%	12	119	131	1.0%		77	77	0.6%		53	53	0.3%	53	
UNITED STATES - USAID:																				
USAID/Dhaka	3,242	30.4%	698	2,794	3,492	30.7%	717	3,034	3,751	28.1%	654	2,612	3,266	23.5%	770	3,245	4,015	24.5%	4,015	
USAID/Washington																				
- USAID/Washington	641	6.0%	226	972	1,198	10.5%	242	1,114	1,356	10.2%	260	1,101	1,361	9.8%	399	1,774	2,173	13.3%	2,173	
- USAID/Nepal								270	337	2.5%	28	112	140	1.0%	40	162	202	1.2%	202	
- USAID/HKI	50	0.5%					27	106	133	1.0%	25	98	123	0.9%						
- NIH-JHU/UMBI	431	4.0%		471	471	4.1%	27	753	780	5.8%		556	556	4.0%		764	764	4.7%	764	
- OMNI-HNI	96	0.9%	1	14	15	0.1%														
- JHU	55	0.5%	9	71	80	0.7%	8	71	79	0.6%	19	125	144	1.0%	26	115	141	0.9%	141	
WORLD BANK - NCE			24	161	185	1.6%					114	763	877	6.3%	100	666	766	4.7%	766	
OTHERS	846	7.9%	104	1,363	1,467	12.9%	123	652	775	5.8%	91	1,380	1,471	10.6%	113	1,503	1,616	9.9%	1,616	
<b>TOTAL RESTRICTED</b>	<b>8,327</b>	<b>78.0%</b>	<b>1,255</b>	<b>8,335</b>	<b>9,590</b>	<b>84.2%</b>	<b>1,502</b>	<b>10,061</b>	<b>11,563</b>	<b>86.7%</b>	<b>1,462</b>	<b>10,246</b>	<b>11,708</b>	<b>84.3%</b>	<b>1,791</b>	<b>12,691</b>	<b>14,482</b>	<b>88.5%</b>	<b>14,423</b>	<b>59</b>
<b>GRAND TOTAL</b>	<b>10,674</b>	<b>100.0%</b>	<b>3,054</b>	<b>8,335</b>	<b>11,389</b>	<b>100.0%</b>	<b>3,274</b>	<b>10,061</b>	<b>13,335</b>	<b>100.0%</b>	<b>3,643</b>	<b>10,246</b>	<b>13,889</b>	<b>100.0%</b>	<b>3,676</b>	<b>12,691</b>	<b>16,367</b>	<b>100.0%</b>	<b>15,768</b>	<b>599</b>
<b>CAPITAL EXPENDITURE:</b>																				
BANGLADESH	210		232																	
DFID	145																			

TABLE - 4 A  
 ICDDR,B - CENTRE FOR HEALTH AND POPULATION RESEARCH  
 MAJOR DONOR CONTRIBUTIONS BY UNRESTRICTED AND RESTRICTED FUNDS 1997-2000

(IN US\$'000)

	1997		1998 - ACTUAL				1999 - BUDGET				1999 - FORECAST				2000 - BUDGET				2000 - STATUS	
	ACTUAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	FIRM	ESTIM.
UNRESTRICTED FUNDS: - OTHERS																				
WHO	67	0.6%	1	186	187	1.6%		116	116	0.9%		250	250	1.8%		285	285	1.7%		285
DISASTER / EPIDEMIC:																				
USAID/CARE				265	265	2.3%						15	15	0.1%						
CIDA				65	65	0.6%														
DfID-DHAKA				22	22	0.2%						47	47	0.3%						
AzaAID				3	3	0.0%						13	13	0.1%						
UNOCAL, Cairn, Shell & OXY				88	88	0.8%						189	189	1.4%		136	136	0.8%		136
SDC			11	70	81	0.7%						40	40	0.3%						
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%		(1)	(1)	-0.0%		45	45	0.3%		45
TOTAL RESTRICTED	846	7.9%	104	1,363	1,467	12.9%	123	652	775	5.8%	91	1,380	1,471	10.6%	113	1,503	1,616	9.9%		1,616



Table 5

TABLE - 5  
 ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH  
 UNRESTRICTED PROGRAM AND MANAGEMENT EXPENDITURE 1997 TO 2000

(IN US\$ '000)

	ACTUAL 1997		ACTUAL 1998				BUDGET 1999				FORECAST 1999				BUDGET 2000			
	NET COSTS	% AGE	GROSS COSTS	RECOVER	NET COSTS	% AGE	GROSS COSTS	RECOVER	NET COSTS	% AGE	GROSS COSTS	RECOVER	NET COSTS	% AGE	GROSS COSTS	RECOVER	NET COSTS	% AGE
<b>PROGRAMS</b>																		
CLINICAL SCIENCES:																		
DHAKA HOSPITAL	1,220	9.8%	1,178	(135)	1,043	8.5%	1,397	(143)	1,254	8.7%	1,145	(139)	1,006	7.2%	1,150	(142)	1,008	6.1%
HOSPITAL SURVEILLANCE	155	1.2%																
DIVISIONAL	124	1.0%	260	(123)	137	1.1%	257	(140)	117	0.8%	223	(140)	83	0.6%	269	(140)	129	0.8%
PUBLIC HEALTH SCIENCES:																		
MATLAB CLINICAL RESEARCH	315	2.5%	266	(1)	265	2.2%	342		342	2.4%	260		260	1.9%	241		241	1.5%
MATLAB ADMINISTRATION	194	1.6%	296	(103)	193	1.6%	287	(129)	158	1.1%	323	(98)	225	1.6%	307	(145)	162	1.0%
MATLAB FAMILY PLANNING			142	(142)			133	(133)			133	(133)			133	(133)		
MATLAB COMMUNITY RESEARCH	465	3.7%	290		290	2.4%	177		177	1.2%	113		113	0.8%	123		123	0.7%
DIVISIONAL	226	1.8%	208	(5)	203	1.7%	251		251	1.7%	168		168	1.2%	239		239	1.5%
HEALTH & DEMOGRAPHIC SURVEILL.	661	5.3%	297		297	2.4%	194		194	1.4%	137		137	1.0%	147		147	0.9%
LABORATORY SCIENCES:																		
LABORATORY SERVICES	48	0.4%	1,119	(1,149)	(30)	-0.2%	1,068	(1,177)	(109)	-0.8%	983	(1,132)	(149)	-1.1%	1,072	(1,277)	(205)	-1.2%
DIVISIONAL	53	0.4%	246	(120)	126	1.0%	182	(120)	62	0.4%	166	(120)	46	0.3%	120	(120)		
HEALTH & POPULATION EXTENSION:																		
DIVISIONAL	43	0.3%	70	(91)	(21)	-0.2%	97	(89)	8	0.1%	92	(39)	53	0.4%		(11)	(11)	-0.1%
TECHNICAL SUPPORT:																		
DISC	219	1.8%	185	(13)	172	1.4%	218	(13)	205	1.4%	188	(14)	174	1.2%	221	(19)	202	1.2%
TRAINING & DISSEMINATION	59	0.5%	126	(113)	13	0.1%	173	(132)	41	0.3%	141	(114)	27	0.2%	149	(129)	20	0.1%
COMPUTER SERVICES	62	0.5%	104	(35)	69	0.6%	97	(36)	61	0.4%	61	(46)	15	0.1%	46	(72)	(26)	-0.2%
<b>TOTAL PROGRAMS</b>	<b>3,844</b>	<b>30.8%</b>	<b>4,787</b>	<b>(2,030)</b>	<b>2,757</b>	<b>22.6%</b>	<b>4,873</b>	<b>(2,112)</b>	<b>2,761</b>	<b>19.2%</b>	<b>4,133</b>	<b>(1,975)</b>	<b>2,158</b>	<b>15.4%</b>	<b>4,217</b>	<b>(2,188)</b>	<b>2,029</b>	<b>12.3%</b>
<b>MANAGEMENT</b>																		
DIRECTOR'S BUREAU	310	2.5%	302		302	2.5%	348		348	2.4%	276		276	2.0%	296		296	1.8%
EXTERNAL RELATIONS & INSTITU. DEV.	102	0.8%	133		133	1.1%	214		214	1.5%	132	(2)	130	0.9%	236		236	1.4%
BOT & COMMITTEES	156	1.2%	110		110	0.9%	146		146	1.0%	133		133	0.9%	151		151	0.9%
ADMINISTRATION & PERSONNEL	865	6.9%	1,064	(368)	696	5.7%	900	(402)	498	3.5%	781	(263)	518	3.7%	793	(387)	406	2.5%
FINANCE	421	3.4%	312	(13)	299	2.4%	342	(16)	326	2.3%	319	(3)	316	2.3%	301		301	1.8%
V.S.P.																		
OTHER	(295)	-2.4%	94	(519)	(425)	-3.5%	318	(307)	11	0.1%	314	(362)	(48)	-0.3%	455	(397)	58	0.4%
<b>TOTAL MANAGEMENT</b>	<b>1,559</b>	<b>12.5%</b>	<b>2,015</b>	<b>(900)</b>	<b>1,115</b>	<b>9.1%</b>	<b>2,268</b>	<b>(725)</b>	<b>1,543</b>	<b>10.7%</b>	<b>2,243</b>	<b>(630)</b>	<b>1,613</b>	<b>11.5%</b>	<b>2,520</b>	<b>(734)</b>	<b>1,736</b>	<b>10.5%</b>
<b>TOTAL PROGRAMS AND MANAGEMENT</b>	<b>5,403</b>	<b>43.3%</b>	<b>6,802</b>	<b>(2,930)</b>	<b>3,872</b>	<b>31.7%</b>	<b>7,141</b>	<b>(2,837)</b>	<b>4,304</b>	<b>30.0%</b>	<b>6,376</b>	<b>(2,605)</b>	<b>3,771</b>	<b>26.9%</b>	<b>6,737</b>	<b>(2,972)</b>	<b>3,765</b>	<b>22.9%</b>
UNRESTRICTED FUNDS	5,403	43.3%			3,872	31.7%			4,304	30.0%			3,771	26.9%			3,765	22.9%
RESTRICTED FUNDS	7,081	56.7%			8,335	68.3%			10,061	70.0%			10,246	73.1%			12,691	77.1%
<b>TOTAL</b>	<b>12,484</b>	<b>100.0%</b>			<b>12,207</b>	<b>100.0%</b>			<b>14,365</b>	<b>100.0%</b>			<b>14,017</b>	<b>100.0%</b>			<b>16,456</b>	<b>100.0%</b>



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

### **REPORT OF THE FINANCE COMMITTEE MEETING HELD ON JUNE 05, 1999**

#### **PRESENT:**

##### **Finance Committee Members**

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

##### **Board Members**

Major Gen (Retd) M.R. Choudhury  
Prof. M. Jacobs  
Prof. P.F. McDonald  
Prof. Tikki Pang  
Mr. M.M. Reza  
Dr. Y. Takeda  
Prof. Carol Vlassoff  
Prof. C. G. Victora

##### **Invited**

Prof. David Sack, Director Designate  
Division Directors, staff members & guests

The Committee convened at 2.15 pm on June 5 in the Saskawa Seminar Room.

On Saturday 5 June, 1999 at 2.15 p.m. the Finance Committee of the Board of Trustees met to consider the finances of the Centre. This session was chaired by Prof. Rita Colwell, Chairperson of the Finance Committee, and the finance report was presented by Mr. John Winkelmann, Chief Finance Officer.

Mr. Martin introduced the new members of the Board to Dr. Masihur Rahman and welcomed Dr. Lars Ake Persson, Director, PHSD Division and Prof. David Sack, Director Designate to the meeting.

Prof. Rita Colwell gave a brief overview of the agenda items to be discussed.

She said there is light at the end of the tunnel but it is a very small candle. The Centre now has a cumulative deficit of US\$3.9 million. This is of great concern to the Centre and the Board. The present situation does not allow for extravagances or even modest expenditures. We have a delicately unbalanced situation.

#### **Agenda - 1: APPROVAL OF AGENDA**

The draft agenda was approved. It was agreed that Agenda 5: "Staff salaries" be discussed in a closed session.

#### **Agenda - 2: 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.

This is not an issue of any practice but how we choose to do it.

## 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>
<b>Restricted</b>			
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>
<b>Total Restricted</b>	<u>9,590,000</u>	<u>8,327,000</u>	<u>1,263,000</u>
<b>Unrestricted</b>			
General	<u>1,799,000</u>	<u>2,347,000</u>	<u>(548,000)</u>
<b>Total Income</b>	<u>11,389,000</u>	<u>10,674,000</u>	<u>715,000</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>
<b>Restricted</b>			
Projects/Programs	7,839,000	6,896,000	943,000
Fixed Assets	<u>496,000</u>	<u>185,000</u>	<u>311,000</u>
<b>Total Restricted</b>	<u>8,335,000</u>	<u>7,081,000</u>	<u>1,254,000</u>
<b>Unrestricted</b>			
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>
<b>Total Unrestricted</b>	<u>3,871,000</u>	<u>5,403,000</u>	<u>(1,532,000)</u>
<b>Total Operating Cash Cost</b>	<u>12,206,000</u>	<u>12,484,000</u>	<u>(278,000)</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.

### **DISCUSSION:**

The Committee noted the significant reduction in the deficit from 1997 to 1998. However, all out efforts must be made to generate increased revenues and endowments to address the cumulative deficit. The hospitals are still a major unfunded activity of the Centre. This requires further efforts in developing both short and medium term strategies to deal with the ever increasing patient load. Plans on a new strategy will be discussed at the full Board meeting.

While efforts must continue to reduce costs, further reductions will not be as significant in future as they were in the past year and with reorganization and the potential need for new international posts supported from unrestricted funds, any further cost cutting measures may be offset by these increased costs.

**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>
<b>Income:</b>		
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>
<b>Net Income</b>	<u>90,238</u>	<u>162,611</u>
<b>Distribution/Appropriation of Net Income:</b>		
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>
<b>Investments at Cost:</b>		
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>
<b>Total Invested Funds</b>	<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.

## RESOLUTION 1:

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

That the Board agreed to accept the Audited Financial Statements of the Centre and the Hospital Endowment Fund for the year ended 31 December 1998.

## Agenda – 3: 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>
<b>Restricted</b>			
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>
<b>Total Restricted</b>	11,563,000	11,605,000	42,000
<b>Unrestricted</b>	<u>1,772,000</u>	<u>1,772,000</u>	<u>-</u>
<b>Total Contributions</b>	<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>
<b>Restricted</b>			
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
<b>Unrestricted</b>			
Programs	2,761,000	2,274,000	(487,000)
Management	<u>1,543,000</u>	<u>1,456,000</u>	<u>(87,000)</u>
<b>Total Unrestricted</b>	4,304,000	3,730,000	(574,000)
<b>Total Operating Cash Cost</b>	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.

## **DISCUSSION:**

The Committee was advised that since completion of the Finance Committee document, an agreement was signed with JSI, funded by USAID, that would provide funding for hospital activities currently supported with unrestricted funds. This support will enable the Centre to recover the costs of the Voluntary Severance Package implemented in 1998 without increasing the deficit.

The Government of the Netherlands has also advised that support of approximately \$230,000 in unrestricted funds would be provided in 1999. This will further reduce the projected deficit in 1999.

The Committee suggested management pursue means of improving efficiency and accountability through innovative use of IT Technology.

The need for more unrestricted revenue was also highlighted. The reduction of the cumulative deficit would take several years and this will continue to constrain Centre activities.

## **DISCUSSION :**

### **Agenda – 4: 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.



## **RESOLUTION 2:**

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

That the Board approve the appointment of Hoda Vasi Chowdhury & Co., and Price Waterhouse, Calcutta, as joint auditors for the year 1999 at a fee not to exceed US\$ 15,000 and when appointment of new auditors is recommended in future, management consider the possibility of obtaining proposals from several audit firms for consideration.

### **Agenda - 5: 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.

**It was agreed that this agenda will be discussed in the Personnel & Selection Committee meeting.**

### **Agenda – 6: 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.

## **DISCUSSION:**

Prof. Colwell emphasized that fund raising is a long process. However greater efforts must be made in contacting and followup with potential individuals and organizations for contributions to the fund.

It was noted that the return on investment with Morgan Stanley were very poor in 1998. It was recommended that the Endowment Fund Management Committee be advised that monitoring of the investment portfolio is important to ensure a maximum return on our investment.

At present US\$3,180,148 is invested with Morgan Stanley.

**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.

**Agenda – 7: 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.

**RESOLUTIONS - 03:**

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

The Board authorize the continuation of the overdraft facility of upto \$2 million with the American Express Bank for the year to July 13, 2000.

**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.

**DISCUSSION:**

The Committee was advised that a agreement has now been signed with JSI, funded by USAID and a second agreement with Pathfinder, also funded by USAID is currently being negotiated that would fund hospital activities currently supported with unrestricted funds, which where intended to offset the cost of the Voluntary Severance Package over the next two years.

The Committee suggested that management consider charging the cost of the voluntary severance program to the operating fund in 1999 rather than over the next two years. Management agreed to review this.

## GENERAL DISCUSSION:

### Finance Committee Meeting

The Committee recommended that a portion of the Finance Committee be a closed meeting. This will be implemented with the November meeting.

### Hospital Endowment Fund

The Committee was advised that the investment in shares on the Dhaka Stock Exchange had declined in value by approximately 50% since they were purchased in 1996.

The Committee suggested that management slowly sell the shares held in companies trading on the Dhaka Stock Exchange.

Management should explore other investments in Bangladesh such as government bonds, government savings certificates and similar investments which have security and a reasonable rate of return. Management agreed to proceed on this.

# FINANCE COMMITTEE JUNE 5, 1999 MEETING

## RESOLUTIONS

### RESOLUTIONS - 01

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

The Board agree to accept the Audited Financial Statements of the Centre and the Hospital Endowment Fund for the year ended 31 December 1998.

### RESOLUTIONS - 02

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

The Board appoint Hoda Vasi Chowdhury & Co. and Price Waterhouse, Calcutta, as joint auditors for the year 1999 at a fee not to exceed US\$15,000, and when appointment of new auditors is recommended in future, Management consider the possibility of obtaining proposals from several audit firms for consideration.

### RESOLUTIONS - 03

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

The Board authorize the continuation of the overdraft facility of upto \$2 million with the American Express Bank for the year to July 13, 2000.

**6/BT/NOV 99**

**RESOLUTIONS AND/OR  
RECOMMENDATIONS FROM  
THE PROGRAMME COMMITTEE**

**PROGRAMME COMMITTEE**

**Saturday, 6 November 1999**

**Director's Report  
(Overview)**



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

## **DIRECTOR'S REPORT**

**[1 April to 30 September 1999]**

**Prepared for**

**THE BOARD OF TRUSTEES MEETING**

**6-8 November 1999**





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# 1. Overview

During the reporting period March to September 1999 the Centre made considerable progress in a number of areas and these are highlighted in reports from the Divisions and in the reports from Finance and Personnel. Most significantly, the financial situation improved considerably relative to previous periods. The improvement was due partly to the "right-sizing" of the work-force, but was due even more to increased donor support from several donors. While the financial situation was markedly improved, the Centre will still have a deficit for the year, adding to the worrisome cumulative deficit of over 4 million USD. Details of the financial situation are included in the finance report and I will address a plan for recovering from this deficit situation later in my presentation.

Programmatically, the Centre has been further developing its thematic approach in the conduct of its work, and a draft description of the themes is included as a handout. Using these themes as a way to organise this report, some highlights will be mentioned here.

## ***Severely Malnourished Children***

A study from the nutrition centre, published in *The Lancet* in June, showed that children who are severely malnourished could be better treated using a "protocolized" treatment. The main features of the treatment include slow oral rehydration, antibiotics and micronutrients. In fact the case fatality rate of children treated with this regimen dropped by about 50%. Later this study was highlighted in an editorial in the same journal in October (available as a handout). The protocolized management of the severely malnourished children forms the basis for many opportunities for the nutrition centre, including adapting the treatment to other treatment centres, hospitals and the community while validating the method in these other sites. It also includes preparing for teaching the method to other institutions. Training materials and courses have been developed and are being pre-tested. The ICDDR,B cannot carry out nutrition treatment single-handedly, so collaborations with other national institutions, especially Shishu Hospital, have been critical to extending the new treatment to other sites and to developing the teaching modules.

## ***Low Birth Weight***

An important conference on Low Birth Weight was held at the Centre in June and the results of this international conference will assist the Centre in defining a research agenda in this important area of study.

## ***Zinc***

Zinc supplements have been a major topic for research at the Centre and several studies are underway to test the efficacy and effectiveness of zinc in treatment or prevention of adverse health outcomes. In one such study, the children from selected villages in Matlab are supplemented with zinc for two weeks each time they develop a diarrhoeal illness. Preliminary results suggest that such zinc supplements may be having major effects on hospitalisation rates for subsequent illnesses. Because of these encouraging results, the study is being continued for another year to confirm the results and to add statistical precision.

Zinc is also the subject of studies in the vaccine theme. In a study of rotavirus vaccine, one group of children received zinc supplements prior to receipt of the vaccine. It was thought that since infants in Bangladesh are often zinc deficient, their response to the vaccine might be improved if zinc was provided. Fortunately for future vaccine programmes, the study showed that the zinc supplements made little difference in immune responses.

## **Vaccines**

The Centre had planned to initiate a large efficacy study of tetravalent rhesus vaccine for rotavirus in Matlab this year. This has now been placed on hold pending an evaluation of the safety of the vaccine in the United States since a few cases of intussusception were noted following administration of this vaccine. Even if the rhesus vaccine cannot be used, there are other vaccines that are safe and may also be used in future studies.

For the first time, inpatient studies of a live oral shigella vaccine were carried out at the Centre. Previously the Centre conducted many phase 2 volunteer studies, but this was the first inpatient study of a live oral bacterial vaccine. The study was conducted successfully and without unexpected side effects, setting the stage for future such protocols with other vaccines. Plans are being developed for a much greater effort in vaccine evaluation, including studies of vaccines for cholera, enterotoxigenic *E. coli*, rotavirus, shigella, *H. influenzae*, *S. pneumoniae*, and hepatitis B. Studies of these vaccines seem to be drawing considerable interest by potential donors who are eager for the benefits of the new vaccines to be made available in Bangladesh.

## **Demography and Reproductive Health**

The demographic and reproductive health theme was aided by the recruitment of Dr. Kim Steatfield as Head of Demography. The theme will also be further aided by the arrival of the new Head of Reproductive Health, Dr Japhet Killewo. The transition from separate demography and maternal child health files into a unified data system is nearly complete. This transition is a complex procedure involving training of staff, developing new forms and computer programmes. Once complete, we expect this system to provide a much better resource for linking health and demographic events.

The Centre was a leader in the concept of a co-ordinated child health and family planning programme, and contraceptive prevalence remains high (over 60%). For years the two programmes have been separate both programmatically and administratively. Clearly, a unified and co-ordinated programme which addresses the needs for family planning and child health is more effective than separate programmes, but the interactions between the two were not clearly seen when using the standard indicators of infant mortality rate (IMR) and total fertility rate (TFR). Scientists at the Centre, after examining the data from Matlab and Teknaf, concluded that new indicators termed fertility adjusted infant mortality ratio and total infant mortality more clearly show the impact of the combined programme. Using the Matlab data set, they showed that while the IMR has decreased by 50% over the last 20 years, in fact *the total infant mortality has dropped by more than 75%*. (Total infant mortality was defined as the number of infants a mother loses (on average) during her reproductive life.)

## **Infectious Diseases**

The studies of emerging infectious diseases have shown some interesting but disturbing trends. Shigellosis continues as a major threat and the bacteria causing these infections continue to be increasingly resistant to antibiotics. *S. dysenteriae* 1 (Shiga bacillus) has, for a long time been resistant to the commonly used antibiotics, but now *S. flexneri* is also resistant to most antibiotics. History suggests that shigellae become resistant to whichever antibiotic is used commonly, and there are now few effective antibiotics left. So far, shigellae are still sensitive to the fluoroquinolones and these remain effective, but other formerly sensitive bacteria are becoming resistant to this class, suggesting that shigellae could also become resistant. Another worrisome feature of shigellosis due to *S. dysenteriae* 1 is the periodic epidemics that have appeared over the last decades. Currently, we are at a low point in the long-term

cycle, but (if history repeats itself) we may be facing a major epidemic in the next few years and if this upswing occurs again, it will be with strains which are totally resistant.

Antibiotic resistance is also becoming common among other pathogens. For example, about 30% of strains of *H. influenzae*, type B isolated from cases of invasive infections are resistant to cotrimoxazole. Since this is the drug of choice for treatment of ALRI in Bangladesh, these studies may have serious policy implications. Another agent being studied for the first time in Bangladesh, is *N. gonorrhoea* and about 40% of these strains are resistant to ciprofloxacin, one of the commonly used drugs for this infection. A study of the resistant strains of *N. gonorrhoea* reveals mutations in the gyrase genes as might be expected for this type of resistance. These resistance patterns are disturbing and potentially have major policy implications.

*V. cholerae* remains a constant threat in Bangladesh and the experience with *V. cholerae* O139 shows some disturbing patterns. Now after seven years, this serotype continues to persist and cause illness. This is in contrast to previous outbreak strains of other Vibrionaceae that disappeared after a short time. Furthermore, from a genetic standpoint, strains of O139 continue to evolve, suggesting that it continues to adapt to its environment and could find a genetic pattern which allows for its continued spread beyond Asia. While it has not yet found its way to other continents, we should not be complacent that this will not happen.

Dengue appears to be becoming much more common in Dhaka and in other areas of Bangladesh, and a surveillance programme will be starting soon to map the incidence and serotypes of this infection. Similarly, surveillance for tuberculosis will be starting soon with emphasis on characterising the antibiotic sensitivity patterns in Bangladesh and on developing methods for early case detection.

### **Case Management**

Studies in case management of various diseases have led to several interesting findings. For treatment of diarrhoea several studies have been carried out with glucose ORS with reduced osmolarity. Although initial results were encouraging, later studies have not shown a consistent benefit from these and in fact were associated with hyponatremia in severe patients with cholera. By contrast, a reduced-osmolar, packet version of rice-ORS performs like the "home-made" rice ORS in that cholera patients did have less purging but they also remained in electrolyte balance.

The Centre is initiating studies on an evaluation of the Integrated Management of Childhood Illnesses (IMCI) in co-operation with the World Health Organisation. This community-based study will be a major effort to study and refine this new approach which is being promoted by WHO for their primary health care programme.

In the area of sexually transmitted disease (STD), the Centre's scientists have made several important findings. Firstly, the diagnosis of patients who come for treatment of STD's is frequently inaccurate. For example, genital ulcers in men are often misdiagnosed as scabies. In fact chancroid was the most common cause. Unfortunately, many patients with STD's do even come to a clinic, but rather seek care from a drug seller, and these providers give inadequate diagnosis and treatment. Finally, although "syndromic management" of reproductive tract infections is widely advocated in other areas, the laboratory studies at the ICDDR,B show that this approach is not appropriate for most conditions, especially in women in Bangladesh.

## ***Environmental Health***

The area of environmental health is proceeding but with some concerns. Dr. Bilquis Amin Hoque who has been developing this area for many years, is leaving the Centre at the end of this year. Fortunately, she will remain in Dhaka and will be available for consultation, and we expect that she will continue to make significant contributions to this programme. However, we will need to identify another who can lead this activity in the future.

There are three key areas of environmental research in which the Centre should invest. First is the relation between environmental ecology and health. Studies in the area are already proceeding through funding from the National Institutes of Health, and we hope that this will lead to strategies for predicting and controlling cholera and other waterborne diseases. Second is the issue of minimising transmission of disease through cost-effective sanitation strategies. Already we know that hand-washing is an effective strategy for decreasing transmission, but we have not conducted the operational research to understand how these simple behaviours can be enhanced. Third is the study of and intervention for the problem of environmental chemical contamination. Besides the three primary areas of research, the environmental health programme can assist the emerging infection programme with regard to environmental questions surrounding dengue, and this could lead to major projects in the future.

With regard to environmental chemical contamination, many tube-wells in Bangladesh (including Matlab) are contaminated with arsenic. Although the problem is well documented, the potential interventions for the problem have not yet been field-tested. It would seem that Matlab is an area where such strategies could be tested, and this would benefit both the residents of the Matlab area (including our own staff) as well as benefiting the GoB in its efforts to deal with the problem. At first arsenic would seem removed from the Centre's mission, but in fact it be quite closely linked. If people are afraid of using tube well water, they may begin using surface water again, raising the risk of cholera.

In addition to the arsenic problem, Bangladesh is facing problems with other chemical pollutants such as lead, and the extent of this problem must be documented.

## ***Health Systems***

A major impact of our research programmes within the country takes place when we assist the Government of Bangladesh (GoB) and the NGO's. The Operations Research Project (ORP) takes the lead in assisting with health programmes of the GoB. Some important activities include development of the health information system (MIS), strategies for safe motherhood, and development of essential services package (ESP) especially for use in community clinics. The work of the ORP is well documented in their publications, manuals and working papers, many of which are published in Bangla. The Centre is also assisting the GoB with its nutrition programme by conducting and supervising the operations research component of the Bangladesh Integrated Nutrition Project (BINP). This activity of the Nutrition Centre is likely to expand under the next national nutrition programme funded by a loan from the World Bank.

## ***Training***

The training activities continue at a rapid pace. Workshops and short courses are held almost every week, including both national and international training. For example the U.S. Office of Foreign Disaster Assistance continues to sponsor an international course on control of cholera and shigella epidemics, and they may be interested in increasing the scope of this course as well as supporting other courses. In addition to training within the context of formal courses, the Centre also carries out

considerable training during the course of its work. The ECPP, for example, investigates outbreaks throughout Bangladesh, and in the process, it trains the local physicians on the management of severe diarrhoea. The clinical fellows who work at the hospital also gain considerable experience in managing diarrhoea cases and increasing number of providers throughout the country have received training at the ICDDR,B.

Included in the personnel folder is a request for a new position for a Head of Information Sciences to consolidate the efforts of the library, training, computer information services, and to develop and expand the Centre's activities into electronic information sources, distance learning, and data archiving. While the Centre still has the best medical library in Bangladesh, the Centre's resources are considerably behind the world in terms of access to and use of electronic information. There are many opportunities in electronic information, which need to be developed.

Reports from each of the Divisions are included with this report and these provide more details of their activities and accomplishments.

### ***Finances***

Regarding the financial situation, the Centre has improved its position during the last year through several changes. Expenditures were minimised by severely controlling costs and by decreasing the numbers of staff. Income was increased through increased funding from several new donors, especially the World Bank, European Union, and USAID by way of JSI. We also want to acknowledge the return of the Netherlands as a donor to the Centre. The cost control was useful in the short term, but in some cases this may represent expenditure delay rather than avoidance, especially as this relates to capital expenses. The new funds through JSI is also significant since this represents costs for clinical care and also initiates the new strategy of franchising the ICDDR,B services through an NGO.

While the financial situation is certainly improved, the Centre still expects to run a deficit for the year, adding to the cumulative deficit of approximately four million USD deficit which accumulated over the last four years. Clearly, the Centre cannot accumulate any further deficits in the years to come and must develop a strategy for eliminating it as soon as possible. The obvious strategy is to receive more money than we spend, but clearly the Board needs to consider more specifically how to handle this accumulated deficit. A strategy for eliminating the accumulated deficit over several years will be presented to the finance committee.

### ***Project Management***

As will be shown in greater detail in the financial report, the Centre's overall expenses increased only slightly during the year. In an era of deficits and cost cutting, one is tempted to conclude that if the Centre had cut just a little more, it could balance its budget. In fact this is not the case for several reasons. Firstly, costs have already been cut severely, and further cost cutting would have major impact on the essential operations of the Centre. Second, many of our funding sources are tied directly to spending. If the Centre does not spend, it also does not collect indirect costs. If the Centre had spent according to original plans with several of the donors, the expenditures over the last two years would have increased (conservatively) by more than two million USD with a recovery of more than half million USD in indirect costs. The slower than expected spending rate suggests that the work is not being carried out at the rate which was expected at the time the agreements were made with the donor. Generally, the slower than expected work is not the result of lack of effort on the part of the scientists, but in fact, is the reverse. Many of the scientists are over-extended, assuming responsibility for more projects than they can actually carry out within the time frame of the projects.

Clearly, in the future, the Centre must make provision to carry out the projects on schedule. This can be done by assessing the opportunities, by being realistic about what it can handle with existing staff, by recruiting new staff at appropriate levels to handle the work described, and by improving its scientific management of the projects which are awarded. This will not only improve credibility of the Centre, but it will improve our cash flow and our overall financial situation. Most importantly, it will help the Centre achieve its mission as a premiere research institution.

### **Staff Recruitment**

One issue related to new staff relates to Board decisions. Currently there are two mechanisms for recruiting new staff at the international level. The usual mechanism is for a position to be established, followed by an international search, a selection process (including the BoT decision for high level posts) and a final offer. A second mechanism is for the Director to use his authority to offer a short term or contract position to individuals without going through this process. The first mechanism is the usual one, and is preferred by the Board since this better controls the number and mix of international positions. Unfortunately, it is slow, tedious, and may not result in recruitment of the staff one needs at the time s/he is needed. Project funds tend to move at a much faster pace than our Board-approved mechanisms allow. Thus, I would request that the Board discuss, during the personnel committee ways to streamline this process. As Director, I feel that my success, as well as the Centre's success, depends on the quality of the scientists we are able to recruit. To the extent that the procedures of the Centre are inhibiting successful recruitment, I feel we need to change them. During the Personnel and Selection Committee, this aspect can be discussed further.

Related to personnel is the recruitment of international faculty on sabbatical or recruitment of fellows. These types of positions are possible through visiting scientist positions or through trainee positions, but have been used less during recent years. This type of position, if encouraged, will help to enhance the institutional linkages and will help to establish new links.

Another type of position I intend to establish is that of an *adjunct scientist* to recognise the important role that many scientists play in the scientific program of the Centre. There are many scientists who have consistently contributed to the scientific life of the Centre and it seems reasonable to dignify these contributions through this mechanism. This new category of staff will be further developed and presented to the BoT next June.

### **Reorganisation**

The Centre has been proceeding with a reorganisation strategy. This resulted in intent to redefine the Centre's work in terms of themes rather than Divisions. It was thought that the description of themes would be better understood outside the Centre and that it would facilitate the interdivisional work at the Centre. The thematic approach has thus been accepted, but the exact mechanism for implementing this approach has not been determined from an administrative standpoint. Budgets and financial authority currently remain within the Division and there still remain many constraints to interdivisional work. There is no inherent value in interdivisional research for its own sake, but there is great benefit if cooperation facilitates the work. We will hear from the Nutrition Center about its successes and constraints as it has attempted to develop as a theme. The other themes are described in the handouts.

## **Administration**

On the administrative side, there is still a need to recruit an international level staff member to lead the area of human resources. An individual was identified through the World Bank who will be excellent in this role and we believe he will be joining the Centre in January. While his primary responsibility will be HR, he will also be providing assistance other areas of administration as well.

Currently, too many of the administrative units are reporting directly to the Director. This situation will be partly solved by recruitment of the Head of Information Sciences and by the recruitment of Head, HR; however, this administrative reporting structure is continuing to evolve.

A critical issue which needs further consideration is the roles / responsibility of the External Relations and Institutional Development Office. (ER&ID). This office consists of two professionals plus two office staff. The functions of this office take up several pages. Like many others in the Centre, the office is understaffed when compared to its responsibilities. Since it must deal with the constant daily needs of the Centre, it has limited ability to undertake many important aspects that will benefit the Centre, like endowment fundraising, and strategic international public relations. Professional fundraisers were hired to carry out some of these functions, and one wonders if there might be other strategies for accomplishing these goals. The office continues to perform extremely well and efficiently, but it is clear that additional inputs are needed.

## **Future Directions**

In terms of new initiatives for the Centre, the Centre has major opportunities in several areas that I will attempt to list. This is not an exhaustive list, but these are some of the important areas I would like to emphasise. Fleshing out these and other areas will require the development of a five-year strategic plan and this will be developed during the next year.

### **For nutrition,**

- Refining and extending the protocolized management of the severely malnourished child.
- Enhancing the operations research aspects of nutrition programmes in Bangladesh.
- Determining how and when to provide zinc supplements.

### **For vaccines,**

- To facilitate the effective use of vaccines for cholera, rotavirus, *H. influenzae*, pneumococcus, hepatitis B.
- To develop cost-effective strategies for immunising adolescents and women with vaccines for tetanus and pneumococcus to protect their new born infants as well as themselves..
- To collaborate on the development of vaccines for ETEC, shigella and *H. pylori*.

### **For case management,**

- To validate and refine the IMCI strategy
- To continue to improve oral rehydration solutions and strategies
- To continue to test new treatments, including antibiotics and micronutrients, in acute and persistent diarrhoea and acute lower respiratory tract infections.



### **For environmental health**

- To understand the marine ecology, so as to predict epidemics and the development of new epidemic strains.
- To develop a reference laboratory for arsenic and other heavy metals and to test strategies for control of arsenic contamination
- To encourage the effective use of hand-washing as a strategy for control of enteric infections

### **For health systems**

- To assist the government in effective implementation of the NIPHP
- To develop and test strategies for decentralized delivery of care for diarrhoea in urban and rural areas
- To validate the sustainability and the quality of care of the new decentralized treatment
- To assist the government in implementing the national nutrition programme.
- To assist the GoB Ministry of Health with implementation of the MIS.

### **For population and reproductive health**

- To assist Bangladesh in reaching higher levels of contraceptive and lower fertility levels in co-operation with the Government programmes
- To develop and validate protocols for safe motherhood and to validate their use in ICDDR,B field areas as well as other areas.
- To test interventions to alleviate low birth weight.

### **For infectious diseases**

- To monitor the epidemiology of selected infections (cholera, pneumonia, tuberculosis, STD's, HIV) with the goal of developing strategies for early detection, for minimising spread, and for effective treatment.
- To study the specific risk factors for transmission of HIV which exist in Bangladesh, and to develop strategies for minimising these to stop the introduction of widespread HIV infection. An HIV strategy should be based on prevention now, not wait until HIV becomes epidemic.
- To monitor antibiotic resistance in selected pathogenic bacteria (*Shigella spp*, *V. cholerae*, *S. pneumococcus*, *N. gonorrhoea*, and *H. influenzae*).
- To collaborate with other institutions in surveillance for other pathogens of public health importance (e.g. influenza virus, hepatitis C and E, RSV).
- To assist with training in surveillance techniques and in control of epidemics.

This is an ambitious agenda and the Centre will have to carefully consider what resources it has, what resources it needs, and what resources it may have to re-allocate. Fortunately, the Centre's donors have provided considerable financial support for many of these programmes. For others, funding will have to be found, but each of them is high priority for one of more donors, as well as for the Centre.

## 2. Division Reports

### 2.1 Clinical Sciences Division

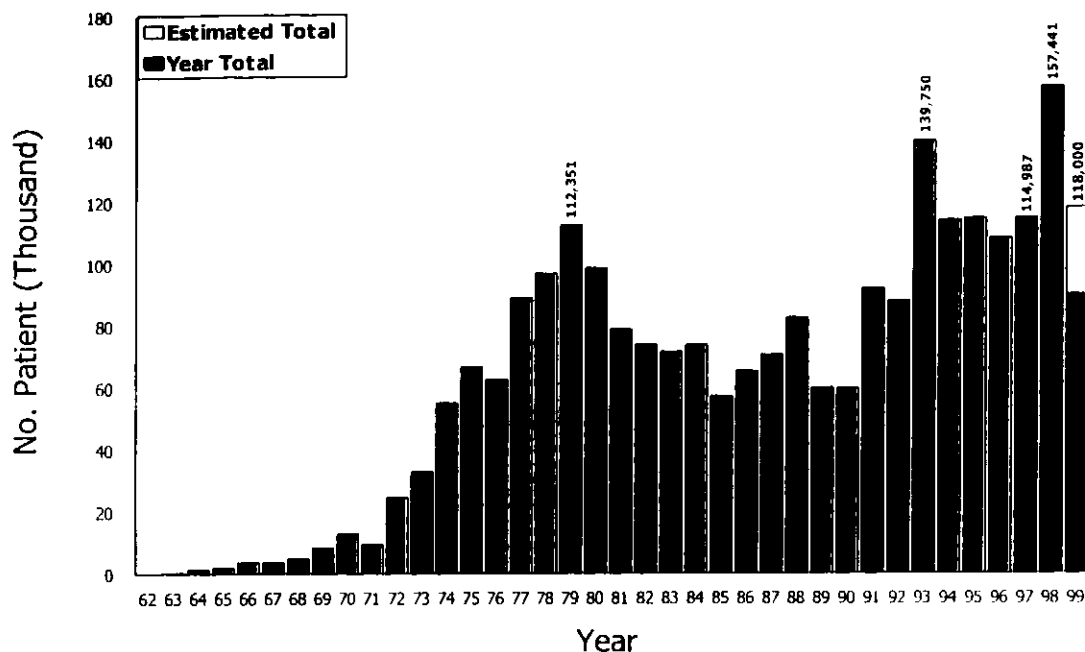
The Clinical Sciences Division (CSD) conducted its programme in research, service, and training activities in 1999 with support from 178 fixed-term staff. A total of 69 health workers, 13 trainee physicians, and 63 personnel on contractual service agreements assisted in the activities of the CSD. Two senior paediatricians and a radiologist, as well as trainee physicians of the Division, provided support for better training of staff.

The number of patients (61,860) to visit the hospital during the 6-month reporting period was moderately high (**Table 1**). This is nearly 35% fewer patients than for the same period last year during the unprecedented flood. Of the total patient visits, 37,731, 61% (average of 6,289 per month) of all patients required admission to one of the inpatient units (Short Stay, General Ward, ICU, Research Wards, NRU) of the hospital for more intensive treatment. Data from the first nine months of the current year enable a prediction of approximately 25% fewer visits in 1999 than the previous year and 3% more than the year before that (1997) (**Figure 1**). If the projections hold up, 1999 would be one of the busiest years ever for the hospital.

**Table 1: Patient Attendance at CRSC, Dhaka: a Comparison Between the Period April to September 1999 and that of 1998**

<b>Patients</b>	<b>1998</b>	<b>1999</b>
Total	95,114	61,860
Inpatient	59,381 (62%)	37,731 (61%)
Short Stay Ward	54,876	33,836
General Ward	2,976	2,601
ICU	1096	829
Research Ward	433	463

**Figure 1**  
**Yearly Patient Visits 1962 - 1999**  
 Clinical Research and Service Centre



### 2.1.1 Division Highlights

- In a trial in young children with severe persistent diarrhoea, therapy with reduced osmolarity ORS (RORS) (either glucose- or rice-based) resulted in decreased stool output compared to standard WHO ORS. More children in the rice-based RORS (68%) ( $p=0.05$ ) achieved clinical cure by one week compared to glucose-based RORS (50%) or standard ORS (44%). None of the children receiving reduced osmolarity ORS developed hyponatremia.
- A modified ORS (less sodium, more potassium, added micronutrients) vs. standard WHO ORS was tested in 125 severely malnourished children with diarrhoea. Fewer modified than standard ORS children developed over-hydration (8 vs. 3,  $p=NS$ ) although children in both groups were effectively rehydrated and there were no deaths in either group. Of importance, children receiving modified ORS developed significantly better potassium status as indicated by a greater mean serum potassium in the modified ORS compared to standard ORS at 24 and 48 hours (4.0 vs. 3.2 mmol/L and 4.0 vs. 3.4 mmol/L, respectively,  $p=0.001$  for both comparisons).
- To assess the role of antimicrobial therapy on the release of Shiga toxin (ST) relating to the hypothesized causal role in Hemolytic Uremic Syndrome (HUS), stool ST was quantified in 20 children with *Shigella dysenteriae* type 1 infection before and at 4-6h, 24h, 48h, and 120h of treatment with pivmacillinam or ciprofloxacin. Median stool ST concentrations were higher ( $p<0.001$ ) before than at any time after initiation of antimicrobial therapy, and only 5 children (25%) had an increase in ST at any time after start of treatment.

- Of 273 randomly selected children age 13-60 months from a poor, periurban community, 82% were infected with *H. pylori* by UBT. Mean serum ferritin and hemoglobin were both lower ( $p=0.006$ ) in infected than non-infected children, and more infected than non-infected children had iron depletion ( $p=0.08$ ) and anaemia ( $p=0.05$ ). Gastric acid is essential for adequate dietary iron absorption. In a sub-sample of ten infected children, total stimulated gastric acid output significantly increased ( $p=0.02$ ) after anti-*H. pylori* treatment. Further investigations, including iron isotope absorption studies, are on-going in this project to define the role and mechanism of *H. pylori* infection in iron deficiency and iron deficiency anaemia.
- A trial was completed in which 800 children 12-35 mo. of age were randomized to zinc (x 14 d), vitamin A (once), zinc plus VA, or placebo and followed for six months. Zinc and VA synergistically improved VA status (retinol and RBP) in VA-deficient children. Zinc alone, VA alone, and zinc plus VA reduced incidence and prevalence of diarrhoeal disease, with the effect being greatest in the zinc plus VA group. Zinc plus VA reduced rates of persistent diarrhoea and dysentery. Conversely, there was an increase in incidence and prevalence of ALRI in children who received zinc alone. No differences in growth were observed among any of the groups.
- In a randomized trial of zinc vs. placebo supplementation of 559 pregnant women, there was no effect on birth weight or on the incidence of low birth weight. However, infants of zinc-supplemented mothers experienced a reduced incidence of dysentery and reduced severity of acute watery diarrhoea episodes during the first six months of life. No differences in growth were observed.
- At one month of age, 212 infants were randomized to receive 5 mg of elemental zinc per day or placebo for 5 months. Developmental levels were assessed on the Bayley Scales of Infant Development (BSID-II) at 7 and 13 months of age and their behavior during the tests was observed. Zinc had a small but detrimental effect on the mental development index (MDI) of the Bayley Scale ( $B=3.2$ ,  $p<0.05$ ). No other difference between the groups was noted. This effect remained significant when controlled for nutritional status and social background.
- Preliminary results of an evaluation to assess the impact of a nationwide home gardening programme to improve VA status indicate no differences in VA status, iron deficiency or anaemia, or general nutritional status of children and women of gardening (programme) vs. non-gardening (non-programme) households.

### **Other developments in CSD**

- A collaboration with John Snow International has been agreed upon and implemented on the ICDDR,B hospital "franchising" concept with a JSI-supported NGO. Expected outcomes of this initiative include reduced patient load and financial pressure on the Centre's Dhaka hospital, improved health care delivery (decentralization, improved case management of diarrhoeal disease and malnutrition within a package of comprehensive health care services), and a new infrastructure for ICDDR,B for operations research, surveillance, among others.
- As a follow-up to the clinical validation of a standardized protocol for the management of severe malnutrition (Lancet 1999;353:1919-22), a training module was developed. Several training workshops have already been conducted by CSD together with the Training Branch for Bangladesh and international health care providers (Bhutan, North Korea). A high demand for this course has become apparent and the Centre is exploring the possibility of becoming the WHO regional

training site for the management of severe malnutrition that would include follow-up effectiveness studies and operations research.

- The diarrhoea surveillance of the ICDDR,B Dhaka hospital that has been on-going for twenty years and has been very productive was expanded with PHSD and LSD to include Matlab hospital and community.
- CSD together with LSD and PHSD has initiated a 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 addition to the ICDDR,B sites, Dhaka Medical College Hospital and Dhaka Shishu (Children's) Hospital are included as sampling sites.

## 2.1.2 Publications of CSD

### *Journal and Book Publications (Published)*

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 standardised management protocol. *Lancet* 1999;353:1919-22.
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* 1999;354:296-9.
3. Casswall TH, Nilsson H-O, Bergström M, Aleljung P, Wadström T, Dahlström AK, Albert MJ, Sarker SA. Evaluation of serology, <sup>13</sup>C-urea breath test, and polymerase chain reaction of stool samples to detect *Helicobacter pylori* in Bangladeshi children. *J Pediatr Gastroenterol Nutr* 1999;28:31-6.
4. 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* 1999;43(1):37-41.
5. Patra FC, Majumder RN, Eeckels R, Desjeux J-F, Mahalanabis D. Sacolene in cholera: a double blind randomized controlled trial. *Scand J Infect Dis* 1999;31:151-4.
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* 1999;44(8):1547-53.
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* 1999;129:1319-22.
8. Roy SK, Tomkins AM, Haider R, Behren 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* 1999;53:529-34.



**Table 2: Clinical Research and Service Centre, ICDDR,B, Dhaka**

Patients records from April to September 1999.

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	
Apr '99	14,382	6,320	4,203	1,830	2,029	<b>8,062</b>	15	617	99	<b>731</b>	15	207	16	<b>238</b>	<b>9,031</b>
May '99	13,257	5,710	3,947	1,708	1,892	<b>7,547</b>	5	420	117	<b>542</b>	10	136	20	<b>166</b>	<b>8,255</b>
Jun '99	8,911	4,173	1,915	1,258	1,565	<b>4,738</b>	6	369	77	<b>452</b>	10	106	23	<b>139</b>	<b>5,329</b>
Jul '99	8,774	4,445	1,741	1,063	1,525	<b>4,329</b>	3	416	92	<b>511</b>	6	103	13	<b>122</b>	<b>4,962</b>
Aug '99	7,811	3,655	1,640	977	1,539	<b>4,156</b>	6	327	96	<b>429</b>	6	75	13	<b>94</b>	<b>4,679</b>
Sep '99	8,725	3,721	2,219	1,148	1,637	<b>5,004</b>	1	335	65	<b>401</b>	5	59	6	<b>70</b>	<b>5,475</b>
<b>Total</b>	<b>61,860</b>	<b>28,024</b>	<b>15,665</b>	<b>7,984</b>	<b>10,187</b>	<b>33,836</b>	<b>36</b>	<b>2,484</b>	<b>546</b>	<b>3,066</b>	<b>52</b>	<b>686</b>	<b>91</b>	<b>829</b>	<b>37,731</b>

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

### **Journal and Book Publications (In Press)**

1. Akramuzzaman SM, Cutts FT, Wheeler JG, Hossain MJ. Increased childhood morbidity after measles is short-term in urban Bangladesh. *Am J Epidemiol* 1999;00-00.
2. Haider R, Kabir I, Fuchs G, Habte D. Neonatal diarrhoea in a diarrhoea treatment centre in Bangladesh: clinical presentation, breastfeeding management and outcome. *Indian J Pediatr* 1999;00-00.
3. Haider R, Kabir I, Hill AA, GJ Fuchs. Are breastfeeding messages influencing mothers in Bangladesh? *Trop Pediatr* 1999;00.
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* 1999;00:00.
5. Rabbani GH, Greenough WB III. Importance of food in the environmental transmission of cholera. *J Diarrhoeal Dis Res* 1999;00:00-00.
6. Rabbani GH, Choudhury MR. *Vibrio cholerae*. *International Handbook of Foodborne Pathogens*.
7. Rabbani GH. Cholera. In: Rakel RE, editor. *Conn's Current Therapy*. Philadelphia: WB Saunders Co.
8. Osendarp SJM, van Raaij JMA, Arifeen SE, Wahed MA, Baqui AH, Fuchs GJ. A randomized placebo-controlled trial on the effect of zinc supplementation during pregnancy on pregnancy outcome in Bangladeshi urban poor. *Am J Clin Nutr*.
9. Roy SK. Role of zinc in childhood diarrhoea: are we there yet? In: Contemporary issues in childhood diarrhoea and malnutrition. *Oxford University Press*.
10. Rahman MM, Mahalanabis D, Hossain S, Wahed MA, Alvarez JO, Siber GR, Thompson C, Santosham M, Fuchs GJ. Simultaneous vitamin A administration at routine immunization contact enhances antibody response to diphtheria vaccine in young infants under six months. *J Nutr*.

### **Awards**

1. Dr. Tahmeed Ahmed received the International Health Research Award by the Ambulatory Pediatric Association of the USA at the Congress of the Pediatric Societies of America, San Francisco, May 1999.

### **2.1.3 Research Protocols of CSD**

1. Evaluation of the impact of a home gardening programme in rural Bangladesh. PI: G.J. Fuchs. Donor: HKI.
2. Assessment of carotenoid bioavailability from plant source. PI: K.M.A. Jamil. Donor: UC-Davis, USA.

3. Promotion and support of exclusive breastfeeding and lactational amenorrhoea method by peer counsellors in rural Bangladesh. PI: R. Haider. Donor: SDC & WB.
4. 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.
5. 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 (USAID). PIs: R. Raqib, LSD & S.K. Roy, CSD. Donor: USAID/W.
6. Efficacy of modified oral rehydration solution in severely malnourished children with watery diarrhoea. PI: N.H. Alam. Donor: USAID/W.
7. 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.
8. 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.
9. Evaluation of a dietary treatment algorithm as a home-based management of children with persistent diarrhoea: a community-based study. PI: N.H. Alam. Donor: SDC.
10. Clinical efficacy of L-glutamine in persistent diarrhoea in children. PI: I. Kabir. Donor: USAID/W.
11. Is *Helicobacter pylori* infection a cause or treatment failure of iron deficient anemia in children in Bangladesh? PI: S.A. Sarker. Donor: NIH & USAID/W.
12. Clinical trial to determine the 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.
13. Evaluation of efficacy of parenteral gentamicin in a single daily dose versus conventional three-divided dose in malnourished children. PI: A.M. Khan. Donor: USAID/W.
14. 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: NEMC.
15. Randomized, double-blind, controlled clinical trial to compare the efficacy of a single-dose of azithromycin versus a 3-day, multiple dose of erythromycin in the treatment of childhood cholera due to *V. cholerae* O1 or O139. PI: W.A. Khan. Donor: NEMC.
16. Efficacy of zinc supplementation in young infants with acute watery diarrhoea. PI: Abdullah Brooks. Donor: JHU.



17. Controlled trial to prevent acute lower respiratory tract (LRI) infection and diarrhoea with zinc supplementation in children below 2 years of age. PI: Abdullah Brooks. Donor: SDC, CHR (USAID/W), JHU (USAID/W).
18. Efficacy of zinc in the treatment of pneumonia in hospitalized infants less than 2 years of age. PI: Abdullah Brooks. Donor: JHU (USAID/W).
19. Clinical evaluation of L-histidine as an antidiarrhoeal agent in adults with cholera. PI: G.H. Rabbani. Donor: Cytos Pharmaceuticals, USA.
20. Clinical diagnosis of pneumoniae in children with dehydrating diarrhoea. PI: M.A. Salam. Donor: USAID/W.
21. 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: Shahadat Hossain - for Hospital component. Donor: USAID/W.
22. Therapeutic evaluation of L-histidine in experimental shigellosis in rabbits. PI: G.H. Rabbani. Donor: Cytos Pharmaceuticals, USA.
23. Evaluation of the potential use of an osmotically driven ultrafiltration device for the preparation of therapeutic feeds for the home management of malnutrition. PI: S.K. Roy. Donor: UCB Osmotics, UK.

## 2.2 Health and Population Extension Division

### 2.2.1 Operations Research Project (ORP)

#### **Achievements**

- Interim lessons learned from the operationalization of the delivery of Essential Services Package (ESP) in rural areas have been disseminated to the policy makers, programme managers, and donors. The corresponding government guidelines have been modified in the light of ORP findings.
- At the request of the Ministry of Health and Family Welfare (MOHFW), ORP provided orientation to the national-level facilitators from the MOHFW and the Directorates of Health and Family Planning on the process of establishing Community Clinics under the Health and Population Sector Programme (HPSP). Two manuals have been jointly developed by ORP with the MOHFW for the national-level facilitators.
- ORP has been included in the national technical committees for development of curricula on orientation and case management training of clinical (graduate doctors and paramedics) and community-level (health workers) ESP service providers.
- ORP assisted the GOB in development of formats, registers and reporting procedures for the unified management information system (UMIS) for the reorganised national health and population sector programme. Also, ORP is assisting in the nationwide implementation of the system, in the development of training manuals and users' guidelines, and in the design of a mechanism for monitoring and review of the implementation status of UMIS over the next twelve months.

- ORP conducted needs assessment studies on the reproductive health needs of adolescents, and shared the findings at two international workshops organised by the Population Council in Washington in June 1999 and by the Division of Reproductive Health of the Centres for Disease Control and Prevention in Atlanta in September 1999.
- ORP has assisted in the development of the draft strategy on Unified Behaviour Change Communication (BCC) for the national health and population programme. Also, ORP contributed in development and finalization of the national communication materials for clinical contraception.
- ORP scientists have been involved in the development of a communication and social mobilization plan to support the national programme for reducing maternal mortality. This was a joint activity that brought together skills and experiences from GOB, UNICEF and ORP. Also, ORP presented the results from its interventions and other research activities in the field of reproductive health at USAID/Washington in July.
- Service delivery manuals and protocols for Essential Obstetric Care were reviewed and finalised with Government counterparts, and submitted to the Technical Review Committee of the MOHFW for approval and replication in the national programme.
- ORP provided technical assistance in the development of strategies for delivering family planning services to the newly-wed couples within the Pathfinder programme and to the Adolescent Family Life Education of BRAC. ORP collaborated with John Snow Inc. and other NIPHP partners in the design and evaluation of various interventions such as improving coordination among health service delivery agencies in urban areas, and pricing of ESP services.
- ORP scientists continued to support the activities of the following national policy advisory bodies: a) National Technical Committee on Cost Recovery and Financial Sustainability in the Health and Population Sector; b) National Committee for the Development of Integrated Behaviour Change Communication Strategy, and c) National Unified MIS Implementation Task Force.
- Implementation of eight ongoing operations research studies is under progress (Annex-1). Thirty-four publications have been made during the reference period including seven journal articles published, 11 journal articles in press, six peer-reviewed working papers published, and 10 special publications made (Annex-2).

### ***New Developments***

- Signed an MOU with Partners in Population and Development (PPD) to develop and implement joint international initiatives on reproductive health research.
- Collaboration with JHU School of Hygiene and Public Health (Department of Population and Family Health) is underway.
- Discussions have been initiated for collaborations with the Geneva-based Global Forum for Health Research.
- ORP will co-host the International Union for the Scientific Study of Population (IUSSP) Seminar on "Family Planning Programmes in the 21<sup>st</sup> Century" to be held in Dhaka, January 18 - 20, 2000.

## **Publications of ORP**

### **A. Journal and Book Publications (Published)**

1. Ahmed S, Parveen SD, Islam A. Infant feeding practices in rural Bangladesh: policy implications. *J Trop Pediatrics* 1999 Feb;45(1):37-41.
2. Ahmed S. Breastfeeding revisited. In: Recent Advances in Padiatrics Special Volume on Tropical Pediatrics. New Delhi: Jaypee Brothers Medical Publishers Pvt. Ltd.
3. Ahmed MU, Mirza T, Khanum PA, Khan MA, Ahmed S, Khan MH. Management of reproductive tract infections in rural Bangladesh. *Int J STD & AIDS*;10:a1124.1-5.
4. Caldwell JC, Barkat-e-Khuda, Caldwell B, Pieris I, Caldwell P. The Bangladesh fertility decline: an interpretation. *Pop Dev Review*, 1999;Vol 25, No. 1: 67-84.
5. Caldwell BK, Barkat-e-Khuda, Ahmed S, Nessa F, Haque I. Pregnancy termination in a rural sub-district of Bangladesh: A micro-study. *Int Fam Plann Perspective*, 1999;Vol 25(1):34-37&43.
6. 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* 1999;48(8):1103-1116.
7. Hasan Y, Maru RM. Performance improvement through local planning: action research. *J Health Management* 1999;1(1):11-33.
8. Levin A, Caldwell BK, Barkat-e-Khuda. Effect of price and access on contraceptive use. *Soc Sci Med* 1999;49(1):1-15.

### **B. Journal and Book Publications (In Press)**

1. Azim SMT, Tunon C, Baqui AH, Mookherji S. Record keeping systems for quality improvement in urban primary health care clinics. *Journal of Health and Population in Developing Countries*.
2. 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.
3. Barkat-e-Khuda, Caldwell JC, Caldwell BK, Pieries I, Caldwell P, Ahmed S. The global fertility transition: new light from the Bangladesh experience. *IUSSP volume*, Oxford University Press.
4. Barkat-e-Khuda, Roy NC, Rahman DMM. Unmet contraceptive needs in Bangladesh: evidence from the 1993-94 and 1996-97 Bangladesh Demographic and Health Surveys. *Asia-Pacific Pop Journal*.
5. Haque I, Kane TT, Roy NC, Mozumder KA, Barkat-e-Khuda. Contraceptive switching patterns in rural Bangladesh. *Int Fam Plann Perspective*.
6. 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*.

7. Perry H, Begum S, Begum A, Kane TT, Quaiyum MA, Baqui AA. Comprehensive assessment of the quality of services provided by family planning field workers in one major area of Dhaka City, Bangladesh. *J Health Pop Dev Countries*.
8. Mozumder KA, Barkat-e-Khuda, Kane TT, Levin A, Ahmed S. The effect of birth interval on malnutrition in infants and young children. *Journal of Biosocial Science*.
9. Levin A, Amin A, Saifi RA, Rahman MA, Barkat-e-Khuda, Mozumder KA. Cost-effectiveness of family planning and maternal health service delivery strategies in rural Bangladesh. *Intl J Health Plann Management*.
10. Kuenning MA, Hossain MB, Barkat-e-Khuda. The effects of family planning programs on fertility preference: evidence from Bangladesh. *Stu Fam Plan*.

**C. Peer-reviewed Working Papers (Published)**

1. Ahmed S, Wirzba, Hakim JA, Barkat-e-Khuda, Khatun R. Disease patterns, treatment practices and drug requirements in rural Bangladesh: a review of five studies. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Working Paper, 119; Operations Research Project Working Paper No. 153).
2. Ahmed S, Islam A, Mitra D, Khanum PA, Barkat-e-Khuda. Use of a subdistrict hospital for management of obstetric complications in rural Bangladesh. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Working Paper, 124; Operations Research Project Working Paper No. 156).
3. Alamgir SU, Manaf S, Hasan Y, Rahman S, Tunon C, Kane TT, Islam M, Nazrul H. Operationalizing a cost-effective tiered system for delivering the essential services package: A needs assessment study for the Sher-e-Bangla Nagar Government Outdoor Dispensary in urban Dhaka. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Working Paper, 125; Operations Research Project Working Paper No. 157).
4. Azim SMT, Islam MT, Tunon C, Mahmood S, Kabir H, Alam M, Saha NC. Testing validity of ARI diagnosis made by primary healthcare field workers with and without a checklist. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Working Paper, 126; Operations Research Project Working Paper No. 158).
5. Rahman MM, Barkat-e-Khuda, Reza MM. Determinants of safe-delivery practices in rural Bangladesh: evidence from the Bangladesh Demographic and Health Survey 1996-1997. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Working Paper, 123; Operations Research Project Working Paper No. 155).
6. Routh S, Barkat-e-Khuda. An economic appraisal of alternative strategies for delivery of MCH-FP services in urban Dhaka, Bangladesh. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1998. (ICDDR,B Working Paper, 120; Operations Research Project Working Paper No. 154).

#### **D. Special publications**

1. Ashraf A, Kane TT, Shahriar A, Barkat-e-Khuda. Male involvement in reproductive health services in Bangladesh: a review. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Special Publication No. 94).
2. Azim SMT, Kabir MH, Alam MM. Current record keeping systems in the context of delivery of essential services package: a review. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Special Publication No. 97).
3. Azim SMT, Kabir MH, Alam MMA, Hossain AMZ, Anowar N, Ahmed T. Orientation manual-1: UMIS record-keeping and reporting formats for community clinic and field-level service providers (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Special Publication No. 99).
4. Azim SMT, Kabir MH, Alam MMA, Hossain AMZ, Anowar N, Ahmed T. Orientation manual-2: UMIS record-keeping and reporting formats for union-level service providers (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Special Publication No. 100).
5. Hasan Y, Alamgir S, Reza M, Ashraf A, Barkat-e-Khuda. Developing a cost-effective tiered system for developing essential services package: a review. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Special Publication No. 93).
6. Hossain AMZ, Anowar N, Ahmed T, Azim SMT, Kabir MH, Alam MMA. Orientation manual-3: UMIS record-keeping and reporting formats for thana-level service providers (in Bengali). Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Special Publication No. 101).
7. Khatun J, Gazi R, Uddin MA. Consensus building workshop on planning and coordination of health services in Dhaka City: summary proceedings. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Special Publication No. 96).
8. Quaiyum MA, Ahmed S, Islam A, Khanum PA. Strategies for ensuring referral and linkage for essential obstetric care: a review. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Special Publication No. 95).
9. Uddin MJ, Khatun J, Rahman MM, Tunon C, Sirajuddin AKM. Interventions to promote local-level planning and coordination of essential health and family planning services: a review. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR, Special Publication No. 92).
10. Uddin MJ, Sirajuddin AKM, Mazumder MA, Chowdhury AI Tunon C, Uddin MA, Khatun J. ESP services in Dhaka city: An inventory of GoB and NGO health facilities. Dhaka: Operations Research Project, International Centre for Diarrhoeal Disease Research, Bangladesh, 1999. (ICDDR,B Special Publication No. 98).

## **Research Protocols of ORP (all are funded by USAID-Dhaka)**

1. Operationalizing a cost-effective tiered system for delivering the Essential Services Package in the public sector. PI: Dr. Subrata Routh.
2. Operationalizing a cost-effective tiered system for delivering the ESP by NIPHP NGOs. PI: Dr. Shamsuddin Alamgir.
3. Technical assistance to strengthen management support systems for the effective delivery of the ESP. PI: Dr. Cris Tunon.
4. Strategies to improve prevention and management of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs). PI: Dr. Saifur Rahman.
5. Modified strategies for ensuring referral and linkage for Essential Obstetric Care (EOC). PI: Dr. M. A. Quaiyum.
6. Strategies for improving the quality and performance of clinical contraceptive services. PI: Dr. Rabeya Khatun.
7. Operations research on cost recovery of the ESP delivery through systematic pricing and revenue management. Two protocols, each for the public-sector and NGO providers respectively. PI: Dr. Mahbub Alam Mazumder.

### **2.2.2 Epidemic Control Preparedness Programme (ECPP)**

#### **Achievements**

##### **Epidemic surveillance**

In contrast to 1.6 million cases of watery diarrhoea reported during the post flood epidemics between September and December 1998, the magnitude of diarrhoea epidemics was less pronounced during 1999. Slightly over 50,000 diarrhoea cases were reported during epidemics that affected mostly the southern districts during the current year. Rapid assessment by ECPP in 35 thanas established cholera outbreaks in 16 thanas from Jessore, Faridpur, Barisal, Borguna, Pirojpur, Jhalokhati, Patuakhali and Noakhali districts. 26% of the samples of 157 patients' specimens collected from the field and cultured at ICDDR,B were positive *V cholerae* O1. Investigations of antibiotic sensitivity patterns revealed that all the isolates were sensitive to the drugs tetracycline and erythromycin, but resistant to cotrimoxazole. The results of rapid assessment were promptly communicated to the decision-makers of GoB health services. None of the outbreaks was due to *V. cholerae* O139.

##### **Surveillance at sentinel sites**

ECPP is continuing the cholera surveillance at five sentinel sites. These surveillance activities are supported by NIH as a collaborative research project between ICDDR,B, the Johns Hopkins University and the University of Maryland. During 270 days of surveillance between November 1998 and September 1999, a total 1,082 diarrhoea patients were identified of which 93% were watery diarrhoea. Nearly 16% (15.6%) of the 826 specimen cultured were positive for *V cholerae*. A notable observation was the significant increase in the proportion of isolation of *V cholerae* O139 (32.4%) during the observation period compared to 1997 (3.1%). In three of the five sites, O139 accounted for over 40% of *V cholerae* isolated. This may have the implication of changing cholera epidemiology in Bangladesh as well as other areas around the world.

## **Research Protocols of ECPP**

1. Epidemiology and ecology of *V. cholerae* in Bangladesh. PI: Dr. AK Siddique. Donor: NIH.
2. Epidemic Control Preparedness Programme. PI: Dr. AK Siddique. Donor: Norway.

## **2.2.3 Environmental Health Programme (EHP)**

### **Achievements**

- Initiated the Project on coordinating the Global Information Exchange Mechanism on Arsenic for the Collaborative Council for Water Supply and Sanitation, WHO, Geneva.
- VISION 21 for Water for People: Completed field activities on designing the national vision in collaboration with the GoB and other stakeholders.
- Completed the first phase of the study on development of water supply options for drinking water supply in arsenic affected areas.

### **Journal and Book Publications of EHP (In Press)**

1. Bilqis Amin Hoque, Shafiu Azam Ahmed, Golam Morshed, S.A.K.M. Shafique, Babar N. Kabir. Recommendation for Arsenic Mitigation in Bangladesh. *Journal of Public Health Medicine and Epidemiology* 1999.

### **Research Protocols of EHP**

1. Global Information Exchange Mechanism on Arsenic. PI: Dr. Bilqis A. Hoque. Donor: WHO.
2. Hygiene Promotion Strategy for Danida Sector Programme Support for the Water Supply and Sanitation. PI: Dr. Bilqis A. Hoque. Donor: Danish Embassy, Dhaka.
3. VISION 21: Building a Shared Vision for Water Supply and Sanitation in Bangladesh. PI: Dr. Bilqis A. Hoque. Donor: WHO.
4. Study on various water supply options for arsenic contaminated areas. PI: Dr. Bilqis A. Hoque. Donor: IFPRI, USA.

## **2.3 Laboratory Sciences Division**

### **2.3.1 Division Highlights**

- Extensive production of neuropeptides and neuroproliferation, in the rectal mucosa of patients with shigellosis, has confirmed the hypothesis of the involvement of enteric nervous system in the mucosal inflammatory response.
- Tn *phoA* mutagenesis of *P. alcalifaciens* resulted in invasion deficient transconjugants, which also failed to secrete a 47 KDA protein in the culture supernatant.

- A cytotoxin present in CT attenuated *V. cholerae* strains (Cell Rounding Factor CRF) was purified. Its N terminal sequence showed high homology with haemagglutinin protease (HAP). The CRF gene was cloned and sequenced from a non O1, non O139 *V. cholerae* strain and showed 97% homology to HAP gene of *V. cholerae*.
- Longus, a type IV pilus was expressed by 8.5% of ETEC isolates from diarrhoeal patients in the surveillance sample and this antigen was immunogenic in patients with IgA antibodies in the gut and in the blood.
- 9.4% of children  $\leq$  60 months of age with *S. dysenteriae* 1 infection developed the Haemolytic Uraemic Syndrome. Of 15 children with HUS only 6 improved and survived.
- An immunomagnetic bead separation and PCR (IMS-PCR) technique for detection of Enterotoxigenic *Bacteroides fragilis* from stool samples has been established.
- Preliminary results suggest that some non-O1 strains of *V. cholerae* and *V. mimicus* may act as aquatic environmental reservoirs of the cholera toxin bacteriophage (CTX $\phi$ ).
- Diarrhoeagenic *E. coli* and *Shigellae* have been detected in the aquatic environment by multiplex PCR.
- In a laboratory microcosm *V. cholerae* O1 and O139 survived in the water for only 7 and 5 days respectively, while they were culturable from the copepods in the microcosm for up to 10 and 12 days.
- In 1998 31% of *N. gonorrhoea* isolates are resistant to ciprofloxacin as compared to 11% of strains in 1997.
- An evaluation of the syndromic management of reproductive tract infection in primary health care showed that treatment was given inappropriately in 95% of instances.
- The prevalence of HIV infection in 1000 newly diagnosed patients with pulmonary tuberculosis was 0.1%. The second phase of the National Sentinel Surveillance has started in collaboration with the IEDCR of the Government of Bangladesh.

### 2.3.2 Publications of LSD

#### A. Journal and Book Publications (Published)

1. Ansaruzzaman M, Shimada T, Bhuiyan NA, Nahar S, Alam K, Islam MS, Albert MJ. Cross-reaction between a strain of *Vibrio mimicus* and *V. cholerae* O139 Bengal. *J Med Microbiol* 1999;48:873-877.
2. Azim T, Ahmed SM, Khuda S, Sarker MS, Unicomb LE, Hamadani JD, Salam MA, Wahed MA, Albert MJ. Immune response of children who develop persistent diarrhoea following rotavirus infection. *Clin Diagn Lab Immunol*. 1999;6:690-695.
3. Faruque SM, Siddique AK, Saha MN, Asaduighani, Rahman MM, Zaman K, Albert MJ, Sack DA, Sack RB. Molecular characterization of a new ribotype of



*Vibrio cholerae* O139 Bengal associated with an outbreak of cholera in Bangladesh. *J Clin Microbiol* 1999;37:1313-1318.

4. Haque R, Ali IKM, Petri WA Jr. Prevalence and immune response to *E. histolytica* infection in preschool children in Bangladesh. *Am J Trop Med Hyg* 1999;60:1031-1034.
5. Holme T, Rahman M, Janssoon PE, Widmalm G. The lipopolysaccharide of *Moraxella catarrhalis*: structural relationship and antigenic properties. *European Journal of Biochemistry*. 1999;264:1-7.
6. Islam MS, Hossain MS, Hassan MK, Rahman MM, Fuchs G, Mahalanabis D, Baqui AH, Albert MJ. Detection of shigellae from stools of dysentery patients by culture and polymerase chain reaction techniques. *J Diar Dis Res* 1998;16:248-251.
7. Islam MS, Rahim Z, Alam MJ, Begum S, Moniruzzaman SM, Umeda A, Amako K, Albert MJ, Sack RB, Huq A, Colwell RR. Association of *Vibrio cholerae* O1 with the cyanobacterium, *Anabaena* sp. elucidated by polymerase chain reaction and transmission electron microscopy. *Transaction of the Royal Society of Tropical Medicine and Hygiene* 1999;93:36-40.
8. Janda JM, Abbott SL, Albert MJ. Prototypal diarrhoeagenic strains of *Hafnia alvei* are actually members of the genus *Escherichia*. *J Clin Microbiol* 1999;37:2399-2401.
9. Martines J, Underwood B, Ghana P, Kirkwood BR, Morris S, Etego SA, Bhan MK, Wahed MA. Randomised trial to assess benefits and safety of vitamin A supplementation linked to immunisation in early infancy. *Lancet* 1998;352:1257-1263.
10. Rahman M, Rahman ATMA. The world faces emerging and reemerging infectious diseases. *The Orion Med J* 1999;3:3-6.
11. Rice AL, Stoltzfus RJ, de Francisco A, Kjolhede CL, Wahed MA. Maternal vitamin A or beta-carotene supplementation in lactating Bangladeshi women benefits mothers and infants but does not prevent sub-clinical deficiency. *J Nutr* 1999; 129:356-365.
12. Talukder KA, Dutta DK, Albert MJ. Evaluation of pulsed-field gel electrophoresis for typing *Shigella dysenteriae* 1. *J Med Microbiol* 1999;48:781-784.
13. Unicomb LE, Podder G, Gentsch JR, Woods PA, Hassan KZ, Faruque ASG, Albert MJ, Glass RI. Evidence of high frequency genomic reassortment of group A rotavirus strains in Bangladesh: emergence of type G9 in 1995. *J Clin Microbiol* 1999; 37:1885-91.

#### **B. Journal and Book Publications (In Press)**

1. Albert MJ, Faruque ASG, Faruque SM, Sack RB, Mahalanabis D. Case-control study of enteropathogens associated with childhood diarrhoea in Dhaka, Bangladesh. *J Clin Microbiol* 1999.

2. Albert MJ, Grant T, Robins-Browne R. Bacterial adherence to tissue culture cells. In: An YH, Friedman RJ, editors. *Handbook of Bacterial Adhesion; Principles, Methods, and Applications*. Totowa, NJ: Humana Press 1999.
3. Albert MJ, Morris JG Jr. Cholera and other vibrioses. In: Strickland GT, editor. *Hunter's Tropical Medicine*, 8<sup>th</sup> edition. Philadelphia: W.B. Saunders Company 1999.
4. Ansaruzzaman M, Albert MJ, Nahar S, Byun R, Kotauli M, Kuhn I, Mollby R. Clonal groups of enteropathogenic *Escherichia coli* isolated in case-control studies of diarrhoea in Bangladesh. *J Med Microbiol* 1999.
5. Azim T, Islam MN, Bogaerts J, Mian MAH, Sarker MS, Fattah KR, Simmonds P, Jenkins C, Choudhury MR, Mathan VI. Prevalence of HIV and syphilis among high risk groups in Bangladesh. *AIDS* 1999.
6. Faruque SM, Rahman MM, Asadulghani, Islam KMN, Mekalanos JJ. Lysogenic conversion of environmental *V. mimicus* strains by CTX $\Phi$ . *Infect Immun*. 1999.
7. Kinginbe CIB, Huys G, Tonolla M, Albert MJ, Swing J, Peduzzi R, Jemmi T. Polymerase chain reaction detection, characterization, and distribution of virulence genes in *Aeromonas* spp.
8. Mathan M. Intestinal mucosal biopsy in 'Small Intestinal Diseases. Ed Ratnaike R.
9. Qadri F, Ahmed F, Karim M, Wenneras C, Begum YA, Salam MA, Albert MJ, McGhee JR. Lipopolysaccharide and cholera toxin specific subclass response of B cell responses in cholera. *Clin Diag Lab Immun* 1999.
10. Qadri F, Das SK, Faruque ASG, Fuchs GJ, Albert MJ, Sack RB, Svennerholm AM. Prevalence of toxin types and colonization factors in enterotoxigenic *Escherichia coli* isolated during a two year period from diarrhoeal patients in Bangladesh. *J Clin Microbiol* 1999.
11. Rahman M, Levy J, Butzler JP. Quinolone resistance in *Shigella dysenteriae* type 1: role of resistance plasmid and *gyrA* gene. *J Antimicrobial Chemother* 1999.
12. Wahed MA, Mitra AK, Azad AK, Jahan F. Retinol concentration in liver and serum among children who died in a diarrhoeal hospital. *Nutr Res* 1999.
13. Wenneras C, Qadri F, Bardhan PK, Sack RB, Svennerholm A-M. Intestinal antibody responses to enterotoxigenic *Escherichia coli* in vaccinees and patients after oral immunization and infection. *Infection and Immunity* 1999.

### 2.3.3 Research Protocols of LSD

1. 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. PI: Dr. F. Qadri. Donor: SIDA-SAREC.
2. Epidemiology and ecology of *Vibrio cholerae* infection in Bangladesh. PI: F. Qadri. Donor: NIH.
3. Intraspecies variation in *E. histolytica*. PI: Rashidul Haque. Donor: USAID/W and University of Virginia.

4. Field studies of human immunity to amebiasis in Bangladesh. PI: Rashidul Haque. Donor: University of Virginia/NIH.
5. Epidemiology and ecology of *Vibrio cholerae* in Bangladesh. PI: SM Faruque. Donor: NIH.
6. Development and application of multiplex PCR assays as an aid to clinical and environmental studies. PI: SM Faruque. Donor: USAID.
7. 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. PI: Mahbubur Rahman. Donor: USAID.
8. Immune responses in children with both acute lower respiratory tract infection (ALRI) and diarrhoea, PI: Dilara Islam. Donor: USAID.
9. The influence of innate immune mechanisms on T cells stimulation in shigellosis, PI: Dilara Islam. Donor: SAREC/SIDA.
10. Further studies of immunoprotective and immunopathogenic mechanisms in shigellosis. PI: Rubhana Raquib. Donor: SIDA/SAREC.
11. Detailed study of the humoral and cellular immune responses in children with primary infection due to *Shigella* species. PI: Rubhana Raquib. Donor: WHO.
12. 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. PI: Rubhana Raquib. Donor: USAID/W.
13. Risk factors for the development of *S. dysenteriae* type 1 associated HUS. PI: Dr Tasnim Azim. Donor: USAID/W and Govt. of Japan.
14. National sentinel surveillance for HIV and syphilis in Bangladesh. PI: Tasnim Azim. Donor: DFID.
15. Cellular and humoral immune responses to rotavirus infection in Bangladeshi infants and relevance to rotavirus vaccine studies. PI: Tasnim Azim. Donor: USAID.
16. Investigation of the importance of Norwalk-like viruses in childhood diarrhoea in Bangladesh. PI: Tasnim Azim. Donor: USAID.
17. Epidemiology and Ecology of *V. cholerae* in Bangladesh. PI: MS. Islam. Donor: National Institute of Health (NIH), USA.
18. A simple water filtration for cholera intervention. PI: MS. Islam. Donor: University of Maryland Biotechnology Institute (UMBI), USA.
19. Are waste stabilization ponds (WSP) barriers to, or reservoirs of, cholera? How much *V. cholerae* is there in wastewater? PI: MS Islam. Donor: University of Newcastle upon Tyne, UK.
20. Nightblindness in pregnant women in Bangladesh. PI: Wahed MA. Donor: USAID.

21. Molecular characterization of invasion associated gene(s) in *Providencia alcalifaciens* by *TnphoA* mutagenesis. PI: Motiur Rahman. Donor: ICDDR,B.
22. Molecular characterization of *Helicobacter pylori* strains isolated from patients with duodenal ulcer and gastric cancer, and from asymptomatic carriers. PI: Motiur Rahman. Donor: SIDA/SAREC.
23. Molecular characterization of novel cell rounding factor (CRF) of *Vibrio cholerae*. PIs, M.J. Albert, Motiur Rahman. Donor: ICDDR,B.
24. Prevalence of treatment failure due to ciprofloxacin and ceftriaxone in gonorrhoea among Bangladeshi female sex workers. PI: Dr. Motiur Rahman. Donor: SDC.
25. Field evaluation of multiplex PCR based diagnosis for control and prevention of sexually transmitted infection/reproductive tract infection among female sex workers. PI: Dr. Motiur Rahman. Donor: Govt. of Bangladesh.
26. The prevalence and aetiology of reproductive tract infections among women attending the BWHC clinic in Mirpur, Dhaka, Bangladesh. PI: Dr. J. Bogaerts. Donor: BADC.

## 2.4 Public Health Sciences Division

### 2.4.1 Division Highlights

- A shift in several of the international positions has taken place. Prof. Lars Åke Persson from Sweden started his work as Division Director in March (replacing Prof. Patrick Vaughan). Dr. Kim Streatfield from Australia is the new Programme Head for the Health and Demographic Surveillance from July (after Dr Jeroen K. van Ginneken). Dr. Andres de Francisco, who headed the Reproductive Health Programme, will soon be replaced by Prof. Japhet Killewo from Tanzania. We are also in the final stage of recruitment of a medical anthropologist, who will work in the Social and Behavioural Sciences Programme, and another demographer for the Health and Demographic Surveillance Programme. Prof. Mahmud Khan of the Health Economics Programme left in July, but there are presently no funds available for a new international recruitment.
- Further important steps have been taken in the modernisation of the Health and Demographic Surveillance System (HDSS) in Matlab. These include improvements in type of information, coverage, field work, data handling and management. According to plan, there will be an integrated system in function in the year 2000 of health (earlier RKS) and demographic (earlier DSS) surveillance in the entire 210,000 population in Matlab.
- Dr. Khalequzzaman successfully defended his PhD thesis on diarrhoea and fluid intake at the Johns Hopkins University and joined the Child Health Programme as an epidemiologist.
- The Child Health Programme completed field work on the zinc and rotavirus vaccine study, a shigella vaccine study, a pneumococcal vaccine study and the first year of a zinc effectiveness study.
- The team was very active in the organisation of an international low birth weight symposium in June.

- The impact survey of the long-term BRAC-ICDDR,B project in Matlab has recently started. The analyses of synergy effects of combined health and development interventions have already started, using the HDSS databases as well as the additional information collected by the project.
- Integrated interventions and research on essential obstetric care and management of childhood diseases are being implemented in Matlab, with financial support from EU, BADC and WHO. These activities are performed across the intervention and comparison areas.
- An out-patient department building was completed in Matlab, decreasing the load on the wards. Delivery facilities were improved at the third sub-centre. The standardised management of severely malnourished children, which has been developed and successfully evaluated by the Centre in Dhaka, was implemented in the Matlab health facility.

## 2.4.2 Publications of PHSD

### A. Journal and Book Publications (Published)

1. Ahmed MK, Rahman M, van Ginneken JK. Epidemiology of child deaths due to drowning in Matlab, Bangladesh. *Intl J Epid* 1999;28:306-311.
2. Bairagi R, Sutradhar SC, Alam N. Levels, trends and determinants of child mortality in Bangladesh in Matlab, Bangladesh, 1966-1994. *Asia-Pacific Pop Jour* 1999;14(2):1-18.
3. Jamil K, Bhuiya A, Streatfield K, Chakraborty N. The immunization programme in Bangladesh: impressive gains in coverage, but gaps remain. *Health Policy and Planning* 1999;14(1):49-58.
4. Zaman K. Children's fluid intake during diarrhoea: a comparison of questionnaire responses with data from observations. Ph.D. dissertation-Johns Hopkins University, 1999.

### B. Journal and Book Publications (In Press)

1. Ahmed MK, Rahman M, van Ginneken JK. A Case-control Study of Risk Factors Associated with Maternal Mortality in Matlab, Bangladesh. *Intl J Gynecol and Obst.*
2. Alam N. Teenage motherhood and infant mortality in Bangladesh: maternal age-dependant effect of parity one. *J Bio Sc.*
3. Arifeen SE, Black RE, Caulfield LE, Antelman G, Baqui AH. Determinants of infant growth in the slums of Dhaka: size and maturity at birth, breastfeeding and morbidity. *Am J Clin Nutr.*
4. Arifeen SE, Black RE, Caulfield LE, Antelman G, Baqui AH, Nahar Q, Alamgir SU, Mahmud H. Infant growth patterns in the slums of Dhaka in relation to birth weight, intrauterine growth retardation and prematurity. *Am J Clin Nutr.*
5. Bairagi R, Islam MM, Barua MK. Contraceptive failure: levels, trends and determinants in Matlab, Bangladesh. *J Bio Sc.*

6. Bhuiya A, Chowdhury M, Ahmed F, Adams AM. Hope despite hardship: Increasing survival and decreasing inequity in rural Bangladesh. *Global Health Equity Initiative*, Rockefeller Foundation, N.Y.
7. Bhuiya A, Chowdhury M. Poverty alleviation programmes reduce inequities in health: evidence from Bangladesh. *Public Health Forum*, LSHTM, London.
8. de Francisco A, Hall AJ, Alam N, Hawkes S, Azim T. Hepatitis B infection in Bangladeshi mothers and infants. *Southeast Asian J Trop Med & Pub Health*.
9. Hawkes S, Williams L, Gausia K, Foster S, Chakraborty J, Mabey D, de Francisco A. Reproductive Tract Infections in Bangladesh and the costs of syndromic management. *The Lancet*.
10. Mostafa G, van Ginneken JK. Trends in, and determinants of mortality in the elderly population of Matlab, Bangladesh. *Soc Sc & Med*.
11. Rahman M. Longitudinal Study on the Effect of Child Mortality on Fertility Regulation Behavior in Rural Bangladesh. *Studies in Family Planning*.

### **C. Internal Publications (Working Papers)**

1. Bhuiya A, Chowdhury M, Momen M, Khatun M. Marital disruption in a rural area of Bangladesh predisposing factors and consequences on women's lives. Scientific Report No. 85, ICDDR,B, 1999.
2. Bhuiya A, Aziz A, Chowdhury M. Induced abortion in a rural area of Bangladesh: Process management health consequences. Scientific Report No. 86, ICDDR,B, 1999.
3. Desmet M, Bashir I, Sohel N. Demographic, socio-cultural and economic profile of slum residents in Dhaka city, Bangladesh. Health-care seeking studies. HEP Working Paper No. 3-98.
4. Desmet M, Bashir I, Sohel N. Illness Profile and Health Care Utilization Patterns of Slum Residents in Dhaka City, Bangladesh. Working Paper No. 4.
5. Desmet M, Bashir I, Sohel N. Direct and Indirect Health Care Expenditures by Slum Residents in Dhaka City, Bangladesh. Working Paper No. 5.
6. Khan MM, Mamun A, Ferdousy Z. Revenue and Expenditure Patterns of a Tertiary Hospital: Case Study of BIRDEM, Dhaka. HEP Working Paper No. 1-98.
7. Khan MM, Zhu N, Ling JC. Cooperative Medical System in Taicang County of China: Lessons for Bangladesh and Other Developing Countries. HEP Working Paper No. 2-98.
8. Khan MM, Yoder R. Expanded Programme on Immunization of Bangladesh: Cost, Cost-Effectiveness, and Financing Estimates. September 1998, PHR Technical Report No. 24.
9. Mostafa G, Shaikh MAK, van Ginneken JK, Sarder AM. Demographic Surveillance System- Matlab. Registration of demographic events, 1996. Volume 28, Scientific Report No. 82.

#### **D. Special Publications (Working Papers)**

1. Islam W, Khan M, Hossain MH. Health situation and health care expenditures in Bangladesh – evidences from nationally representative surveys (Proceedings of the workshop held in Dhaka in February 1998). Published in collaboration with Health and Demographic Survey Department of Bangladesh Bureau of Statistics (BBS), Dhaka, April 1999.

#### **2.4.3 Research Protocols of PHSD**

1. Improvement of health through community development oriented programme in rural Bangladesh. PI: Dr. Abbas Bhuiya. Donor: Consortium of Swiss, German and Dutch Red Cross.
2. Matlab Family Planning Programme. PI: Dr. Md. Yunus. Donor: Japan.
3. Study of the immunogenicity of conjugate pneumococcal vaccine in infants of mothers who have and who have not been immunized with polysaccharide vaccine. PI: Dr. Nigar Shahid. Donor: USAID and Thrasher Research Foundation.
4. Does disease due to *V.cholerae* O1 confer protection against subsequent diarrhoea due to *V. cholera* O139? PI: Dr. Md Yunus. Donor: NIH, USA.
5. Abortion dynamics in rural Bangladesh. PI: Dr. R. Bairagi. Donor: WHO.
6. Contraceptive use dynamics in two rural Thanas of Bangladesh. PI: Dr. R. Bairagi. Donor: European Union.
7. Tetravalent Rhesus Rotavirus Vaccine: Proposal for a randomised, placebo controlled trial to evaluate immunogenicity, reactogenicity and acceptability in infants in Matlab, Bangladesh. PI: Dr. Md Yunus. Donor: WHO.
8. Safety and immunogenicity of  $4 \times 10^5$  pfu tetravalent rhesus rotavirus vaccine, with or without zinc supplementation in Matlab, Bangladesh. PI: Dr. SE Arifeen. Donor: JHU.
9. 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. PI: Dr. A.H. Baqui. Donor: USAID/JHU.
10. A community-based, randomized, controlled trial to assess the efficacy of iron and/or zinc or a micronutrient mix supplementation to reduce anaemia and morbidity and to improve growth and development in Bangladeshi Infants. PI: Dr. Abdullah H Baqui. Donor: USAID and Nutricia Research Foundation.
11. A community based randomised trial to assess efficacy of iron/zinc supplementation to reduce anaemia, diarrhoea and ARI morbidity and to improve growth in Bangladeshi infants. PI: Dr. Abdullah H Baqui. Donor: USAID-W.
12. An inpatient study of safety, dose and immunogenicity of an oral live attenuated *Shigella flexneri* 2a vaccine candidate (SC602) in a rural community setting in

Bangladesh. PI: Dr. Abdullah A Baqui. Donor: Walter Reed Army Institute for Research and National Vaccine Programme, USA.

13. Surveillance of invasive *Haemophilus influenzae* (Hi) and *Streptococcus Pneumoniae* (Spn) diseases in Bangladeshi children and the antimicrobial resistance and serotype patterns of Hi and Spn in Bangladesh (Population-based component). PI: Dr. Abdullah H Baqui. Donor: USAID-W.
14. Essential Obstetric Care. PI: Dr. Md. Yunus. Donor: EU.
15. Male involvement in reproductive health programmes. PI: Mr. J Chakraborty. Donor: European Union.
16. Effect of Menstrual Regulation Service provision on induced abortion morbidity in Matlab. PI: Dr. Rubina Shaheen. Donor: SDC.
17. Evaluation of sustainability of education aimed at increased consumption of green leafy vegetables by young children and others in selected poor village communities at Matlab in Bangladesh. PI: Dr. Md. Yunus. Donor: SDC.
18. Cohort of women for supplementation during pregnancy. PI: Dr. Rubina Shaheen. Donor: BINP.
19. Did the Matlab-FP programme bring about any change in the well-being of the people? PI: Dr. A. Razzaque. Donor: ICDDR,B.
20. Health service use for child morbidity in rural Bangladesh. PI: Mr. N. Alam. Donor: RAND.
21. Defining high risk areas for diarrhoeal diseases in an endemic area of rural Bangladesh: a medical geographic approach. PI: Mr. M. Ali. Donor: ICDDR,B.
22. Health Care Seeking Behaviour, Willingness and Ability to Pay for Health Services and Costing of the ESP Components delivered through NGO-run facilities of RSDP. PI: Dr. Shakil Ahmed. Donor: RSDP, Dhaka USAID through Pathfinder International.
23. Health Care Seeking Behaviour, Willingness and Ability to Pay for Health Services delivered through NGO-run facilities of UFHP. PI: Dr. Shakil Ahmed. Donor: USAID through John Snow International.
24. Cost effectiveness of nutritional intervention activities in rural Bangladesh. PI: Dr. Shakil Ahmed. Donor: World Bank.
25. An action research into positive and negative deviance in child nutrition in rural Bangladesh. PI: Dr. Ruchira Tabassum Naved. Donor: World Bank.
26. An evaluation of the health and economic impact of Integrated Management of Childhood Illnesses (IMCI), Matlab, Bangladesh – a randomized experimental study. PI: Dr. Shams El Arifeen. Donor: WHO.
27. Explanatory model of risk perception: Vulnerable adolescents. PI: Ms. Lazeena Muna. Donor: SDC.
28. Situation assessment of male to male sex business in Chittagong for STD/HIV intervention. PI: Dr. Sharful Islam Khan. Donor: SDC.



29. Prevalence and risk factors for STDs among residents at Tejgaon truck stand. PI: Mr. Nazmul Alam. Donor: SDC.
30. Defining high risk areas of endemic cholera with GIS. PI: Mr. M. Ali. Donor: BADC.
31. Time geographical analysis of disease risk from different biotypes of cholera in Bangladesh. PI: Mr Md Ali. Donor: ICDDR,B.
32. Implementation of a GIS for hospital-based diarrhoea and ALRI surveillance systems. PI: Mr Md Ali. Donor: USAID.
33. Ageing and aged in Bangladesh: a case of rural Matlab. PI: Mr. M.G. Mostafa. Donor: ICDDR,B.
34. Fertility transition, contraceptive use and abortion in rural Bangladesh. PI: Dr. A Razzaque. Donor: USAID/Futures Groups.
35. Modernization of the Matlab Health and Demographic Surveillance System 1998-2001. PI: Dr. Kim Streatfield. Donor: DFID, UK.
36. Cost analysis of the Urban Expanded Programme on Immunization (EPI) in Bangladesh. PI: Damian Walker. Donor: LSHTM, UK.
37. Study on cost analysis of Bangladesh Women's Health Coalition (BWHC) health facilities in the areas surveyed by BWHC. PI: Dr. Mahmud Khan. Donor: Bangladesh Women's Health Coalition.
38. Integrating sexual and reproductive health into the BRAC and ICDDR,B collaborative research and development initiative. PI: Dr. Abbas Bhuiya. Donor: International Centre for Research on Women, USA.
39. Effects of socio-economic development on health status and human well-being: Determining impact and exploring pathways of change. PI: Dr. Abbas Bhuiya. Donor: Ford Foundation.
40. Epidemiology and ecology of *V. cholerae* in Bangladesh (with LSD). PI: Dr. Md. Yunus. Donor: NIH.
41. Collaborative protocol with BRAC: Social Science and immunization: study of sustainability issues in Bangladesh. PI: Dr. A. Bhuiya. Donor: DANIDA.
42. The impact of social and economic development programmes on health and well-being: a BRAC-ICDDR,B collaborative project in Matlab. PI: Dr. Abbas Bhuiya. Donor: Ford Foundation.

#### **2.4.4 Maternal and Child Health and Family Planning (MCH-FF) Activities Under Matlab Health Research Programme**

- Matlab Health Research Programme of the Public Health Sciences Division continued to provide maternal and child health and family planning activities to about 12,542 children under 5 years of age and 18,888 women of childbearing age in the intervention area covering a population of 100,000. The services, which included both preventive and curative, were provided at the Community, Subcentre clinic and Matlab Health Centre level. Out of a total of 18,888 women, 13,187 (70%) were using contraceptive methods during April 1999 to September 1999. Of all contraceptive users, 48% used injectable contraceptives, 28% used pills, 3% IUD, 10% were tubectomized, 7% used condoms and 4% used other methods.
- Immunization data revealed that 97% of eligible infants were immunized with BCG, 87% with DPT III, 91% of the children aged 9-23 months were immunized against measles; and 98% women of reproductive age with two doses of tetanus toxoid. In total, 11,563 children aged six months and over were given vitamin A capsule during the June round of distribution with coverage of over 86%. A total of 199 cases of acute lower respiratory tract infection among the under-five children were treated with co-trimoxazole by the community health workers in the field. Ninety-four deliveries were conducted at the two subcentres and another 93 at Matlab centre. There were 1653 antenatal and 401 postnatal visits at the four subcentres.
- Curative care was provided to the children under five years of age and women of reproductive age for various health problems including side effects of family planning methods at the four subcentres as outpatients and at the Matlab Centre as both outpatients and inpatients. The table shows the number of cases treated per months during April 1999 to September 1999.

**Table 3: Patients with Duration of Stay at the Clinical Research Unit, Matlab  
(1 April to 30 September 1999)**

Month	Short Stay ( $<1$ Day)	24 hr (1 Day)	$<1$ Week (2-6 Days)	$\geq 1$ Week ( $\geq 7$ Days)	Total
April	784	331	133	3	1251
May	588	243	161	6	998
June	609	221	140	11	981
July	473	155	151	6	785
August	240	89	91	5	425
September	266	138	84	1	489
<b>Total</b>	<b>2960</b>	<b>1177</b>	<b>760</b>	<b>32</b>	<b>4929</b>

**Table 4: Number of Patients Treated at the Clinical Research Unit Including  
Subcentres of Community Health Research Unit Under  
MCH-FP Activities (1 April to 30 September 1999)**

Month	Outpatients		Inpatients	
	$<5$ Yrs Children	Mothers	$<5$ Yrs Children	Mothers
April	1442	1871	79	54
May	1258	1558	66	44
June	1177	1620	85	52
July	1026	1486	97	61
August	1312	1770	99	66
September	1112	1048	81	54
<b>Total</b>	<b>7327</b>	<b>9353</b>	<b>507</b>	<b>331</b>

## 2.5 Director's Division

### 2.5.1 Personnel Office

The Centre's fixed-term staff as at 30 September, 1999 stood at 911, of whom 11 were international professionals, 167 national officers and 732 belonged to the general services category. Of the 911 (apart from the international professional staff), 437 were in the unrestricted funding areas and 464 were restricted funding.

The distribution of the total fixed-term staff (excluding the international professionals) were 552 for research (scientific, support and field), 219 for research administration, 80 for administration, 10 for personnel and 38 for finance.

The Centre also had in the "other" category, 2 international seconded staff, 10 short-term (international, NO and GS) staff, 152 community health workers and 69 auxiliary health workers.

#### Changes in staff strength during the period 1 April to 30 September 1999

Additions in NO and GS Category			Separations in NO and GS Category		
a)	Conversion from Contractual Service Agreements	15	a)	Retirement/Abolition of post/Release/Death	11
b)	New appointments	21	b)	Resignation	19
	Total additions in NO and GS	37		Total separations in NO and GS	30
Additions in International Professional			Separations in International Professionals		
a)	New appointments	1	a)	Death	1
	Total additions	37		Total separations	31
Net additions: 37-31 = 6					

### Staff Clinic

The staff clinic continued to provide health care services to NO and GS staff and their dependents. During the reporting period, a total of 9,412 patients attended the staff clinic of which 9,143 patients were treated in the staff clinic and 269 required referral to outside Clinics/Hospitals/Consultants for specialized medical services. The Staff Clinic arranged hospitalization for 95 patients, vaccination for 242 children and attended 54 emergency cases. Family-planning services were provided to 101 couples. Thirty minor surgeries were done in the staff clinic. ECG was done for 178 patients. Pre-employment medical examinations were done for 34 prospective employees. Periodical medical examinations were performed for 266 existing staff members.

### 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 the physical resources of the centre to achieve its mission. It provides administrative, engineering and logistical support to the Centre and its staff. The department coordinates security and cleaning services, transport and logistics 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 ensured proper maintenance of utility services of the Centre for effective functioning besides maintaining all the civil structure of the Centre. Following are some of the highlights:

- Initiated the construction of the Community Centre at Chokoria with an expected completion early 2000.
- Improved the water supply situation by installing a 2" pipeline
- Planning for the installation of a deep tube well for the Centre to make it self-sufficient in water supply
- Improvement of the physical facilities of the Staff Canteen
- Minor construction and renovation to facilitate the shifting of various departments
- Supervised the construction of OPD at Matlab
- Initiated the construction of a main store building at Matlab
- Supervised the completion of the International Training Centre at Matlab
- Initiated the construction of the store and guard room for the bank building

### ***Electrical Engineering Branch***

This Branch routinely performed the maintenance of electrical appliances and devices including the 800 KVA standby generator and electrical substation. This Branch also maintained the 255 line PABX exchange and 105 T&T direct telephones linking the Centre with the outside. Some major maintenance and installation works accomplished during the reported period are:

- Installation of bypass switch in the substation to reduce the load from the stand by generator
- Re wiring and re cabling of T&T and PABX lines
- Installation of auto attendant in the PABX

### ***Transport Management Branch***

This Branch undertakes transport support activities by coordinating the use of the Center's vehicles. Regular transport support for pickup and drop was provided to 283 staff members of the Centre by this Branch, which also maintained the wireless communication between Dhaka and Matlab effectively.

### ***Vehicle Maintenance Branch***

This Branch supported the Centre's movement facilities by providing routine servicing, preventive maintenance, major and minor repairs to Centre's cars, jeeps, microbus, bus and motorcycles. During the period under review the Branch carried out 350 major and minor repairs on the Centre's vehicles and kept them roadworthy by using Centre's staff and contractual resources.

### ***General Services Branch***

This Branch continued to provide services for the safety and security of the Centre's properties, cleaning, mail, and conference management of the using Centre and contractual resources/ staff.

### ***Travel and Estate Unit***

The Travel and Estate Unit manages the Travel Services Office, Estate Office and the Guest House of the Centre. This Unit continued to provide all travel-related supports to the Centre's staff, members of the Board of Trustees, visitors, trainees, and others.

It also arranged accommodation for visitors and trainees as and when required. The Unit also maintained 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 the Centre staff. It also continued to collect the utility bills of the Centre and those of the expatriates from respective government departments, and to arrange timely payment of those.

### **2.5.3 Procurement Office**

This Office provided services to the Centre through procurement of goods and equipment as required. During the reporting period, goods and equipment worth US\$1.84 were procured both from local and overseas markets. Procurement of IV fluid materials/equipment worth approximately US\$0.30 million was made for the use of Institute of Public Health, Government of Bangladesh. This Office cleared 220 shipments during the period, including 88 perishable consignments.

### **2.5.4 Computer Information Services (CIS)**

The CIS continues to provide hardware and software support to the Centre's PC users. During the period, it extended the network facilities to approximately 400 PCs within the Centre.

CIS introduced an Intranet Web page that allows access of users from within the Centre only. It also introduced a Windows NT Firewall System for implementing security of user data in the Centre's Network. It completed the migration of E-mail system from IBM PC server to RISC based Unix system.

Most significantly, CIS is in the process of obtaining a Very Small Aperture Terminal (V-SAT) system with the Bangladesh Telephone and Telegraph Board (BTTB). This system, initially with 64 kbps bandwidth full circuit link will facilitate the Centre to have its own satellite link to the Internet information backbone.

Also Centre's web contents for the web page ([www.icddrb.org](http://www.icddrb.org)) has been sent by CIS to a host in USA for mirroring and hosting for faster access of the Web page.

### **2.5.5 Finance Department**

- Price Waterhouse were engaged as Consultants to do the followings:
  - develop a Comprehensive, Administrative and Personnel Policy Manual by Price Waterhouse;
  - develop methodology in computing an overhead rate for the Centre to improve recovery of indirect costs in funding applications;
  - assess the Centre's interdepartmental service costing and recommend changes to improve service recoveries as direct project costs.
- The Consultants carried out field work at ICDDR,B during July and early August. Draft procedure manuals have been prepared for our review.
- The Consultants are scheduled to return in late November for completion of this task by the end of December 1999.

- All financial and payroll programmes have been updated with respect to Y2K. Testing is in progress and should be completed by the end of November 1999.
- All routine financial functions including required donor reporting were also carried out.

### **2.5.6 Dissemination and Information Services Centre (DISC)**

Within the defined objectives and mission, DISC has actively been pursuing to develop and offer effective and efficient information services, disseminate the Centre's research findings, and improve the information-support system. The web site of the Centre was enhanced so that information through DISC could be shared with many institutions throughout the world. It also collected information from the web sites and simultaneously provided information to outside users through Medline, Popline and other database systems. Furthermore, DISC arranged training for a Junior Programmer of the Centre, at the 'PanAsia E-Commerce Training Workshop' in Singapore to facilitate the Centre in designing an E-commerce bookshop of its own.

In addition to serving more than 450 scientific and research support staff members of the Centre, DISC also extended its facilities and services to 7,975 external researchers, physicians, health professionals, teachers and students, and trainees who came from different universities, institutes, and organizations from Bangladesh as well as from international institutions.

Under the information-dissemination programme, DISC produced the 1998 Annual Report of the Centre. It also produced 2 issues of **Glimpse**, 1 issue of **Shasthya Sanglap**, 1 issue of the **Journal of Diarrhoeal Diseases Research**, 3 Working Papers, 7 Special Publications, and 2 Scientific Reports. Publication of the next issues of Glimpse, JDDR, Shasthya Sanglap, and ICDDR,B News is in progress.

DISC extended its volume and varieties of information materials through procurement of books, journals, articles and reprints for the library users. Currently, DISC subscribes to about 190 journals and obtains articles as needed from other journals through interlibrary loans.

To ensure the quality of publications, DISC provided services to the Centre's scientists by editing 26 papers and publications.

### **2.5.7. Audio-Visual Unit**

The Audiovisual Unit continues to assist the staff of the Centre with audiovisual support. This includes support through desktop publishing, layouts and illustrations for the Annual Report, Glimpse and other Centre publications. In addition, various types of badges, coupons, folders, posters, invitation cards, albums, etc., were designed by AVU. Projection and photographic support were also provided to various events of the Centre.

## 2.5.8 Training and Education Department

**Table 5: Training Activities During the Period 1 April to 30 September 1999**

Particulars of activities/courses/programmes	Number of courses	Number of Participants
1. Health Research Training Programme: 1.1 Introductory Course on Epidemiology and Biostatistics	2	39
1.2 Post-Graduate students (M.Sc. and M.Phil.) from Bangladesh	Individual	10
2. Clinical Fellowship Programme: 2.1 Clinical Fellows 13 2.2 Nursing Fellows 11 2.3 International Fellows 13	Individual	37
3. Short International Training Courses/Workshops: 3.1 Clinical Management of Diarrhoeal Diseases 3.2 Laboratory Diagnosis of Common Diarrhoeal Disease Agents	1 1	10 10
4. National Training Courses/Workshops: 4.1 Training of Trainers on HIV/AIDS 4.2 Training Course on Management of Severely Malnourished Children	1 1	14 10
5. Other Trainees: 5.1 At Clinical Laboratory 5.2 Orientation	Individual	3 80
<b>Total number of participants</b>		<b>213</b>
6. Seminars: 6.1 Weekly Seminars 6.2 Inter-Divisional Scientific Meeting	1 16	Centre staff
Home countries of the course participants (13 countries)		
a) Asia: Bangladesh, Indonesia, Japan, Nepal, Pakistan and Sri Lanka		
b) Africa: Sudan, Uganda and Zimbabwe		
c) Europe: The Netherlands, Switzerland and the United Kingdom		
d) North America: United States of America		



**Table 6: Staff Development Activities Report During the Period 1 April to 30 September 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)	6	4	4		14
2	Staff who left for training (type and place of training) (see Appendix II)	4	4	7		15
3	Staff abroad on training as 30 September 1999	10	5	5		20
4	Staff attended conferences/ workshops				24	38

\* Four staff members returned to the Centre for for dissertation / writing after completion of partial requirements of their degrees. Another staff member returned for personal reasons without completing her Master's degree. She will, however, return to the institute at the next semester.

**Table 7: Distribution by Discipline and Outcome of Training of Staff Abroad as At 30 September 1999**

Field of training	Ph.D. (n=17)	Masters (n=5)	Focused training (n=1)	Total (n=23)
Gastroenterology	2		1	3
Immunology	1			1
Nutrition	1			1
Demography/Sociology/Population Studies	4	1		5
Public Health/Health Management	2	2		4
Anthropology		1		1
Pathophysiology			1	1
Reproductive Health			1	1
Health Economics			1	1
Microbiology		1	1	2
<b>Total</b>	<b>10</b>	<b>5</b>	<b>5</b>	<b>20</b>

## **2.5.9 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 ER&ID Office initiated the preparation and the subsequent submission of four concept papers to the Government of Japan to secure additional funding of \$400,000 to the annual contribution that the Centre receives from Japan. Moreover, it also prepared and submitted the proposal to the Government of Bangladesh for a one-off contribution as support to ICDDR,B for its role during the 1998 floods. GOB duly responded and released BDT 1 crore or over \$200,000 in August. It coordinated the submission of protocols to the Asian Development Bank for urban health primary health care project.

The ER&ID Office also followed up on project proposals submitted to John Snow International and Pathfinder International for franchising of ICDDR,B's hospital service care. It has also secured a second year's funding from the World Bank for the Nutrition Centre of Excellence.

### ***Grants Administration***

The ER&ID Office coordinated the allocation process of funds for the USAID's targeted research funds as well as for the SDC's research funds. With the approval of the Centre's research protocols by USAID/W and SDC, these donor funds were allocated amongst the Centre's scientists. This last tranche of research fund allocation has completed the total allocation of USAID/W's \$3 million in Targeted Research Fund, and has also completed the similar exercise for allocation of SDC's research funds for 1999 and 2000.

The ER&ID Office put together the technical and financial reports as well as the annual work plans of the three EU-funded protocols to EU for the release of second year's funding.

### ***Special Events***

#### ***Visit by the Japanese Team***

The ER&ID Office prepared a detailed document for the visiting five-member Japanese team. The team came to the Centre in May 1999 on a week's visit and reviewed the Centre's work undertaken with Japanese funding. The team was led by Mr. Hirohisa Soma, Deputy Director, International Organization Division, Economic Cooperation Bureau, Ministry of Foreign Affairs, Tokyo, Japan.

#### ***Organizing special visits***

The ER&ID Office coordinated the visit to the Centre by the new Director General of WHO, Dr. Gro Harlem Brundtland. She was given an overview of the Centre and was given a tour of the Centre's facilities.

The Office also organized visits to the Centre's Dhaka and Matlab facilities for representatives of the international energy companies such as Shell and Unocal to demonstrate to these donors the significance of such grants that enabled the Centre to combat the epidemic during the 1998 floods.

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It also arranged visit of the EU Ambassador and senior EU officials to Matlab to see the firsthand progress of EU-funded three reproductive health projects.

Arranged the visit of the Ambassador of the Netherlands Government to the Centre's Dhaka facility.

The ER&ID Office also organized the visit to the Centre by the new CIDA official at the Canadian High Commission. She was given an overview of the Centre's activities, the institutional history, and was apprised on how the Centre's agenda expanded over time.

#### ***International symposium***

The ER&ID Office organized a press conference for the local and international media on 13 June at ICDDR,B prior to holding the international symposium on Low Birth Weight on 14-17 June 1999.

#### ***Submission of special reports***

The Office put together a special report by liaising with the scientific divisions and submitting a consolidated report for USAID/W. The report is a Portfolio Review of the Child Health Research (CHR) project funded by USAID/W.

The Office worked as the Secretariat for ICDDR,B's Donors Support Group (DSG) meetings and assisted in the preparation of the minutes of the DSG. Later, these minutes were distributed to the DSG members.

The ER&ID Office assisted in sending the Centre's 1998 Annual Report to the donors as well as to the alumni and was able to strengthen the Centre's mailing list.

#### ***Communication***

Produced a handout on the Centre's ongoing activities that was presented at the Global Health Forum Conference in Geneva.

Is currently organizing the production of a new video for promotion of the Centre and its many activities.

#### ***Board of Trustees Meetings***

The ER&ID Office assisted the Interim Director as well as the Finance Office during the preparation of the Board papers for the June BoT meetings. It also provided an update on the substantive donor relations that took place between the Centre and its various donors during this time.

### **2.5.10 Committee Coordination Office**

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

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

During the reporting period, RRC met 5 times and reviewed 19 research proposals, addendum to and requests for time extension of the previously approved protocols. All protocols and requests were approved.

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

ERC met 5 times during the reporting period and approved all 11 protocols and addenda to the previously approved protocols.

### 3. Research and Related Activities

#### 3.1 Research Output

Table 8 shows the number of publications and ongoing research protocols for this reporting period.

**Table 8: Research Output during the Period 1 October 1998 to 31 March 1999**

Papers/Protocols	PHSD	CSD	LSD	HPED	Total
<b>Papers/Books Published:</b>					
1 April – 30 Sept. 1996	10	11	18	5	44
1 Oct. 1996 – 30 Sept. 1997	20	20	32	3	75
1 Oct. 1997 – 31 March 1998	15	8	12	3	38
1 April – 30 Sept. 1998	12	11	9	4	36
1 Oct. 1998 – 31 March 1999	10	17	7	4	38
1 April – 30 Sept. 1999	4	8	13	8	33
<b>Papers/Books in Press:</b>					
1 April – 30 Sept. 1996	5	17	12	3	37
1 Oct. 1996 – 30 Sept. 1997	8	12	5	3	28
1 Oct. 1997 – 31 March 1998	19	12	10	8	49
1 April – 30 Sept. 1998	13	12	8	13	46
1 Oct. 1998 – 31 Mar 1999	5	8	8	15	36
1 April – 30 Sept. 1999	11	10	13	11	45
<b>Total Papers Published and in Press:</b>					
1 April – 30 Sept. 1996	15	28	30	8	81
1 Oct. 1996 – 30 Sept 1997	28	32	37	6	103
1 Oct. 1997 – 31 Mar 1998	34	20	22	11	87
1 April – 30 Sept. 1998	25	23	17	17	82
1 Oct. 1998 – 31 March 1999	15	25	15	19	85
1 April – 30 Sept. 1999	15	18	26	19	78
<b>Research Protocols/Programmes in Progress:</b>					
1 April – 30 Sept. 1996	31	25	18	11	85
1 Oct. 1996 – 30 Sept. 1997	49	28	19	19	115
1 Oct. 1997 – 31 March 1998	72	25	14	6	117
1 April – 30 Sept. 1998	49	36	24	13	122
1 Oct. 1998 – 31 March 1999	21	32	28	8	89
1 April – 30 Sept. 1999	42	23	26	13	104

**Staff Members Returned after Completion of Overseas Training  
during 1 April - 30 September 1999**

SI #	Name, Designation and Division of the Staff Members	Outcome of Training or Study
01	Dr. Md. Khalequzzaman Child Health Programme Public Health Sciences Division (PHSD)	Ph.D. in International Health from the Johns Hopkins University (JHU), USA.
02	Mrs. Shamim Ara Jahan Senior Investigator Operations Research Project Health and Population Extension Division (HPED)	M.P.H. from University of California, USA.
03	Dr. Dewan Shamsul Alam Senior Medical Officer Matlab Health Research Programme PHSD	Ph.D. in Nutrition from Wageningen Agricultural University, the Netherlands.
04	Ms. Parveen A. Khanum Operations Researcher ORP, HPED	Master's in Population and Reproductive Health Research from Mahidol University, Thailand
05	Ms. Lazeena Muna* Senior Research Officer Social and Behavioural Sciences Programme (SBSP), PHSD	Postgraduate study in Social Science for a Ph.D degree from London School of Hygiene & Tropical Medicine (LSHTN), UK
06	Ms. Zesrina Haider** Research Officer ORP, HPED	Master's Programme in Gender Studies at the London School of Economics, UK
07	Mr. Md. Mafizur Rahman Senior Operations Researcher ORP, HPED ORP, HPED	Training on "Management Methods for International Health" at the Department of International Health, University of Boston, USA
08	Mr. Md. Nurul Alam* Research Fellow Health and Demographic Surveillance Programme (HDSP), PHSD.	To work for data analysis and writing dissertation for a PhD degree at the LSHTM as an external candidate
09	Mr. Mohammad Ali* Head, Geographic Information Services (GIS), PHSD	To work for data analysis for writing dissertation for his Ph.D. degree from University of Liege, Belgium

\* Returned to the Centre to work for the research for dissertation/writing dissertation.

\*\*Returned to the Centre without completing study for personal reason – she will re-join the programme at the next semester.

SI #	Name, Designation and Division of the Staff Members	Outcome of Training or Study
10	Mr. Subhash Chandra Das Senior Programme ORP, HPED	Training course on "Strategies, Tools and Techniques for Building Client/Server Applications" at the Asian Institute of Technology (AIT), Bangkok, Thailand.
11	Mr. Akhtar Ahmed Programme Manager ORP, HPED	Training course in "Managing Health Programs in Developing countries" at the Harvard School of Public Health, USA
12	Mr. Golam Mostafa* Research Fellow, HDSP, PHSD	Postgraduate study in Population at the International Institute of Population Sciences Mumbai, India
13	Mr. Rafiq-ud-Doula Junior Programmer CIS, Director's Division	PanAsia E-commerce Training Workshop organized by the International Development Research Centre, Singapore
14	Dr. MHR Chowdhury Senior Medical Officer Matlab Health Research Programme PHSD	Master's in Community Health Management in Developing Countries from Ruprecht-Karle, University of Heidelberg, Germany .

**Staff Members Went for Overseas Training  
during 1 April - 30 September 1999**

SI #	Name, Designation, Department and Division of Staff Members	Type of training/study	Institution and country
*01	Mr. Md. Nurul Alam Research Fellow HDSP, PHSD	To work for data analysis and writing dissertation for a Ph.D. degree as an external candidate	London School of Hygiene & Tropical Medicine (LSHTM), UK
*02	Mr. Mohammad Ali Head, GIS, PHSD	To work for data analysis for writing dissertation for a Ph.D. degree	University of Liege, Belgium
03	Dr. Dilruba Ahmed Sr. Scientific Officer LSD	Master's Programme in Microbiology	University of Otago, New Zealand
04	Mr. Subhash C. Das Senior Programmer ORP, HPED	Training course on "Strategies, tools and techniques for building client/server applications"	Asian Institute of Technology, Bangkok, Thailand.
05	Mr. Zahid H. Mahmood Sr. Research Assistant LSD	Training on colony blot experiment	Infectious Disease Section, University of Maryland, USA
06	Mr. Akhtar Ahmed Programme Manager ORP, HPED	Training course in "Managing Health Programs in Developing Countries"	Harvard School of Public Health, USA
*07	Mr. Golam Mostafa Research Fellow HDSP, PHSD	Postgraduate study in Population for a Ph.D. degree	International Institute of Population Sciences (IIPS), Mumbai, India
08	Ms. Sufia Islam Research Officer, CSD	Training in Intestinal Pathophysiology	Conservatoire National des Arts et Metiers, France
09	Ms. Luffun Nahar Research Fellow HDSP, PHSD	Doctoral programme in Demography	University of Waikato, New Zealand
10	Mr. Rafiq-ud-Doula Junior Programmer CIS, Director's Division	PanAsia E-commerce training workshop	International Development Research Centre, Singapore.

SI #	Name, Designation, Department and Division of Staff Members	Type of Training/Study	Institution and Country
11	Mr. Abdullah Al Mamun Senior Research Officer Health Economics Programme PHSD	Master's programme in Population Studies	Department of Population Studies, University of Groningen, the Netherlands
12	Mr. Ashraful Alam Research Officer SBSP, PHSD	Master's programme in Medical Anthropology	University of Amsterdam, The Netherlands
13	Dr. Dipak Kumar Mitra Field Research Manager ORP, PHSD	Training Course on Reproductive Health: Perspective and Issues	Mahidol University, Thailand
14	Dr. Kuntal Kr. Saha Medical Officer HEP, PHSD	Master's programme in Health Development	Prince Leopold Institute of Tropical Medicine, Belgium
15	Dr. Mahbub A. Mazumder Operations Researchers ORP, HPED	Training course on Economics and Financing of Health Care Developing countries	Boston University School of Public Health, USA

\* *Left to complete the partial requirement for PhD degrees and to return to the Centre to conduct dissertation research/writing dissertation.*



**Staff Members on Overseas Training  
As at 30 September 1999**

SI #	Name, Designation, Department and Division of staff members	Type of training/study	Institution and country
01	Dr. Syed Samiul Hoque Senior Medical Officer, CSD	Doctoral study in Gastroenterology	University of Birmingham U.K.
02	Mr. Ramesh Ch. Halder Sr. Technician (Research) LSD	Doctoral study in Immunology	Niigata University School of Medicine, Niigata, Japan
03	Dr. Pradip Kr. Bardhan Associate Scientist, CSD	Doctoral study in Gastroenterology	University of Basel, Switzerland
04	Dr. M. Aminul Islam Associate Scientist, CSD	Doctoral study in Nutrition	University of Alabama at Birmingham (UAB), USA
05	Mr. Mian Bazle Hossain Assistant Scientist ORP, HPED	Doctoral study in Population Dynamics	Southampton University UK
06	Dr. Kh. Zahid Hasan Associate Scientist, PHSD	Doctoral study in Public Health	UAB, USA
07	Mr. Nizam Uddin Khan Research Officer, HDSP PHSD	Doctoral study in Sociology	University of Colorado at Boulders, USA
08	Dr. R. N. Mazumder Assistant Scientist, CSD	Training in Gastroenterology and possible transfer for doctoral programme	Department of Medicine University of Edinburgh, UK
09	Mr. Md. Kapil Ahmed Sr. Data Management Officer HDSP, PHSD	Doctoral study in Demography	International Institute for Population Sciences (IIPS), Mumbai, India
10	Dr. Disha Ali Research Officer HEP, PHSD	Master's Programme in Public Health	UAB, USA
11	Dr. Ali Mehryar Karim Sr. Operations Researcher ORP, HPED	Doctoral study in Public Health	Tulane University School of Public Health and Tropical Medicine, USA
12	Dr. Dilruba Ahmed Senior Research Officer Clinical Microbiology Laboratory, LSD	Master's Programme in Microbiology	University of Otago New Zealand
13	Mr. Zahid H. Mahmud Senior Research Assistant LSD	Training on colony blot experiment	Infectious Diseases Section University of Maryland, USA

14	Ms. Sufia Islam Research Officer, CSD	Training in Intestinal Pathophysiology	Conservatoire National des Arte et Metiers, France
15	Ms. Lutfun Nahar Research Fellow, HDSP PHSD	Doctoral programme in Demography	University of Waikato, New Zealand
16	Mr. Abdullah Al Mamun Senior Research Officer HEP, PHSD	Master's programme in Population Studies	Department of Population Studies, University of Groningen, the Netherlands
17	Mr. Ashrafal Alam Research Officer SBSP, PHSD	Master's programme in Medical Anthropology	University of Amsterdam, the Netherlands
18	Dr. Dipak Kumar Mitra Field Research Manager Abhoynagar, ORP, PHSD	Training Course on reproductive health : perspective and issues.	IPSR, Mahidol University, Thailand
19	Dr. Kuntal Kr. Saha Medical Officer HEP, PHSD	Master's Programme in Health Development	Prince Leopold Institute of Tropical Medicine Belgium
20	Dr. Mahbub A. Mazumder Operations Researchers ORP, HPED	Training course on Economics and Financing of Health Care Developing countries	Boston University School of Public Health, USA

**PROGRAMME COMMITTEE**

**Saturday, 6 November 1999**

**Discussion/Decision of Programme Committee Review  
(Division or Thematic)**

12-10-99

BT/Nov.99

### **PROGRAMME COMMITTEE REVIEW**

With regard to the Programme Committee reviews, the Board resolved that in view of the reorganization of the Centre, the Clinical Sciences Division review scheduled for November 1999 should be deferred. A decision to review the Division or a review by theme will be taken at the November BOT meeting on the appropriate dates for this review.

The review of the Laboratory Sciences Division was also been deferred until June 2000.

### **BOARD OF TRUSTEES MEETING – June 2000**

Friday 2 June	Trustees arrive
Saturday 3 June	Programme & Personnel & Selection Committee meetings
Sunday 4 June	Finance Committee meetings
Monday 5 June	Executive Session of the Full Board Donor Support Group Meeting

### **BOARD OF TRUSTEES MEETING – NOVEMBER 2000**

Friday 3 Nov	Trustees arrive
Saturday 4 Nov	Programme & Personnel & Selection Committee Meetings
Sunday 5 Nov	Finance Committee meetings
Monday 6 Nov	Executive Session of the Full Board Donor Support Group Meeting

**(Reviewers to be selected at the Full Board Meeting)**

**PROGRAMME COMMITTEE**

**Saturday, 6 November 1999**

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

## **SWA Representations to the Board of Trustees' Meeting : November 1999**

### **Represented by:**

**Dr. G. R. Rabbani, MD, PHD, FACG**  
**President, ICDDR,B Staff Welfare Association (SWA)**

Hon'ble Chairman of the ICDDR,B Board of Trustees, Mr. Jacques Martin, respected Members of the Board, Representatives of the Government of the People's Republic of Bangladesh, Patron-in-Chief of the Staff Welfare Association and the newly appointed Director Prof. David Sack, SWA Executive Committee Members, hearty welcome and Assalamoalaikum.

It is my privilege to attend this important meeting with the members of the BOT of ICDDR,B and to represent the views expressed by the staff of the Centre for their favourable consideration by the Board. I would also like to thank the Board, on behalf of the staff of the Centre, for allowing us time to discuss matters of mutual interests amidst their busy time schedule.

I am pleased to bring to the kind attention of the Board the following points for their favourable consideration.

1. **Staff Salary:** Time again, the salary issue keeps coming up because of its sheer importance and the slow progress in resolving salary-related issues by the management of the Centre. By any standard, whether determined the UN scale or market demand, the staff of the Centre, are grossly underpaid. In contrast, the scientific staff with the active assistance of skilled supportive staff have attained highest quality of research, accomplished international recognition, and contributed significantly to the development of health and control of population problem in the world. Unfortunately, their fate has been hanging in the balance over the last fifteen years since the introduction of UN pay scale in 1982.

Here I want to recall the remark made by the Chair of the Board in its last meeting in June 1999, that the salary issues would be considered in the next November meeting. I also reiterate that the Interim Director has categorically disclosed to the SWA Executive Committee that the Centre's financial situation has significantly improved, deficit has been reduced and the management is now actively working on how to address the salary gap issues. While all these are good news, it must be implemented in practical terms so that the employees get the real benefit in the days of their hardship.

It should be emphasized that the Centre's best strength is its trained staff, they must be protected against frustration by little investment, which pays off tremendously in accomplishing its long-term goals.

**I would strongly urge upon the Board and the local management that they consider a significant rise in salary to satisfy the long-felt needs of the Staff of the Centre.**

2. **Severance Package:** The system of voluntary severance package may kindly be kept continued with added full benefit like:

(a) Twenty one (21) months salaries including three (3) months notice period for 10-18 years of continuous service in the Centre.

(b) Beyond 18 years of continuous services in this Centre, one should get benefit on the basis of one month's salary for each year of service plus 3 months notice period.

3. **To fix up salary in US dollar and payment in local currency according to bank rate.**

To stop further widening the gap between ICDDR,B and UN scale, fixing of salary in US dollar is a must. There is no other alternative for this, Centre receives funds in dollar. We cannot fully agree with the Centre's justification that they also receive funds in other currencies. It may be partially true but they receive the conversion in US dollar.

4. **Retirement age:**

As the Centre is now committed to follow UN rules like before, the retirement age for staff should be 62 years.

5. **Restructuring the Centre:** The Centre has not yet finalized what type of administrative and financial structure it would implement in the next millennium. However, good lessons have been learnt from the restructuring exercises that had started with the Swiss Consultant report and the numerous Task Group discussions that took place at various levels in the Centre. We anticipate the results of this exercise would be useful for the new Director to decide on a suitable structure of the Centre that will create an optimum working environment for every staff to contribute in accomplishing the Centre's ultimate goals. In view of this, the SWA will always be supportive of any action of the management for the growth and development of the Centre.

6. **The staff responsibility and commitment:** Over the last couple of years, significant changes have taken place in the Centre including top administrative position, staff separation, funding relationship between the core and the projects,

human resource development, and the on-going restructuring process. These processes provided learning opportunities for creating staff awareness, understanding individual obligation and exercise of authority, and understanding of basic management skills and economic principles in the context of an international Centre in a third world country. The Centre's staff are now better informed, more committed, uniform in thought, and are actively involved in major decision making process of the Centre. This is a very important aspect of staff development and must be utilized by the management to foster its anticipated objectives.

7. **Matlab issues:** The Community Health Worker (CHW) 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 hardship of the field working condition in Matlab, we would request that the management considers a special allowance for the Matlab field workers.
8. **Other issues:** There are some important and specific issues that have been brought repeatedly to the notice of the Board for many years now, but little action has been taken. They are briefly mentioned below:
  - (i) **Staff ranking, promotion and recruitment:** This is a very important issue that has been brought to the attention of the Board for taking corrective measures. For many years, lack of proper and uniform regulatory policy with regard to ranking, recruitment, and hiring resulted in unfairness, bias and frustration among the staff. We suggest an immediate action should be taken to prevent further deterioration of the situation.
  - (ii) It should not be limited within a particular category and Dhaka based staff only. This promotion/incentive is a sort of benefit and should be distributed according to staff strength in Dhaka, Matlab and other out stations. It is pity that from 1995 to 1997 about 130 staff got promotions including change of grades where only two persons from Matlab has been considered.
  - (iii) **Evaluation of non-scientific staff:** Although there are established criteria for evaluation and promotion of scientific staff, there are no such criteria for evaluating non-scientific staff. We request that these criteria be established for the non-scientific staff.



- (iv) **National versus international staff:** There are lack of uniform policies with regard to promotion and evaluation of national versus international personnel. Sometimes different and dual standards are followed for evaluating similar cases.

**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 allout efforts to place our legitimate grievances to the management and the Board of Trustees, but in turn, we were given little attention to our demands and justifications. 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.

**7/BT/NOV 99**

**DISCUSSION ON THE RESULTS  
OF THE BOARD RETREAT  
(RESOLUTIONS IF ANY)**

**8/BT/NOV 99**

**ACTIONS ON REPORT FROM STAFF  
WELFARE ASSOCIATION (SWA)**

**9/BT/NOV 99**

**SELECTION OF TRUSTEES**

## SELECTION OF TRUSTEES

A. At its June 1995 meeting the Board of Trustees:

Recognized that the Board of Trustees is under-represented in the area of demography and population sciences and that this needs to be a priority for the Board to address as soon as possible.

B. At its 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. To nominate .....as a member of the Board of Trustees effective July 1, 1999 to replace Prof. Fehmida Jalil (developing country Asia).
2. To nominate ..... as a member of the Board of Trustees effective July 1, 1999 to replace Professor Helena Makela (developed country Europe).
3. Initiate nominations for a replacement for Mr. Jacques Martin (developed country, Europe) for a period of 3 years from 1 July 2000.
4. Initiate nominations for a replacement for Dr. Y. Takeda (developed country, Japan) for a period of 3 years from 1 July 2000.
5. Endorse the nomination of Professor A.K. Azad Khan, who has replaced Late Maj. Gen M.R. Choudhury from the host country Bangladesh effective September 26, 1999.

LIST OF BOARD MEMBERS  
WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES  
(as at Nov 1999)

Name	Country	Discipline	Joining/Ending date
Mr. Rolf Carriere	UNICEF	Management/ Int'l Health	1997/2000
Prof. R.R. Colwell	U.S.A.	Microbiology	1995/2001*
Prof. M.E. Jacobs	South Africa	Child Health	1996/2002*
Dr. T.A.M. Khoja	Saudi Arabia	Public Health	1995/2001*
Prof. A.K. Azad Khan	Bangladesh	Gastroenterologist	1999/2002
Prof. P.F. McDonald	Australia	Demography	1995/2001*
Mr. J.O. Martin	Switzerland	Finance/Mgmt.	1994/2000*
Dr. A.K.M. Masihur Rahman	Bangladesh (GoB)	Civil Servant	1996/1999
Prof. Tikki Pang	WHO	Infectious Disease, Research & Policy	1999/2002
Mr. M.M. Reza	Bangladesh (GoB)	Civil Servant	1998/2001
Dr. Y. Takeda	Japan	Microbiology	1994/2000*
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 NOV 1999) WITH  
TERMS**

Name	Joined Board	End of Term
Mr. Rolf Carriere	1 July 1999	30 June 2000
Prof. R.R. Colwell	1 July 1995	30 June 2001*
Dr. Ricardo Uauy Dagach	1 July 1999	30 June 2001
Prof. M.E. Jacobs	1 July 1996	30 June 2002*
Prof. A.K. Azad Khan	27 September 1999	30 June 2002
Dr. T.A.M. Khoja	1 July 1995	30 June 2001*
Prof. P.F. McDonald	1 July 1995	30 June 2001*
Mr. J.O. Martin	1 July 1994	30 June 2000*
Dr. A.K.M. Masihur Rahman	1 July 1996	30 June 1999
Prof. Tikki Pang	1 July 1999	30 June 2001
Mr. M.M. Reza	1 October 1998	30 Sept 2001
Dr. Y. Takeda	1 July 1994	30 June 2000*
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 Nov 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>
D. Sack (USA) Director	Nth America	Zheng (China)	Asia
R Colwell (USA)	Nth. America	Vacant	Asia
McDonald (Aus)	Pacific	Khoja (S/Arabia)	M/East/Arab
vacant	Europe	M Jacobs (RSA)	Africa
Martin (Switz)	Europe	R.U. Dagach	S. Am/Carib
Takeda (Japan)	Asia	Bangladesh (3 GoB)	Asia
Vlassoff (Canada)	Nth America		

Total: 6

Total: 7

Plus: WHO: Prof. Tikki Pang  
UNICEF: Rolf Carriere

Total: 15

Of 15 (including 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:

7/15 (47%) are from developing countries (50% = 7 ½)

6/15 (40%) are from developed countries (1/3 = 5)

Gender: M=9  
F= 4

## **Action Required**

- 1. Confirm dates of Programme Committee Review of Divisions (CSD,LSD)/themes.**
- 2. Confirm dates of the BOT meetings in June and November 2000**
- 3. Suggest possible members of the Review Team for the reviews.**



Name	Nationality	M/F	Discipline	Current Occupation	Nominated by
<b>D. DEVELOPED COUNTRY - (Pacific)</b>					
<b>E. DEVELOPING COUNTRY</b>					
Jongsik Chun	Korean	M	Microbiology	Curator, Korean Collection for Type Cultures, Korea Research Institute of Bioscience & Biotechnology	Professor Rita R. Colwell

To replace:      Professor P. Helena Makela (Developed Country)  
                          Professor Fehmida Jalil      (Developing Country)

**10/BT/NOV 99**

**DATES OF NEXT MEETING**

12-10-99

BT/Nov.99

### **Dates for June and November 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 June and November 2000 is as follows:

With regard to the Programme Committee reviews, the Board resolved that in view of the reorganization of the Centre, the Clinical Sciences Division review scheduled for November 1999 should be deferred. A decision to review the Division or a review by theme will be taken at the November BOT meeting on the appropriate dates for this review.

The review of the Laboratory Sciences Division was also been deferred until June 2000.

#### **BOARD OF TRUSTEES MEETING – June 2000**

Friday 2 June	Trustees arrive
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#### **BOARD OF TRUSTEES MEETING – NOVEMBER 2000**

Friday 3 Nov	Trustees arrive
Saturday 4 Nov	Programme & Personnel & Selection Committee Meetings
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Monday 6 Nov	Executive Session of the Full Board Donor Support Group Meeting

**11/BT/NOV 99**

**ANY OTHER BUSINESS**