ICDDR,B

BOARD OF TRUSTEES MEETING

4-6 November 2000

PROGRAMME OF THE

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PROGRAMME

BOARD OF TRUSTEES MEETINGS

4-6 November 2000

Venue: Programme Committee meeting - Matlab

Other Committee and Full Board meetings will be held in the Sasakawa International Training Centre at ICDDR,B HQ.

Programme Committee

4 November 2000

07:00 am	Depart for Matlab
10:50 am	Arrive in Matlab Centre
10:50 - 11:10 am	Tea
11:10 – 13:00 pm	Programme Committee
13:00 – 14:00 pm	Lunch
14:00 – 16:00 pm	Programme Committee
16:00 pm	Leave Matlab
19:00 pm	Arrive Dhaka (for those coming by road)

Finance Committee
Personnel & Selection Committee
05 November 2000

08:30 – 10:30 am	Finance Committee - (open)
10:30 – 11:00 am	Tea
11:00 – 13:00 pm	Personnel and Selection Committee – (closed)
13:00 – 14:30 pm	Lunch with nominated Division staff, donor representatives
14:30 – 15:30 pm	Closed meeting of Committees and formulation of resolutions
15:30 – 16:00 pm	Closed closed meeting of Board Committees
16:00 – 17:00 pm	Joint meeting with ERC
17:00 – 17:30 pm	Meeting with SWA
19:00 – 21:00 pm	Reception with donors, scientists, government officials

Full Board

06 November 2000

08:30 – 10:30 am	Meeting of the Full Board (includes CAD) – Seminar Room
10:30 – 11:00 am	Tea
11:00 – 13:00 am	Meeting
13:00 – 14:30 pm	Lunch – Board members only (Guest House)
15:00 – 16:00 pm	Director's Report and Chairperson's Report – Sasakawa Auditorium (Donors Support Group requested to attend)
16:00 – 18:00 pm	Donors Support Group – Seminar Room

1/BT/NOV 2000

APPROVAL OF THE AGENDA

2/BT/NOV 2000

APPROVAL OF THE DRAFT MINUTES

OF THE MEETING

HELD ON 3-5 JUNE 2000

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

HELD IN DHAKA, BANGLADESH, 3-5 JUNE 2000

OPENING SESSION OF THE BOARD OF TRUSTEES MEETING 3 JUNE 2000

On Saturday 3 June 2000, the Board of Trustees meeting opened at the Sasakawa Auditorium of ICDDR,B. Mr Jacques O Martin, Chair of the BOT, welcomed all to the meeting and stated that he hoped the meeting would be a successful one and would address the issues that need to be resolved to help the Centre to continue on the right path. He pointed to the fact that the new Centre Director, Prof David Sack, since his arrival in October 1999, had demonstrated a leadership that brought confidence back to the staff and relative stability back to the finances of the Centre.

Mr Martin extended a welcome to new Trustees Mr Sayed Alamgir Farrouk Choudhury, Dr Ricardo Uauy Dagach, Prof Jane Anita Kusin and Prof NK Ganguly. He wished them all well during their tenure on the Board. Unfortunately, Prof Kusin and Prof Ganguly as well as Prof Carol Vlassoff, Mr Rolf Carriere, Prof Yoshifumi Takeda, Prof Zheng Qing-si and Prof Tawfik Khoja were unable to attend due to work constraints. Mr Martin also noted that his and Prof Takeda's tenure on the Board will end in July and new Trustees would have to be nominated to replace them both. He closed with the hope that the discussions, deliberations and final outcome of the proceeding meetings would serve to advance the ongoing dialogue of bringing the Centre firmly back into focus.

Mr Martin declared the meetings open.

He then introduced Prof Peter MacDonald, Chair of the Programme Committee.

REPORT OF THE PROGRAMME COMMITTEE MEETING
3 JUNE 2000

Present:

Programme Committee members

Mr Jacques O Martin	Chair of the Board
Prof Peter MacDonald	Chair, Programme Committee
Dr David Sack	Director

Board members

Prof Rita Colwell
Prof Marian Jacobs
Dr Ricardo Dagach
Dr Tikki Pang
Mr Sayed A F Choudhury
Prof A K Azad Khan
Dr A K M Masihur Rahman

Absent: Prof Yoshifumi Takeda; Prof Zheng Qing-si; Prof Tawfik Khoja; Prof Carol Vlassoff; Mr Rolf Carriere; Prof Jane Kusin (new Trustee); Prof NK Ganguly (new Trustee)

Invited staff

Division Directors and staff members.

The Committee convened at 8:30am on 3 June 2000 in the Sasakawa Auditorium of ICDDR,B.

Prof MacDonald, Chair of the Programme Cttee, thanked Mr Martin for his opening remarks and welcomed the members of the BOT as well as the donor representatives and assembled staff to the meeting. He stated that the meeting would comprise a report by the Director and Division updates by the Division Directors. Following each would be the opportunity for members of the assembly to ask relevant questions on matters arising from the Director's Report and Division updates. Participants were asked to submit questions in writing . Prof MacDonald then requested Dr Sack to begin the proceedings.

Prof Sack gave an overview of Centre activities since his taking up the post of Director. The Centre had made some significant and needed changes to improve the Centre's efficiency and productivity. He noted the welcome continued support of the donors, added to which, the revenue from the Endowment, the right-sizing and strict financial controls, gave the Centre's operating budget a small surplus for the year. He

went on to outline in greater detail the cross-cutting themes which help to communicate the goals and promises of ICDDR,B.

He stated that one of the most important missions of the Centre is that of training and information sciences. The Training Department conducts a national or international training course or workshop each week, providing the trainee not only with improved knowledge but also with a network of resources. Similarly, the Centre's library is a resource for scientists at the Centre as well as for the country. The Centre is in the process of recruiting for a Head Information Sciences to oversee and coordinate the activities of the Training Department, CIS and the Library.

The Clinical Research and Service Centre, also known as the Dhaka Hospital, is an important part of the health care system of Dhaka and the Centre is working with its partners to franchise the diarrhoea treatment services and to more fully integrate them into a primary care system. He also detailed some of the studies being conducted at the Centre on: the utility of zinc; clinical management of diarrhoea; shigellosis; cholera; emerging infectious diseases including tuberculosis and dengue fever; vaccines for rotavirus, pneumococcus and enterotoxigenic *E.coli*.

The area of reproductive health was identified as one of the major priority areas for the Centre. Both Divisions, Public Health Sciences Division (PHSD) and Health and Population Extension Division (HPED) have major projects towards addressing the needs of obstetric care.

The Matlab primary health care programme is finding a way to provide health care in an equitable manner and the lessons from this programme need to be translated to other areas. The Demographic Surveillance System (DSS) in Matlab has now been converted into a Health and Demographic Surveillance System (HDSS) with the integration of the record-keeping system (RKS) with the DSS. This system continues to provide high quality data on demographic trends. One innovative project in Chakaria is built around the concept of improving community health through promotion of preventive measures and other health initiatives by indigenous village-based self-help organisations.

The Centre sees itself as an important partner with the Ministry of Health and Family Welfare (MOHFW) of the Government of Bangladesh and is assisting the MOHFW in the changes being instituted in the delivery of its services and in evaluating their impact. Through the Operations Research Project, the Centre provided technical assistance with operationalising the Community Clinics strategy within the Ministry and in designing, pilot-testing, and nationwide implementation of a unified management information system (UMIS).

The Director stressed that while the Centre had undergone many changes in recent years, it has not changed its mandate to "develop and disseminate solutions to major health problems facing the world with emphasis on cost-effective methods of prevention and management".

Following his report, updates of Division activities were presented by Prof George Fuchs (CSD), Prof Barkat-e-Khuda (HPED), Prof Lars Ake Persson (PHSD).

The floor was open to questions and a discussion on issues that arose from the presentations.

The meeting ended at 12:00pm.

PROGRAMME COMMITTEE (discussion)
3 June 2000

The Programme Committee met at 4:00pm for follow-up discussion on the morning's presentations.

Present:

Prof Peter MacDonald	Chair, Programme Committee
Dr David Sack	Director
Mr Jacques O Martin	Chair of the Board
Prof Rita Colwell	
Dr Ricardo Uauy Dagach	
Prof Marian Jacobs	
Prof A K Azad Khan	
Dr Tikki Pang	

AC members

Judith Bennett Henry	Minute Secretary

1. **Themes and Divisions.** Dr Sack highlighted 7 scientific areas: child health, nutrition, reproductive health, infectious diseases, vaccines, population studies, essential services. He stated that environmental health was not on the list as the Centre did not have the critical mass.

   Dr Sack suggested that the term "programme" be used to mean "cross-cutting thematic activities".

   The question arose as to whom should programme heads report. It was agreed that as Divisions have so many responsibilities and there could be a potential conflict between them, it were best if Programme Heads and Div Directors report directly to the Director. The grouping of programmes was for administrative purposes. The Centre would need a small Secretariat to manage and co-ordinate funds. Donors will have a specific place to go to find about about specific programmes. Projects, by and large, will still be carried out in the Divisions.

   Dr Sack stated that the ER&ID was responsible for considerable donor interaction especially with USAID Washington. The Centre has to look into how best to use ER&ID resources to accommodate the number of donors.

   Dr Sack reported that the Centre recruited Dr Rob Breiman to head the Infectious Diseases Programme.

HIV/AIDS: Prof Mathan requested the Board for the Centre to link testing for HIV along with appropriate counselling. The Board and AC members deliberated on this issue and urged caution. It was pointed out that the sensitivity of the society should be considered and that the Centre should get confirmation from the government before proceeding. There were also legal implications to take into consideration. It was suggested that the Centre obtain a copy of the ethics policy of UNAIDS.

The meeting ended at 5:00pm.

Resolutions from the Programme Committee

1/BT/JUNE/00

The Board agreed that linked testing for HIV could be carried out within the Centre's laboratory subject to the development of an appropriate protocol for such testing.

2/BT/JUNE/00

The Board endorsed the Director's proposal to create thematic programmes that cross-cut the existing scientific divisions. In so doing, the following principles were recommended:

i) that the total numbers of divisions and programmes should not be large
ii) that each programme will have a Programme Head and a small Secretariat
iii) that Programme Heads will report to the Centre Director
iv) that the following themes, with some regrouping, would constitute the programmes: child health; reproductive health; nutrition; infectious diseases; vaccine development; population studies, and essential services
v) That programmes need not be created simultaneously but rather that they be created as the circumstances and opportunities permit.

EXTERNAL REVIEW OF NUTRITION CENTRE
Report
3 June 2000

Dr Andrew Tompkins gave a report on the review of the Nutrition Centre of Excellence which was conducted in January 2000.

The External Review concluded that over the past several years, there has been a change in the focus of nutrition research at ICDDR,B. The Nutrition Working Group successfully brought together the scientists and interested parties working on nutrition issues. The World Bank Grant added synergy to the process and the Mummert Report further advanced the nutrition group in its thinking and organisational understanding. The Nutrition Centre is now at a crossroads and the following months would show to what extent the ICDDR,B Board and leadership will continue the organisational efforts started by the NWG and reinforced by the WB grant. The Nutrition Centre needs a clear institutional mandate and function; to obtain administrative and staffing support to build for the future; to continue to engage the researchers in a participatory fashion and create processes for managing the work of the Nutrition Centre.

Dr Tompkins' report was followed by a response by Prof George Fuchs on behalf of the Centre; and the Director's response.

Representation of the ICDDR,B Staff Welfare Association (SWA) to the Chairman of the Board of Trustees

Following the Programme Committee, the SWA met with members of the BOT to submit points of concern for consideration in the deliberations of the BOT. The President of SWA, Dr G H Rabbani outlined to the BOT members the following:

Staff Salary: He thanked the Board and the Director for approving in its November meeting the six-percent pay rise which took effect in January 2000. The salary rise significantly contributed to maintaining staff confidence. He expressed the hope that the trend will continue to reduce the gap between the ICDDR,B and UN pay scale. He stated that the SWA were looking forward to a significant salary rise in the next November's meeting.

Administrative issues: He stated that the SWA was pleased at the recruitment of a Head Human Resources and hoped that attention will be given to fairness, justice and rule of law by looking into policies of recruitment, ranking, promotion, consultancies, duty hours, overtime, medical benefits, national and international positions, retirement age, tenure, Matlab CHWs, Centre field stations.

Restructuring of the Centre: He expressed the hope that the Board will look into the matter of whether a thematic approach or divisional structure would optimise the Centre's operations and accomplishments.

Broadening the Scope of the Centre: He noted that the Centre has widened its scope of activities to all areas of health research which would necessarily call for better organisational skills, manpower, and qualified scientists with leadership. He expressed the hope that the Board would assist the Centre in meeting the future challenges.

Dr Rabbani concluded with a catalogue of SWA activities in promoting and contributing to the welfare of the staff. He pointed to its medical assistance fund; educational fund to staff dependants; cultural activities; construction of the mosque in Matlab; home gardening and fish production projects in Matlab. He stated that the SWA's interaction with Management on administrative, financial and other matters contributed significantly to the relationship; that the confidence and trust between SWA and the management were important for the Centre's development.

Mr Martin thanked the SWA for their report.

REPORT OF THE FINANCE COMMITTEE MEETING
4 JUNE 2000

PRESENT:

Finance Committee Members

Mr Jacques O Martin	-	Chair of the Board
Prof Rita Colwell	-	Chair, Finance Committee
Dr David Sack	-	Director
Dr A K M Masihur Rahman		

Board Members

Prof Ricardo Uauy Dagach
Prof Marian Jacobs
Prof A K A Azad Khan
Prof Peter F McDonald
Prof Tikki Pang

Invited

Administrative Committee and Staff Members

Minute Secretary : Ms. Loretta Saldanha

The Committee convened at 10.30 a.m. in the Sasakawa International Training Centre (Training Room-1).

On Sunday, June 4, 2000 at 10.30 a.m. the Finance Committee of the Board of Trustees met to consider the finances of the Centre. This session was chaired by Prof. Rita R. Colwell, Chairperson of the Finance Committee, and the finance report was presented by Mr. John F. Winkelmann, Chief Finance Officer.

Mr Jacques O Martin, Chair of the Board welcomed the members and staff present in the meeting.

Prof Colwell indicated that the Centre had come out of the downward trend and is moving in a positive direction in its overall financial status. The "inflows" and "outflows" in respect of revenue and expenditures are very near to a balance. While this is true on an annual basis, it does not yet address the cumulative deficit, nor the need for infrastructure development and equipment replacement. She also encouraged planning for future infrastructure and equipment within the strategic planning cycle.

She recognized the efforts of Centre management over the past several years in reducing the annual deficit.

Commentary:

Mr. Winkelmann brought to the attention of the Board tables 1 to 5 provided as attachments to the Report. These tables provide details on Centre contributiors, revenue, and expenditures. He further presented the following overheads to summarize the tables provided.

1. Donors to the Centre
2. Income-Restricted, Unrestricted, Overheads, Unrestricted Expenditures
3. Annual and Cumulative deficit
4. Maximum Quarterly Bank Overdraft
5. Programme and Management Expenditures (Indirect Costs)
6. Bar Chart indicating where Centre funds are directed
7. Endowment Funds (Contribution and Income)

Prof. Colwell presented two resolutions with respect to the withdrawal of funds from Centre Endowment Fund and USAID Endowment which will be taken to the Board for approval.

Discussion:

The withdrawal of these funds is subject to the approval of USAID as stipulated in their agreement. The funds will be recorded as restricted funds and will be accounted for in a distinct budget code in the Centre's financial records.

Prof. Sack said that it is time that the Centre uses some of its endowments. No specific project has been specified for this but authorization was requested to be able to use these funds for innovative projects. The USAID endowment has certain restrictions and thus a separate resolution is included.

In presenting the second resolution, Prof. Colwell explained that the income to be withdrawn from the Centre Endowment Fund would go to the following three items:

a) $25,000 – To support our fund raising activities in the USA through the ICHF. Funds will be provided to support ICHF activities. A MOU will be entered into with ICHF.

b) $25,000 – To engage a consultant to assist in developing a fund raising strategy in the USA to solicit a wider range of contributors on an ongoing basis.

c) $90,000 – For the further development of the interdivisional thematic programmes.

The meeting adjourned at 12.30 p.m.

Resolutions from the Finance Committee

3/BT/JUNE/00

The Board agrees to accept the Audited Financial Statements of the Centre and the Hospital Endowment Fund for the year ended 31 December 1999.

4/BT/JUNE/00

The Board appoints Hoda Vasi Chowdhury & Co and Price Waterhouse, Calcutta, as joint auditors for the year 2000 at a fee not to exceed US$15,000.

5/BT/JUNE/00

The Board authorises the continuation of the overdraft facility of up to $2 million with the American Express Bank for the year to July 13, 2001.

6/BT/JUNE/00: USAID Endowment Fund

In 2000, up to $60,000 being 4% of the fund value as at December 31, 1999, ($1,487,779) be withdrawn form the income of the USAID Endowment Fund managed by Morgan Stanley Dean Witter. The funds are to be used to carry out research on issues related to child survival as defined in the agreement with USAID under which the endowment was paid.

7/BT/JUNE/00: Centre Endowment Fund

In 2000, up to $140,000 being 5% of the fund value at December 31, 1999 ($2,856,237) be withdrawn from the income of the Centre Endowment Fund managed by Morgan Stanley Dean Witter. The funds are to be used for the following purposes:

Contract with the Child Health Foundation (CHF) (our US contact office)	$25,000
Development of an Endowment Fund Raising strategy up to	$25,000
For Development of interdivisional thematic programmes	$90,000

The funds will be recorded as restricted funds and will be accounted for in a distinct budget code in the Centre's financial records.

PERSONNEL AND SELECTION COMMITTEE MEETING (CLOSED SESSION)
Sunday 4 June

On Sunday 4 June, the Personnel and Selection Committee held its closed session which included Board members and members of the Centre's Executive Committee. Prof Marian Jacobs, Chair of the Committee declared the meeting open. She formally welcomed the new Head Human Resources, Mrs Diann Hill on behalf of the P&S Committee.

Personnel and Selection Committee members

Prof Marian Jacobs	-	Chair, P&S Committee
Dr David Sack	-	Director
Mr S A F Choudhury		
Mr Jacques O Martin	-	Chair of the Board

Present:	**Absent:**
Prof Peter MacDonald	Prof Tawfik Khoja
Dr Tikki Pang	Mr Rolf Carriere
Prof Rita Colwell	Prof Zheng Qing-si
Dr Ricardo Uauy Dagach	Prof Yoshifumi Takeda
Prof A K Azad Khan	Prof Carol Vlassoff
Dr A K M Masihur Rahman	Prof Jane Anita Kusin
	Prof N K Ganguly

AC members

Mrs Judith Bennett Henry (Minute Secretary)

Prof Marian Jacobs declared the P&S Committee open at 2:15pm She welcomed on behalf of the Committee members Mrs Diann Hill, Prof Japhet Killewo, Dr Lauren Blum and Dr Yukiko Wagatsuma to Bangladesh and to the Centre.

1. **Approval of the minutes of Nov 99 meeting.** Minutes were approved

2. **Approval of the Agenda.** Approved.

3. **Staffing**

3.1 Overview of the staffing situation

Mrs Diann Hill gave an overview of the staffing status and total numbers by categories. The Centre continued to restrict external recruitment of unrestricted fixed-term personnel during the reporting period, 1 Oct 1999-31 Mar 2000. There were 28 separations and 43 additions, mostly in the restricted areas. The total number of Centre fixed-term staff belonging to all categories therefore increased by 15.

3.2 Status of recruitment of international professional staff

a. **Head, Human Resources, P5, Director's Division.** As reported in the June meeting, Mrs Diann Hill had been offered and accepted the post and took up duties with the Centre at end April.

b. **Head, Information Sciences, P5, Director's Division.** A short list of candidates was distributed to BOT members for review.

c. **Chief Scientist, P5, ORP, HPED.** A new post description has been developed to be presented to the BOT for review and decision.

d. **Health Economist, P4, ORP, HPED.** As reported to the BOT in November, Mr Andrew Nyamete had been offered a six-month consultant contract which he had accepted. He later delayed his arrival due to prior commitments and subsequently lost contact with the Centre. The search continues for a suitable candidate.

e. **Operations Research Scientist, P4, ORP, HPED.** Search continues.

3.3 Renewal of Contracts

a. **Division Director, D1, LSD.** Prof Mathan reported to the Committee that he would not be seeking a renewal of his contract. His term ends on 31 December.

b. **Chief Finance Officer, P5, Director's Division.** Mr John Winklemann will end his first 3-year contract on 30 November 2000 and the Director is negotiating with Mr Winklemann regarding renewal of his contract.

3.4 New International Professional Staff

a. **Head, Reproductive Health Programme, P5, PHSD.** Dr Japhet Killewo, national of Tanzania, joined the Centre on 27 October 1999 as Head of the Reproductive Health Programme.

b. **Social Scientist/Anthropologist, P4, SBSP, PHSD.** Dr Lauren Blum, national of USA, joined the Centre on 23 January 2000 as Anthropologist under the Social and Behavioural Sciences Programme.

c. **Executive Assistant to Director, P1, Director's Division.** Mrs Judith Bennett Henry, a national of Trinidad and Tobago, joined the Centre on 1 October 1999.

3.5 New seconded staff

a. **Director.** Dr David Allen Sack assumed the office of the Director of the Centre on 1 October 1999. He was seconded from the School of Hygiene and Public Health, Johns Hopkins University.

b. **Demographic Research, HDSP, PHSD.** Mr Carel van Mels joined the Public Health Sciences Division on 29 December 1999 as a Demographic Researcher. He was seconded from the Ministry of Foreign Affairs of the Govt of Netherlands.

c. **Scientist, ECPP, PHSD.** Dr Yukiko Wagatsuma joined the Centre on 17 January 2000 as a Scientist in the Epidemic Control Preparedness Programme. She was seconded from Johns Hopkins University.

d. **Visiting Scientist, PHSD.** Dr Mahfuzar Rahman joined the Public Health Sciences Division on 26 January 2000 to work on arsenic and related subjects, initially for a period of six months. He was seconded from Linkoping University of Sweden.

3.6 Completion of Tenure at International Professional Post

a. **Senior Epidemiologist, P5, PHSD.** Dr Abdullah H Baqui, Senior Epidemiologist of Public Health Sciences Division will be completing 6 years of his tenure at the international professional level on 31 December 2000. This position is essential for the Centre and is adequately funded, and therefore needs to be announced immediately.

3.7 Establishment of a New International Professional Post

a. **Head, Administration & ER&ID, P5, Director's Division.** An international professional staff at no less than a P5 level is required who will effectively manage the entire administrative services, ER&ID and other facilitation units which are currently reporting directly to the Director. Previously, for supervising the activities of the administration

alone there was an authorized post of a Division Director at pay level D1 and for the ER&ID office a fixed-term P4 staff.

Considering all the above mentioned activities of the Centre, a position of Head, Administration & ER&ID at pay level P5 may be approved which will considerably lessen the enormous administrative load of the Centre Director and result in a smooth functioning of the Centre's administrative services and the ER&ID office.

A job description for the post was distributed for review and approval at the P&S Committee. The Director requested BOT approval to pursue this new post. It was agreed that final discussion will continue during the closed closed session of the P&S Cttee.

3.8 International Professional Staff Separation

a. **Dr M John Albert, Research Microbiologist, P4, LSD.** On completion of 10 years 5 months of continuous service at the international level position, Dr M John Albert left the Centre on 2 November 1999.

b. **Dr Bilqis Amin Hoque, Environmental Specialist, P4, HPED.** After having served the Centre for 2 years and 7 months at the international level, Dr Bilqis Hoque resigned and left the Centre on 31 December 1999. Prior to her becoming .an international professional staff, Dr Bilqis Hoque also served as a National Officer for 10 years and 8 months.

Dr Sack asked for Agenda Item 5 **Any Other Business** be discussed before Item 4. This to give Head HR the opportunity to submit to the Board a draft list of new Centre policies for discussion and decision.

5. Head HR outlined the following policies:

a. **Scientific Misconduct**: It was agreed that such a policy was important to implement at the Centre. Prof Colwell advised on the Centre acquiring relevant reference books on ethics in science. It was decided that Dr Sack would ultimately take the final decision on policy implementation.

b. **HIV/AIDS:** It was agreed that cautious steps should be taken before implementation of this policy. BOT advised training sensitisation for all policies, especially this one.

c. **Consultancies**: Dr Sack felt that the Centre's scientists should have opportunities to be consultants, but that the contracts should be with the Centre rather than the individual scientist. It was discussed that scientists

would be allowed a total of two weeks a year for external consultations. Guidelines for consultancies will be developed.

d. **International Travel**: General discussion.

e. **Gender Equality:** It was discussed that this was a timely policy which would also need to cover sexual harassment and age discrimination. Training sensitisation for Centre staff members should be implemented in hand with the policy.

f. The Board also discussed the matter of patents i.e Centre's name, research findings, papers, reports etc. Dr Sack advised that he is working with Ms Vanessa Brooks on this matter. He will also liaise with the International Vaccine Institute in South Korea for advice on their format. It was agreed that the Centre's legal counsel should be referred to for advice.

4. **CHWs:** Dr Sack explained that the Centre is in the process of considering reclassifying the positions of CHWs. He proposed to give them a job title which adequately reflects their duties. It was noted that it would mean a change of status and a pay increase.

The meeting ended at 3:45pm.

Personnel and Selection Committee
Closed closed session
4 June 2000

The P&S Committee continued at 4:00pm in closed closed session. This did not include the Executive Committee members.

The minutes of November's closed closed meeting were approved.

New Trustees: The Board discussed and deliberated on the nomination of new Trustees. Following the departure of Mr Jacques Martin and Prof Yoshifumi Takeda, Board membership would need one Trustee from Europe and one from Asia. Board members reviewed the CVs submitted by various Trustees. BOT to interact by email on decision.

It was unanimously agreed that Prof Jacobs would be the next BOT Chair; that Mr Choudhury should replace Mr Reza on the P&S Committee; that Mr Carriere would be the next Chair of the P&S Committee; that Prof A K Azad Khan would join the Executive Committee of the Board.

It was also agreed that Mr Carriere's term should be extended. Prof Vlassoff to continue as member -- possibly would need to clarify her BOT membership with her organisation.

6 year rule: It was discussed that as agreed in last BOT meeting, performance evaluation for staff should be used as a reference point. Dr Sack explained that he had been awaiting the arrival of Head HR to proceed with revising the performance evaluation report system .

Salaries: It was discussed that that the Centre's salary scale should not follow UN scale. Centre's scale should be structured to reward performance and industry of hard-working staff. It was agreed that the Centre needs an organisational culture change.

Task Force on Gender Equality: BOT to refer to Prof Vlassoff for update.

Head, Information Sciences: It was agreed that recruitment of a suitable candidate should proceed.

The meeting ended at 5:00pm.

Resolutions from the Personnel and Selection Committee

8/BT/JUNE/00

The Board agrees that one of the candidates shortlisted for the position of Head, Information Sciences, will be approved for the post, in consultation with the Executive Committee.

9/BT/JUNE/00

The Board approves the establishment of the position of Head, Administration and ER&ID.

10/BT/JUNE/00

The Board supports the Centre's recommendation that the position of Community Health Worker (CHW) (Matlab) be reclassified as General Services staff. The Board recommends that Management implement this recommendation by the beginning of the next financial year.

11/BT/JUNE/00

The Board nominated and selected Prof Marian Jacobs as the Chair of the Board of Trustees and Mr Rolf Carriere as the Chair of the Personnel and Selection Committee. Mr S A F Choudhury was nominated and selected as a member of the Personnel and Selection Committee. It was further agreed that the Executive Committee would comprise the following individuals:

Prof Marian Jacobs
Dr David Sack
Mr Rolf Carriere
Prof Rita Colwell
Prof A K Azad Khan
Prof Peter MacDonald

FULL BOARD SESSION
(including AC)
4 June 2000

Present:

Mr Jacques O Martin — Chair of the Board
Dr David Sack — Director
Prof Marian Jacobs
Prof Rita Colwell
Dr Tikki Pang
Prof A K Azad Khan
Dr Masihur Rahman
Mr Sayed Alamgir Farrouk Choudhury
Dr Ricardo Uauy Dagach

AC Members

Judith Bennett Henry — Minute Secretary

The Board met at 8:30am to review and discuss the report of the November 1999 BOT retreat which was submitted by Mrs Mary de Kuyper. The Board agreed to review the recommendations of the report with particular attention to:

Tables of reference
Establishment of Audit Committee
Amendments to Bye-Laws; Ordinance
Board development and Criteria for new Trustees
Code of Conduct for Board to adopt
Board conflict of interest
Fundraising Committee

The meeting ended at 9:45am.

FULL BOARD SESSION
(including AC)
5 June 2000

The Board met at 8:00am for final deliberations and approval of Committee resolutions.

1. Agenda was approved.

2. Draft minutes of November's meeting were approved.

3. The Director reported to the Board as follows:

   3.1 **Creche**: Dr Sack advised the Board of changes taking place at the Centre's creche. The Centre had recruited a Creche Manager to oversee day-to-day running of the creche. It was hoped that the creche would eventually be enlarged to include older children in an effort to make the facility more family-friendly.

   3.2 **Health of the staff**: Dr Sack informed the BOT of the number of heart-related diseases which were reported by the Staff Physician. The causes were diet- and work-related. He suggested setting up a gym at the Centre for staff to make use of for fitness and improved health.

   3.3 **Generator**: Dr Sack advised the BOT that it was becoming urgent that the Centre invest in an additional generator to service the Centre's facilities as the current one was overworked due to innumerable power failures daily.

4. The Board discussed the following:

   4.1 **Policy issues -- Director**: It was agreed that the Director should proceed with the formulation of the policies listed before. The Board also requested drafting of a maternity/paternity leave policy.

   4.2 **External Reviews**: It was agreed that the Centre would benefit from reviews from external sources as evidenced by the recent Nutrition review. The last Centre review was in 1996. It was discussed that the BOT was not the body to give scientific directions but that the Centre should establish an advisory group of technical experts for that purpose. It was suggested that BOT members should visit scientific institutes in Bangladesh and sit down with the scientists for discussion.

   4.3 **International Centre**: The Board deliberated on the question of the Centre's status as an international centre. On this matter, was the subject of the name change of ICDDR,B to better qualify the work of the Centre. It was suggested that the Centre proceed on a long-term strategic plan and review name change later. It was also advised that for a name change, a request would need to be submitted to the Government for review and approval. Dr Rahman submitted the following:

      4.3.1 The foundation of the Centre is provided by the law enacted by the Government of Bangladesh as well as the agreement of the international community to participate in its operation and financing. As long as human health remains a major concern and scientific knowledge about diseases need to be generated, the

Centre's activities will continue to be relevant and important. It will be to the advantage of the Centre to remain international which will facilitate access and sharing the body of knowledge available globally. While it is difficult to anticipate Government's view twenty-five years hence, it is more likely that the preference will be for the Centre to continue as international. It may become national not by choice but by default -- i.e. if the international community decides to dissociate itself from the Centre, it will perforce become national.

4.4 **Nestle, Tobacco Companies**: The Board discussed whether the Centre should accept contributions from Nestle and tobacco companies. The point was raised that the Centre does not have a policy against accepting funds from pharmaceutical companies. It was agreed that the Centre should continue to follow WHO guidelines.

4.5 **Grievances against the Director**: Dr Sack asked the Board to rule on procedure for staff to air grievances against the Director. It was agreed that staff should not communicate directly with Board members on this issue but should use the proper channel of submitting letter to Head HR for review and decision. Grievance policy should cover all employees.

4.6 **Fundraising**: It was noted that fundraising was a time-consuming effort which would prove difficult for Board members given their heavy work schedules. It was suggested that the Centre should establish a rotating Fundraising Committee to handle the work involved.

4.6.1 Dr Sack reported that the Centre would be producing a promotional videotape for fundraising purposes. It was agreed that powerpoint slides would be more effective for a fundraising presentation rather than brochures.

5. **Resolutions from the Programme Committee.** Prof MacDonald presented the draft resolutions which were accepted and approved.

6. **Resolutions from the Finance Committee.** Prof Colwell presented the draft resolutions which were accepted and approved.

7. **Resolutions from the Personnel & Selection Committee.** Prof Jacobs presented the draft resolutions which were accepted and approved.

8. **Resolutions from the Full Board.** Mr Martin presented the draft resolutions which were accepted and approved.

9. **Dates of next BOT meeting:** It was agreed that the Board should meet on 4-6 November 2000.

Chair of the Board, Mr Jacques Martin, closed the June Board meeting at 2:00pm. In closing, he stated that though his tenure did not end until July, he was handing over the Chair to Prof Jacobs and wished her well in her tenure. He thanked all present for their support.

Resolutions from the Full Board

12/BT/JUNE/00

Recognising the continued status and existence of the Centre as an international centre or health research, with special reference to maintaining scientific excellence;

- applying health research to promotion of global equity
- and serving as a bridge between the research and its national, regional and international counterparts

13/BT/JUNE/00

The Board and Management will co-operate in the development of long-term strategic planning for the Centre.

Acknowledgement

The Board notes with appreciation the contribution of Jacques Martin and the dedication of his leadership as Chair of the Board over the past two years.

Donors Support Group
5 June 2000

The Donors Support Group held its meeting at 3:00pm with the participation of Board members, Centre management and scientists.

3/BT/NOV 2000

NEW BYE-LAWS FOR APPROVAL BY BOT

FULL BOARD

Monday 6 November 2000

1. Approval of the Draft Minutes of June 2000 meeting

2. Reports and Resolutions from the Committees

3. Strategic planning

4. Policy issues

   4.1 Bye laws
   4.2 Name change:
   International Health & Population Institute

5. Any Other Business

6. Dates of next meeting:
   (to be determined)

CENTRE
FOR HEALTH AND
POPULATION RESEARCH

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
Mail : ICDDR,B, GPO Box 128, Dhaka-1000, Bangladesh
Phone : 871751-60, Telex : 675612 ICDD BJ
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To: Board of Trustees

From: David A. Sack, MD

Date: 2 November, 2000

Re: New Bye-Laws for Approval by BOT

Attached are the following three documents:

- Most recent draft of the Bye-Laws governing the Board of Trustees (New Bye-Laws)
- The ICDDR,B Bye-Laws presently in effect (Old Bye-Laws)
- The 1978 Ordinance of the Government of Bangladesh that creates ICDDR,B and the policies governing its operation and the operation of the Board.

At the June Board meeting the Trustees received copies of the New Bye-Laws governing the Board of Trustees. The draft of the New Bye-Laws, presented at the June meeting, has been further modified to reflect the views and suggestions made by the Trustees at that time. The attached draft reflects the suggested changes. These include:

1. Eliminating the description of the responsibilities of the Executive Assistant to the BOT as part of the Bye-Laws. (Section I.3 on the previous draft);
2. Adding a National Liaison Committee as a Committee of the Board of Trustees. (Section II.6);
3. Modifying the Terms of Reference for the Fund Development and Oversight Committee, (Section II.5);
4. Assigning the Director to membership in three Committees of the Board: the Fund Development and Oversight Committee, National Liaison Committee and Executive Committee;

5. Providing more structure to the Executive Committee (Section II.3); and,
6. Creating a mechanism whereby decisions can be made and voted upon by the Executive Committee in between Board meetings (Section II.3.3 through II.3.7).

In follow up to the June Board meeting, I would ask that you carefully review the Terms of Reference for the two new Committees-- the Fund Development and Oversight Committee and the National Liaison Committee. The terms of reference for these two Committees are highlighted in the attached draft. I would also encourage you to closely review the section on the role and responsibilities of the Executive Committee (Section II.3).

The other sections of the Bye-Laws document are consistent with the previous draft circulated in June. The Bye-Laws will be discussed in the meeting of the Full Board on Monday morning, November 6th.

CENTRE FOR HEALTH AND POPULATION RESEARCH

BYE-LAWS

As per Resolution __/November..., the Board agreed that the following Bye-Laws shall replace Bye-Laws adopted by the following Board Resolutions: Resolution 7/June 81; Resolution 16/November 81; Resolution 16/November 81; Resolution 7/June 81 and Resolution 8/June 81.

These Bye-Laws are the operational rules and policies governing the Board of Trustees of ICDDR,B—Centre for Health and Population Research. They are adopted under the authority of, and are intended to be complementary to, the International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance 1978 (Ordinance No. L1 of 1978), [hereinafter "1978 Ordinance"].

In these Bye-Laws, words denoting the masculine gender shall also denote the feminine gender and vice-versa.

I. Officers of the Board

I.1. Chairperson

I.1.1. The Chairperson shall serve in accordance with the terms set forth in the 1978 Ordinance, Section 9, (1)-(3).

I.1.2. Should the Chairperson be unable to complete her term, the Board shall elect a Trustee to serve as Chairperson during the remainder of the unexpired term.

I.2. Director

I.2.1. The Director shall serve as the Member-Secretary of the Board.

I.2.2. The Director shall serve in accordance with the terms set forth in the 1978 Ordinance, Section 13, (1)-(4) and may establish rules and procedures or issue statements as he or she deems necessary for the smooth operation of the Centre, provided, these rules or statements do not contravene these Bye-Laws, other documents approved by the Board of Trustees, or the Ordinance.

I.2.3 The Director may make public statements concerning the work, objectives and policies of the Centre, as long as these conform to decisions of the Board of Trustees, and the Ordinance.

II. Standing Committees

II.1. Standing Committees: The Board shall have the following Standing Committees:

Executive Committee
Finance Committee
Fund Development and Oversight Committee
National Liaison Committee
Personnel & Selection Committee, and
Programme Committee

II.2. Appointment of the Director to Standing Committees of the Board

II.2.1. The Director shall serve as a member of the Executive Committee, the Fund Development Committee and the National Liaison Committee.

II.2.2. The Director of the Centre shall not serve as a member of any other Standing Committees.

II.3. Executive Committee

II.3.1 *Composition*: The Executive Committee is composed of the Chairpersons of each of the Standing Committees and the Director.

II.3.2 *Term of Service*: The Board shall appoint the Executive Committee annually. The term of service is one year beginning on July 1st of each year.

II.3.3. The powers and functions of the Executive Committee are as follows:

II.3.3.1. To act for the Board in the interim between Board meetings on all matters which the Board delegates to it. Such matters shall be delegated by resolution of the Board at the Full Board meeting immediately preceding the meeting of the Executive Committee.

II.3.3.2. To act for the Board in the interim between Board meetings on matters requiring immediate Board action. Such matters shall be delegated by resolution of the Board prior to the meeting of the Executive Committee. The vote to delegate a decision to the Executive Committee may be conducted by electronic means and shall be submitted to the Board Chairperson.

II.3.3.3. To approve any withdrawal of funds from the endowment accounts as recommended by the Director and endorsed by the Centre's Chief Financial Officer in periods between meetings of the Full Board.

II.3.3.4 To determine urgent (but not routine) personnel actions involving IPO staff such as establishment of new positions, selection of new staff holding rank of P5 and above.

II.3.4 *Quorum:* Four members of the Executive Committee constitute a quorum for the purpose of conducting Executive Committee business. The Executive Committee shall not ordinarily proceed unless a quorum is present to deliberate on such matters before it.

II.3.5. The Executive Committee may conduct its meeting by conference call, teleconference or in person.

II.3.6. All decisions of the Executive Committee require the affirmative vote of at least four members of the Committee.

II.3.7. All decisions of the Executive Committee shall be reported to the Board at its next meeting.

II.4 Finance Committee:

II.4.1 *Composition:* The Finance Committee is composed of up to five members of the Full Board including the Chairperson of the Board and one Trustee that is a national of the People's Republic of Bangladesh.

II.4.2 *Term of Service:* The Finance Committee shall be appointed for a three-year term. The term of service begins on July 1st of each year. The Finance Committee members may be re-appointed as long as such members remain members of the Board of Trustees for the duration of the proscribed term of service.

II.4.3 The powers and functions of the Finance Committee are as follows:

II.4.3.1 To consult with the Chief Financial Officer and his or her team on the Centre's key financial activities for the period of October through March at the June Board meeting and the period of April through September at the November Board meeting.

II.4.3.2 To assess the Centre's financial performance based on the Centre's income, expenditures and investments.

II.4.3.3 To review financial indicators including: an examination of how donor contributions have increased or declined; the source of donor contributions; the balance between restricted (direct project funding) and unrestricted funds awarded to the Centre; annual, cumulative and projected deficits.

II.4.3.4 To recommend to the Board to approve the Audited Financial statements presented at the June Board meeting along with the Auditor's Report for the previous fiscal year.

II.4.3.5 To recommend to the Board the approval of the appointment of Auditors' for the Centre and payment of fees.

II.4.3.6 To recommend to the Board the approval of the annual budget as proposed by the Centre's management.

II.4.3.7 To make recommendations to the Board on how to better allocate Centre resources to assure its continued financial viability, based on financial information and advice provided by the Centre's accountants and financial advisors.

II.4.3.8 To prepare Draft Resolutions and proposals regarding financial matters, which require the Board's approval. Such financial matters include but are not limited to: the approval the Centre's overdraft facility; the withdrawal of funds from the Centre's investment accounts such as the Endowment funds and reserve fund; the appointment or change of banking institutions, financial managers and investment firms; and, the change of banking signatories or individuals authorized to sign financial documents on behalf of the Centre.

II.4.3.9 To review financial information including a forecast and financial assessment of the impact of any recommendations of changes in the salary structure as recommended by the Director, the Centre's management, employees of the Centre, the Personnel and Selection Committee of the Board or other Committee of the Board.

II.5. Fund Development and Oversight Committee

II.5.1. *Composition*: The Fund Development and Oversight Committee is composed of up to five members of the Board of Trustees from the following regions: 1 Trustee from North America, 1 Trustee from Europe, Australia or Japan, 1 Trustee from Bangladesh, 1 Trustee from another developing country and 1 Trustee representing a United Nations agency.

II.5.2. *Term of Service on the Committee*: The members of the Fund Development and Oversight Committee will serve one-year terms beginning July 1st of each year. Appointments to this Committee can be renewed for two consecutive terms. No Trustee shall serve more than three consecutive years UNLESS such Trustee has professional expertise and experience in fund development and was selected as a Board member primarily due to their fund development expertise.

II.5.3. *Powers and Functions* of the Fund Development and Oversight Committee are as follows:

II.5.3.1 To support the fundraising function of the Office of External Relations and Institutional Development (ER&ID) in the following manner:

II.5.3.2 To approve proposals and plans for fundraising and Endowment support prepared by ER&ID and endorsed by the Director of the Centre.

II.5.3.3 To appoint one Trustee to represent the Board for the annual Hospital Endowment fundraising event or any other key fundraising events world wide.

II.5.3.4 To identify individual trustees who can assist the Centre in introducing the Director and the ER&ID officers to potential donors or those who will be approached for specific donations.

II.5.3.5 To appoint, where appropriate Trustees, former Trustees or other key individuals to accompany the Director of the Centre, the Head of ER&ID, officers of ER&ID and members of the senior management team on visits to donors and potential donors to the Centre.

II.5.3.6 To encourage Trustees to participate in the Centre's fundraising initiatives through direct financial support and expanding the network of contributors to the Centre.

II.5.4. To assist in the expansion of the Centre's donor base through the following means:

II.5.4.1 Providing with the list of potential donors a contact person for the individual or, in the case of a foundation, the officer within the foundation who will facilitate future contacts with the Centre's ER&ID Office, the Director, Trustees or other individuals designated as the person responsible for follow-up.

II.5.4.2. Identifying annually at least one additional foundation or organisation that currently does not support the Centre for which the Centre should approach for programmatic or Endowment support.

II.5.5. To oversee the activities of the Centre's Endowment funds through the following means:

II.5.5.1. Review and comment on proposed Bye-Laws or any change in the Bye-Laws of the Board of Trustees or the U.S.-based Fund Management Committee, where such changes affect the management of or distribution of funds from any of the Centre's Endowment accounts.

II.5.5.2. Review the financial statements of the Centre's portfolio of investments prior to the Committee meetings and provide any comments on the portfolio of fund assets at the Committee meetings.

II.5.5.3 Review reports to the Board of Trustees prepared by the Fund Management Committee of the Centre's endowment portfolio and provide comments to the Board when deemed necessary.

National Liaison Committee

II.6.1. *Composition*: The National Liaison Committee shall be composed of five Trustees including the Director and one Trustee that is a national of the People's Republic of Bangladesh. The Chairperson of the Committee shall be a national of the People's Republic of Bangladesh.

II.6.2. *Term of Service*: Members of the National Liaison Committee shall serve at least one term of three consecutive years.

II.6.3. The National Liaison Committee advises the Director on the progress made in expanding health research and training activities between the Centre and national institutions. In doing so the Committee will:

II.6.3.1. Review the collaborations between the Centre and national institutions and make recommendations to the Full Board on how collaborative arrangements can better address issues of countries needs and priorities.

II.6.3.2. Review any Work Plan for future health systems research activities that involves both the Centre and national institutions. In doing so, the Committee will make recommendations to the Full Board for endorsement of any proposed Work Plan that:
(i) focuses on the country's health research needs and priorities, and
(ii) engages national institutions in research opportunities, capacity building, laboratory strengthening or health services.

II.6.3.3 Make recommendations to the Full Board for changes in any proposed Work Plan that may enhance opportunities for better cooperation and collaboration at all levels.

II.6.3.4 In consultation with the Programme Committee ensure that the Centre is supportive of, and avoids being prejudicial to, the interest of research in similar fields carried out by local NGOs, national research institutes and other national organisations in Bangladesh

II.6.4 The National Liaison Committee shall provide annually to the Board, the Director and the Centre's management team its evaluation and assessment of the Centre's linkages and collaborative work with national institutions, national NGOs and local private institutions in the health care sector.

II.7. Personnel and Selection Committee

II.7.1. *Composition*: The Personnel and Selection Committee is composed of four members of the Board of Trustees. One of the four Committee members shall serve as Chairperson of the Committee.

II.7.2. *Term of Service*: The members of the Personnel and Selection Committee will serve three-year terms beginning 15 July of each year. Appointments to the Personnel and Selection Committee can be renewed for an additional term.

II.7.3. The powers and functions of the Personnel and Selection Committee are as follows:

II.7.3.1. To recommend to the Full Board the creation of new positions at the international posting level as recommended by the Head, Human Resources.

II.7.3.2. To provide oversight of the strategic manpower plan to ensure that key posts within the Centre are filled timely.

II.7.3.3. To evaluate and approve the selection process to fill vacant international posts.

II.7.3.4. To examine the credentials and qualifications of individual candidates selected by the Centre's management team to fill vacant international posts at the P-5 level and above. To make final recommendations to the Full Board in the selection of such internationally recruited staff.

II.8 Programme Committee

II.8.1. *Composition*: The Programme Committee shall be composed of five Trustees.

II.8.2. *Term of Service*: Members of the Programme Committee shall serve at least one term of three consecutive years.

II.8.3. The Programme Committee advises the Director on the organisation of the Scientific Programme, which includes:

II.8.3.1. Reviewing the Strategic Plan of the Centre and making recommendations to the Full Board for endorsement of any proposed Strategic Plan. Make recommendations to the Full Board for changes in any proposed Strategic Plan.

II.8.3.2. Reviewing any Work Plan for scientific outputs of the Centre and making recommendations to the Full Board for endorsement of any proposed Work Plan. Make recommendations to the Full Board for changes in any proposed Work Plan.

II.8.3.3. Approving review procedures for Scientific Reviews of the Centre's programmes and Divisions, including the specific activities to be reviewed.

II.8.3.4. Providing Board oversight on the activities of the: Ethical Review Committee (ERC); Research Review Committee (RRC); Animal Experimentation Ethics Committee (AEEC); and Programme Coordination Committee (PCC). Such activities will include determinations of whether RRC and ERC guidelines and procedures adhere to and maintain international scientific standards in the approval and selection process of scientific research protocols undertaken by the Centre.

II.8.3.5 Ensuring that the Centre is supportive of, and avoids being prejudicial to, the interest of research in similar fields carried out by other organisations in Bangladesh.

II.8.4 The Committee shall provide to the Director and senior management team the Board's final evaluation and assessment of the Centre's scientific themes or Division reviews.

III. Call of Meeting of the Board

III.1. General Meeting of the Board

III.1.1. The procedures and protocol governing General Meetings is set forth in Section 10 (1)-(3) of the 1978 Ordinance.

III.1.2 The Executive Assistant shall prepare summary records of meetings of the Board, and the Secretary shall distribute these to Trustees as soon as possible after the close of the meeting to which they relate. Trustees shall inform the Secretary in writing of any corrections they wish to have made, within such period of time as the Secretary may specify, taking the circumstances into account.

III. 2. Special Meetings of the Board

III.2.1. The Chairperson shall convene such special meetings of the Board as are regarded as necessary to conduct business of the Centre. He will provide notice by electronic means of such meetings to the other Trustees not less than 30 days in advance and shall indicate at that time the reason for the meeting.

III.2.3. The Chairperson shall convene special meetings upon a request subscribed by five or more Trustees, provided the Trustees state fully in writing and disseminate to other Trustees by electronic mail or other telecommunications the reason for the meeting. The agenda of such meeting, shall be limited to the questions having necessitated the meeting.

III.2.4. Should the Chairperson be unavailable by reason of incapacity to convene a special meeting, the call for such a meeting may be issued and convened by the Secretary.

IV. Agenda of the Meeting

IV. 1. A provisional agenda of each meeting will be drawn up by the Director in consultation with the Chairperson and circulated a month prior to the meeting with the relevant documents.

IV.2. The agenda of each regular meeting will include:

(i) Items which the Board has ordered to be carried over from a previous meeting;
(ii) Any item proposed by a Trustee, including the Director.

IV.3. any proposals for any except carry-over items for the agenda at a regular meeting must reach the Director not less than four weeks before the commencement of the meeting.

IV.4. In addition, the agenda of at least one regular meeting a year will include the approval of:

(i) A proposed annual budget of receipts and expenditures;
(ii) A proposed 12-month work programme; and
(iii) A report of activities and finance (as prescribed in Section 18 of the Ordinance) for the previous year.

IV.5. The Board shall not ordinarily proceed, unless it determines otherwise, to the discussion of any item on the agenda until at least 48 hours after the relevant documents have been made available to the Trustees.

V. Voting Rights

V.1. Voting at General Meetings of the Board

V.1.1. No Trustee may vote at any Board meeting by proxy or by any other methods than in person.

V.1.2. Except as otherwise specifically provided in the Ordinance and in the Bye-Laws, all decisions of the Trustees shall be made by a majority of the votes cast.

V.1.3. The Board shall normally vote by show of hands, unless a Trustee should request a secret ballot.

V.1.4. Elections shall normally be held by secret ballot, except that in case of an agreed candidate or slate of candidates, the Board may decide to proceed without balloting. When ballot is required, two Trustees designated by the Chairperson shall count the votes.

V.2. Voting Without Meeting of the Board

V.2.1. Whenever any actions must be taken by the Board which, in the judgment of the Chairperson, should not be postponed until the next regular meeting of the Board and does not warrant the calling of a special meeting, the Chairperson shall present to each member by electronic mail or other telecommunications a motion embodying the proposed action with a request for a vote by electronic mail with signature within a given time.

V.2.2. If any Trustee objects, the matter will be deferred to a General Meeting or a special meeting called by the Chairperson to consider the matter.

V.2.3. At the end of the period prescribed for voting, in the absence of objection, the Secretary shall record the results and notify all the Trustees. If the replies received do not include a majority of the number of Trustees, which would be required for a quorum at a meeting, the matter shall be deferred to the next meeting.

VI. Elections of the Chairperson of the Board

VI.1. *Venue and Requirements*: The Board Chairperson shall be elected at the June meeting of the Full Board, where a quorum of the Board is present. The election for the Chairperson cannot be conducted through electronic mail or other telecommunications.

VI.2 Balloting

VI.2.1. Vote shall be conducted by secret ballot.

VI.2.2. Each member of the Board proposes one name only by ballot. The name obtaining a simple majority of votes will be elected Chairperson.

VI.2.3. If the candidate elected is unable or unwilling to serve, the procedure shall be repeated in full.

VI.2.4. If there is no majority, the two names with the highest number of votes will be regarded as candidates.

VI.2.5. A ballot with two names is regarded as void.

VI.2.6 Should a tie vote occur, the incumbent Chairperson will not vote.

VI.3. *Procedure for Counting the Ballots in the Election of the Board Chairperson:* The Director and the Executive Assistant to the Board shall count the ballots. The Executive Assistant shall report the result to the Full Board and record it in the minutes of the Board meeting.

VII. Trustees

VII.1. *Terms of Service:* The terms of Trustees (except the Director) shall begin on July 1st following their election or appointment, except that a Trustee appointed to a vacancy arising from a cause other than the normal expiration of a term shall begin his service upon appointment, and shall serve for the remainder of the term of the member being replaced.

VII.2. *Attendance:* A Trustee shall attend at least three meetings of the Full Board during his or her Term of Service. The Full Board may select a replacement of any Board member that fails to attend three consecutive meetings of the Board following a vote of the Full Board on the matter.

VII.3. *Honorarium:* Each Trustee shall receive an honorarium (the Director shall not receive the honorarium) for each day spent on the business of the Centre, and shall be reimbursed for the actual costs of travel on the business of the Centre, and shall receive a per diem as specified by the regulations of the Centre while travelling on the business of the Centre.

VII.4. *Personal Expenses:* The Board of Trustees shall set the levels of compensation and reimbursement for the purpose mentioned in Bye-Law 20, bearing in mind the financial resources to the Centre and the practice of other comparable organizations.

VII.5. Selection of Trustees

VII.5.1. *Selection Subcommittee of the Board*: The Board shall create an ad-hoc Subcommittee of the Board composed of five members including one member from a developing country and one member from the People's Republic of Bangladesh to review the qualifications of the candidates nominated to serve as Trustees. The Selection Subcommittee of the Board will make recommendations to the Full Board using the following guidelines as the criteria for selection:

(i) Requirement under Sec. 8(3) of the Ordinance regarding membership, from developed and developing countries,
(ii) Equitable geographical distribution,
(iii) Balance of different disciplines represented in the Board, and
(iv) Gender Balance.

VII.5.2. *Nomination Process:* The following rules shall apply to nominating candidates to fill a vacancy on the Board of Trustees with the exception of the position of Director of the Centre.

VII.5.2.1. *Notice*: For the purpose of holding elections to fill vacancies in seats of members at large as specified in Sec. 8(1)(d), of the 1978 Ordinance, the Director of the Centre by notification shall invite nominations from the following:

(i) Members of the Board of Trustees
(ii) Countries and Agencies who have signed the Memorandum of Understanding
(iii) The six regional offices of the World Health Organization
(iv) The countries who have demonstrated their interest in the functioning of the Centre
(v) Relevant research institutions

VII.5.2.2. All nominations must be received by a closing date as specified in the notice.

VII.5.2.3. *Qualifications of Board candidates*: The nominated individuals shall be persons qualified to serve by reason of scientific, research and administrative or other appropriate experience as specified in Sec. 8(4) of the 1978 Ordinance, and the nomination should be accompanied by a statement of facts to that effect.

VII.5.3. Selection Process

VII.5.3.1. *Vote Conducted by Secret Ballot:* The Trustees will decide by secret ballot whether to accept or reject the recommendations of the Selection Subcommittee for election to the Board. Only those Board members present shall vote.

VII.5.3.2. *Selection of a Trustee where there is a single vacancy:* When only one member is to be selected, the person obtaining the largest number of votes shall be selected. In case of equality of votes between two or more candidates obtaining largest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided in the second ballot, it shall be decided by drawing lots.

VII.5.3.3. *Selection of Trustees where there are multiple vacancies:* If two positions are to be filled at one time, candidates obtaining the highest and second highest number of votes shall be selected. In case of equality of votes between two candidates obtaining the highest number of votes, both shall be selected. In case of equality of votes between persons obtaining the second highest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided, it shall be decided by drawing lots. A similar procedure will be followed in case more than two vacancies are to be filled at one time.

VII.5.3.4. *Rejection of the Subcommittee's Recommendation:* Where the Board has rejected the Selection Subcommittee's recommendation of a nominee to fill a vacancy, the Board will select the requisite number of Trustees from the remaining validly nominated candidates. The requisite number of Trustees shall be selected from the remaining candidates UNLESS the Board is unable to achieve an appropriate geographical distribution or balance of disciplines as recommended under Sec. 8(3) of the 1978 Ordinance. In such cases the Board may consider additional validly nominated candidates.

VII.5.3.5. The Board will select one of the Trustees who are not a candidate for election to preside over the meeting in case the Chairperson is a candidate for re-election as a Trustee.

VIII. Fiscal year

The fiscal year of the Centre shall be from 1 January through the following 31 December.

IX. Compensation

IX.1. The Board shall ensure that the Centre's compensation and appraisal structure for both international and national employees provides a fair and equitable method for rewarding employees to encourage their maximum contribution in achieving the Centre's goals.

IX.2. The Board shall review Centre-wide policies that create or change systematic approaches to merit-increases, promotions and changes in the pay scale.

X. Retirement Fund

As provided by Resolutions 9/Dec. 83 and 5/June 84, the Retirement Fund for the Centre's staff was established. This fund does not constitute an asset of the Centre and as such is not governed by Article 32(2) of the Centre's Ordinance.

XI. Amendments

These Bye-Laws may be amended only by a majority vote of the Board of Trustees at a meeting of the Trustees where a quorum is present. The Board may amend the Bye-Laws only if a majority of the Trustees present at the prior meeting of the Board approved those proposed changes in the Bye-Laws at that meeting.

XII. Indemnification

Every member of the Board shall be indemnified by the Centre against all expenses and liabilities, including counsel fees, reasonably incurred or imposed upon such member in connection with any threatened, pending or completed action, suit or proceeding to which he/she may become involved by reason of his/her being or having been a Trustee, or any settlement thereof, unless adjudged therein to be liable for negligence or misconduct in the performance of his/her duties. At the discretion of the Board of Trustees, and subject to a finding that such indemnification herein shall apply only when the Board approves such settlement and reimbursement as being in the best interest of ICDDR,B. The foregoing right of indemnification shall be in addition to and not exclusive of the right set forth in Section 15 of the 1978 Ordinance.

BY-LAWS OF ICDDR,B

These By-Laws are adopted under the authority of, and are intended to be complementary to, the International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance 1978 (Ordinance No. LI of 1978).

In these By-Laws, words denoting the masculine gender shall also denote the feminine gender.

1. Board of Trustees

Chairman and Secretary

1. Should the Chairman be unable to complete his term, the Board shall elect a Trustee to serve as Chairman during the remainder of the unexpired term.

2. The Director shall serve as Secretary of the Board.

Call of Meeting

3. The Chairman shall convene such special meetings of the Board as are regarded as necessary for conduct of the business of the Centre. He shall telegraph notice of such meetings to the other Trustees not less than 30 days in advance and shall indicate at that time the reason for the meeting.

4. The Chairman shall convene special meetings upon a request subscribed by five or more Trustees, provided the Trustees state fully in writing or by telegraph the reason for the meeting. The agenda of such meeting shall be limited to the questions having necessitated the meeting.

5. Should the Chairman be unavailable by reason of incapacity to convene a special meeting the call for such a meeting may be issued and convened by the Secretary.

6. The Director or a member of the Centre staff designated by him may at any time make either oral or written statements concerning any question under consideration by a meeting of Trustees.

7. The Secretariat shall prepare summary records of meetings of the Board, and the Secretary shall distribute these to Trustees as soon as possible after the close of the meeting to which they relate. Trustees shall inform the Secretary in writing of any corrections they wish to have made, within such period of time as the Secretary may specify, taking the circumstances into account.

Voting

8. No Trustee may vote at any meeting by proxy or by any other method than in person.

9. Except as otherwise specifically provided in the Ordinance and in the By-Laws, all decisions of the Trustees shall be made by a majority of the votes cast.

10. The Board shall normally vote by show of hands, except that any Trustee may request a secret ballot.

11. Elections shall normally be held by secret ballot, except that in case of an agreed candidate or slate of candidates, the Board may decide to proceed without balloting. When ballot is required, two Trustees designated by the Chairman shall count the votes.

Vote without Meeting

12. Whenever any action must be taken by the Board which, in the judgement of the Chairman, should not be postponed until the next regular meeting of the Board and does not warrant the calling of a special meeting, the Chairman shall present to each member by mail or telegraph a motion embodying the proposed action with a request for a vote by mail or telegraph within a given time.

13. If any Trustee objects, the matter will be deferred to a regular meeting or a special meeting called by the Chairman to consider the matter.

14. At the end of the period prescribed for voting, in the absences of objection, the Secretary shall record the results and notify all the Trustees. If the replies received do not include a majority of the number of Trustees which would be required for a quorum at a meeting, the matter shall be deferred to the next meeting.

Agenda of Meeting

15. A provisional agenda of each meeting will be drawn up by the Director in consultation with the Chairman and circulated a month prior to the meeting with the relevant documents.

16. The agenda of each regular meeting will include

(a) items which the Board has ordered to be carried over from a previous meeting;

(b) any item proposed by a Trustee, including the Director;

Any proposal for any except carry-over items for the agenda at a regular meeting must reach the Director not less than eight weeks before the commencement of the meeting.

17. In addition, the agenda of at least one regular meeting a year will include the approval of

(a) a proposed annual budget of receipts and expenditures;

(b) a proposed 12-month work program; and

(c) a report of activities and finance (as prescribed in Section 18 of the Ordinance) for the previous year.

18. The Board shall not ordinarily proceed, unless it determines otherwise, to the discussion of any item on the agenda until at least 48 hours after the relevant documents have been made available to the Trustees.

Terms of Service of Trustees

19. The terms of Trustees (except the Director) shall begin on the First of July following their election or appointment, except that a Trustee appointed to a vacancy arising from a cause other than the normal expiration of a term shall begin his service upon appointment, and shall serve for the remainder of the term of the member being replaced.

20. Each Trustee shall receive an honorarium (the Director shall not receive the honorarium) for each day spent on the business of the International Centre, shall be reimbursed for the actual costs of transportation employed for economy class travel on the business of the Centre, and shall receive a per diem as specified by the regulations of the Centre while travelling on the business of the Centre.

21. The Board of Trustees shall set the levels of compensation and reimbursement for the purpose mentioned in By-Law 20, bearing in mind the financial resources of the Centre and the practice of other comparable organizations.

22. The Director may establish rules and procedures or issue statements as he deems necessary for the smooth operation of the Centre, provided that these rules or statements do not contravene these By-Laws, procedures approved by the Board of Trustees, or the Ordinance.

23. The Director may make public statements concerning the work, objectives and policies of the Centre, so long as these conform to decisions of the Board, the By-Laws and the Ordinance.

II. Fiscal Year

24. The fiscal year of the Centre shall be from January 1 through the following December 31.

III. Amendments

25. These By-Laws may be amended only by the Board of Trustees.

IV. Elections

26. As per Resolution 16/November 81 the Board agreed that the following procedure shall replace that of Resolution 7/June 81. Procedure for electing the Chairman of the Board of Trustees.

(a) Each member of the Board proposes one name only by ballot. The name obtaining a simple majority of votes has been elected Chairman.

(b) If the candidate elected is unable or unwilling to serve the procedure shall be repeated in full.

(c) If there is no majority the two names with the highest number of votes will be regarded as candidates.

(d) Each member of the Board will elect one candidate only by secret ballot. A simple majority of members present and voting will elect the candidate.

(e) A ballot with two names is regarded as void.

(f) Should a tie vote occur the incumbent Chairman will not vote.

27. As per Resolution 8/June 81 the Board agreed to the procedure below for holding elections in seats of members at large and that it should become a By-Law.

1. For the purpose of holding elections to fill in vacancies in seats of members at large as specified in Sec.

8(1)(d), the Director of the Centre by notification shall invite nominations from the following:

(a) Members of the Board of Trustees.
(b) Countries and Agencies who have signed the Memorandum of Understanding.
(c) The six regional offices of the World Health Organization.
(d) The countries who have demonstrated their interest in the functioning of the Centre.
(e) Relevant research institutions.

2. All nominations must be received within the last date specified in the notice.

3. The nominated individuals shall be persons qualified to serve by reason of scientific, research and administrative or other appropriate experience and the nomination should be accompanied by a statement of facts to that effect.

4. All such nominations received shall be scrutinized by the Selection Subcommittee of the Board who will make recommendations to the Board keeping in view the following:

(a) Requirement under Sec. 8(3) of the Ordinance regarding memembership from developed and developing countries.
(b) Equitable geographical distribution.
(c) Balance of different disciplines represented [illegible] the Board.

5. The Board by secret ballot will decide acceptance or rejection of the recommendations of the Selection Subcommittee.

6. In case of negative decision by the Board in the election under rule 5 above the Board by secret ballot will elect the requisite number of trustees from amongst all the validly nominated candidates.

7. When only one member is to be elected, the person obtaining largest number of votes shall be declared elected. In case of equality of votes between two or more candidates obtaining largest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided in the second ballot, it shall be decided by drawing lots.

8. If two elective places are to be filled at one time candidates obtaining the highest and second highest number of votes shall be declared elected. In case of equality of votes between two candidates obtaining highest number of votes, both of them shall be declared elected. In case of equality of votes between persons obtaining second highest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided it shall be decided by drawing lots. A similar procedure will be followed in case more than two elective places are to be filled at one time.

9. Decision will be on the basis of the votes of members present and voting.

10. The Board will select one of the trustees who is not a candidate for election to preside over the meeting in case the Chairman is a candidate for re-election as a trustee.

V. Retirement Fund

28. As provided by Resolutions 9/Dec. 83 and 5/June 84 the Retirement Fund for the Centre's staff has been established. This fund does not constitute an asset of the Centre and as such is not governed by Article 32(2) of the Centre's Ordinance.

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

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

MINISTRY OF LAW AND PARLIAMENTARY AFFAIRS

NOTIFICATION

Dacca, the 9th December, 1978.

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

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

Ordinance No. LI of 1978.

AN

ORDINANCE

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

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

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

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

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

Price: 35 paisa.

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

(*a*) "Board" means the Board of Trustees for the Centre constituted under section 8;

(*b*) "Centre" means the International Centre for Diarrhoeal Disease Research, Bangladesh established under section 3;

(*c*) "Chairman" means the Chairman of the Board;

(*d*) "Cholera Research Laboratory" means the Cholera Research Laboratory established in Bangladesh under an agreement executed on 15th May, 1974, between the Government of the People's Republic of Bangladesh and the Government of the United States of America and others;

(*e*) "developing countries" mean those countries who have been put under this classification by the United Nations;

(*f*) "Director" means Director of the Centr

(*g*) "donor" means an agency, organization r government which contributes in cash or kind to the Centre;

(*h*) "employee" includes regular, contractual and probationers employed by the Centre;

(*i*) "member" means a member of the Board;

(*j*) "officer" includes advisor, consultant and expert employed by the Centre;

(*k*) "prescribed" means prescribed by by-laws made under this Ordinance.

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

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

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

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

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

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

(*a*) To function as an institution to undertake and promote study, research and dissemination of knowledge in diarrhoeal diseases and directly related subjects of nutrition and fertility with a view to developing improved methods of health care and for the prevention and control of diarrhoeal diseases and improvement of public health programmes with special relevance to developing countries.

(*b*) To provide facilities for training to Bangladeshi and other nationals in areas of the Centre's competence in collaboration with national and international institutions, but not to include conferring of academic degrees.

(*2*) In fulfilling the above aims and objectives, the Centre shall have responsibilities:

(*a*) To conduct clinical research, laboratory and animal experiments, epidemiological and survey research, field investigations, demonstration projects, within the applicable laws and [illegible]gulations, or concurrence where necessary, of the Government and c[illegible]r countries where it may be appropriate; to hold meetings and to [illegible]ange lectures, seminars, discussions and conferences, both internatio[illegible] and national, on clinical medicine, epidemiology, basic medical sciences, bio-statistics demography, fertility and other social sciences relating to studies of diarrhoeal disease control and public health, in this section referred to as the studies.

(*b*) To publish books, periodicals, reports and research and working papers on the studies.

(*c*) To establish and maintain contact with scholars and their work on the studies through collaborative studies, seminars, exchange of visits or otherwise.

(*d*) To undertake studies on behalf of or in collaboration with other institutions.

(*e*) To maintain hospitals, clinics, laboratories, animal research facilities, libraries, reading rooms, scientific equipment and instruments, as well as vehicles, boats and other transport for its proper functioning.

(*f*) To ensure the rights and opportunities of Bangladesh scientific personnel to participate in the programme and activities of the Centre.

(*g*) To undertake a systematic staff development programme.

(*h*) To institute fellowships for different categories of professional workers on the studies.

(*i*) To create within itself, from time to time, branches, divisions, sections and other units for proper and efficient conduct of the activities of the Centre in different fields of the studies.

(*j*) To accept endowments, gifts, donations, grants, other funds, payments for services and to earn income.

(*k*) To take such other actions as may further the aims and objectives of the Centre.

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

(*a*) the Government of Australia;

(*b*) the Government of Bangladesh;

(*c*) the Government of the United Kingdom;

(*d*) the Government of the United States of America;

(*e*) the Ford Foundation;

(*f*) the International Development Research Centre;

(*g*) the United Nations Fund for Population Activities;

(*h*) the United Nations Children Fund; and

(*i*) the World Health Organisation.

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

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

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

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

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

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

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

(a) to exercise general supervision over the affairs of the Centre;

(b) to approve courses of studies and research work and other related activities to be conducted in the Centre in broad outlines;

(c) to approve the plan, programme and organisation of the Centre;

(d) to authorize the Centre to request and receive grants-in-aid from aid-giving agencies, Governments and other institutions; with intimation of such receipts to appropriate governmental agencies;

(e) to authorize the Centre, if and when necessary, to borrow money or raise loans in accordance with the applicable laws and regulations of the countries in which the funds are being sought;

(f) to select and appoint the Director and terminate his services;

(g) to approve establishment of all internat[illegible] l level positions in the Centre and approve the appointments of [illegible] sons to these positions, and in its description, delegate to the Direct[illegible] hority to appoint persons to other staff positions;

(h) to determine employment policies and practices of the Centre;

(i) to examine and approve the budget for the Centre; and

(j) to do and perform all other acts that may be considered necessary, suitable and proper for the attainment of any or all of the purposes, activities and objectives for which the Centre is established.

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

(a) three members nominated by the Government;

(b) a member nominated by the Director-General of the World Health Organisation;

(c) the Director of the Centre; and

(d) eleven members at large, who shall be chosen initially by the Interim Committee, comprising as members of the Interim Committee those governments and organizations under sub-sections (1) and (2) of section 6;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(*a*) grants made by the Government;

(*b*) grants and contributions from other governments and their agencies, international organizations and private organizations;

(*c*) gifts and endowments;

(*d*) sale proceeds and royalties of publications;

(*e*) income from research and contractual undertakings; and

(*f*) other sources.

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

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

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

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

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

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

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

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

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

(a) shall be immune from any legal process with respect to any acts performed by them in their official capacity except when the Board or the Director waives their immunity, which should be reported to the Board; and

(b) those who are nationals of countries other than Bangladesh, and their spouses and dependents, shall be free from immigration restrictions, other than normal visa requirements, and alien registration requirements in accordance with the laws and regulations of the Government.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ZIAUR RAHMAN, BU,
MAJOR GENERAL,
President.

DACCA;
The 6th December, 1978.

A. K. TALUKDAR
Deputy Secretary.

BGP-78/79-6553G-5,760—14-12-19??

[*Published in the Bangladesh Gazette, Extraordinary, dated the 23rd December 1978*]

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

MINISTRY OF LAW AND PARLIAMENTARY AFFAIRS

CORRIGENDUM

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

(1) At page 6285, in section 1, in line 1, *for* "international" *read* "International";

(2) At page 6289, in section 7, in clause 2, in sub-clause (*g*), in line 3, *for* "description" *read* "discretion";

(3) At page 6289, in section 8, in clause (*4*), in line 1, *for* "qulified" *read* "qualified";

(4) At page 6290, in section 10, in clause (*2*), in line 1, *for* "mettings" *read* "meetings";

(5) At page 6291, in section 12, in clause (*3*), in the last line, *for* "progrommes" *read* "programmes";

(6) At page 6294, in section 31, in line 1, *for* "Valioation" *read* "Validation";

(7) At page 6295, in section 32, in clause (*2*), in line 3, for the words

"The other assets of the Centre shall be retained by the Government and by other governments where assets distributed to institutions having purposes similar to Government or other governments where appropriate, and the Board", *read* "The other assets of the Centre shall be retained by the Government and by other governments where assets are located, and used for similar purposes or distributed to institutions having purposes similar to those of the Centre as may be agreed between the Government or other governments where appropriate, and the Board of Trustees".

A. K. TALUKDAR
Deputy Secretary.

BGP-78/79-6976G-5,765—27-12-78.

Price : 10 paisa.

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

GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

MINISTRY OF LAW AND JUSTICE

NOTIFICATION

Dhaka, the 24th February, 1985

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

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

Ordinance No. X of 1985

AN

ORDINANCE

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

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

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

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

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

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

(*a*) in sub-section (*1*),—

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

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

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

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

H M ERSHAD, ndc, psc
LIEUTENANT GENERAL
President.

DHAKA;
The 15th February, 1985.

MD. ABUL BASHAR BHUIYAN
Deputy Secretary (Drafting).

BGP-84/85-5335G-10,940—12-3-85.

রেজিষ্টার্ড নং ডি এ-১

বাংলাদেশ গেজেট

অতিরিক্ত সংখ্যা

কর্তৃপক্ষ কর্তৃক প্রকাশিত

শনিবার, সেপ্টেম্বর ১৬, ১৯৯৫

বাংলাদেশ জাতীয় সংসদ

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

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

১৯৯৫ সনের ২২ নং আইন

International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978 এর অধিকতর সংশোধনকল্পে প্রণীত আইন

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

সেহেতু এতদ্বারা নিম্নরূপ আইন করা হইল:—

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

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

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

মূল্য: টাকা ১.০০

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

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

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

আবুল হাশেম
সচিব।

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

4/BT/NOV 2000

PROGRAMME COMMITTEE

PROGRAMME COMMITTEE
(Matlab)

Saturday 4 November 2000

1. Director's Report
2. Reorganization update
3. ORP Review and Response
4. Strategic planning

Dengue Emergency Response Update

1. **Entomology:** The teams have completed all three cycles of surveillance and have covered all 90 of the selected wards. The surveillance activities were directed at both larvae and adult vectors. The teams have also collected adult samples for later viral isolation in the AFRIMS labs in Thailand. These samples are now being sent to AFRIMS. A GIS map has been developed which describes the vector density by area. This can be used to correlate vector density with referral sites for dengue patients to the area hospitals.

2. **Hospital-based Laboratory Surveillance:** MOUs have been signed with two of the three area hospitals (Holy Family and Dhaka Medical College Hospital), and the third is pending (Dhaka Shishu). Data collection at these facilities has begun. The clinical surveillance is expanding to include a private clinic, PADMA, and at least one hospital outside of Dhaka, Chittagong Medical College Hospital. The former has data on approximately 200 adult cases.

3. **Serological Surveillance:** The Centre is collaborating with the Armed Forces Research Institute of Medical Sciences (AFRIMS) to characterise the prevalent dengue virus serotypes in this outbreak. The Centre has received monoclonal antibodies and other materials necessary to conduct tests here, while backup samples will be sent to AFRIMS for confirmation. Three staff members have been to AFRIMS for training in ELISA and virus isolation technique. Additional collaboration has been initiated with Queensland University, where a dengue specialist, Dr John Aaskov, will provide genotyping support and training. The next steps include:
   - 3.1. Evaluation of the hospital surveillance activities.
   - 3.2. Sending samples to our international collaborators.

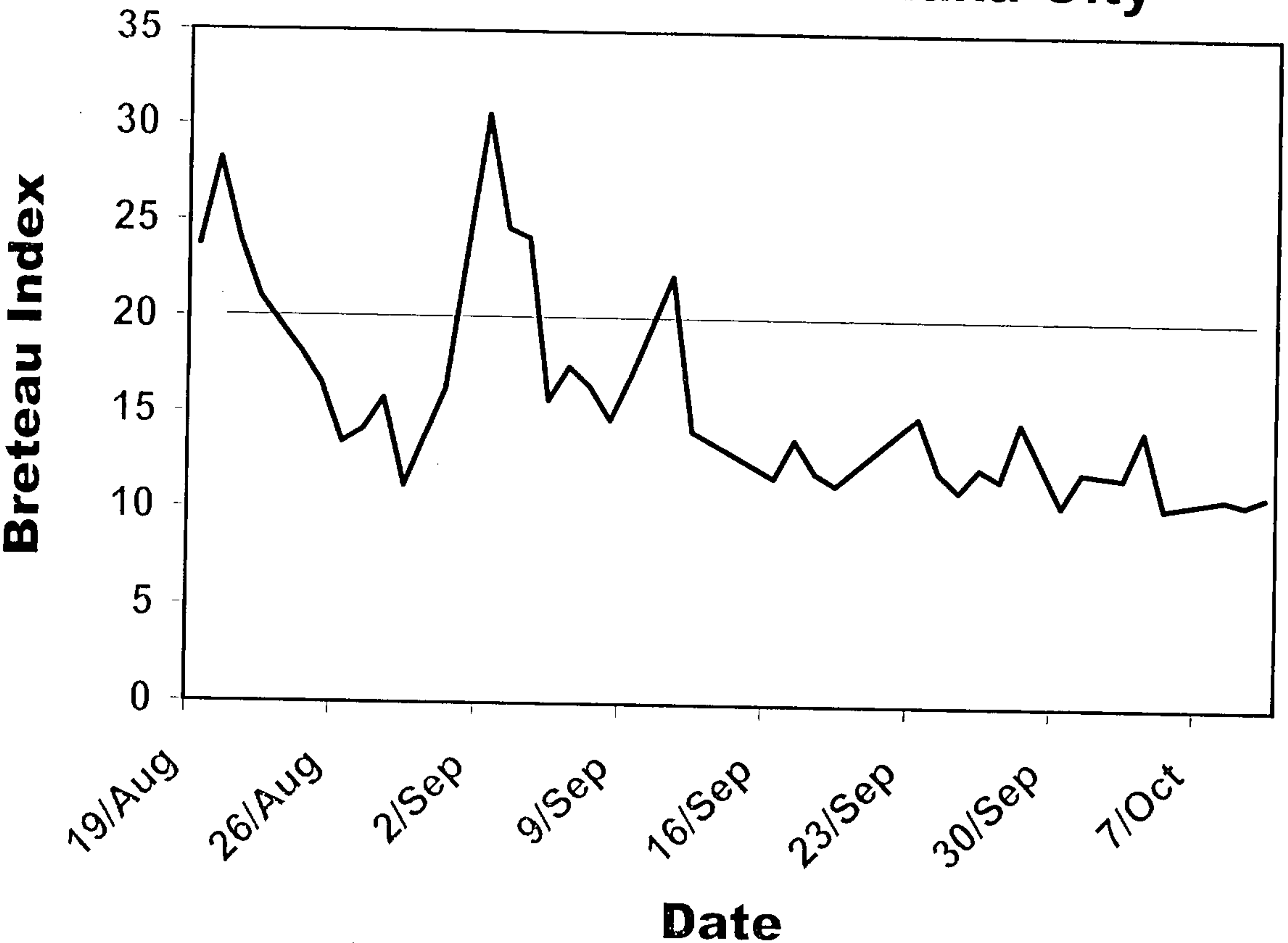
4. **Clinical Investigation:** Presently under development, specifically in order to reduce overlap between the emergency response and the long-term project of Dr Siddique.

5. **Immunological Study:** Has been postponed as the PI requires more time to develop the protocol and there is a consensus that this does not qualify as an emergency response.

6. **Community-based Surveillance:** There are three principal activities taking place in the community that will add substantially to the dengue control efforts. All three are dependent on an accurate determination of the at-risk population, which has necessitated a re-enumeration of the community, in order to characterise the entire population size and demographics. This has just been completed. Kamalapur is an urban slum with a total population of 118,654 scattered among 32,339 households. The first activity is surveillance in order to determine the burden of the disease the community (incidence and prevalence). This has been shown to be over 100 times greater than the number of hospital admissions in the Southeast Asian region. The second activity is a nested case control study to determine the risk factors associated with infection and its complications, dengue haemorrhagic fever (DHF) and dengue shock syndrome (DSS) for this population. The third is a behavioural study to determine the community's understanding of dengue, the risks associated with infection and to develop and test an educational intervention

appropriate to the perceived needs, priorities and value structure of the community. Data collection for the surveillance is being initiated and behavioural study will begin as soon as funds are available.

7. **Local Partners:** In addition to the area hospitals of Dhaka Medical College and Holy Family, the PADMA clinic, and Chittagong Medical College, the Centre is collaborating with Office of the Director General of Health and Family Welfare. All of the data mentioned above will be made available to the Director General's office and the Centre will be actively assisting them with improving their assimilation and analysis of surveillance data as well as monitoring and evaluation of dengue surveillance activities.


Breteau Index in Dhaka City
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7/Oct
Date

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TO: Board of Trustees
Associate Directors, Head HR, CFO
USAID Mission, Chief of HPN

From: Director, ICDDR,B

Date: 15 September 2000

Subject: Review of the External Review Team for ORP

With this memo, I am sending the report from the External Review Team who visited the Centre during late August. For Board members, this item will be discussed during the November Board meeting.

Report of the External Review Team for the Operations Research Program
August 23-30, 2000

Memo to: David Sack
Director, ICDDR,B

From: Review Team to advise the ICDDR,B on the appropriate revisions of the Operations Research Project

Subject: Final Report and Recommendations

This is the final report of the Review Team (hereafter Team) that was convened in the period August 23-30, 2000, to review the Operations Research Project (ORP) of the ICDDR,B (the Centre). The ORP is one component of the National Integrated Population and Health Program (NIPHP) funded by USAID.

The Team members are:

Professor W. Henry Mosley, Team Leader, public health professional from the Department of Population and Family Health Sciences, Johns Hopkins University School of Hygiene and Public Health

Professor A. K. Azad Khan, Ibrahim Memorial Diabetes Center and Member, Board of Trustees, ICDDR,B

Drs. Carel van Mels, demographer, ICDDR,B

Mr. D. K. Nath, Additional Secretary, Ministry of Health and Family Welfare, Government of Bangladesh

Dr. Vesta Richardson, pediatrician and director, Hospital del Ninno Morelense, Cuernavaca, Mexico

The Summary Terms of Reference of this review are:

"By the end of this consultancy, the team will make recommendations to the Director, ICDDR,B (the Centre) regarding the key scientific and programmatic questions of importance for the ORP to be addressing, and

Will make recommendations for the most efficient structural mechanism within the Center for answering these questions and for transferring these to the Ministry of Health and Family Welfare (MOHFW) and the Non-governmental organization partners (NGOs) for implementation and refinement."

In undertaking this review, the team members were initially briefed by the Director, ICDDR,B and representatives of the PHN team of USAID. The team then met with members of the ORP teams, reviewed selected ORP documents, visited ORP field sites in

Abhoynagar and Sher-e-Bangla Nagar, met with the Chiefs of Party of two partners of the National Integrated Population and Health Project (NIPHP), met with several Directors/Chiefs of relevant agencies of the MOHFW, and with staff of various divisions and programs of ICDDR,B. The detailed itinerary is given in the appendix 1.

Rationale, and organization of the Report

The rationale for this consultancy is given in some detail in the TOR document and will not be repeated here (see attachment 2). Fundamentally, the opportunity now exists for the USAID funded ORP to draw on all of the scientific and technical expertise available throughout the ICDDR,B instead of only a group of investigators and staff 100% supported by the USAID ORP CA. This can greatly strengthen the contribution that the ICDDR,B can make toward achieving the objectives of the ORP in particular, and the NIPHP in general. As important, this will begin the process of institutionalizing operations research as a core activity of the Centre. The task ahead for ICDDR,B is to develop a plan of operations to smoothly make the transition from the previous organizational structure where ORP operated as an isolated project within the Centre to a new arrangement that will engage all the resources of the Centre in a collaborative venture.

This report will address first some of the scientific and programmatic issues and then move to considering the organizational and structural issues within the Centre. Finally, we will make some recommendations regarding the management of the CA by the Centre and USAID. Given the limited time for this consultancy, none of these issues could be dealt with comprehensively, but the team trusts that our recommendations can provide a framework for all parties to move forward in developing a more effective ORP program for the future.

The Scientific and Programmatic Agenda

a. The challenges of operations research

To begin with, it is useful to put operations research and related management improvement programs into a broader research and development (R&D) perspective for health interventions. Fundamentally, this involves at least 3 steps (after a foundation of basic science research):

1. Development of efficacious technologies/interventions.
2. Development of cost-effective approaches to apply the technologies/interventions.
3. Development of strategies for putting the technologies/interventions into national (or international) programs

The basic science research may be done anywhere in the world – including at the Centre in some cases. But the Centre's unique role is in taking the advancements in the biomedical and health sciences as a base for developing efficacious technologies and

strategies, and effective and efficient interventions that can be applied broadly in poor developing country settings. Each of these steps necessarily fits under the agenda of operations research, since all are required to bring advancements in science and technology to the level where they can be usefully applied in poor developing country settings.

The first step in the OR process –development of efficacious technologies/interventions – ordinarily requires that the research be directly implemented by the Centre under highly controlled conditions. This may be in the laboratory if a new diagnostic test is being developed, in the hospital if advances in therapy are being developed, or in a carefully controlled field setting (e.g., Matlab) if a new vaccine, disease intervention, or contraceptive distribution strategy is being tested.

Ultimately, however, if the new technology or intervention is to have wide applicability, it will require testing under real-life circumstances to see if it can be delivered efficiently without losing its effectiveness. Here the implementation must be by on-going NGO or government programs (for example in Abhoynagar or Miserai), and the OR task is to take objective measurements (by means of surveys or surveillance systems) to determine whether the effectiveness is maintained at low cost under resource-constrained conditions. Finally, there is the task of developing a national program with the proven intervention. Here the OR challenge is to develop useful indicators that implementers can use to continuously monitor program performance on a national scale (as, for example, the use of disease surveillance and "cluster surveys" for monitoring EPI program performance).

Other OR tasks relate to management improvement of on-going programs. These may involve developing such tools as rapid assessment surveys, or an improved MIS/quality control system that alert managers to the need to take corrective actions. Or the OR may involve introducing modifications in program strategies to improve effectiveness.

Whatever is done, one major challenge in OR is to develop and utilize measurement tools and techniques to objectively make comparisons, and/or document the changes, in efficiency and effectiveness of different intervention strategies. Because many OR projects involve real-life situations, where conditions cannot be carefully controlled (as in a vaccine trial), more sophisticated statistical analyses (such as multiple regression models) are often required to draw definitive conclusion about the magnitude of a programmatic effect.

But OR is not limited to quantitative measurements. Qualitative data collection is often required when one is assessing attitudes, beliefs and values, and when open-ended questions are used. Here again, however, this approach should use well developed interview techniques with computer-assisted tools to analyze open-ended data to assure consistency in interpreting the results.

All of this is to say that a comprehensive OR effort requires a multifaceted approach spanning the basic, clinical and applied sciences to take an intervention from the lab and

clinic to the field. Thus, for example, any project that is designed to make the ESP interventions and strategies more effective and efficient can be considered as operations research. This is fundamentally a multidisciplinary approach, requiring laboratory investigators and clinicians as well as investigators that are skilled in population-based research design, data collection and analysis using a variety of quantitative and qualitative techniques. OR, moreover, has an equally important role to play in improving health program management, and improving the effectiveness and efficiency of existing program strategies.

One final point - a key reason for an OR program to be located in an institutional setting where more basic investigations of the efficacy of proposed interventions can be investigated is that not infrequently requests may come for implementation studies of interventions where efficacy has not been established. A recent example relates to proposed investigations of the use of algorithmic treatment of STDs in Bangladesh. While this procedure has been recommended by the WHO, in fact its efficacy has not been established in critically controlled trials. Only an institution like ICDDR,B has the full range of capabilities for conducting the efficacy investigations that are the essential starting point before implementation investigations are initiated.

b. Some scientific and programmatic priorities

The review Team did not have the time to systematically review the current protocols of the ORP, nor assess all the possible OR priorities of the NIPHP and/or the MOHFW. We did get a broad picture of some of the programmatic questions of pressing need (including those mentioned in the TOR) where OR could contribute. The following list is only indicative of the kinds of questions that need to be addressed by operations research:

1. What are the constraints to continued fertility reduction in recent years? (e.g,. son preference, unintended pregnancies due to lack of access to contraception and/or contraceptive failure, etc.)
2. What alternative strategies may be effective in overcoming the low level of acceptance of sterilization? (e.g., provider incentives, quality improvements, client incentives, etc.)
3. What strategies can maximize the utilization and effectiveness of the expanding number of comprehensive obstetric care facilities being established in Bangladesh?
4. Can an effective technical intervention for the syndromic management of STDs be developed for Bangladesh? If so, how can it be introduced in a cost-effective manner in government/NGO programs?
5. How can an effective IMCI strategy be implemented in a cost-effective manner by government/NGO programs?
6. What strategies could assure local "ownership" and sustained operation of the newly established community clinics? Will cost-recovery and/or expanded services on a fee-for-service strategy work?

7. How can an MIS system be developed that routinely alerts thana health managers to problems in performance and/or quality of service delivery programs?
8. Can limited effective curative health services be "franchised" in the urban (and rural) areas? How can quality be controlled?
9. When new vaccines become available, which will be cost-effective for use in developing country settings, and which immunization strategies will be most appropriate?

Some of the questions above would require a quasi-experimental design testing of alternative strategies for effectiveness and costs to get the answer (e.g., Question 3), while others would require a management-improvement approach (e.g., Question 7). A brief discussion of these two approaches, using these questions as examples follows to highlight the range of studies required for operations research.

Improving the performance of comprehensive obstetric care facilities - A quasi-experimental design might test two alternative communication strategies to increase use of COC facilities in two groups of thanas where they are already operational. One strategy would involve the current use of pictoral cards given to pregnant women at the time of their first ante-natal care visit which alerts them to life threatening complications of pregnancy with instructions to report to the COC if these signs develop. An alternative strategy could be a mass communication effort using multiple media sources to alert everyone in the thana (men and women of all ages) to the danger signs of pregnancy and the actions to take. Coupled to this latter strategy would be a community (union) goal of zero maternal mortality, and every maternal death that occurred would be fully investigated to detect the cause(s), and alert the community to assure that there would be no recurrences if the death was preventable. The second strategy would no doubt be more costly that the first, but it might prove much more cost-effective.

Improving the utility of the MIS for monitoring and program action –The high proportion of infants receiving the first dose of vaccine in the EPI program is de facto close to being a universal birth registration system for all of Bangladesh. Although very early infant deaths are being missed (about 2-3% of births), still the fact remains that over 90% of births are being enumerated in most areas of Bangladesh by virtue of being immunized. This is high by any standard, and provides an unparalleled opportunity for every thana health officer to monitor not only levels and trends in the birth rate in his locality, but also many other indicators of quality of reproductive health care including the family planning program. Examples of questions that could be systematically asked to a sample of mothers bringing their child in for a first immunization include the following:

- How many brothers and sisters does this child have? – gives info on birth order, and therefore fertility level in the community.
- Was this birth intended/planned? – gives info on unintended pregnancies.
- If unplanned, was contraception used? If no, why not, if yes, what method? – gives info on unmet need, contraceptive practice and method failures.

- Is another child desired? – with family size given above, this gives info on family size desires.
- If another child not desired, any plan to use contraception? Why or why not? If yes, what method? Any interest in sterilization? – gives info on unmet need, and contraceptive preferences.
- Questions can also be asked about ante-natal, childbirth attendant, and newborn care, in order to monitor the coverage and quality of pregnancy care programs.

These questions and study designs given here are only illustrative of the range of issues that need to be addressed by OR. A full research agenda can only be developed by the research teams of the ICDDR,B, and this leads to the first recommendation relating to research project development.

c. A strategy for developing the OR work plan

USAID, the funding agency for the ORP requires an Annual Work Plan. The next work plan is due by the end of September, or shortly thereafter. In the past, this work plan was developed entirely by the OR project staff with essentially no input from other Centre investigators. In order to begin the transition to the new institutional framework for operations research, the Team strongly recommends as a first step that the Director of the Centre formally establish the cross-cutting research program areas that have been informally operating to date. (Areas mentioned during our discussions include: Infectious diseases/vaccines; Child health; Reproductive health; Nutrition; Population; Essential services package/health systems among others.) The investigators in each of the relevant program areas, under a group leader who may be in any Division of the Centre, should be given the charge of developing a broad research strategy for the program area with specific attention to developing a work plan that can be proposed for the OR component. Projects in the proposed work plan may be implemented by investigators in any Division of the Centre, depending upon their skills and the tasks required.

If the strategy for OR project development outlined above is implemented, it should go a long way toward strengthening communication and collaboration among investigators in the Centre. More importantly, this would be the first step towards getting investigators from all parts of the Centre to begin to take "ownership" of the restructuring process. Also, through this process, it will be made clear to all concerned that USAID funds allocated for OR activities can be used as required and appropriate anywhere in the Centre.

One important point that cannot be neglected in this process; it was made clear to our Team that the staff of the MOHFW value highly the OR capabilities of the Centre, and the Centre's responsiveness to their expressed OR needs from time to time. Thus, in developing the OR agenda, special attention needs to be given to maintaining liaison with the relevant authorities in the MOHFW to be sure that their needs are addressed. Also,

because the ORP in one of 7 partners in the NIPHP, and is supposed to be responsive to their needs as well, a mechanism for continued contact with these partners must be established.

Organizatonal and Structural Issues

a) Proposal for a Population and Health Systems Division

After reviewing various organizational options with senior staff of the ICDDR,B, we would suggest eliminating the Health and Population Extension Division (HPED) and creating a new Division named the POPULATION AND HEALTH SYSTEMS DIVISION (POPHSD). This new division would incorporate some elements of the HPED as well groups from other Divisions. An Organogram of the proposed POPHSD is attached to this Report.

The proposed POPHSD would have three specialized units:

1. Field Surveillance Team;
2. Survey/Rapid Assessment Team (for special GoB requests); and,
3. ESP/Primary Care Health Support Team.

The Field Surveillance and the Survey/Rapid Assessment Teams would be service units for the whole Centre in addition to doing their own research. (See discussion in section b) below.)

The ESP/Primary Health Care Team would continue to work towards increasing the availability, quality & use of health services with GOB implementation and would be supported by groups from the HPED organized as the:

Management Support Systems Team; and,
Sustainable Service Delivery Systems Team.

In terms of other units of the HPED, we would propose the following:

a) The Integrated Family Health Services Team can integrate into the existing Divisions or the new POPHSD depending on their special areas of interest. For example:

Nutrition & others	--	Clinical Sciences Division
Adolescent & Child Health	--	Public Health Sciences Division
Reproductive Health & FP	--	POPHSD

b) The Administrative Support and Dissemination group can be merged into the Centre's Finance/Administrative office.

This proposed new Division would be the primary home for a number of specialists in the Centre with particular interests in surveillance and survey research as well as health systems management. As shown on the attached Organogram, these would include Demographers, Statisticians, Primary Care Physicians, Economists, Managers and Communications specialists. In this context, this Division would likely be the "home"

for cross-cutting program areas as Health Systems, Reproductive Health/Family Planning, Population Studies and Health Economics.

b)Field surveillance and survey operations

Background

Special consideration has been given to the field surveillance operations of the ORP, since this represents a large investment of the project's resources. The surveillance activities of ORP include a sample of twenty-three and a half thousand households from eight surveillance sites, four of which have government intervention and four control areas without intervention. Each selected household is visited once every three months. The three pairs of rural intervention and control thana's are located in two districts. The urban intervention and control areas are in Dhaka. Each pair of sites has a field office; in addition there is also a district office in Chittagong city, overseeing the two field offices in Chittagong district. Around 170 staff members are employed directly in the field and in the field or district offices.

From our review of the OR protocols, is appears that most of the monitoring in the field could also be done by multiple-round surveys. The reason given for a surveillance system is that it would be less expensive in the long run - if sufficient rounds are undertaken.

Prospects

As the ORP will be more integrated with the other divisions of the Centre, it is imperative to look at the future possibilities of its surveillance system. The reasons for having different rural field sites were the different levels of CPR's between Khulna district (relatively high) and Chittagong district (low). However, this seems to have had no significant impact on the results of the interventions tested in the respective areas. In looking to the future, when the current USAID funding for the ORP ends, the Centre will lack the funds and the need to have so many surveillance sites beside the existing Matlab site.

Needs

In terms of surveillance sites, the Centre is engaged in a variety of field studies in urban and rural areas beyond those managed by the ORP. For example, there are urban studies going on in Mirpur and Mohammedpur and a rural study in Chakaria. All of these field investigations need to be reviewed to see which might need continuous population surveillance activities, and where surveillance might be dropped according to the scientific requirements of the respective investigations. We would note that one additional rural site, other than the Matlab site, might be justified as it will be useful to have a surveillance system in an area away from the main ICDDR,B intervention area. Abhoynagar in the Khulna district would be the best choice because of the long time frame, nineteen years, for which surveillance data are available. This makes this site very useful for longitudinal research.

Both for operations research projects as well as for research projects in the other divisions of the Centre, there will be a growing need for rapid surveys in the coming years.

Presently, both the ORP and the Centre regularly organise surveys on an ad hoc basis. Therefore, it will be useful to establish inside the ICDDR,B a field operations unit that has the means to react promptly on the need for rapid surveys. This unit should have the scientific and field staff as well as the technical equipment to fulfil the expected demand.

Proposal
The most efficient way to react to the changing surveillance needs of the ORP and the ICDDR,B will be to rationalize the needs for population surveillance systems in both the rural and urban areas according to the scientific requirements of the protocols. By having primary surveillance skills housed in one division which will provide a service function to others as we propose here, this should assure both that high quality field work is done, and that surveillance sites will be used efficiently by multiple projects with multiple funding sources once they are established.

In terms of survey research capacity, this will unquestionably grow in importance, not only for measuring the effects of projects implemented by the Centre, but also for measuring the effects of "natural experiments" that will be occurring. For example, there will always be the need for a rapid survey response capacity to deal with disease outbreaks or natural disasters. Just as important, surveys will be required to assess the impact of various government and NGO interventions from time to time. The Centre should move ahead in developing a strong unit with all of the statistical, epidemiological, social science and computing skills and available field staff necessary for developing, implementing and analysing small- and large-scale field surveys. Equally important, this group should be developing practical survey tools with handbooks and software that can be used by operational program managers (such as the cluster survey technique developed by MCH-FP Extension Project staff in 1997).

CA Management Issues

a) ICDDR,B – USAID Grant Management

The Team learned that the procedures and practices for managing the ORP grant by both parties in the past effectively resulted in the ORP becoming a relatively isolated and autonomous entity within the Centre. This came out of the fact that USAID apparently required that that the ORP, like other projects in the NIPHP, be managed and operated by a contingent of staff 100% supported by the grant with essentially no cost sharing across the institution. While it is not clear to the team how rigid this requirement was, in fact, the ORP operated essentially in isolation from the mainstream program of the ICDDR,B. This resulted in a lack of communication and collaboration across the Centre, which, not surprisingly, compromised the research performance of the ORP.

The Team is pleased to know from the TOR and discussions with USAID, that a separate operation is no longer desired. In fact, USAID now desires and encourages full engagement of the Centre in ORP, with cost sharing as required for the implementation of the projects. USAID fully shares the concerns of the Director of the Centre about the liabilities of having an entire unit of the Centre essentially wholly owned by a single

donor. The recommendations of the Team for restructuring the ORP are in line with this new policy.

The Team did observe that there is another CA policy and procedure that seems to be constraining the most effective development of the research agenda of the ORP. This is the requirement for submission of an Annual Work Plan that once a year details the projects to be undertaken and the proposed budget. Apparently this has proven to be inflexible during the course of the year, so that as the opportunity for new initiatives have arisen, (for example, by request from the MOHFW or the NIPHP partners as well as within the Centre) it proved to be impossible to accommodate these in a timely fashion if at all. The Team explicitly discussed this issue with USAID and proposed some sort of a mechanism with an overall Annual Work Plan which makes provision for the rolling submission of specific operations research grants for approval during the course of the year. We were encouraged that USAID recognized the problem and indicated that it could be resolved.

With reference to international training opportunities, participation in international meetings and international consultants, USAID has indicated that in the future these must be clearly related to the research programs of the ORP. This has not always been the case in the past. The Team concurs with this position.

The Team reviewed the issue of a Chief of Party, and does not have a specific recommendation but can suggest some guiding principles. From one perspective, having the Director of the Centre take that role on a part-time basis is logical, as the operations research program will now be a cross-cutting activity of the Centre, and because the Director's office is typically the first point of contact by the MOHFW requesting services from the ORP. In the Director's absence, and/or for day-to-day management, the responsibilities could be delegated to an appropriate senior staff member of the Centre. Alternatively, an existing senior staff member of the Centre, could be designated as Chief of Party. It should be recognized by whoever is selected that the primary role is to liaison with USAID, the MOHFW and NIPHP partners to facilitate the activities of the ORP in coordination and collaboration with these groups. The role of the Chief of Party is not to "own" or "direct" the ORP, since the ORP is owned by the Centre, and the research programs will be directed by members of the respective Program Areas.

b) General administrative issues

As an integral part of the ICDDR,B, the ORP should clearly follow all of the administrative policies and procedures of the Centre including personnel recruitment, advancement, retention and termination, and financial management. A limited look at this by the Team indicated that since ORP has operated as a relatively independent project, that this may not have always been the case. For example, there may have been overuse of the contractual services agreement (CSA) in recruiting new staff instead of going through normal recruitment procedures. Integration of the ORP administration into the central administration as recommended above can assure that all procedures are followed in the future.

Integrating ORP into the mainstream of ICDDR,B operations should improve morale of the staff for a variety of reasons. They can be assured of more objectivity in reviews for performance and possible advancement; they will receive the employee benefits of the Centre; they can compete for other positions in the Centre when the opportunity arises; they can share in opportunities for international training available to Centre staff under Centre policies and procedures; etc.

Concluding Comments

The Team wants to highlight the fact that the Government departments we contacted highly appreciate the work of the ORP. In their opinion, the ORP has helped them in designing both the rural and urban health care programs. They specifically mentioned earlier work on the feasibility of "one stop shopping" in satellite clinics, and the current work on the community centers and the integrated MIS among other activities. They value greatly the cooperation and advice that they have received from the ORP, and looked for assurance that this will be continued in the reorganized structure.

Terms of reference for the review team to advise the ICDDR,B on an appropriate revision of the Operations Research Project (ORP).

Members of the Team:

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Dr. Carel van Mels – demographer from ICDDR,B [vmels@icddrb.org]

Professor A K Azad Khan, Member, Board of Trustees, ICDDR,B

Mr. D. K. Nath, Additional Secretary, Ministry of Health and Family Welfare

Summary of TOR

By the end of the consultancy, the team will make recommendations to the Director, ICDDR,B (the Centre) regarding the key scientific and programmatic questions of importance for the ORP to be addressing, and

Will make recommendations for the most efficient structural mechanism within the Centre for answering these questions and for transferring these to the Ministry of Health and Family Welfare (MOHFW) and the Non-governmental organization partners (NGO's) for implementation and refinement.

Background

The Operations Research Project (ORP) is a large project funded by USAID as part of the National Integrated Population and Health Program (NIPHP) and carried out by the ICDDR,B. The goals of the project are primarily to address issues of national importance in Bangladesh to enhance efficiency, effectiveness and sustainability of health and family planning programs. When the project began around 20 years ago, it focused mainly on family planning programs, but more recently, it includes the range of activities that are described in the Essential Services Package (ESP).

The most recent cooperative agreement (CA) with USAID brings together a rural component and an urban component from the previous CA. Also, the previous CA included major involvement with Johns Hopkins University Department of International Health and the Population Council. These components are not included in the current CA.

The work of the ORP is being conducted in several sites in Bangladesh. Among the rural areas are ones that are considered "high performing" areas (Jessore) and "low performing" areas (near Chittagong). Additionally, an urban slum area of Dhaka is included. In the areas of ORP interventions, a demographic surveillance system is conducted in order to monitor the impact of the program. Copies of the 1999 demographic and program results are available for the consulting team.

Administratively, the ORP is located within the Health and Population Extension Division (HPED) and Professor Barkat-e-Khuda has (until July 1, 2000 when he was reassigned as Associate Director, Policy and Planning) been head of the Division and Chief of Party (CoP) for the project. Dr. David Sack, Director of the Centre has been acting as Division Head and CoP. Physically, most of the offices for ORP are located on the ICDDR,B campus, but in a separate building from most other Centre activities. Field offices are located close to the project sites. For several reasons including the physical separation of the ORP as well as administrative issues, the ORP activities have tended to be separate from the other divisions at the Centre. This has resulted in a perceived duplication of expertise between the ORP and the other divisions. However, the mandate of ORP was never to work as a service delivery organization, but to conduct operations research (OR) within government and NGO programs.

Formerly, the HPED included the ORP as well as the Environmental Health Program (EHP) and the Epidemic Control and Preparedness Program (ECPP). The EHP has been discontinued for now and the ECPP has been moved to another Division, so effectively, ORP is the only activity in the HPED.

The ORP has operated under a few guidelines that were intended to increase the relevance of the project to the NIPHP partners, but which may have also resulted in limiting the scope of the work. These included some of the following:

1. Each OR activity must have a client. If there was no perceived client, it could not be seen as important to the national program,

2. Each OR activity must be carried out through one of the partner's programs,

3. While theoretically possible to use a portion of ORP Scientists' time in other Centre activities, and similarly other scientists at the Centre for a portion of their time in ORP activities, in practice, it was difficult and rarely occurred.

4. The work for the ORP was outlined in the annual workplan and work that was not included in the work plan was difficult to implement. The outcomes of the projects are included in some specific IR's (intermediate results)

5. There was great effort to coordinate the program with other NIPHP partners, but coordination within the Centre's program was secondary.

The Chief of Party (Acting) understands that many of these issues may no longer apply. Instead the general guidelines for protocols within ORP are to develop programs that will answer questions that need to be answered in order to make the ESP program more efficient and effective. Co-ordination and integration of OR skills available at the ORP and relevant skills existing within other programs of the Centre are expected to result in better synergy. Scientists from other divisions will be

allowed to work in ORP protocols and similarly ORP scientists in protocols within other divisions of the Centre for a part of their time and allocate the appropriate level of effort (salary) to the related protocols.

Several documents will be made available to the consultants. These include:

1. The cooperative agreement and subsequent amendments,
2. Annual workplans from 1997-2000 and the responses of USAID on the workplans,
3. The review of the HPED carried out in 1998 and the Centre's response,
4. The Annual Reports of the Centre, 1999,
5. Annual and Semi-annual reports to USAID and the responses of USAID on the reports,
6. List of publications of ORP,
7. Any other documents from the ORP that the team would like to see.

Activities of the Team

The team will have meetings with project staff, Centre staff, USAID staff, the former CoP, heads of other NIPHP partners, and MOHFW officials as per the program enclosed. They will also visit the ORP sites in Abhoynagar and Mirsarai, one of the field areas near Chittagong. During the last two days of the consultancy, they will have a time for discussions within the group and prepare a report. However, Dr. Richardson may require two additional days and Dr. Mosley will continue until September 3, 2000 for finalizing the report.

Specific questions

In addition to the general evaluation of the project, the director requests the consultants to address some specific questions.

1. How best can the resources committed in the CA be used to improve the health and family planning services of Bangladesh?
2. Should other similar programs/projects be integrated within one OR program of the Centre and attract other donors for more OR studies?
3. Should the ORP remain as a separate unit as it is now or should it be integrated into the other divisions of the Centre?

4. If it is integrated, how will the surveillance and intervention infrastructure (field sites and support staff, and administrative support systems) of the current ORP best be maintained?

5. If it is integrated, how can the expertise of the ORP and the other divisions be merged?

6. How should the physical arrangement of the ORP be changed?

7. What are the "big questions" that should unify the mission of the ORP? E.g.

   a. how to lower fertility rate to replacement level by 2005 (the national goal),

   b. how to reduce maternal mortality ratio and child mortality rate to 3 and 55 per live births respectively (the national goal),

   c. how to make the community clinic plan work,

   d. how to determine when to incorporate new vaccines into the EPI,

   e. how to prevent the epidemic of HIV/AIDS,

   f. how to increase utilization of the new emergency obstetric services and ensure availability of the required resources for these services,

   g. how can the service delivery systems be made more efficient and effective in terms of delivering quality services and meeting customers needs,

   h. how can the service delivery systems be made more cost- effective and sustainable,

   i. what should be the balance of ORP activities among research, technical assistance, and policy advocacy?

8. How to best utilize consultants to support activities of ORP

9. How best to coordinate the work or the ORP with that of the Centre as well as the partners?

10. What should be the ORP research plan for the end of current contract and what are the priority areas for the next phase?

11. How can the Centre improve the incentives and environment to retain OR staff?

Annexure

Program of the Review Team (Updated on 23/8/2000)

Day and date	Time	Event
Wednesday August 23, 2000	1600 hrs.	Meeting with the Director, ICDDR,B
Thursday August 24, 2000	0900 hrs.	Meeting with the ORP teams.
	1100 hrs.	Meeting with the representatives of PHN Team of USAID at USAID, Dhaka
	1330 hrs.	Lunch
	1430 hrs.	Meeting with the Chief of Party, Rural Service Delivery Partnership (Dr. M. Alauddin)
	1630 hrs.	Meeting with the Chief of Party, Social Marketing Company (Mr. Waliur Rahman)
Friday August 25, 2000	1500 hrs.	Field visit. Team A leaves for Abhoynagar, Jessore.
Saturday August 26, 2000	0930 hrs.	Briefing at ORP Conference Room for Team B on ESP Model Clinic, Sher-e-Bangla Nagar. Team B would visit the clinic, slum areas and Dhaka Field Office
	1000 hrs.	Team B leaves for GOD, Sher-e-Bangla Nagar and Dhaka Field Office
	1330 hrs.	Lunch of Team B at ORP Conference Room
	1800 hrs.	Team A returns from Abhoynagar
Sunday August 27, 2000	1000 hrs.	Meeting with the Joint Chief, MOHFW and Chairperson, NIPHP OR Working Group (Mr.M.A. Muktadir Mozumder)
	1130 hrs.	Meeting with the Chief Health Officer, Dhaka City Corporation and the Project Director, Urban Primary Health Care Project (Dr. Md. Ashraf Uddin & Dr. Md. Nurul Islam)
	1300 hrs.	Lunch
	1300 hrs.	Meeting with the Line Director, ESP, Health Services (Dr. A.M. Zakir Hussain)
	1430 hrs.	Meeting with the Line Director, ESP-RH, Family Planning (Dr. Jahir Uddin Ahmed)
	1600 hrs.	Meeting with the Head/representatives of Management Change Unit and Project Coordination Cell, MOHFW (Mr. Muhammed Ali & others)
	1830 hrs.	Reception at the ICDDR, B Guest House

Monday August 28, 2000	0900 hrs.	Meeting with the Associate Director, Laboratory Sciences Division, ICDDR,B (Prof. V. I. Mathan)
	0945 hrs.	Meeting with the Associate Director, Clinical Sciences Division, ICDDR,B (Dr. George Fuchs)
	1030 hrs.	Meeting with the Associate Director, Public Health Sciences Division, ICDDR,B (Prof. Lars Ake Persson)
	1115 hrs.	Meeting with Drs. M.A. Quaiyum, Quamrun Nahar, Shams El Arifeen, Tahmeed Ahmed and Md. Yonus on Child Health and Reproductive Health Programs, ICDDR,B
	1200 hrs.	Meeting with the Program Head, Infectious Diseases and Vaccine Science Program, ICDDR,B (Dr. Robert Breiman)
	1330 hrs.	Lunch with PHSD Programme Heads at PHSD Conference Room
	1430 hrs.	Meeting with Dr. Peter Kim Streatfield and Mr. ABM Khorshed Alam Mozumder on Population Sciences Program, ICDDR,B
	1515 hrs.	Meeting with the Head, Training and Education Department, ICDDR,B (Dr. A.N. Alam)
	1600 hrs.	Meeting with the Head, Human Resources, ICDDR,B (Ms. Diann Hill)
	1645 hrs.	Meeting with the Chief Finance Officer, ICDDR,B (Mr. John F. Winkelmann)
	1730 hrs.	Meeting with the Director, ICDDR,B and Chief of Party (A), ORP
Tuesday August 29, 2000	0900 hrs.	Meeting of the Review Team
Wednesday August 30, 2000	0900 hrs.	De-briefing meeting at AC at ICDDR,B Guest House
	1030 hrs.	De-briefing meeting with the representatives of PHN Team of USAID at USAID
Thursday August 31, 2000	0930 hrs.	Meeting with the ORP staff (GS V and above) at the ORP Conference Room

ICDDR,B: Centre for Health and Population Research

STRATEGIC PLAN: 2001-2005

CENTRE STRATEGIC PLAN: 2001-2005

The ICDDR,B current strategic plan runs through the end of 2000. Accordingly, the Centre has initiated the process of developing its next strategic plan. A Strategic Planning Core Group (SPCG) has been formed with the Associate Director, Policy and Planning, as its head, and comprising two representatives from each of the four scientific divisions and four representatives from the Director's Division. The SPCG is working under the overall guidance of the Centre Director.

The basic approach of developing the Centre's strategic plan includes three key activities: (a) situation analysis, (b) formulation of vision statement and future priorities, and (c) formulation of strategic plan/proposed actions. Major activities for each of the above activities have been identified (Attachment A).

Two sets of questionnaires have been developed to generate the relevant information from within the Centre. The first set of questionnaire was sent out to all Principal Investigators (PIs) (Attachment B), and the second set to the Associate Directors and Programme Heads (Attachment C).

Coding of the filled-out questionnaires from the PIs has been partly completed. Based on their responses, a preliminary assessment of the situation analysis has been carried out (see Attachment D). We are awaiting responses from the Associate Directors and Programme Heads; however, in the meantime, a joint meeting of the SPCG and the Associate Directors and Programme Heads was held on October 4, with the Centre Director in the chair. The purpose of the October 4 meeting was to revisit the Centre's mission statement; review the current research priorities, gaps in existing research, and problems/difficulties faced in implementing research and suggestions for overcoming such difficulties; organizational structure; and staffing (Attachment E). The meeting generated useful discussion (Attachment F gives the minutes of the meeting); however, the meeting could not address all the points for which it was convened because of time constraint. The process will be continued after the November BoT meeting.

It is expected that a draft strategic plan will be ready by March 2001, and presented to the June 2001 BoT for its review and approval. An important point to note is that the whole process of developing the strategic plan will involve the participation of all stakeholders concerned in all the three key activities outlined in para 2 (the Centre staff, BoT, Government of Bangladesh and the donors), as is evident from Attachment A, pp3-6.

ATTACHMENT A

CENTRE STRATEGIC PLAN: 2001-2005

The Basic Approach

- The strategic planning exercise should address the following key aspects:

SITUATION ANALYSIS

(Where are we today? What are we doing now? What are our strengths, weaknesses, and how do we perceive the opportunities and threats?)

FORMULATION OF VISION STATEMENT AND FUTURE PRIORITIES

(Where do we want to be? What would be our major research focus over the next 5/10 years? Which major research questions should we be addressing?)

FORMULATION OF STRAGEGIC PLAN/PROPOSED ACTIONS

(What should be the outline of a realistic strategic plan, considering the strengths/weaknesses and opportunities/threats of the Centre? How do we conceptualize to get there? What changes in the current systems are critical to materialize the strategic plan activities?)

- Having the strategic plan finalized and approved by BoT, the process for developing a mechanism to assess the performance of the strategic plan (say, on an annual basis) should be initiated:
  - ⇨ To examine whether we are on the right track
  - ⇨ To be responsive to major change(s) that could not be foreseen while preparing the initial strategic plan

- ⇨ To analyze how implementation of the strategic plan is affecting institutional and financial sustainability of the Centre

- ❑ The strategic plan development process should comprise:
  - ⇨ Major activities/sub-activities to address key issues in each of the above three key aspects
  - ⇨ Methods and processes for accomplishment of the proposed activities
  - ⇨ Timelines and responsibilities for the proposed activities
  - ⇨ Expected outcome of the proposed activities

- ❑ The basic approach and process of developing the strategic plan along with the current status of activities accomplished will be presented at the November 2000 BoT meeting.

- ❑ The draft final strategic plan will be presented at the June 2001 BoT meeting for review, finalization and approval.

SITUATION ANALYSIS

Major Activities	Methods/Processes	Person(s) Responsible and Timeline
1. Analysis of background of the Centre; existing mission, vision and goal statements; current research focus; and collaborative mechanisms	• Group discussions with Centre Director; Associate Directors; Programme Heads; Head, HRD; CFO; ERID; DISC; Training	SPCG and Associate Director (P&P); end-September, 2000
2. Analysis of current organizational structure (e.g., divisions/programmes/working groups), infrastructure (e.g., hospital, lab, field sites, surveillance systems), skills, capital equipment and other major resources (e.g., computers, vehicles, VSAT,GIS, audio-visual equipment)		
3. Assessment of the outcomes effected by current research	• Analysis of questionnaires filled out by the PIs	SPCG; October 15, 2000
4. Identification of further information needs and methods for information collection	• Brainstorming sessions by SPCG, Associate Director (P&P) with Centre Director	SPCG and Associate Director (P&P); October 18, 2000
5. Collection and analysis of additional information	• TBD by SPCG	SPCG and Associate Director (P&P); October 24, 2000
6. Analysis of funding situation (restricted, unrestricted, awards, grants) by areas of research and donors	• Meeting with CFO, ERID and Centre Director	SPCG and Associate Director (P&P); October 18, 2000
7. Assess perspectives of stakeholders	• Meetings with GoB, Donors (DSG) and NGOs • Electronic mail to BoT	SPCG, Associate Director (P&P) and Centre Director; November 20-23, 2000

SITUATION ANALYSIS

Major Activities	Methods/Processes	Person(s) Responsible and Timeline
8. Review and sharing of the findings (of items 1-6) 9. Critical review of the implementation status of ongoing strategic plan (including planning process of ORP, DFID and other umbrella/big projects)	• Review Meeting with Centre Director; Associate Directors; Programme Heads; Head, HRD; CFO; ERID; DISC; Training; and other relevant staff	SPCG and Associate Director (P&P); November 27, 2000
10. SWOT analysis		

FORMULATION OF VISION STATEMENT AND FUTURE PRIORITIES

Major Activities	Methods/Processes	Person(s) Responsible and Timelines
1. Formulation/modification of mission, vision and goal statements	• Retreat/workshop with Centre Director; Associate Directors; Programme Heads; Head, HRD; CFO; ERID; DISC; Training; and other relevant staff	SPCG and Associate Director (P&P); December 11-12, 2000
2. Identification of major research areas for the future		
3. Formulation of the key research questions for each of the major areas identified		
4. Review of the above with stakeholders	• Meetings with GoB, Donors (DSG) and NGOs • Sharing with BoT by electronic mail	SPCG, Associate Director (P&P) and Centre Director; December 17-20, 2000
5. Finalization of the above	• Meeting with the SPCG and Centre Director	Associate Director (P&P); January 15, 2001

FORMULATION OF STRATEGIC PLAN/PROPOSED ACTIONS

Major Activities	Methods/Processes	Person(s) Responsible and Timelines
1. Develop draft of the strategic plan (key research areas and major activities)	• SPCG members draft the write-up for review	SPCG and Associate Director (P&P); January 31, 2001
2. Review of the draft strategic plan	• Workshop with Centre Director; Associate Directors; Programme Heads; Head, HRD; CFO; ERID; DISC; Training; and other relevant staff	SPCG and Associate Director (P&P); February 15, 2001
3. Identification of necessary human, physical and financial support for effective implementation of the strategic plan (assessing feasibility of implementing the strategic plan)		
4. Review of the draft strategic plan with stakeholders	• Meetings with GoB, Donor (DSG) and NGOs • Electronic mail to BoT	SPCG, Associate Director (P&P); and Centre Director; February 25-28, 2001
5. Finalization of draft strategic plan	• Discussion with SPCG and Centre Director	SPCG, Associate Director (P&P), March 22, 2001
6. Sharing of the draft final strategic plan with BoT	• Electronic mail	Centre Director; March 27, 2001
7. Review, finalization and approval of the Centre's strategic plan at the June BoT Meeting	• Retreat with BoT members	SPCG, Associate Director and Centre Director, June 2001

ATTACHMENT B

Inventory on existing programmes and suggestions on future research priorities: (information to be provided from Principal Investigators)

1. Project Title:

2. Theme: *(Check all that apply)*
   - ❑ Nutrition
   - ❑ Emerging and Re-emerging Infectious Diseases
   - ❑ Population Dynamics
   - ❑ Reproductive Health
   - ❑ Vaccine Evaluation
   - ❑ Health Systems Research
   - ❑ Environmental Health
   - ❑ Child Health
   - ❑ Clinical Case Management
   - ❑ Social and Behavioural Sciences

3. Key words:

4. Principal Investigator:

5. Division: Phone: Email:

6. Co-Principal Investigator(s):

7. Co-Investigator(s):

8. Project/study Site *(Check all the apply)*:
   - ❑ Dhaka Hospital
   - ❑ Matlab Hospital
   - ❑ Matlab DSS area
   - ❑ Matlab non-DSS area
   - ❑ Mirzapur
   - ❑ Dhaka Community
   - ❑ Chakaria
   - ❑ Abhoynagar
   - ❑ Mirsarai
   - ❑ Patiya
   - ❑ Sher-e-bangla Nagar
   - ❑ Other areas in Bangladesh ______________
   - ❑ Outside Bangladesh
     name of country ________________
   - ❑ Multi centre trial
     (Name other countries involved)
     ____

9. Type of Study *(Check all the apply)*:
   - ❑ Case control study
   - ❑ Community-based trial/intervention
   - ❑ Program project (Umbrella)
   - ❑ Secondary data analysis
   - ❑ Clinical trial (Hospital/Clinic)
   - ❑ Family follow-up study
   - ❑ Cross-sectional survey
   - ❑ Longitudinal study (cohort or follow-up)
   - ❑ Record review
   - ❑ Prophylactic trial
   - ❑ Surveillance/monitoring
   - ❑ Others

10. Funding

    (a) Amount: US$

(b) Agency (ies):

11. Please provide the following information on each of your ongoing interventions/studies/activities.

 11.1 Objective (s)

 Primary:

 Secondary:

 11.2 What are the major research questions?

 11.3 Time - Start date End date

 11.4 Impact:

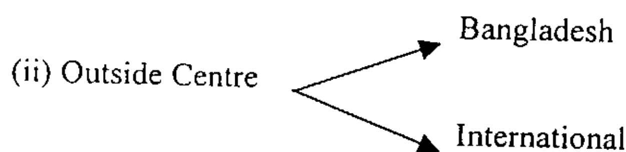
 a) What are the expected outcomes of the research/study/intervention?

b) What have been/are the expected policy/programmatic impacts of the research/study/intervention?

11.5 What are the specific activities planned for effective dissemination of the research/study/intervention findings?

11.6 If your intervention/study is nearing completion, how could the results of the research/study/intervention(s) be quickly translated into action? What is needed in this regard from our end?

12. Collaborations (i) Within Centre



Questions (a) thru (f)apply for both (i) and (ii):

	Within Centre	Bangladesh	International
a) For how long has this collaboration been continuing? ___ years			
b) Is the collaboration formal or informal?			
c) What has been/is the nature of the collaboration?			

	Within Centre	Bangladesh	International
d) What are the strengths of the collaborating institution(s)?			
e) What has the Centre gained from this collaboration and/or expect to gain from this collaboration?			
f) How can the existing collaboration be further strengthened?			

13. What difficulties/problems have been faced in implementing the research/study/intervention(s) and what do you see as possible solution(s)?

	Problem(s)	Solution(s)
a) Within the Centre		
b) From the Government		
c) From Donor		
d) From Collaborating Institution(s)		

ATTACHMENT C

Inventory on existing programmes and suggestions on future research priorities: (information to be provided from Associate Directors and Theme Leaders)

1. Please give the Division/Theme Mission Statement or Mandate, if available.

2. What are the current priority areas of research?

3. Please give a list of programmes/projects in your division, indicating current themes (primary and secondary) to which these are related (for Themes, list all projects that you feel relate to your Theme—primary and secondary.)

4. What difficulties/problems have been faced in implementing the research/study/intervention(s) and what do you see as possible solution(s)?

	Problem(s)	Solution(s)
a) Within the Centre		
b) From the Government		
c) From Donor		
d) From Collaborating Institution(s)		

5. What are the gaps in existing research/activities?

6. How can those gaps be addressed?

7. Is there a need for a change in the Centre's mission and focus? If yes, indicate the proposed change in mission and focus.

8. Should the Centre operate differently from how it is operating now? For example, should the Centre start operating at least for some of its activities as a fee-for-profit organization. If so, indicate how the Centre can start operating differently.

9. What are the major research questions the Centre should address in the next five and ten years?

   a) Five Years:

   b) Ten Years:

10. Do you think that the Centre can embark on new activities such as BCC, expanded role in training (including distance learning), etc.? If so, please identify new activities that the Centre can embark on with existing resources and those with additional resources?

    a) With existing resources:

    b) With additional resources:

11. Do you think the Centre should extend its activities beyond Bangladesh? If so, in which activities and in which countries?

    a) Activities:

    b) Countries:

12. What are the comparative advantages of the Centre in extending to other countries?

13. How should such extension take place – directly or through some regional bodies like Partners in Population and Development (PPD)? Specify the institution(s) you consider relevant in this regard.

14. What are your suggestions regarding translation of research findings into policy and action?

15. What measures should the Centre undertake to create greater awareness about the importance of research among policy-makers, programme managers and donors?

16. For Associate Directors: Do you have all the capital equipment to carry out the activities of your division?

17. Personnel

Skills	Levels	Number	Adequate/surplus /deficit	Location
Public health professionals				
Epidemiologist				
Microbiologist				
Nutritionist				
Economists				
Demographers				
Statisticians				
Anthropologists				
Sociologists				
Management Scientists				
Clinicians				
Biochemists				

ATTACHMENT D

SITUATION ANALYSIS: SOME PRELIMINARY ASSESSMENT

Research Programmes: The Centre has a total of 85 ongoing projects in its four scientific divisions. Research is carried out under nine themes. These include: nutrition, child health, health systems, emerging and reemerging infectious diseases, clinical case management, reproductive health, social and behavioral sciences, vaccines, and population dynamics. The 85 ongoing projects are divided into 12 major types of studies, with community-based trial/interventions being the most important type, followed by clinical trial, cohort or follow-up study, surveillance/monitoring, and cross-sectional/descriptive. The ongoing research projects fall under various research topics. These include, for example, prevention, pathogenesis and risk factors, treatment and management, molecular epidemiology, diagnostics, immune response, effectiveness and impact; and strengthening of knowledge, service delivery, support systems, and financial sustainability.

Study Sites: The Centre has several field sites, where its scientists conduct the different studies. They are spread in different parts of the country in both rural and urban areas. Majority of the ongoing studies are carried out in the Dhaka Hospital, followed by Matlab, rural ORP sites (Mirsarai, Patiya, and Abhoynagar), selected urban sites, and a few in other specific areas.

Dissemination of Research Findings: The scientists of the Centre disseminate the results of their research in various forms. These include peer-reviewed journal articles; working papers and other special publications; various scientific conferences, both at home and abroad, including the Centre's weekly Inter-divisional Scientific Forum (IDSF), Centre's Annual Scientific Conference (ASCON); periodic updates with the Government of Bangladesh and other stakeholders; and joint field trips with concerned program managers and policy makers.

Research Collaboration: The Centre has a wide-ranging collaboration with universities and research institutions, both in Bangladesh and outside. Collaboration within Bangladesh is largely with the concerned government agencies and NGOs, an to some extent with universities and research institutions. Collaboration in the region is, by and large, non-existent, excepting some collaborative work in Nepal and India. The nature of collaboration include material support, scientific and technical assistance, expert advice and exchange of ideas, technology transfer, and financial support.

Research Constraints and Prospects: The scientists have identified a number of problems/difficulties they face in implementing their research. Also, they have identified possible solutions to those problems. The major problems identified are lack of knowledge of the Centre's strategic plan, inadequate understanding about operations research and health systems research, difficulties in obtaining drugs and equipment, bureaucracy within the Centre slowing various processes, difficulties in obtaining ERC approval, inadequate laboratory space, use of most funds by senior scientists, excessive interference from donor, and lack of appropriate performance assessment. The major possible solutions to the problems are the need to make thematic working groups more effective, improved managerial efficiency, clear definition of operations research and health systems research activities, setting up more appropriate performance assessment system, and educating donors on research process as well as on the need for flexibility in implementing research.

1) Number of Projects: CSD - 31
HPED - 9
LSD - 24
PHSD - 21

2) Themes:

Nutrition (CSD, HPED, LSD, PHSD)
Child Health (CSD, LSD, PHSD)
Health Systems (CSD, HPED, PHSD)
Emerging & Reemerging Infectious Diseases (CSD, LSD, PHSD)
Clinical Case Management (CSD, HPED, LSD, PHSD)
Reproductive Health (HPED, LSD, PHSD)
Social and Behavioral Sciences (HPED, PHSD)
Vaccines (LSD, PHSD)
Population Dynamics (PHSD)

3) Distribution of Ongoing Studies by Type of Study (multiple responses per study)

Study Type	*CSD*	*HPED*	*LSD*	*PHSD*
Cross-sectional Survey/Descriptive	1	4	2	5
Community-based Trial/Intervention	6	6	4	9
Cohort or Follow-up Study	1	1	4	9
Case Control Study	3		4	4
Prevention Trial	1			
Clinical Trial (Hospital/Clinic) - Randomized	17		3	1
Surveillance/Monitoring	2	2	5	6
Others/Quasi-experiment/Time Series		3	8	
Umbrella Project Proposal		3	1	1
Secondary Data Analysis		1		2
Record Review		2		3
Qualitative Methods				1

4) Distribution of Ongoing Studies by Research Topics and Division (multiple responses per study)

CSD	*Preven-tion**	*Pathogenesis, Risk Factors*	*Treatment, Management*	*Descriptive*	*AMR*	*Bioavailability*
Diarrhoea/Dysentery	2	5	6	2		2
ARI			3			
Micronutrient Deficiency**		2	4			
Severe Malnutrition			3			
Child Development		2	1			

** Zn, Vit A, Stimulation; **e.g., anaemia*

HPED*	*Strengthening of knowledge, services and quality*	*Strengthening of service delivery and performance*	*Development/ strengthening of support systems*	*Strengthening of financial sustainability*
Operationalization of cost-effective tiered delivery of Essential Services Package (ESP)	1		1	1
Referral and linkage mechanisms for EOC	1	1	1	
Adolescent reproductive health services	1	1	1	
Prevention and management of RTI/STDs	1	1	1	
Clinical contraception	1	1	1	
Nutrition	1	1	1	
Unified Management Information System (UMIS)	1	1	1	
Cost recovery of ESP delivery	1			1

* Apart from the RRC/ERC approved projects reported here, HPED has a number of other operations research activities addressing various aspects of health systems.

LSD	*Prevention*	*Risk Factors*	*Treatment, Management*	*Descriptive & Molecular Epidemiology*	*Diagnostics*	*Immune Response*	*Micronutrients and Immune Response*
Diarrhoea/Dysentery	1	1		8		6	
ARI						1	
STI/RTI/HIV			1	3	1		
Vaccine							1
Micronutrients							1
Helicobactor Pylori				1			

PHSD	*Descriptions, Risk Factors, Surveillance*	*AMR*	*Prevention*	*Treatment, Management*	*Vaccination*	*Effectiveness, Impact*	*Cost-effectiveness*
Diarrhoea/Dysentery			2	1			
ARI	1	1	2	1	2	1	
TB	1	1				1	

PHSD	Descriptions, Risk Factors, Surveillance	AMR	Preven-tion	Treatment, Manage-ment	Vaccina-tion	Effective-ness, Impact	Cost-effective ness
Micronutrient def.			1				
Child health & nutrition	1		4	2		1	2
Maternal morbidity & mortality			2				
STI/RTI/HIV	2						
FP/reproductive health services	1					1	
Violence against women	1						
Health & population interventions	1					1	

5) Distribution of Ongoing Studies by Field Sites (multiple responses per study)

Study Sites	*CSD*	*HPED*	*LSD*	*PHSD*
Dhaka Hospital	21		12	
Dhaka Urban Community	10	4	3	4
Matlab Hospital	3			3
Matlab Community			5	12
Medical Colleges	1		2	1
Mirsarai		6		
Patiya		5		
Abhoynagar		7		
Other Rural*	2	5		3
Other Urban		1	1	2
Other Non-specific Areas of Bangladesh			3	
Outside Bangladesh			2	

* Additionally, the HPED operations research on MIs being piloted in all the sub-districts (upazilas) of Jessore and Chittagong districts.

6) Dissemination Strategies

- Journal articles
- Working papers and other special publications (e.g., manuals, guidelines, etc.)
- Scientific conference, incountry and outside
- Sharing findings with GoB and other stakeholders
- IDSF
- Periodic briefing/update to concerned program managers, policy makers and donors
- Joint field trips with concerned program managers, policymakers and donors
- ASCON
- National media

7) Collaboration

	Within Centre	*Bangladesh*	*International*
CSD	- Two with LSD	- One with INFS/DU - One with DMC	- One with JHU, USAID, SDC - One with Institute of Child Health, UCL - One with University of California, Davis
HPED	- One with CSD - One with LSD	- MOHFW, DGHS, DFP, DCC - NIPHP Partners - IHE/DU	- PPD
LSD	- 13 with CSD - 7 with PHSD - 1 with HPED	- Three with Dhaka Medical College (DMC) - One with Salimullah Medical College - One with Shishu Hospital - Three with NGOs, (BWHC, Concern) - One with GoB and NGOs	- Two with University of Leuven, Belgium - Seven with Karolinska Institute, Sweden - Two with National Institute of Child Health and Human Development, Maryland, and JHU - One with SMI, Stockholm, Sweden - One with National Institute of Cholera and Enteric Diseases, Calcutta, India and National Institute of Infectious Diseases, Tokyo, Japan - Two with CDC, Atlanta, and Emory University, USA - One with University of Edinburgh, UK
PHSD	- 8 with LSD - 3 with CSD	- MOHFW, DGHS, DFP, DHC, Universities, BIDS, Bangabandhu Medical Unviersity, Holy Family Red Crescent Hospital, NGOs	- Six with JHU, USA - One with PRISMA, Peru - One with University of Maryland - One with WHO - Three with LSHTM - One with INDEPTH - One with NIDI

- Duration of Collaboration
  - CSD – 1- 10 years
  - HPED – 1-18 years
  - LSD – 1-11 years
  - PHSD – 1-2+years (one project over 20 years)
- Nature of collaboration
  - Material Support
  - Scientific
  - Technical Assistance
  - Expert advice
  - Exchange of ideas
  - Financial support
  - Technology transfer to the Centre

8) Existing Problems and Proposed Solutions

Division	*Problems*	*Proposed Solutions*
CSD	• Lack of knowledge of Centre's strategic plan, opposition to ALRI research. • Difficulty in obtaining study drugs and placebo • Difficult approvals from ERC	• Themes (working groups) • International linkage • Investigator to be allowed the option of defending the protocol
HPED	• Limited understanding about operations research (OR) and health systems research (HSR) • Lengthy procurement and recruitment process • Lack of appropriate performance assessment and incentive scheme for OR scientists/researchers in the Centre • Adhocism; Frequent changes in leadership/priorities of collaborating partners • Lack of appropriate vision/policy and support for research needs among the partners • Excessive interference from the donor	• Clear-cut definition of OR and HSR activities • Necessary relaxation to timely respond to procurement/recruitment needs • Appropriate performance assessment and incentive schemes conducive to retain/attract OR skills • Regular interactions with the collaborating agencies to sensitize policy-makers on importance of research • Advocacy for ensuring necessary conditions and resources conducive to research • Educate donor on research process and on the necessity for flexibility in implementing research

Division	*Problems*	*Proposed Solutions*
LSD	• Interdepartmental costs are very high • Initial teething problems in setting up the laboratory. • Delay in procuring materials • Within the Center the bureaucracy slows processes and often has to be followed-up which requires a lot of time • Most funds used by senior scientists • Laboratory space is not adequate. not enough beds in the Study Ward	• Cost of routine tests for study purpose should be less than the general purpose • Solution seems to be difficult but attempts to reduce bureaucracy is recommended. • A solution is difficult. The processes should be more practical, rapid and less bureaucratic. • Junior scientists Centre should have some reserved funds
PHSD	• Incorrect interpretation of some budgetary allocations and lengthy process in approving of the purchase. • Qualitative research methods inadequately used	• PI should be consulted and necessary actions should be taken quickly • We need to conduct more qualitative research and to prove its importance in designing intervention programmes

ATTACHMENT E

CENTRE STRATEGIC PLAN: 2001-2005

1. MISSION STATEMENT

"The fundamental mission of the Centre is to develop and disseminate solutions to major health and population problems facing the world, with emphasis on simple and cost-effective methods of prevention and management."

Issues:

(1) Is the focus of the Centre's research on the problems/diseases of the entire world or of major health problems of the developing world?

(2) The mission statement does not adequately address the applicational aspects of the research outcomes of the Centre

(3) Therefore, is there a need to reformulate/modify the existing mission statement?

Proposed mission statement: "The fundamental mission of the Centre is to develop and disseminate simple and cost-effective solutions to major health and population problems facing the developing world, with emphasis on applicational aspects of the research outcomes."

(4) Is there a need to develop specific mission statements for each specific program?

2. CURRENT RESEARCH PRIORITIES

- List of existing research priorities

  1. **Child Survival**
     - A. Diarrhoeal Diseases
     - B. ARI
     - C. EPI Preventable Diseases
     - D. Nutrition

  2. **Population and Reproductive Health**
     - A. Family Planning
     - B. Maternal Mortality
     - C. RTI/STD/HIV
     - D. Population Studies

  3. **Application and Policy**
     - A. Health Services and Policy Research
     - B. Extension and Dissemination
     - C. Training

- Rationale behind setting research priorities

- Process of setting research priorities

- Comparative advantages (existing strengths and potential opportunities) in determining the research priorities

- Status of implementation of existing research priorities:
  - ⇨ What has been fully implemented so far?
  - ⇨ What remains to be implemented?

- Existing collaboration
  - ⇨ How it is determined
  - ⇨ Areas of collaboration
  - ⇨ Strengths of collaborating institutions
  - ⇨ Benefits to the Centre of such collaboration

- Translation of research findings
  - ⇨ Mechanisms
  - ⇨ Programmatic and policy impacts

3. GAPS IN EXISTING RESEARCH/ACTIVITIES

4. DIFFICULTIES/PROBLEMS FACED IN IMPLEMENTING RESEARCH AND SUGGESTIONS FOR OVERCOMING SUCH DIFFICULTIES/PROBLEMS

(a) Within the Centre
- ⇨ Problems
- ⇨ Proposed Solutions

(b) From the Government
- ⇨ Problems
- ⇨ Proposed Solutions

(c) From Donor
- ⇨ Problems
- ⇨ Proposed Solutions

(d) From Collaborating Institution(s)
- ⇨ Problems
- ⇨ Proposed Solutions

5. ORGANIZATIONAL STRUCTURE

Currently, the Centre has four scientific divisions and six programs.

- ⇨ Advantages of having both the structures
- ⇨ Disadvantages of having both the structures

6. STAFFING

- ⇨ Staff by skills by Level (GS, NO, P....)
- ⇨ Staff by skills by Level by Divisions
- ⇨ Staff by skills by Level by Programs
- ⇨ Staff by years of experience
- ⇨ Staff by years in their present job
- ⇨ Staff by training by types

ATTACHMENT F

Minutes of meeting of the Strategic Plan Core Group (SPCG) with Associate Directors, CFO, and Programme Heads: 4 October 2000

To: All participants

From: G H Rabbani, Minute Secretary

A meeting was held between the SPCG members and the Associate Directors, CFO, and Programme Heads on 4 October at 10 A.M. at the Director's Conference Room.

Members present: 1) All SPCG members
2) Associate Directors, CFO, and Programme Heads

Professor David A Sack, Director of the Centre, presided over the meeting.

The purpose of this meeting was to bring the Associate Directors, CFO and the Programe Heads up-to-date with the progress of SPCG activity in developing a strategic plan for the Centre and also to incorporate their views and suggestion in the planning process. In a broader perspective, a number of relevant agenda items were discussed, including such topics as mission statement, the planning process, organization structure (programme and division), workforce allocation, line and staff authority, principles of fund allocation, control and budget.

Mission statement: At the outset, Prof. Barkat E Khuda explained the importance of defining the mission statement in developing the strategic plan of the Centre. The previous mission statement of providing solutions to health and population problems was reviewed and discussed. Further discussion will be necessary in this regard.

The planning process: In replying to a question about the scope and appropriateness of the planning process, Prof. Khuda explained with illustrations that the process involves three stages of development, including i) a situation analysis, ii) formulation of vision statement, and iii) formulation of the strategic plan. He further explained that the process will be more participatory than before and will involve at different stages, Centre's relevant staff as well as donors, NGOs, GOB, and other stakeholders.

Research priorities: It has been pointed out that the process should be more focussed on specific issues such as infant mortality, reproductive health, malnutrition, etc. More emphasis needs to be given to special issues like arsenic problem and other environmental issues. The strategic plan should also have a good monitoring system so that it can lead to a productive conclusion at the end.

Role of the programmes in the planning process: top-down or bottom-up: Questions were raised as to the relative roles of the programme versus division in the planning

process. It was pointed out that since the programmes are going to be the key promoters of scientific development of the Centre, the strategic plan could be best developed at the programme level, which, then, could be reviewed and improved at other levels. A theme-based programme also has the ability for setting research priorities and judicious allocation of funds, assignment of staff to task, and the development of an integrated MIS.

It was also pointed out that the Centre is currently operating on an organizational structure with four divisions with a clearly defined mission statement. The core group that has been formed should be able to generate a basic strategic plan by taking contributions from different sources and developing into a plan of its own; this could be further discussed and developed into the final strategic plan.

Programme versus division - how to deal with the overlap:
It was pointed out that there is substantial overlap of activities among the different programmes that are currently being developed, for example, the overlap between child health and infectious disease programmes. While some overlap is practically difficult to prevent, too much overlap would be undesirable, and the focus and direction of the programme activities must be maintained.

It was remarked that the Centre should develop a system in which confusion (often conflict !) between line and staff, and dual subordination should be avoided.

It was also pointed out that at the division level, there could be organized meetings to discuss how best the division could contribute their ideas in the formulation of the Centre's strategic plan for the future. At this stage, the terms of reference for the programmes and divisions need to be defined allowing definite flexibility so that adjustment could be made to accommodate special needs.

While responding to this issue, the Director pointed out the importance of external forces, such as the donor communities, Board members, NGO representatives etc., who can provide good, new ideas in addition to those developed at the programme level.

Role of consultant
It has been suggested that the planning process may be facilitated by hiring a short-term consultant who can play an important role in organizing meetings, communicating with individuals, and formulating a draft strategic plan in time. However, some expressed their views that consultants are too professional and tend to follow a definite structure, and therefore, they can hardly replace the knowledge-base and the commitment needed to design a good strategic plan for the Centre. Also, it was mentioned that unless the specific roles of the divisions and programmes were clear to the Centre, involvement of a consultant would hardly be of any use.

Control and budget

In discussing the balance of power and the relative authority to be exercised by the respective programmes and the divisions, views were expressed that the heads of the divisions should have authority to allocate research funds to its members through a competitive selection process. This point was discussed at length and both the merits and demerits of each system were reviewed.

While commenting on this issue, the Director made reference to his statement of 18 September 2000 presentation and indicated that details of the programme have not yet been finalized, but nevertheless, the role of a programme head would likely to be a facilitatory one. A general outline of broad issues relating to programmes and divisions will be notified through a memo from the Director soon.

The Director also briefly remarked that while both programmes and divisions will be involved in fund raising and allocation, usually the programme will allocate fund to PI but not to divisions; however, the individual scientist, irrespective of programme and division, will have the right to approach specific donor for funding his/ her project.

The Director was entrusted with the responsibility of preparing and circulating a write up on his understanding about the specific roles of the divisions and programmes for review by all concerned.

The Director also expressed the desire that the core group should continue its regular planning activity according to its plan.

The meeting was closed at 12:30 P.M.

GRANTS NEWS
August-September 2000

A Summary

AGFUND The Centre received **US$36,332** from the Arab Gulf Fund (AGFUND) as part payment for child survival activities undertaken by the Centre in its Dhaka hospital.

AusAID AusAID released **US$151,257** as the second installment of its core contribution to the Centre for year 2000.

Cytos Pharmaceuticals The second installment of **US$56,950** was received from Cytos Pharmaceuticals for a research project of the Centre's Clinical Sciences Division.

DfID The Centre received **US$528,054** from DfID for three separate research projects.

GOB/World Bank The Centre received **US$186,000** as installment payment for the BINP project from the Government of Bangladesh/World Bank.

Hospital Endowment Fund The cumulative contribution level to the Centre's Hospital Endowment Fund stood at over **US$5.3 million** at the end of September 2000.

Howard Hughes Medical Institute A scientist from Centre's Laboratory Sciences Division received the **prestigious** International Research Scholars grant from the Howard Hughes Medical Institute.

Japan Japan increased its annual contribution to the Centre for year 2000. It will provide an **additional $1.2 million** in year 2000 to its regular contribution of $580,000.

Nestle Foundation The Centre received $13,240 from the Nestle Foundation as the second installment for a research project of the Centre's Clinical Sciences Division.

Stanford University/NIH The Centre signed a subcontract with Stanford University that will pay **$27,000** of a NIH grant for a research project of the Centre's Laboratory Sciences Division.

UCB Sidac An amount of **$4,757** was reimbursed to the Centre from UCB Sidac, U.K. for an ongoing collaborative research project.

University of Maryland The Centre received **$44,369** from the University of Maryland as reimbursement payment for July-December 1999 project period.

Unocal Unocal gave **$100,000** as its corporate contribution for year 2000 to support two separate projects of the Centre.

USAID/Dhaka The Centre received **$436,749** from USAID/D as allocation of funds under the Operations Research Project for August-September 2000.

USAID/Washington The Centre received **$408,181** from USAID/W as core and project payments under the ongoing 1996-2000 ICDDR, B-USAID/W Cooperative Agreement.

5/BT/NOV 2000

FINANCE COMMITTEE

WELCOME TO FINANCE COMMITTEE

ICDDR,B CENTRE FOR
HEALTH & POPULATION RESEARCH

BOARD OF TRUSTEES MEETING
FINANCE COMMITTEE

November 05, 2000

ICDDR,B BOARD OF TRUSTEES MEETING

FINANCE COMMITTEE - NOVEMBER 05, 2000

AGENDA

1. Approval of Agenda

2. 2000 Forecast

3. 2001 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:

   Endowment Fund Bylaws

Attachments:

Table 1/1A	Contributions from Donors 1998 to 2001
Table 2	Income by Sources and Expenditure by Categories 1998 to 2001
Table 3	Unrestricted and Restricted Income and Expenditure 1998 to 2001
Table 4/4A	Donors Contributions by Unrestricted and Restricted Funds 1998 to 2001
Table 5	Unrestricted Program and Management Expenditure 1998 to 2001

Annexure -A Report of the Finance Committee of June 4, 2000

Annexure- B Draft Endowment Fund Bylaws

2000 FORECAST

INCOME

Donor and Endowment Funds Contributions (Tables 1 and 3 for summary and Tables 4 & 4A for individual donor amounts) which were budgeted at $16,367,000 are expected to decrease to $14,386,000. This decrease of $1,981,000 (12.1%) comprises:

	2000 BUDGET	2000 FORECAST	DIFF. INC/(DEC)
Restricted			
Projects/Programs	11,351,000	10,177,000	(1,174,000)
Fixed Assets	1,340,000	908,000	(432,000)
	12,691,000	11,085,000	(1,606,000)
Project Overhead	1,791,000	1,474,000	(317,000)
Total Restricted	14,482,000	12,559,000	(1,923,000)
Unrestricted	1,885,000	1,827,000	(58,000)
Total Contributions	16,367,000	14,386,000	(1,981,000)

Restricted Income will decrease in line with expenditures and are commented on under expenditures. The Forecast includes $200,000 from the Hospital Endowment Fund and $55,000 from Centre Endowment Fund.

Unrestricted Income is expected to decrease by $58,000 (3.1%) inspite of an increase in the Australian Contribution. The decrease is primarily due to the contribution from the Belgium Government beginning in 1999 rather than 1998. Income of $89,000 was included in 1998 income and is now adjusted. Exchange rate fluctuations for contributions paid in currencies other than US dollar also had a negative impact on income.

The Forecast includes $100,000 from UNICEF, a long standing donor to the Centre, which has not to date been confirmed.

The Forecast income of $14,386,000 reflects an overall increase of $921,000 (6.8%) over the actual income for 1999 of $13,465,000.

EXPENDITURE

Operating Cash Cost (Tables 3 & 5) which was budgeted at $16,456,000 is forecast to decrease by $2,102,000 (12.8%) to $14,354,000. This decrease comprises:

	2000 BUDGET	2000 FORECAST	DIFF. INC/(DEC)
Restricted			
Projects/Programs	11,351,000	10,177,000	(1,174,000)
Fixed Assets	1,340,000	908,000	(432,000)
	12,691,000	11,085,000	(1,606,000)
Unrestricted			
Programs	2,035,000	1,562,000	(473,000)
Management	1,730,000	1,707,000	(23,000)
Total Unrestricted	3,765,000	3,269,000	(496,000)
Total Operating Cash Cost	16,456,000	14,354,000	(2,102,000)

Depreciation which was budgeted at $908,000 is expected to decrease by $16,000 (1.8%) to $892,000.

Total Expenditures including Depreciation was budgeted at $17,364,000 and is expected to decrease by $2,118,000 (12.2%) to $15,246,000.

BALANCE

The Net Operating Deficit excluding depreciation was budgeted at $89,000. This is expected to decrease by $121,000 (136%) to a surplus of $32,000.

Net Operating Deficit including depreciation was budgeted at $997,000. This is anticipated to decrease by $137,000 (13.7%) to $860,000.

Restricted Expenditures are expected to decrease due to delayed implementation of activities in projects funded by USAID/Dhaka & Washington, and EU. A capital project funded by the Swiss Red Cross was completed in 1999, a portion of this expenditure was included in the 2000 budget.

Unrestricted Expenditures are expected to decrease primarily due to contributions from the Hospital Endowment Fund and Australia – AusAID. These expenditures are now included in restricted expenditures.

2001 BUDGET

INCOME

Donor and Endowment Funds Contributions (Tables 1 and 3 for summary and Tables 4 & 4A for individual donor amounts) are budgeted at $14,501,000 as compared to $14,386,000 forecast for 2000. This increase of $115,000 (0.8%) is explained by the following table.

	2001 BUDGET	2000 FORECAST	DIFF. INC./(DEC.)
Restricted			
Projects/Programs	10,577,000	10,177,000	400,000
Fixed Assets	562,000	908,000	(346,000)
	11,139,000	11,085,000	54,000
Project Overhead	1,552,000	1,474,000	78,000
Total Restricted	12,691,000	12,559,000	132,000
Unrestricted	1,810,000	1,827,000	(17,000)
Total Contributions	$ 14,501,000	$ 14,386,000	$115,000

Restricted contributions will increase in line with expenditures and are commented on under expenditures. The Budget includes $200,000 from the Hospital Endowment Fund.

Unrestricted contributions are not anticipated to change significantly, however several donors provide funding on a year to year basis. Agreements with SDC and CIDA will also end in 2000 or early 2001. Discussions are on going with these donors, but no confirmation with respect to future funding has been received. A UNICEF contribution for $100,000 is included in the budget 2001 as well as in forecast 2000. Confirmation has not been received from UNICEF for this funding.

2001 BUDGET

EXPENDITURE

Operating Cash Expenditures (Tables 3 & 5) is expected to be $14,391,000 as compared to $14,354,000 forecast for 2000. This increase of $37,000 (0.3%) comprises:

	2001 BUDGET	2000 FORECAST	DIFF. INC./(DEC.)
Restricted			
Projects/Programs	10,577,000	10,177,000	400,000
Fixed Assets	562,000	908,000	(346,000)
Total Restricted	11,139,000	11,085,000	54,000
Unrestricted			
Programs	1,679,000	1,562,000	117,000
Management	1,573,000	1,707,000	(134,000)
Total Unrestricted	3,252,000	3,269,000	(17,000)
Total Operating Cash Expenditures	$ 14,391,000	$ 14,354,000	$ 37,000

Restricted Expenditures are expected to increase with the staffing of vacant international positions and increased project activity.

Unrestricted Expenditures are not expected to change significantly. The decrease in management costs is primarily due to final charge of $288,000 for the voluntary severance program being in 2000, this cost is no longer included in the 2001 budget.

Depreciation is expected to be $880,000 as compared to $892,000 forecast for 2000, a decrease of $12,000.

Total Expenditures including depreciation is budgeted at $15,271,000 as compared to $15,246,000 forecast for 2000. This is an increase of $25,000 (0.2%).

BALANCE

Net Operating Surplus excluding depreciation is expected to be $110,000 compared to the forecast surplus of $32,000 for 2000, which is an increase of $78,000 (70.9%).

Net Operating Deficit including depreciation is expected to be $770,000 as compared to $860,000 forecast for 2000, a decrease of $90,000 (11.7%).

BOT/FIN/NOV/00
Agenda - 4 a)

NATIONAL STAFF SALARIES AND ALLOWANCES

Materials for this Agenda item will be presented at the time of the Finance/Personnel Committee Meeting.

Agenda - 4 b)

INTERNATIONAL STAFF SALARIES AND ALLOWANCES

Materials for this Agenda item will be presented at the time of the Finance/Personnel Committee Meeting.

a). ICDDR,B HOSPITAL ENDOWMENT FUND

The balance of the Hospital Endowment Fund was $4,278,489 at December 31, 1999. Receipts for the first eight months of 2000 were $1,106,437. This includes a major contribution of $1,000,000 received from the Government of Japan in August 2000. The fund had net unrealized gains $259,747 giving a total market value of the fund of $5,644,673 at August 31, 2000.

At the November 1999 Board meeting a withdrawal of $200,000 to cover operating costs of the hospitals in the year 2000 was approved and has been implemented.

Management is recommending a withdrawal of up to $200,000 but not to exceed a maximum of 5% of the Fund balance as at the December 31, 2000, for operating costs of the hospitals in 2001.

b). CENTRE'S ENDOWMENT FUND

The balance of Centre Endowment Fund including USAID Endowment Fund was $3,841,691 as at December 31, 1999. The unrealized income as at August 31, 2000 was $651,152 for a total market value of the fund of $4,492,843. Earlier this year $140,000 was withdrawn from this fund as approved at the November 1999 Board meeting.

There have been no contributions to this fund to date in 2000.

The entire amount is invested with Morgan Stanley Dean Witter and is being monitored by the Centre Fund Management Committee.

c). RESERVE FUND

The Balance of the Reserve Fund as at December 31, 1999 was $2,364,851. In early 2000, $300,000 was withdrawn from the reserve fund to reduce the cumulative Operating Fund deficit as approved by the Board at the November 1999 meeting.

The Reserve Fund earns approximately $100,000 in interest annually. A minimum of $2,000,000 must remain in the Fund as security for our overdraft with American Express Bank.

Management recommends that in the year 2001, $100,000 be withdrawn from the Reserve Fund to further reduce the cumulative Operating Fund deficit.

d). FIXED ASSETS ACQUISITION AND REPLACEMENT FUND

The balance of the Fixed Assets Acquisition and Replacement Fund as at December 31, 1999 was $78,107. This is funding from the Government of Japan for the Matlab International Training Centre. It is planned to use these funds in improving communication between Matlab and Dhaka as well as within the Matlab field area.

Endowment Fund Bylaws

Currently the Centre has two bylaws for Endowment Funds. One set of bylaws for the Hospital Endowment Fund and one for the Centre Endowment Funds.

The Hospital Endowment bylaws were approved in June 1995. At that time the Centre Endowment did not exist. The bylaws established a Board of Governors to oversee investments, all of which were in Bangladesh. The investments were in the Dhaka Stock Exchange and in Time Deposits with American Express Bank. With the decline and unpredictability of the Dhaka Stock Exchange, no investments have been made since late 1996. The Board of Governors also have not been involved in the management of endowment since 1996. In 1997 the Board of Trustees approved the transfer of $2,000,000 to Morgan Stanley in the USA. This investment is monitored by the Centre Fund Management Committee in the USA.

Bylaws for the Centre Endowment Funds were approved by the Board of Trustees in 1996 and subsequenlty amended in 1998. These bylaws were established to create a Centre Fund Management Committee in the USA to monitor the Asset Manager and to provide recommendations on fund management to the Board of Trustees.

A condition in the contributions from SDC to the endowments required a review of the endowments in 2000. This review was carried out in August by Price Waterhouse of Calcutta.

The investment activities of the Hospital Endowment have changed significantly since the bylaws were approved. The review included drafting a bylaw that would apply to all endowment funds of the Centre based on the Centre Endowment Fund Bylaws.

A copy of these draft bylaws are attached as Annexure – B.

These bylaws provide for the same management, administration, reporting, and accounting for all endowment funds of the Centre.

Management recommends the approval of these bylaws.

TABLE - 1

ICDDR,B: - CENTRE FOR HEALTH AND POPULATION RESEARCH

CONTRIBUTIONS FROM DONORS 1998 - 2001

(IN US$'000)

DONORS	1998 ACTUAL		1999 ACTUAL		2000 BUDGET		2000 FORECAST		2001 BUDGET		2001-STATUS	
											FIRM	ESTI.
Revenue Contributions :												
AUSTRALIA - AusAID	207	1.8%	209	1.6%	208	1.3%	357	2.5%	274	1.9%		274
BANGLADESH (WB, ADB)	435	3.8%	677	5.0%	486	3.0%	479	3.3%	678	4.7%	673	
BELGIUM - BADC	237	2.1%	210	1.6%	240	1.5%	113	0.8%	169	1.2%	169	
CANADA - CIDA	143	1.3%	205	1.5%	201	1.2%	202	1.4%	201	1.4%	50	151
EUROPEAN UNION	123	1.1%	573	4.3%	1,272	7.8%	1,033	7.2%	1,221	8.4%	1,221	
FORD FOUNDATION	333	2.9%	256	1.9%	369	2.3%	308	2.1%	336	2.3%	336	
JAPAN	639	5.6%	658	4.9%	633	3.9%	630	4.4%	820	5.7%	820	
NETHERLANDS	40	0.4%	237	1.8%	273	1.7%	236	1.6%	193	1.3%	2	191
NORWAY - NORAD	125	1.1%	113	0.8%	59	0.4%						
SWEDEN - SIDA	482	4.2%	425	3.2%	473	2.9%	404	2.8%	417	2.9%	417	
SWITZERLAND - SDC	436	3.8%	513	3.8%	873	5.3%	845	5.9%	420	2.9%	196	224
SWISS RED CROSS	292	2.6%	477	3.5%	601	3.7%	297	2.1%	190	1.3%	190	
UNAIDS	95	0.8%	59	0.4%			2	0.0%				
UNICEF	118	1.0%	136	1.0%	100	0.6%	105	0.7%	106	0.7%	6	100
UNITED KINGDOM - DfID	460	4.0%	596	4.4%	653	4.1%	746	5.2%	753	5.2%	753	
USAID/DHAKA	3,492	30.7%	3,228	24.0%	4,015	24.5%	2,749	19.1%	3,428	23.6%	3,428	
USAID/WASHINGTON	2,111	18.5%	2,557	19.0%	3,853	23.6%	3,452	24.0%	3,326	22.9%	3,326	
WORLD BANK - NCOE	185	1.6%	885	6.6%	756	4.7%	909	6.3%	814	5.6%	814	
HOSPITAL ENDOWMENT FUND			200	1.5%			200	1.4%	200	1.4%	200	
CENTRE ENDOWMENT FUND							55	0.4%	85	0.6%	35	
OTHERS	1,435	12.6%	1,251	9.3%	1,272	7.8%	1,264	8.8%	870	6.0%	870	
GRAND TOTAL	11,389	100.0%	13,465	100.0%	16,367	100.0%	14,386	100.0%	14,501	100.0%	13,561	940
Capital Contributions :												
BANGLADESH	232											

TABLE - 1 A

ICDDR,B: - CENTRE FOR HEALTH AND POPULATION RESEARCH

CONTRIBUTIONS FROM DONORS 1998 - 2001

(IN US$'000)

	1998 ACTUAL		1999 ACTUAL		2000 BUDGET		2000 FORECAST		2001 BUDGET		2001-STATUS	
											FIRM	ESTI.
OTHERS :												
ARAB GULF FUND							(7)	0.0%	(11)	-0.1%	(11)	
SAUDI ARABIA	50	0.4%	9	0.1%			53	0.4%	50	0.3%	50	
SRI LANKA	3	0.1%	4	0.0%			4	0.0%				
AGA KHAN FOUNDATION	(1)	0.0%										
ABT Associates	27	0.2%	2	0.0%								
AIBS / 30 02 51	10	0.1%										
BGS ARGOSS	8	0.1%	6	0.0%	9	0.1%						
BDG/DGHS/ARI	4	0.0%										
BDG/WB/MINISTRY OF SCIENCE					175	1.1%						
CANADA/CHC-ASCON VI/IX	2	0.0%					19	0.1%				
CYTOS PHARMACEUTICAL	4	0.0%	33	0.2%	20	0.1%	54	0.4%	23	0.2%	23	
FAMILY HEALTH INTERNATIONAL	42	0.4%										
FUTURES GROUP			42	0.3%	30	0.2%	30	0.2%	38	0.3%	38	
G. MASON FOUNDATION	1	0.0%	8	0.1%	1	0.0%	3	0.0%	4	0.0%	4	
HELLEN KELLER INTERNATIONAL	1	0.0%										
HKI-ASCONVII	6	0.1%										
ICRW/USA : BRAC-ICDDR,B	22	0.2%	47	0.3%								
IDRC	11	0.1%	4	0.0%								
INT'L. ATOMIC ENERGY	6	0.1%	3	0.0%								
JAPAN - JICWELS	19	0.2%	4	0.0%	46	0.3%	50	0.3%	35	0.2%	35	
MACRO INTERNATIOAL INC.	54	0.5%										
MEDICAL RESEARCH COUNCIL			2	0.0%								
NEW ENGLAND MEDI. CENTRE	35	0.3%	117	0.9%	101	0.6%	82	0.6%	148	1.0%	148	
NESTLE RES. FOUNDATION							19	0.1%	12	0.1%	12	
NORTHFIELD LABORATORIES	83	0.7%	3	0.0%			15	0.1%	2	0.0%	2	
NIH/RAND CORPORATION	(10)	-0.1%	165	1.2%								
NOVARTIS	22	0.2%	24	0.2%	50	0.3%	31	0.2%	11	0.1%	11	
NEWCASTLE UNIVERSITY	15	0.1%	75	0.6%	85	0.5%	88	0.6%	112	0.8%	112	
POPULATION COUNCIL	17	0.1%										
PRAXIS					46	0.3%						
SAVE THE CHILDREN	9	0.1%										

TABLE - 1 A

ICDDR,B: - CENTRE FOR HEALTH AND POPULATION RESEARCH

CONTRIBUTIONS FROM DONORS 1998 - 2001

(IN US$'000)

	1998 ACTUAL		1999 ACTUAL		2000 BUDGET		2000 FORECAST		2001 BUDGET		2001-STATUS	
											FIRM	ESTI.
PLAN INTERNATIONAL							13	0.1%				
PROCTOR & GAMBLE	10	0.1%	1	0.0%	2	0.0%	2	0.0%				
ROCKEFELLER FOUNDATION	62	0.5%										
SAIDNET			5	0.0%								
THRASHER	53	0.5%	20	0.1%	90	0.5%						
THRASHER (207731)			63	0.5%			4	0.0%				
TOMEN CORPORATION							18	0.1%	15	0.1%	15	
UCB-OSMOTIC/SIDAC	43	0.4%	48	0.4%	20	0.1%	45	0.3%				
UC - Davis			65	0.5%	60	0.4%	50	0.3%	9	0.1%	9	
UNIVERSITY OF ALABAMA	53	0.5%	7	0.1%			3	0.0%	2	0.0%	2	
UNIVERSITY OF LOUGHBOROUGH	1	0.0%										
UNIVERSITY OF PENNSYLVANIA	27	0.2%	10	0.1%			13	0.1%	9	0.1%	9	
UNIVERSITY OF VIRGINIA	14	0.1%	62	0.5%	71	0.4%	67	0.5%	64	0.4%	64	
UNOCAL							50	0.3%	50	0.3%	50	
UFHP-633841	5	0.0%	(8)	-0.1%								
WANDER-AG	5	0.0%										
WHO	187	1.6%	128	1.0%	285	1.7%	277	1.9%	167	1.2%	167	
DISASTER / EPIDEMIC :												
USAID/CARE	265	2.3%	15	0.1%								
CIDA	65	0.6%										
DfID-DHAKA	22	0.2%	45	0.3%								
AusAID	3	0.0%					13	0.1%				
UNOCAL, Cairn, Shell & OXY	88	0.8%	169	1.3%	136	0.8%	131	0.9%	116	0.8%	116	
SDC	81	0.7%	29	0.2%			11	0.1%				
AMEX BANK	7	0.1%										
ALICO	6	0.1%										
ANZ BANK	4	0.0%										
OTHERS (SS)	(16)	-0.1%	44	0.3%	45	0.3%	125	0.9%	14	0.1%	14	
TOTAL OTHERS	1,435	12.6%	1,251	9.3%	1,272	7.8%	1,264	8.8%	870	6.0%	870	

ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH

INCOME BY SOURCES AND EXPENDITURE BY CATEGORIES - 1998 TO 2001

(IN US$'000)

	ACTUAL 1998		ACTUAL 1999		BUDGET 2000		FORECAST 2000		BUDGET 2001		INC/(DEC) BUDGET 2001 FORECAST 2000	
INCOME:												
CONTRIBUTIONS BY DONORS:												
UNRESTRICTED FUNDS	1,799	16%	2,109	16%	1,885	11%	1,827	13%	1,810	12%	(17)	-1%
RESTRICTED - OVERHEADS	1,255	11%	1,441	11%	1,791	11%	1,474	10%	1,552	11%	78	5%
RESTRICTED - PROJECTS / PROGRAMS	8,335	73%	9,915	73%	12,691	78%	11,085	76%	11,139	77%	54	0%
TOTAL DONOR INCOME	11,389	100%	13,465	100%	16,367	100%	14,386	100%	14,501	100%	115	1%
EXPENDITURE:												
LOCAL SALARIES \ WAGES	6,106	50%	5,971	45%	6,978	41%	6,149	42%	6,472	45%	323	5%
INTERNATIONAL SALARIES	2,615	21%	1,953	15%	2,859	17%	2,626	18%	2,900	20%	274	10%
CONSULTANTS	114	1%	162	1%	264	2%	322	2%	278	2%	(44)	-14%
MANDATORY COMMITTEES	100	1%	95	1%	121	1%	103	1%	104	1%	1	1%
TRAVEL	324	3%	489	4%	656	4%	546	4%	670	5%	124	23%
SUPPLIES AND MATERIALS	1,611	13%	1,503	11%	2,122	13%	2,008	14%	1,975	14%	(33)	-2%
REPAIR AND MAINTENANCE	83	1%	122	1%	121	1%	201	1%	141	1%	(60)	-30%
RENT, COMMUNICATION AND UTILITIES	480	4%	460	3%	504	3%	409	3%	445	3%	36	9%
PRINTING AND PUBLICATION	239	2%	421	3%	356	2%	274	2%	282	2%	8	3%
TRAINING AND FELLOWSHIP	157	1%	268	2%	270	2%	231	2%	230	2%	(1)	0%
STAFF DEVELOPMENT	155	1%	135	1%	174	1%	133	1%	119	1%	(14)	-11%
VOLUNTARY SEVERANCE PROGRAM			288	2%	288	2%	288	2%			(288)	-100%
OTHER EXPENSES	812	7%	903	7%	1,128	7%	863	6%	903	6%	40	5%
OTHER RECEIPTS	(1,085)	-9%	(778)	-6%	(800)	-5%	(782)	-5%	(765)	-5%	17	-2%
TOTAL INTERNAL CASH EXPENDITURE	11,711	96%	11,992	91%	15,041	91%	13,371	93%	13,754	96%	383	3%
DONOR CAPITAL EXPENDITURE	496	4%	1,210	9%	1,415	9%	983	7%	637	4%	(346)	-35%
TOTAL OPERATING CASH EXPENDITURE	12,207	100%	13,202	100%	16,456	100%	14,354	100%	14,391	100%	37	0%
NET CASH SURPLUS/(DEFICIT)	(818)		263		(89)		32		110		78	244%
DEPRECIATION	895		899		908		892		880		(12)	-1%
NET OPERATING SURPLUS/(DEFICIT)	(1,713)		(636)		(997)		(860)		(770)		90	-10%
CAPITAL EXPENDITURE:												
BANGLADESH	232											

Note: Where necessary 1998 to 1999 figures have been regrouped to conform with 2000 forecast and 2001 budget preparation.

TABLE - 3

ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH

UNRESTRICTED AND RESTRICTED INCOME AND EXPENDITURE 1998 TO 2001

(IN US$'000)

	ACTUAL 1998			ACTUAL 1999			BUDGET 2000			FORECAST 2000			BUDGET 2001		
	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL	UNRESTR.	RESTRI.	TOTAL
INCOME:															
CONTRIBUTIONS BY DONORS:															
UNRESTRICTED FUNDS	1,799		1,799	2,109		2,109	1,885		1,885	1,827		1,827	1,810		1,810
RESTRICTED - OVERHEADS	1,255		1,255	1,441		1,441	1,791		1,791	1,474		1,474	1,552		1,552
RESTRICTED - PROJECTS / PROGRAMS		8,335	8,335		9,915	9,915		12,691	12,691		11,085	11,085		11,139	11,139
TOTAL INCOME	3,054	8,335	11,389	3,550	9,915	13,465	3,676	12,691	16,367	3,301	11,085	14,386	3,362	11,139	14,501
EXPENDITURE:															
LOCAL SALARIES \ WAGES	2,925	3,181	6,106	2,145	3,826	5,971	2,364	4,614	6,978	1,923	4,226	6,149	2,076	4,396	6,472
INTERNATIONAL SALARIES	894	1,721	2,615	772	1,181	1,953	1,059	1,800	2,859	1,027	1,599	2,626	1,165	1,735	2,900
CONSULTANTS	44	70	114	2	160	162	14	250	264	10	312	322	11	267	278
MANDATORY COMMITTEES	95	5	100	92	3	95	121		121	103		103	104		104
TRAVEL	25	299	324	58	431	489	25	631	656	20	526	546	38	632	670
SUPPLIES AND MATERIALS	734	877	1,611	621	882	1,503	783	1,339	2,122	648	1,360	2,008	672	1,303	1,975
REPAIR AND MAINTENANCE	50	33	83	56	66	122	62	59	121	42	159	201	31	110	141
RENT, COMMUNICATION AND UTILITIES	257	223	480	217	243	460	221	283	504	196	213	409	238	207	445
PRINTING AND PUBLICATION	148	91	239	138	283	421	170	186	356	151	123	274	145	137	282
TRAINING AND FELLOWSHIP	25	132	157	18	250	268	31	239	270	17	214	231	10	220	230
STAFF DEVELOPMENT		155	155		135	135		174	174		133	133	1	118	119
VOLUNTARY SEVERANCE PROGRAM				288		288	288		288	288		288			
OTHER EXPENSES	405	407	812	315	588	903	392	736	1,128	309	554	863	285	618	903
INTERDEPARTMENTAL SERVICES	(682)	682		(679)	679		(1,048)	1,048		(774)	774		(851)	851	
OTHER RECEIPTS	(1,048)	(37)	(1,085)	(756)	(22)	(778)	(792)	(8)	(800)	(766)	(16)	(782)	(748)	(17)	(765)
TOTAL INTERNAL CASH EXPENDITURE	3,872	7,839	11,711	3,287	8,705	11,992	3,690	11,351	15,041	3,194	10,177	13,371	3,177	10,577	13,754
DONOR CAPITAL EXPENDITURE		496	496		1,210	1,210	75	1,340	1,415	75	908	983	75	562	637
TOTAL OPERATING CASH EXPENDITURE	3,872	8,335	12,207	3,287	9,915	13,202	3,765	12,691	16,456	3,269	11,085	14,354	3,252	11,139	14,391
NET CASH SURPLUS/(DEFICIT)	(818)		(818)	263		263	(89)		(89)	32		32	110		110
DEPRECIATION	895		895	899	0	899	908		908	892		892	880		880
NET OPERATING SURPLUS/(DEFICIT)	(1,713)		(1,713)	(636)	(0)	(636)	(997)		(997)	(860)		(860)	(770)		(770)
CAPITAL EXPENDITURE: BANGLADESH	232		232												

Note: Where necessary 1998 to 1999 figures have been regrouped to conform with 2000 forecast and 2001 budget preparation.

TABLE - 4

ICDDR,B - CENTRE FOR HEALTH AND POPULATION RESEARCH

MAJOR DONOR CONTRIBUTIONS BY UNRESTRICTED AND RESTRICTED FUNDS 1998 - 2001

(IN US$'000)

	1998 - ACTUAL		1999 - ACTUAL				2000 - BUDGET				2000 - FORECAST				2001 - BUDGET				2001 - STATUS	
	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	FIRM	ESTIM.
RESTRICTED FUNDS:																				
AUSTRALIA - AusAID	207	1.8%	209		209	1.6%	208		208	1.3%	297		297	2.1%	274		274	1.9%		274
BANGLADESH (WB, ADB)	211	1.9%	384		384	2.9%	204		204	1.2%	191		191	1.3%	186		186	1.3%	186	
BELGIUM - BADC	89	0.8%	66		66	0.5%	76		76	0.5%	(26)		(26)	-0.2%	63		63	0.4%	63	
CANADA - CIDA	143	1.3%	205		205	1.5%	201		201	1.2%	202		202	1.4%	201		201	1.4%	50	151
NETHERLANDS			232		232	1.7%	232		232	1.4%	214		214	1.5%	191		191	1.3%		191
SWEDEN - SIDA	321	2.8%	301		301	2.2%	301		301	1.8%	272		272	1.9%	257		257	1.8%	257	
SWITZERLAND - SDC	312	2.7%	324		324	2.4%	288		288	1.8%	252		252	1.8%	224		224	1.5%		224
UNITED KINGDOM - DfID	83	0.7%																		
UNITED STATES - USAID	275	2.4%	275		275	2.0%	275		275	1.7%	275		275	1.9%	275		275	1.9%	275	
UNICEF	100	0.9%	100		100	0.7%	100		100	0.6%	100		100	0.7%	100		100	0.7%		100
OTHERS	58	0.5%	13		13	0.1%					50		50	0.3%	39		39	0.3%	39	
TOTAL UNRESTRICTED	1,799	15.8%	2,109		2,109	15.7%	1,885		1,885	11.5%	1,827		1,827	12.7%	1,810		1,810	12.5%	870	940
RESTRICTED PROJECTS/PROGRAMS FUNDS:																				
AUSTRALIA - AusAID											3	57	60	0.4%						
BANGLADESH- (WB, ADB)	225	2.0%	25	268	293	2.2%		282	282	1.7%	36	252	288	2.0%	68	424	492	3.4%	492	
BELGIUM - BADC	148	1.3%		144	144	1.1%		164	164	1.0%		139	139	1.0%		106	106	0.7%	106	
EUROPEAN UNION - BHARP	123	1.1%		573	573	4.3%		1,272	1,272	7.8%		1,033	1,033	7.2%		1,221	1,221	8.4%	1,221	
FORD FOUNDATION	333	2.9%	31	225	256	1.9%	47	322	369	2.3%	37	271	308	2.1%	44	292	336	2.3%	336	
JAPAN	580	5.1%	47	533	580	4.3%	47	533	580	3.5%	47	534	581	4.0%	80	740	820	5.7%	820	
NETHERLANDS	40	0.4%	1	4	5	0.0%	8	33	41	0.3%	4	18	22	0.2%		2	2	0.0%	2	
NORWAY - NORAD	125	1.1%	23	90	113	0.8%	6	53	59	0.4%										
SWEDEN - SIDA/SAREC	161	1.4%	10	114	124	0.9%	15	157	172	1.1%	11	121	132	0.9%	13	147	160	1.1%	160	
SWITZERLAND - SDC	124	1.1%	15	174	189	1.4%	65	520	585	3.6%	61	532	593	4.1%	24	172	196	1.4%	196	
SWISS RED CROSS	292	2.6%	62	415	477	3.5%	78	523	601	3.7%	39	258	297	2.1%	25	165	190	1.3%	190	
UNITED KINGDOM - DfID:																				
- DfID / RTI / T.Well / HIV	57	0.5%	12	40	52	0.4%	34	111	145	0.9%	51	171	222	1.5%	37	131	168	1.2%	168	
- DfID / HE	183	1.6%	23	165	188	1.4%	12	84	96	0.6%	9	61	70	0.5%	11	75	86	0.6%	86	
- DfID / Interim fund for HDSP/DSS	63	0.6%		38	38	0.3%														
- DfID / Modernization of Matlab DSS	74	0.6%	29	289	318	2.4%	39	388	427	2.6%	41	413	454	3.2%	45	454	499	3.4%	499	
UNAIDS	95	0.8%		59	59	0.4%						2	2	0.0%						
UNDP - Japan	59	0.5%		78	78	0.6%		53	53	0.3%		49	49	0.3%						
UNICEF	18	0.2%		36	36	0.3%						5	5	0.0%		6	6	0.0%	6	
UNITED STATES :																				
- USAID/Dhaka	3,492	30.7%	644	2,584	3,228	24.0%	770	3,245	4,015	24.5%	536	2,213	2,749	19.1%	653	2,775	3,428	23.6%	3,428	
- USAID/Washington	1,198	10.5%	240	1,017	1,257	9.3%	399	1,774	2,173	13.3%	349	1,539	1,888	13.1%	323	1,444	1,767	12.2%	1,767	
- USAID/Nepal			30	120	150	1.1%	40	162	202	1.2%	23	91	114	0.8%	39	154	193	1.3%	193	
- USAID/HKI.OMNI-ENI.EMMI	15	0.1%	24	97	121	0.9%									4	42	46	0.3%	46	
- NIH-JHU/UMBI	471	4.1%		436	436	3.2%		764	764	4.7%		708	708	4.9%		678	678	4.7%	678	
- OFDA	72	0.6%		33	33	0.2%		47	47	0.3%		82	82	0.6%		83	83	0.6%	83	
- JHU	80	0.7%	15	111	126	0.9%	26	115	141	0.9%	30	125	155	1.1%	4	15	19	0.1%	19	
- JSI				159	159	1.2%		256	256	1.6%		230	230	1.6%		265	265	1.8%	265	
WORLD BANK - NCOE	185	1.6%	115	770	885	6.6%	100	666	766	4.7%	118	791	909	6.3%	106	708	814	5.6%	814	
HOSPITAL ENDOWMENT FUND				200	200	1.5%						200	200	1.4%		200	200	1.4%	200	
CENTRE ENDOWMENT FUND												55	55	0.4%		85	85	0.6%	85	
OTHERS	1,377	12.1%	95	1,143	1,238	9.2%	105	1,167	1,272	7.8%	79	1,135	1,214	8.4%	76	755	831	5.7%	831	
TOTAL RESTRICTED	9,590	84.2%	1,441	9,915	11,356	84.3%	1,791	12,691	14,482	88.5%	1,474	11,085	12,559	87.3%	1,552	11,139	12,691	87.5%	12,691	
GRAND TOTAL	11,389	100%	3,550	9,915	13,465	100%	3,676	12,691	16,367	100%	3,301	11,085	14,386	100%	3,362	11,139	14,501	100%	13,561	940
CAPITAL EXPENDITURE:																				
BANGLADESH	232																			

Note: Where necessary 1998 to 1999 figures have been regrouped to conform with 2000 forecast and 2001 budget preparation.

TABLE - 4 A

ICDDR,B - CENTRE FOR HEALTH AND POPULATION RESEARCH

MAJOR DONOR CONTRIBUTIONS BY UNRESTRICTED AND RESTRICTED FUNDS 1998 - 2001

(IN US$'000)

	1998 - ACTUAL		1999 - ACTUAL				2000 - BUDGET				2000 - FORECAST				2001 - BUDGET				2001 - STATUS	
	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	FIRM	ESTIM.
UNRESTRICTED FUNDS: - OTHERS																				
ARAB GULF FUND											(7)		(7)	0.0%	(11)		(11)	-0.1%	(11)	
SAUDI ARABIA	50	0.4%	9		9	0.1%					53		53	0.4%	50		50	0.3%	50	
SRI LANKA	8	0.1%	4		4	0.0%					4		4	0.0%	-					
TOTAL UNRESTRICTED - OTHERS	58	0.5%	13		13	0.1%					50		50	0.3%	39		39	0.3%	39	
RESTRICTED FUNDS: - OTHERS																				
AGA KHAN FOUNDATION	(1)	0.0%																		
ABT Associates	27	0.2%		2	2	0.0%														
AIBS / 30 02 51	10	0.1%																		
BGS ARGOSS	8	0.1%	1	5	6	0.0%	2	7	9	0.1%										
BDG/DGHS/ARI	4	0.0%																		
BDG/WB/MINISTRY OF SCIENCE							16	159	175	1.1%										
CANADA/CHC-ASCON VI/IX	2	0.0%									4	15	19	0.1%						
CYTOS PHARMACEUTICAL	4	0.0%		33	33	0.2%		20	20	0.1%		54	54	0.4%		23	23	0.2%	23	
FAMILY HEALTH INTERNATIONAL	42	0.4%																		
FUTURES GROUP			4	38	42	0.3%	5	25	30	0.2%	5	25	30	0.2%	8	30	38	0.3%	38	
G. MASON FOUNDATION	1	0.0%		8	8	0.1%		1	1	0.0%		3	3	0.0%		4	4	0.0%	4	
HELLEN KELLER INTERNATIONAL	1	0.0%																		
HKI-ASCONVII	6	0.1%																		
ICRW/USA : BRAC-ICDDR,B	22	0.2%	11	36	47	0.3%														
IDRC	11	0.1%		4	4	0.0%														
INT'L ATOMIC ENERGY	6	0.1%		3	3	0.0%														
JAPAN - JICWELS	19	0.2%		4	4	0.0%		46	46	0.3%		50	50	0.3%		35	35	0.2%	35	
MACRO INTERNATIOAL INC.	54	0.5%																		
MEDICAL RESEARCH COUNCIL				2	2	0.0%														
NEW ENGLAND MEDL CENTRE	35	0.3%	28	89	117	0.9%	24	77	101	0.6%	20	62	82	0.6%	35	113	148	1.0%	148	
NESTLE RES. FOUNDATION												19	19	0.1%		12	12	0.1%	12	
NORTHFIELD LABORATORIES	83	0.7%	1	2	3	0.0%					3	12	15	0.1%		2	2	0.0%	2	
NIH/RAND CORPORATION	(10)	-0.1%		165	165	1.2%														
NOVARTIS	22	0.2%	6	18	24	0.2%	12	38	50	0.3%	7	24	31	0.2%	3	8	11	0.1%	11	
NEWCASTLE UNIVERSITY	15	0.1%	18	57	75	0.6%	20	65	85	0.5%	21	67	88	0.6%	26	86	112	0.8%	112	
POPULATION COUNCIL	17	0.1%																		
PRAXIS							9	37	46	0.3%										
SAVE THE CHILDREN	9	0.1%																		
PLAN INTERNATIONAL												13	13	0.1%						
PROCTOR & GAMBLE	10	0.1%		1	1	0.0%		2	2	0.0%		2	2	0.0%						
ROCKEFELLER FOUNDATION	62	0.5%																		
SAIDNET			1	4	5	0.0%														

TABLE - 4 A

ICDDR,B - CENTRE FOR HEALTH AND POPULATION RESEARCH

MAJOR DONOR CONTRIBUTIONS BY UNRESTRICTED AND RESTRICTED FUNDS 1998 - 2001

(IN US$'000)

	1998 - ACTUAL		1999 - ACTUAL				2000 - BUDGET				2000 - FORECAST				2001 - BUDGET				2001 - STATUS	
	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	FIRM	ESTIM.
THRASHER	58	0.5%	1	19	20	0.1%	6	84	90	0.5%										
THRASHER (207731)			4	59	63	0.5%						4	4	0.0%						
TOMEN CORPORATION											4	14	18	0.1%	3	12	15	0.1%	15	
UCB-OSMOTIC/SIDAC	43	0.4%	10	38	48	0.4%	4	16	20	0.1%	9	36	45	0.3%						
UC - Davis			8	57	65	0.5%	7	53	60	0.4%	6	44	50	0.3%	1	8	9	0.1%	9	
UNIVERSITY OF ALABAMA	53	0.5%		7	7	0.1%						3	3	0.0%		2	2	0.0%	2	
UNIVERSITY OF LOUGHBOROUGH	1	0.0%																		
UNIVERSITY OF PENNSYLVANIA	27	0.2%		10	10	0.1%						13	13	0.1%		9	9	0.1%	9	
UNIVERSITY OF VIRGINIA	14	0.1%	2	60	62	0.5%		71	71	0.4%		67	67	0.5%		64	64	0.4%	64	
UNOCAL												50	50	0.3%		50	50	0.3%	50	
UFHP-633841	5	0.0%		(8)	(8)	-0.1%														
WANDER-AG	5	0.0%																		
WHO	187	1.6%		128	128	1.0%		285	285	1.7%		277	277	1.9%		167	167	1.2%	167	
DISASTER / EPIDEMIC :																				
USAID/CARE	265	2.3%		15	15	0.1%														
CIDA	65	0.6%																		
DFID-DHAKA	22	0.2%		45	45	0.3%														
AusAID	3	0.0%										13	13	0.1%						
UNOCAL, Cairn, Shell & OXY	88	0.8%		169	169	1.3%		136	136	0.8%		131	131	0.9%		116	116	0.8%	116	
SDC	81	0.7%		29	29	0.2%						11	11	0.1%		-				
AMEX BANK	7	0.1%																		
ALICO	6	0.1%																		
ANZ BANK	4	0.0%																		
OTHERS (SS)	(16)	-0.1%		44	44	0.3%		45	45	0.3%		126	126	0.9%		14	14	0.1%	14	
TOTAL RESTRICTED - OTHER	1,377	12.1%	95	1,143	1,238	9.2%	105	1,167	1,272	7.8%	79	1,135	1,214	8.4%	76	755	831	5.7%	831	

TABLE - 5

ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH

UNRESTRICTED PROGRAM AND MANAGEMENT EXPENDITURE 1998 TO 2001

(IN US$ '000)

	ACTUAL 1998		ACTUAL 1999				BUDGET 2000				FORECAST 2000				BUDGET 2001			
PROGRAMS	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%
CLINICAL SCIENCES:																		
DHAKA HOSPITAL	1,043	8.5%	801	(145)	656	5.0%	1,150	(142)	1,008	6.1%	807	(99)	708	4.9%	879	(104)	775	5.4%
HOSPITAL SURVEILLANCE																		
DIVISIONAL	137	1.1%	226	(140)	86	0.7%	269	(140)	129	0.8%	235	(140)	95	0.7%	266	(140)	126	0.9%
PUBLIC HEALTH SCIENCES:																		
MATLAB CLINICAL RESEARCH	265	2.2%	272		272	2.1%	241		241	1.5%	194	(14)	180	1.3%	240	(5)	235	1.6%
MATLAB ADMINISTRATION	193	1.6%	297	(113)	184	1.4%	307	(145)	162	1.0%	312	(136)	176	1.2%	314	(139)	175	1.2%
MATLAB FAMILY PLANNING			131	(131)			133	(133)			133	(133)			137	(137)		
MATLAB COMMUNITY RESEARCH	290	2.4%	130		130	1.0%	123		123	0.7%	81	(1)	80	0.6%	91		91	0.6%
DIVISIONAL	203	1.7%	145		145	1.1%	239		239	1.5%	170		170	1.2%	67		67	0.5%
HEALTH & DEMOGRAPHIC SURVEILL.	297	2.4%	118		118	0.9%	147		147	0.9%	82		82	0.6%	13		13	0.1%
LABORATORY SCIENCES:																		
LABORATORY SERVICES	(30)	-0.2%	955	(1,140)	(185)	-1.4%	1,072	(1,277)	(205)	-1.2%	995	(1,203)	(208)	-1.4%	1,077	(1,218)	(141)	-1.0%
DIVISIONAL	126	1.0%	206	(120)	86	0.7%	120	(120)			120	(120)			130	(120)	10	0.1%
HEALTH & POPULATION EXTENSION:																		
DIVISIONAL	(21)	-0.2%	110	(12)	98	0.7%		(11)	(11)	-0.1%								
INFORMATION SCIENCES:																		
DISC	189	1.5%	191	(23)	168	1.3%	246	(38)	208	1.3%	228	(28)	200	1.4%	288	(39)	249	1.7%
TRAINING & DISSEMINATION	13	0.1%	140	(134)	6	0.0%	149	(129)	20	0.1%	161	(123)	38	0.3%	183	(188)	(5)	0.0%
COMPUTER SERVICES	69	0.6%	83	(40)	43	0.3%	46	(72)	(26)	-0.2%	99	(58)	41	0.3%	147	(63)	84	0.6%
TOTAL PROGRAMS	2,774	22.7%	3,805	(1,998)	1,807	13.7%	4,242	(2,207)	2,035	12.4%	3,617	(2,055)	1,562	10.9%	3,832	(2,153)	1,679	11.7%
MANAGEMENT																		
DIRECTOR'S BUREAU	302	2.5%	176		176	1.3%	296		296	1.8%	304		304	2.1%	336		336	2.3%
EXTERNAL RELATIONS & INSTL. DEV.	133	1.1%	68	(1)	67	0.5%	236		236	1.4%	114		114	0.8%	156		156	1.1%
POLICY AND PLANNING											66		66	0.5%	135		135	0.9%
BOT & COMMITTEES	110	0.9%	110		110	0.8%	151		151	0.9%	121		121	0.8%	127		127	0.9%
ADMINISTRATION & PERSONNEL	696	5.7%	778	(292)	486	3.7%	793	(387)	406	2.5%	825	(340)	485	3.4%	837	(341)	496	3.4%
FINANCE	299	2.4%	360	(58)	302	2.3%	301		301	1.8%	337	(7)	330	2.3%	348	(4)	344	2.4%
VOLUNTARY SEVERANCE PACKAGE			288		288	2.2%	288		288	1.8%	288		288	2.0%				
OTHER	(442)	-3.6%	241	(190)	51	0.4%	430	(378)	52	0.3%	306	(307)	(1)	0.0%	264	(285)	(21)	-0.1%
TOTAL MANAGEMENT	1,098	9.0%	2,021	(541)	1,480	11.2%	2,495	(765)	1,730	10.5%	2,361	(654)	1,707	11.9%	2,203	(630)	1,573	10.9%
TOTAL PROGRAMS AND MANAGEMENT	3,872	31.7%	5,826	(2,539)	3,287	24.9%	6,737	(2,972)	3,765	22.9%	5,978	(2,709)	3,269	22.8%	6,035	(2,783)	3,252	22.6%
UNRESTRICTED FUNDS	3,872	31.7%			3,287	24.9%			3,765	22.9%			3,269	22.8%			3,252	22.6%
RESTRICTED FUNDS	8,335	68.3%			9,915	75.1%			12,691	77.1%			11,085	77.2%			11,139	77.4%
TOTAL	12,207	100%			13,202	100%			16,456	100%			14,354	100%			14,391	100%

ICDDR,B BOARD OF TRUSTEES MEETING

REPORT OF THE FINANCE COMMITTEE MEETING HELD ON JUNE 04, 2000

PRESENT:

Finance Committee Members

Mr. J.O. Martin – Chairperson of the Board
Prof. R.R. Colwell- Chairperson, Finance Committee
Dr. David Sack -- Director
Dr. A.K.M. Masihur Rahman

Board Members

Prof. Ricardo Uauy Dagach
Prof. M. Jacobs
Prof. A.K.A. Azad Khan
Prof. P.F. McDonald
Prof. Tikki Pang

Invited

Administrative Committee and Staff Members

Minute Secretary : Ms. Loretta Saldanha

The Committee convened at 10.30 a.m. in the Sasakawa International Training Centre (Training Room-1).

On Sunday, June 4, 2000 at 10.30 a.m. the Finance Committee of the Board of Trustees met to consider the finances of the Centre. This session was chaired by Prof. R.R. Colwell, Chairperson of the Finance Committee, and the finance report was presented by Mr. John F. Winkelmann, Chief Finance Officer.

Mr. J.O. Martin, Chairperson of the Board welcomed the members and staff present in the meeting.

The Chairperson indicated that the Centre had come out of the downward trend and is moving in a positive direction in its overall financial status. The "inflows" and "outflows" in respect to revenue and expenditures are very near to a balance. While this is true on an annual basis it does not yet address the cumulative deficit, nor the need for infrastructure development and equipment replacement. She also encouraged planning for future infrastructure and equipment within the strategic planning cycle.

The chairperson recognized the efforts of Centre management over the past several years in reducing the annual deficit.

AGENDA

1.Approval of Agenda.

2.1999 Audited Financial Statements and Auditors' Reports.
  a) ICDDR,B
  b) ICDDR,B Hospital Endowment Fund

3.2000 Forecast.

4.Appointment of Auditors for 2000.

5.Report on:
  a) Centre's Endowment Fund
  b) Reserve Fund
  c) Fixed Assets Acquisition and Replacement Fund

6.Miscellaneous.
  a) Bank Overdraft

The Agenda was approved as presented.

2. 1999 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 15, 2000. Abridged audited Financial Statements are included in the Centre's Annual Report.

The Auditors' Report includes three qualifications. Management does not agree with the qualification for not including the assets and liabilities of "ICDDR,B Employees Separation Payment Fund" as the Centre has no effective control over these Funds and the inclusion of such funds would materially distort the true financial position of the Centre.

The second qualification 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 third 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 two years. The balance of the deferred revenue expenditure will be charged in the year 2000, and the audit qualification will no longer appear.

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 committee member wish to review it.

The audited financial statements do not contain the detailed information which we present to the Finance Committee. Accordingly, Finance Department has prepared detailed tables from the audited accounts.

INCOME

Donor and Hospital Endowment Fund Contributions (Table 3 for summary and Table 4 for individual donor amounts) increased by $2,076,000 (18.2%) from $11,389,000 to $13,465,000. This increase comprised:

	1999 ACTUAL	1998 ACTUAL	DIFF. (DECREASE)
Restricted			
Projects/Programs	8,505,000	7,839,000	666,000
Fixed Assets	1,210,000	496,000	714,000
Hospital Endowment Fund	200,000	-	200,000
	9,915,000	8,335,000	1,580,000
Project Overhead	1,441,000	1,255,000	186,000
Total Restricted	11,356,000	9,590,000	1,766,000
Unrestricted			
General	2,109,000	1,799,000	310,000
Total Income	13,465,000	11,389,000	2,076,000

Restricted Income increased primarily due to full year funding for projects and programs started in 1998. This includes funds from European Union, DfID and the World Bank. Ongoing activities funded by the Swiss Red Cross and USAID/W as well as new projects supported by USAID/W increased. $200,000 was transferred to restricted income from the Hospital Endowment Fund.

Unrestricted Income increased primarily due to a one time contribution from the Government of Bangladesh and renewed unrestricted funding from the Netherlands.

EXPENDITURE

Operating Expenditures (Tables 3 to 5) increased by $995,000 (8.2%) from $12,207,000 to $13,202,000. This increase comprised:

	1999 ACTUAL	1998 ACTUAL	DIFF. (DECREASE)
Restricted			
Projects/Programs	8,705,000	7,839,000	866,000
Fixed Assets	1,210,000	496,000	714,000
Total Restricted	9,915,000	8,335,000	1,580,000
Unrestricted			
Program	1,792,000	2,757,000	(965,000)
Management	1,495,000	1,115,000	380,000
Total Unrestricted	3,287,000	3,872,000	(585,000)
Total Operating Cash Cost	13,202,000	12,207,000	995,000

Depreciation increased by $4,000 (0.4%) from $895,000 to $899,000.

Total Expenditures including capital expenditure and depreciation increased by $999,000 (7.6%) from $13,102,000 to $14,101,000.

BALANCE

Operating Surplus, excluding depreciation changed by $1,081,000 from a deficit of $818,000 in 1998 to a surplus of $263,000 in 1999.

Cumulative Operating Deficit, excluding depreciation decreased by $197,000 from $3,921,000 to $3,724,000. This decrease is comprised of the operating surplus of $263,000 less a transfer of $65,254 to the Fixed Assets Acquisition and Replacement Fund for unfunded assets purchased for activities supported by unrestricted funds.

Restricted Expenditures increased in line with increased revenues as noted under revenue.

Unrestricted Expenditures In Programs decreased primarily due to the ability of the Centre to attract Donor support as project funds for some essential programs previously supported from unrestricted funds and from salary savings as a result of the Voluntary Severance Program initiated in late 1998.

Unrestricted Expenditure In Management increased due to the charge of 50% ($288,000) of the Voluntary Severance Program.

Cumulative Unfunded Depreciation, increased by $855,000 from $9,408,000 to $10,263,000.

Discussions:

Revenue increased from 11.3 million to 13.4 million (an increase of just over US$ 2 million from 1998 to 1999) or 18.2%. The increase in restricted revenue was primarily due to full year funding for projects and programs started in 1998. Unrestricted income increased primarily due to a one time contribution from the GoB and renewed funding from the Netherlands.

Expenditure increased from 12.2 million to 13.3 million (an increase of just under a million US$ or 8.2%).

Depreciation increased by US$4000 from 895,000 to 899,000.

Balance at the end of the year – the operating surplus excluding depreciation changed by over a million, US$. From a deficit of US$818,000 that the Centre had in 1998 to a surplus of US$263,000 in 1999. The cumulative operating deficit decreased by US$197,000 from US$3,921,000 to US$3,724,000.

Following further discussions on the subject of Depreciation, Prof. Colwell called for those present to keep in mind that the Centre does not have funds for depreciation in addition, we have been accumulating deficits for the last several years. These are real costs because it impacts the cash flow and requires the Centre to borrow money periodically. There are three downward lines that we need to get back up. One is put money into the depreciation account, second, getting rid of the accumulative deficit and the third is to create a capital fund.

Prof. Colwell said that essentially the auditor's report states that the Centre is proceeding according to appropriate process for financial management. There were no serious matters of significance that need to be brought to the attention of the Board. Members wishing to see a copy of the Management Letter from the Auditors were welcome to do so.

Mr. Winkelmann presented the highlights of the Auditor's report which included the three issues the auditor's had raised.

Regarding the auditor's report concerning the Pension Fund, Mr. Martin said that he had found it surprising that they suggest that it should be incorporated into the Centre accounts. He however felt that it is important to mention in the notes to the accounts where the Centre stood in this regard.

Mr. Winkelmann said that individuals are provided with individual statements (there are some 800-900) as to what their investment is at the end of the year in the pension fund.

It was agreed to accept the Centres 1999 Audit Accounts.

1999 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 15, 2000.

	1999 ACTUAL	1998 ACTUAL	DIFF. (DECREASE)
Income:			
Investment Income	112,245	88,628	23,617
Donations	64,843	26,968	37,875
Net Fund Raising Activities	9,649	3,611	6,038
Exchange loss	(23,785)	(28,969)	5,184
Profit on Sale of Investments	261,104	-	261,104
Net Income	424,056	90,238	333,818
Distribution/Appropriation of Net Income:			
Transfer to:			
Inflation Reserve	118,382	69,708	48,674
Other Investment Capital Account	74,492	30,579	43,913
Investment Income Account	31,182	(10,049)	41,231
ICDDR,B Hospital	200,000	-	200,000
	424,056	90,238	333,818
Investments at Cost:			
Morgan Stanley Co. USA	2,398,791	2,000,000	398,791
Cash or equivalents - Dhaka	1,431,968	1,658,419	(226,451)
Shares, Debentures and Govt. Securities - Dhaka	447,730	388,372	59,358
Total Invested Funds	4,278,489	4,046,791	231,698

In 1999 $200,000 was withdrawn from the endowment for operating expenses of the Dhaka hospital.

The shares of common stock investments had a market value of $154,416 as at December 31, 1999 (1998 $256,840).

As at December 31, 1999, the market value of the investment portfolio with Morgan Stanley & Co in the USA was $2,830,731 (1998 $2,256,279).

The total market value of the fund at December 31, 1999 was $4,417,115.

Discussion:

During the past year US$74,000 was received from contributions and fund raising activities.

RESOLUTION 1:

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 December 31, 1999.

2000 FORECAST

INCOME

Donor and Hospital Endowment Fund Contributions (Table 3 for summary and Table 4 for individual donor amounts) which were budgeted at $16,367,000 are expected to decrease to $15,356,000. This decrease of $1,011,000 (6.2%) comprises:

	2000 BUDGET	2000 FORECAST	DIFF. INC/(DEC)
Restricted			
Projects/Programs	11,351,000	11,093,000	(258,000)
Fixed Assets	1,340,000	817,000	(523,000)
	12,691,000	11,910,000	(781,000)
Project Overhead	1,791,000	1,627,000	(164,000)
Total Restricted	14,482,000	13,537,000	(945,000)
Unrestricted	1,885,000	1,819,000	(66,000)
Total Contributions	16,367,000	15,356,000	(1,011,000)

Restricted Income will decrease in line with expenditures and are commented on under expenditures. Forecast includes $200,000 from the Hospital Endowment Fund.

Unrestricted Income is expected to decrease due to exchange rate fluctuations for contributions paid in currencies other than US dollars and a decrease in the contribution from the SDC.

EXPENDITURE

Operating Cash Cost (Tables 3 to 5) which was budgeted at $16,456,000 is forecast to decrease by $888,000 (5.4%) to $15,568,000. This decrease comprises:

	2000 BUDGET	2000 FORECAST	DIFF. INC/(DEC)
Restricted			
Projects/Programs	11,351,000	11,093,000	(258,000)
Fixed Assets	1,340,000	817,000	(523,000)
	12,691,000	11,910,000	(781,000)
Unrestricted			
Programs	2,029,000	1,832,000	(197,000)
Management	1,736,000	1,826,000	90,000
Total Unrestricted	3,765,000	3,658,000	(107,000)
Total Operating Cash Cost	16,456,000	15,568,000	(888,000)

Depreciation which was budgeted at $908,000 is expected to decrease by $22,000 (2.4%) to $877,000.

Total Expenditures including Depreciation was budgeted at $17,364,000 and is expected to decrease by $919,000 (5.3%) to $16,445,000.

BALANCE

The Net Operating Deficit excluding depreciation was budgeted at $89,000. This is expected to increase by $123,000 (138.2%) to a deficit of $212,000.

Net Operating Deficit including depreciation was budgeted at $997,000. This is anticipated to increase by $92,000 (9.2%) to $1,089,000.

Restricted Expenditures are expected to decrease due to delayed implementation of some activities in projects and a delay in approval of some projects. A capital project funded by the Swiss Red Cross was completed in 1999, a portion of this expenditure was included in the 2000 Budget.

Unrestricted Expenditures are not expected to change significantly.

Discussion:

Prof. Colwell explained that this is an update since we are half way through the year and a further update will be presented at the November Board meeting.

Operating Deficit:

The Operating Deficit is projected to be $212,000 for 2000. Last November the deficit was budgeted at $89,000, by way of comparison in June 1999 the Centre projected a deficit of $ 501,000 however the year closed with a surplus of $197,000. There is room for improvement. The Centre has been informed that donors who have been supporting the Centre will increase their contributions e.g. The Australian Government.

It was further noted that in 1999 revenues increased by approx. 18% over 1998. The year 2000 represents an increase of 14% over 1999. In the last two years the Centre's revenue have increased by approx. 30%.

Prof. Sack noted that though revenue had increased resources have not increased by 30% in the last two years and felt that this is clearly one of the difficulties that the Centre is facing. Opportunities for research and research is the Centre's mission and interest but without increasing resources both personnel and physical we are reaching a limit in terms of how far this increase can go – we cannot expect to get more and more money every year without turning out more work and that staff would agree with him that most of the scientists are working 150% or more of their effort already. He felt that this is an issue and also in terms of the way we do our research. In general we tend to define the research and then we go out and find the resources which is a difficult way to do it as it slows things down. We could probably increase our income by another 1-2 million dollars per year, but we have to love the people and other resources to do the work.

The importance of increasing the endowment funds was emphasized as this fund generates income that can be used precisely for this purpose so that when we have the opportunity to do some work we have a type of reserve that we can go to.

APPOINTMENT OF AUDITORS FOR 2000

Price Waterhouse, Calcutta and Hoda Vasi Chowdhury & Co, Dhaka were the auditors for 1999.

Price Waterhouse, Calcutta have been the Centre's auditors for the last four years and Hoda Vasi Chowdhury & Co, Dhaka for one year.

The Centre's practice is to normally retain auditors for three to five years to provide continuity in the audits and minimize audit costs.

In line with this Management is recommending the reappointment of Price Waterhouse, Calcutta and Hoda Vasi Chowdhury & Co, Dhaka as joint auditors for the year 2000.

Management is recommending that the audit fee not exceed $15,000, the same as in 1999.

Discussion:

It was agreed to reappoint the auditors as recommended.

RESOLUTION 2:

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

The Board appoints Hoda Vasi Chowdhury & Co, Dhaka, and Price Waterhouse, Calcutta, as joint auditors for the year 2000 at a fee not to exceed US$15000.

a) Centre's Endowment Fund

The balance of Centre Endowment Fund including USAID Endowment Fund was $3,841,691 as at December 31, 1999. 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, 1999 was $502,325 for a total market value of the fund of $4,344,016. There were no contributions or withdrawals from this fund during 1999.

b) Reserve Fund

The balance of the Reserve Fund as at December 31, 1999 was $2,364,851. Interest income of the fund during 1999 was $105,017. The Reserve Fund is held as security by American Express Bank for our overdraft facility. As approved by Board Resolution on November 07, 1999, $300,000 has been transferred from the Reserve Fund to Operating Fund in January 2000.

c) **Fixed Assets charged to Fixed Asset Acquisition and Replacement Fund**

Capital expenditures charged to the fund in 1999 totaled $133,873 comprising:

Matlab International Training Centre		68,619
Equipment – Centrally Funded		65,254
Total	$	133,873

During the year a transfer of $65,254 was made from the Operating Fund to provide for unfunded assets purchased from this fund.

The fund balance as at December 31, 1999 of $78,107 is funding from Government of Japan committed for the completion of the Matlab International Training Centre.

Discussion:

a) Centre's Endowment Funds:

It was noted that the rate of return has improved with the transfer of the investment portfolio from Morgan Stanley, New York to Washington.

b) Reserve Fund:

Following a resolution made last year there was an intent that we would continue to potentially withdraw US$100,000 from this fund and transfer to the Operating Fund as a way of moving out of the Cumulative Deficit.

Mr. Martin said that it was quite clear at the last Board meeting that the Centre could use the Hospital Endowment Funds to meet the cost of the hospital operations and the Reserve Fund for reducing the deficit. He stated that the Centre must continue to reduce costs to further reduce the cumulative deficit.

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, 2000. The facility is used for the balance of margins on letters of credit and any overdraft. 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, 2001. 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 1999.

Discussion:

It was noted that US interest rates are currently increasing and we are now paying 9¼ % on our overdraft. In Dhaka the interest rates are about 11.75%.

RESOLUTION 3:

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

The Board authorize the continuation of the overdraft facility of up to $2 million with the American Express Bank for the year to July 13, 2001.

Commentary:

Mr. Winkelmann brought to the attention of the Board tables 1 to 5 provided as attachments to the Report. These tables provide details on Centre contributiors, revenue, and expenditures. He further presented the following overheads to summarize the tables provided.

1. Donors to the Centre
2. Income-Restricted, Unrestricted, Overheads, Unrestricted Expenditures
3. Annual and Cumulative deficit
4. Maximum Quarterly Bank Overdraft
5. Programme and Management Expenditures (Indirect Costs)
6. Bar Chart indicating where Centre funds are directed
7. Endowment Funds (Contribution and Income)

Prof. Colwell presented two resolutions with respect to the withdrawal of funds from Centre Endowment Fund and USAID Endowment which will be taken to the Board for approval.

Resolution 4 : USAID Endowment Fund

In 2000, up to $60,000 being 4% of the fund value as at December 31, 1999, ($1,487,779) be withdrawn form the income of the USAID Endowment Fund managed by Morgan Stanley Dean Witter. The funds are to be used to carry out research on issues related to child survival as defined in the agreement with USAID under which the endowment was paid.

Resolution 5 : Centre Endowment Fund

Board approval is requested for the following resolution.

In 2000, up to $140,000 being 5% of the fund value at December 31, 1999 ($2,856,237) be withdrawn from the income of the Centre Endowment Fund managed by Morgan Stanley Dean Witter. The funds are to be used for the following purposes:

Contract with the Child Health Foundation (CHF) (our US contact office)	$25,000
Development of an Endowment Fund Raising strategy up to	$25,000
For Development of interdivisional thematic programmes	$90,000

The funds will be recorded as restricted funds and will be accounted for in a distinct budget code in the Centre's financial records.

Discussion:

The withdrawal of these funds is subject to the approval of USAID as stipulated in their agreement. The funds will be recorded as restricted funds and will be accounted for in a distinct budget code in the Centre's financial records.

Prof. Sack said that it is time that the Centre uses some of its endowments. No specific project has been specified for this but authorization was requested to be able to use these funds for innovative projects. The USAID endowment has certain restrictions and thus a separate resolution is included.

In presenting the second resolution Prof. Colwell explained that the income to be withdrawn from the Centre Endowment Fund would go to the following three items:

a) $25,000 – To support our fund raising activities in the USA through the ICHF. Funds will be provided to support ICHF activities. A MOU will be entered into with ICHF.

b) $25,000 – To engage a consultant to assist in developing a fund raising strategy in the USA to solicit a wider range of contributors on an ongoing basis.

c) $90,000 – For the further development of the interdivisional thematic programmes.

The meeting adjourned at 12.30 p.m.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

CENTRE FOR HEALTH AND POPULATION RESEARCH

DRAFT

BY-LAWS FOR ENDOWMENT FUNDS OF ICDDR, B

These by-laws relate to all Endowment Funds of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B).

1.00 DEFINITIONS

i) "Accounting Year" means the period beginning on the 1st day of January and ending on the 31st day of December, which will coincide with that of the International Centre for Diarrhoeal Disease Research, Bangladesh.

ii) "Asset Manager" means the asset manager based in the United States of America or elsewhere who pursuant to a contract or arrangement with the Centre, advises or directs or undertakes the management or administration of the Fund.

iii) "Centre" means the International Centre for Diarrhoeal Disease Research, Bangladesh, (ICDDR, B) established by an Ordinance of the Government of the People's Republic of Bangladesh.

iv) "Committee" means the Members of the Centre Fund Management Committee appointed by the Board of Trustees of the Centre.

v) "Donor" means an agency, organization, Government, corporation, trust or individual who contributes in cash or in kind, to the Centre for the purpose of an endowment fund.

vi) "Fund" means any Endowment Fund of ICDDR,B. It includes ICDDR,B Hospital Endowment Fund, the USAID Endowment Fund, the General Endowment Fund or any other Endowment Fund established / to be established by the Centre.

vii) "Government" means the Government of the People's Republic of Bangladesh.

viii) "Investment Income" means interest and dividend derived from investment of the capital of the Fund and "Investment Expenses" mean cost incurred for maintenance and management of Fund.

ix) "Trustees" mean the members of the Board of Trustees of the Centre.

2.00 OBJECTIVES OF ENDOWMENT FUNDS

The purpose of the endowments is to raise funds and generate income :

- to insulate the Centre from unexpected fluctuations in revenue
- to provide fiscal flexibility to permit the Centre to move quickly in exploring research opportunities
- to help the Centre maintain its competitive edge as a centre of excellence
- to contribute to the costs of patient treatment and care at the Centre Hospitals
- to develop the infrastructure of the Centre

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

CENTRE FOR HEALTH AND POPULATION RESEARCH

3.00 MANAGEMENT OF FUND

The responsibility of the Fund administration is with the Director who will control and allocate assets of the fund to be invested within and outside Bangladesh. The Centre Fund Management Committee will be established in the USA to oversee the activities of the Asset Manager for funds invested in the USA. The Committee is a volunteer entity, which acts on behalf of and reports to the Trustees of the Centre.

4.00 CONSTITUTION OF THE COMMITTEE AND ITS FUNCTION

4.01 Number and composition – The Committee shall be composed of no more than thirteen and no less than nine persons as follows :

- the Chairperson of the Centre's Board of Trustees
- the Director of the Centre
- the Chairperson of Finance Committee of the Centre's Board of Trustees
- the Chief Financial Officer of the Centre
- five to nine at-large members approved by the Centre's Board of Trustees

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

4.02 Appointment – The Committee members will be appointed initially by the Trustees and thereafter by the Committee in regular committee meeting. The Chairperson of the Committee will be appointed by the Director of the Centre. At the autumn meeting of Trustees, the members of the Committee to serve terms in the ensuing accounting year will be approved by the Trustees.

4.03 Term – Each Committee member shall hold a term of three years or until a successor is approved by the Trustees.

4.04 Vacancies – Any vacancy in seats of members at large shall be filled by the Trustees. A member so appointed shall serve for the remainder of the term of the member being replaced.

4.05 Responsibilities – The responsibilities of the Committee are as follows :-

- To develop general guidelines for the investment of endowment funds to be managed by the Asset Manager and to submit those guidelines to the Trustees for approval

- To recommend the Asset Manager and to submit its choice to the Board of Trustees for its approval

- To receive and review at least on biannual basis, the Asset Manager's reports on the performance of the fund account(s) under its management

- To report on the performance of the endowment fund account(s) managed by the Asset Manager to the Board of Trustees

4.06 Voting – All Committee members have one vote, which may be cast in person or through use of conference telephone or similar communication equipment.

4.07 Vote by proxy – Proxy votes are not permitted.

4.08 Reimbursements – All reasonable expenses incurred by the Committee members in the conduct of their duties will be reimbursed by the Centre. Reimbursable expenses include travel to attend Committee meetings, long-distance calls, e-mail and facsimile charges related to Committee business. Travel outside the USA will require prior approval from the Centre's Director.

4.09 Officers

a) Election – The officers shall consist of a Chairperson of the Committee and such additional officers as created from time to time by the Trustees.

b) Vacancies – Any vacancy occurring in any office, for whatever reason, shall be filled by the Trustees and any Committee member so elected shall fill the term of his / her predecessor.

c) Removal – Any officer may be removed by the Trustees at any meeting for any unlawful act or misconduct which is detrimental to the interest of the Centre.

d) Resignation – An officer may resign before the expiration of his/her term by submitting a written resignation to the Chair of Centre's Board of Directors.

e) The officers shall have the authority and responsibility delegated by the Board and as stated in these by-laws.

f) The Chairperson shall prepare the agenda for, preside at and conduct all meetings of the Committee, cause to be delivered all notices of meetings to those persons entitled to vote as such meeting, communicate fund management performance information to the Committee members, serve as liaison with the Asset Manager, communicate the general investment recommendations of the Committee to the Asset Manager, and normally serve as the representative of both the Committee and ICDDR, B's Board of Trustees with the Asset Manager.

g) Other officers shall perform such duties as may be specified by the Committee member, the Board or any other officer who may authorized in this regard.

5.00 MEETINGS OF THE CENTRE FUND MANAGEMENT COMMITTEE

5.01 Regular Committee Meetings – Regular meetings of the Committee shall be held at any place within the United States of America at least twice yearly and may be scheduled more often by the Committee Chairperson or by the Chairperson of the Centre's Board of Trustees. The regular meetings will be held in October and April of each year, to coincide with the receipt of the Asset Manager's performance reports for the past six months.

5.02 Special Committee Meetings – Special Meetings of the Committee shall be held at any time and at any place within the United States of America when called by the Committee Chairperson or by the Chairperson of the Board of Trustees or by at least three Committee members.

5.03 Notice of Meetings – Notice of regular Committee meetings shall be in writing and delivered at least ten days and no more that thirty days before the day of the meeting. Notices of special meetings shall state that it is a special meeting being called and may be given orally or in writing at least 24 hours

prior to the meeting time. All persons entitled to vote at the meeting must receive proper notice of the meeting.

5.04 Quorum – A majority of the sitting membership entitled t o vote shall constitute a quorum without which a meeting cannot be held.

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

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

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

6.00 INVESTMENT ACCOUNTS

6.01 Committee's Investment Authority – Acting on behalf of the Centre's Board of Trustees, the Committee may invest with the Asset Manager all the capital and investment income not required by the Centre for the purposes identified in paragraph 2.00 above, provided there is no restrictive covenant on the part of the donors as to the maintenance / utilization of fund contributed/donated by them.

6.02 Appointment and removal of the Asset Manager- The Committee in consultation with the donor, if required, is empowered to appoint any Asset Manager for the purpose of management and administration of Fund on such terms and conditions as agreed upon with the Asset Manager.

Asset Manager so appointed may be removed by the Committee at any meeting. However, prior consent from the donor, wherever required, should be obtained for such removal.

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

6.04 Establishment of Investment Accounts –

The Committee shall cause separate accounts to be opened with the Asset Manager. Initially three accounts will be established, all with the same investment strategy and same asset allocation, they are : the USAID Endowment Account, the Hospital Endowment Account and General Endowment Account. The USAID Endowment is comprised solely of endowment contributions made by USAID for child health activities. The Hospital Endowment is comprised solely of endowment funds received to support hospital patient care. The General Endowment is comprised of all other endowment funds not allocated to either the USAID or Hospital Endowment accounts.

Endowment contributions received by the Centre, for which there are no stipulations by the donors, the Centre's Director is authorized to allocate contributions to each of the three funds. As needed, the Centre's Director is also authorized to create additional endowment accounts with the Asset Manager.

6.05 Disbursement Information – The Committee will inform the Board of Trustees as to whether investment income received in any year or accumulated from prior years is available for distribution to the Centre for purposes set forth in paragraph 7.01.

6.06 Accounts and Audit –

i) Significant accounting policies and principles on the base of which accounts will be maintained are as follows :

- Revenue recognition : Investment income and expenses are accounted for on accrual basis.
- Cost : Investment is recorded at cost price. Cost price includes acquisition cost and any other expenses incurred on acquisition
- Valuation : At the year end investment is valued at cost or market value, whichever is lower.

ii) Based on periodical report received from the Asset Manager, the Centre will maintain records incorporating therein any income/expenses relating to investment, capital income/losses, movement of investments, and withdrawal from the fund etc.

iii) The books of account as maintained by the Centre relating to any endowment funds shall be audited at least once in every year by the auditor of the Centre as a part of Centre's accounts.

7.00 UTILIZATION OF THE FUND'S INVESTMENT INCOME

7.01 Purposes for which the Investment and Capital Income can be used are as follows :

a) USAID Endowment : Child Health Research (diarrhoeal diseases, nutrition, acute respiratory infections, immunization research, other child survival activities).

b) Hospital Endowment : Support for patient care at the Centre's hospitals.

c) General Endowment : Institutional development activities, research activities and other activities approved by the Board of Trustees.

7.02 Procedures for disbursement of Endowment Income :

a) The Board of Trustees of the Centre is the sole authority in determining the amount of any disbursement from the Endowment Fund and the activities for which such funds will be used.

b) The Committee will communicate to the Director of the Centre at least sixty days prior to the first day of the meeting of the Board of Trustees, the value of the Fund and whether investment income is available for disbursement to ICDDR, B for purposes set forth in paragraph 7.01. The Director will report this information to the Board of Trustees at the Board of Trustee's meetings.

c) No more than five percent of the value of the Endowment Fund can be disbursed annually. The amount will be based on the accumulated value in the Endowment Fund on the last day of the previous calendar year.

d) Based on the information provided by the Director at the Board of Trustee's meeting, the Trustees may determine whether funds may be disbursed and the amount that may be disbursed from the Endowment Fund. The Board of Trustees may also determine that no disbursement occur until a future date.

e) Income from the Endowment Fund will be disbursed only once per annum at the beginning of the subsequent year. The Committee will coordinate this activity with the Asset Manager.

8.00 BORROWINGS FROM FUND

a) The Board has authorized the Centre to borrow money, as and when required, from the Fund at an interest rate midway between the overdraft interest rate of Centre's Bankers and the Fund's one month term deposit rate. Such borrowings will be limited to a one-month duration with rollover by mutual consent.

b) Up to 10% of the fund balance may be invested in Centre activities provided that

   i) the activities raise revenue for the Centre

   ii) a business plan be developed demonstrating the profitability of the activity

   iii) the plan is approved by a business consultant selected by the Director to approve such plans

9.00 SIGNATORIES

For the purpose of smooth operation of the Funds (i.e. disbursement and withdrawals from the fund, authorization of document etc.) the following two signatories are required.

i) Director of the Centre and

ii) Chief Finance Officer of the Centre

In case, either of the above two signatories is not available, any associate director authorized as a cheque signatory for the Centre's accounts may act as alternate signatory.

10.00 REPORT

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

11.00 DELEGATION OF AUTHORITY

The Committee members may from time to time delegate as they think fit any powers, authorizes or discretion invested in them by these by-laws to any officer/s or persons and from time to time revoke such delegation provided always that such delegation shall not absolve them of their responsibilities under these by-laws.

12.00 INDEMNIFICATION

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

13.00 AMENDMENTS

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

14.00 SUSPENSION OF ICDDR, B'S OPERATIONS

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

In case of a permanent closure, the Board of Trustees will determine the appropriate manner in which the Fund balance will be utilized.

6/BT/NOV 2000

PERSONNEL AND SELECTION COMMITTEE

BOARD OF TRUSTEES MEETING
November 2000

CENTRE
FOR HEALTH AND
POPULATION RESEARCH

PERSONNEL AND SELECTION COMMITTEE MEETING

ICDDR,B - BOT Meeting
Sunday, 5 November 2000

Personnel and Selection Committee Meeting
HRD Agenda

Employment

1. Current Staffing Status
   - HRD Report
   - Nationality mix
   - Gender mix
2. International Staff (Fixed-term and Seconded)
   - New and Separating Staff
   - Contract Renewals
   - Current Vacancies
   - Establishment of new posts

Compensation

1. Market Survey – (Salary and Benefits) to be completed 31 October 2000
   - Highlight findings
2. Salary Recommendations – TBD **Closed Closed**
3. Pending Compensation Projects
   - Job Classification
   - Promotions –
     Scientific – finalizing now
     Other
   - Pay System
   - Performance Appraisal System

Training and Staff Development

1. Training Needs Assessment
2. Design and delivery of training programmes
3. Train-the-Trainer programmes

General Human Resources

1. Integrated Human Resources Information System
2. HR Departmental Reorganization

Policy and Procedures

1. Draft Policies that have been finalized

Update on HR Initiatives

1. Community Health Workers (CHW's) – on target for completion 31 December 2000
2. Gender Equality
   ILO adoption of policies – training programs, recruitment policies, etc

Closed Closed Session

Board of Trustees

1. Nominations and Selection of New Trustees

Board Resolutions

ICDDR,B
STAFFING STATUS
NOVEMBER 2000

Functional Area	2000 March 31			2000 September 30		
ternational Professional aff	12			13		
esearch cientific, Support & Field)	564	U	186	571	U	197
		R	378		R	374
esearch dministration)	221	U	120	230	U	128
		R	101		R	102
dministration & Personnel	91	U	91	96	U	96
		R	0		R	0
nance	37	U	37	38	U	38
		R	0		R	0
b Total	**925**			**948**		
ternational Seconded aff	6			6		
hort-term staff t'l, NO & GS)	30			10		
ommunity Health Worker	131			132		
b Total	167			148		
alth Worker	63			67		
b Total	1155			1163		
<u>hers</u>						
ainees	33			33		
SA Holders	411			405		
aily Wagers	111			235		
AND TOTAL	**1710**			**1836**		

ICDDR,B

OVERVIEW OF STAFFING SITUATION

April 2000 – September 2000

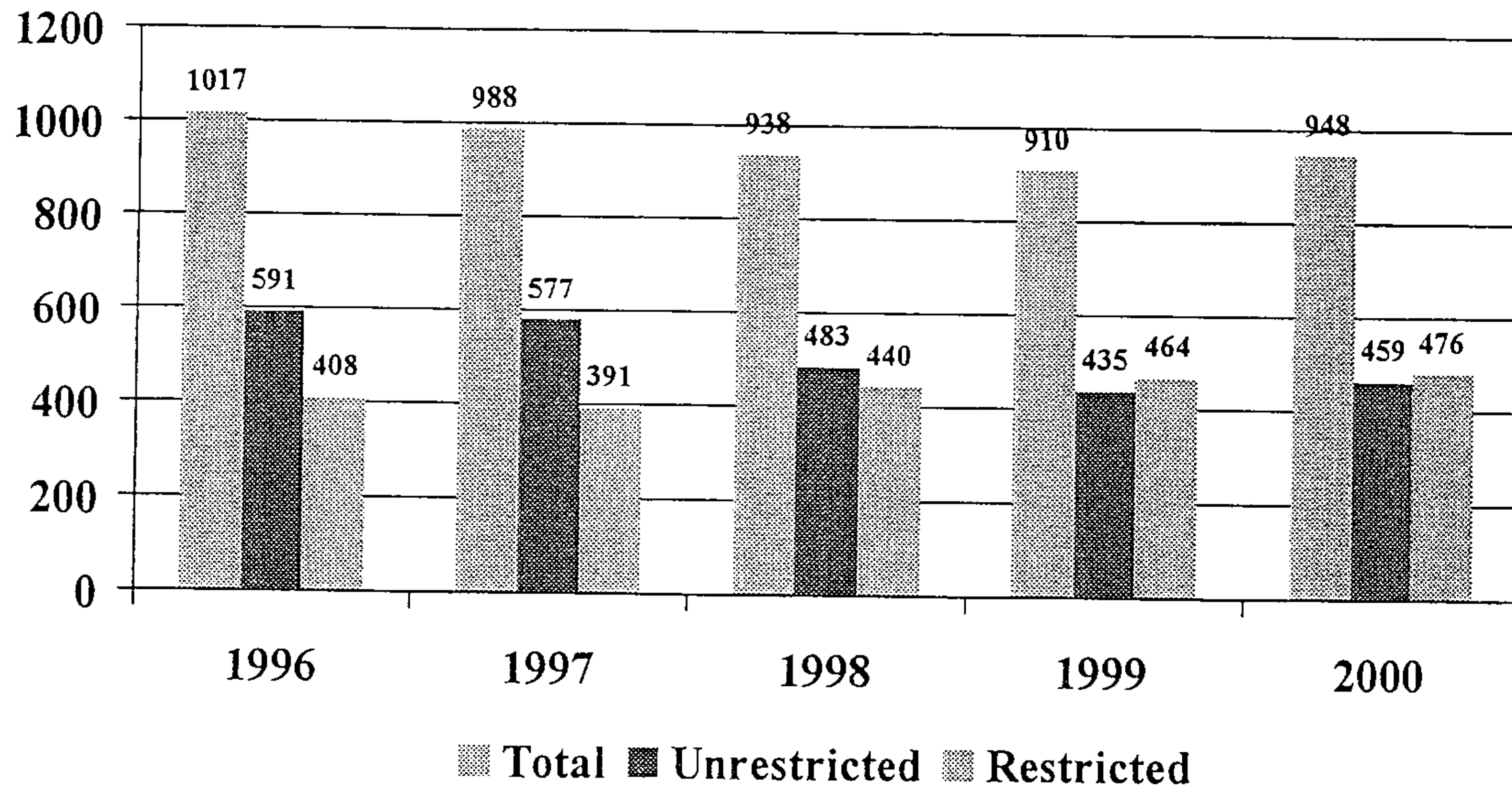
Separations/Additions of Staff

	Restricted		Unrestricted		**Total**		**Net Change**
	Sep	Add	Sep	Add	**Sep**	**Add**	
International	(1)	--	--	+2	**(1)**	**+2**	**+1**
Research (Scientific Support & Field)	(22)	+18	(6)	+17	**(28)**	**+35**	**+7**
Research (Administration)	(2)	+3	(3)	+11	**(5)**	**+14**	**+9**
Administration & Personnel	--	--	--	+5	**--**	**+5**	**+5**
Finance	--	--	--	+1	**--**	**+1**	**+1**
	(25)	+21	(9)	+36	**(34)**	**+57**	**23**

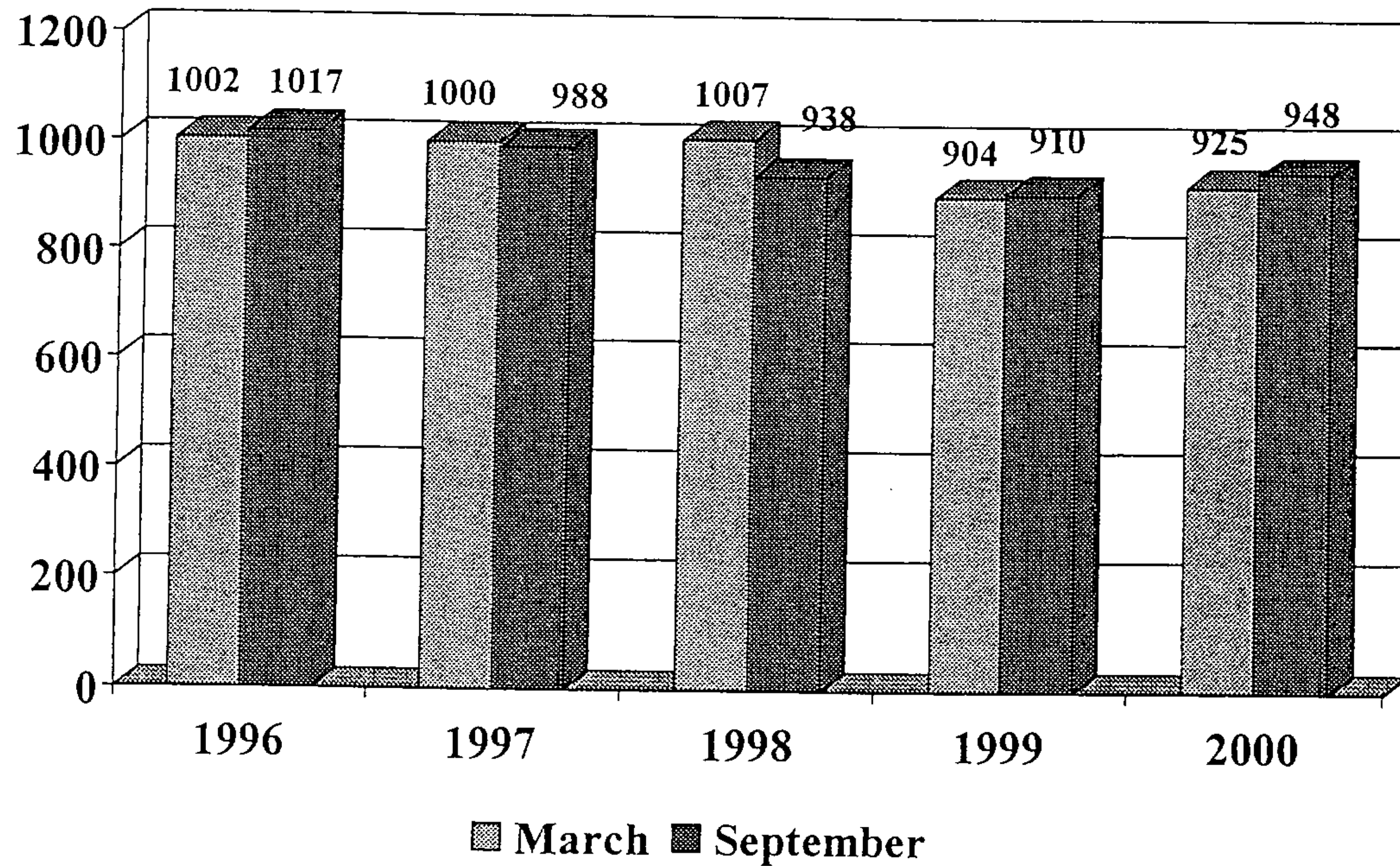
Net Addition : 23

P&S Nov 2000

ICDDR,B
FIXED-TERM STAFFING STATUS
1996 – 2000
(As of September 30)



ICDDR,B
FIXED-TERM STAFFING STATUS
1996 – 2000

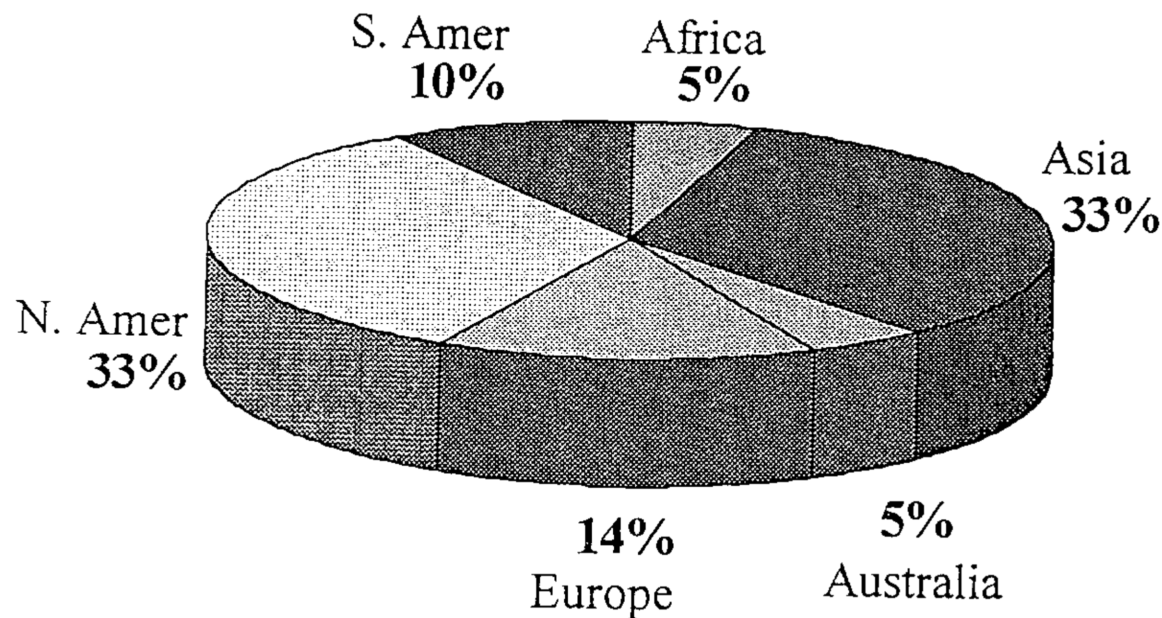


ICDDR,B
International Professional Staff
Staffing by Region

Region / Country		Staff No.
AFRICA		1
Tanzania	1	
ASIA		7
Bangladesh	4	
India	2	
Japan	1	
AUSTRALIA & THE PACIFIC		1
Australia	1	
EUROPE		3
Belgium	1	
The Netherlands	1	
Sweden	1	
NORTH AMERICA		7
Canada	1	
U.S.A.	6	
SOUTH AMERICA		2
Panama	1	
Trinidad & Tobago	1	
Total:		21

P&S Nov 2000

ICDDR,B
Int'l Professional Staff
By Continent
(As of Sept 30, 2000)



Note: (Includes Fixed-term, Seconded & Short-term staff)

ICDDR,B

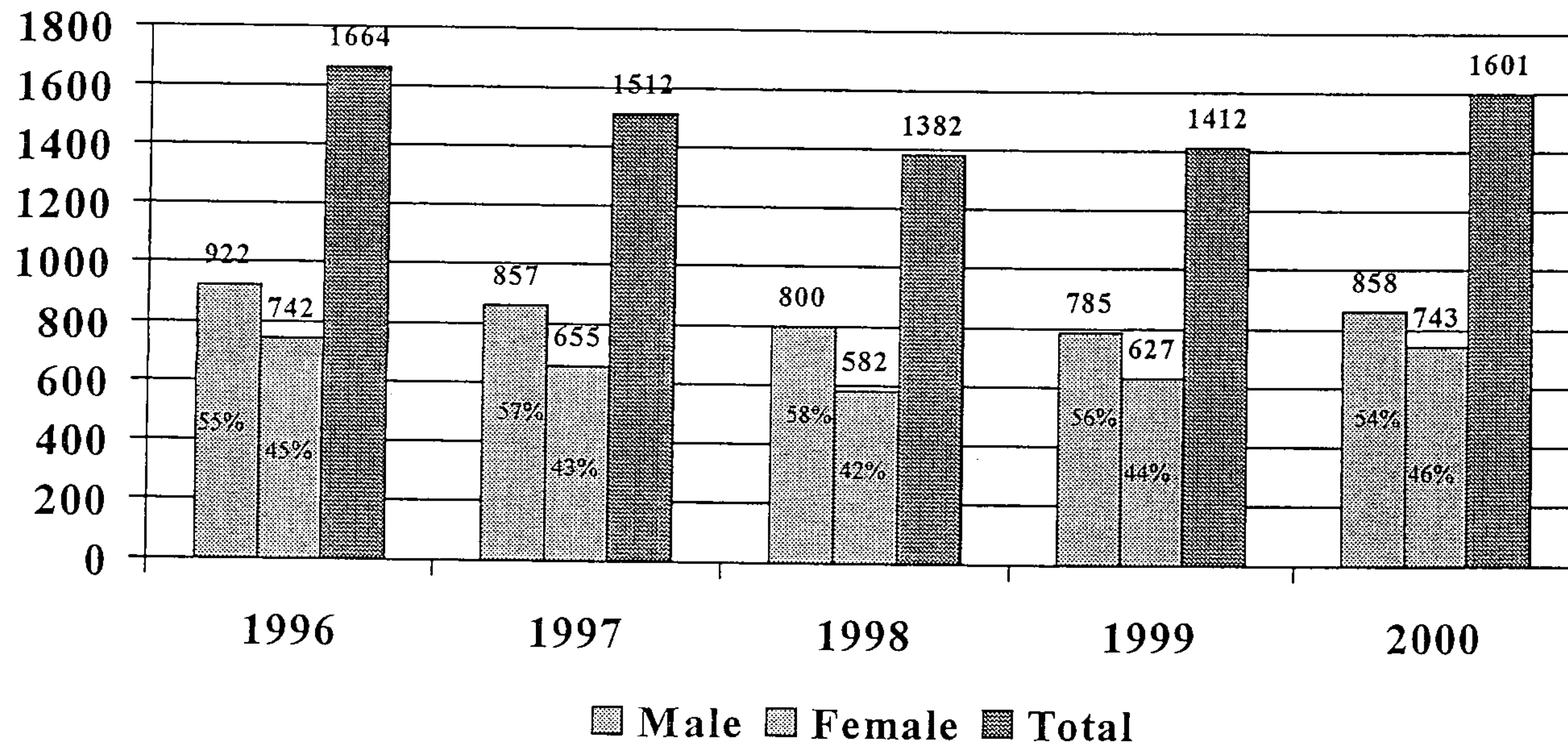
STAFFING STATUS BY GENDER

(As of September 30, 2000)

Category	Total # of Employee	# Male	# Female	% Male	% Female
Int'l Professional (FT/ST/Seconded)	21	16	5	76%	24%
National Officer (FT/ST)	179	135	44	75%	25%
General Services (FT/ST)	764	519	245	68%	32%
Community Health Workers	132	7	125	5%	95%
Volunteers	67	1	66	1%	99%
Trainees	33	26	7	79%	21%
Contractuals (CSA)	405	154	251	38%	62%
Grand Total	**1601**	**858**	**743**	**54%**	**46%**

Note: (Includes all staff except daily wagers)

ICDDR,B
GENDER RATIO
1996 – 2000
(As of September 30)



ICDDRB
INTERNATIONAL STAFF
BOT NOVEMBER, 2000 MEETING
PERIOD - 2QTR & 3QTR

DATE: 05-Nov-00

International Staff

NEW STAFF

Name	Job Title	Pay Level	Department	Join Date
Gopinath Nair	Micro-Biologist	P4	LSD	8-Apr-00
Diann M. Hill	Head, Human Resources	P5	Human Resources	27-Apr-00
Rob Brieman	Head, Infec Diseases & Vaccines	Seconded	PHSD	1-Aug-00

SEPARATING STAFF

Name	Job Title	Pay Level	Department	Expected End Date	Recruiting Status
Cris Tunon	Management Specialist	P4	ORP/HPED	30-Nov-00	TDB - Reorg
V.I. Mathan	Associate Director	D1	LSD	31-Dec-00	TBD
John Winklemann	CFO	P5	Finance	31-May-01	TBD
George Fuchs	Associate Director	D1	CSD	30-Jun-01	TBD

CONTRACT RENEWALS

Name	Job Title	Pay Level	Department	Start Contract	End Contract
John Winklemann	CFO	P5	Finance	1-Dec-00	31-May-01
Abbas Bhuiyan	Social Scientist	P4	PHSD	1-Jul-00	31-Dec-01

CURRENT VACANCIES (Current and Projected)

Division/Programme	Job Title	Pay Level	Redefined Position	Comments
Programme Heads	Head, ESP	P5	Chief Scientist	
	Head, Child Health Programme	P4/5		Recommendation to Director
	Head, Nutrition Programme	P4/5		Post to be established
ORP Reorganization	**Team Leaders:**			
	ESP	P5		Post to be established
	Rapid Assessment Team	P4/5	OR Scientist	
	Surveillance	TBD		Post to be established
	Associate Director - HRSD	D1		
Advertised in ORP	Health Economist	P4/5		Need to re-advertise
Director's Division	ER&ID	P2		
	Head, Information Sciences	P5		Approval for short-listed cand.

NEW POSTS

Division/Programme	Job Title	Pay Level	Recruiting Status	
Programme Head	Head, Nutrition Programme	P4/5		
ORP Reorganization	**Team Leaders:**			
	ESP	P5		
	Surveillance	TBD		

ICCDR,B
Board of Trustees – November 2000
Human Resources Agenda Update

ICDDR,B has been required to expand its role to meet the needs that continually evolve in the field of health and population research. As the additional scientific responsibilities have been absorbed and the organizational structure has expanded to accommodate these responsibilities, a growing need for a comprehensive Human Resources agenda has resulted.

Funds will be required for obtaining outside technical support services to assist with the development of a comprehensive market salary survey, job classification and job evaluation system, performance appraisal system, staff development and an integrated human resources system.

Market Salary Survey

ICDDR,B is currently evaluating its compensation structure for our national staff and, therefore, is conducting a salary and benefits survey to determine if our current remuneration package is competitive with market rates. The survey results will identify the Centre's relative position in the employment market compared to other employers. Based on these findings, appropriate measures can be developed to improve competitiveness in order to attract and retain high caliber people.

Job Classification and Evaluation

ICDDR,B currently uses the United Nations job classification system, which is linked to the UN grading and salary scales. This portion of the proposed work would examine whether this system remains a suitable system, or if an alternative system would better fit the needs of the organization.

The technical support services would be used to assist with the review of the existing job descriptions within ICDDR,B. When a suitable system of classification is agreed upon, a job classification panel will be established and its members will receive oversight and support in the following:

- Ensure that members are trained in the use of the selected system
- Establish a means of external validation of posts at senior level
- Ensure that job classification is undertaken in accordance with the system, and that benchmarks are established
- Evaluate the system to ensure that it is fully in place and fairly administered

Performance Appraisal System

Revise the current performance appraisal system to ensure it reflects the values and objectives of the Centre. The purpose of an effective performance management system is to:

- Objectively evaluate staff performance and contributions against agreed upon objectives, which the staff members are expected to achieve during a given period.
- Identify staff members' developmental needs on which individual training and development plans will be created.

Training and Staff Development

In order to improve the internal ability of the organization to operate, staff development in the form of training is required. This would create a systematic and continuous development of the knowledge, skills and attitudes that help both the organization and individuals in achieving the objectives of the organization. This will result in improving the effectiveness of management actions, enhance managerial competence and help all staff members to grow professionally and continuously improve their performance.

The staff development needed for ICDDR,B staff includes both skills-based and soft-skills training and would include the following methodology:

- Training Needs Assessment
- Design and delivery of training programmes based on results of needs analysis
- Train-the-Trainer programmes

Some recommended training programmes would include:

✓ Basics of Supervision
✓ Management for Excellence
✓ Effective Team Building
✓ Performance Management
✓ Managing Project and Departmental Budgets
✓ Time Management
✓ Gender Equality
✓ Sexual Harassment
✓ Microsoft Office Skills
  - Powerpoint presentation skills
  - Email skills

Integrated Human Resources Information System

With the expanding nature of activities of ICDDR,B, additional needs are being recognized in the area of managing the day to day, core operations of the Centre. Organizational development is needed in the area of automating and streamlining the support processes of the organization.

A foundational step toward this goal is the establishment of an Integrated Human Resources Information System. This system will consist of computer hardware and software that will serve to automate reporting and streamline the management of the human resources functions of the Centre.

With continued future additions and investment in the core development of the Centre, modules will be developed and coordinated with one another to automate other administrative tasks. The system will eventually integrate functional aspects of Finance, Payroll, Procurement, and Human Resources to streamline the operations of the Centre's administration.

The ultimate purpose of implementing the system will be to speed the processing of information, efficiently manage data and reporting requirements, and lend to the streamlining of the administrative function.

The benefit derived from this will be a reduction in the required administrative workload, which will result in less time spent by operations and research staff in fulfilling the required administrative procedures, and thereby reduce the corresponding percentage of cost of operational assets necessary to maintain the general management of the Centre.

The initial expenditure for the Integrated Human Resources Information System will be to purchase the computer hardware and software necessary to begin the development of the Human Resources module. This hardware and software will be linked with existing computer assets maintained within the Human Resources Department and will broaden the ability of the use of these existing assets in fulfilling the development of the Human Resources Module for the system.

SCHEDULE and ESTIMATE OF COSTS

The total cost for implementing a comprehensive Training and Staff Development program and an Integrated Human Resources System (HRIS) projects is not available with the amount of funding available under the SDC proposal. However, the utilization of the initial funds would allow the Centre to implement some training and HRIS modules now and add more modules as other sources of funding become available.

Project	Timeline	Estimate of Cost
Market Salary Survey	To be completed by 31 October 2000	$15,000 USD
Job Classification	Begin 5 November 2000	$15,000 USD
Training and Staff Development	Begin 13 November 2000	$12,000 USD
Integrated HRIS	Begin research immediately upon approval of funds	$51,000 USD

ICDDR,B

HIV and AIDS Policy Guidelines

Effective 1/ 6 /2000

Purpose:

The following guidelines are intended to assist managers in maintaining a work environment that is responsive to the workplace issues created by AIDS and HIV infection and the concerns of employees who may request management assistance:

General Guidelines:

The Centre recognizes that a supportive and caring response from managers and co-workers is an important factor in maintaining the quality of life for an employee with AIDS or HIV infection. Managers should be sensitive to the special needs of employees and assist them by demonstrating personal support, referring them to counseling services and arranging for benefits counseling as necessary. Studies show that the support of others in the workplace can be therapeutic for the employee with AIDS or HIV infection and may help to prolong the employee's life.

AIDS does not present a risk to the health or safety of co-workers or customers. On the basis of current medical and scientific evidence, the Centre recognizes that AIDS is a life-threatening illness that is not transmitted through causal personal contact under normal working conditions.

Co-workers will be expected to continue working relationships with any employee who has AIDS or HIV infection. Managers are encouraged to contact the Personnel Department for assistance in providing employees with general information and information about AIDS and HIV infection. Any employee who is unduly concerned about contracting AIDS may be further assisted through individual counseling.

An employee's health condition is private and confidential. An employee with AIDS or HIV infection is under no obligation to disclose his or her condition to a manager or any other employee of the Centre. Managers are expected to take careful precautions to protect the confidentiality of information regarding any employee's health condition, including an employee with AIDS or HIV infection.

An employee with AIDS or HIV infection is expected to meet the same performance requirements applicable to other employees, with reasonable accommodation if necessary. If an employee becomes disabled, managers will make reasonable accommodation, as with any other employee with a disability, to enable the employee to meet established performance criteria. Reasonable accommodation may include, but is not limited to, flexible or part-time work schedules, leave of absence, work restructuring or job reassignment.

The Centre is following the progress of medical research on AIDS and HIV infection. If any significant developments occur, these guidelines will be modified accordingly. Any questions concerning AIDS-related issues should be directed to the Head, Human Resources.

ICDDR,B
Scientific Misconduct Policy Guidelines

Effective 1/ 6 /2000

Purpose:

The Centre for Health and Population Research, will have the following policy and procedures for reviewing, investigating, and reporting allegations of misconduct in science[1].

General Guidelines:

Any form of irregularity by any scientist, researcher or any other staff directly or indirectly connected with such research, which is considered a misconduct in science or has the potential to be such, shall be reported to the Director immediately.

Investigations:

Upon receipt of such a report of misconduct in science, the Director shall either himself or through a committee, constituted of senior staff members not having any conflict of interest involved, shall investigate into the allegations of misconduct in science by -

- identifying the charges against the staff concerned;
- allowing the staff against whom the allegations have been brought sufficient time and scope to defend her/himself either verbally or in writing;
- asking the accuser to justify and prove the accusations s/he has brought against the accused;
- applying the relevant provisions of the Centre's Staff Rules in facilitating the process of investigations.

Confidentiality:

The process of reporting charges, investigations and resolutions in the cases of misconduct in science shall be held in strictest confidence.

Disposal of Cases:

All such cases of misconduct in science shall be investigated and a final determination made within sixty work days of their initiation unless circumstances clearly warrant a longer period and with the prior approval of the Director.

[1] For misconduct related to projects funded by the USPHS, reports of such misconduct will be reported to the PHS in accordance with 42CFR50.103

ICDDR,B
Consultancies Policy

Effective 1/ 6 /2000

Purpose:

To allow staff members to provide consultancies to outside firms that would benefit the individual and the Centre.

Guidelines:

1. Eligible staff include international level, NOC and above.
2. The agreement for consultancies is to be made with the Centre, not the individual.
3. Payment will be paid according to the Centre salary scale and should not be more than two (2) weeks per year.
4. Leave time can not be used for consultancies. If temporary replacement staff is needed, then the personnel costs will be bore by the consultancies.
5. The consultant is eligible to receive the agreed upon consultancy fee minus twenty-five percent (25%) of indirect costs.
6. All consultancies must be approved in writing by the Director.

ICDDR,B

International Travel Policy Guidelines

Purpose:

Effective 1/ 6 /2000

The Centre encourages its scientific staff to attend workshops, conferences, and congresses in Bangladesh and abroad, and to present the research findings of the Centre. Support for this may come from: (a) core funds, (b) staff development funds, (c) project funds, when project has approved line item for such activity, and (d) external sponsor. The following are guidelines suggested to standardize such procedures.

General Guidelines:

- Abstract/paper should be sent to the conference, workshop, congress organizer, only after it has been approved by the respective Division Directors.
- Requests for travel support from core and staff development funds must be submitted to the Director with full justification from the Division Director responsible.
- Staff members are encouraged to explore external funds, either from the conference organizers or other sources, to support their attendance at the conference. While seeking funds from other sources, the staff must do so in consultation with the External Relations Branch of the Centre.
- The Director must approve travel to international conferences, workshops, congresses by staff when such travel is core and staff development funded. Travel supported from other sources will be approved by the Division Directors.
- Attendance to conferences, workshops, congresses is generally limited to two (2) meetings per year, and the maximum period of absence is three (3) weeks per year. However, these may be waived on recommendation of the Division Directors.

Financial Assistance (Staff Development Funds):

Depending on the availability of funds, the Centre will provide funds to a limited number of staff every year to cover partial or full cost.

The following guidelines will be followed while reviewing and considering requests for Centre's fund:

- Junior and mid-level (up to NO-C level) staff will get priority.
- Staff members who have five years' continuous service with the Centre will be given priority.

Effective 1/ 6 /2000

- Staff members at International level will not be eligible for staff development funds.
- Staff will be eligible for Staff Development Funds for international travel no more than every two (2) years.

The Centre's support to staff member may include all or some of the following:

- International travel by the most economical route/means.
- Registration fee, if applicable.
- Subsistence allowance to cover accommodation, food and incidental expenses (and not following UN guidelines).
- Reimbursement of premium for "medical insurance coverage".
- Incidental expenses, if any, admissible under Centre's rule (and not following UN guidelines).

The rate of subsistence allowance during the conference period will be determined by the Centre on each case depending on the availability of funds and the cost of living in the country in which the conference is held.

Scientists are eligible for travel to scientific meetings. International scientists for a maximum of ten (10) days per year away from the Centre to attend scientific meetings. Every other year for foreign travel if staff development or core funds are used. Scientists can apply for staff development funds and will be eligible every other year. Applications for foreign travel using staff development or core funds will be considered in the months of January and June. Travel on behalf of the Centre will not have the same restrictions.

The period of attendance to scientific conferences, workshops, congresses will be treated as on duty.

The staff member is required to notify the concerned Division Director with information to the staff Development Secretariat, of the date of his departure for and return from the conference through his supervisor at ICDDR,B.

A staff member is required to submit a report on return after attending the conference to his Division Director with a copy to the Staff Development Secretariat.

Terms and conditions not covered in this guideline, shall be governed by the relevant provisions of the ICDDR,B Staff Rule/Manual.

ICDDR,B

Gender Equality Recommentation

Effective 1/ 6 /2000

Introduction:

During the November 1999 Board meeting the Trustees resolved (14/BT/Nov 99) to establish a Gender Equality Task Force with the aim to develop clear gender equality policies and time-barred gender targets, and to oversee its implementation.

It was agreed that a Task Force comprising of several members meet with staff to develop a Gender Equality Target. It was recommended that Board members who had experience in that area forward relevant information to Dr Sack to facilitate the process. It was agreed that Prof Vlassoff and Dr Sack would lead the Task Force. The Board members agreed to share with the Task Force, before the end of December 1999, their institutions' policy documents and/or their own experience.

Following the above, Prof Carol Vlassoff shared with the Director some thoughts and suggestions via an e-mail in November 1999. With the arrival of the Head, Human Resources in May, 00, Dr. Sack requested that Ms. Diann M. Hill assume responsibility for developing a recommendation for the Board of Trustees.

Outlined below is an overview of the efforts that have been made since the resolution was adopted. Also attached is the recommendation for establishing gender equality practices and policies at the Centre.

Overview:

The Centre has been actively pursuing recruitment of as many qualified female staff as possible; without, however, making `concessions' to bring more balance at the cost of quality.

In the International Professional category there has been a significant improvement in the gender balance. There has been an addition of four (4) new female International Professional Staff including Ms. Judith Bennett-Henry, Dr. Lauren S. Blum, Dr. Yukiko Wagatsuma and Ms. Diann M. Hill.

The Centre is an Equal Opportunity Employer and strives to reinforce its current policy toward achieving gender equality by offering the following recommendations.

Policy Statement:

The Centre is committed to having a workforce that reflects gender equality.

Focus:

To achieve this initiative the Centre will need to focus on external and internal practices and policies.

- External – Attracting and retaining qualified females
- Internal – Create policies and practices that facilitate the advancement of women in career advancement and pay equality.

Evaluation:

The Centre will need to review current practices and analyze female representation in the above categories to determine possible opportunities to improve gender equality. This can be accomplished by analyzing the following areas:

- Count the number of female representation in the Centre as a percentage of the total.
- Separate the ranks by levels (entry, supervisory and managerial) and calculate the female representation in these categories, each as a percentage of the total.
- Break out the numbers within the divisions by grade, salary, title, managerial level, etc.
- Analyze waiting periods between promotions for new job assignments for women and compare them to data for men.
- Analyze the levels where women enter and exit the Centre as compared to men.
- Review other benefits offered to men such as conference travel, education, etc. compared to women.

Recommendations:

Implementing the following practices may result in improved gender equality within the Centre.

- ***Internal Advancement*:** Develop programs to identify "high potential" individuals and ensure that qualified women are considered for upper-level promotions.
- Provide mentors to qualified females who are identified as high potential employees.
- ***Recruiting*:** Initiate proactive efforts to recruit qualified women through formal recruiting programs. For example, co-op programs for women or working with professional or academic women's organizations to ensure a diverse candidate pool.
- ***Training:*** Promote awareness of equal opportunity and access issues through establishment of training programs. This would include management and supervisory training courses focusing on gender sensitivity and diversity.
- ***Results:*** Set targets and establish benchmarks for measuring results. Audit internal and external practices to ensure that qualified females are considered as high potential employees to achieve gender equality.

Report from Staff Welfare Association (SWA)

Saturday 5 November 2000

17:00 – 17:30 pm

ICDDR,B Staff Welfare Association
Representations to the ICDDR,B Board of Trustees
4-6 November, 2000

Welcome
Hon'ble new Chairperson of the Board, Professor Marian Jacobs, distinguished trustees of the Board, representatives of the Government of Bangladesh, Patron-in-Chief of the Staff Welfare Association, and the SWA Executive Committee Members, hearty welcome and *Assalamoalaikum.*

Its my privilege to represent the views of the general staff of the Centre to the Honourable Board Members for their sympathetic consideration. 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 amid their busy time schedule.

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

1. **Salary Adjustment:** Time and again, the salary issue keeps coming up because of its sheer importance and the slow progress in resolving salary-adjustment issue by the Board and the management of the Centre. By any standard, whether determined by the UN scale (as prescribed in the Ordinance) or by market forces, the staff of the Centre, are grossly underpaid. Despite the fact, the staff of the Centre continued their work unabated contributing significantly to achieve the desired goals of the Centre in health and population research. Unfortunately, they did not get what they actually deserve in return.

   Recently, the cost of living has increased several fold, aggravated further by almost 30% dollar devaluation in less than 3 years. Bangladesh having an import-based economy, the price index goes up every time a major currency is devalued. We hope that the Board will sincerely consider these matters and come up with an acceptable solution to relive the economic hardship of the staff of the Centre.

   It should be emphasized that the Centre's best strength is its skilled staff, they must be protected against hopelessness and frustration so that the Centre's scientific progress remains guaranteed.

Specific issues: There are some important and specific issues that have been brought repeatedly before the notice of the Board which yet to be resolved.

(i) **Ranking, promotion, and recruitment:** This is a very important issue that has been brought before the attention of the management for review. For many years, lack of a proper and uniform policy with regard to ranking, recruitment,

and promotion resulted in unfairness, bias, and frustration among the staff. We suggest an immediate action to be taken to prevent further deterioration of the situation.

In view of these we are pleased to see that the process has been started with the new Head of Human Resources, but more rapid momentum is needed.

(ii) **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.

(iii) **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 have been followed in the past for evaluating similar cases. We hope that Centre will soon come up with a standardized policies that can be uniformly applied across the Centre. The current rules for appointing international staff for six years should be strictly followed.

(iv) **Holidays.** There is a confusion about the number of annual holidays observed by the Centre. Whether this should be a total of 11 days or 14 days that need to be clarified according to the system followed by the government and the UN offices.

(v) **Matlab issues:** We thank the management for resolving a long-felt demand of the Matlab CHWs by including them in the ICDDR,B pay scale. However, there are other issues related to field allowance, equity of recruitment, and promotion that need to be addressed. Special issues related to other field stations should also be reviewed.

(vi) **Retirement age:** We requested the management to increase the retirement age up to 62 years, this is to be consistent with the govt. and other organizations. We would appreciate if this is done in the interest of the staff of the Centre.

(vii) **Medical benefit:** It has been a long-felt need of the staff to have access to a comprehensive medical benefit for the employees and their dependents. However, we do not have this except for the limited benefit provided through the Staff Clinic facilities. We are pleased to learn recently that this process has begun and the Centre is developing a broad general health insurance plan with local companies.

SWA activities:I would like to bring to your kind attention, the important role that the SWA has been playing in accomplishing the overall goals of the Centre. Through its **medical assistance fund,** the SWA provides monetary benefit to employees, provides educational funds to staff dependents, organizes cultural

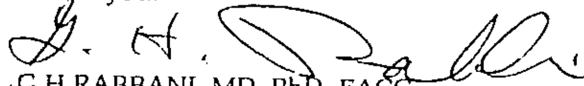
activities including picnic, annual dinner, farewell to outgoing staff, condolences of deceased staff, construction of mosque in Matlab, and home gardening and fish production in Matlab. Through the Cooperative Society, the SWA has been significantly contributing to staff welfare by its credit programme.

(viii) By interacting with management, the SWA also contributes significantly in improving staff relationship with the management with regard to the administrative, financial, and social activities.

In conclusion, the SWA will always be supportive of any action of the management for the growth and development of the Centre. We want to create an administrative, scientific, and cultural environment that are optimum for accomplishing the goals of the Centre.

The Centre's staff are now better informed, more committed, 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.

Thank you.



G H RABBANI, MD, PhD, FACG
President, Staff Welfare Association

SWA

Overview of the staffing situation

The Centre continued to restrict external recruitment of fixed-term staff during this reporting period (April 01, 2000 to September 30, 2000). There were 34 separations and 57 additions. The total number of Centre fixed-term staff belonging to all categories thus increased by 23 as shown in Table 1 below:

Table 1

Separations/Additions of Staff

	Restricted		Unrestricted			Total	
	Sep	Add	Sep	Add		Sep	Add
International	(-1)	-	-	+2	:	(-1)	+2
Research (Scientific Support & Field)	(-22)	+18	(-6)	+17	:	(-28)	+35
Research (Administration)	(-2)	+3	(-3)	+11	:	(-5)	+14
Administration & Personnel	-	-	-	+5	:	-	+5
Finance	-	-	-	+1	:	-	+1
	(-25)	+21	(-9)	+36	=	(-34)	+57

Net addition : 23

Staffing Backup

Table-2
BOT/P&S/Nov 2000

STAFFING STATUS

CF - Core funded
PF - Project funded

Functional Area	1999 (Sept 30)		2000 (March 31)		2000 (Sept 30)	
-International Professional staff	11		12		13	
-Research (Scientific, Support & Field)	552	CF 187 PF 365	564	CF 186 PF 378	571	CF 197 PF 374
-Research (Administration)	219	CF 120 PF 99	221	CF 120 PF 101	230	CF 128 PF 102
-Support Services & Personnel	90	CF 90 PF 0	91	CF 91 PF 0	96	CF 96 PF 0
-Finance	38	CF 38 PF 0	37	CF 37 PF 0	38	CF 38 PF 0
Sub Total	**910**		**925**		**948**	
-International Seconded Staff	2		6		6	
-Short term staff (Int'l, NO & GS)	10		30		10	
-Community Health Worker	152		131		132	
Sub Total	**164**		**167**		**148**	
Health Worker	**69**		**63**		**67**	
GRAND TOTAL	**1143**		**1155**		**1163**	

Table-2A
BOT/P&S/Nov 2000

FELLOWS, CONTRACTUAL SERVICE HOLDERS AND DAILY WAGERS

	1999 (Sept 31)	2000 (March 31)	2000 (Sept 30)
Fellows	29	33	33
Contractual Service Holders	250	411	405
Daily Wagers	179	111	235
Total	**458**	**555**	**673**

Table-3
BOT/P&S/Nov 2000

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

Functional Area	1999 (Sept 30)	2000 (March 31)	2000 (Sept 30)
Unrestricted	435	434	459
Restricted	464	479	476
International Professional	11	12	13
Total	**910**	**925**	**948**

Table-4
BOT/P&S/Nov 2000

STAFFING STATUS
FIXED-TERM

As of September 30, 2000

Sl. No.	Location	International Professional					NO	GS	Total
		Fixed Term	Short Term	Seconded	Fellow	Part Time			
1.	Director's Division	4	2	1	-	-	23	131	161
	-Director's Office	2	-	1	-	-	-	2	5
	-SWA	-	-	-	-	-	-	1	1
	-ER&ID	-	1	-	-	-	2	1	4
	-Audio Visual	-	-	-	-	-	1	1	2
	-Training	-	1	-	-	-	2	2	5
	-DISC	-	-	-	-	-	1	8	9
	-Support Services	-	-	-	-	-	4	80	84
	-Finance	1	-	-	-	-	10	27	38
	-Human Resources	1	-	-	-	-	3	9	13
2.	Public Health Sciences Division	6	-	3	-	1	59	196	265
3.	Clinical Sciences Division	-	-	1	2	-	36	157	196
4.	Laboratory Sciences Division	2	-	1	-	-	25	111	139
5.	Health & Population Extension Division	1	-	-	-	-	36	161	198
	Total	**13**	**2**	**6**	**2**	**1**	**179**	**756**	**959**

Table-5
BOT/P&S/Nov 2000

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

As of September 30, 2000

Sl. No.	Location	Seconded Staff (Int'l)	Short-term			CHWs	Total	HW
			Int'l	NO	GS			
1.	Director's Division	1	2	-	-	-	3	-
2.	Public Health Sciences Division	3	-	-	8	132	143	-
3.	Clinical Sciences Division	1	-	-	-	-	1	67
4.	Laboratory Sciences Division	1	-	-	-	-	1	-
5.	Health & Population Extension Division	-	-	-	-	-	-	-
	Total	**6**	**2**	**-**	**8**	**132**	**148**	**67**

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

Table – 6
BOT/P&S/Nov 2000

ICDDR,B

Number of Authorized Posts
September 2000

International Professional Category

	CF	PF	Seconded	Total
ADG	-	-	1	1
D1	2	1	1	4
P5	3	4	1	8
P4	3	6	2	11
P3	-	-	-	-
P2	-	-	-	-
P1	1	-	-	1
				25

National Officer (NO) Category

	CF	PF	Seconded	Total
NOE	4	2	-	6
NOD	8	2	-	10
NOC	24	6	-	30
NOB	27	34	-	61
NOA	18	63	-	81
				188

General Services (GS) Category

	CF	PF	Seconded	Total
GS6	32	36	-	68
GS5	82	109	-	191
GS4	62	106	-	168
GS3	78	129	-	207
GS2	55	42	-	97
GS1	108	51	-	159
				890

Community Health Workers : 139

Health Workers : 90

Grand Total : 1332

Table-7
BOT/P&S/Nov 2000

LIST OF INTERNATIONAL PROFESSIONAL STAFF
As of September 30, 2000

FIXED-TERM

Sl. No.	Name	Country	Job Title	Pay Level	Contract Start Date	Contract End Date
1.	BENNETT HENRY, Ms Judith Gala	Trinidad & Tobago	Executive Assistant to Director	P1	01.10.99	30.09.2002
2.	BHUIYA, Dr. Abbas Uddin	Bangladesh	Social Scientist & Project Director ICDDR,B-SRC Project, PHSD	P4	01.07.94	31.12.2001
3.	BLUM, Dr. Lauren S.	USA	Anthropologist, SBSP, PHSD	P4	23.01.2000	22.01.2003
4.	HILL, Ms. Diann M.	USA	Head, Human Resources	P5	30.04.2000	29.04.2003
5.	KHUDA, Dr. Barkat-e-	Bangladesh	Associate Director, Policy & Planning	D1	01.08.97	19.06.2002
6.	KILLEWO, Prof. Japhet Z. J.	Tanzania	Head, Reproductive Health Programme, PHSD	P5	27.10.99	26.10.2002
7.	MATHAN, Prof. V. I.	India	Associate Director, LSD	D1	01.01.98	31.12.2000
8.	NAIR, Dr. Gopinath Balakrish	India	Research Microbiologist	P4	09.04.2000	08.04.2003
9.	PERSSON, Prof. Lars Åke	Sweden	Associate Director, PHSD	D1	01.03.99	28.02.2002
10.	SIDDIQUE, Dr. A. K. M	Bangladesh	Epidemiologist, ECPP, PHSD	P4	01.07.96	30.06.2002
11.	STREATFIELD, Dr. Peter K.	Australian	Head, Health & Demographic Surveillance Programme, PHSD	P5	18.07.99	17.07.2002
12.	TUNON, Dr. Cristobal	Panama	Management Scientist, ORP, HPED	P4	01.12.94	30.11.2000
13.	WINKELMANN, Mr. John F.	Canada	Chief Finance Officer, DD	P5	01.12.97	30.11.2000

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	31.05.2001
2.	BROOKS, Ms. Vanessa J.	USA	Grants Administrator, ER&ID, Director's Division	P4	01.10.97	30.11.2000

Table-8
BOT/P&S/Nov 2000

LIST OF SECONDED STAFF
As of September 30, 2000

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	21.12.2001	BADC
2.	BREIMAN, Dr. Robert Fedric	USA	Medical Epidemiologist, PHSD	P4	01.08.2000	31.07.2002	CDC/US Embassy
3.	FUCHS, Dr. George J.	USA	Associate Director, CSD	D1	01.11.94	30.06.2001	LSU
4.	MELS, Mr. Carel T. van	Netherlands	Demographic Researcher	NOB	29.12.99	28.12.2001	NFA
5.	SACK, Dr. David Allen	USA	Director, ICDDR,B	ADG	01.10.99	30.09.2002	JHU
6.	WAGATSUMA, Dr. Yukiko	Japan	Scientist	P4	17.01.2000	16.01.2002	JHU

BADC : Belgian Administration for Development Cooperation
LSU : Louisiana State University
NFA : The Netherlands Ministry of Foreign Affairs
JHU : The Johns Hopkins University

Table-9
BOT/P&S/Nov 2000

LIST OF INTERNATIONAL FELLOWS
As of September 30, 2000

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	14.07.2001	ICDDR,B
2.	BROOKS, Dr. W. Abdullah	USA	Int'l Health & Child Survival Fellow	01.07.1997	30.06.2001	JHU

INTERNATIONAL PROFESSIONAL STAFF ON PART-TIME APPOINTMENT

Sl. No.	Name	Country	Job Title		Start Date	End Date	Funding Status
1.	BAIRAGI, Dr. Radheshyam	Bangladesh	Senior Scientist	P5	15.01.98	14.06.2001	EU & WHO

JHU : The Johns Hopkins University
EU&WHO : European Union and World Health Organization