ICDDR,B

BOARD OF TRUSTEES MEETING

31 Oct-2 Nov 2003

PROGRAMME OF THE

BOARD OF TRUSTEES MEETING

31 Oct-2 Nov 2003

20 August 2003

DRAFT PROGRAMME
Board of Trustees Meetings
October 31 – 2 November 2003

Friday 31 October 2003	**Programme Committee** **Sasakawa Auditorium & Seminar Room**	
08.00 a.m. – 09.00 a.m.	Approval of Minutes	BoT,CD
09.00 a.m. – 10. 45 a.m.	Director's Report	BoT, scientific staff: NOA and above, donors (Auditorium)
10.45 a.m. – 11. 00 a.m.	TEA	"
11.00 a.m. – 12.30 a.m.	Presentations – New Initiatives: HIV/AIDS (Dr. Tasnim Azim) Poverty & Health (Dr. Abbas Bhuiya) Zinc Project (Dr. Charles Larson)	"
12.30 p.m.– 01.00 p.m.	SWA Presentation	BoT
01.00 p.m. - 02.00 p.m.	LUNCH	BoT, CD, (no staff lunch due to Ramadan)
02.00 p.m. - 03.00 p.m.	Programme Committee (to reflect on morning session)	BoT, CD
03.00 p.m. - 03.15 p.m.	TEA	BoT, CD
03.15 p.m. – 05.00 p.m.	*Discussion on Standing Committees: Human Resources Finance Programme National Liaison Fund Development and Oversight	BoT
Evening	Free	

***(discussion on functioning of the Board; formulate their job descriptions – will need input from ERID, Finance & HR)**

Saturday 1 November 2003	**HR & Finance, CSD External Review Preliminary Report**	
08.30 a.m. – 10.30 am	HR Committee	BoT, CD
10.30 a.m. – 10.45 a.m.	TEA	BoT, CD
10.45 a.m. - 01.00 p.m.	Finance Committee	BoT, SC
01.00 p.m. - 02.00 p.m.	LUNCH	BoT, SC
02.00 p.m. - 04.00 p.m.	CSD External Review Report	BoT, SC, & CSD senior staff
04.00 p.m. – 04.15 p.m.	TEA	"
04.15 p.m. - 05.00 p.m.	Committee Chairs to finalize Resolutions	BoT
05.00 pm.	Reception (Iftar – Holy Month of Ramadan) Roof top Pavilion or Guest House	BoT, SC with spouses Representatives and Spouses – collaborating institutions and donors
Sunday 2 November 2003	**Full Board & Development Partners' Group (DPG) Group Seminar Room/Sasakawa Auditorium**	
08.30 a.m.- 11.00 a.m.	Full Board Meeting (Revise/finalize Resolutions)	BoT
	Any Other Business	BoT
11.00 a.m. – 11.30 a.m.	TEA	BoT
12.30 p.m. – 02.00 p.m.	LUNCH	BoT (Director's Conf Room)
02.00 p.m. – 03.00 p.m.	Presentation by BoT Chair and Director	BoT, Donors, Scientific Staff: NOA and above (auditorium)
03.00 p.m. – 03.15 p.m.	TEA	BoT, Donors, SC
03.15 p.m. – 04.00 p.m.	Development Partners' Group(DPG)	BoT, Donors, SC

CD: Centre Directorate; SC: Scientific Council; NOA: National Officers "A" level; SWA: Staff Welfare Association

1/BT/NOV 2003

APPROVAL OF THE AGENDA

2/BT/NOV 2003

APPROVAL OF THE DRAFT MINUTES

OF THE MEETING

HELD ON 1-3 JUNE 2003

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES, ICDDR,B
1-3 June 2003

Minutes of the Programme Committee
Sasakawa Auditorium/Seminar Room
1 June 2003

The Board of Trustees held its meeting in Dhaka, Bangladesh from 1 to 3 June 2003. The proceedings of the Programme Committee commenced at 8.00 am in the Seminar Room.

Present:

Dr. Ricardo Uauy Dagach (Board Chair)
Mr. Anisul Huq Chowdhury
Dr. Maimunah Bte Abdul Hamid
Prof. A K Azad Khan (Chair, Finance Committee)
Prof. Jane Kusin
Prof. Terry Hull
Dr. Nobukatsu Ishikawa
Dr. Claudio Lanata (Chair, HR)
Dr. Tikki Pang
Mr. M. Fazlur Rahman
Prof. David Sack (Director, ICDDR,B)
Prof. Marcel Tanner
Prof. Carol Vlassoff (Chair, Programme Committee)
Dr. I Kaye Wachsmuth

Absent (with regrets): Prof. N K Ganguly
Invited: Centre's Executive Committee Members
Minutes: Loretta Saldanha

Dr. Ricardo Uauy Dagach, Chair, BoT opened the meeting welcoming all and introduced Ms. Ann Walton, Head, HR and Mr. Aniruddha Neogi, Head, Finance. He congratulated the group involved with drafting the Strategic Plan, which was earlier approved by the Board. He said the BoT was pleased to receive the printed version of the Strategic Plan.

Dr. Uauy briefly outlined the Programme for the next 3 days. He said a special session would be held to discuss the hospital, governance, CHNRI and other issues that might arise during the meetings. He invited Prof. Vlassoff to take the Chair.

Agenda 1:
Approval of the Minutes of the Meeting of the Programme Committee held in Novemer 02.

The Director, Dr David Sack reported that that the HR Plan and a Sustainability Plan requested by the Board at the last meeting, would be presented during the HR & Finance Committee meetings respectively.

Strategic Plan: Page 40. The last paragraph should be deleted since specifics are not required.

With regard to further changes in the Strategic Plan it was noted that the Plan is intended to be a dynamic one and would be updated from time to time. Two new programmes have recently been established which will be included in the Plan.

It was resolved that the Strategic Plan will be reviewed annually in the Full Board meeting, usually in the fourth quarter, to include monitoring and progress, and, since the progress of the Centre will be reviewed against the background of the Strategic Plan, similarly, the yearly and mid-term planning should also be presented in relation to the Strategic Plan.

A query about how the Gender Policy and HR Policy would be merged together was raised, as well as a request for more data on the structure of the Centre (male and female staff in the various levels). This was to be provided at the HR Committee meeting.

A discussion was initiated with Mr. Fazlur Rahman re SARS and how the Centre could assist the Ministry of Health, GoB in this regard. Mr. Rahman reported that ADB has offered to assist to strengthen their surveillance, and that the Ministry of Health would be calling upon the Centre -- Dr. Rob Breiman, an expert in this area -- for assistance. The GoB also has plans to upgrade their labs. Dr. Breiman stated that the Government should invest in controlling the spread of the disease.

Discussions followed regarding the length of the Minutes, It was agreed that these needed to be streamlined and not presented in a transcript form. It was resolved that the BoT Minutes should only contain (i) a summary of the key issues discussed and (ii) the resolutions or decisions forwarded.

The Programme Committee reconvened at 8.30 am in the Sasakawa Auditorium.

Present: Members of the Board
Absent: Prof. N.K. Ganguly
Invited: Scientific Council members, donor representatives, Centre Scientific staff.

Minutes: Loretta Saldanha

Dr. Uauy welcomed those present and thanked them for taking time out of their busy schedules to participate. He said he was happy to have the presence of Mr. Anisul Huq Chowdhury and Mr. M. Fazlur Rahman at this meeting.

Dr. Uauy introduced Prof. Carol Vlassoff and invited her to open the proceedings of the meeting.

Prof. Vlassoff said that the Board is pleased to be here again and that they are looking forward to hearing reports of the progress being made at the Centre.

Director's Report:

Dr. Sack provided a brief update leaving the technical and scientific aspects to the Division Heads. He said that he was happy to be back and was pleased that the Centre had functioned well in his absence. His presentation included an overview of the Board meeting, follow-up from the last Board meeting, HR update, transition of international staff, organization of the Centre Divisions and Programmes, Review Committees, changes in Physical Plant during the year, back-up and normal electricity, "Suchona" Project (New MIS), training and dissemination, Centre publications, staff development, overview of finances, endowment fund raising efforts, Strategic Plan, collaborating institutions, hospital plans, management changes, ASCODD X, 25th anniversary events, themes of scientific findings, and CHNRI.

He said the Centre has had a busy year and there have been many changes. He was pleased that some initiatives are finally being implemented (eg Strategic Plan, "Suchona" project and HR). Threats however remain mainly in the areas of recruitment and finances.

Prof. Vlassoff thanked Dr. Sack for his presentation and said that further discussions would be held with regard to a loan from the Hospital Endowment Fund to purchase a new generator; an external review of the Clinical Sciences Division; the CHNRI Governance, and a Strategic Plan for the functioning of the Board. She said the Board will be discussing plans for the hospital (how to accomplish its goals and make it sustainable) in a closed session of the Board followed by a meeting with the Centre's Executive Committee.

Agenda 2: Division Reports

Prof. Vlassoff invited Dr. Abbas Bhuiya, Acting Associate Director and Head, to present the report of the Public Health Sciences Division:

Public Health Sciences Division:

Dr. Bhuiya's report included general information about the division, findings from selected studies: arsenic and health, IMCI, TB, Rotavirus vaccine, maternal and infant nutrition (MINIMat), dengue and cholera surveillance, EOC services, violence against women, neonatal survival, fertility stagnation, Chakoria community health project, Equity Dialogue (publication of the Poverty & Health Programme), and future direction of the Division.

Discussion:

Arsenic and Health: The balance between action and information gathering was queried.

Poverty & Health: Following her visit to Chakoria, Dr Kusin strongly felt that Chakoria would provide an excellent opportunity to do poverty, equity and health research – particularly if contrasted to the Matlab setting. One topic worth pursuing further is village or community health volunteer as agents of change.
It was also felt that besides Poverty and health the Centre could also concentrate on education (quality of education), and that this should also be the responsibility of the government.

EOC services in Matlab - concern was expressed re the future of project and whether plans are in place to ensure continuity after the departure of the PI.

Result sharing - it was explained that the Programmes are across divisions and the areas of work is divided according to the expertise.

TB: Several questions were raised: How does the Centre relate its research to the National Programme ? Whether the Centre was geared to the need for new vaccines ? Whether the Centre is working with the Govt labs. Response: a TB surveillance system has been established in Matlab to identify suspected cases. Since the Centre has established a culture sensitivity technique in 1996, the Government has been provided with updates and feedback. Incidence rates are available for rural and urban areas. Plans are to carry out diagnostic tests. The question of debate is whether we should focus on children or adults. With re to funds set aside by the Global Fund for TB (operational research) and that the Centre should also apply for funds for the new paediatric dengue vaccine.

The Board was impressed by the initial list of topics that the Division is handling but felt that the Division should be concentrating on fewer topics in greater depth. Dr. Bhuiya assured the Board that the Division would not compromise on quality.

Prof. Vlassoff thanked Dr. Bhuiya for his excellent presentation and invited Dr. M A Salam, Acting Associate Director and Head to present his report.

Clinical Sciences Division:

Dr. Salam's report outlined activities in the Division, the hospital, and the Nutrition Programme, which is housed in the Division. His report included a brief outline of the major activities, staffing status, staff development, research themes, publications, institutional collaboration, summary and results of published studies and completed projects, patient visits by year/month, training activities, other accomplishments, and the "Young Scientist Award" (UEGW 2002) received by Dr. Hasan Ashraf. Dr. Salam highlighted the future of the Dhaka Hospital, its requirements and sustainability plans, in line with the Strategic Plan.

Reporting on the Nutrition Programme Dr. Salam presented the Programme's achievements, research initiatives, other activities and requirements which included recruitment of a Programme Head, funding and capacity development including training, acquiring skills, techniques and equipment.

Discussion:

Zinc: In response to a query on what is the safe amount of zinc to be given, it was explained that 70 mg per week is administered to subjects in a study in Kamlapur.

Quality of care: Questions were raised re the frequency of hospital nosocomial infections, hospital crowding (suggested that once the Centre has a well established case management periphery, the Centre should collaborate with the GoB), issues of privacy (Centre should look into this and develop manuals, norms), maternal/neonatal units. Dr. Salam reported on the difficulties with diverting patients to other clinics as these are mostly outpatient clinics, they do not have trained staff and lack supplies. The GoB should take the initiative for essential services delivery programmes. 53% of the patients presenting at the Centre need to be hospitalized, 6-7% come with life threatening illnesses and no hospitals want them. With regard to hospital infections, with the current crowding, this is occurring at a higher level. We do not have the funds required to control these infections.

Franchising: In response to a question on whether repeat customers (patients) are monitored and whether the Centre has given thought to implications of its research results (hospital infections) to other countries in the region, Dr Salam said that a Clinic (franchise) has been started for patients with milder diarrhoea. There is no system to monitor repeat customers.

Hospital Management: With re to Centre's suggestion to recruit a Consultant with expertise in Hospital Management, the Board was not in favor and agreed to discuss this issue in detail in the closed session.

Prof. Vlassoff thanked Dr. Salam for his presentation and thanked him for the good work carried out by his Division. Dr. Rob Breiman, Associate Director and Head, Health Systems and Infectious Diseases Division was invited to make his presentation.

Health Systems and Infectious Diseases Division:

Dr. Breiman presented the Mission of the Division, its organization, staffing status, information on salary support, and staff development. Presenting a report on the Programme on Infectious Diseases and Vaccine Sciences housed by the Division, Dr. Breiman listed burden studies, plans to develop/evaluate simple diagnostic tests to improve case detection and surveillance, evaluate new vaccines, assist with technology transfer to other countries and enhance capacity to investigate, and manage outbreaks. Under the Health and Family Planning Systems Programme (HFPSP) also housed in HSID, Dr. Breiman presented the Programme's current activities reporting on specific studies and its future directions; the five units under HSID, activities in the field, collaborators and the Health and Science Bulletin.

Dr. Breiman also presented highlights of his visit to China in connection with SARS and his presentation to the Ministry of Health on the subject.

Discussion:

Balance in research topics: It was felt that much work was being done in infectious diseases and not much in health systems research. Why are studies on new vaccines being planned instead of effectiveness studies of present vaccines? Dr. Breiman explained that much work is being done in the areas of HSR and that he may have underemphasized these activities. He mentioned the zinc study that the Division is ready to start. Regarding the typhoid vaccine, he reported that the incidence was much higher in the 2-4 year old group than expected. The Board was pleased with the volume of work being done in typhoid. Further discussions were held with re to the Nipa virus and typhoid studies.

Prof. Vlassoff thanked Dr. Breiman for his presentation and the challenges the Division has set out to undertake. She invited Mr. Peter Thorpe, Associate Director & Head, Information Sciences Division, to present his report to the Board.

Information Sciences Division:

Mr. Peter Thorpe presented his report which included the objectives of the Strategic Plan for the Division, and a report on the activities over the reporting period.

Prof. Carol Vlassoff thanked Mr. Thorpe for the progress made during the reporting period.

Discussion:

Dissemination of knowledge: The Centre was commended for its excellent programmes in upgrading infrastructure and networking. However, it was felt that beyond dissemination of information the Centre should also be disseminating knowledge and develop a Med-Line for developing countries (ICDDR,B could play an important role in South Asia). It was also felt that the Centre should link up with INCLEN initiatives.

Teaching Plans/Learning Modules: In response to a query whether the Centre has explored the INDEPTH possibility (opportunity for distance learning), and how feasible will it be for the Centre to offer credits, it was reported that the Centre had not explored this possibility. It was also clarified that the Centre's Ordinance is very clear that it does not offer degrees. However, the Centre is collaborating with other universities/institutions. Recent initiatives of BRAC and the Bangladesh State University were cited whereby the Centre is collaborating by offering its staff as faculty.

25 Years of ICDDR,B: How accessible is the Centre's data. It was reported that a data warehouse has been initiated for this purpose. The Centre's Executive Committee together with the Scientific Council has recently formulated a policy for data ownership in an attempt to make optimal use of the data at the Centre.

Prof. Vlassoff invited Dr. G B Nair, Associate Director & Head, Laboratory Sciences Division to present his report.

Laboratory Sciences Division:

Dr. Nair began his presentation by stating the mandate of his Division -- Use science to eliminate disease -- His report highlighted LSD's functional components, staffing, publications, collaborations initiated and continuing, research in progress and results of completed studies, new physical facilities, clinical laboratory management software, Business Plan for Biomedical Engineering Unit, core competencies and business opportunities of BMEU, new acquisition and infrastructure, scientific networking, and staff development activities. Referring to the recently completed sari filtration study. Dr. Nair said that this outcome is of global importance because of its simplicity. He was also pleased to report on the first publication to come out of the TB lab.

Dr. Nair concluded his presentation with a brief video taken on site on the follow-up of injecting drug-users (Dr. Tasnim Azim's ongoing HIV/AIDS study with CARE, Bangladesh)

Dr. Vlassoff thanked Dr. Nair for his stimulating presentation. She said their publication record was very impressive – something a Western lab would be proud of. She queried whether the Division faced problems collecting blood from children for the new test for

TB. It was clarified that only 3 ml of blood was needed and that no problems have been encountered.

Dr. Uauy thanked Prof. Carol Vlassoff for Chairing this session.

Afternoon Session: Programme Committee – Sasakawa Seminar Room

Present: Board members
Invited: Scientific Council, PI's of LSD

Minutes: Loretta Saldanha

Agenda 3: LSD Response to External Review

Dr. Uauy thanked the Review Team (Dr. K. Wachsmuth, Dr. Tikki Pang, Dr. Wanpen Chaicumpa and Maj Gen Motiur Rahman) for their report and invited Dr. Nair to present the Division's response.

Dr. Nair reported that the response to the review also included information since the review was completed. Review members were requested to comment on the response. Dr. Wachsmuth congratulated the Division and said that her expectations have been exceeded greatly. Dr. Tikki Pang thanked Dr. Wachsmuth for accepting to Chair the team and suggested that it would be good to walk through the responses one by one.

Queries included the pricing principles for the services of the lab – 2/3 tiers? It was clarified that all components were calculated. Overhead is charged for external users and not for internal users.

Fire safety issues: A survey has been carried out, though a number of issues have not yet been addressed and nor has an estimate of costs been finalized. The Division is looking at what can be done with minimum costs, eg human awareness. Vulnerable areas have been identified. Funds of approximately US$ 40-45,000 will be required for a detection system with sprinkler system.

Strategic issues – referring to recommendation 3 & 7, the division can expect a huge workload. With re to Rec 8 – more coherence is required. It was felt that, given the financial constraints, the Division should rethink its plan to invest in an electron microscope. The Board was reminded that this was the recommendation of the Review Team.

A progress report should be presented to the Board at the next meeting.

Professor Vlassoff thanked Dr. Nair for presenting the Division's response to the Review.

Division Presentations:

Further discussions were held with regard to presentations at the June and November Board meetings (see Resolutions 3-7).

Strategic Plan of the Board: It was agreed that a Board Retreat be held in November 2004 to discuss this, the composition of the Board, and other issues.

Agenda 4: Representation of the Staff Welfare Association:

The Executive Committee members of the SWA met with the Board. The SWA presentation emphasized the need for a salary adjustment and outlined various benefits to staff.

Agenda 5: Child Health and Nutrition Research Initiative (CHNRI)

Dr. Sack reported that ICDDR,B has been selected to house the CHNRI secretariat following an international competition and provided a methods section of the ICDDR,B proposal. Much discussion ensued and although all were sympathetic to the move, it was clear that there were legal and governance issues with regard to the status of the CHNRI. The Board was reluctant to accept the Secretariat until these issues are resolved. Potential conflicts of interest in terms of fundraising and staff time will need to be resolved prior to approval of the proposal. However, negotiations should continue with the Global Forum for Health Research (GFHR) regarding governance and legal issues, and a proposal should be presented at the next BoT meeting, or in the interim to the Executive Committee if necessary. Dr. Sack will correspond with Dr. Richard Feachem of the Foundation Council in this regard.

Agenda 6: The Future of the Hospital:

Dr. M.A Salam presented a brief background of the hospital, its evolution, sensitive issues, concerns, yearly patient visits, the Centre's efforts to reduce patient load, requirements of the hospital and its future.

It was agreed that the hospital is the responsibility not only of the Clinical Sciences Division but of the whole Centre (see Resolution 9).

The Board also met in a closed session to discuss the above issues.

Agenda 7: CSD External Review

See Resolution 7.

The meeting concluded at 5.30 p.m.

2 June 03 (5.30 pm)

A meeting of the Board and the EC was held on 2 June 03 following the HR and Finance Committee meetings (see Resolution 9-10).

Programme Committee Resolutions

1/BT/Jun 03

That BoT minutes should only contain (i) a summary of the key issues discussed and (ii) the resolutions or decisions forwarded.

2/BT/Jun 03

The BoT was pleased to receive the printed version of the Strategic Plan and reiterated the thanks to all involved in drafting and finalizing this important document for the Centre.

3/BT/Jun 03

That full Division reports be presented only at the full BoT meeting, usually in the fourth quarter and that the Executive BoT meeting receive a progress report of the Centre's activities in the form of the draft Annual Report.

4/BT/Jun 03

That since the progress of the Centre will be reviewed against the background of the Strategic Plan, similarly, the yearly and mid-term planning should also be presented in relation to the Strategic Plan.

5/BT/Jun 03

That the full BoT meet once a year, usually in the fourth quarter, to correspond with key planning activities of the Centre. The second BoT will be run as an executive BoT meeting with only the Executive Committee members attending. The executive BoT meeting will be followed by an e-mail report of key issues and draft resolutions, and a phone conference with all BoT members where key issues emerging from the executive meeting will be discussed and voting on the resolutions will occur.

6/BT/Jun 03

That a BoT retreat be held to discuss BoT working procedures in November 2004, prior to the full BoT meeting.

7/BT/Jun 03

That the Clinical Sciences Division should undergo a full review before the BoT meeting in November 2003. The review will be chaired by Dr. Claudio Lanata.

The review should assess the resources available: methods and data, output, impact and, on the basis of these considerations, formulate the TOR.

8/BT/Jun 03

That the BoT consider the proposal for ICDDR,B to host the Secretariat of the Child Health & Nutrition Research Initiatives of the Global Forum for Health Research (GFHR). The BoT noted that there were legal, governance and procedural issues that needed to be resolved with the Foundation Council of the GFHR. Potential conflicts of interest in terms of fundraising and staff time will need to be resolved prior to approval of the proposal. Negotiations should continue with the GFHR and a proposal should be presented at the next BoT meeting, or in the interim to the Executive Committee if necessary.

9/BT/June 03

The BoT appreciated the possibility to discuss the future of the ICDDR,B-Dhaka hospital with all heads/acting heads of divisions and advised them to develop together with the Director innovative models for the role, functioning and financing of the hospital. This should be presented and discussed in the November 2003 BoT meeting.

10/BT/Jun 03

That the Centre Directorate make further progress in defining the core (essential) support required by the Centre to fulfill its mission in accordance with the Strategic Plan and report their analysis to the November 2003 BoT meeting.

11/BT/Jun 03

The BoT analysed the pattern of distribution of unrestricted funds and noted that it will be important to monitor at future meetings the inter- and intra-divisional distribution of these funds and the rationale used.

Minutes of the Human Resources Committee Meeting
2 June 2003
Sasakawa Training Lecture Room

A meeting of the Human Resources Committee of the Board of Trustees (BoT) was held on 2 June 2003 at 1.00 p.m. in the Sasakawa Training Lecture Room.

Present:

Dr. Ricardo Uauy Dagach (Chair, BoT)
Dr. Claudio Lanata (Chair, HR)
Dr. Maimunah Bte Abdul Hamid
Prof A K Azad Khan (Chair, Finance Committee)
Prof. Jane Kusin
Prof. Terry Hull
Dr. Nobukatsu Ishikawa
Dr. Tikki Pang
Mr. M. Fazlur Rahman
Prof. David Sack (Director, ICDDR,B)
Prof. Marcel Tanner
Prof. Carol Vlassoff (Chair, Programme Committee)
Dr. I Kaye Wachsmuth

Absent Mr Anisul Huq Chowdhury & Prof. N.K. Ganguly
Invited: Members of the Executive Committee
Minutes: Ms Loretta Saldanha

Dr. Ricardo Uauy Dagach, Chair of the BoT, thanked the Director for arranging visits to the various field sites. He welcomed all to the meeting of the Human Resources Committee and invited Dr. Claudio Lanata to Chair the proceedings.

Dr. Lanata invited Ms. Ann Walton, Head, HR to make her presentation. The presentation included information of staff by gender, and gender ratio for the period 1999-2003. It was noted that 75% vs 27% should not be considered as a "slight imbalance". The Centre will address this after an implementation strategy is in place.

Agenda 1: Approval of the Agenda:

The Agenda was approved.

Agenda 2: Approval of the Minutes of the November 2002 meeting:

The Minutes of the last meeting were accepted and approved.

Agenda 3:
3.1 Staffing Status (reporting period Oct 02 – 31 March 03)

Ms Walton reported that the Centre continues to follow the policy of restricting recruitment of core positions. She reported 73 additions, 39 Separations (Total increase: 34). The net additions of 73 are attributed to 34 increases in the project positions. Information was also provided on the number of core/project staff, core/project international professional staff, international staff by continent, staffing status by Division, a list of international professional staff & international professional short-term staff, a list of Seconded staff, together with a list of Adjunct Scientists.

3.2 Status of Recruitment of International Professional Staff

3.2a Deputy Director, D2, Director's Division

Recruitment for this post to be delayed due to financial constraints. It was agreed however that the Centre provide a clear job description for the post and have the concurrence of the BoT by e-mail.

3.2b: Associate Director, DI, Clinical Sciences Division

Applications were screened and a short-list prepared. Two candidates were interviewed (on May 31 and June 2). Following discussions in a Closed session of the BoT it was agreed that the position be offered to Dr. M A Salam.

3.2c Associate Director, DI, Public Health Sciences Division

Applications were screened and a short-list prepared. Two candidates were interviewed (on May 31) one in person and by via a conference call. Following discussions in a closed session of the BoT it was agreed that the Centre proceed with the process of recruiting and authorized the Executive Committee of the BoT to approve the appointment.

3.2d Executive Assistant to the Director, PI, Director's Division

The vacant position of the Executive Assistant to the Director was announced in February and after a detailed review of the candidates who responded. Ms. Loretta Saldanha, Executive Secretary of Clinical Sciences Division was the most qualified candidate who met all the post requirements for the post and was thus offered the post effective 10 April 2003.

Agenda 3:
3.1 Staffing Status (reporting period Oct 02 – 31 March 03)

Ms Walton reported that the Centre continues to follow the policy of restricting recruitment of core positions. She reported 73 additions, 39 Separations (Total increase: 34). The net additions of 73 are attributed to 34 increases in the project positions. Information was also provided on the number of core/project staff, core/project international professional staff, international staff by continent, staffing status by Division, a list of international professional staff & international professional short-term staff, a list of Seconded staff, together with a list of Adjunct Scientists.

3.2 Status of Recruitment of International Professional Staff

3.2a Deputy Director, D2, Director's Division

Recruitment for this post to be delayed due to financial constraints. It was agreed however that the Centre provide a clear job description for the post and have the concurrence of the BoT by e-mail.

3.2b: Associate Director, DI, Clinical Sciences Division

Applications were screened and a short-list prepared. Two candidates were interviewed (on May 31 and June 2). Following discussions in a Closed session of the BoT it was agreed that the position be offered to Dr. M A Salam.

3.2c Associate Director, DI, Public Health Sciences Division

Applications were screened and a short-list prepared. Two candidates were interviewed (on May 31) one in person and by via a conference call. Following discussions in a closed session of the BoT it was agreed that the Centre proceed with the process of recruiting and authorized the Executive Committee of the BoT to approve the appointment.

3.2d Executive Assistant to the Director, PI, Director's Division

The vacant position of the Executive Assistant to the Director was announced in February and after a detailed review of the candidates who responded. Ms. Loretta Saldanha, Executive Secretary of Clinical Sciences Division was the most qualified candidate who met all the post requirements for the post and was thus offered the post effective 10 April 2003.

Agenda 3:
3.3 Renewal of Contracts

3.3a Associate Director, D1, Policy and Planning, Director's Division

The contract of Dr. Barkat-e-Khuda, Associate Director, Policy and Planning, expires of 31 July 2003. As of this date, Dr. Barkat will have served for six years as an International Professional staff at the Centre in addition to his prior term as an international seconded staff to the Centre from the Pop Council. Dr. Barkat's contract has been extended under the same terms and conditions, as a special case with approval of the Board from 1 August 03 to 30 June 2004.

3.3b Head, Child Health Unit, P4, Public Health Sciences Division

Dr Shams el Arifeen will be completing 3 years international professional appointment on 20 November 2003. Due to his excellent performance the Centre intends to renew Dr. Arifeen's contract for a further 3 years period effective 21 November 2003.

3.3c Head, Epidemic Control & Preparedness Unit, P4, PHSD

Dr A K M Siddique, Head, ECPP at pay level P4 will be attaining the age of 65 at the end of this year. His current contract expires on 30 June 2003. The Centre intends to extend his contract under the same terms and conditions until he reaches the retirement age of 65 on 4 December 2003.

3.3d Head, Reproductive Health Unit, P5, PHSD

At the expiry of his extended contract Prof. Japhet Killewo will leave the Centre on 12 June 2003.

Dr Sack clarified Dr. Killewo's situation. Dr. Killewo is on leave of absence from his University on Tanzania and he needed to return to his post in Tanzania immediately or resign, or he would have to forfeit his retirement benefits. Because of the funding situation here, the Centre could not offer him a long term contract. The Board were concerned with the lack of expertise in this area and how the loss of this individual will impact on developing future projects. It was reported that in terms of service aspects, this has been institutionalised in Matlab and for the time being the transition can be made painless. The research agenda of the reproductive health program will however require recruitment of a replacement of Dr. Killewo soon.

The Board placed on record its thanks to Prof. Killewo for his contributions to the Centre.

3.4: **Information on New International Professional Staff**

3.4a Health Economist, P4, Health Econimics Unit, PHSD

Dr. Beena Varghese, an Indian national and a US permanent resident joined the Centre on 10 October 02 as Health Economist at pay level P4 on a three years' fixed term contract.

3.4b Head, Finance, P5, Director's Division

Mr. Aniruddha Neogi, an Indian national, joined the Centre on a fixed term contract for a period of three years effective 18 November 2002.

3.4c Head, Human Resources, P5, Director's Division

Ms. Ann Gauvin Walton, a Canadian national, joined the Centre on 4 March 2003 on a three year fixed term contract.

3.5 Status of Seconded Staff Contracts

3.5a Scientist, P4, HSID

Dr. Abdullah Brooks, a faculty member of the Johns Hopkins University (JHU), Bloomberg School of Public Health in the Dept of International Health has, at the request of the Centre, been seconded for another term of two years to 30 June 2005.

3.5b Scientist, P4, ECPP, PHSD

Dr. Yukiko Wagatsuma, Assistant Scientist, Dept of International Health, School of International Hygiene and Public Health at Johns Hopkins University has been, at the request of the Centre, been seconded to the Centre for an additional term of 18 months effective 17 January 2003.

3.5c Senior Operations Research Scientist, P5, HSID

Through a secondment agreement between the McGill University, the services of Dr. Charles Larson, an Associate Professor of the Department of Paediatrics, McGill University has been seconded to the Centre for a period of three years effective 1 May 2002.

3.6 Separation of International Professional Staff

3.6a Associate Director, D1, PHSD

At his own request, Prof. Lars Ake Persson shortened his contract at D2 level to join the University of Uppsala, Sweden, as a Professor. Prof. Persson left the Centre on 28 February 2003.

3.6 New Adjunct Scientist

The Board approved the proposal of the Centre to appoint Dr. Lars Ake Persson as an Adjunct Scientist to the Centre for a period of three years.

It was also noted that the Board had earlier approved the Adjunct Scientist Policy.

Agenda 4: Strategy for the Recruitment and Retention of Senior Staff:

Following difficulties to recruit and retain senior staff, a recruitment strategy to ensure that the Centre has the ability to attract, retain and motivate highly creative and productive senior international staff, was presented to the Board

Following discussion on this issue, it was noted that the growth of opportunities for international health jobs, which are more attractive, could be a reason for the Centre is not able to attract people. It was queried that over the years a number of people have come close to considering jobs at the Centre and have then decided not to, and whether the Centre has communicated with them and tried to figure out why they did not consider jobs at the Centre and whether the Centre needs to re-examine the perks. It was also felt that a good presentation of Dhaka will help change perceptions of Dhaka, and whether the Centre is addressing the positive attributes and how best to present them. Announcements of vacancies should also be posted at international conferences hosted by the Centre.

The Board approved the strategy for the Recruitment and Retention of senior staff and authorized the Director and the Head, HR to determine the most appropriate recruitment methods for individual posts and that the Centre provide regular feed-back on the results of this process.

With regard to employment of spouses the Board approved their employment under the conditions stipulated in the document.

Agenda 5: Gender Policy

Ms. Walton explaining the process for preparation of the Policy, mechanisms and processes for implementation, follow-up and monitoring. The next step would be to refocus the Gender Equality Committee to be able to meets its objectives/duties.

Costs attached to its implementation have not yet been calculated. A Gender Specialist needs to be recruited.

The Board approved the Policy, with some minor edits, and commended those involved with its preparation and recommended that a report of the first stage of implementation should be provided at the November BoT meeting.

Suggestions included:

- that gender sensitivity be tied to performance evaluation
- call it a "family friendly" policy
- input from different kinds of health systems on gender.
- will this provide any publishable results
- this document shows gender equity in general – what is missing is the inequity in health research

Agenda 6: Human Resources Plan

The Board endorsed the Center's Human Resources Plan as requested and recommended that a report on its implementation should be provided at the November BoT meeting.

Agenda 7: Selection of Members of the Board of Trustees

Following discussions in a closed session of the Board, the extension of the following Board members for a second term of 3 years with effect from the date of termination of their first 3-year term was approved:

Prof. N.K. Ganguly
Dr. Tikki Pang
Prof. A K Azad Khan
Prof. Jane Anita Kusin

The Board also approved the selection of Dr. Halima Ramadhan Abdullah Mwenesi as a new Board member effective 1 July 2003.

With re to UNICEF representation on the Board (to replace Mr. Rolf Carriere), it was reported that a letter to this effect has been sent to Ms. Carol Bellamy at the UNICEF Headquarters. No response has yet been received.

Agenda 8: 8.1 & 8.2 Staff Salaries

This was discussed in a closed meeting of the BoT. (Resolution 30/BT/June 03 – Finance).

Agenda 9: Any Other Business

9.1 Appraisal System for Scientific Positions – Appointment/Promotion

This was presented to the Board for its information.

9.2 Amendment to the Policy for Promotion of National Level Scientists from Bangladesh to the International Rank

The Board approved the renaming of the policy and change the annual review date from 1 November to 30 April.

With no more items for discussion, the meeting concluded at 3.30 pm with thanks to the Chair.

HUMAN RESOURCES

1/BT/Jun 03

The Board records their thanks to Prof. Japhet Z.J. Killewo for his contributions to the Centre.

2/BT/Jun 03

The Board approves the appointment of Prof. Lars Ake Persson as Adjunct Scientist to the Centre for a period of three years effective March 01, 2003.

3/BT/Jun 03

The Board approves the strategy for the Recruitment and Retention of senior staff and authorizes the Director and Head, Human Resources to determine the most appropriate recruitment methods for individual posts and that the Centre provide regular feed-back on the results of this process.

4/BT/Jun 03

The Board approves the employment of spouses under the conditions stipulated in the document "Strategy for the Recruitment and Retention of Senior Staff".

5/BT/Jun 03

The Board approves the Gender Policy as put forward by the Centre and that those Members involved with drafting the Policy be congratulated for the excellent document.

A report on the first stage of implementation should be provided at the November BoT meeting.

6/BT/Jun 03

The Board endorses the Centre's Human Resources Plan as presented. A report on its implementation should be provided at the November BoT meeting.

7/BT/Jun 03

The Board approves the selection of Dr. Halima Ramadhan Abdullah Mwenesi as a new Board member effective1 July 2003.

8/BT/Jun 03

The Board approves the extension the terms of the following Board members for a second term of 3 years with effect from the date of termination of their first 3-year term.

Prof. N.K. Ganguly
Dr. Tikki Pang
Prof. AK Azad Khan
Prof Jane Anita Kusin

9/BT/Jun 03

The Board approves the renaming of the policy "Promotion of National Officer Level Scientists from Bangladesh to the International Rank" to "Promotion of National Officer Level Scientists from Bangladesh to the International Professional Level" and change the annual review date from November 1 to April 30.

10/BT/Jun 03

The Centre proceed with the process of recruiting the Associate Director & Head, PHSD and authorizes the Executive Committee of the BoT to approve the appointment.

11/BT/Jun 03

The Centre provide a clear description of the job description for the post of Deputy Director and have the concurrence of the BoT by e-mail.

12/BT/Jun 03

The Board approves the appointment of Dr Md Abdus Salam as Associate Director and Head of the Clinical Sciences Division.

Minutes of the Finance Committee Meeting
2 June 2003
Sasakawa Training Lecture Room

A meeting of the Finance Committee of the Board of Trustees (BoT) was held on 2 June 2003 at 3.30 p.m. in the Sasakawa Training Lecture Room.

Present:

Dr. Ricardo Uauy Dagach (Chair, BoT)
Dr. Maimunah Bte Abdul Hamid
Prof. A K Azad Khan (Chair, Finance Committee)
Prof. Jane Kusin
Prof. Terry Hull
Dr. N. Ishikawa
Dr. Claudio Lanata (Chair, HR)
Dr. Tikki Pang
Prof. David Sack, (Director, ICDDR,B)
Prof. Marcel Tanner
Prof. Carol Vlassoff (Chair, Programme Committee)
Dr. I. Kaye Wachsmuth

Regrets: Prof. N.K. Ganguly
Invited: Scientific Council

Minutes: Loretta Saldanha

Dr. Uauy, Chair, BoT welcomed all to the meeting of the Finance Committee and invited Prof. Azad Khan to Chair the proceedings.

Prof. Azad Khan presented a brief introduction of the highlights of the meeting as follows:

- Small surplus in 2002, 4th year in a row
- No withdrawal from Endowment Fund
- Break-even Plan – 2003 implemented
- 2003 forecast shows improved financial situation
- Endowment Funds are again in the path of growth
- Integrated MIS by end of 2003
- Sustainability plan is being mapped and will be presented at the November Board meeting

Mr. Aniruddha Neogi, Head, Finance, presented an overview of the 2002 Audited Accounts & Auditors' Report, Break-even Plan and 2003 Forecast, update on salaries and benefits, a report on the Endowment Funds, a Road Map of the Sustainability Plan, Core

Fund: allocation, policies and practice. Discussing donor contributions, Mr. Neogi said that there has been a decrease in USAID funding. However, new donors have also been identified.

With regard to allocation of core funds, the Board were pleased with the information on how core funds were allocated and said that this is the first time the Centre has provided this information. It was recommended that more elaborate information on how core costs are calculated (breakdown by Research, Training and Service) be presented at the November BoT meeting.

SWOT Analysis – strengths, weaknesses, opportunities and threats:

Mr. Neogi reported that in line with the Strategic Plan charge-out rates of all service units were revised based on present cost structure and market rates. Rate differential represents inflation element and devaluation of taka over the past 15 years. Cost of operations mostly remained unchanged. More areas to operate as self-supportive service units and that these changes would have little effect on each project but would make a big difference to the cumulative operating deficit. He said plans are in place to overcome the weaknesses which were due to insufficient recovery of true costs from projects, a majority of donors partially cover the Centre's "Project Support Cost", the absence of a structured information base for Management Decisions and also because the activities of the Centre are restricted by the Ordinance. The Board suggested that the Centre should put a value on data even if these costs are not charged.

Other documents circulated included a) letter from Ms. Renata Pors, Chairperson of the Donor Support Group to the Board Chair, Dr. Uuay; b) Minutes of a teleconference by the Centre's Fund Management Committee Members; c) TIAA-CREF report on Endowment Fund for the information of the Board, and a proposal to rehabilitate and integrate the electricity distribution system and upgrading the Standby Power Generator, for consideration by the Board.

Agenda 1: Approval of the Agenda

The Agenda was approved.

Agenda 2: 2002 Auditor's Report and Audited Financial Statements

A brief summary of the auditor's report and a comparable statement of 2001 and 2002 actuals were presented to the Board. Tables I to VI containing various financial data from the year 2001 to 2003 are attached for ready reference.

It was proposed that the Board accept the audited financial statement of the Centre for the year ended December 31, 2002.

Agenda 3: 2003 Forecast (considering Break-even Plan)

This forecast was prepared on a conservative basis including only those funding sources which have been finalized or close to finalization. The Centre expects that other funding requests which are in process will be approved by donors. It is intended that these additional funds and cost containment measures will result in break even or better results in 2003.

The Board approved the 2003 forecast as presented noting that over the past two years the Centre has been able to generate annual operating surplus. The Management is encouraged to continue to take all measures possible to avoid the projected $ 492,000 deficit in 2003.

Agenda 4: Appointment of Auditors for 2003

It was proposed that KPMG, Kolkata be appointed in place of the retiring auditor, Price Waterhouse, Kolkata, and Hoda Vasi Chowdhury & Co., Dhaka be reappointed as joint auditors for the year 2003 at a fee not exceeding US$ 15,500.

Agenda 5a & 5b: National & International Staff Salaries and Benefits

A brief outline of Centre's salaries and benefits of National and International staff were presented vis-à-vis UN scales. Discussions ensued in a closed session.

Agenda 6: Reports on the Hospital Endowment Fund, Centre Endowment Fund, Reserve Fund, Operating Fund and Fixed Assets Acquisition and Replacement Fund:

Summary reports for the above-mentioned funds were presented to the Board.

Agenda 7: Miscellaneous:

7a Overdraft Facilities

A brief overview of the overdraft facilities was presented.

7b. Cheque Signatories

Mr. Aniruddha Neogi joined as Head, Finance effective November 21, 2002 replacing Mr. Stephen Sage, erstwhile Chief Finance Officer of the Centre. The Centre recommended that the name of Mr. Neogi be included as signatory from Group 1. At the same time, the names of Mr. Stephen E. Sage and Prof. Lars Ake Persson, be excluded from the authorized signatories list since they have left the Centre after completing their respective terms.

7c & d: Reports on the Integrated Computerized System and establishment of End of Service Grant were presented.

7e. Employees Separation Payment Fund (SPF):

Mr. Neogi outlined the need to establish a separate trust to oversee the SPF. This was also emphasized by the Centre's auditors.

7f: A report on the Indirect Cost Rate which included background information, basis of classification of cost for both direct and indirect costs, methodology and monitoring was presented to the Board.

Additional Agenda: A proposal to rehabilitate and integrate the electrical distribution system and upgrading the Standby Power Generator was presented to the Board for its review with a request that the Board approve the borrowing of up to $500,000 from the Hospital Endowment Fund in 2003 for the purpose, to be paid back by 10 years in equal yearly installments with a 3% interest will be paid to the Hospital Endowment Fund. If funds are available, the loan can be paid back earlier.

The Board commended Mr. Neogi for his excellent and informative presentation.

The meeting concluded at 5.30 p.m with thanks to the Chair.

FINANCE COMMITTEE RESOLUTIONS

1/BT/Jun 03
The BoT accepts the audited financial statements of the Centre for the year ended December 31, 2002.

2/BT/Jun 03

The BoT agrees to approve the 2003 forecast as presented noting that over the past two years Centre has been able to generate annual operating surplus. The Management is encouraged to continue to take all measures possible to avoid the projected $492,000 deficit in 2003.

3/BT/Jun 03

The Board agrees to appoint of KPMG, Kolkata and reappoint Hoda Vasi Chowdhury & Co., Dhaka as joint auditors for the year 2003 at a fee not exceeding US$15, 500.

4/BT/Jun 03

The Board approves a salary increase of 5% for all NO and GS (including CSA and short term staff) staff effective July 1, 2003 and a 4% salary increase for all international staff

effective July 1, 2003, and an increase of the dependant allowance for national staff from Tk 500 to Tk 750.

5/BT/Jun 03

The Board authorizes the transfer on ongoing basis from the Reserve Fund to the Operating Fund of all funds in excess of $2,000,000.

6/BT/Jun 03

The Board authorizes the continuation of the overdraft facility of up to $2,000,000 with the American Express Bank for the year to July 13, 2004.

7/BT/Jun 03

The Board approves to allow borrowing of up to $500,000 from the Hospital Endowment Fund in 2003 for the purpose of capital improvements to our standby generator and electrical system, to be paid back by 10 years in equal yearly installments with @3% interest will be paid to the Hospital Endowment Fund.

8/BT/Jun 03

Mr. Aniruddha Neogi joined as Head, Finance effective November 21, 2002, replacing Mr. Stephen E. Sage, erstwhile Chief Finance Officer of the Centre. Management recommends that the name of Mr. Neogi be included as signatory from Group 1. At the same time, the names of Mr. Stephen E. Sage, former Chief Finance Officer and Prof. Lars Ake Persson, erstwhile Associate Director, PHSD be excluded from the authorized signatories list since they have left the Centre after finishing their respective terms.

9/BT/Jun 03

The Board resolves that the Centre submit a proposal on the formation of a separate Trust for Employees Separation Payment Fund after consultation with the SWA and after considering all legal implications.

Minutes of the Full Board Meeting
3 June 2003
Sasakawa Training Lecture Room

A meeting of the Full Board was held on 3 June 2003 at 8.00 am in the Training Lecture Room at which no Centre staff were present.

Present:

Dr. Ricardo Uauy Dagach (Chair, BoT)
Dr. Maimunah Bte Abdul Hamid
Prof. A K Azad Khan
Prof. Jane Kusin
Prof. Terry Hull
Dr. N. Ishikawa
Dr. Claudion Lanata
Mr. M. Fazlur Rahman
Dr. David Sack (Director, ICDDR,B)
Prof. Marcel Tanner
Prof. Carol Vlassoff
Dr. I. Kaye Wachsmuth

Absent (with regrets): Prof. N.K. Ganguly
Minutes: Loretta Saldanha

Agenda 1: Draft Bylaws

Ms. Vanessa Brooks presented the draft bylaws to the Board for its review. Board suggestions will be incorporated and copied to the Board. The Board in the meantime resolved to adopt the bylaws presented on 3 June 03 and also agreed that such bylaws replace bylaws adopted by the following Board resolution: Resolution 7/June 81; Resolution 8/June 81 and Resolution 16/November 81.

It was also agreed that the Director, together with the Executive Committee, develop a system to report to the Board, consistent with the bylaws pertaining to the roles of the Standing Committees. To fulfill this request, the Directorate should review the bylaws and the Strategic Plan and prepare a report, perhaps similar to a log frame, which will allow Board members to quickly review each responsibility outlined in the bylaws and determine if they have sufficient information to insure that they are fulfilling their responsibility

Agenda 2: Review and Finalize Resolutions

These were reviewed and revised accordingly. The resolutions as finalized by the Full Board was signed by Dr. Uauy before his departure from the Centre.

Agenda 4: Dates of the Next Board Meeting:

4-7 June 2004
4-8 November 2004

4-5 November 2004 BoT Retreat

DONOR SUPPORT GROUP MEETING

Dr. Uauy and Dr. David Sack made a presentation on the outcome of the Board meeting to staff and donors in the Sasakawa Auditorium at 2.00 to 3.00 p.m. on 3 June 2003. The Donors reconvened in the Sasakawa Training Lecture Room after Tea (3.15 pm). Members of the Board and the Scientific Council participated in the meeting.

Details of the meeting will be circulated separately.

A list of Board Resolutions dated 3 June 2003 is attached.

Full Board Resolutions

1/BT/Jun 03

As per Resolution 16 November/02, the Board adopts the bylaws presented on 03 June 2003. The BoT agrees that such bylaws shall replace bylaws adopted by the following Board Resolutions: Resolution 7/June 81; Resolution 8/June 81 and Resolution 16/November 81;

2/BT/Jun 03

That the Director, together with the Executive Committee, develop a system to report to the Board, consistent with the bylaws pertaining to the roles of the Standing Committee.

3/BT/Jun 03

Dates of the next Board Meetings:

4-7 June 2004
4-8 November 2004
(4-5 November 2004 BoT Retreat)

RESOLUTIONS: 3 June 2003

Programme Committee

1/BT/Jun 03

That BoT minutes should only contain (i) a summary of the key issues discussed and (ii) the resolutions or decisions forwarded.

2/BT/Jun 03

The BoT was pleased to receive the printed version of the Strategic Plan and reiterated the thanks to all involved in drafting and finalizing this important document for the Centre.

3/BT/Jun 03

That full Division reports be presented only at the full BoT meeting, usually in the fourth quarter and that the Executive BoT meeting receive a progress report of the Centre's activities in the form of the draft Annual Report.

4/BT/Jun 03

That since the progress of the Centre will be reviewed against the background of the Strategic Plan, similarly, the yearly and mid-term planning should also be presented in relation to the Strategic Plan.

5/BT/Jun 03

That the full BoT meet once a year, usually in the fourth quarter, to correspond with key planning activities of the Centre. The second BoT will be run as an executive BoT meeting with only the Executive Committee members attending. The executive BoT meeting will be followed by an e-mail report of key issues and draft resolutions, and a phone conference with all BoT members where key issues emerging from the executive meeting will be discussed and voting on the resolutions will occur.

6/BT/Jun 03

That a BoT retreat be held to discuss BoT working procedures in November 2004, prior to the full BoT meeting.

7/BT/Jun 03

That the Clinical Sciences Division should undergo a full review before the BoT meeting in November 2003. The review will be chaired by Dr. Claudio Lanata.

The review should assess the resources available: methods and data, output, impact and, on the basis of these considerations, formulate the TOR.

8/BT/Jun 03

That the BoT consider the proposal for ICDDR,B to host the Secretariat of the Child Health & Nutrition Research Initiatives of the Global Forum for Health Research (GFHR). The BoT noted that there were legal, governance and procedural issues that needed to be resolved with the Foundation Council of the GFHR. Potential conflicts of interest in terms of fundraising and staff time will need to be resolved prior to approval of the proposal. Negotiations should continue with the GFHR and a proposal should be presented at the next BoT meeting, or in the interim to the Executive Committee if necessary.

9/BT/Jun 03

The BoT appreciated the possibility to discuss the future of the ICDDR,B-Dhaka hospital with all heads/acting heads of divisions and advised them to develop together with the Director innovative models for the role, functioning and financing of the hospital. This should be presented and discussed in the November 2003 BoT meeting.

10/BT/Jun 03

That the Centre Directorate make further progress in defining the core (essential) support required by the Centre to fulfill its mission in accordance with the Strategic Plan and report their analysis to the November 2003 BoT meeting.

11/BT/Jun 03

The BoT analysed the pattern of distribution of unrestricted funds and noted that it will be important to monitor at future meetings the inter- and intra-divisional distribution of these funds and the rationale used.

HUMAN RESOURCES

12/BT/Jun 03

The Board records their thanks to Prof. Japhet Z.J. Killewo for his contributions to the Centre.

13/BT/Jun 03

The Board approves the appointment of Prof. Lars Ake Persson as Adjunct Scientist to the Centre for a period of three years effective March 01, 2003.

14/BT/Jun 03

The Board approves the strategy for the Recruitment and Retention of senior staff and authorizes the Director and Head, Human Resources to determine the most appropriate recruitment methods for individual posts and that the Centre provide regular feed-back on the results of this process.

15/BT/Jun 03

The Board approves the employment of spouses under the conditions stipulated in the document "Strategy for the Recruitment and Retention of Senior Staff".

16/BT/Jun 03

The Board approves the Gender Policy as put forward by the Centre and that those Members involved with drafting the Policy be congratulated for the excellent document. A report on the first stage of implementation should be provided at the November BoT meeting.

17/BT/Jun 03

The Board endorses the Centre's Human Resources Plan as presented. A report on its implementation should be provided at the November BoT meeting.

18/BT/Jun 03

The Board approves the selection of Dr. Halima Ramadhan Abdullah Mwenesi as a new Board member effective1 July 2003.

19/BT/Jun 03

The Board approves the extension the terms of the following Board members for a second term of 3 years with effect from the date of termination of their first 3-year term.

Prof. N.K. Ganguly
Dr. Tikki Pang
Prof. AK Azad Khan
Prof Jane Anita Kusin

20/BT/Jun 03

The Board approves the renaming of the policy "Promotion of National Officer Level Scientists from Bangladesh to the International Rank" to "Promotion of National Officer Level Scientists from Bangladesh to the International Professional Level" and change the annual review date from November 1 to April 30.

21/BT/Jun 03

The Centre proceed with the process of recruiting the Associate Director & Head, PHSD and authorizes the Executive Committee of the BoT to approve the appointment.

22/BT/Jun 03

The Centre provide a clear job description for the post of Deputy Director and have the concurrence of the BoT by e-mail.

23/BT/Jun 03

The Board approves the appointment of Dr Md Abdus Salam as Associate Director and Head of the Clinical Sciences Division.

FINANCE COMMITTEE

24/BT/Jun 03

The BoT accepts the audited financial statements of the Centre for the year ended December 31, 2002.

25/BT/Jun 03

The BoT agrees to approve the 2003 forecast as presented noting that over the past two years Centre has been able to generate annual operating surplus. The Management is encouraged to continue to take all measures possible to avoid the projected $492,000 deficit in 2003.

26/BT/Jun 03

The Board agrees to the appointment of KPMG, Kolkata and Hoda Vasi Chowdhury & Co., Dhaka as joint auditors for the year 2003 at a fee not exceeding US$15, 500.

27/BT/Jun 03

The Board approves a salary increase of 5% for all NO and GS (including CSA and short term staff) staff effective July 1, 2003 and a 4% salary increase for all international staff effective July 1, 2003, and an increase of the dependant allowance for national staff from Tk 500 to Tk 750.

28/BT/Jun 03

The Board authorizes the transfer on ongoing basis from the Reserve Fund to the Operating Fund of all funds in excess of $2,000,000.

29/BT/Jun 03

The Board authorizes the continuation of the overdraft facility of up to $2,000,000 with the American Express Bank for the year to July 13, 2004.

30/BT/Jun 03

The Board approves to allow borrowing of up to $500,000 from the Hospital Endowment Fund in 2003 for the purpose of capital improvements to our standby generator and electrical system, to be paid back by 10 years in equal yearly instalments with @3% interest will be paid to the Hospital Endowment Fund.

31/BT/Jun 03

Mr. Aniruddha Neogi joined as Head, Finance effective November 21, 2002, replacing Mr. Stephen E. Sage, erstwhile Chief Finance Officer of the Centre. Management recommends that the name of Mr. Neogi be included as signatory from Group 1. At the same time, the names of Mr. Stephen E. Sage, former Chief Finance Officer and Prof. Lars Ake Persson, erstwhile Associate Director, PHSD be excluded from the authorized signatories list since they have left the Centre after finishing their respective terms.

32/BT/Jun 03

The Board resolves that the Centre submit a proposal on the Employees Separation Payment Fund after consultation with the SWA and after considering all legal implications.

Full Board

33/BT/Jun 03

As per Resolution 16 November/02, the Board adopts the bylaws presented on 03 June 2003. The BoT agrees that such bylaws shall replace bylaws adopted by the following

Board Resolutions: Resolution 7/June 81; Resolution 8/June 81 and Resolution 16/November 81;

34/BT/Jun 03

That the Director, together with the Executive Committee, develop a system to report to the Board, consistent with the bylaws pertaining to the roles of the Standing Committee.

35/BT/Jun 03

Dates of the next Board Meetings:

4-7 June 2004
4-8 November 2004
(4-5 November 2004 BoT Retreat)

3/BT/NOV 2003

PROGRAMME COMMITTEE

BOARD OF TRUSTEES MEETING
NOVEMBER 2003

CENTRE
FOR HEALTH AND
POPULATION RESEARCH

PROGRAMME COMMITTEE
31 Oct 2003

Draft

PROGRAMME COMMITTEE

Friday 31 October 2003

Agenda:

08:00 am-09:00 am	Approval of Minutes	- BoT, CD
09:00 am-10:45 am	Director's Report	- BoT, scientific staff: NOA and above, donors (Auditorium)
10:45 am-11:00 am	Tea	"
11:00 am-12:30 pm	Presentations - New Initiatives: HIV/AIDS (Dr. Tasnim Azim) Poverty & Health (Dr. Abbas Bhuiya) Zinc Project (Dr. Charles Larson)	"
12:30 pm-01:00 pm	SWA Presentation	- BoT
01:00 pm-02:00 pm	Lunch	- BoT, CD (no staff lunch due to Ramadan)
02:00 pm-03:00 pm	Programme Committee (to reflect on morning session) Discussion: amendment to Ordinance	- BoT, CD
03:00 pm-03:15 pm	Tea	- BoT, CD
03:15 pm-05:00 pm	*Discussion on Standing Committees: Human Resources Finance Programme National Liaison Fund Development and oversight	- BoT
Evening	Free	

***(discussion on functioning of the Board; formulate their job descriptions – will need input from ERID, Finance & HR)**

Minutes of the Programme Committee
Sasakawa Auditorium/Seminar Room
1 June 2003

The Board of Trustees held its meeting in Dhaka, Bangladesh from 1 to 3 June 2003. The proceedings of the Programme Committee commenced at 8.00 am in the Seminar Room.

Present:

Dr. Ricardo Uauy Dagach (Board Chair)
Mr. Anisul Huq Chowdhury
Dr. Maimunah Bte Abdul Hamid
Prof. A K Azad Khan (Chair, Finance Committee)
Prof. Jane Kusin
Prof. Terry Hull
Dr. Nobukatsu Ishikawa
Dr. Claudio Lanata (Chair, HR)
Dr. Tikki Pang
Mr. M. Fazlur Rahman
Prof. David Sack (Director, ICDDR,B)
Prof. Marcel Tanner
Prof. Carol Vlassoff (Chair, Programme Committee)
Dr. I Kaye Wachsmuth

Absent (with regrets): Prof. N K Ganguly
Invited: Centre's Executive Committee Members
Minutes: Loretta Saldanha

Dr. Ricardo Uauy Dagach, Chair, BoT opened the meeting welcoming all and introduced Ms. Ann Walton, Head, HR and Mr. Aniruddha Neogi, Head, Finance. He congratulated the group involved with drafting the Strategic Plan, which was earlier approved by the Board. He said the BoT was pleased to receive the printed version of the Strategic Plan.

Dr. Uauy briefly outlined the Programme for the next 3 days. He said a special session would be held to discuss the hospital, governance, CHNRI and other issues that might arise during the meetings. He invited Prof. Vlassoff to take the Chair.

Agenda 1:
Approval of the Minutes of the Meeting of the Programme Committee held in Novemer 02.

The Director, Dr David Sack reported that that the HR Plan and a Sustainability Plan requested by the Board at the last meeting, would be presented during the HR & Finance Committee meetings respectively.

Strategic Plan: Page 40. The last paragraph should be deleted since specifics are not required.

With regard to further changes in the Strategic Plan it was noted that the Plan is intended to be a dynamic one and would be updated from time to time. Two new programmes have recently been established which will be included in the Plan.

It was resolved that the Strategic Plan will be reviewed annually in the Full Board meeting, usually in the fourth quarter, to include monitoring and progress, and, since the progress of the Centre will be reviewed against the background of the Strategic Plan, similarly, the yearly and mid-term planning should also be presented in relation to the Strategic Plan.

A query about how the Gender Policy and HR Policy would be merged together was raised, as well as a request for more data on the structure of the Centre (male and female staff in the various levels). This was to be provided at the HR Committee meeting.

A discussion was initiated with Mr. Fazlur Rahman re SARS and how the Centre could assist the Ministry of Health, GoB in this regard. Mr. Rahman reported that ADB has offered to assist to strengthen their surveillance, and that the Ministry of Health would be calling upon the Centre -- Dr. Rob Breiman, an expert in this area -- for assistance. The GoB also has plans to upgrade their labs. Dr. Breiman stated that the Government should invest in controlling the spread of the disease.

Discussions followed regarding the length of the Minutes, It was agreed that these needed to be streamlined and not presented in a transcript form. It was resolved that the BoT Minutes should only contain (i) a summary of the key issues discussed and (ii) the resolutions or decisions forwarded.

The Programme Committee reconvened at 8.30 am in the Sasakawa Auditorium.

Present: Members of the Board
Absent: Prof. N.K. Ganguly
Invited: Scientific Council members, donor representatives, Centre Scientific staff.

Minutes: Loretta Saldanha

Dr. Uauy welcomed those present and thanked them for taking time out of their busy schedules to participate. He said he was happy to have the presence of Mr. Anisul Huq Chowdhury and Mr. M. Fazlur Rahman at this meeting.

Dr. Uauy introduced Prof. Carol Vlassoff and invited her to open the proceedings of the meeting.

Prof. Vlassoff said that the Board is pleased to be here again and that they are looking forward to hearing reports of the progress being made at the Centre.

Director's Report:

Dr. Sack provided a brief update leaving the technical and scientific aspects to the Division Heads. He said that he was happy to be back and was pleased that the Centre had functioned well in his absence. His presentation included an overview of the Board meeting, follow-up from the last Board meeting, HR update, transition of international staff, organization of the Centre Divisions and Programmes, Review Committees, changes in Physical Plant during the year, back-up and normal electricity, "Suchona" Project (New MIS), training and dissemination, Centre publications, staff development, overview of finances, endowment fund raising efforts, Strategic Plan, collaborating institutions, hospital plans, management changes, ASCODD X, 25th anniversary events, themes of scientific findings, and CHNRI.

He said the Centre has had a busy year and there have been many changes. He was pleased that some initiatives are finally being implemented (eg Strategic Plan, "Suchona" project and HR). Threats however remain mainly in the areas of recruitment and finances.

Prof. Vlassoff thanked Dr. Sack for his presentation and said that further discussions would be held with regard to a loan from the Hospital Endowment Fund to purchase a new generator; an external review of the Clinical Sciences Division; the CHNRI Governance, and a Strategic Plan for the functioning of the Board. She said the Board will be discussing plans for the hospital (how to accomplish its goals and make it sustainable) in a closed session of the Board followed by a meeting with the Centre's Executive Committee.

Agenda 2: Division Reports

Prof. Vlassoff invited Dr. Abbas Bhuiya, Acting Associate Director and Head, to present the report of the Public Health Sciences Division:

Public Health Sciences Division:

Dr. Bhuiya's report included general information about the division, findings from selected studies: arsenic and health, IMCI, TB, Rotavirus vaccine, maternal and infant nutrition (MINIMat), dengue and cholera surveillance, EOC services, violence against women, neonatal survival, fertility stagnation, Chakoria community health project, Equity Dialogue (publication of the Poverty & Health Programme), and future direction of the Division.

Discussion:

Arsenic and Health: The balance between action and information gathering was queried.

Poverty & Health: Following her visit to Chakoria, Dr Kusin strongly felt that Chakoria would provide an excellent opportunity to do poverty, equity and health research – particularly if contrasted to the Matlab setting. One topic worth pursuing further is village or community health volunteer as agents of change.
It was also felt that besides Poverty and health the Centre could also concentrate on education (quality of education), and that this should also be the responsibility of the government.

EOC services in Matlab - concern was expressed re the future of project and whether plans are in place to ensure continuity after the departure of the PI.

Result sharing - it was explained that the Programmes are across divisions and the areas of work is divided according to the expertise.

TB: Several questions were raised: How does the Centre relate its research to the National Programme ? Whether the Centre was geared to the need for new vaccines ? Whether the Centre is working with the Govt labs. Response: a TB surveillance system has been established in Matlab to identify suspected cases. Since the Centre has established a culture sensitivity technique in 1996, the Government has been provided with updates and feedback. Incidence rates are available for rural and urban areas. Plans are to carry out diagnostic tests. The question of debate is whether we should focus on children or adults. With re to funds set aside by the Global Fund for TB (operational research) and that the Centre should also apply for funds for the new paediatric dengue vaccine.

The Board was impressed by the initial list of topics that the Division is handling but felt that the Division should be concentrating on fewer topics in greater depth. Dr. Bhuiya assured the Board that the Division would not compromise on quality.

Prof. Vlassoff thanked Dr. Bhuiya for his excellent presentation and invited Dr. M A Salam, Acting Associate Director and Head to present his report.

Clinical Sciences Division:

Dr. Salam's report outlined activities in the Division, the hospital, and the Nutrition Programme, which is housed in the Division. His report included a brief outline of the major activities, staffing status, staff development, research themes, publications, institutional collaboration, summary and results of published studies and completed projects, patient visits by year/month, training activities, other accomplishments, and the "Young Scientist Award" (UEGW 2002) received by Dr. Hasan Ashraf. Dr. Salam highlighted the future of the Dhaka Hospital, its requirements and sustainability plans, in line with the Strategic Plan.

Reporting on the Nutrition Programme Dr. Salam presented the Programme's achievements, research initiatives, other activities and requirements which included recruitment of a Programme Head, funding and capacity development including training, acquiring skills, techniques and equipment.

Discussion:

Zinc: In response to a query on what is the safe amount of zinc to be given, it was explained that 70 mg per week is administered to subjects in a study in Kamlapur.

Quality of care: Questions were raised re the frequency of hospital nosocomial infections, hospital crowding (suggested that once the Centre has a well established case management periphery, the Centre should collaborate with the GoB), issues of privacy (Centre should look into this and develop manuals, norms), maternal/neonatal units. Dr. Salam reported on the difficulties with diverting patients to other clinics as these are mostly outpatient clinics, they do not have trained staff and lack supplies. The GoB should take the initiative for essential services delivery programmes. 53% of the patients presenting at the Centre need to be hospitalized, 6-7% come with life threatening illnesses and no hospitals want them. With regard to hospital infections, with the current crowding, this is occurring at a higher level. We do not have the funds required to control these infections.

Franchising: In response to a question on whether repeat customers (patients) are monitored and whether the Centre has given thought to implications of its research results (hospital infections) to other countries in the region, Dr Salam said that a Clinic (franchise) has been started for patients with milder diarrhoea. There is no system to monitor repeat customers.

Hospital Management: With re to Centre's suggestion to recruit a Consultant with expertise in Hospital Management, the Board was not in favor and agreed to discuss this issue in detail in the closed session.

Prof. Vlassoff thanked Dr. Salam for his presentation and thanked him for the good work carried out by his Division. Dr. Rob Breiman, Associate Director and Head, Health Systems and Infectious Diseases Division was invited to make his presentation.

Health Systems and Infectious Diseases Division:

Dr. Breiman presented the Mission of the Division, its organization, staffing status, information on salary support, and staff development. Presenting a report on the Programme on Infectious Diseases and Vaccine Sciences housed by the Division, Dr. Breiman listed burden studies, plans to develop/evaluate simple diagnostic tests to improve case detection and surveillance, evaluate new vaccines, assist with technology transfer to other countries and enhance capacity to investigate, and manage outbreaks. Under the Health and Family Planning Systems Programme (HFPSP) also housed in HSID, Dr. Breiman presented the Programme's current activities reporting on specific studies and its future directions; the five units under HSID, activities in the field, collaborators and the Health and Science Bulletin.

Dr. Breiman also presented highlights of his visit to China in connection with SARS and his presentation to the Ministry of Health on the subject.

Discussion:

Balance in research topics: It was felt that much work was being done in infectious diseases and not much in health systems research. Why are studies on new vaccines being planned instead of effectiveness studies of present vaccines? Dr. Breiman explained that much work is being done in the areas of HSR and that he may have underemphasized these activities. He mentioned the zinc study that the Division is ready to start. Regarding the typhoid vaccine, he reported that the incidence was much higher in the 2-4 year old group than expected. The Board was pleased with the volume of work being done in typhoid. Further discussions were held with re to the Nipa virus and typhoid studies.

Prof. Vlassoff thanked Dr. Breiman for his presentation and the challenges the Division has set out to undertake. She invited Mr. Peter Thorpe, Associate Director & Head, Information Sciences Division, to present his report to the Board.

Information Sciences Division:

Mr. Peter Thorpe presented his report which included the objectives of the Strategic Plan for the Division, and a report on the activities over the reporting period.

Prof. Carol Vlassoff thanked Mr. Thorpe for the progress made during the reporting period.

Discussion:

Dissemination of knowledge: The Centre was commended for its excellent programmes in upgrading infrastructure and networking. However, it was felt that beyond dissemination of information the Centre should also be disseminating knowledge and develop a Med-Line for developing countries (ICDDR,B could play an important role in South Asia). It was also felt that the Centre should link up with INCLEN initiatives.

Teaching Plans/Learning Modules: In response to a query whether the Centre has explored the INDEPTH possibility (opportunity for distance learning), and how feasible will it be for the Centre to offer credits, it was reported that the Centre had not explored this possibility. It was also clarified that the Centre's Ordinance is very clear that it does not offer degrees. However, the Centre is collaborating with other universities/institutions. Recent initiatives of BRAC and the Bangladesh State University were cited whereby the Centre is collaborating by offering its staff as faculty.

25 Years of ICDDR,B: How accessible is the Centre's data. It was reported that a data warehouse has been initiated for this purpose. The Centre's Executive Committee together with the Scientific Council has recently formulated a policy for data ownership in an attempt to make optimal use of the data at the Centre.

Prof. Vlassoff invited Dr. G B Nair, Associate Director & Head, Laboratory Sciences Division to present his report.

Laboratory Sciences Division:

Dr. Nair began his presentation by stating the mandate of his Division -- Use science to eliminate disease -- His report highlighted LSD's functional components, staffing, publications, collaborations initiated and continuing, research in progress and results of completed studies, new physical facilities, clinical laboratory management software, Business Plan for Biomedical Engineering Unit, core competencies and business opportunities of BMEU, new acquisition and infrastructure, scientific networking, and staff development activities. Referring to the recently completed sari filtration study. Dr. Nair said that this outcome is of global importance because of its simplicity. He was also pleased to report on the first publication to come out of the TB lab.

Dr. Nair concluded his presentation with a brief video taken on site on the follow-up of injecting drug-users (Dr. Tasnim Azim's ongoing HIV/AIDS study with CARE, Bangladesh)

Dr. Vlassoff thanked Dr. Nair for his stimulating presentation. She said their publication record was very impressive – something a Western lab would be proud of. She queried whether the Division faced problems collecting blood from children for the new test for

TB. It was clarified that only 3 ml of blood was needed and that no problems have been encountered.

Dr. Uauy thanked Prof. Carol Vlassoff for Chairing this session.

Afternoon Session: Programme Committee – Sasakawa Seminar Room

Present: Board members
Invited: Scientific Council, PI's of LSD

Minutes: Loretta Saldanha

Agenda 3: LSD Response to External Review

Dr. Uauy thanked the Review Team (Dr. K. Wachsmuth, Dr. Tikki Pang, Dr. Wanpen Chaicumpa and Maj Gen Motiur Rahman) for their report and invited Dr. Nair to present the Division's response.

Dr. Nair reported that the response to the review also included information since the review was completed. Review members were requested to comment on the response. Dr. Wachsmuth congratulated the Division and said that her expectations have been exceeded greatly. Dr. Tikki Pang thanked Dr. Wachsmuth for accepting to Chair the team and suggested that it would be good to walk through the responses one by one.

Queries included the pricing principles for the services of the lab – 2/3 tiers? It was clarified that all components were calculated. Overhead is charged for external users and not for internal users.

Fire safety issues: A survey has been carried out, though a number of issues have not yet been addressed and nor has an estimate of costs been finalized. The Division is looking at what can be done with minimum costs, eg human awareness. Vulnerable areas have been identified. Funds of approximately US$ 40-45,000 will be required for a detection system with sprinkler system.

Strategic issues – referring to recommendation 3 & 7, the division can expect a huge workload. With re to Rec 8 – more coherence is required. It was felt that, given the financial constraints, the Division should rethink its plan to invest in an electron microscope. The Board was reminded that this was the recommendation of the Review Team.

A progress report should be presented to the Board at the next meeting.

Professor Vlassoff thanked Dr. Nair for presenting the Division's response to the Review.

Division Presentations:

Further discussions were held with regard to presentations at the June and November Board meetings (see Resolutions 3-7).

Strategic Plan of the Board: It was agreed that a Board Retreat be held in November 2004 to discuss this, the composition of the Board, and other issues.

Agenda 4: Representation of the Staff Welfare Association:

The Executive Committee members of the SWA met with the Board. The SWA presentation emphasized the need for a salary adjustment and outlined various benefits to staff.

Agenda 5: Child Health and Nutrition Research Initiative (CHNRI)

Dr. Sack reported that ICDDR,B has been selected to house the CHNRI secretariat following an international competition and provided a methods section of the ICDDR,B proposal. Much discussion ensued and although all were sympathetic to the move, it was clear that there were legal and governance issues with regard to the status of the CHNRI. The Board was reluctant to accept the Secretariat until these issues are resolved. Potential conflicts of interest in terms of fundraising and staff time will need to be resolved prior to approval of the proposal. However, negotiations should continue with the Global Forum for Health Research (GFHR) regarding governance and legal issues, and a proposal should be presented at the next BoT meeting, or in the interim to the Executive Committee if necessary. Dr. Sack will correspond with Dr. Richard Feachem of the Foundation Council in this regard.

Agenda 6: The Future of the Hospital:

Dr. M.A Salam presented a brief background of the hospital, its evolution, sensitive issues, concerns, yearly patient visits, the Centre's efforts to reduce patient load, requirements of the hospital and its future.

It was agreed that the hospital is the responsibility not only of the Clinical Sciences Division but of the whole Centre (see Resolution 9).

The Board also met in a closed session to discuss the above issues.

Agenda 7: CSD External Review

See Resolution 7.

The meeting concluded at 5.30 p.m.

2 June 03 (5.30 pm)

A meeting of the Board and the EC was held on 2 June 03 following the HR and Finance Committee meetings (see Reoslution 10 – 11).

Programme Committee Resolutions

1/BT/Jun 03

That BoT minutes should only contain (i) a summary of the key issues discussed and (ii) the resolutions or decisions forwarded.

2/BT/Jun 03

The BoT was pleased to receive the printed version of the Strategic Plan and reiterated the thanks to all involved in drafting and finalizing this important document for the Centre.

3/BT/Jun 03

That full Division reports be presented only at the full BoT meeting, usually in the fourth quarter and that the Executive BoT meeting receive a progress report of the Centre's activities in the form of the draft Annual Report.

4/BT/Jun 03

That since the progress of the Centre will be reviewed against the background of the Strategic Plan, similarly, the yearly and mid-term planning should also be presented in relation to the Strategic Plan.

5/BT/Jun 03

That the full BoT meet once a year, usually in the fourth quarter, to correspond with key planning activities of the Centre. The second BoT will be run as an executive BoT meeting with only the Executive Committee members attending. The executive BoT meeting will be followed by an e-mail report of key issues and draft resolutions, and a phone conference with all BoT members where key issues emerging from the executive meeting will be discussed and voting on the resolutions will occur.

6/BT/Jun 03

That a BoT retreat be held to discuss BoT working procedures in November 2004, prior to the full BoT meeting.

7/BT/Jun 03

That the Clinical Sciences Division should undergo a full review before the BoT meeting in November 2003. The review will be chaired by Dr. Claudio Lanata.

The review should assess the resources available: methods and data, output, impact and, on the basis of these considerations, formulate the TOR.

8/BT/Jun 03

That the BoT consider the proposal for ICDDR,B to host the Secretariat of the Child Health & Nutrition Research Initiatives of the Global Forum for Health Research (GFHR). The BoT noted that there were legal, governance and procedural issues that needed to be resolved with the Foundation Council of the GFHR. Potential conflicts of interest in terms of fundraising and staff time will need to be resolved prior to approval of the proposal. Negotiations should continue with the GFHR and a proposal should be presented at the next BoT meeting, or in the interim to the Executive Committee if necessary.

9/BT/June 03

The BoT appreciated the possibility to discuss the future of the ICDDR,B-Dhaka hospital with all heads/acting heads of divisions and advised them to develop together with the Director innovative models for the role, functioning and financing of the hospital. This should be presented and discussed in the November 2003 BoT meeting.

10/BT/Jun 03

That the Centre Directorate make further progress in defining the core (essential) support required by the Centre to fulfill its mission in accordance with the Strategic Plan and report their analysis to the November 2003 BoT meeting.

11/BT/Jun 03

The BoT analysed the pattern of distribution of unrestricted funds and noted that it will be important to monitor at future meetings the inter- and intra-divisional distribution of these funds and the rationale used.

RESOLUTIONS: 3 June 2003

Programme Committee

1/BT/Jun 03

That BoT minutes should only contain (i) a summary of the key issues discussed and (ii) the resolutions or decisions forwarded.

2/BT/Jun 03

The BoT was pleased to receive the printed version of the Strategic Plan and reiterated the thanks to all involved in drafting and finalizing this important document for the Centre.

3/BT/Jun 03

That full Division reports be presented only at the full BoT meeting, usually in the fourth quarter and that the Executive BoT meeting receive a progress report of the Centre's activities in the form of the draft Annual Report.

4/BT/Jun 03

That since the progress of the Centre will be reviewed against the background of the Strategic Plan, similarly, the yearly and mid-term planning should also be presented in relation to the Strategic Plan.

5/BT/Jun 03

That the full BoT meet once a year, usually in the fourth quarter, to correspond with key planning activities of the Centre. The second BoT will be run as an executive BoT meeting with only the Executive Committee members attending. The executive BoT meeting will be followed by an e-mail report of key issues and draft resolutions, and a phone conference with all BoT members where key issues emerging from the executive meeting will be discussed and voting on the resolutions will occur.

6/BT/Jun 03

That a BoT retreat be held to discuss BoT working procedures in November 2004, prior to the full BoT meeting.

7/BT/Jun 03

That the Clinical Sciences Division should undergo a full review before the BoT meeting in November 2003. The review will be chaired by Dr. Claudio Lanata.

The review should assess the resources available: methods and data, output, impact and, on the basis of these considerations, formulate the TOR.

8/BT/Jun 03

That the BoT consider the proposal for ICDDR,B to host the Secretariat of the Child Health & Nutrition Research Initiatives of the Global Forum for Health Research (GFHR). The BoT noted that there were legal, governance and procedural issues that needed to be resolved with the Foundation Council of the GFHR. Potential conflicts of interest in terms of fundraising and staff time will need to be resolved prior to approval of the proposal. Negotiations should continue with the GFHR and a proposal should be presented at the next BoT meeting, or in the interim to the Executive Committee if necessary.

9/BT/Jun 03

The BoT appreciated the possibility to discuss the future of the ICDDR,B-Dhaka hospital with all heads/acting heads of divisions and advised them to develop together with the Director innovative models for the role, functioning and financing of the hospital. This should be presented and discussed in the November 2003 BoT meeting.

10/BT/Jun 03

That the Centre Directorate make further progress in defining the core (essential) support required by the Centre to fulfill its mission in accordance with the Strategic Plan and report their analysis to the November 2003 BoT meeting.

11/BT/Jun 03

The BoT analysed the pattern of distribution of unrestricted funds and noted that it will be important to monitor at future meetings the inter- and intra-divisional distribution of these funds and the rationale used.

HUMAN RESOURCES

12/BT/Jun 03

The Board records their thanks to Prof. Japhet Z.J. Killewo for his contributions to the Centre.

13/BT/Jun 03

The Board approves the appointment of Prof. Lars Ake Persson as Adjunct Scientist to the Centre for a period of three years effective March 01, 2003.

14/BT/Jun 03

The Board approves the strategy for the Recruitment and Retention of senior staff and authorizes the Director and Head, Human Resources to determine the most appropriate recruitment methods for individual posts and that the Centre provide regular feed-back on the results of this process.

15/BT/Jun 03

The Board approves the employment of spouses under the conditions stipulated in the document "Strategy for the Recruitment and Retention of Senior Staff".

16/BT/Jun 03

The Board approves the Gender Policy as put forward by the Centre and that those Members involved with drafting the Policy be congratulated for the excellent document. A report on the first stage of implementation should be provided at the November BoT meeting.

17/BT/Jun 03

The Board endorses the Centre's Human Resources Plan as presented. A report on its implementation should be provided at the November BoT meeting.

18/BT/Jun 03

The Board approves the selection of Dr. Halima Ramadhan Abdullah Mwenesi as a new Board member effective1 July 2003.

19/BT/Jun 03

The Board approves the extension the terms of the following Board members for a second term of 3 years with effect from the date of termination of their first 3-year term.

Prof. N.K. Ganguly
Dr. Tikki Pang
Prof. AK Azad Khan
Prof Jane Anita Kusin

20/BT/Jun 03

The Board approves the renaming of the policy "Promotion of National Officer Level Scientists from Bangladesh to the International Rank" to "Promotion of National Officer Level Scientists from Bangladesh to the International Professional Level" and change the annual review date from November 1 to April 30.

21/BT/Jun 03

The Centre proceed with the process of recruiting the Associate Director & Head, PHSD and authorizes the Executive Committee of the BoT to approve the appointment.

22/BT/Jun 03

The Centre provide a clear job description for the post of Deputy Director and have the concurrence of the BoT by e-mail.

23/BT/Jun 03

The Board approves the appointment of Dr Md Abdus Salam as Associate Director and Head of the Clinical Sciences Division.

FINANCE COMMITTEE

24/BT/Jun 03

The BoT accepts the audited financial statements of the Centre for the year ended December 31, 2002.

25/BT/Jun 03

The BoT agrees to approve the 2003 forecast as presented noting that over the past two years Centre has been able to generate annual operating surplus. The Management is encouraged to continue to take all measures possible to avoid the projected $492,000 deficit in 2003.

26/BT/Jun 03

The Board agrees to the appointment of KPMG, Kolkata and Hoda Vasi Chowdhury & Co., Dhaka as joint auditors for the year 2003 at a fee not exceeding US$15, 500.

27/BT/Jun 03

The Board approves a salary increase of 5% for all NO and GS (including CSA and short term staff) staff effective July 1, 2003 and a 4% salary increase for all international staff effective July 1, 2003, and an increase of the dependant allowance for national staff from Tk 500 to Tk 750.

28/BT/Jun 03

The Board authorizes the transfer on ongoing basis from the Reserve Fund to the Operating Fund of all funds in excess of $2,000,000.

29/BT/Jun 03

The Board authorizes the continuation of the overdraft facility of up to $2,000,000 with the American Express Bank for the year to July 13, 2004.

30/BT/Jun 03

The Board approves to allow borrowing of up to $500,000 from the Hospital Endowment Fund in 2003 for the purpose of capital improvements to our standby generator and electrical system, to be paid back by 10 years in equal yearly instalments with @3% interest will be paid to the Hospital Endowment Fund.

31/BT/Jun 03

Mr. Aniruddha Neogi joined as Head, Finance effective November 21, 2002, replacing Mr. Stephen E. Sage, erstwhile Chief Finance Officer of the Centre. Management recommends that the name of Mr. Neogi be included as signatory from Group 1. At the same time, the names of Mr. Stephen E. Sage, former Chief Finance Officer and Prof. Lars Ake Persson, erstwhile Associate Director, PHSD be excluded from the authorized signatories list since they have left the Centre after finishing their respective terms.

32/BT/Jun 03

The Board resolves that the Centre submit a proposal on the Employees Separation Payment Fund after consultation with the SWA and after considering all legal implications.

Full Board

33/BT/Jun 03

As per Resolution 16 November/02, the Board adopts the bylaws presented on 03 June 2003. The BoT agrees that such bylaws shall replace bylaws adopted by the following

Board Resolutions: Resolution 7/June 81; Resolution 8/June 81 and Resolution 16/November 81;

34/BT/Jun 03

That the Director, together with the Executive Committee, develop a system to report to the Board, consistent with the bylaws pertaining to the roles of the Standing Committee.

35/BT/Jun 03

Dates of the next Board Meetings:

4-7 June 2004
4-8 November 2004
(4-5 November 2004 BoT Retreat)

CENTRE
FOR HEALTH AND
POPULATION RESEARCH

Director's Report

Prepared for the

BOARD OF TRUSTEES MEETING
31 Oct-2 Nov 2003

Director's Report for the November 2003 Meeting of the ICDDRB Board of Trustees

OVERVIEW OF THE BOARD MEETING

A schedule for the meeting is enclosed with the materials in the packet. To summarize the general schedule: the meeting will start on Oct 31 in the morning and last until Nov 2 afternoon. All the meetings will be held in the seminar room next to the Sasakawa auditorium, except for the large open sessions that will be held in the auditorium. Since the meeting will be held during Ramadan (the Muslim month of fasting), lunches and tea will be served to those who are not fasting, but they will not be social events as they have been in the past.

The first day (Oct 31) will start with a brief closed meeting of the Board members in the seminar room to approve the minutes of the last meeting and to have an introduction to the meeting. If there are amendments to the minutes, it would help if you could forward these to us prior to the meeting. The brief closed meeting will be followed immediately by an open meeting in the auditorium for the Director's report. The Director's report will incorporate the information from the Divisions, but we do not plan to have separate reports from each Division (the Division Heads will, however, be on the dais along with the Director, and they will be available for any questions). In place of the reports from the Division Heads, we thought it would be more useful to have presentations from some of the new major activities of the Centre. Thus, you will hear from the heads of the new programmes (Dr Tasnim who is heading the Programme on HIV-AIDS, and Dr Abbas Bhuiya who is heading the Programme on Poverty and Health), as well as Dr Charles Larson who is heading the major activity on the use of zinc for diarrhoea treatment. This will be followed by a brief meeting with the leaders of the Staff Welfare Association. Their written document to the Board is included in your packet.

The afternoon programme will allow for discussion of the board to reflect on the presentations from the morning. Following a break in the afternoon, we intend to have a discussion on the roles of the standing committees. As you recall, at the last board meeting we approved the bylaws which establish certain committees in addition to the current three. In the case of the Fund Development and Oversight committee and the National Liaison committee, the board has not organized or operationalized these committees, and we felt it important to establish an understanding of the roles of these new committees. A copy of the bylaws with the duties and responsibilities of each of the committees is included in the materials.

During the morning of November 1, the HR and Finance Committees will meet with their respective committee chairs in charge. Documents from the Centre's HR Department is included. The report from the finance Department will be given to you on arrival since there some ongoing developments in finance that will change the budget forecast for 2003 and 2004. If you have additional questions that need to be addressed by these departments, please send these in advance if possible.

The afternoon of November 1 will be devoted to the draft report of the review of the Clinical Science Division. At the end of the afternoon, we will have Iftar at the roof-

top pavilion[1]. We will invite many friends of the Centre to enjoy the Iftar party with us.

On November 2, we have the formal board meeting when we carry out the "official business" of the Board (e.g. passing resolutions) and also take care of other agenda items that may not have been addressed in the committees. We also plan to have a meeting of the development partners group (DPG), starting at 2 pm. The first hour of the DPG is an open session in the auditorium and is also open to the staff of the Centre. During this session, the Board Chair and the Director will provide an overview of the board meeting. By including the staff we can provide a consistent message to all of those concerned. The second hour of the DSG is in the seminar room with only the donors, the board members and the Centre's Directorate. This provides a forum for more discussion between the groups.

Introduction

This is the 25th anniversary of the ICDDR,B as an international Centre. A series of 25th anniversary events have occurred during the year, and will continue through the rest of the year, but it is a landmark worth remembering. As a former director stated very colorfully, "the founding fathers founded a foundling." Somehow, this "foundling" has survived and is entering adolescence...and hoping to head toward maturity. Still, much has been accomplished, but we still have much to do to truly meet our potential.

Follow-up from the last meeting in November.

The minutes of the last meeting are included in your folder. Please review these so that they can be ratified on Oct 31. In reviewing the resolutions from June, resolutions 7 – 11 require some follow-up.

Resolution 7. A review of the Clinical Science Division is being conducted immediately prior to this board meeting and is being headed by Dr. Claudio Lanata. An extensive number of documents are being provided to the review team and their will be time for the review team to present their preliminary findings and recommendations during the Board meeting.

Resolution 8. Dr. Sack attended the board meeting of the Child Health and Nutrition Research Initiative (CHNRI) in September 2003 in Geneva. As you recall, the Centre had been selected to host the secretariat for the CHNRI, but it was not clear what the roles and responsibilities were being requested from the Centre. It seemed that the Global Health Forum was intending to divest itself of CHNRI, but there was no other governing body for CHNRI so the Centre's board was being considered as the governing body. Unfortunately there was no documentation of the exact governance for CHNRI; rather it was acting under the authority of the Forum. My attendance at the CHNRI meeting did help to clarify a number of issues, especially for the Forum to clarify the governance of CHNRI and to document this with suitable bylaws. It is apparently the intent of CHRNI to form an independent foundation in Switzerland during the coming years, and in the meantime, for the Forum to continue to act as the governing body for CHNRI. Until the governance of CHNRI is clear, and the exact roles and responsibilities of the secretariat are defined, the Centre is

[1] *Explanation for non-Muslims: When the sun goes down, it is time to break the fast, and some traditional foods are taken at this time, generally along with friends and family.*

not in a position to respond to the proposal to accept the secretariat. I did however indicate to the CHNRI board that the Centre was *willing* to act as the secretariat for CHNRI if these could be defined. A further concern we all have with CHNRI is the need to find additional funds for the initiative. The only donor currently is the World Bank, and it would seem that other funders are needed if this activity is to be sustainable.

Resolution 9. The Heads of the Divisions have been working with Dr. Salam in helping to define the future of the hospital. The CSD review team will go into more detail on this.

Resolution 10. The Directorate has been working on defining the essential support required to fulfill the Centre's mission. The Director will provide a preliminary report on this.

Resolution 11. The Directorate has been analyzing the distribution of unrestricted funds and will continue to monitor this. This will be made much easier with the new financial management system. See the Finance Report for more details.

We agreed at the last meeting that it was important to review the governance issues at the Centre. Thus it was decided to organize a retreat immediately prior to the November 2004 meeting. Unless otherwise decided at this meeting, we will begin organizing such a retreat, with a primary goal of defining the roles and responsibilities of the Board; in effect, developing a strategic plan for the Board.

Amendment To The Ordinance

We have prepared an amendment to the ordinance which we would like the Board to consider. It will of course need the approval and support from the Ministry of Health and Family Welfare prior to proceeding, but we would, at this point like to have the input from the BOT. The amendment specifies three points: a) a change in the name of the Centre to the International Centre for Health and Population, Bangladesh; b) a change in basis for determining salary away from the UN structure to a salary based on market forces, and c) provision for the creation of an NGO under the Centre's direction (should that be appropriate in the future). The amendment was prepared by Barrister Huq and can be changed depending on the discussions at the meeting. A copy of the proposed amendment is included your folder.

Transitions of International Staff

The Centre nearly always has some transitions in staffing, though these are fewer than in the past.

- Japhet Killewo, Head of Reproductive Health, left the Centre in June. He has since returned on a short term contract to help complete a protocol in collaboration with Lauren Blum.

- Mr Wahabuzzaman, Chief Personnel Officer will be retiring from the Centre at the end of November after 16 years of service. He has overseen major changes in HR during his time and has always dealt fairly with all the staff and provided guidance to the management through some critical times. He will be replaced by Mr. S.K. Deb who will be the Senior Manager Human Resources.

Sochona – the new management information system

The Centre is well toward implementing a new computerized Management Information System using MS-Navision to provide a unified system for finance, HR and projects. The process of implementation has continued and we expect to go live in February 2004. As reported in the last meeting, the process of implementation has involved evaluating our entire system for administering the Centre, so it is a much involved process than simply implementing a new computer programme. In the process of evaluating the old procedures, we have identified ways to simplify and streamline these, and have built the "new and improved" methods into the new system. The process has involved most of the Centre's scientific and management staff, so we anticipate a smooth introduction, though most new programmes will have some growing pains as we adapt to the new system.

HR update

Developments have included the reclassification of positions and the creation of job families. These have now been completed and the staff have been advised of their new job titles where there were changes. We are also processing the promotions for scientific staff using the new system that was revised this year. The gender policy was adopted at the last Board meeting and has now been translated into Bangla for dissemination among all staff. Progress on the gender policy will be discussed more fully during the HR committee meeting.

Three departments within the Director's Division have been restructured during the last six months to reflect a redistribution of tasks within each of these departments. These include Finance, HR and Support Services.

Overview of the financial situation

The details of the Centre's finances will be described in the information for the Finance Committee, but as usual there is both good news and bad. The Centre did end the last year with a small positive balance. In June we were projecting a deficit of about $492,000 for the current year. The final figure will certainly be less than this, and it may be close to break-even. Some factors that have led to less than desirable financial report is the need to cover some major costs of USAID funds that were overspent during 1998 and 99, and the lack of another major donor for the Minimat project. Other budgets were on target. The USAID fund is now starting off with a "clean slate" but we did have to make up nearly one million dollars for this account. We have applied for and hope to secure additional funding for the Minimat project during the coming year.

In terms of core funding, three important donors to the Centre have made remarkable core commitments recently. The Government of the Netherlands has renewed an agreement (this one for four years) providing 1 million Euro per year (over a million USD at current rates). Similarly, the government of Canada has initiated an agreement to provide 1.5 million Canadian dollars per year (over one million USD at current rates) for five years. The Swiss government increased their core contribution to 750,000 USD this year and expects to increase this further to 1

million USD next year. DfiD (UK) continues to provide substantial funding (1 million pounds) through its grant to the Centre's on poverty and health and the Swedish government (SAREC-SIDA) continues its substantial funding along with the governments of Bangladesh, Australia, Saudi Arabia and Sri Lanka. Unfortunately, the support from USAID is now entirely project-based and a new agreement with USAID / Washington makes this level of support doubtful.[2] The funds available through USAID globally has decreased substantially in the recent two years, thus, providing less ability for them to support the Centre at a higher level. Similarly, the government of Japan is no longer providing any funds for the operating budget of the Centre due to their poor economic situation[3]. Overall, however, the support from the key core donors provides an excellent base on which to build the Centre, and the Centre appreciates so much the confidence of these partners.

The Government of Bangladesh was providing one crore taka or approximately US$173,000 per year as its regular core contribution to the Centre. GoB increased its contribution by an additional fifty lakh taka or nearly US$86,000 for 2002-2003, and by an additional US$86,000 over the next few months. Thus, the GoB's regular yearly core contribution to the Centre has doubled to nearly US$350,000 by the current financial year. The MOHFW has also included ICDDR,B for consideration to receive project funding from other health sector funds earmarked for the GoB. This will enable the Centre to access funds from this financial year. MOHFW will also likely include the Centre in the Financing Plan and Global Work Plan/Annual Work Plan of Health, Nutrition and Population Sector Programme (HNPSP) that will be formalized and launched by GoB shortly. This will help open some more window of financial opportunities for the Centre.

Some important new projects are just getting under way which will add to the income of the Centre. These include the 3-year zinc scale-up project funded from the Bill and Melinda Gates Foundation, a large cholera epidemiology project funded by the NIH for 4.5 years, and a baseline survey with the National Nutrition Project of the Government of Bangladesh. CDC has become an increasingly important donor for projects in infectious disease. There are many other projects that are outlined in the report from the divisions and in the finance report, but the ones mentioned are some of the larger ones. Some projects that are critically important to the Centre's scientific programme are however needing additional funds and some of these must be funded from core funds.

We (especially the ERID office) are attempting to identify new sources of funding, especially from the private sector. We feel that one source of such support may be among Bangladesh-British citizens and other companies and individuals in the UK. Thus, we are arranging for profile raising event in celebration of the 25th anniversary of the Centre in London at the House of Lords, hosted by Barnoness Uddin and in cooperation with the International Health Solutions Trust. We expect that this will raise a considerable sum, but as important, will provide visibility for the Centre in the UK.

The ERID office has been working with the office of the ERD of the Government of Bangladesh in identifying other funding sources and we hope to be able to announce some additional and significant donors soon. A key change for our funding potential

[2] More about support from the US government donation through PL480

[3] More about the support from Japanese government through their debt relief programme.

is the decision by ERD that the Centre is eligible for bilateral funding. They recognize the important contribution the Centre is making to the country and are helping to find donors for the Centre. The importance of this change cannot be overestimated.

The Office of Grants and Contracts was established in Director's Division this during the last year. Working closely with ERID, Finance and the Director, this office provides advice on contractual and legal matters for the Centre and monitors and screens all contracts.

Support Services

We often take the practical functioning of the Centre for granted, but the support services, in fact, keep the Centre running from day to day, and they provide the clean, efficient and professional environment that greatly improves productivity of the Centre. Since this effort is often overlooked, I wanted to highlight the important work that they do. The different units of the Support Services are illustrated on the following table.

Unit	Primary Functions (not all inclusive)
Travel and Estate	Coordinates the travel of international visitors. Supervises the guest house. Arranges for house leases of foreign nationals. Arranges for visas and customs formalities. Payment of utilities (with finance).
Civil Engineering	Plan, develop and maintain physical plant. Plan and carry out renovations as needed.
Electrical and Telecomm Engineering	Plan and develop electrical and telecommunications infrastructure. Maintain and operate the standby generator.
Transport	Direct and operate the transport vehicles. Provide ambulance service as needed. Maintain the vehicles.
General services	Provide security services and supervise contracted security guards. Provide services for cleaning, gardening, mail, logistics, and support for conferences and training activities.
Cafeteria Services	Cafeteria services (canteen and corridor café) for about 400 daily. Provides arranged meals for all functions held at the Centre.

Changes in Physical Plant

Only a few renovations have occurred since the last meeting (hopefully we are getting caught up with the needed renovations). During the next period, we anticipate most of the renovations will be in the hospital area.

Renovations ongoing or completed during the last year at the Centre

Work Description	Area	Status
Matlab hospital – construction of new wing over outpatient building	1st floor	Nearly complete
Matlab subcentre	Addition of three rooms	Nearly complete
Finance Department – renovation	2nd floor, main building	Nearly complete

Procurement Unit – renovation	IPH building	Complete
Biomedical engineering – renovation	IPH building	Complete
Immunology laboratory - renovation	1st floor, main building	Complete
HIV-AIDS programme – renovation of space to accommodate the programme	1st floor, bank building	Complete
Training Lab – new lab furniture and renovation	1st floor, main building	Complete
Tuberculosis Lab, additional renovation	1st floor, main building	Underway

We have planned to make a major addition to our standby power generation, and this is still planned, but the planning of this very expensive item has taken more time than anticipated.

Training

The training programme has continued at its normal hectic pace, but I wanted to highlight one course sponsored by the Howard Hughes Medical Institution on Advanced Laboratory Methods in Infectious Diseases. Held in September, this was an international course for developing country laboratory scientists and was led by Rashidul Haque in the Laboratory Science Division. Most of the courses at the Centre are geared toward basic levels of training, but this was an advanced course for high-level laboratorians involved in modern biotechnology. Besides collaborating and being sponsored by the HHMI, the Wellcome Trust also assisted by hosting the web site where the course materials are posted.

10th Asian Conference on Diarrhoeal Diseases and Nutrition (10th ASCODD)

ASCODD will occur from December 7-9 in Dhaka. Under the guidance of a local organizing committee, it promises to be a very large and significant regional conference. Over 200 abstracts have been submitted so far and the conference will need to have several concurrent sessions running. Dr. Salam is chairing the scientific programme and many others are responsible for other aspects of the conference. The Honorable Prime Minister is the Chief Patron and we expect to have a 25th anniversary commemorative stamp published on the anniversary day of the Centre's ordinance signing.

Major Trends And Policy Issues For Bangladesh: Their Relation To The Centre's Programme

GOB Sector Wide Programme.

Bangladesh is entering a new phase in many of its health and nutrition programmes. A sector wide approach was used for the Health and Family Planning Ministry termed the HPSP (Health and Population Sector Programme). This sector wide approach was supported by both national funds and foreign contributions. A new

sector wide programme (HNPSP for Health, Nutrition and Population Sector Programme) is scheduled to start soon, but the details of the programme are not finalized. It is hoped that it will start by early next year.

A major issue for the ICDDR,B is to define how we can assist the Ministries programme through operations research. The Centre is included in the HNPSP considering the medical services we provide and also considering the potential for the operations research we can contribute. The exact mechanism for the Centre's contribution for OR is not, however well defined, and we would like this to be a topic for consideration by the development partners.

Our proposal is to encourage the HNPSP to include a provision for proportion of its overall budget for operations research (perhaps 3% of the total). The Ministry could then define the institutions who could assist them with the operations research. The Centre is willing to play a key role in this effort but would encourage a consortium of national institutions, NGO's and the Centre to work together in such an effort. Hopefully, an administrative mechanism could be found that would facilitate the work.

Previously, the USAID providing major funding for operations research; however, the level of funding from this source has decreased significantly and is not adequate to carry out this effort. Also the USAID funding tends to target OR in support of the projects funded by USAID. By contrast, the need now is to conduct OR in support of the GOB programmes. Thus, other donors will be needed to help support such a consortium.

Demand Side Financing for the Health Sector

A consideration for the Health Ministry is that of demand side financing (including the concept of vouchers for health care). The emphasis at the start of these discussions is the provision of vouchers for pregnancies. While several of the development partners are encouraging this move, there are many issues that would need to be settled before such a system will work in Bangladesh. The issue of demand side financing depend on the availability of choice for the client so that they could decide where to seek their services. There is also much chance for corruption and misuse of the system if the system is not developed well. In the Centre's field areas, we could test some of the concepts for demand side financing to assist the GOB before a national programme is determined.

National Population Programmes

The GOB has correctly identified improved family planning programmes as a continuing need for the country. Some new strategies are being developed in hopes these will be effective in further lowering the TFR to approach replacement fertility. Different strategies will however can be expected to have different effectiveness and these results can be tested both through computer models and through operations research. Pushing ineffective strategies will be detrimental since efforts and money will be wasted with little benefit and these ineffective programmes will have an even greater opportunity cost. The ICDDRB has expertise that can be used in assisting the GOB with developing these new strategies. One aspect seems clear however:

the strategy that was so successful in bringing the TFR from 7 down to 3.3 may not be the same as that which will be successful in bringing it down to 2.0.

The optimistic side of the population problem is that most families do not wish to have large family sizes, but they do need help in limiting the number of children to 2. Thus, programmes do not have to be coercive to be effective, but they do need to respond to the needs of families including those who have traditionally been difficult to reach and those who have tended to have many more children than they intended.

The issue of unwanted children goes beyond population and family planning. It seems likely that the unwanted children may be treated less well within the families and the health system. The development of the country may thus depend on assisting families achieve their desired family size.

World Bank Assisted Programmes

The Centre is a partner with the GOB with regard to several of the large projects funded through large World Bank loans. These include the HIV project for which the Centre is providing considerable support through the national surveillance efforts, the National Nutrition Project, in which the Centre is conducting the baseline survey.

Arsenic Contamination Of Well Water

Arsenic toxicity is a major issue for Bangladesh. Through the studies being conducted in the Public Health Science Division and the Clinical Science Divisions, the Centre is addressing some of the critical issues to establish policies in the country. These include the true extent of the medical burden from arsenic toxicity, the burden to the future generations, most effective methods to minimize the problem through mitigation efforts and treatment.

Zinc scale up

The Centre's research has shown that the use of zinc treatment can lower the number of deaths in children in Bangladesh. In rural Bangladesh, this was about 50% reduction and in urban Dhaka it was even higher. The Centre is now beginning to scale up the use of zinc treatment for diarrhoea in partnership with the Ministry of Health and the Social Marketing Company. This is a new type of effort for the Centre, especially since this initiative is coming from within the country and not an idea introduced from outside (e.g. World Bank or other development partners). While UNICEF and other groups are gradually becoming more enthusiastic, there is a need to incorporate other large development partners in this effort.

Development Partners Group (DPG)

The DPG is an informal group of those partners who help to support the Centre. Most of the group are made up of local representatives of the agencies, though representatives from headquarters are also welcome to attend. In general the DPG meets immediately following the conclusion of each BoT meeting to hear about the new initiatives of the Centre and to learn about any Board decisions. Previously, the Chair of the DPG was Renate Pors, but since she has now left Dhaka, the new Chair is Neil Squires. The DPG played a very

important role during the development of the strategic plan and they continue to provide feedback on the Centre's programmes. It is critical that the donor agencies and the Centre understand each other's progammes and policies and the DPG is one of the mechanisms for this to occur. We hope that the Board members will be able to stay to meet the DPG immediately after the BoT meeting on Nov 2.

Two agenda items that will be discussed at this meeting will include a) how to incorporate the zinc scale up programme into other primary health care strategies and b) how to facilitate the use of operations research into the development of strategies of the new health sector programme. We need the suggestions from the DPG as to how the Centre can be most effective in improving the health strategies of Bangladesh.

CLINICAL SCIENCES DIVISION

Staffing

The division currently has two Bangladeshi international staff, an adjunct scientist, and one national consultant, 192 national staff, 46 staff on CSA, 68 health workers, and 15 clinical and 10 nurse fellows.

Mother and Child Health Services (Formerly Child Health Programme)

From January – August 2003, the Mother and Child Health Services (MCHS) of the CRSC (Dhaka Hospital) provided health education to 50,928 women attending children (mostly their mothers) admitted to the CRSC through 10,990 Health Education sessions; immunized 2,401 (100%) of eligible children and 8,966 (46%) of eligible women; provided high potency Vitamin A supplementation to 1,313 children; treated 173 severely malnourished children in the Nutrition Rehabilitation Unit (NRU) and monitored growth of 1,029 children at the Nutrition Follow Up Clinic; and provided treatment for TB to 34 children (old cases) and birth spacing advice to 458 women.

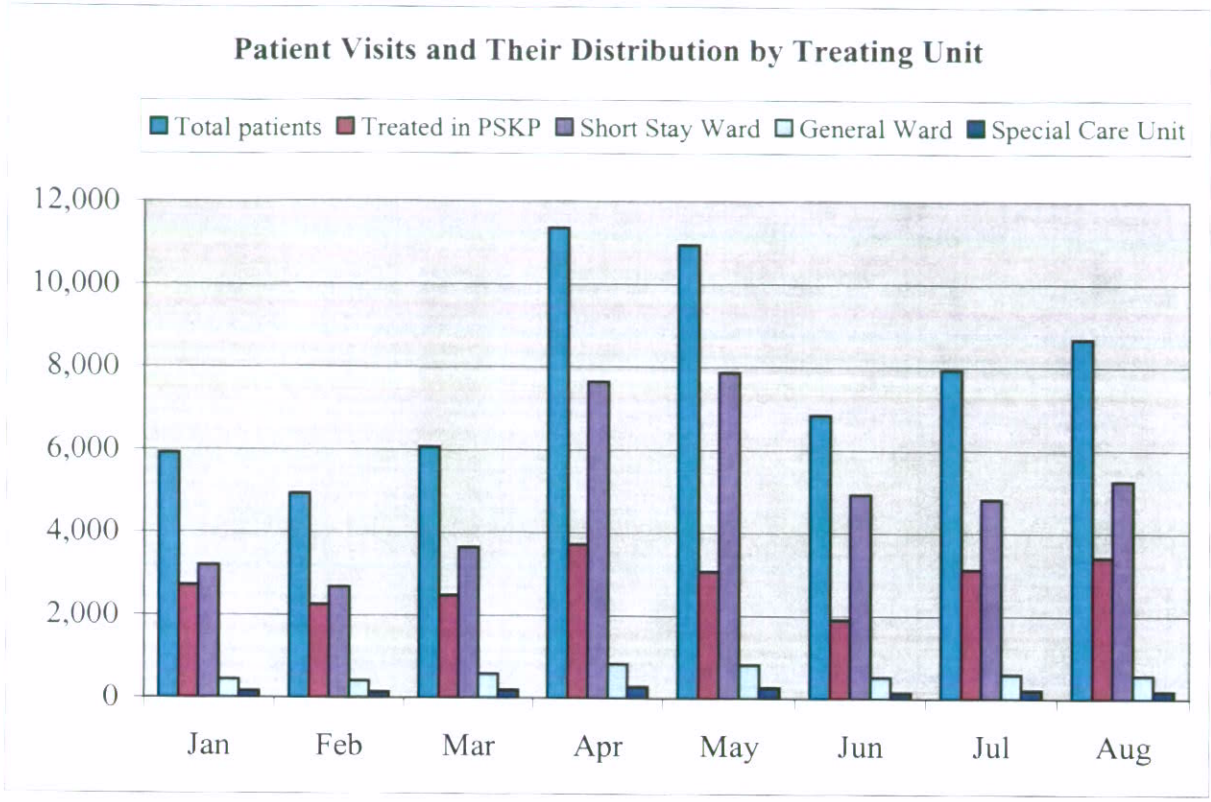
PSKP Franchising Clinic

The PSKP-operated franchising clinic provided care to 24,396/62,631 (39% of total) patients who attended the CRSC and were referred to the clinic after initial assessment of their milder and uncomplicated diarrhoea. The clinic referred back 1,732 (7.1%) of these patients for further management.

Patient Care

From January through August 2003 a total of 62,631 patients visited the Clinical Research and Service Centre (CRSC; Dhaka Hospital) for treatment of their diarrhoea diseases without or with associated health problems (Figure 1).

Figure 1. Patient visits at the CRSC



Breastfeeding Counseling

Breastfeeding Counseling including provision of practical help and guidance to the mothers in positioning and attachment for successful lactation, and appropriate complementary feeding has been incorporated as a regular service activity of the CRSC. During January – August 2003, a total of 4,423 mother-child (0-24 months old) pairs were included in the breastfeeding counseling sessions. In total 701 mothers of infants (0-4 months) were individually counseled to reestablish EBF, and of them 407 (58%) were exclusively breastfed and 93 (13%) were predominant breast-fed (only ORS solution beside breast milk). Of the babies non-breastfed on admission 31 (88%) reverted to partial breastfeeding and 2 (6%) predominant breastfeeding at discharge. Four hundred forty six mothers of infants 4-6 months of age were group counseled to continue FBF. Another 3,207 mothers of children aged 6-24 months were counseled to continue breastfeeding and start complementary feeding at completion of six months.

Special Procedure (Formerly Travellers') Clinic

The Special Procedure Clinic continued to provide endoscopic facilities to research and patient care activities of the Centre as well as community. A consultant from that University Hospital, Basel is expected to visit the Centre to train a few CSD staff on the use and maintenance of endoscopes with video monitors that were received as donations from the University. Prof. Niklaus Gyr has been instrumental in receiving the donation as well as for organizing the consultancy. CSD plans to further expand the clinic for initially offering imaging services (radiology and ultrasonography), and subsequently elctrocardiographic services as a part of strengthening Centre's "Diagnostic Clinic".

Research

No. of Publications from 1st January to August, 2003	03
No. of Review Articles	01
No. of Publications in Press	03
No. of Protocols ongoing	18
No. of Protocols completed	4

Summary of Completed Protocols:

Serum markers of protection in cholera

A study examined the association between the vibriocidal antibody titer and protection from cholera during household transmission among 125 cholera patients and 326 of their household contacts in urban Bangladesh. Although an overall correlation was observed between higher baseline vibriocidal titer and protection from subsequent *V. cholerae* O1 infections among household contacts, some with very high baseline titers (≥320) were not protected from infection. Additionally, no association was observed between the baseline vibriocidal titre and protection from *V. cholerae* O139 infections. Results suggest that serum vibriocidal response by itself may not be the primary mediator of immunity to *V. cholerae*, and may actually be an incomplete surrogate marker of other protective immune responses.

New (and improved) ORS using liposomes

The efficacy of delivering the components of ORS in liposomes in small intestinal absorption of water and electrolytes was studied in *in vivo* perfusion of the entire small intestine of three groups (total 73) of adult rats: normal rats (n=28), rats exposed to cholera toxin (n=24), and rats exposed to 5-fluorouracil (n=31). Net water and electrolytes movements were compared among liposomal ORS, tapioka-based ORS (HS-ORS) and the recently WHO recommended hypo-osmolar ORS (S-ORS). All three ORS solutions were significantly absorbed; however, the absorption of liposomal ORS was significantly higher in normal (32% increase), cholera toxin-stimulated (32% increase), and 5-FU treated rats (48% increase) over that of the comparable controls. Results suggest that liposomal ORS is more efficiently absorbed by both healthy and damaged mucosa. Its less salty taste may be an additional advantage. Studies in humans are being planned.

Clinical surveillance of shigellosis

Isolation of *Shigella* spp. and their seasonal variations and antimicrobial resistance were studied in a total of 389 patients (144; 63% under five children) attending the Dhaka Hospital with history of diarrhoea of <96 hours and clinically suspected shigellosis (blood and/or mucus in the stool). *Shigellae* were isolated from 227 (58%) of these patients, and it followed a bimodal distribution with the highest isolation rates during the hot summer and monsoon, and winter. *S. flexneri* (54%) was the most common serogroup, followed by *S. dysenteriae* (20%), *S. boydii* (16%), and *S. sonnei* (10%). None of the isolates were resistant to mecillinam or ciprofloxacin. Nalidixic acid resistance was most frequent among *S. dysenteriae* type 1 isolates (100%), followed by *S. flexneri* 2a (69%), and *S. flexneri* 2b (52%). *S. flexneri* was

most frequently resistant to trimethoprim-sulphamethoxazole (74%) followed by ampicillin (66%) and nalidixic acid (34%).

Green banana as treatment for diarrhoea

The effects of green banana and pectin (as non-digestible, dietary sources of colonic short-chain fatty acids, SCFA) on intestinal permeability were studied in 57 boys (5-12 months) with persistent diarrhea: 19 and 17 received a rice-based diet containing either cooked green banana and pectin respectively, and 21 received rice-diet alone for one week. Intestinal permeability was assessed before and after treatment by lactulose-mannitol test. Treatment with both banana and pectin significantly ($p<0.05$) reduced lactulose recovery, increased mannitol recovery and decreased LM ratio, indicating improvement of permeability. Permeability changes were associated with a 50% reduction of stool weights, which correlated strongly (green banana, $r^2 = 0.84$ and pectin, $r^2 = 0.86$) with LM ratio. Green banana derived and SCFA-mediated stimulation of colonic as well as small bowel absorption is responsible for their antidiarrhoeal effects mediated through improvement of small intestinal permeability in addition to their known colonotrophic effects[4].

Nutrition rehabilitation

A study examined compliance to outpatient follow-up, and outcome of severely malnourished children (W/L <70%, or bipedal edema, or W/A <50%) discharged from the Dhaka Hospital against medical advice, without nutrition rehabilitation (NR) despite counseling, and were advised follow-up 15 days and 1 month later to monitor growth, supplement micronutrients, and treat inter-current illnesses. One hundred (37% male) of 409 children refusing NR (median age 18 months, and W/L 67.2±6.6%; 11% with bipedal edema) were enrolled. Thirty-five percent of the children couldn't be traced after discharge, and of those attending follow up 62% reported voluntarily and the rest 38% were escorted from residence. Cough, fever and diarrhoea were the most common illnesses. Median weight gains at the first-and the second follow-up visit were 4.0 and 2.3 g/kg.d respectively, and 3 children died during the follow-up period. Results of the study indicate that severely malnourished children not undergoing NR have poor follow-up compliance as well as poor outcome such as excess morbidity, deaths and poor weight gain. There is an urgent need to find an effective alternative for management of such children using a health systems approach.

Circulating endotoxin during diarrhoea

Circulating endotoxin in sera of children hospitalized for severe diarrhea and other acute illnesses including pneumonia and septicemia was measured by a new, sensitive and validated assay called endospecy. Significant amount of endotoxin was detected in the sera of 52% of the study children (n=59) but hardly from sera of healthy controls (n=30) at admission, and the concentrations significantly reduced 72 h after initiating antibiotic therapy (median 12.3 pg/ml vs. 0 pg/ml, $p<0.0001$). Although the levels increased in only 7 children that were not related to any

[4] Basic studies from LSD are demonstrating that short chain fatty acids in the colon may have a much more profound and scientifically exciting mechanism of action. More on this next meeting.

particular antibiotic. Admission serum endotoxin levels were significantly higher among those who died (n=6) compared to those who survived (median 58.8 pg/ml vs. 9.1 pg/ml, p=0.03), and five of the death cases were septicaemic (highest level of 6003.8 pg/ml was observed in a child who died of *H. influenzae* septicemia). The results suggest involvement of Gram-negative bacteria in nearly half of the children with severe diarrhea, and an association of endotoxaemia with severe malnutrition, septicemia and mortality.

Metronidazole for severe malnutrition?

Severely malnourished children experience higher incidence of anaerobic infection of the small intestine, leading to nutrients malabsorption, poor growth, and systemic anaerobic infections, and the use of metronidazole is believed to cure anaerobic infections along with weight gain in severely malnourished children. WHO guidelines (IMCI, and management of severe malnutrition), although falls short of recommendation, mentions about the use of metronidazole in the management of such children. A randomized, double blind, placebo controlled study assessed the effect of metronidazole on the rate of weight gain and days to achieve oedema-free weight-for-length z-score >-2SD (NCHS Median) in the management of severely malnourished children with acute illnesses including diarrhoea and pneumonia/sepsis. A preliminary analysis observed no difference between the intervention (n=70) and placebo (n=70) groups in the outcome measures. If the results are confirmed, such treatment could be avoided, which would save money from program point of view and help slow down the emergence of metronidazole-resistant *H. pylori*, a very common pathogen in the developing countries.

Diagnosing pneumonia in malnourished children

A study evaluated the diagnosis of pneumonia in severely malnourished under-five children with dehydrating diarrhea, and history of cough and fever. Pneumonia was diagnosed by WHO guidelines and by investigator using history and physical examination findings, and oxygen saturation was determined by pulse oximetry on admission, and 6 hours and 48 hours later. Out of total 139 children enrolled 126 were eligible for analysis, all of whom (100%) had dehydration and cough. The WHO diagnosis of pneumonia on admission did not change at 6 hours; however, the investigators diagnosis increased from 87% to 91% (p = NS) and diagnosis by these two methods significantly differed at both time points (p <0.001). A moderate reproducibility was observed for investigators diagnosis (Kappa 0.573). The respiratory symptomatology such as grunting respiration, nasal flare, and chest in drawing at 6 hours significantly differed from admission (p= 0.03, <0.001, and 0.001 respectively), however, lung crepitations did not (82% vs. 80%; p = NS). Oxygen saturation at 48 hours significantly improved from that of admission (98 vs. 97%; (p=0.001). Results indicate that WHO guidelines overestimate pneumonia in severely malnourished children with diarrhoea, and that a careful physical examination by a clinician could reduce the need for X-ray examination with associated benefits. Pulse oximetry, a non-invasive procedure, seems to be useful in diagnosing pneumonia in severely malnourished children; however, further studies are required to define the cut off values.

Physiology Laboratory

The Physiology Laboratory remained active during the reporting period. The laboratory conducts experimentations to understand the pathophysiology and complications of diarrhoeal diseases, particularly cholera and shigellosis, often using animal models, in order to identify newer interventions. New assays such as nitrite and nitrate, thiobarbituric acid reacting substances (TBARS), glutathione (GSH), total antioxidant status, myloperxidase (MPO) and catalase have been set up in the lab. The laboratory was also used for perfusion studies in animals.

Child Development Unit

Housed within the CSD, the Child Development Unit (CDU) continued to provide leadership and strengthen cross-division collaboration on child development. Professor Frances Aboud from Psychology Department of McGill University, Canada, an adjunct scientist, remained active and developed protocols in collaboration with an NGO. The unit is continues to collaborate with the Institute of Nutrition and Food Sciences (INFS) of the Dhaka University, and the Institute of Child Health (ICH) of the University College London, and currently conducting two projects: (i) a study to assess effects of nutritional supplementation during pregnancy and breastfeeding practices on motor and cognitive development of infants in Matlab community in collaboration with the Public Health Sciences Division, and (ii) a SIDA-funded study to compare existing child development activities at the Nutritional Rehabilitation Unit (NRU) of the Dhaka Hospital with a low-cost, culturally appropriate, systematic program of psychosocial stimulation and parental counseling, hoping that such a systematic program could be a sustainable and cost-effective means of improving the development of these children.

Nandipara Clinic

The Nandipara Clinic, established in peri-urban Dhaka in 1985, continued to support a number of studies to understand the role of *Helicobacter pylori* infection in hypochlorhydria and iron deficiency anaemia in children and women in the reproductive age.

Diarrhoeal Disease Surveillance System

The Diarrhoeal Disease Surveillance Programme continues to obtain important sociodemographic, nutritional and medical information on the patient populations attending the Centre's hospitals at Dhaka and Matlab.

AETIOLOGY OF DIARRHOEA-SURVEILLANCE, DHAKA(January - June 2003)

Pathogen identified	Overall n=898 (%)	Under 5 yrs n=486 (%)
V. cholerae O1	175 (19.5)	49 (8.9)
V. cholerae O139	13(1.4)	0
Shigella	58 (6.5)	41 (7.4)
Rotavirus	217 (24.2)	211 (38.3)
Salmonella	10 (1.1)	5 (1.0)
E. histolytica	6 (0.7)	1 (0.2)
Giardia lamblia	15 (1.7)	3 (0.5)

Staff Development: Ongoing

Staff Member	Area of Development	Institute
Dr. Md. Munirul Islam Medical Officer, CSD	Ph.D. Clinical Nutrition	University of California Davis
Dr. Md. Iqbal Hossain Associate Scientist, CSD	Ph.D. Clinical Nutrition	University of California, Davis
Dr. Fahmida Tofail Medical Officer, CSD	M.Phil / Ph.D. Child Development	ICH, University College, London
Dr. Wasif Ali Khan	Fellowship in Clinical Pharmacology Fellowship + Masters in Health Science	Johns Hopkins University, Baltimore

---

LABORATORY SCIENCE DIVISION

No. of Publications from 1st January to October, 2003	27
No. of Review Articles	02
No. of Publications in Press	03
No. of Protocols ongoing	35
No. of Protocols completed	5

Clinical Laboratory

In the Clinical Laboratory, the Pathology Laboratory was divided into two separate laboratories: a) Clinical Hematology Laboratory and b) Molecular and Serodiagnostic Laboratory. Also, the Laboratory Sciences Division is in the process of opening a Diagnostic Service Laboratory at Chakaria Health Centre in collaboration with the Public Health Sciences Division.

New Initiatives

LSD is initiating a joint research project on "Molecular characterization of toxigenic Vibrio cholerae isolated from the environment and human cases in Peru and their genetic relationship with strains isolated in Bangladesh in collaboration with Instituto de Investigacion Nutricional (IIN). This project is funded by Third World Network of Scientific Organizations (TWNSO).

HIV/AIDS Program is expanding its activities to Nepal and will perform an exhaustive surveillance of laboratories. This activity is supported by USAID Nepal mission.

RTI/STI Laboratory is currently providing molecular diagnostic services to HIV/STI surveillance among sex workers and male truckers in Nepal in collaboration with Family Health International (FHI), Nepal.

Environmental Microbiology Laboratory is actively collaborating with the Department of Environment, Ministry of Health, Government of Mozambique in relation to capacity building for diagnosis of cholera both from patient and environmental sample.

In order to generate more revenue to contribute self-sustainability program of the Centre: a) Bio-medical Engineers are initiating a business plan to earn through utilizing bio-engineering expertise and services to other national institutions where they are in great demand, b) Animal Resources Branch is already started providing incineration services of biological and medical wastes to the private clinical diagnostic centers and hospitals for incinerating biological hazardous wastes on payment, c) Clinical Laboratory Services are planning to add varieties of new tests done for the outside on payment patients to substantially increase its revenue income, d) The RTI/STI Laboratory and the Nutritional Biochemistry Laboratory are also planning to add more essential tests.

Major Results of Studies and their implications:

Caliciviruses

A study was conducted in 211 children less than 5 years of age with watery diarrhoea hospitalized in the Dhaka Hospital of ICDDR,B between 1999 and 2001. These children were part of the hospital surveillance system and had none of the enteric pathogens identified in their stool that the surveillance system usually tests for. 33% of these children were found to have human caliciviruses detected either by antibodies in serum or presence of antigen in stools. PCR results showed that 10% were positive for Norwalk-like viruses and 3% for Sapporo-like viruses. In 12% of the children astrovirus was detected in stools. These findings stress that viruses are a major cause of diarrhoea in young children in Bangladesh.

HIV Surveillance

During the fourth round conducted in 2002, the surveillance system recorded the highest levels of HIV seen yet in any population in Bangladesh and this was in injection drug users in Central Bangladesh (4%). These rates are close to the 5% mark for a concentrated epidemic. None of the injectors from the two needle exchange sites surveyed in the Northwest were infected. Drug injectors also had very high rates of Hepatitis C (ranging from 59.8 to 79.5 percent). As there is evidence showing that heroin smokers often inject, in this surveillance round non-injecting heroin smokers were also tested in Central Bangladesh. Fortunately, HIV has not yet penetrated this group. HIV infection remained less than 1% among other vulnerable groups under surveillance in different regions, i.e., female sex workers from eight brothels, those cruising the streets of three cities, and those working in hotels in one city, and men who have sex with men, including hijras. No HIV was detected among male sex workers, or among male clients (truckers, launch workers, and STI patients) of female sex workers and "babus", their boyfriends/regular partners. Overall, among 7877 individuals tested in the fourth round of surveillance 0.3% were found to be HIV positive.

The syphilis rates remain high. The highest rates were once again found among female sex workers. But fortunately, it appears that intense interventions at many of the brothel sites (but not all of them) are having an effect, since the data show a declining trend in syphilis. Syphilis infections among street sex workers in the Central region are also lower this year. Current syphilis infections were the highest among hijras (10.4%).

The data suggest that Bangladesh is at the brink of a concentrated HIV epidemic.

Live oral cholera vaccine

The study, "Phase I/II safety and immunogenicity studies of Peru 15, a live attenuated oral vaccine, candidate for V. cholerae O1 in Bangladeshi children and adults" was initiated from January this year. The new vaccine has been found to be safe and without any adverse events in the 70 adults and 50 toddlers (2-5 years of age) that have been studied so far. Only 3 study subjects excreted the vaccine strain in faeces. Though still blinded, the serum results suggest that the vaccine will be highly immunogenic.

Zinc for shigellosis

Short course of supplementation with zinc during acute shigellosis results in the induction of IpA specific IgA antibodies in sera of pediatric patients. In addition the lymphocyte proliferation response was also increased in the peripheral circulation. This suggests that adjunct therapy with zinc during acute illness may result in the induction of a greater magnitude of response leading to early recovery and possibly a better protection.

Biofilm studies for environmental cholera.

Studies in the environmental microbiology laboratory have demonstrated that a plexiglas-made device can be used as a "bait" for biofilm formation in the aquatic environment. Using this device, Vibrio cholerae O1 have been isolated in culturable state twice during cholera seasons but detected form the biofilm samples almost throughout the year in the viable but nonculturable (VBNC) state. The study suggests that the VBNC Vibrio cholerae O1 may be converted into culturable form during cholera seasons.

Shigella and antibiotic resistance.

A population-based evaluation of Shigella infection in an urban area of Dhaka study revealed that none of the Shigella isolates were resistant to ciprofloxacin and mecillinam. S. flexneri showed 67% resistance to cotrimoxazole, 57% to ampicillin, 45% to nalidixic acid, 30% to amoxicillin plus clavulanic acid. S. boydii showed 39% resistance to cotrimoxazole, 28% to ampicillin, 12% to amoxicillin plus clavulanic acid and 31% to nalidixic acid. S. dysenteriae showed 52% resistance to cotrimoxazole, 22% to ampicillin and 25% to nalidixic acid. S. sonnei showed 92% resistance to cotrimoxazole and 83% to nalidixic acid. Prevalence of almost equal numbers of sub-serotype of S. flexneri 2a and 3a might have implications in development of candidate vaccine; while increasing resistance to various antimicrobial may result frequent treatment failures with increasing morbidity and mortality.

Immunity to ameba – relation to genetic markers

The Field studies of human immunity to amebiasis in Bangladesh showed the natural history of E. histolytica infection in a cohort of children in Mirpur. Investigators observed an association of an anti-lectin immune response with acquired immunity: children with pre-existing mucosal IgA anti-Gal/GalNAc lectin antibodies had 64% fewer new E. histolytica infections during 5 months of follow-up. Paradoxically children with serum anti-lectin IgG had 53% more new infections.

The association of anti-parasite IgG and IgA responses with susceptibility and resistance to infection respectively makes it biologically plausible that MHC class II alleles could affect both the acquisition of amebiasis and its disease burden. The association of antibody responses to innate and acquired immunity to amebiasis indicates a role for CD4+ T cells in protection. To test this hypothesis we compared the genotype frequencies of Class II HLA antigens among a cohort of unrelated Bangladeshi children intensively followed for E. histolytica infection over a 3 year period. The DQB1*0601 heterozygous and homozygous genotypes were found in 55% of E. histolytica negative children, but in only 34% of E. histolytica positive children (overall OR= 2.39; 95% CI: 1.26, 4.54). Individuals heterozygous for the DQB1*0601/DRB1*1501 haplotype were 10.1 times (95% CI: 2.02, 50.6) more likely to be both E. histolytica negative and serum anti-lectin IgG negative at baseline. Other DQB1 and DRB1 alleles (DQB1*0202, DQB1*0301, DRB1*0701) showed no evidence of association with any of the clinical outcomes related to amebiasis. A potential protective association was observed with the class II allele DQB1*0601 and the heterozygous haplotype DQB1*0601/DRB1*1501. This association may offer insight into why amebiasis does not occur in some children exposed to the parasite, and implicates class II restricted immune responses in protection from E. histolytica infection.

New antibiotics for pneumonia

The study "Flouroquinolones are effective in-vitro against Streptococcus pneumoniae and Haemophilus influenzae isolates in Bangladesh in children" observed that the incidence and spectrum of antimicrobial resistance to useful drugs among Streptococcus pneumoniae and Haemophilus influenzae strains are increasing, resulting in treatment failures, increased duration of hospitalisation and treatment cost, and mortality. Newer fluoroquinolone such as moxifloxacin, levofloxacin and gatifloxacin were found effective against these resistant pathogens in vitro and may have value for the treatment of diseases caused by these organisms. However, one should note that resistance to ciprofloxacin and levofloxacin have emerged in S. pneumoniae.

Changes in Physical Facilities and Resources

Renovations were completed for the Immunology Laboratory, the HIV-AIDS programme, and the Training Lab. Expansion and renovation work of the TB Laboratory is progressing smoothly.

Laboratory Sciences Division has acquired an ABI Prism 310 Automated Nucleotide Sequencer which is facilitating high-tech research and clinical diagnostic activities.

A new Real Time PCR Machine is installed in the Parasitology Laboratory to perform quality assured real time PCR test on various infectious pathogens.

Other information:

Dr. Firdausi Qadri was asked to join a 12 member WHO International Vaccine Review (IVR) Steering Committee on Diarrhoeal Disease Vaccines for two years.

Dr. Sayera Banu was awarded a re-entry fellowship of US$5,000 from the International Nutrition Foundation through the Ellison Medical Foundation to support initial laboratory work.

Within the reporting year, 18 Scientific staff visited abroad to attend scientific meetings/conferences, to perform collaborative research works or trained in different technical fields. Seven staff are completing PhD and one each is imparting higher training and completing Post-doctoral and Masters Degree in different institute abroad.

INFORMATION SCIENCES DIVISION

Training Education Unit

International courses

- Measuring Poverty (regional)
- HHMI Advanced Laboratory Course In Infectious Disease Research (international)
- Emergency Response To Cholera And Shigella Epidemics (international)

Training unit - National courses

- Introductory Course On Epidemiology And Biostatistics (two courses)

IT-based training

Initiated collaboration with Wellcome Trust in developing website and collecting materials from the HHMI-supported Advanced Laboratory Course in Infectious Disease Research for the development of an interactive training course on CD-ROM.

DISC: Information Services Branch

38,600 bound volumes, 13,450 reprints, 334 current periodicals

Material (duplicates and withdrawn) sent to other libraries

- 100 journal issues to Matlab library

- 96 journal issues and 4 books to the Bangladesh National Scientific & Technical Documentation Centre Library
- 248 journal issues to the Centre for the Rehabilitation of the Paralised library (Savar), Kumodini Medical College library (Mirzapur), National Health Library and Documentation Centre, and Bangladesh Institute of Development Studies library.

DISC: Publications Branch

Publications since last Board meeting (all in print and on web site)

- 2 x JHPN
- 2 x Glimpse
- 2 x Health and Science Bulletin
- 2 x Shasthya Sanglap

JHPN

- 42 manuscripts received
- 9 manuscripts rejected
- 2 issues published (March and June 2003) containing 24 papers
- First theme-based issue—Health and Equity—in preparation for September

Computer Information Services

Infrastructure improvement

- Bandwidth upgrade from 256 Kbps to 512 Kbps.
- New router and core switch installed
- Firewall and intrusion defense system in process of implementation

Applications software development

- Major stake in development of Navision MIS
- Inventory system for Nutritional Biochemistry
- Database driven application system for TEU

HEALTH SYSTEMS AND INFECTIOUS DISEASES DIVISION

New Initiatives

Zinc scale-up project

This is a major new project to increase the use of zinc as a treatment for diarrhoea in children under 5 years of age. The project will involve a series of programmatic and research activities and will stress evaluation of the programme as the project activities are rolled out.

Respiratory Virus Surveillance

This study, about to begin, will determine the disease burden of respiratory viruses in the urban poor population in Kamalapur In addition, the study seeks to determine the proportion of pneumonia and febrile disease caused by such viruses, and which specific viruses are most important. This study will be conducted in collaboration with the Centre for Disease Control and is a follow-on to an earlier pilot study that found a high proportion of influenza and metapneumovirus among febrile patients.

Pneumococcal Surveillance

This study will define the disease burden of *S. pneumoniae*, and will look at prevalent serotypes, spectrum of illness, antimicrobial resistance patterns, and risk factors. This is part of a multicentre study in partnership with Johns Hopkins University, and is funded by ADIP (which is supported by GAVI and the Gates Foundation).

Zinc efficacy in treatment of pneumonia

This study will test the efficacy of therapeutic zinc when given to outpatient children less than two years old with pneumonia. This study will be funded by the Gates Foundation, as part of the Zinc Scaling Up project, and is a follow-on to a similar study on severe pneumonia in hospitalized children. The objective will be to determine whether zinc can reduce the duration of illness for a broad spectrum of pneumonia in an outpatient setting and whether acute administration for pneumonia can affect the risk of subsequent illness.

Typhoid vaccine

Phase II (and possiblty III) evaluation of an experimental live vaccine for licensure. The study will sponsored by a major pharmaceutical company. S. typhi is the most commonly isolated bacteria isolated from febrile patients in Kamalapur, including those patients who are very young (much more common than S. pneumoniae or H. influenzae) and a typhoid vaccine would seem to offer much benefit. Such a vaccine will, however, need to be immunogenic in the very young. The currently available injectable Vi vaccine has poor immunogenicity in children under 2 years; thus, we are especially examining the potential for live oral vaccines.

Evaluation of Impact of Hepatitis B vaccine

The national EPI programme is beginning to scale up vaccination for hepatitis B in Bangladesh with support from GAVI. In anticipation of this programme, the Centre is conducting a serological survey of hepatitis B in Kamalapur so that the effectiveness of the vaccine programme can be determined.

Major Results of Studies and their implications:

Meeting health needs by addressing missed opportunities

In an operations research project, we found that "missed opportunities" occur frequently during visits of clients to primary health care clinics. The use of a

standardized checklist did result in improved provider performance and systematic checking, significantly increasing detection of unmet needs and referrals. 85% of those referrals did, in fact, receive treatment.

Determinants of immunization coverage

There are wide disparities in coverage rates within sub-district populations (51 to 89%). The determinants of low coverage included both those that were programmatic (e.g. those that could be corrected within the health system) and non-programmatic (e.g. not under direct control of the system). The programmatic determinants included a) lack of access to clinics, b) inconvenient and inconsistent scheduling, and c) inadequate supervision. The non-programmatic determinants included a) distance to static sites, and b) prevailing attitudes of the families.

Health services utilization and coverage among families of migrant workers

In Mirsarai (our field area near Chittagong), 25% of husbands are migrant workers and live away from their families. Family members of these migrants utilize preventive and reproductive health services less, in particular family planning, but use curative services more. Wives of migrant workers much less likely to use modern contraception (11% vs 56%). The parity of migrant worker wives was lower (2.1 vs 2.9) and EPI coverage of their children was higher (67% vs 56% fully immunized). The study points to some special needs and risks of families of migrant workers and future studies will need to especially address the reproductive health risks to the wives of the migrant workers.

Operations research on syndromic management of vaginal discharge in women attending primary health clinics in Bangladesh.

The complaint of vaginal discharge is one of the most common symptoms bringing women to clinics. Since specialist care is not available at most clinics, a syndromic management approach has been proposed as a way to improve management of these patients. A syndromic approach may be successful for clinics serving sex workers, however, the same approach may not be useful for general clinics. Thus, a syndromic approach was designed for general clinics and tested in this protocol. The design of the syndromic was formulated from a consensus of national and international experts in the field.

The results of the study suggest that the syndromic management is not adequate to provide an accurate diagnosis of sexually transmitted infections. Furthermore, the study suggests that a speculum exam does not improve the sensitivity and specificity for diagnosis of sexually transmitted infection. Further work is needed to accurately diagnose the etiology of vaginal discharge in order to improve case management. Specifically, additional simple laboratory tests may improve treatment if these could be incorporated into a scientifically valid essential laboratory package. The necessary protocols are being developed for this continuing research.

Effectiveness of school-based adolescent reproductive health intervention

Based on a large effort to define frequently asked questions of adolescents about reproductive health issues, booklets and mass media messages were developed in collaboration with Bangladesh Centre for Communications Programme (BCCP). An evaluation of the community sensitization and educational booklet distribution in schools showed that the programme was effective at improving knowledge of the adolescents. The effects were greater in males than females. During an 18 month follow-up, males and females improved knowledge of modern contraception, STDs and normal sexual maturation. It was not possible to know at this time if the programme resulted in any changes in practices. The knowledge improved in the control groups also, suggesting that concurrent radio messages contributed to the improvement in knowledge.

Baseline evaluation of urban depot-holders

A programme of "depot holders" (village health volunteers) was being piloted for first time in urban NSDP sites (USAID supported NGO's). We found that the dropout rates soon after training was high (8 out of 60), and that trainees feel need for more preparation. Richer populations tend not to use depot-holders and poorest find it too expensive; thus, it is difficult to determine the population group who will benefit. The impact of the depot holder programme is yet to be determined.

Cost-effectiveness of severe malnutrition protocols

Although detection of and treatment of severe malnutrition is intended to be a part of the ESP (Essential Services Package) of Bangladesh, in reality this has not been implemented in a meaningful manner. This study was designed to test a strategy for monitoring patients being seen in the clinics for malnutrition. It was found that it is possible to diagnose and to treat severe malnutrition but that it does require considerable effort, including the provision for a nutrition counselor at the clinic. Alternative strategies for delivering this type of care were also being tested, including hospital based care, outpatient and daycare nutrition therapy and community based interventions.

Trial of a live cold adapted nasal vaccine for influenza

The Centre is participating in a phase III multicentre efficacy, immunogenicity and tolerability study in preparation of licensing an experimental live vaccine for influenza. The study in Kamalapur successfully enrolled and vaccinated 150 children, completing the data collection phase on 31 May. The vaccine has been lisensed in the US, but not yet for children. We believe that results from this multicentre study will provide data on which to extend the use of the vaccine to children. As a side-issue: The Centre has one of the few field areas that are monitoring for both bacterial and viral agents of respiratory infection. There is a good chance that an effective vaccine for influenza could reduce rates of bacterial pneumonia as well as viral.

Epidemiology of dengue infections in dhaka

This NIH-funded study completed a pre- and post-season cross-sectional sero-survey of approximately 800 people, to determine disease burden (incidence) and identify circulating dengue virus types. The study also involves collection of longitudinal data on fevers occurring in this cohort of 21,000 persons. So far, dengue appears to be less common in this slum area than in middle-class neighborhoods, but the surveillance for fevers provides an excellent data base for determining causes of fever in this slum area of Dhaka.

Shigella burden of disease in urban Dhaka

This study, in partnership with International Vaccine Institute (IVI) began its second year of disease burden surveillance on a cohort of 20,000. As of 28 August 2003, there have been 2,713 stool specimens collected, from which 429 (15.4%) have had enteropathogens isolates. Of these, 331 (11.4% of total, 74.0% of isolation fraction) have been *Shigella spp.* An unusual finding has been the higher than expected number of isolates of S. boydii. The study is linked with economic analyses and behavioral studies in the same field area. The study continues to collect longitudinal, case-control and mortality data.

Typhoid

This study, in partnership with The Centres for Disease Control (USA) is defining the burden of typhoid fever in urban Dhaka. Data collection began in December 2003. So far, over 20 isolates have been obtained. A manuscript describing the pilot data conducted in 2001 has been prepared.

Demography in urban Dhaka

The site for demography in urban Dhaka was shifted in 2002 to Kamalapur to coordinate the demographic data with other health interventions. Methods and the first round of demographic surveillance was completed in June 2003. The population has grown from 140,000 in December 2000 to nearly 170,000 in 2003, despite the destruction of a substantial part of the site by the government, giving the area a population density of nearly 42,500 population/Km^2. Efforts are underway to standardise the demographic surveillance system between the urban and rural sites.

It should be noted that the most important demographic event in Bangladesh during the next century will be the urbanization of the country. The rural areas are essentially saturated and nearly all of the population growth will occur in urban areas (not just Dhaka); thus, understanding demographic characteristics of urbanization will be critical to all future research activities as well as to the provision of health services to these people.

Unwanted pregnancies in rural Bangladesh

An assessment of unwanted ness status of pregnancy based on the information available from surveillance data collected over the past 20 years can help to estimate the levels and trends in unwanted childbearing over this period and to investigate factors associated with unwanted childbearing among women / couples in the study areas. This information, to be available in early 2004 will provide preliminary evidence on the health and social consequences of unwanted childbearing. Preliminary data suggests that more than 30% of pregnancies are not

intended. If effective contraceptive was used by these families, the fertility rate could drop significantly. Furthermore, the study is exploring the possibility that these "unwanted children" may suffer from less access to medical care, higher morbidity and mortality and slower development.

Tuberculosis in urban Dhaka

Population based surveillance for tuberculosis began in Matlab two years ago, and though the Centre did undertake tuberculosis projects in clinic populations in Dhaka at that time, there was no urban population based surveillance for TB. Thus, the Centre initiated urban surveillance in Kamalapur in March 2003. Key issues for tuberculosis include early case detection, improving compliance with DOTS, improving monitoring of treatment programmes, as well as more basic studies on molecular epidemiology and perfection of rapid tests for TB.

Impact of micronutrient fortification of chapattis for school children

Lack of vitamin A and iron and consequences of their deficiencies are the two most recognized micronutrient related global public health problem. Food fortification has been identified as among the most cost effective and sustainable strategies to prevent or correct micronutrient deficiencies. The objective of this efficacy study was to detect an impact of consuming fortified chapatti by school-age children, on changes in their vitamin A status and also iron status during the six month period.

This was a cluster-randomized, double-blind, controlled trial in a rural area in Bangladesh. Three hundred fifty two (352) apparently healthy school-age children (6 – 15 years of age) were enrolled from 48 randomly selected *baris* (a bari is composed of a few adjoining households) to be included in the study. Two chapattis prepared from fortified or non-fortified wheat flour (100g) were consumed by these children daily for 6 months. Blood samples were collected prior to the start of feeding, three months later and six months later at which time the feeding was stopped.

The mean serum retinol level at 6 months was significantly higher in the fortified group. Twenty-six children (13.6%) in the fortified group and 22 children (15.4%) in the control group had subclinical vitamin A deficiency (serum retinol < 20 μg/dl) at baseline. At 3 and 6 months, subclinical vitamin A deficiency was significantly reduced in the fortified group (7.9 and 7.4%) compared to the control group (16.2 and 22.5%). Within groups, the trend of reduction of subclinical deficiency over time was only significant in the fortified group.

There was no demonstrable effect of fortification or chapatti consumption on average hemoglobin levels at 3 or 6 months, nor was there a reduction in the proportion of children who had anemia. Compared to the control group, serum ferritin did not improve significantly in the fortified group. Mean serum transferrin receptor levels were similar in the two groups at baseline and did not change in either group at 3 months or 6 months as well.

This study clearly has demonstrated a significant improvement in the vitamin A status of the school-age children in rural Bangladesh, but did not demonstrate an improvement in anemia or iron status.

PUBLIC HEALTH SCIENCES DIVISION

Total number of staff is 817 as of August 2003.

No. of Publications – 2003	21
No. of Review Articles	02
No. of Protocols ongoing	34

Staff Development

a) **PhD**

1. Lutfun Nahar, Waikato University, New Zealand, 2003 (Completed)
2. AA Mamun, University of Groningen, the Netherlands, (Completed)
3. Disha Ali, Tulane University, USA (2003)
4. Suhaila Khan, Tulane University, USA (2003
5. Ishtiaq Bashir, University of Tampare, Finland (2004)
6. Shakil Ahmed, Tulane University (2004)
7. Sharful Islam Khan Bobby, Edith Cown University, Australia (2004)
8. Ashraful Alam, Australian National University, Australia, (2004)

b) **MPH/MSc**

1. SM Manzoor Ahmed Hanifi, Umea University, Sweden (completed 2003).
2. AA M Mobinul Islam, Umea University, Sweden, (completed 2003).
3. Mr SM Nazmul Sohel, Master Degree (GIS) from International Institute for Geo-Information Science and Earth Observation, the Netherlands (completed 2003).
4. Mr Hanifur Rahman, MBA from Victoria University (Dhaka Campus- 2003)
5. Zinat Ferdous, ANU (Jan '03-Jan '04)

c) Dr Hafizur Rahman Chowdhury and Dr Jesmin Parveen of Matlab took two week orientation on Kangaroo mother care in the management of premature of low birth weight babies at the Uong Bi Hospital of Vietnam.

New Facilities

- A second floor (approximately 2000 sq ft) has been constructed on top of the out-patient department in Matlab. The new space will house additional office space for research staff and storage for biological samples of different projects.
- Physical facilities in two of the four community based sub-centres have been renovated.
- Existing tin-shed space near Canteen was renovated in March 2003 to make room for RHU staff

New Initiatives

Health consequences of arsenic – phase 2

Arsenic in tube well water and health consequences, Phase –2 (PI-Mahfuzar Rahman). The study will be implemented in the Health and Demographic Surveillance area in Matlab from Aug 2003 to July 2006 with support from Swedish Sida. The study will generate new and much needed information on the variations in arsenic exposure through tubewell water especially seasonal variations and time trends of arsenic concentration, contribution of rice to arsenic exposure, health effects of arsenic contaminated water, etc.

Continuation of epidemiology of cholera in Bangladesh

Funding from NIH has been secured for the continuation of the Epidemiology and Ecology of Cholera study for next four and half years in collaboration with Johns Hopkins University.

Poverty and Health

Collaboration with University of Bath, UK. Efforts are underway to develop collaborative arrangements with the University of Bath, UK to develop ICDDR,B's capacity to do research on Poverty and Health.

Matlab Hospital

During the period March-Aug 2003, a total of 35,957 patients were treated in Matlab Hospital and in the community based Sub-Centres.

Diarrhoea patients	8,743
Reproductive and child health related patients	
a) Women of child bearing age (all illnesses and maternity care)	16,530
b) Male sexual health related problems	504
c) Children under 5 years of age (all illnesses)	10,180

Major Results of Studies and their Implications

Hib Vaccine Effectiveness

This is an effectiveness trial of the HiB vaccine carried out in Dhaka. The vaccine has proven very effective against culture-documented HiB disease (blood culture and CSF positive patients) and analysis for effectiveness against pneumonia is being finalized. All field data collection completed for this incident case-control study. The study will have major policy implications concerning the potential benefits from HiB vaccine for Bangladesh.

Safe Injection Assessment

Final report submitted to WHO on the national safe injection assessment survey, 2002

Bangladesh Maternal Health and Mortality Survey, 2000

Contributions to the final report of the Bangladesh Maternal Mortality Survey 2000 completed.

Menstrual regulation services and induced abortion morbidity in Matlab

Needs assessment revealed lack of support, supply, and supervision in the existing system providing MR services. These findings have important policy implications since women who decide to have termination of a suspected unwanted pregnancy would anyhow utilise available services. The proportions of unwanted pregnancy reporting and termination indicate there are huge unmet needs for effective contraceptive methods. Further research is needed to examine how to meet this need. In future research, the complex issue of unwanted pregnancy need to be addressed in the context of sexuality where male entitlements threaten women's sexual and reproductive rights, and women's inability to control situations that increases the risk of unwanted pregnancy. Other proximate determinants of fertility also need to be taken into account.

Arsenic in tube well water and health consequences

Field work completed for the study arsenic in tubewell water and health consequences – AsMat, in HDSS area in Matlab. The results have implications in terms of further increase in incidence of arsenic induced skin lesions, and increase in burden of chronic diseases such as diabetics, hypertension, cardio-vascular diseases, chronic respiratory problems, skin cancer and other cancers as well as increase in mortality from the associated burden of diseases. Detailed analyses are under way with the data collected by the project. A total of 165,535 individuals were interviewed irrespective of age and sex. The male and female ration was 1:1.3 of whom study physicians confirmed 571 cases. The prevalence in Matlab was 3.4 per 1,000. Urine arsenic was analyzed for cases (N=221, ranging from 2 – 2244 µg/L) and for controls (N=747; ranging from 2 – 1726 µg/L) by HG-AAS. Approximately, 14,745 tube wells were tested and were numbered as to geographical coordinates by Geographic Positioning System (GPS) teams. 2,428 (16%) were found to be inactive; screening test has assessed the arsenic concentration in the water. So far 70% of the tube wells had an arsenic concentration of 50 µg/L or above, 22% had no arsenic content, and 28% had concentrations as high as 500 µg/L or more.

The Unmet Obstetric Needs project

This study was undertaken to validate a new method for determining the unmet obstetric need in a region, and the validation was carried out in Matlab where complete data is available on maternal deaths over a long period of time. The validation required conducting verbal autopsies on all maternal deaths during the study period. To date, 100% of the 818 verbal autopsies interviews have been completed, independently reviewed by two physicians, coded, double entered in the computer, corrected and the open parts translated. A household-survey was conducted in Matlab-ICDDRB study-area to complete / corroborate which women delivered in comprehensive EOC-facilities from 1990 till 2003. Hospital-data-collection is 71% complete for 1538 women who delivered in comprehensive EOC-facilities from 1990 till 2001. Eighty percent of 1149 Interviews of women who delivered in comprehensive EOC-facilities from 1990 till 1999 are complete. A

secondary analysis was made of the 1999 nationwide EOC-survey conducted by UNICEF, DGHS and ACPR.

Micronutrients to reduce morbidity

A community-based, randomized controlled trial to assess the efficacy of iron and/or zinc or a micro-nutrient mix supplementation to reduce anaemia and morbidity and to improve growth and development in Bangladeshi infants was carried out in Matlab. Simultaneous supplementation with iron and zinc was associated with a 30% lower incidence of severe diarrhoea and 40% lower incidence of severe ALRI in less nourished infants with weight-for-age z-score <-1. Zinc alone was also associated with lower morbidity due to diarrhoea and ALRI but was not significant. Supplementation of micronutrient mix was associated with a significantly higher incidence of diarrhoea. The strategy of intermittent simultaneous supplementation with iron and zinc seems promising, and needs further evaluation. The reasons for the apparent increased risk of diarrhoea with supplementation of micronutrient-mix could not be readily explained. The micronutrient-mix was also poorly accepted. Further studies with improved formulations are recommended to validate the findings.

Zinc treatment for diarrhoea

This was a community-based, randomized, controlled trial to assess the effect of zinc supplementation in <5 year old Bangladeshi children during diarrhoea on the clinical course of diarrhoea, subsequent diarrhoea and ARI morbidity, and growth. About 40% (399/1007) of diarrhoeal episodes were treated with zinc in the first four months of the trial; the rate rose to 67% (350/526) in month 5 and to >80% (364/434) in month 7 and was sustained at that level. Children in the intervention cluster received zinc for about seven days on average during each episode of diarrhoea. They had a shorter duration (hazard ratio 0.76, 95% confidence interval 0.65 to 0.90) and lower incidence of diarrhoea (rate ratio 0.85, 0.76 to 0.96) than children in the comparison group. Incidence of acute lower respiratory infection was reduced in the intervention group but not in the comparison group. Admission to hospital of children with diarrhoea was lower in the intervention group than in the comparison group (0.76, 0.59 to 0.98). Admission for acute lower respiratory infection was lower in the intervention group, but this was not statistically significant (0.81, 0.53 to 1.23). The rate of non-injury deaths in the intervention clusters was considerably lower (0.49, 0.25 to 0.94). The lower rates of child morbidity and mortality with zinc treatment represent substantial benefits from a simple and inexpensive intervention that can be incorporated in existing efforts to control diarrhoeal disease.

Low Birth Weight study in Matlab (MiniMat)

This is a large intervention trial currently underway in the ICDDR,B area of Matlab HDSS evaluating the effects of several interventions, food and micronutrient supplements, breastfeeding counseling, treatment of bacterial vaginosis on maternal and infant outcomes. As of August 2003, about 4,000 pregnant mothers have been enrolled and 2,000 births have taken place in the cohort. The study is in collaboration with more than 10 national and external partner institutions.

Matlab IMCI Evaluation Study

The impact of facility and community-based IMCI on child health and mortality is being evaluated in this community-intervention study in Matlab. Twenty GoB facilities and their catchments in the non-ICDDR,B part of Matlab have been randomized to IMCI and comparison areas. Now in the fourth year, the interventions are in place and are being sustained and monitored. Final evaluation is expected in 2005, but early indications show improved care-seeking for sick children following intervention. The study is part of the Multicountry Evaluation of IMCI of WHO/USAID.

Neonatal mortality: two interventions to understand the issues and to develop practical solutions to the problem

Although infant mortality has declined over the past thirty years in Bangladesh, neonatal mortality has declined at a much slower rate and now counts for the majority of infant deaths. The vast majority of newborns spend their first days in the home environment and are not easily reached by health services. Effective strategies will require a mix of safe delivery and safe newborn care practices with a strong emphasis on provision of good quality care and communication. The only way to significantly reduce IMR is to find ways to prevent these neonatal deaths, especially those occurring the first three days of life. The projects on neonatal mortality include a) **PROJAHNNMO**: Community Based Intervention to Reduce Neonatal Mortality in Bangladesh and b) **PROJAHNNMO-2**: Etiology, Prevention And Treatment Of Neonatal Infections In The Community.

PROJAHNNMO: Community Based Intervention to Reduce Neonatal Mortality in Bangladesh. A community-based intervention study is underway in 3 upazillas (sub-district) of Sylhet District, covering a population of about 500,000, to evaluate the impact of a package of obstetric and neonatal care practices including management of serious neonatal infections by first-line health workers, and to improve and evaluate newborn care and recognition and management of serious infections in neonates by mothers and trained first-line health workers. Twenty-four unions have been randomized to home-based intervention model, clinic-based intervention model and comparison. After completing baseline data collection early in 2003, the interventions have been initiated. The study is in collaboration with Johns Hopkins University, Shimantik, Dhaka Shishu Hospital and other partners

PROJAHNNMO-2: Etiology, Prevention And Treatment Of Neonatal Infections In The Community. A community-based intervention study is underway in Mirzapur upazillas (sub-district) of Tangail District, covering a population of about 290,000, to identify the principal agents of serious bacterial infections in Bangladeshi neonates in the community, and to evaluate the impact of introducing a package of essential obstetric and neonatal care practices in the community, including identification of barriers to care-seeking and design of strategies to address those barriers. Twelve unions have been randomized to intervention (home-based) and comparison. Baseline data collection has just been completed in August 2003, and preparations are underway to introduce the intervention. The study is in collaboration with Johns Hopkins University, Kumudini, and Dhaka Shishu Hospital

Cholera and Dengue studies:

V. Cholera 01 Eltor biotype continues to be the dominant strain in rural areas of Bangladesh

V. Cholera 0139 was detected mainly in southern coastal areas of Bangladesh. Dengue viral infection in Dhaka-city is significantly lower during 2003 compared to the year 2002, the reason was not clear.

During the year only DEN-3 dengue serotype was detected in Dhaka city

Health profile of the elderly in Matlab

The DFID funded 'Health profile of the elderly in Matlab a rural area of Bangladesh' has started and fieldwork is progressing well. The sample is 550 elderly people aged over 60 years. The interviews explore self-reported physical status and health problems, social support and care networks, daily activities and limitations, etc. A subset of 450 is receiving physical examination and tests of cognitive function at the ICDDR,B sub-centres.

Verbal Autopsy for Improving Causes of Death in Matlab HDSS:

The INDEPTH Network, reviewing WHO general guidelines, has developed three modular verbal autopsy questionnaires (VAQs) for neonatal (0-28 days) deaths, child (29 days – 11 years) deaths and adolescent and adult (age 12 years and above) deaths for DSS sites to improve the quality of data on causes of death. VAQs contain open-ended death history question; leading questions on history of chronic illness; symptoms and signs of the illness that led to death; medical consultations prior to death; health records, etc. Each filled-in VAQ will be reviewed to assign causes of death by two physicians and a medical assistant, independently.

Unmet Health Needs for Sick Children in Mothers' Views in Rural Bangladesh

The health and socioeconomic survey conducted in Matlab in 1996, recorded unmet health needs in views of mothers of 524 children having any chronic morbidity in the past three months and 1,599 children having any acute (short-term) morbidity in the past one month. The prevalence of unmet health needs was found to be 29.6% for children with chronic morbidity, and 5.4% for children with acute morbidity.

When will Bangladesh reach replacement-level fertility? The role of education and family planning services

By 2025, virtually all women of reproductive age will have at least some secondary education in Bangladesh and would reach replacement-level fertility. Family planning programs can play a crucial role, especially among the women with no or little education, in reducing the gap between desired and actual fertility.

Fertility plateau

There has been a plateauing of Bangladesh Fertility Decline over the past 10 years. This study reviews evidence on factors that have contributed to the fertility decline up to the beginning of the 1990s. These include both indirect determinants (socioeconomic, cultural, etc.) and direct determinants (exposure to possibility of pregnancy, fertility control and other factors). It also projects what future trends might be for those factors that are believed to have played important roles in determining fertility patterns in Bangladesh. Then in the light of previous experience and expected trends in the important determinants of fertility, the study projects the probable future trend in fertility. The approaches have been utilized in other countries to support continued reduction of fertility levels below the current Bangladesh TFR of 3. Finally the study will review whether suggested approaches to further reduce fertility are also the most appropriate approaches to minimize the impact of population momentum.

Social change and reproductive behaviour in rural Bangladesh, 1983-1996

(PhD thesis by Ms. Lutfun Nahar) The study suggests that reproductive women in all three areas shared a similar notion of desired family size and level of demand for no more children prior to the fertility decline of the 1980s.

2003 ICDDR,B Seminars and Training Events

6 January 12:30-1:30 pm. Presentation at the Centre Scientific Forum on *"Poverty and Safe Motherhood in a rural area of Bangladesh"*. Speakers: Dr Iqbal Anwar and Prof Japhet Killewo. Venue: Sasakawa Auditorium.

6-9 January. Workshop *on "Benchmarks of Fairness for Health Care Reforms"*, jointly organized by the ICDDR,B and the Bangladesh Health Equity Watch (BHEW). Venue: Sasakawa Seminar room – 1

13 January 12:30-1:30 pm. Centre Scientific Forum on *"A 4-year Study of the Epidemiology of Vibrio Cholerae in Four Rural Areas of Bangladesh"*. Speakers: Prof R B Sack, Dr A K Siddique, Dr M S Islam. Venue: Sasakawa Auditorium

20 January 12:30-1:30 pm. Centre Scientific Forum on *"Status of HPSP Performance Indicators"*. Speakers: Dr Peter Kim Streatfield and Mr Alec Mercer. Venue: Sasakawa Auditorium

25 January-5 February Prof Japhet Killewo, RHP, PHSD will participate in a workshop of investigators on HIV/AIDS and Reproductive Health by the Department of Epidemiology and Bio-statistics, Muhimbili University College of Health Sciences, Dar es Salaam, Tanzania

3 February 12:30-1:30 pm. Centre Scientific Forum on *"Evaluation of serologic screening for identification of chronic Salmonella Typhi carriers in Vietnam"*. Speaker: Dr Pavani Kalluri, CDC, Atlanta. Venue: Sasakawa Auditorium.

9 February 3:00 pm. PHSD seminar on "*Un(Met) Need for Specialized Obstetric Surgery In Tangail, 2001*". Speaker: Dr Holy Dewan, PHSD. Venue: Sasakawa Seminar Room

10 February 12:30-1:30 pm. Centre Scientific Forum on *"An overview of the NGO Service Delivery Project in Bangladesh"*. Speaker: Mr Justyn Portugill, Chief of Party, Pathfinder, Bangladesh. Venue: Sasakawa Auditorium.

17 February 12:30-1:30 pm. Centre Scientific Forum on *"Release of toxins from Shigella dysenteriae type 1 in response to different antibiotics*". Speaker: Kazi M A Jamil, MBBS, PhD, Clinical Sciences Division (CSD). Venue: Sasakawa Auditorium.

20 February 3.00 p.m. PIDVS, HSID, Seminar on "*Epidemiology of Mediterranean Leishmaniasis: dogs, flies and needles.*" Speaker: Dr. Jorge Alvar Director, Center for Tropical Medicine Carlos 111 Institute of Health, Ministry of Health, Madrid, Spain. Venue: CSD Conference Room.

3 March 12:30-1:30 pm. Centre Scientific Forum on *"Recent Research Findings from Matlab on Measles and Tetanus Immunization: Implication for the National Program"*. Speakers: Dr Mike A Koenig, Johns Hopkins Bloomberg School of Public Health. Venue: Sasakawa Auditorium

10 March 12:30-1:30 Centre Scientific Forum on *"Vitamin A Deficiency and Anemia in Children in Bangladesh: Coexistence and Risk"*. Speakers: Mr. MA Wahed and Dr. SK Roy. Venue: Sasakawa Auditorium.

18 March 11:30 am. Staff Clinic seminar on *"Lung Cancer"*. Speaker: Dr. Md. Ali Hossain, FCPS, MD, Associate Professor of Respiratory Medicine, IDCH, Dhaka. Venue: Sasakawa Auditorium

23 March 3:00. PHSD seminar on "*Neonatal mortality in rural Bangladesh: causes and variation by mothers' socio-economic and reproductive characteristics"*. Speaker: Mahbub-E-Elahi K Chowdhury, Reproductive Health Unit. Venue: PHSD Conference Room

24 March 12:30-1:30 Centre Scientific Forum on "*Domestic Violence against Women in Bangladesh"*. Speaker: Ruchira Tabassum Naved, PhD, PHSD and Safia Azim, Naripokkho. Venue: Sasakawa Auditorium.

28 March-17 April Dr. Tahmeed Ahmed, Scientist, CSD, Karachi, as an invited speaker in the International Congress on Infectious Diseases; Norway, for discussing collaboration with Prof. Thorkild Tylleskar of Center for International Health, Bergen; Uppsala, as a guest lecturer for Global Nutrition Programme and International Centre for Maternal and Child Health, Uppsala University; Canada on a personal visit.

31 March 12:30-1:30 pm. Presentation at the Centre Scientific Forum on *"Pathogenic potential of Aeromonas Spp. distributed in the aquatic environment of Bangladesh"*. Speaker: Dr. Zeaur Rahim, Laboratory Sciences Division (LSD). Venue: Sasakawa Auditorium.

7 April 12:30-1:30 pm. Centre Scientific Forum on *"Assessment of Safe Injection Practices in Bangladesh (key findings)"*. Speakers: Drs. Kh. Zahid Hasan and Shams El Arifeen, Child Health Programme (CHD). Venue: Sasakawa Auditorium.

13 April 3:00 pm. PHSD seminar on *"Health & Culture"*. Speaker: Sarah White, Director of Centre for Development Studies. Lecturer in Developmental Sociology, University of Bath, UK. Venue: PHSD Conference Room.

15 April 12:30-1:30 pm. Presentation on *"Self-sustaining Centre"*. Presented by: Dr David A Sack, Director. Venue: Sasakawa Auditorium.

21 April 12:30-1:30 pm. Centre Scientific Forum on *"Detection of anemia during pregnancy using a combination of history taking, pallor assessment and a color scale"*. Speaker: Dr. Mahbub-E-Elahi K. Chowdhury. Venue: Sasakawa Auditorium

25 April 8:45 am. Journal Club Meeting on *"Validity of the vaginal discharge algorithm among pregnant and non-pregnant women in Nairobi, Kenya"* by K Fonck, N Kidula, W Jaoko, B Estambale, P Claeys, J Ndinya-Achola, P Kirui, J Bawyo, M Temmerman. Venue: HSID Conference Room with Dr W Abdullah Brooks in the Chair. Discussant: Dr Khairun Nessa

28 April 12:30-1:30 pm Centre Scientific Forum on *"Social Change and Reproductive Behaviour in Rural Bangladesh, 1983-96"*. Speaker: Ms. Lutfun Nahar, PHSD. Venue: Sasakawa Auditorium.

27 April 3:00 pm. PHSD seminar on Sharing knowledge/experiences from the *'Workshop to improve scientific writing skills'*. Speaker: Dr. Kaniz Gausia and Mr. Nazmul Alam, RHU. Venue: PHSD Conference Room.

5 May 12:30-1:30 pm. Centre Scientific Forum: "*Single-dose effective antimicrobial treatment for childhood cholera: is it a reality?"*. Speaker: Dr. Wasif A Khan, Assistant Scientist, Clinical Sciences Division. Venue: Sasakawa Auditorium.

11 May 3:00 pm. PHSD seminar on *"A simple analysis of the recent fertility stagnation in Bangladesh: What the family planning programme can do?"* Speaker: Dr Abbas Uddin Bhuiya. Venue: PHSD Seminar Room.

12 May 12:30-1:30 pm . Centre Scientific Forum: *"Draft Gender Policy"*. Speakers: Dr David A Sack & Mrs. Ann G Walton. Venue: Sasakawa Auditorium.

19 May 12:30-1:30 pm. Centre Scientific Forum: *"SARS in China: Relevance for Preparedness in Bangladesh"*. Speakers: Dr. Robert F. Breiman, Head, Programme on Infectious Diseases and Vaccine Sciences, Health Systems and Infectious Diseases (HSID) Venue: Sasakawa Auditorium.

26 May 12:30-1:30 pm. Centre Scientific Forum: *"Evaluation of a school-based adolescent reproductive health intervention: impact on knowledge and practices"*. Speakers: Fariha Haseen, Nafisa Lira Huq, Charles Larson, Family Health and Family Planning Systems Programme (HFPSP). Venue: Sasakawa Auditorium.

4 June 12:30 pm. Seminar on *"Fatal Flaws in the Estimation of Infant Mortality in Indonesia"*. Speaker: Dr Terence H Hull, Professor of Demography, The Australian National University & Member, ICDDR,B Board of Trustees. Venue: Sasakawa Auditorium.

5 June 12:30 pm. Seminar on *"Food Safety and Public Health"*. Speaker: Dr I Kaye Wachsmuth, Public Health Microbiology Consultant, USA & Member, ICDDR,B Board of Trustees. Venue: Sasakawa Auditorium

15 June 3:00 pm. PHSD seminar on *"Health Consequences of Violence against Wives in Bangladesh"*. Speaker: Dr. Ruchira T Naved, SBSU, PHSD. Venue: PHSD Conference Room.

16 June 12:30-1:30 pm. Centre Scientific Forum: *"Severe pneumonia in children: issues on management & antimicrobial resistance"*. Speakers: Dr. Tahmeed Ahmed & Dr. Shahadat Hossain, CSD. Venue: Sasakawa Auditorium.

30 June 12:30-1:30 pm. Centre Scientific Forum: *"HIV in Bangladesh: Is time running out?"*. Speakers: Dr. Tasnim Azim & Dr. Md. Shah Alam, LABORATORY SCIENCES DIVISION. Venue: Sasakawa Auditorium.

6 July 2:30 pm. PHSD seminar on *"Effectiveness of large-scale supplementation activities for pregnant women: The role of community nutrition promoters"*. Speaker: Dr. Ruchira T Naved, SBSU, PHSD. Venue: PHSD Conference Room

20 July 3:00 pm PHSD seminar. "*Identifying data collection problem in a rural setting and working towards technology-based solutions*." Engineer Mobinul Islam. MHRC, (PHSD Conference Room.)

22 July: 11:00-12:00: Didactic lecture for Clinical Fellows and CSD Staff. *Problem Oriented Medical Records*. Dr. MA Salam, Associate Director, Clinical Sciences Division (CSD).

29 July: 11:00am: Didactic lecture for Clinical Fellows and others CSD Staff. Topic: *Tuberculosis*. Dr. Tahmeed Ahmed, Clinical Sciences Division.

5 Aug: 11:00-12:00. Didactic lecture for Clinical Fellows and other CSD staff. Title: *Child Development.* Dr JD Hamadani. CSD Conf. Room

6 Aug: 3:30-4:30. Clinical Sciences Division Research Seminar. Proposal on: *Clinical course and outcome of pneumonia in children with severe malnutrition and diarrhoea.* Dr Shamima Sattar. CSD Conf. Room

12 Aug: 11:00-12:00. Didactic lecture (Bedside) for Clinical Fellows and other CHD staff. *Preparation of therapeutic diets*. Mrs. N. Majid Chief Dietican, CSD

19 Aug: 11:00-12:00. Didactic lecture for Clinical Fellows and other CSD staff members. Anaemia, haemoglobinopathies, blood transfusion. Dr Ali Miraj Khan.

20 Aug: 3:00pm-4:30pm CSD Journal Club. Title of the article: *Cysteine supplementation improves the erythrocyte glutathione synthesis rtta in children with severe edematous malnutrition.* AM J Clin Nutr 2002; 76:646-52

26 Aug: 11:00-12:00.Didactic lecture for Clinical Fellows and other CSD staff member. *Diets of Persistent Diarrhea*. (Bedside Session) Ms. N. Majid.

27 Aug: 11:00am-1:00pm: Technical Interest Group Meeting on *"Introduction of new hypo-osmolar ORS to routine use in the management of diarrhoeal diseases."*(HSID Conference Room)

1 **September 12:30-1:30 pm**. Centre Scientific Forum: "Child Health Programme An update". Speaker: Dr. Shams El Arifeen, CHP, PHSD. Venue: Sasakawa Auditorium.

2 **Sept: 11:00-12:00**. Didactic lecture for Clinical Fellows and other CSD staff. Child Development during Perinatal period and Infancy. Dr. Fahmida Tofail. (CSD Conference Room).

4 **Sept: 8:45 am-10:00am**: HSID Round on *Zinc National cluster surveys: Cluster survey methodology.* Presenter: Dr. Charles P Larson and Mr. Nikhil C Roy (HSID Conference Room).

8 **September 12:30-1:30 pm**. Centre Scientific Forum: *"Psychosocial stimulation of rural malnourished children results in improvement of their mental development and behaviour".* Speaker: Dr. Jena D. Hamadani. CSD, Venue: Sasakawa Auditorium.

7 **September 3:00 pm** Mr. SMA Hanifi will give a seminar *on "Do Participatory Health interventions improve equity in child immunization, Experience a project in Chakaria, Bangladesh"* (PHSD Conference Room).

15 **September 12:30-1:30** Centre Scientific Forum: *"HFPSP Overview of current and planned research followed by presentation of "Missed Opportunities".* Speaker: Dr. Charles P. Larson, HFPS, HSID. Venue: Sasakawa Auditorium.

17 **September 3:30 pm**. Research proposal presentation on *"Role of metronidazole in clinical sepsis of malnourished children with diarrhoea".* Speaker: Dr. Ali Miraj Khan. Venue: CSD Conference Room.

22 **September 12:30-1:30 pm** Centre Scientific Forum: *"HIV/AIDS Programme at ICDDR,B: present and future directions".* Speaker: Dr. Tasnim Azim. Venue: Sasakawa Auditorium.

21 **September. 3:00 pm.** PHSD seminar on *"Matlab farming households: Livelihood activities and socio-economic status".* Speaker: Victor N. Bushamuka, Ph.D. Venue: PHSD conference room.

23 **September 3:00 pm.** The Staff Clinic seminar on *"Enteric Fever".* Speaker: Prof. Tofayel Ahmed, FCPS, FRCP, Ex-Professor of Medicine & Principal, Dhaka Medical College. Venue: Sasakawa Auditorium

28 **September 12:30 pm.** PHSD journal club meeting: "Schellenberg JA, Victora CG, Mushi A, de Savigny D, Schellenberg D, Mshinda H, Bryce J.Inequities among the very poor: health care for children in rural southern Tanzania. Lancet 2003;361(9357):561-6". Speaker: Dr. Shahana Sharmin, Poverty and Health Research Fellow, PHSD. Venue: PHSD Conference Room

29 **September 12:30-1:30 pm**. Centre Scientific Forum*: "Use of fortified wheat flour in improving micronutrient status of children: results from a randomized trial in rural Bangladesh".* Speaker: Dr. Shafiqur Rahman. Venue: Sasakawa Auditorium.

30 **September 11:00 am**. Didactic lecture for Clinical Fellows and other CSD staff. *Breastfeeding counselling.* Speaker: Ms. Shahara Banu. Venue: CSD Conf Room.

2 **October 08:45-10:00 am.** HSID Round on *Indepth Survey and measurement of health equity*. Presenter: Dr. Carel van Mels, Head, Surveillance & Data Resources Unit, HSID (HSID Conference Room).

7 **October 11:00-12:00 noon.** Didactic lecture for Clinical Fellows and other CSD staff members. *Promotion of breastfeeding to improve child survival.* Dr. Iqbal Kabir. CSD Conf. Room.

16 **October 8:45-10:00am.** HSID Round on *Status of selected demographic and reproductive health indicators in 12 thanas of Bangladesh*". Presenter Mr. Ali Ashraf, Head, Field Sites Unit, HSID (HSID Conference Room

Representation of the ICDDR,B Staff Welfare Association (SWA) to The Board of Trustee's meeting, 31 Oct-2 Nov 2003

Welcome!

Hon`ble Chairperson of the ICDDR,B Board of Trustees Dr. Ricardo Uauy Dagach, representatives of the Government of Bangladesh, Patron-in-Chief of the Staff Welfare Association, welcome and Assalamo-alaikum.

It is my privilege to share the views of the staff of the Centre with the members of the Board of Trustees. I would like to thank the Board on behalf of the staff of the Centre, for allowing us to discuss matters of interests amid their busy time schedule. I hope the issues that I am going to raise would receive favorable consideration.

Staff Salary:

On behalf of the staff of the Centre, I would like to mention that there are wide gaps in the salary structure, whether it is determined by UN scale (as prescribed in the ICDDR,B Ordinance) or by the market forces. By any standard, the staff of the Centre are grossly underpaid. Despite the fact, they have been continuing their efforts to accomplish the Centre's goals in promoting health and human welfare world wide. For example the Gate's Global public Health Award which has been given to the ICDDR,B reflects the contribution of the staff at all levels.

It should be emphasized that the Centre`s best strength is its skilled employees, their morale and interest must be protected judiciously against all odds. This will ensure an uninterrupted growth and development of the Centre.

I would therefore, strongly urge upon the Board and the management that they consider a definite plan of action, preferably in the cooperation with the staff members, as to how the salary gap could be resolved on a priority basis, in the best possible way, considering the interest of the Centre, its financial situation, staff expectation, and the regulatory issues. Without having such a plan, the future is left to chance and uncertainty with little probability of success.

- **Income generating source:** The BoT may also advise the management of the Centre to seek health related and other sources to generate its income (considering the chance to loose the skill staff which is the best strength of the

Draft of the proposed amendment of the International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978.

International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978 (LI of 1978) এর অধিকতর সংশোধনকল্পে প্রনীত আইন

যেহেতু নিম্নবর্নিত উদ্দেশ্যসমূহ পূরনকল্পে International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978 এর অধিকতর সংশোধন সমীচীন ও প্রয়োজনীয়;

সেহেতু এতদ্বারা নিম্নরূপ আইন করা হইলঃ-

১। **সংক্ষিপ্ত শিরনামা**। - এই আইন International Centre for Diarrhoeal Disease Research, Bangladesh (Amendment) Act, 2003 নামে অভিহিত হইবে।

২। **Ordinance LI of 1978 এর Section 2 এর Clause (b) এর প্রতিস্থাপন**। - International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978 (LI of 1978) এর section 2 এর clause (b) এর পরিবর্তে নিম্নরূপ clause (b) প্রতিস্থাপিত হইবে -

(b) "Centre" means the International Centre for Health and Population, Bangladesh established under section 3;

৩। **Ordinance LI of 1978 এর Section 3 এর Sub-section (1) এর সংশোধন**। - International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978 (LI of 1978) এর section 3 এর sub-section (1) এর "International Centre for Diarrhoeal Disease Research, Bangladesh" শব্দগুলির পরিবর্তে "International Centre for Health and Population, Bangladesh" শব্দগুলি, উদ্ধৃতিচিহ্ন ও কমা প্রতিস্থাপিত হইবে।

৪। **Ordinance LI of 1978 এর Section 5 এর Sub-section (1) এর সংশোধন**। - International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978 (LI of 1978) এর section 5 এর sub-section (1) এর clauses (a) এবং (b) এর পর নিম্নরূপ clause (c) সংযোজিত হইবে -

(c) To facilitate the functions and facilities of the Centre and to form any association, society or organization for the purpose of providing health care to the public and other related services.

৫। **Ordinance LI of 1978 এর Section 14 এর Sub-section (2) এর প্রতিস্থাপন** । - International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance, 1978 (LI of 1978) এর section 14 এর sub-section (2) এর পরিবর্তে নিম্নরূপ - sub-section (2) প্রতিস্থাপিত হইবে -

(2) Salaries and emoluments of the non-international level positions should be comparable to those paid by other academic, research, or international development organizations in Bangladesh.

সচিব

CENTRE FOR HEALTH AND POPULATION RESEARCH

BYLAWS

As per Resolution 16/November/03, the Board agrees that the following Bylaws shall replace Bylaws 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 Bylaws 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 Bylaws, 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 his/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 Bylaws, 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.1.1 **Standing Committees**: The Board shall have the following Standing Committees:

Executive Committee
Finance Committee
Fund Development and Oversight Committee
National Liaison Committee
Human Resources Committee
Programme Committee

II.1.2. No Trustee shall serve concurrently as the Chairperson of more than one Standing Committee of the Board.

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 and Oversight 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 of the Board.

II.3. Executive Committee

II.3.1 *Composition*: The Executive Committee is composed of the Chairperson of the Board, Chairpersons of the Finance Committee, Human Resources Committee, the National Liaison Committee, the Programme Committee and the Centre Director. At least one of the Bangladeshi Trustees must serve on the Executive Committee.

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

II.3.3. The 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 Head of Finance in periods between meetings of the Full Board.

II.3.3.4 To determine urgent (but not routine) personnel actions involving IPOs (International Professional Officers) 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 the majority of members of the Committee.

II.3.7 Should a tie vote occur, the Director will not vote.

II.3.8. All decisions of the Executive Committee shall be reported to the Board at its next meeting in accordance with Section 12(2) of the Ordinance.

II.4 Finance Committee:

II.4.1 *Composition*: The Finance Committee is a Committee of the Whole composed of the Full Board. One member of the Board of Trustees shall serve as Chairperson and one member shall serve as Deputy Chairperson.

II.4.2 *Chairperson and Term of Service*: The Finance Committee Chairperson shall be appointed for at least two consecutive years, the term of service beginning on December 1st of each year. The Finance Committee Chairperson may be re-appointed for the duration of their proscribed term of service.

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

II.4.3.1 To ensure the viability of the Centre over time by:

i. determining that adequate funding resources are available in order to sustain the organization and its programmes,

ii. exercising a fiduciary role with regard to resources entrusted to the organization, and

iii. overseeing financial operations through budgetary review, ensuring the implementation of sound investment policies, and authorization and enforcement of accepted accounting procedures.

II.4.3.2 To consult with the Head of Finance 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.4.3.3 To assess the Centre's financial performance, based on the Centre's income, expenditures and investments.

II.4.3.4 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.4.3.5 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.4.3.6 To recommend to the Board the approval of the appointment of Auditors' for the Centre and the payment of fees.

II.4.3.7 To recommend to the Board the approval of the annual budget as proposed by the Centre's management.

II.4.3.8 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.4.3.9 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.4.3.10 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 Human Resources Committee of the Board or other Committees of the Board.

II.5. Fund Development and Oversight Committee

II.5.1. *Composition*: The Fund Development and Oversight Committee is composed of four members of the Board of Trustees from the following regions: 1 Trustee from a developed country, 1 Trustee from Bangladesh, 1 Trustee from another developing country and the Director.

II.5.2. *Term of Service on the Committee*: The members of the Fund Development and Oversight Committee will serve one-year terms beginning December 1st of each year, except for the Director, who shall serve for at least the first two years of his tenure as Centre Director. 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 his fund development expertise.

II.5.3. *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:

i. To approve fundraising strategies prepared by ER&ID and endorsed by the Director of the Centre.

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

iii. 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.

iv. 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.

v. To recommend approval of the members of the Fund Management Committee.

vi. 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.5.3.2. To oversee the activities of the Centre's Endowment funds through the following means:

i. Review and approve any change in the Bylaws of the Board of Trustees or of 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. 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.

iii. 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.

II.5.4 *Creation of an Advisory Board*: The Fund Management Committee may make recommendations to the Board of Trustees of individuals to serve on an Advisory Board to assist the Board of Trustees with fundraising. The Fund

Management Committee may recommend individuals in the following categories to serve as members of the Centre's Advisory Board:

i. former Trustees who have demonstrated continued interests in expanding the Centre's donor base;
ii. individuals with expertise and a track record in fundraising; or
iii. individuals who have contributed substantial resources in the global health community.

II. 6 National Liaison Committee

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

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

II.6.3. The National Liaison Committee advises the Director on the progress made in expanding health research, services and training activities between the Centre and national institutions. In doing so, the Committee will provide oversight on the activities of the Centre's Programme Committee. In consultation with the Programme Committee, it will ensure that the Centre is supportive of and avoids actions prejudicial to the interest of research in similar fields carried out by local NGOs, national research institutes and other national organisations in Bangladesh.

II.7. Human Resources Committee

II.7.1. *Composition*: The Human Resources Committee is a Committee of the Whole composed of the Full Board. One member of the Board of Trustees shall serve as Chairperson and one Board member shall serve as an alternate or Deputy Chairperson.

II.7.2. *Chairperson and Term of Service*: The Human Resources Committee Chairperson shall be appointed for at least two consecutive years, the term of service beginning on December 1st of each year. The Human Resources Committee Chairperson may be re-appointed for the duration of their proscribed term of service.

II.7.3. The functions of Human Resources Committee are as follows:

II.7.3.1. To recommend to the Full Board the creation of new positions at the international professional 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 professional 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 professional 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.7.3.5 To ensure that the Centre's compensation and appraisal structures for both international professionals and national officer categories provide a fair and equitable method for rewarding employees to encourage their maximum contribution in achieving the Centre's goals.

II.7.3.6 To monitor the Centre's policies and procedures to ensure gender equality.

II.7.3.7 To review the qualifications of the candidates nominated in accordance with the ordinance to serve as Trustees and make recommendations to the Full Board using the following 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.

II.7.4. The Human Resources Committee shall make recommendations to the Board to approve Centre-wide policies that create or change systematic approaches to compensation, promotions and changes in the pay scale.

II.8 Programme Committee

II.8.1. *Composition*: The Programme Committee is a Committee of the Whole composed of the Full Board. One member of the Board of Trustees shall serve as Chairperson and one Board member shall serve as an alternate or Deputy Chairperson.

II.8.2. *Term of Service*: *Chairperson and Term of Service*: The Programme Committee Chairperson shall be appointed for at least two consecutive years, the term of service beginning on December 1st of each year. The Programme Committee Chairperson may be re-appointed for the duration of their proscribed term of service.

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

II.8.3.1. Reviewing any plans for scientific outputs of the Centre and making recommendations to the Full Board for endorsement or changes of any proposed plans, including the Centre's Strategic Plan.

II.8.3.2. Approving review procedures for Scientific Reviews of the Centre's Programmes and Divisions, including the specific activities to be reviewed.

II.8.3.3 Providing to the Director and senior management team the Board's final evaluation and assessment of the Centre's Programme or Division reviews.

II.8.3.4 Monitoring and reviewing the procedures of the external Scientific Review Committee that carries out a technical review of the Centre's scientific programmes as prescribed in Section 12(3) of the Ordinance.

II.8.3.5 Reviewing the Centre's coordination of its research activities with other institutions in Bangladesh.

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. A majority of the sitting membership shall constitute a quorum.

III.1.2 A General Meeting of the Board shall take place in the fourth quarter of the calendar year but no later that 15th November on an annual basis. Additional general meetings of the Board may be agreed to by the Full Board in accordance with Section 10 (1)-(3) of the 1978 Ordinance.

III.1.3 The Executive Assistant, a person designated by the Director, who is not a member of the Board, shall prepare summary records of meetings of the Board. The Executive Assistant shall distribute these to Trustees as soon as possible after the close of the meeting to which they relate. Trustees shall inform the Executive Assistant in writing of any corrections they wish to have made, within such period of time as the Executive Assistant 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.2.2. 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.2.3. 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 Director.

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 at least three weeks prior to the meeting with the relevant documents.

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

IV.2.1 Items which the Board has carried over from a previous meeting;

IV.2.2 Any item proposed by a Trustee, including the Director.

IV.3. Any proposals, 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 meeting of the full Board a year will include the approval of:

IV.4.1 A proposed annual budget of receipts and expenditures; and

IV.4.2 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 Bylaws, 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.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 General 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 Executive Assistant 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 November 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 upon appointment and shall extend for three years

VII.2. *Attendance:* A Trustee shall attend at least two General meetings of the Full Board during his or her Term of Service. The Full Board may select a replacement of any Board member who fails to attend two consecutive General meetings of the Board.

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 honorarium and reimbursement for the purpose mentioned in Sec. VII.3, bearing in mind the financial resources to the Centre and the practice of other comparable organizations.

VII.5. Selection of Trustees

VII.5.1. **Nomination Process**

VII.5.1.1 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.5.1.2. *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) The six regional offices of the World Health Organization
(iii) Countries that have demonstrated their interest in the functioning of the Centre
(iv) Relevant research institutions

VII.5.1.3. All nominations must be received by a closing date as specified in the notice.

VII.5. 2. Qualifications of Board candidates

The nominated individuals shall be persons qualified to serve by reason of scientific, research and administrative or other appropriate experience in accordance with 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 the Full Board:* The Board of Trustees will select new Board members in accordance with the voting procedures set forth in Section V.1.3. of the Bylaws.

VII.5.3.2. The Board will select one of the Trustees, who is 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. 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.

X. Amendments

These Bylaws 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 Bylaws only if a majority of the Trustees present at the prior meeting of the Board approved those proposed changes in the Bylaws at that meeting.

XI. Indemnification

Every member of the Board of Trustees 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. The Trustee will provide the Centre with prompt written notice of any claim, suit, action, demand, or judgment for which indemnification is sought.

If the Centre agrees to provide attorneys reasonably acceptable to the Trustee to defend against any such claim, the Trustee shall cooperate fully with the Centre in such defense and will permit the Centre to conduct such defense and the disposition of such claim, suit, or action (including all decisions relative to litigation, appeal, and settlement). In such cases where the Centre agrees to defend against such claims, the Centre shall keep the Trustee informed of the progress in the defense and disposition of such claim and to consult with the Trustee with regard to any proposed settlement.

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.

Follow up from the Last Meeting

Res 7	Review Clinical Science Division
Res 8	Child Health and Nutrition Research Initiative
Res 9	Future of the Hospital
Res 10	Essential Core Support
Res 11	Monitor Division Unrestricted Funds

Retreat November 2004

- Discussion of Governance Issues of the Board
- Develop Strategic Plan for the Board
- Will need to discuss the logistics and venue for the retreat

Consider an Amendment To The Ordinance

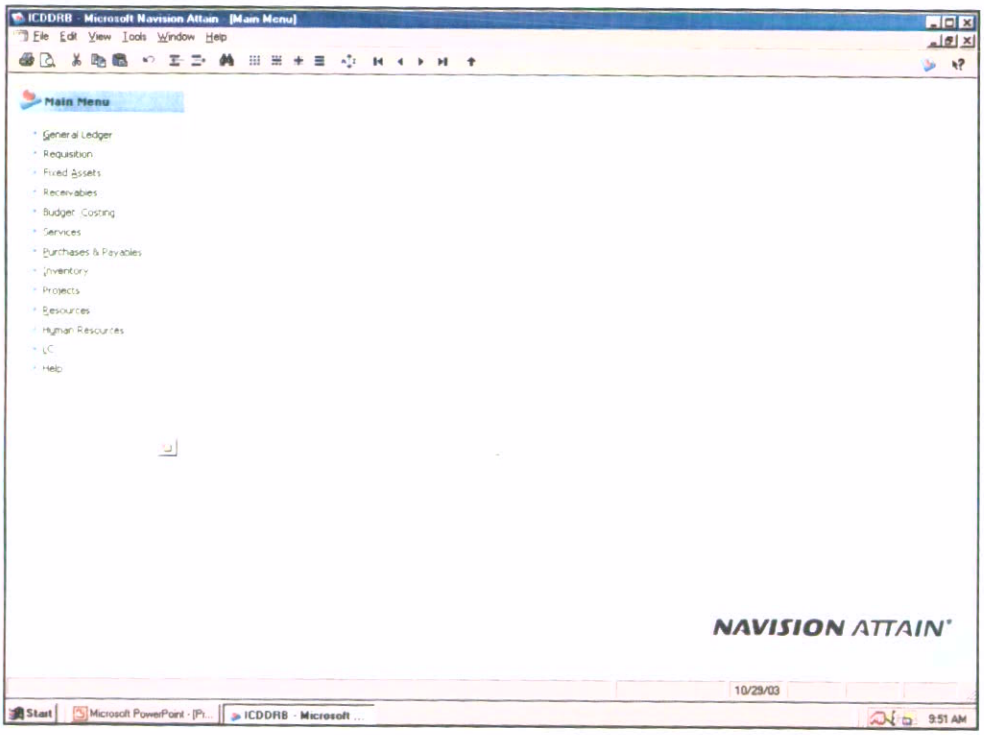
- Change in the name of the Centre to the International Centre for Health and Population, Bangladesh (ICHAP, Bangladesh)
- Change basis for determining salary away from the UN structure to a salary based on market forces
- Provision for the creation of an "NGO" or "service organization" under the Centre's direction

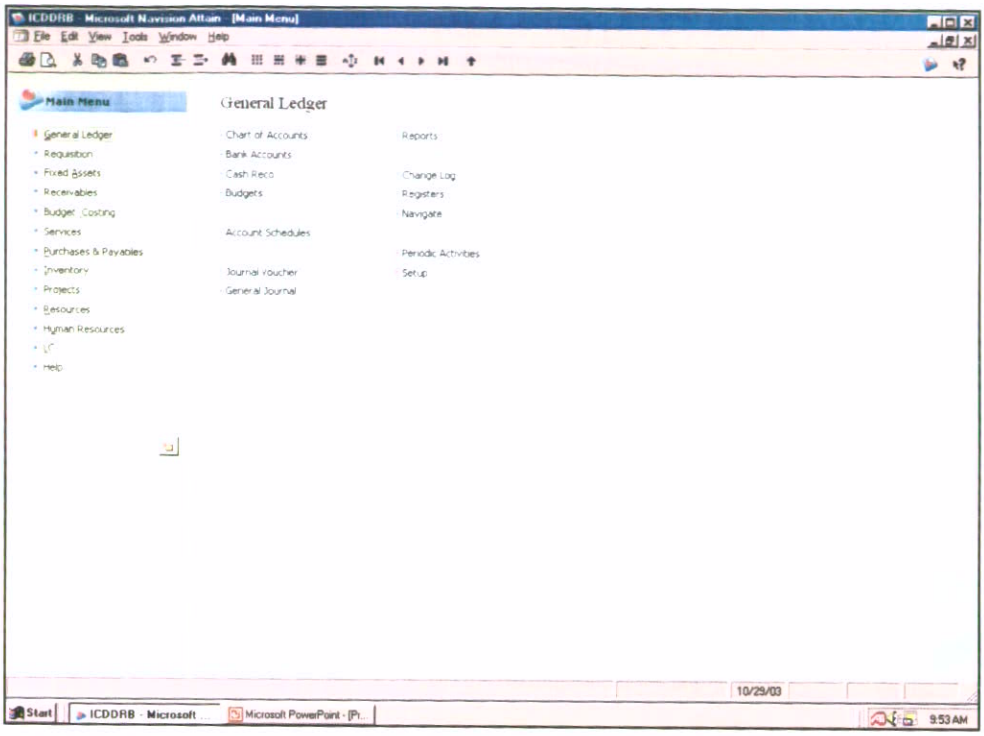
Transitions of Staff

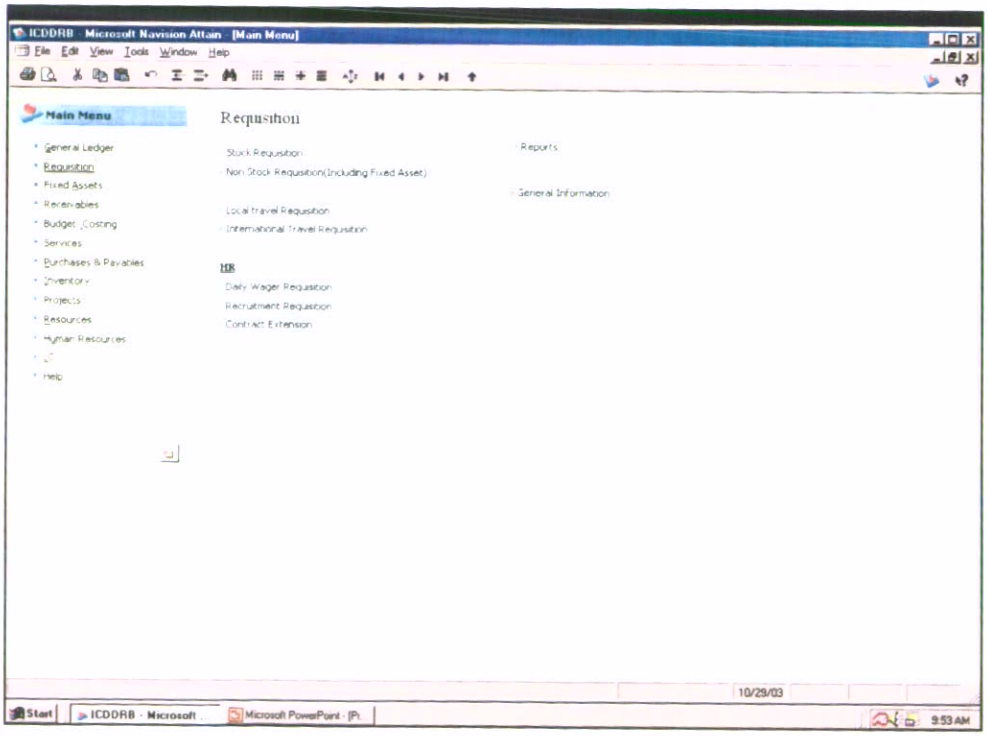
- Japhet Killewo, Head of Reproductive Health, left the Centre in June
- Dr. Md. Salam, appointed as Head of the CSD in July, 2003
- Mr Wahabuzzaman, Chief Personnel Officer, retires November 2003 after 16 years of service at the Centre. Will be replaced by Mr. S.K. Deb as Senior Manager Human Resources.

Sochona – "New Beginnings"
New Management Information System

- Uses Windows-based MS-Navision, providing a unified system for finance, HR and projects.
- Scheduled to "go live" in February 2004.
- Process involved many in the Centre and about 20 professionals at PWC
- Involves a re-evaluation of our entire administrative system
- Expect early problems as we implement, but overall, confident it will serve us well




ICDDRB - Microsoft Navision Attain [Main Menu]
File Edit View Tools Window Help
Main Menu
General Ledger
Requisition
Fixed Assets
Receivables
Budget /Costing
Services
Purchases & Payables
Inventory
Projects
Resources
Human Resources
IC
Help
General Ledger
Chart of Accounts
Bank Accounts
Cash Reco
Budgets
Account Schedules
Journal Voucher
General Journal
Reports
Change Log
Registers
Navigate
Periodic Activities
Setup
10/29/03
Start
ICDDRB - Microsoft ...
Microsoft PowerPoint - [Pr...
9:53 AM

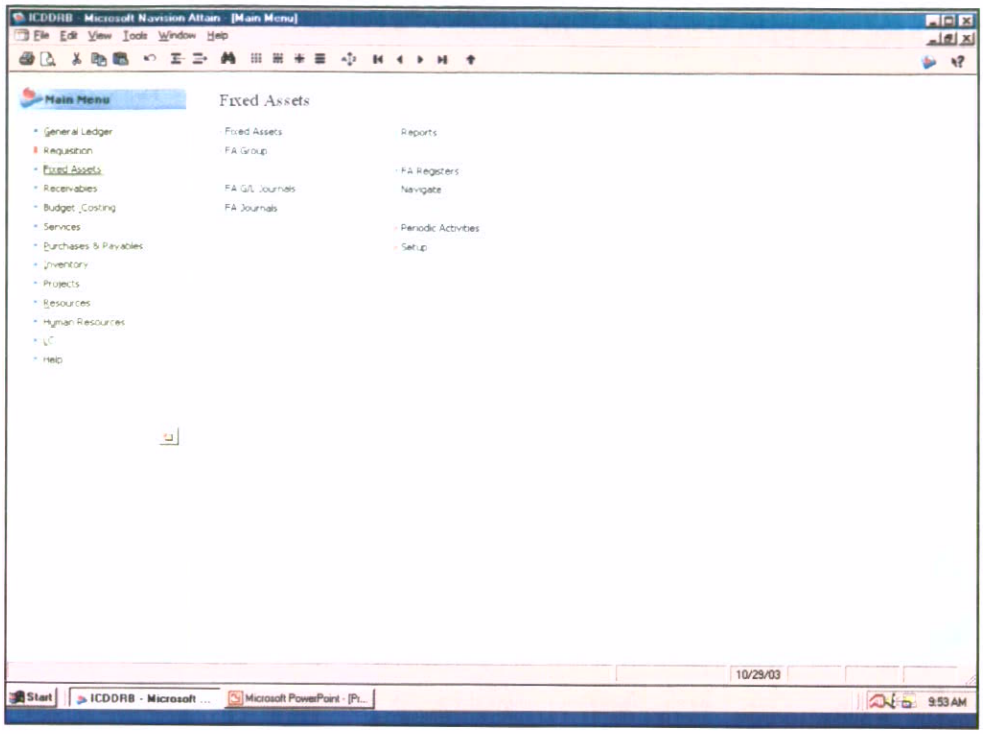

ICDDRB - Microsoft Navision Attain [Main Menu]
File Edit View Tools Window Help
Main Menu
General Ledger
Requisition
Fixed Assets
Receivables
Budget /Costing
Services
Purchases & Payables
Inventory
Projects
Resources
Human Resources
IC
Help
Requisition
Stock Requisition
Non Stock Requisition(Including Fixed Asset)
Local travel Requisition
International Travel Requisition
HR
Daily Wager Requisition
Recruitment Requisition
Contract Extension
Reports
General Information
10/29/03
Start
ICDDRB - Microsoft ...
Microsoft PowerPoint - [Pr...
9:53 AM

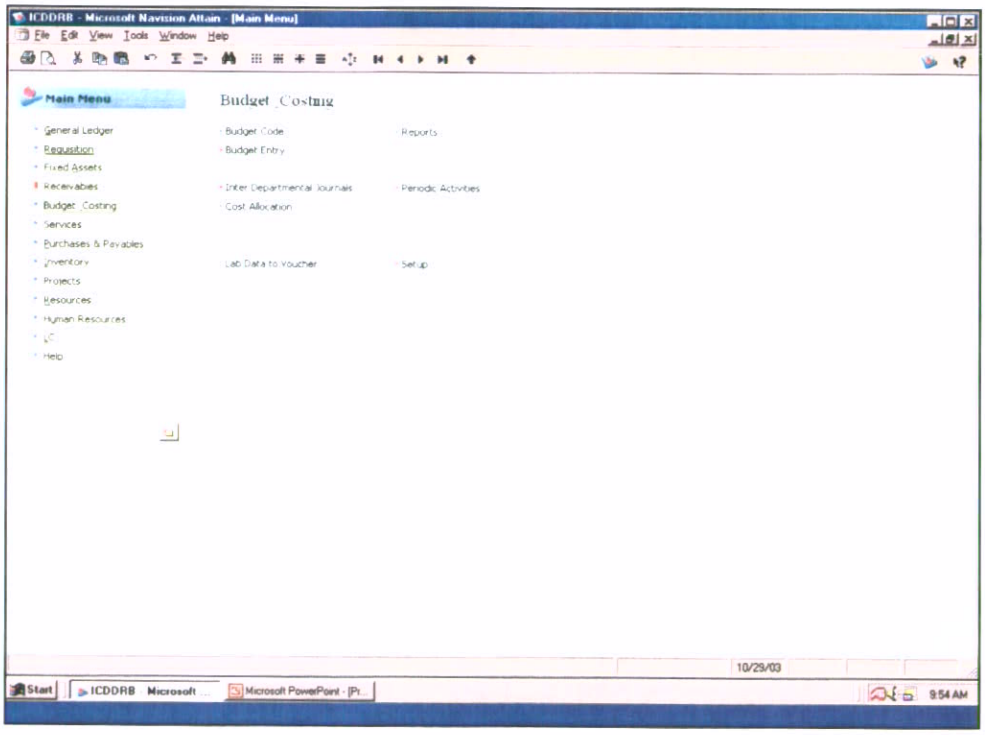
Report to the ICDDR,B Board of Trustees, November 2003

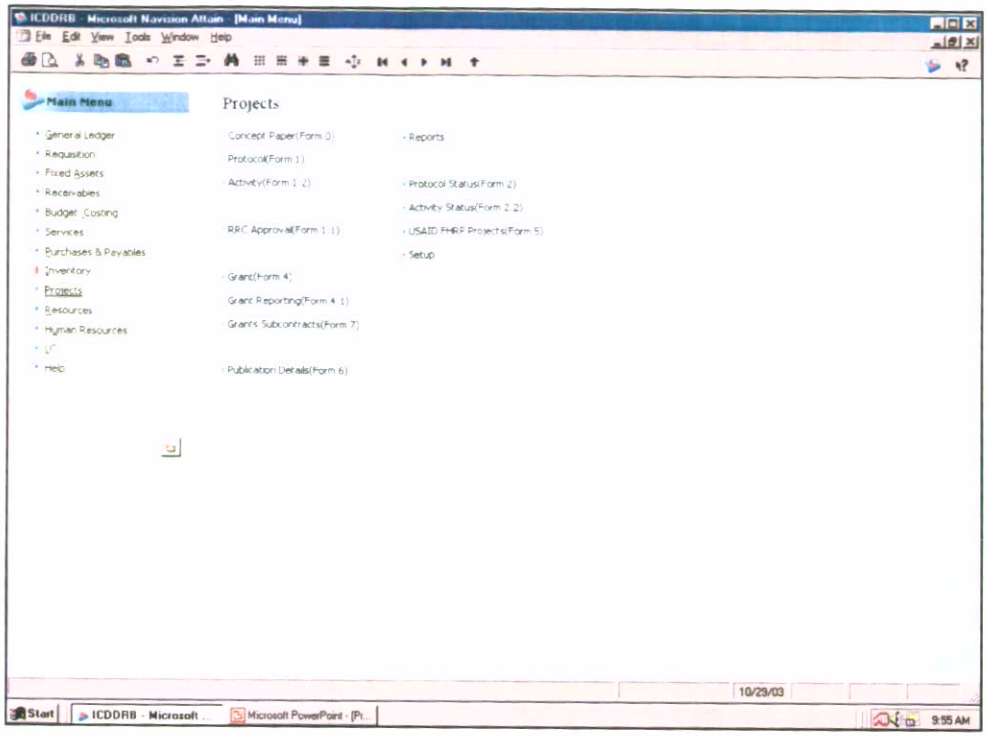
...Celebrating 25 Years As An International Centre

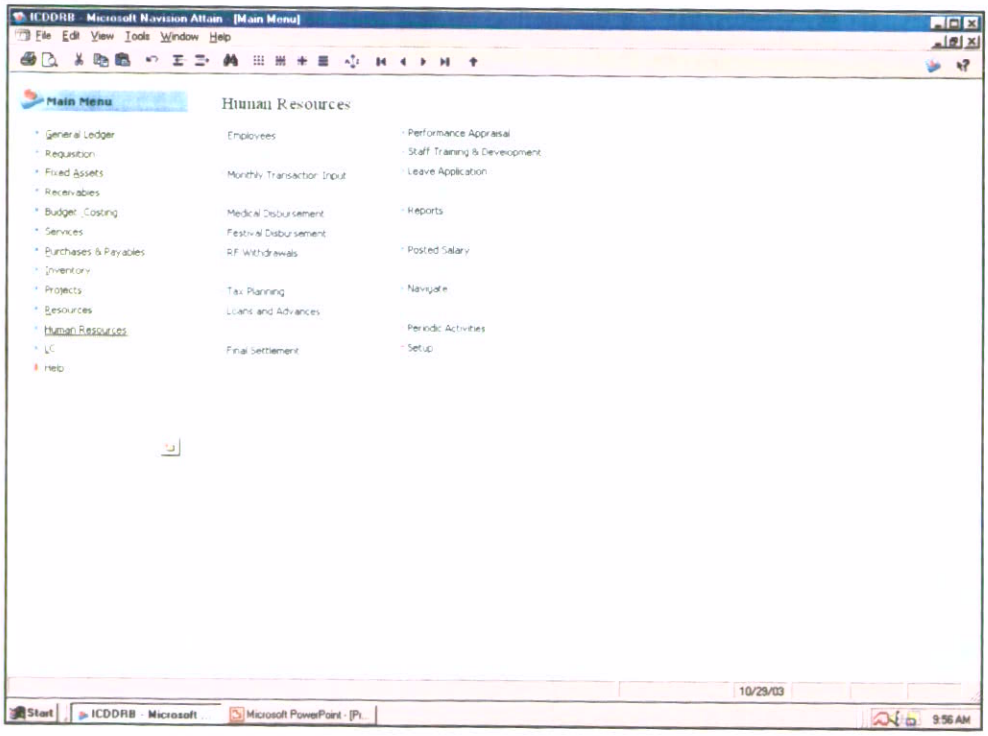
Overview of the Board Meeting

Day 1 – AM	Director's Report and Presentation of New Developments
PM	Discussion of Centre Programmes and Role of Board Committees
Day 2 – AM	Finance and HR Committees
PM	Consideration of the CSD Review
Day 3 – AM	Full Board Meeting
PM	Development Partners Meeting


ICDDRB - Microsoft Navision Attain - [Main Menu]
File Edit View Tools Window Help
Main Menu
Fixed Assets
General Ledger
Requisition
Fixed Assets
Receivables
Budget Costing
Services
Purchases & Payables
Inventory
Projects
Resources
Human Resources
VC
Help
Fixed Assets
FA Group
FA G/L Journals
FA Journals
Reports
FA Registers
Navigate
Periodic Activities
Setup
10/29/03
Start
ICDDRB - Microsoft ...
Microsoft PowerPoint - [Pr...
9:53 AM


ICDDRB - Microsoft Navision Attain - [Main Menu]
File Edit View Tools Window Help
Main Menu
Budget Costing
General Ledger
Requisition
Fixed Assets
Receivables
Budget Costing
Services
Purchases & Payables
Inventory
Projects
Resources
Human Resources
VC
Help
Budget Code
Budget Entry
Inter Departmental Journals
Cost Allocation
Lab Data to Voucher
Reports
Periodic Activities
Setup
10/29/03
Start
ICDDRB Microsoft ...
Microsoft PowerPoint - [Pr...
9:54 AM


ICDDRB - Microsoft Navision Attain - [Main Menu]
File Edit View Tools Window Help
Main Menu
General Ledger
Requisition
Fixed Assets
Receivables
Budget Costing
Services
Purchases & Payables
Inventory
Projects
Resources
Human Resources
LC
Help
Projects
Concept Paper(Form 0)
Protocol(Form 1)
Activity(Form 1.2)
RRC Approval(Form 1.1)
Grant(Form 4)
Grant Reporting(Form 4.1)
Grants Subcontracts(Form 7)
Publication Details(Form 6)
Reports
Protocol Status(Form 2)
Activity Status(Form 2.2)
USAID FHRP Projects(Form 5)
Setup
10/29/03
Start
ICDDRB - Microsoft ...
Microsoft PowerPoint - [Pr...
9:55 AM


ICDDRB - Microsoft Navision Attain - [Main Menu]
File Edit View Tools Window Help
Main Menu
General Ledger
Requisition
Fixed Assets
Receivables
Budget Costing
Services
Purchases & Payables
Inventory
Projects
Resources
Human Resources
LC
Help
Human Resources
Employees
Monthly Transaction Input
Medical Disbursement
Festival Disbursement
PF Withdrawals
Tax Planning
Loans and Advances
Final Settlement
Performance Appraisal
Staff Training & Development
Leave Application
Reports
Posted Salary
Navigate
Periodic Activities
Setup
10/29/03
Start
ICDDRB - Microsoft ...
Microsoft PowerPoint - [Pr...
9:56 AM

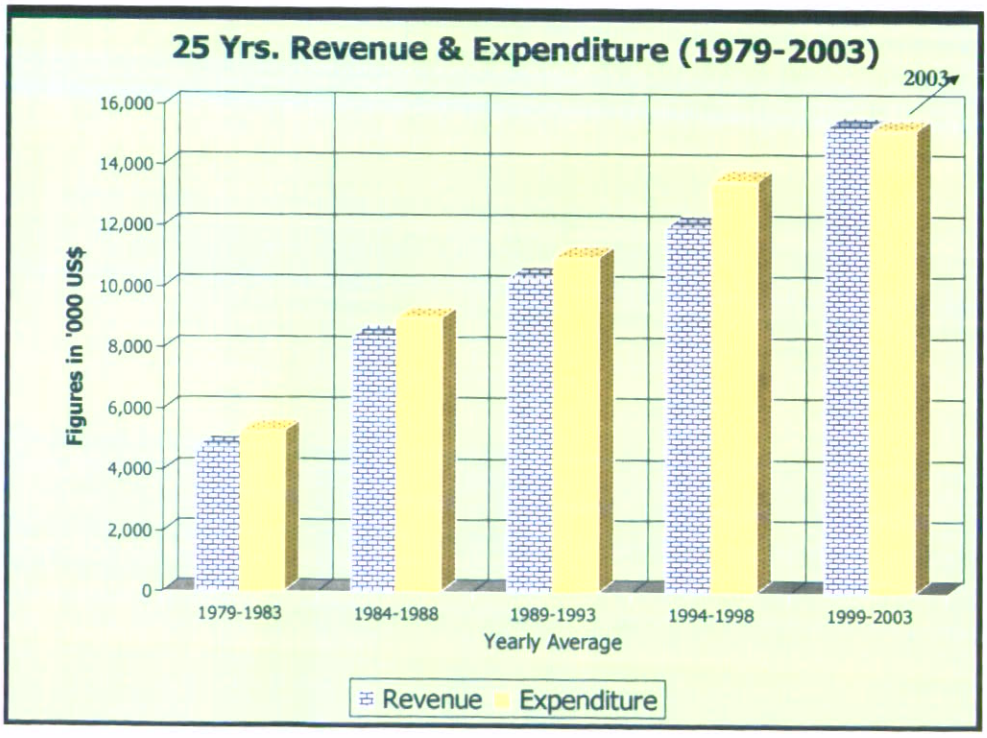
HR update

- Completed Reclassification
- Completed Job Families
- Beginning To Implement Gender Equality Policy
- Reorganization of HR office

Will discuss details in HR committee

ICDDRB Cooperative

- Staff cooperative is judged the best cooperative in Bangladesh!!


25 Yrs. Revenue & Expenditure (1979-2003)
2003
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
Figures in '000 US$
1979-1983
1984-1988
1989-1993
1994-1998
1999-2003
Yearly Average
Revenue
Expenditure

Overview of Finances

- Good News
  - Four years of balanced budgets
  - Long term core commitments from Holland, Canada, UK, Swiss, Bangladesh
  - Prospects for significant "one off" funds from US and Japan
  - Private fund raising from UK
  - Large projects from Gates, NIH, Sweden, NNP
- Bad News
  - Some donors have withdrawn funding because of their own finances.
  - May be difficult to balance budget in 2003, but it will be close.
  - Bad market during 2001-2002 (now improving)

Financial Projections

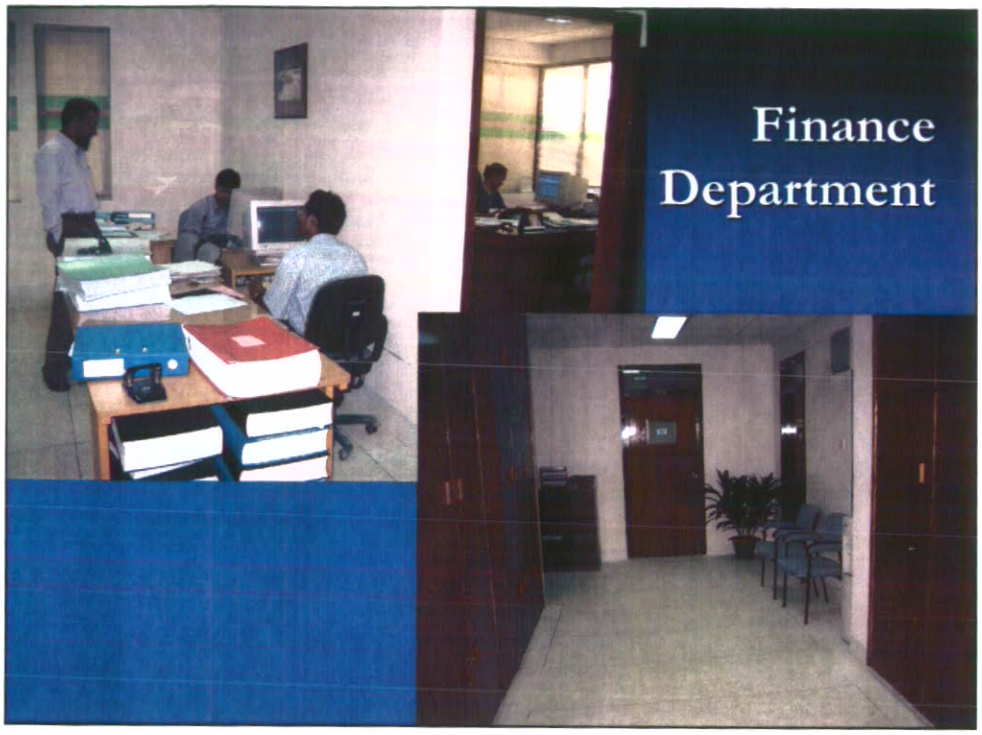
- Total Expenditures of 16.8 million USD for 2003; nearly one million more than 2002
- Projecting a deficit of about 280,000 USD for 2003
  - Expecting some additional revenue before year's end
  - Will take measures to minimize and eliminate this deficit.
- Projecting a deficit of about 926,000 USD for 2004
  - Will take measures to minimize this deficit as well

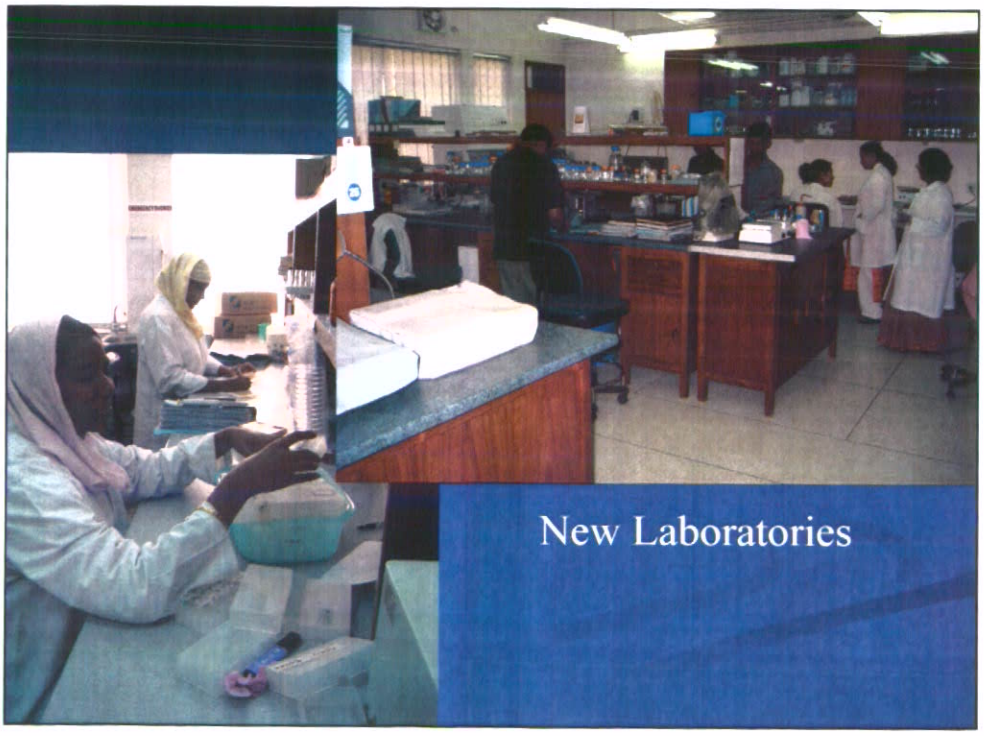
Tracking of financing in the future

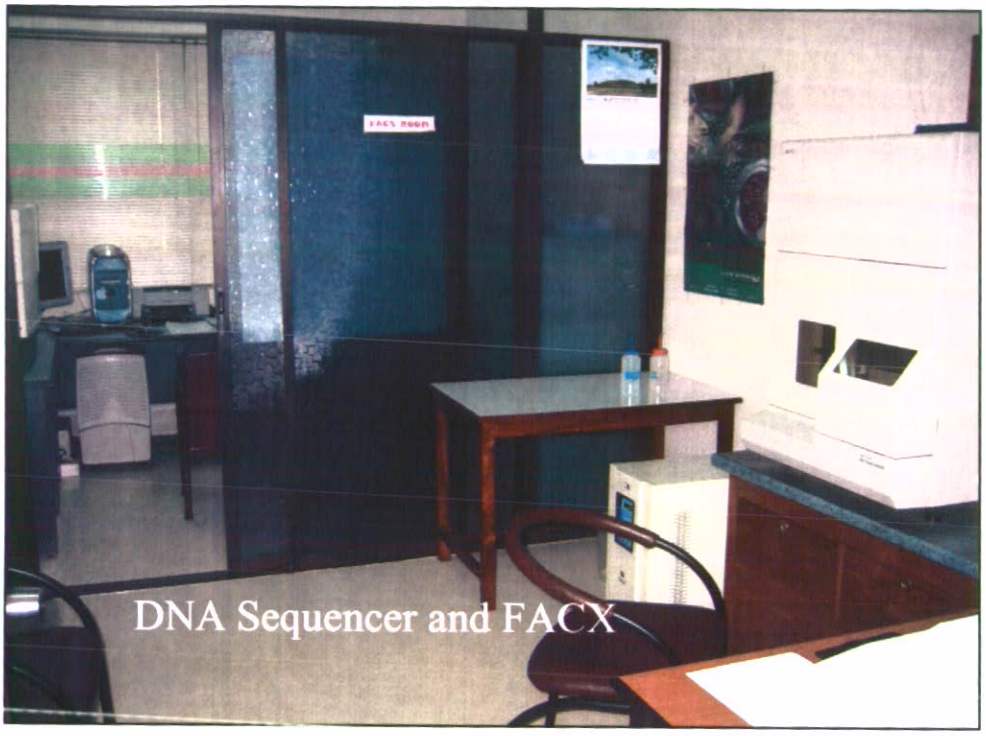
- With Sochona (new MIS)
  - Will track all expenditures by Division, Programme, Protocol, and Activity
  - Will track all expenditures according to donor (including multiple grants from the same donor).
  - Will track reports to donors from all PI's.
  - Will track expenditures according to strategic plan priorities
  - Will track expenditures according to "essential core," as well as other categories
- Will do this "on line"
- Will be able to provide much more detailed information on expenditures in the future

Changes in Physical Plant

- Matlab Hospital
- Matlab Subcentre
- Finance Department
- Procurement Unit
- Biomedical Engineering
- Training Lab
- Immunology Laboratory
- HIV-AIDS Programme
- Tuberculosis Lab
- Hospital improvements


Finance
Department

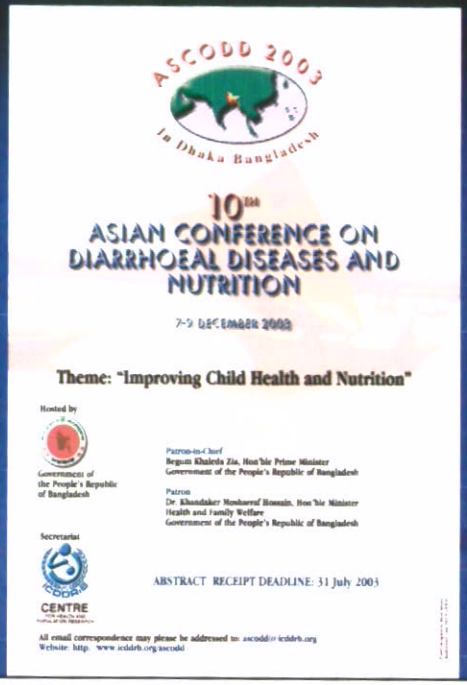

New Laboratories



Training

- HHMI course: "Advanced Laboratory Methods in Infectious Diseases"
  - Sponsored by the Howard Hughes Medical Institution
  - With Wellcome Trust collaboration

ASCODD X



ASCODD 2003
In Dhaka Bangladesh

10th
ASIAN CONFERENCE ON
DIARRHOEAL DISEASES AND
NUTRITION

7-9 DECEMBER 2003

Theme: "Improving Child Health and Nutrition"

Hosted by

Government of
the People's Republic
of Bangladesh

Patron-in-Chief
Begum Khaleda Zia, Hon'ble Prime Minister
Government of the People's Republic of Bangladesh

Patron
Dr. Khandaker Mosharraf Hossain, Hon'ble Minister
Health and Family Welfare
Government of the People's Republic of Bangladesh

Secretariat

CENTRE

ABSTRACT RECEIPT DEADLINE: 31 July 2003

All email correspondence may please be addressed to: ascodd@icddrb.org
Website: http://www.icddrb.org/ascodd

Major Trends & Policy Issues For Bangladesh: Their Relation To The Centre's Programme

- **GOB Sector Wide Programme** (HPSP and HNPSP) including urban areas
- **Demand Side Financing**
- **National Population Strategies**
- **Contracting of primary health care**
- **World Bank Assisted Programmes (HIV, NNP)**
- **Arsenic Contamination Of Well Water**
- **Global funds (GFATM, Gain, etc)**
- **Zinc scale up**

Collaborations with James P Grant School of Public Health with BRAC

- We have been invited to collaborate with the BRAC School and have agreed to do this.
- Will hold joint courses, share library resources, facilities.
- Will host students in research projects.
- Both the new school and ICDDRB will benefit

Development Partners Group (DPG)*

- Played a key role in the development of the Strategic Plan
- We anticipate that their role will evolve as the Centre identifies its proper role with the key issues facing Bangladesh
- Neil Squires is the new Chair of the DPG, replacing Renate Pors

Formerly the Donor Support Gtoup (DSG)

Division Updates-CSD

- New (and improved) ORS using liposomes
- Shigellosis
- Green banana as treatment for diarrhoea
- Metronidazole for severe malnutrition?
- Child Development Unit
- International consultant on severe malnutrition

Division Updates-LSD
New International Initiatives

- Collaboration: Instituto de Investigacion Nutricional (IIN) funded by Third World Network of Scientific Organizations (TWNSO).
- HIV/AIDS Program activity in Nepal - surveillance of HIV laboratories, funded by USAID – Nepal.
- RTI/STI Laboratory providing molecular diagnostic services to HIV/STI surveillance among sex workers and male truckers in Nepal, funded by FHI-Nepal.
- Environmental Microbiology Laboratory collaborating with the Department of Environment, Ministry of Health, Government of Mozambique in relation to capacity building for diagnosis of cholera.

Division Updates-LSD
New Initiatives

- New findings
  - Caliciviruses
  - HIV Surveillance
  - Live oral cholera vaccine
  - Shigella and antibiotic resistance
- New Equipment
  - ABI Prism 310 Automated Nucleotide Sequencer.
  - Real Time PCR Machine

Dr. Firdausi Qadri has joined a 12 member WHO International Vaccine Review (IVR) Steering Committee on Diarrhoeal Disease Vaccines

Division Updates - HSID
New Initiatives

- Zinc scale-up project
- Respiratory Virus Surveillance
- Pneumococcal Surveillance
- Typhoid vaccine
- Impact of Hepatitis B vaccine?
- Unwanted pregnancies in rural Bangladesh
- Micronutrient fortification of chapattis
- Efficacy of zinc in pneumonia, community study

Division Updates - PHSD Major Initiatives

- Health consequences of arsenic
- Epidemiology of cholera in Bangladesh
- Hib Vaccine Effectiveness
- The Unmet Obstetric Needs project
- Micronutrients to reduce morbidity
- Maternal Infant Nutrition Intervention (MINIMAT)
- IMCI Evaluation Study
- Neonatal mortality
- Fertility plateau

Ongoing education and sharing

- 31 seminars and lectures since the last board meeting
- Additional coordination meetings within divisions

Expected Accomplishments During The Coming Decade

Ongoing activities
Planned activities
Future funding

Priority		Activities
1.	Introduce cost effect strategies for zinc therapy for diarrhoea	
2	Help reduce maternal morbidity and mortality and improve perinatal and neonatal health	
3	Develop a package for the prevention of foetal growth restriction	
4	Help identify a package of suitable vaccines for diarrhea and acute respiratory infections	
5	Define the burden from tuberculosis and identify effective strategies for prevention and control	
6	Address stagnation of fertility decline	
7	Help prevent epidemic of HIV-AIDS and RTI-STI	
8	Contribute to knowledge that can impact the burden of vector borne disease	

Assessment of Strategic Plan- Child Health Programme

Priority		Plan
1a	Sustain surveillance for indicators of child survival and ill health	
1b	Simplify these indicators so that others can assess the health status of children	
1c	Help guide policy with appropriate information	
2	Test strategies to reduce neonatal mortality through community-based strategies to improve routine and sick newborn care	
3a	Improve management of children with common acute life threatening illness	
3b	Strengthen and evaluate integrated management strategies	

Ongoing activities Future activities planned Future funding

Assessment of Strategic Plan- Child Health Programme (2)

3c	Develop health systems for delivering and scaling up these strategies	
3d	Scaling up zinc nationally	
4a	Improve treatment for common childhood illnesses by testing improved ORS, anti-secretory drugs, antibiotics	
4b	…and new treatments for pneumonia	
5	Strengthen child health and development interventions through research on effective child caring, stimulation, and health-seeking practices	

Assessment of Strategic Plan- Reproductive Health Programme

1	Help reduce maternal morbidity and mortality by improving emergency and essential obstetric care and safe motherhood	
2	Develop and test strategies for improving knowledge and practices regarding reproductive health in adolescents	
3	Improve surveillance for and prevention and management of sexually transmitted and reproductive tract infections and HUIV-AIDS	
4	Minimizing the need for and improving post abortion	
5	Understanding the issue of violence against women in the social context and developing public health strategies to reduce this.	
6	Operationalizing "male-involvement" in reproductive health and monitoring this involvement	

Assessment of Strategic Plan- Nutrition Programme

1	Conduct studies to evaluate the effect of improving maternal nutrition as well as non-nutritional interventions on foetal growth and birth weight	
2	Prevention and management of severe and moderate malnutrition including incorporation of nutrition treatment into the ESP	
3	Improving child feeding including increasing rates of exclusive breastfeeding and appropriate and adequate complementary feeding	
4	Improving micronutrient nutrition through zinc supplements with diarrhoea episodes, food fortification and other strategies	
5	Understanding the interaction between infectious diseases and nutrition and learning how to break the malnutrition cycle	

Assessment of Strategic Plan- Infectious Disease and Vaccines

1	Define the burden of disease of selected infectious diseases and identify effective strategies for prevention and control… including Tb, diarrhoea, ALRI, typhoid, dengue, malaria, kala azar, and drug resistant infections	
2	Develop and /or evaluate rapid or simple diagnostic tests to improve case detection and surveillance	
3	Define the need for selected vaccines, e.g. hepatitis B, and evaluate promising new vaccines for enteric (rotavirus, cholera, ETEC, typhoid, and respiratory infections (*H. influenzae*, *S pneumoniae*, viral influenza, RSV, dengue, and tuberculosis. Conduct trials of relevant new vaccines including phase 1, 2, 3.	
4	Enhance capacity to investigate study and manage outbreaks of communicable diseases in the region.	
5	Assist with technology transfer to allow other countries to manage the emerging infectious diseases, especially related to cholera and rotavirus	
6	Exploit databases on genomes of pathogens to understand pathogenic organisms	

Assessment of Strategic Plan- Health and Family Planning Systems

1	Evaluate alternative service strategies and provide evidence to better define health service strategies and conduct economic analysis of programmes	
2	Identify disparities in health within populations and provide explanations for such disparities	
3	Improve family planning services and help families achieve desired family size	
4	Establish participatory research partnerships with communities, the NGO sector	
5	Assist with technology transfer to allow other countries to manage the emerging infectious diseases, especially related to cholera and rotavirus	

Assessment of Strategic Plan- Population Sciences

1	Investigate stagnating fertility decline	
2	Understanding adult health problems	
3	Understanding economic and social factors motivating out-migration from rural areas	
4	Collaborate with other surveillance systems through In Depth to improve capacity of systems around the world	
5	Understand the relation between family planning and abortion to minimize the latter.	
6	Understand health equity and develop tools for monitoring health equity, especially in relation to rapid populations growth and urbanization	

Conclusions

- Year 2003 has been a productive as well as busy year at the Centre.
- Many management changes that will become apparent during the coming year.
- Key position that needs to be filled in PHSD
- Improved financial stability with several key donors. Stability does not mean wealth, but it does mean that the situation can be planned.
- Improved relations with the Government of Bangladesh and a feeling of partnership with development partners

HIV/AIDS PROGRAMME
1st April 2003

Centre's Strategic Plan

Expand ongoing activities to control the HIV/AIDS epidemic

1. **Expansion of ongoing surveillance**
2. **Model centre for VCT**
3. **Interventions to prevent the spread of HIV**

ISSUES AROUND HIV/AIDS

- PREVENTING AN EPIDEMIC AND CONTROLLING IT'S SPREAD
- PROVIDING SERVICES - VCT, STI
- PROVIDING CARE AND SUPPORT FOR PHA
- ADVOCACY
- TRAINING

PREVENTING AN EPIDEMIC AND CONTROLLING IT'S SPREAD

- Monitoring the epidemic – surveillance, other surveys, rapid situation assessment, passive case reporting
- Understanding the spread of the epidemic – in-depth research (ethnographic, behavioural, virological/immunological), evaluation of ongoing programmes
- Adolescents – GFATM

The Bangladesh Scenario, 2002

Overall HIV prevalence rates among population groups most vulnerable to HIV infection	<1%
Reported number of HIV cases	248
Estimated number of HIV infections	13,000

SECOND GENERATION SURVEILLANCE FOR HIV IN BANGLADESH ROUND IV 2002

AIDS and STD Control Programme
Directorate General of Health Services
Ministry of Health and Family Welfare
Govt. of the People's Republic of Bangladesh

- Behaviour Surveillance – HARC with technical assistance from Family Health International
- Serological Surveillance – ICDDR,B, Centre for Health and Population Research

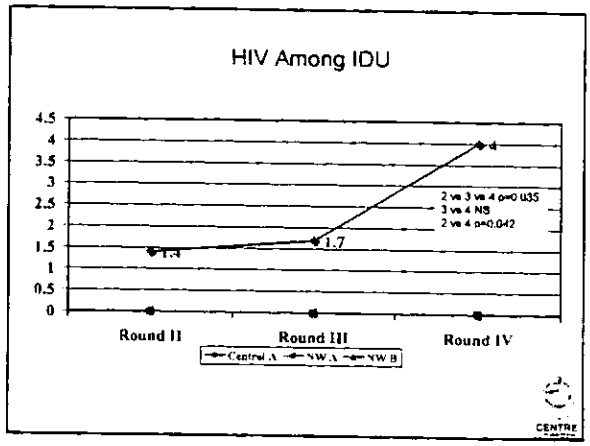
VULNERABLE POPULATION GROUPS

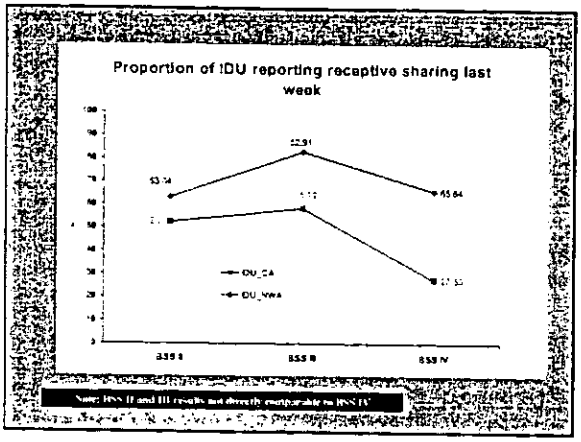
A. Those most vulnerable
- Injecting drug users (IDU)
- Heroin smokers*
- Sex workers –
  - female, street, brothels, hotels
  - male, street
  - hijras, street
- Men having sex with men (MSM, non sex workers)
- Babus from brothels*

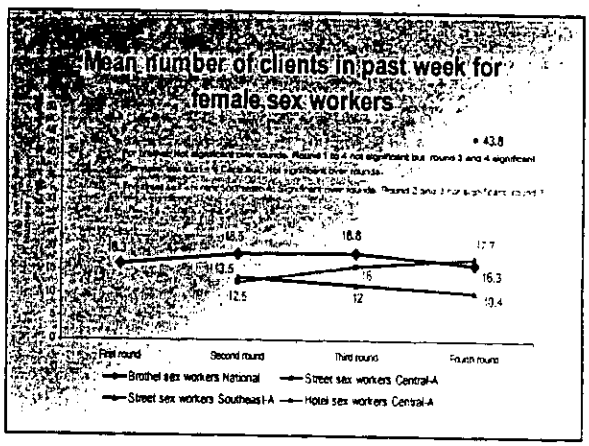
B. Bridging Population Groups
- Truckers
- Rickshawpullers*
- Launch workers*
- STD Patients*

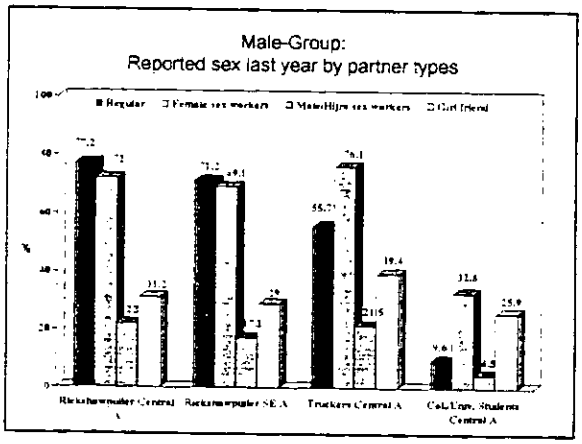
C. Dormitory based male students of Univ/college*

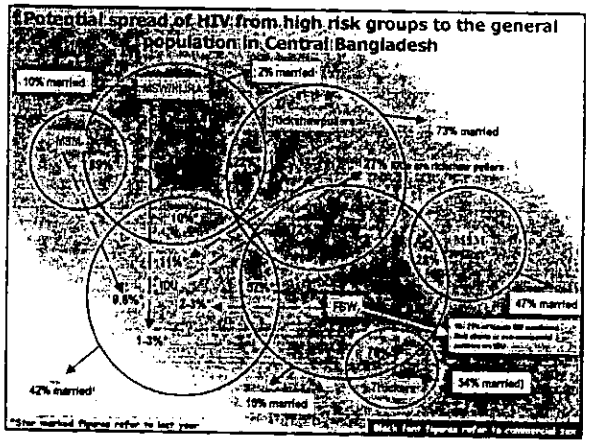
*Sampled by either behaviour or serology group











Overall Prevalence Rates

Surveillance Round	Numbers Tested in the Main Population Groups		Ever Syphilis (%)	HIV (%)
1st Round	Vulnerable Groups	3483	24.4	<1%
	Bridging Groups	403	6.7	0
	Total	3886		<1% (0.4)
2nd Round	Vulnerable Groups	4634	18.4	<1%
	Bridging Groups	0	ND	ND
	Total	4634		<1% (0.2)
3rd Round	Vulnerable Groups	4640	19.6	<1% (0.3%)
	Bridging Groups	2423	5.9	0
	Total	7063		<1% (0.2)
4th Round	Vulnerable Groups	7073	16.9	<1% (0.4%)
	Bridging Groups	804	6.0	0
	Total	7877		<1% (0.3)

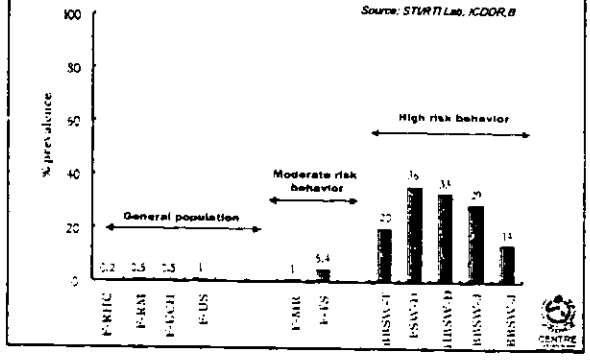
HIV PREVALENCE <1%

- Children hospitalised with persistent diarrhoea – Fuchs et al, 1997
- Female sex workers from a brothel – Sarker et al, 1998
- Drug Addicts – Shirin et al, 2000
- STD patients from Chittagong – Rich et al, 1997
- TB patients from Dhaka – 3 studies, Salimullah et al, 2000; Azim et al, unpublished
- Truckers and helpers – Gibney et al, 2001; 2002
- Migrants seeking jobs abroad – Rumi et al, 2000
- Antenatal women – Bogaerts et al, 2001
- Rural men and women – Hawkes et al, 2002
- Blood transfusion data – Rahman et al, 2002
- Armed forces – Rahman et al.
- Urban slum men and women – Sabin et al, 2003

OTHER STUDIES AT ICDDR,B

- Dockworkers – Jenkins et al, PHSD
- General urban and rural population – Hawkes et al, PHSD; Sabin et al, PHSD; Caldwell et al, HSID
- Adolescents – Nahar et al, HSID
- Male sexuality – Islam et al, PHSD
- Myths regarding condom use – Islam et al, PHSD
- STI survey in separate population groups – Rahman et al, LSD
- STI operational research – Rahman et al, HSID
- Injecting drug users – Azim et al, LSD
- Viral genotyping – Azim et al, LSD

Prevalence of gonococcal infection among females in Bangladesh



Cohort of Injecting Drug Users in Dhaka City

ICDDR,B AND CARE, BANGLADESH

Some misconceptions about sharing

- If I share with my family member it is no problem.
- My sharing partner is so healthy and he has no disease as far as I know, so there is no chance for HIV transmission.
- I use used syringe but changed the needle. If I put new needle with used syringe then it is not sharing.
- I inject into muscle not into vein; so there is no chance of spreading germs.
- If blood does not appear in the used needle/syringe then it is no problem.
- I jerk the used needle/syringe strongly before using.

Some common needle/syringe cleaning methods during sharing

•Before using old needle I clean it with tongue/saliva

•I clean my needle with Avil or Easium

•I use cloth, paper, lungi, tree leaves, cold water for cleaning

PREVALENCE OF INFECTIONS

HIV	5.9% (n=33)
ACTIVE SYPHILIS	3.4%
HEPATITIS C	66.8%

RISK BEHAVIOUR OF HIV POSITIVE IDU

Sharing by using used injection in last week	33.3%
Sharing by giving used injection in last week	36.4%
Non-commercial sex last year	n=13, (39.4%)
Bought sex in last year	n=8, (24.2)
Never used condoms with sex workers in last year	n=4, (50%)

2 (6.1%) sold blood within last year

FEMALE IDU CASE STUDIES (PILOT)

- 10 females interviewed who have been injecting for at least two months
- All but one sell sex in the street
- 7 identified as sex worker
- 6 of the FSW did not use condom in last sex act
- 6 shared last injection, 7 shared last week, all shared within last 6 months

Condom using reality : Understanding men's protective behaviour

Focused qualitative study on men's condom using behavior with hotel based female sex workers in Chittagong

Sharful Islam Khan Bobby, 2000-2001
PHSD

Pattern of condom use during the last sex act amongst those who claimed to use condoms

3 patterns of claimed condom use:

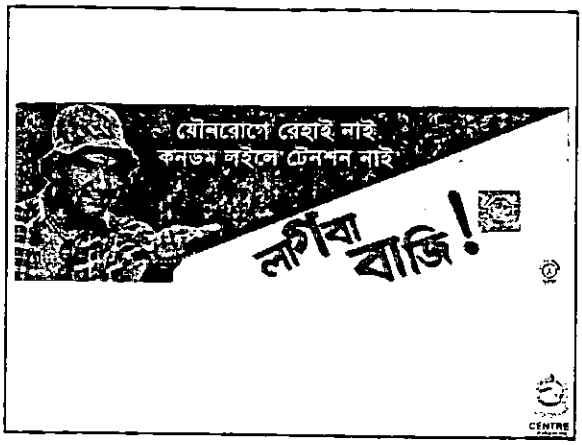
Late wearing of condom (after sex began)

Sex began with condom but was removed before ejaculation

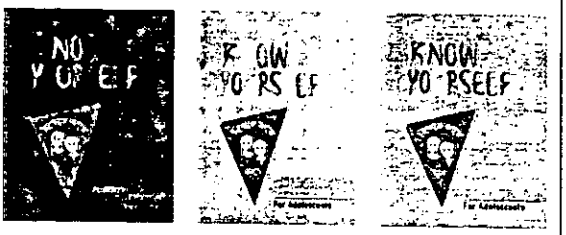
Consistent condom use (safe sex)

These patterns have contextual meanings:

1. Low risk perception
2. Sense of masculinity
3. Perceived pleasure & desire
4. Right to enjoy sex (gender domination)



REPRODUCTIVE HEALTH NEEDS OF ADOLESCENTS



ISSUES AROUND HIV/AIDS

- **PREVENTING AN EPIDEMIC AND CONTROLLING IT'S SPREAD**
- **PROVIDING SERVICES - VCT, STI, safe blood**
- **PROVIDING CARE AND SUPPORT FOR PHA**
- **ADVOCACY**
- **TRAINING**

VOLUNTARY COUNSELLING AND TESTING FOR HIV (VCT)
JAGORI

- Setting up standard VCT centres in major cities of Bangladesh – Dhaka, Chittagong, Sylhet
- Training others to conduct VCT
- Expansion of VCT once standards are set up

VCT is done for clients coming to ICDDR,B
VCT is also done in field sites, e.g. with IDU.

CLIENTS

- 194 clients in one year and nine months
- Referred by:
  NASP, NGOs, self, hospitals (private, Govt, NGO), other clients of Jagori
- M:F = 147:47
- Average age: 26.2 yrs (1.5-55 yrs)
- Children (<15 yrs): 20 (1.5-12 yrs range)
- 39 HIV positive (4 children) – 5 known deaths
- 8 children are HIV negative but have positive parents
- Of 39 PHA, 25 are migrants, all adults and all males

HIV Positive IDU Clients

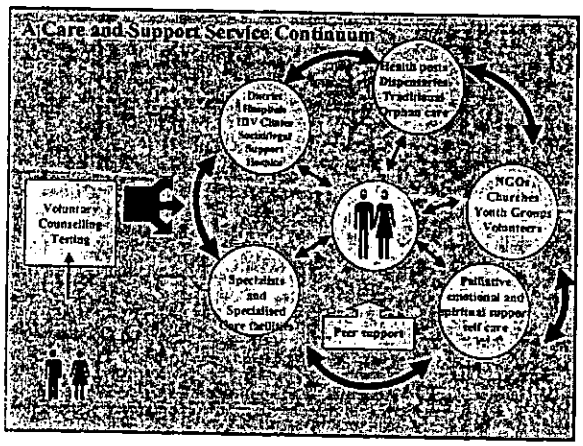
- 29 clients (one missing)
- One has died of AIDS
- Ongoing session – all except two
- Seven have admitted to continuing sharing during ongoing sessions
- Seven have regular sexual partners
- Partner notification – 2 successful, 3 unwilling, 1 separated recently, 1 cannot be traced
- Detoxification – 8 underwent one month detoxification
- Relapse – only one is known not to have relapsed

SEXUALLY TRANSMITTED INFECTIONS (STI)

- Laboratories for STI diagnosis were set up in four sites for female sex workers, MSM/MSW, male STI patients, truckers and their helpers - LSD
- Data looking at the validity of syndromic management of STIs – Rahman et al. - HSID, Rahman et al. - LSD Bogaerts et al. -LSD

ISSUES AROUND HIV/AIDS

- **PREVENTING AN EPIDEMIC AND CONTROLLING IT'S SPREAD**
- **PROVIDING SERVICES - VCT, STI, safe blood**
- **PROVIDING CARE AND SUPPORT FOR PHA**
- **ADVOCACY**
- **TRAINING**

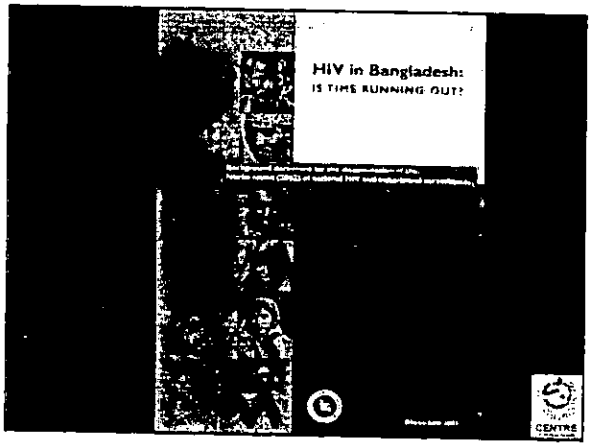


LSD and CSD

1. Physician attached to Jagori (received training from WHO)
   - Ashar Alo Society
   - Clinical care for abscesses and other medical needs of IDU
2. Consultant physician with expertise on using ARVs
3. HIV positive IDU
   - Helping establish an HIV positive support group for HIV positive IDU
   - Encouraging detoxification
   - Clinical care
4. CD4 counts and other laboratory support when clients can afford it

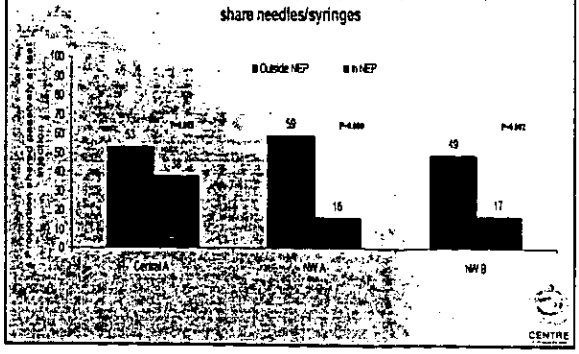
ISSUES AROUND HIV/AIDS

- **PREVENTING AN EPIDEMIC AND CONTROLLING IT'S SPREAD**
- **PROVIDING SERVICES - VCT, STI**
- **PROVIDING CARE AND SUPPORT FOR PHA**
- **ADVOCACY**
- **TRAINING**

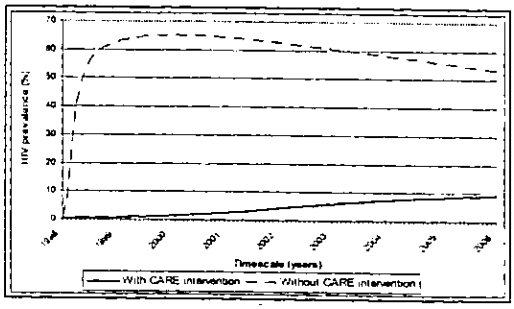


ARE INTERVENTIONS MAKING A DIFFERENCE?

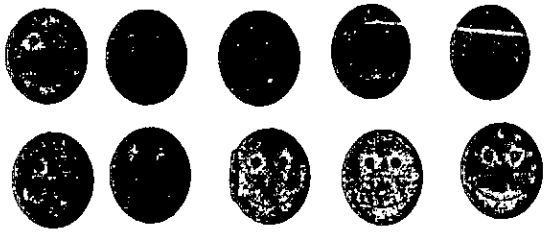
IDUs participating in Needle-Exchange Program (NEP) are less likely to share needles/syringes



IDU INTERVENTION: impact on HIV transmission



Among FSW, about three out of ten tested positive for non active syphilis in central Bangladesh



ISSUES AROUND HIV/AIDS

- **PREVENTING AN EPIDEMIC AND CONTROLLING IT'S SPREAD**
- **PROVIDING SERVICES - VCT, STI, safe blood**
- **PROVIDING CARE AND SUPPORT FOR PHA**
- **ADVOCACY**
- **TRAINING - surveillance, VCT, laboratory testing, Universal Precautions, STI diagnosis**

CENTRE

Regional work

- **Nepal**
- **Pakistan**
- **Sri Lanka**

CENTRE

Plans over the next year

Research, surveillance and M&E:

- Expansion of studies on IDU in other cites and groups
- New methods of sampling for behaviour surveillance (RDS)
- Migration and vulnerability to HIV infection
- Adolescents (GFATM)
- STI surveys in different population groups
- In-depth studies on particular groups such as Hijra
- Evaluation of ongoing interventions with sex workers in brothels
- Clinical course of illness of PHA

Services:

Expansion and intensification of existing services
?ARVs for PHA

Advocacy:

Enhanced advocacy in collaboration with other organisations

CENTRE

Poverty and Health Programme

October 2003

Outline of the Presentation

- Goal
- Areas of concentration
- Progress
- Research framework

Goal of the Programme

- Research
  - Generate knowledge to improve health of the poor to reduce poverty and inequity
- Organizational
  - Adopt 'improvement of health, especially of the poor, to reduce poverty as the guiding value' of ICDDR,B activities
  - Develop the capacity to address the health problems faced by the poor

Areas of Concentration

- Visibility
- Capacity development
- Knowledge generation
- Dissemination

Knowledge Generation - I

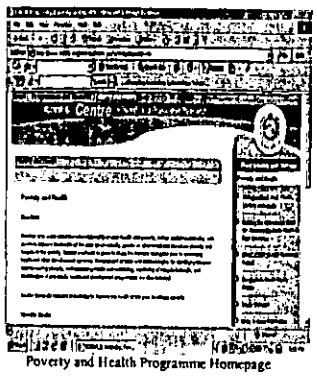
- Health problems faced by the poor
  - Tuberculosis
  - Unsafe motherhood
  - Poor neonatal health, childcare and child development
  - Diseases of adult and elderly
- Assessment of the extent of the burden (health, economic, and social) due to the above health problems and their consequences
- Finding health service related solutions and their impact in reducing health burden, enhancing human capability, and reducing poverty
- Monitoring health and poverty status through Matlab HDSS and Bangladesh Health Equity Watch

Knowledge Generation - II

- Measurement of poverty
- Interrelationship of poverty and health
- Monitoring socioeconomic disparity in health
- Identifying barriers faced by the poor in availing health services
- Assessing the impact of health and development programmes on the health of the poor and poverty

Progress

- Visibility
  - Secretariat at the Social and Behavioural Studies Unit, PHSD
  - Website



Poverty and Health Programme Homepage

Progress Contd...

- Capacity Development
  - Fellows (five national, one regional)
  - Collaboration with outside organizations (BHEW, GEGA, University of Bath, UK)

Dr. Shahana Sharmin, RHU

Shamali Shill, HDSU

Azra Narveen Ahmad, MHRC

Biput Kumar Biswas, CHU

Dr. Shamima Akhter, HEU

Progress Contd...

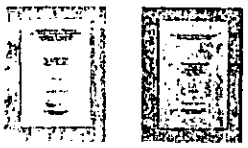
- Training
  - Two courses on measurement of poverty were held
  - One workshop on Benchmarks of Fairness for HealthCare Reforms

Measuring Poverty: Economic Dimensions

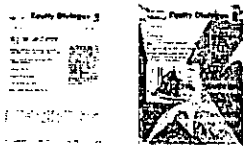
Workshop on Benchmarks of Fairness for Health Care Reforms

Progress Contd....

- Dissemination
  - Working papers – two published
  - Newsletter - Equity Dialogue
  - Bibliographic alert – Quarterly (7 issues as of now)



Equity Watch Paper

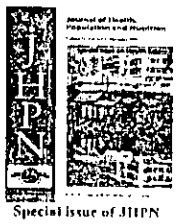


Equity Dialogue

Progress Contd....

- Seminar series
  - Poverty and Health Seminar series started
- Special issue of JHPN published

Prof. Suzan Skevington,

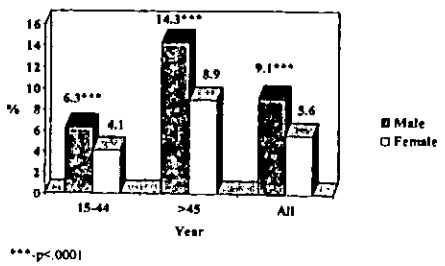


Special issue of JHPN

Progress Contd....

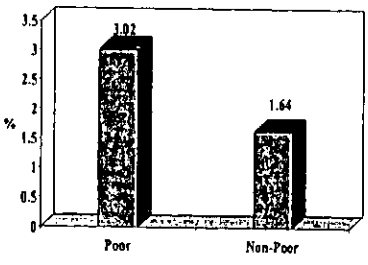
- Findings from selected studies
  - Tuberculosis
  - Safe motherhood
  - Elderly health
  - Measurement
  - Bangladesh Health Equity Watch (BHEW)

Prevalence of cough >21 days by age and sex, Matlab 2001-2002

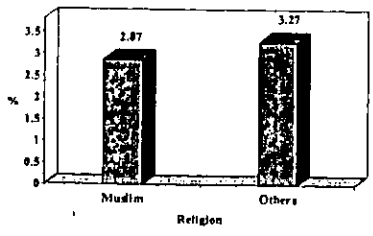


***-p<.0001

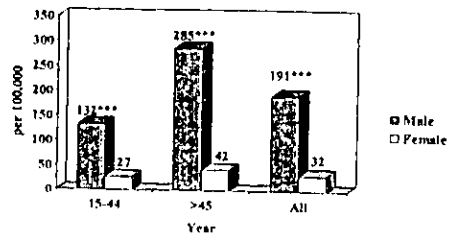
Proportion of Sputum Positive TB cases by SES, Matlab 2001-2002



Proportion of Sputum Positive TB cases by Religion, Matlab 2001-2002



Population prevalence of smear positive TB cases by age sex, Matlab, 2001-2002



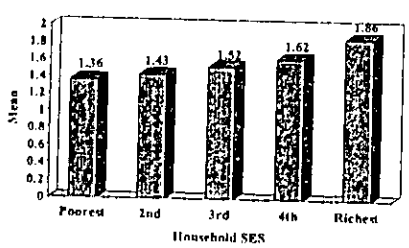
***-p<.0001

Antimicrobial resistance patterns of *M. tuberculosis* isolates, Bangladesh (number tested 348), Matlab 2001-2002

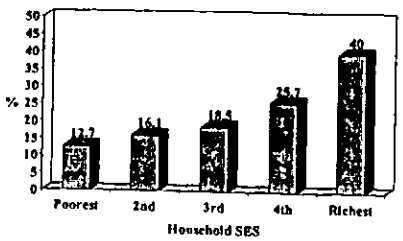
Drugs	Resistance type		Total (N=348)
	Primary (N=276)	Acquired* (N=72)	
Streptomycin	39%	48%	41%
Isoniazid (INH)	10%	31%	14%
Rifampicin	4%	21%	7%
Ethambutol	7%	18%	9%
MDR (INH + Rifampicin)	3%	18%	6%
At least one drug	43%	57%	46%

* TB treatment received 1 month or more

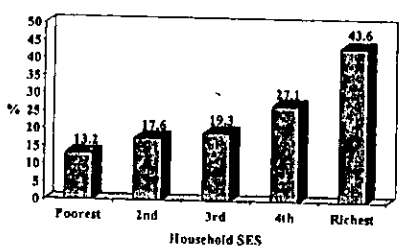
Mean number of ANC visits by HH SES, Matlab 1997-2001



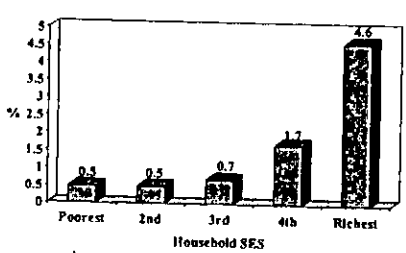
Percentage of facility based delivery by HH SES, Matlab 1997-2001



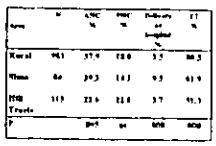
Percentage of deliveries attended by skilled attendant by HH SES, Matlab 1997-2001

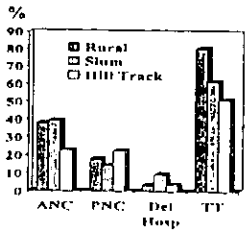


Percentage of Caesarean Section by HH SES, Matlab 1997-2001



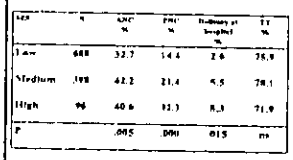
Use of Safe Motherhood Services During Last Pregnancy by area, Bangladesh 2002

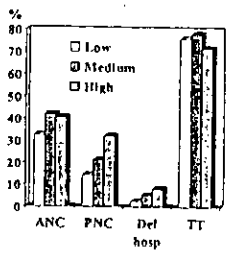




Source: Bangladesh Health Equity Watch 2002

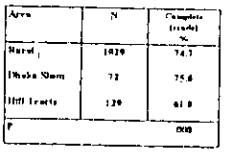
Safe Motherhood Services Used During Last Pregnancy by HH SES in Rural Areas, Bangladesh 2002

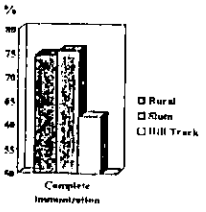




Source: Bangladesh Health Equity Watch 2002

Immunization of Children (12-60m) by Area, Bangladesh 2002

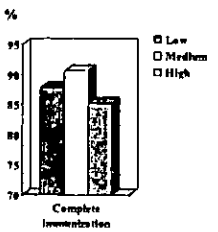




Source: Bangladesh Health Equity Watch 2002

Immunization of Children (12-60m) by Household SES, Bangladesh 2002

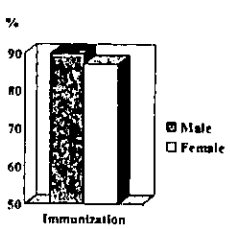
SES	N	Complete (crude) %
Low	490	87.8
Medium	417	90.6
High	115	95.1
P		ns



Source: Bangladesh Health Equity Watch 2002

Immunization of Children (12-60m) by Gender, Bangladesh 2002

Gender	N	Complete (crude) %
Male	646	89.9
Female	584	87.0
P		ns



Source: Bangladesh Health Equity Watch 2002

Risk of Death Among Elderly (60^+) by SES, Matlab 1993-1998

Religion	N	Risk of Death
Muslim	11317	.252**
Others	1502	.288
Education		
Illiterate	8505	.266**
Literate	4314	.236
Dwelling Size (sft)		
Small (<374)	3188	.308**
Large (374+)	9631	.239

** - P <.01

Status of Health of the Elderly, Matlab 2003

Measurement of poverty

- Rapid
  - Questionnaire based scales
  - Participatory methods
- Lengthy
  - Income, expenditure, assets, food consumptions, social network, education, living conditions etc.

Attempts are underway to develop tools to measure chronic and acute poverty including vulnerability.

Measurement contd.....

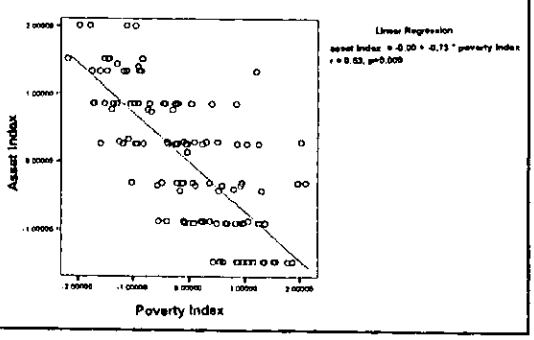
- Four items in six dimensions
- Maximum and minimum score possible, 6 and 72 respectively – higher the score poorer the household
- Collection of data takes 30 minutes
- Reliability
  - Split half correlation:
    - Cronbach's Alpha = .80
    - Equal length Spearman and Brown = .74
  - Test- retest correlation = .85

How does the score correlates with traditional indicators?

Land+occupation	N	Mean score	Remarks
Poor	66	48.2	
Medium	46	43.3	F=.000
Rich	17	37.3	

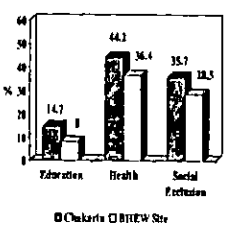
Poor : Land ≤50 decimal and menial labour
Medium: Land ≤ 50 decimal and no menial labour
Rich: Land > 50 decimal and no menial labour

Scatter plot: Asset Index-Poverty Index, Chakaria 2002



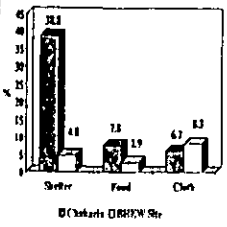
Percent of Households with Lowest Score in Selected Item of Various Dimensions

Dimension	Chakaria N=129		BHEW sites N=18612	
	n	%	n	%
Education None above 10 years can write	19	14.7	849	8.0
Health Household members become sick once or more in a month	57	44.2	3959	36.4
Social Exclusion HH members do not have any participation in community activities	46	35.7	3028	28.5



Percent of Households with Lowest Score in Selected Item of Various Dimensions

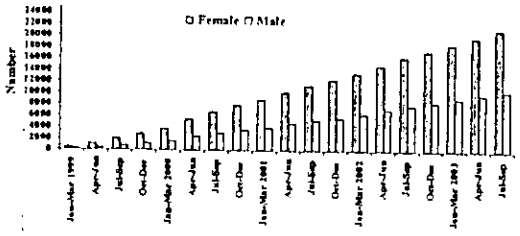
Dimension	Chakaria N=129		BHEW stu N=10612	
	n	%	n	%
Shelter No land, no house	50	38.8	506	4.8
Food No full meal in four or more days in a month	10	7.8	[illegible]	2.9
Clothing More than half of the HH members have less than 3 sets of clothes	8	6.2	892	8.3



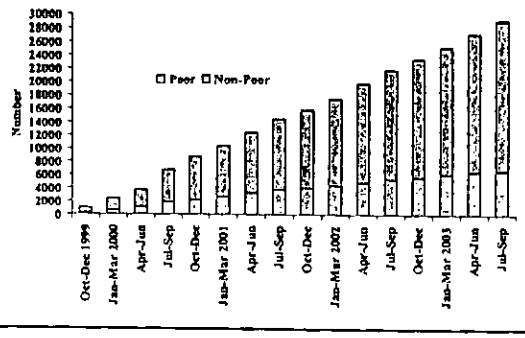
Reaching the Poor with Primary Health Care Services:

Chakaria Community Health Project

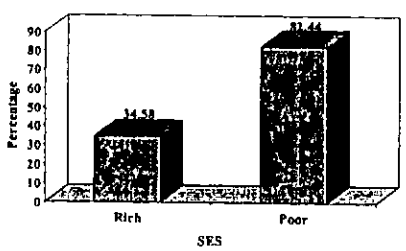
Total Patient Attendance at VHP and sub-centres, 1999-2003



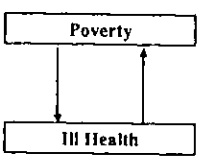
Total Patient Attendance at VHP and subcentres, 1999-2003



Percentage of Poor and Better off Households Purchasing a Health Card

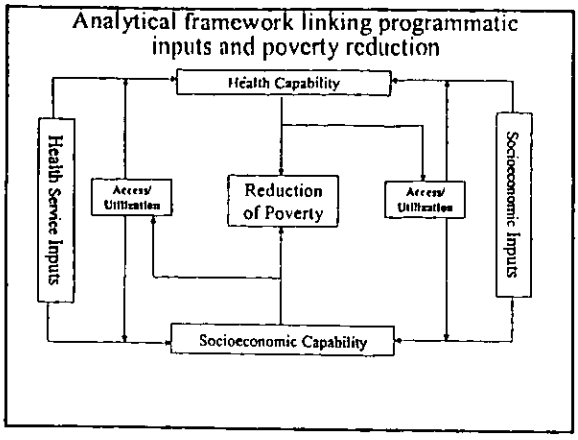


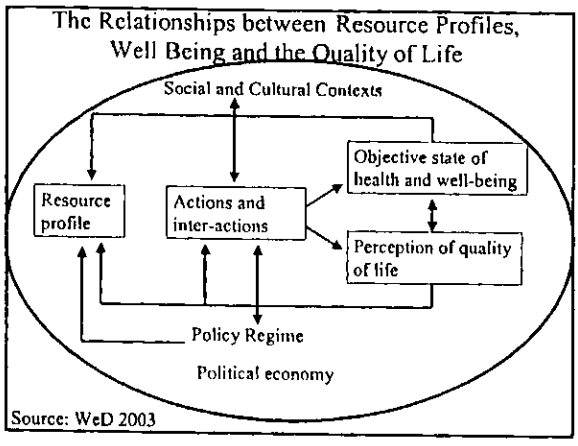
Conceptual Framework

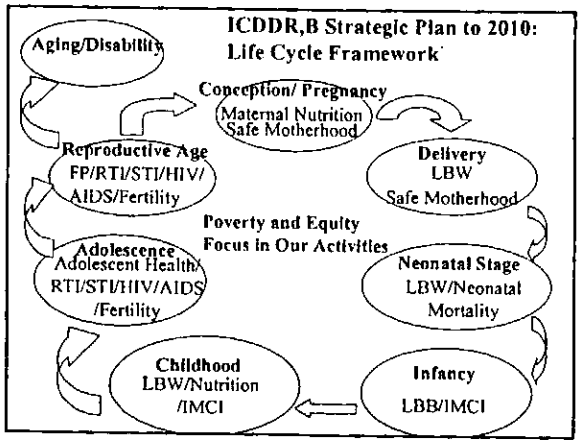


Major Questions

1. How much poverty contributes to ill health?
2. How much ill health contributes to poverty?
3. How much of poverty can be reduced through health intervention?
4. How much improvement in health can be achieved through reduction of poverty?


Analytical framework linking programmatic inputs and poverty reduction
Health Capability
Health Service Inputs
Access/ Utilization
Reduction of Poverty
Access/ Utilization
Socioeconomic Inputs
Socioeconomic Capability


The Relationships between Resource Profiles, Well Being and the Quality of Life
Social and Cultural Contexts
Resource profile
Actions and inter-actions
Objective state of health and well-being
Perception of quality of life
Policy Regime
Political economy
Source: WeD 2003


ICDDR,B Strategic Plan to 2010: Life Cycle Framework
Aging/Disability
Conception/ Pregnancy
Maternal Nutrition
Safe Motherhood
Reproductive Age
FP/RTI/STI/HIV/ AIDS/Fertility
Delivery
LBW
Safe Motherhood
Poverty and Equity
Focus in Our Activities
Adolescence
Adolescent Health/ RTI/STI/HIV/AIDS /Fertility
Neonatal Stage
LBW/Neonatal Mortality
Childhood
LBW/Nutrition /IMCI
Infancy
LBB/IMCI

SCALING UP ZINC AS A TREATMENT FOR CHILDHOOD DIARRHEA

Where we are today

The legacy of many ICDDR,B Scientists

SK Roy	Dilip Mahalanabis
Abdullah Baqui	ASG Faruque
Shams El Arifeen	George Fuch
Mohammad Yunis	Demisse Habte
David Sack	Saskia Osendarp
MM Rahman	MA Wahed
Abdullah Brooks	K. Zaman

ZINC

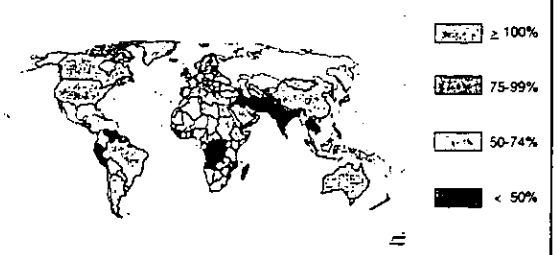
An essential micronutrient

Immune response
Growth & Development
GI mucosal integrity

EARLY QUESTIONS

- Is zinc deficiency a common problem in young children?

Zinc in the national food supply,
as % weighted mean per capita requirement



EARLY QUESTIONS

- Is zinc deficiency a common problem in young children?

Answer: Yes!!
Over 60% of under-five children zinc deficient
In poorest populations near to 100%

EARLY QUESTIONS

- Does zinc deficiency place young children at increased risk for morbidity & mortality?

EARLY QUESTIONS

Answer: Yes, elevated risk for several adverse health outcomes, including:

- ✓ acute and persistent childhood diarrhea
- ✓ ARIs, in particular pneumonia
- ✓ death

Zinc Augmentation Options

- Food fortification
- Daily/weekly supplementation
- As a "treatment"

ZINC AS A TREATMENT FOR DIARRHEA: RATIONALE

- Zinc deficiency from dietary inadequacy is exacerbated by net zinc loss in diarrhea
- Zinc received during diarrhea and in the convalescent period improves zinc status and restores immune and tissue functions
- Provision of zinc as a "treatment" may prove to be a feasible delivery strategy for therapy of diarrhea, prevention of diarrhea, and reductions in U-5 mortality

ZINC TREATMENT

20 mg elemental zinc,
given orally
once per day x 10 days

Formulations:
syrup (already available)
dispersible tablets

ZINC AS A TREATMENT

SUMMARY OF CURRENT STATE OF KNOWLEDGE

Zinc and ACD

Zinc treatment during ACD

- decreases duration of illness (15%)
- decreases likelihood of prolonged or persistent diarrhea (30%)

Zinc and PCD

Zinc treatment of a child with PCD :

- about a 30% reduction in duration of illness
- likelihood of "cure" approximately doubled
- fewer deaths?

Zinc and Prevention

A child who receives zinc for 10-14 days, over next 3 to 6 months:

Decreased likelihood of

- ACD (15-20%)
  - If ACD, less PCD (> 30%)
- pneumonia (25-30%)
- Non-injury death (50%)

CONCLUSIONS

- Pre-school aged children with zinc deficient diets who have ACD or PCD should be treated with zinc.
- This will require a coordinated national scale-up effort.
- Planning will need to consider:
  - Production and Distribution
  - Marketing
  - MOHFW, NGO & Private health systems
- On-going research: Formative & Operations

SCALING UP ZINC AS A TREATMENT FOR CHILDHOOD DIARRHEA PROJECT

Scaling Up Zinc for Young Children (SUZY) Project

PROJECT GOAL

To implement marketing and delivery strategies in public, private and NGO sectors

That will set us on the path to reaching all children of Bangladesh, regardless of gender, income or where they live

In providing zinc as a treatment for any diarrheal disease episode

GATES FOUNDATION GRANT: WHAT's IN IT?

- PRODUCTION/TECHNOLOGY TRANSFER
- PROMOTION/MARKETING
- DISTRIBUTION
  - MOHFW NGOs PRIVATE
- PARTNERSHIPS
- RESEARCH

PARTNERSHIPS

- MOHFW
- GoB Institutions
- Nutriset, Ltd
- Rodel Laboratories
- Social Marketing Company
- Futures Group
- USAID/Dhaka & Washington
- WHO/Geneva

WHICH ZINC FORMULATION?

	Syrup	Tablets
Familiarity	+++	+
Taste/Accept	++	?
Ease of use	++	+++
Adherence	?	?
Cost (Tk)	25-30	10-15

DISPERSIBLE ZINC TABLETS

- Patent held by Nutriset, Ltd
  - French company
  - Nutrition products
  - 100% humanitarian relief
- Premix technology developed by French laboratory, Rodel, Inc

DISPERSIBLE ZINC TABLETS

Production:

Premix ——→ Tablet compression ——→ Packaging (blister packs)

ZINC DISPERSIBLE TABLETS

Phase 1:

Premix prepared by Nutriset, compressed and packaged in Bangladesh by Square Pharmaceuticals

N= 175,000 blister packs for research purposes only delivery mid-November

- **No technology transfer or longer term commitments.**

ZINC DISPERSIBLE TABLETS

Phase 2:

Direct order to Nutriset from ICDDRB of 20 million blister packs

ICDDRB will sell (at cost – 9Tk) 15 million packs to SMC and distribute free of charge 5 million to MOHFW

Requires prior registration of tablets with Drug Authority and import permit

To identify local producer for Phase 3 production

Promotion/Marketing: Private Sector

Social Marketing Company (SMC)

- **5 year business plan:**
  15 million treatments over first 2 years
- **Mass media campaign**
- **Training and FU support**
  Sales Officers
  Private Providers
- **Marketing research (branding, willingness to pay, pricing)**

MOHFW

- Planning and implementation team
- Training of trainers
- Gradual roll-out starting within districts, then divisions.
- Distribution of zinc tablets to MOHFW static sites free of charge under generic brand ("Zinc 20"): 5 million over first 2 years

RESEARCH

HOSPTIAL & CLINIC BASED STUDY OF ACCEPTABILITY AND ADHERENCE

Syrup vs Tablets:

- are they acceptable to children? taste?
- are they tolerated?
- adherence with treatment instructions?
- for how many days?
- caretaker satisfaction/preference

RCT x 4 months: Home visitation at 11-12 days

ZINC SAFETY

- At 20 mg/day, no proven side effects
- ?? Elevated risk for nausea, vomiting

to monitor for new onset vomiting and loss of appetite within 60 minutes of receiving zinc

Health Behaviors/Formative Research

- When a child is sick with diarrhea what to caretakers do? and why?
- Provider practices: what & why?
- Understanding of micronutrients and zinc
- Concepts of prevention

Research Design

Carried out in one urban and one rural site

Methods include:

- Key Informant Interviews
- Observations
- Narratives of recent diarrheal cases
- Semi-structured interviews
- Cognitive mapping procedures (free-listing, rating exercises)
- Group discussions with care providers and health practitioners

Preliminary Findings from Mother Respondents

- Diarrheal illnesses: 29 in Kamalapur, 32 in Mirsarai
- Each illness has different terminology, symptoms and perceived causes
- Most have naturalistic causes and treatment
- Seeking care with health providers occurs with more severe symptoms
- First treatment is with an allopathic practitioner, either medicine shopkeeper or physician

Findings from Mother Respondents Continued....

- High level of knowledge about ORS but application during childhood diarrhea appears low
- Breastfeeding mothers may consume ORS
- No knowledge of zinc
- Mothers prefer to give syrup (with a sweet taste) to young children
- Vitamins are believed to increase the frequency of diarrhea
- Vitamins are given to strengthen the child post diarrheal episode

Preliminary Findings from Health Providers

- In Kamalapur, 12 brands of zinc are available; in Mirsarai, 22 brands are available
- Zinc was introduced anywhere from 1 to 3 years ago and is widely available in medicine shops
- Costs range from 23 to 32 taka; the perception is that the high price limits the market
- All products are sold in the form of a sweet syrup

Findings from Health Providers Continued....

- Shopkeepers, who know little about zinc, generally distribute with a doctor's Rx
- Given to increase growth, reverse weakness, increase appetite and improve digestion
- Not prescribed to children less than six months of age
- Most shopkeepers prefer tablets to syrup
- Antibiotics are often prescribed by allopathic healers during diarrheal episodes

Incident Case Studies

Rural and Urban Field Sites

- New cases of diarrhea: caretaker practices
- Expenditures
- Use of zinc and other treatments
- Linked to providers
- FU open ended interviews with providers
- Barriers to prescribing zinc and adherence with treatment instructions

National Coverage Surveys

- All divisions plus Dhaka & Chittagong
- Monitor impact of scale up activities on
  a. zinc use
  b. ORS, antibiotics, injectables, other drugs
  c. health services utilization
  d. expenditures

PROTOCOLS UNDER DEVELOPMENT

- Zinc treatment of pneumonia
  efficacy trial in Kamalapur
  effectiveness trial (?Nepal)
- Duration of treatment
  efficacy trial in Matlab
- Morbidity (?Mortality) study in Mali

TECHNICAL INTEREST GROUP

MOHFW NGOs WHO/UNICEF Private

- **Networking**
- **Collaboration**
- **Critical assessment**
- **Feedback**
- **Dissemination**
- **Better programs and supportive policies**

DISSEMINATION

- **Project website**
- **Newsletter (every 6 months)**
- **Conference (once/year)**
- **Publications (scientific and lay)**
- **Technical interest group**

4/BT/NOV 2003

HUMAN RESOURCES COMMITTEE

BOARD OF TRUSTEES MEETING
November 2003

CENTRE
FOR HEALTH AND
POPULATION RESEARCH

HUMAN RESOURCES COMMITTEE MEETING

HUMAN RESOURCES COMMITTEE MEETING
Saturday, 1 Nov 2003

Agenda

1. Approval of agenda
2. Approval of the minutes of June 2003 meeting
3. Staffing:
   - 3.1 Staffing status
   - 3.2 Status of recruitment of International Professional Staff
     - a. Associate Director, D1, Public Health Sciences Division
   - 3.3 Renewal of contract
     - a. Head, Information Sciences Division, P5, ISD
     - b. Environmental Microbiologist, P4, LSD
   - 3.4 Information on new International Professional Staff
     - a. Associate Director, D1, Clinical Sciences Division
     - b. Executive Assistant to Director, P1, Director's Division
   - 3.5 Status of seconded staff contracts
     - a. Associate Director & Head, HSID
     - b. Technical Advisor, RHU, P4, Public Health Sciences Division
     - c. Scientist, ECPU, P4, Public Health Sciences Division
   - 3.6 Renewal Contract of Adjunct Scientist
     - a. Dr. Abdullah H. Baqui
   - 3.7 List of established International Professional Posts
4. Promotion of Bangladeshi Scientists to International Professional Levels
5. HR Agenda Update
6. Staff salaries
   - 6.1 International Professional Category
   - 6.2 National Officer & General Services Categories
7. Any other business

Minutes of the Human Resources Committee Meeting
2 June 2003
Sasakawa Training Lecture Room

A meeting of the Human Resources Committee of the Board of Trustees (BoT) was held on 2 June 2003 at 1.00 p.m. in the Sasakawa Training Lecture Room.

Present:

Dr. Ricardo Uauy Dagach (Chair, BoT)
Dr. Claudio Lanata (Chair, HR)
Dr. Maimunah Bte Abdul Hamid
Prof A K Azad Khan (Chair, Finance Committee)
Prof. Jane Kusin
Prof. Terry Hull
Dr. Nobukatsu Ishikawa
Dr. Tikki Pang
Mr. M. Fazlur Rahman
Prof. David Sack (Director, ICDDR,B)
Prof. Marcel Tanner
Prof. Carol Vlassoff (Chair, Programme Committee)
Dr. I Kaye Wachsmuth

Absent Mr Anisul Huq Chowdhury & Prof. N.K. Ganguly
Invited: Members of the Executive Committee
Minutes: Ms Loretta Saldanha

Dr. Ricardo Uauy Dagach, Chair of the BoT, thanked the Director for arranging visits to the various field sites. He welcomed all to the meeting of the Human Resources Committee and invited Dr. Claudio Lanata to Chair the proceedings.

Dr. Lanata invited Ms. Ann Walton, Head, HR to make her presentation. The presentation included information of staff by gender, and gender ratio for the period 1999-2003. It was noted that 75% vs 27% should not be considered as a "slight imbalance". The Centre will address this after an implementation strategy is in place.

Agenda 1: Approval of the Agenda:

The Agenda was approved.

Agenda 2: Approval of the Minutes of the November 2002 meeting:

The Minutes of the last meeting were accepted and approved.

Agenda 3:
3.1 Staffing Status (reporting period Oct 02 – 31 March 03)

Ms Walton reported that the Centre continues to follow the policy of restricting recruitment of core positions. She reported 73 additions, 39 Separations (Total increase: 34). The net additions of 73 are attributed to 34 increases in the project positions. Information was also provided on the number of core/project staff, core/project international professional staff, international staff by continent, staffing status by Division, a list of international professional staff & international professional short-term staff, a list of Seconded staff, together with a list of Adjunct Scientists.

3.2 Status of Recruitment of International Professional Staff

3.2a Deputy Director, D2, Director's Division

Recruitment for this post to be delayed due to financial constraints. It was agreed however that the Centre provide a clear job description for the post and have the concurrence of the BoT by e-mail.

3.2b: Associate Director, DI, Clinical Sciences Division

Applications were screened and a short-list prepared. Two candidates were interviewed (on May 31 and June 2). Following discussions in a Closed session of the BoT it was agreed that the position be offered to Dr. M A Salam.

3.2c Associate Director, DI, Public Health Sciences Division

Applications were screened and a short-list prepared. Two candidates were interviewed (on May 31) one in person and by via a conference call. Following discussions in a closed session of the BoT it was agreed that the Centre proceed with the process of recruiting and authorized the Executive Committee of the BoT to approve the appointment.

3.2d Executive Assistant to the Director, PI, Director's Division

The vacant position of the Executive Assistant to the Director was announced in February and after a detailed review of the candidates who responded. Ms. Loretta Saldanha, Executive Secretary of Clinical Sciences Division was the most qualified candidate who met all the post requirements for the post and was thus offered the post effective 10 April 2003.

Agenda 3:
3.3 Renewal of Contracts

3.3a Associate Director, D1, Policy and Planning, Director's Division

The contract of Dr. Barkat-e-Khuda, Associate Director, Policy and Planning, expires of 31 July 2003. As of this date, Dr. Barkat will have served for six years as an International Professional staff at the Centre in addition to his prior term as an international seconded staff to the Centre from the Pop Council. Dr. Barkat's contract has been extended under the same terms and conditions, as a special case with approval of the Board from 1 August 03 to 30 June 2004.

3.3b Head, Child Health Unit, P4, Public Health Sciences Division

Dr Shams el Arifeen will be completing 3 years international professional appointment on 20 November 2003. Due to his excellent performance the Centre intends to renew Dr. Arifeen's contract for a further 3 years period effective 21 November 2003.

3.3c Head, Epidemic Control & Preparedness Unit, P4, PHSD

Dr A K M Siddique, Head, ECPP at pay level P4 will be attaining the age of 65 at the end of this year. His current contract expires on 30 June 2003. The Centre intends to extend his contract under the same terms and conditions until he reaches the retirement age of 65 on 4 December 2003.

3.3d Head, Reproductive Health Unit, P5, PHSD

At the expiry of his extended contract Prof. Japhet Killewo will leave the Centre on 12 June 2003.

Dr Sack clarified Dr. Killewo's situation. Dr. Killewo is on leave of absence from his University on Tanzania and he needed to return to his post in Tanzania immediately or resign, or he would have to forfeit his retirement benefits. Because of the funding situation here, the Centre could not offer him a long term contract. The Board were concerned with the lack of expertise in this area and how the loss of this individual will impact on developing future projects. It was reported that in terms of service aspects, this has been institutionalised in Matlab and for the time being the transition can be made painless. The research agenda of the reproductive health program will however require recruitment of a replacement of Dr. Killewo soon.

The Board placed on record its thanks to Prof. Killewo for his contributions to the Centre.

3.4: Information on New International Professional Staff

3.4a Health Economist, P4, Health Econimics Unit, PHSD

Dr. Beena Varghese, an Indian national and a US permanent resident joined the Centre on 10 October 02 as Health Economist at pay level P4 on a three years' fixed term contract.

3.4b Head, Finance, P5, Director's Division

Mr. Aniruddha Neogi, an Indian national, joined the Centre on a fixed term contract for a period of three years effective 18 November 2002.

3.4c Head, Human Resources, P5, Director's Division

Ms. Ann Gauvin Walton, a Canadian national, joined the Centre on 4 March 2003 on a three year fixed term contract.

3.5 Status of Seconded Staff Contracts

3.5a Scientist, P4, HSD

Dr. Abdullah Brooks, a faculty member of the Johns Hopkins University (JHU), Bloomberg School of Public Health in the Dept of International Health has, at the request of the Centre, been seconded for another term of two years to 30 June 2005.

3.5b Scientist, P4, ECPP, PHSD

Dr. Yukiko Wagatsuma, Assistant Scientist, Dept of International Health, School of International Hygiene and Public Health at Johns Hopkins University has been, at the request of the Centre, been seconded to the Centre for an additional term of 18 months effective 17 January 2003.

3.5c Senior Operations Research Scientist, P5, HSD

Through a secondment agreement between the McGill University, the services of Dr. Charles Larson, an Associate Professor of the Department of Paediatrics, McGill University has been seconded to the Centre for a period of three years effective 1 May 2002.

3.6 Separation of International Professional Staff

3.6a Associate Director, D1, PHSD

At his own request, Prof. Lars Ake Persson shortened his contract at D2 level to join the University of Uppsala, Sweden, as a Professor. Prof. Persson left the Centre on 28 February 2003.

3.6 New Adjunct Scientist

The Board approved the proposal of the Centre to appoint Dr. Lars Ake Persson as an Adjunct Scientist to the Centre for a period of three years.

It was also noted that the Board had earlier approved the Adjunct Scientist Policy.

Agenda 4: Strategy for the Recruitment and Retention of Senior Staff:

Following difficulties to recruit and retain senior staff, a recruitment strategy to ensure that the Centre has the ability to attract, retain and motivate highly creative and productive senior international staff, was presented to the Board

Following discussion on this issue, it was noted that the growth of opportunities for international health jobs, which are more attractive, could be a reason for the Centre is not able to attract people. It was queried that over the years a number of people have come close to considering jobs at the Centre and have then decided not to, and whether the Centre has communicated with them and tried to figure out why they did not consider jobs at the Centre and whether the Centre needs to re-examine the perks. It was also felt that a good presentation of Dhaka will help change perceptions of Dhaka, and whether the Centre is addressing the positive attributes and how best to present them. Announcements of vacancies should also be posted at international conferences hosted by the Centre.

The Board approved the strategy for the Recruitment and Retention of senior staff and authorized the Director and the Head, HR to determine the most appropriate recruitment methods for individual posts and that the Centre provide regular feed-back on the results of this process.

With regard to employment of spouses the Board approved their employment under the conditions stipulated in the document.

Agenda 5: Gender Policy

Ms. Walton explaining the process for preparation of the Policy, mechanisms and processes for implementation, follow-up and monitoring. The next step would be to refocus the Gender Equality Committee to be able to meets its objectives/duties.

Costs attached to its implementation have not yet been calculated. A Gender Specialist needs to be recruited.

The Board approved the Policy, with some minor edits, and commended those involved with its preparation and recommended that a report of the first stage of implementation should be provided at the November BoT meeting.

Suggestions included:

- that gender sensitivity be tied to performance evaluation
- call it a "family friendly" policy
- input from different kinds of health systems on gender.
- will this provide any publishable results
- this document shows gender equity in general – what is missing is the inequity in health research

Agenda 6: Human Resources Plan

The Board endorsed the Center's Human Resources Plan as requested and recommended that a report on its implementation should be provided at the November BoT meeting.

Agenda 7: Selection of Members of the Board of Trustees

Following discussions in a closed session of the Board, the extension of the following Board members for a second term of 3 years with effect from the date of termination of their first 3-year term was approved:

Prof. N.K. Ganguly
Dr. Tikki Pang
Prof. A K Azad Khan
Prof. Jane Anita Kusin

The Board also approved the selection of Dr. Halima Ramadhan Abdullah Mwenesi as a new Board member effective 1 July 2003.

With re to UNICEF representation on the Board (to replace Mr. Rolf Carriere), it was reported that a letter to this effect has been sent to Ms. Carol Bellamy at the UNICEF Headquarters. No response has yet been received.

Agenda 8: 8.1 & 8.2 Staff Salaries

This was discussed in a closed meeting of the BoT. (Resolution 30/BT/June 03 – Finance).

Agenda 9: Any Other Business

9.1 Appraisal System for Scientific Positions – Appointment/Promotion

This was presented to the Board for its information.

9.2 Amendment to the Policy for Promotion of National Level Scientists from Bangladesh to the International Rank

The Board approved the renaming of the policy and change the annual review date from 1 November to 30 April.

With no more items for discussion, the meeting concluded at 3.30 pm with thanks to the Chair.

HUMAN RESOURCES

1/BT/Jun 03

The Board records their thanks to Prof. Japhet Z.J. Killewo for his contributions to the Centre.

2/BT/Jun 03

The Board approves the appointment of Prof. Lars Ake Persson as Adjunct Scientist to the Centre for a period of three years effective March 01, 2003.

3/BT/Jun 03

The Board approves the strategy for the Recruitment and Retention of senior staff and authorizes the Director and Head, Human Resources to determine the most appropriate recruitment methods for individual posts and that the Centre provide regular feed-back on the results of this process.

4/BT/Jun 03

The Board approves the employment of spouses under the conditions stipulated in the document "Strategy for the Recruitment and Retention of Senior Staff".

5/BT/Jun 03

The Board approves the Gender Policy as put forward by the Centre and that those Members involved with drafting the Policy be congratulated for the excellent document.

A report on the first stage of implementation should be provided at the November BoT meeting.

6/BT/Jun 03

The Board endorses the Centre's Human Resources Plan as presented. A report on its implementation should be provided at the November BoT meeting.

7/BT/Jun 03

The Board approves the selection of Dr. Halima Ramadhan Abdullah Mwenesi as a new Board member effective1 July 2003.

8/BT/Jun 03

The Board approves the extension the terms of the following Board members for a second term of 3 years with effect from the date of termination of their first 3-year term.

Prof. N.K. Ganguly
Dr. Tikki Pang
Prof. AK Azad Khan
Prof Jane Anita Kusin

9/BT/Jun 03

The Board approves the renaming of the policy "Promotion of National Officer Level Scientists from Bangladesh to the International Rank" to "Promotion of National Officer Level Scientists from Bangladesh to the International Professional Level" and change the annual review date from November 1 to April 30.

10/BT/Jun 03

The Centre proceed with the process of recruiting the Associate Director & Head, PHSD and authorizes the Executive Committee of the BoT to approve the appointment.

11/BT/Jun 03

The Centre provide a clear description of the job description for the post of Deputy Director and have the concurrence of the BoT by e-mail.

12/BT/Jun 03

The Board approves the appointment of Dr Md Abdus Salam as Associate Director and Head of the Clinical Sciences Division.

3.1 Staffing Status

There were 46 additions and 40 separations during this reporting period (April 01, 2003 – September 30, 2003). The total number of Centre fixed-term staff belonging to all categories thus increased by 6 as shown in Table 1. The Centre continues to follow the policy of restricting recruitment of core positions.

Table 1

STAFFING OVERVIEW
April 2003 – September 2003

Separations/Additions of Staff

Functional Areas	Core Funded		Project Funded		**Total**		**Net Change**
	Sep.	Add.	Sep.	Add.	**Sep.**	**Add.**	
International	--	1	(1)	--	**(1)**	**1**	--
Research (Scientific Support and Field)	(5)	5	(23)	27	**(28)**	**32**	**4**
Research (Administration)	(3)	4	(4)	7	**(7)**	**11**	**4**
Human Resources and Support Services	(2)	2	--	--	**(2)**	**2**	--
Finance	(2)	--	--	--	**(2)**	--	**(2)**
	(12)	12	(28)	34	**(40)**	**46**	**6**

Net additions : 6

ICDDR,B
STAFFING STATUS

as of September 30, 2003

CF - Core Funded
PF - Project Funded

Functional Area	2002 (Sept. 30)		2003 (March. 31)		2003 (Sept. 30)	
International Professional staff	21		19		19	
Research (Scientific, Support & Field)	624	CF 194 PF 430	665	CF 196 PF 469	669	CF 196 PF 473
Research (Administration)	372	CF 138 PF 234	368	CF 143 PF 225	372	CF 144 PF 228
Human Resources and Support Services	102	CF 102 PF 0	88	CF 88 PF 0	88	CF 88 PF 0
Finance	31	CF 31 PF 0	44	CF 42 PF 2	42	CF 41 PF 1
Sub Total	**1150**		**1184**		**1189**	
International Seconded Staff	6		7		7	
Short term staff (Int'l, NO & GS)	5		4		6	
Fellows	27		32		32	
Health Worker	90		85		86	
Primary Healthcare Provider	20		20		20	
Contractual Service Holder	329		390		385	
Daily Wagers	319		311		175	
GRAND TOTAL	**1946**		**2033**		**1946**	

Table-2
BOT/HR/NOV/2003

NUMBER OF FIXED-TERM CORE FUNDED, PROJECT FUNDED & INTERNATIONAL PROFESSIONAL STAFF

as of September 30, 2003

Functional Area	2002 (Sept. 30)	2003 (March 31)	2003 (Sept. 30)
Core Funded	465	469	469
Project Funded	664	696	702
International Professional	21	19	19
Total	**1150**	**1184**	**1190**

Table-3
BOT/HR/NOV/2003

STAFFING STATUS
By Division

as of September 30, 2003

Sl. No.	Location	International Professional			NO	GS	Total
		Fixed Term	Short Term	Seconded			
1.	Director's Division	5	4	1	13	122	145
	• Director's Office	2	1	1	2	2	8
	• Human Resources	1	1	-	4	9	15
	• Finance	1	-	-	7	35	43
	• ER&ID	1	2	-	-	2	5
	• Support Services	-	-	-	-	73	73
	• SWA	-	-	-	-	1	1
2.	Public Health Sciences Division	6	-	2	76	395	479
3.	Clinical Sciences Division	2	-	-	36	162	200
4.	Laboratory Sciences Division	4	-	-	29	141	174
5.	Health Systems and Infectious Diseases Division	1	1	4	34	133	173
6.	Information Sciences Division	1	1	-	9	21	32
	Total	**19**	**6**	**7**	**197**	**974**	**1203**

Table-4
BOT/HR/NOV/2003

LIST OF INTERNATIONAL PROFESSIONAL STAFF
as of September 30, 2003

FIXED-TERM

Sl. No.	Name	Country	Job Title	Pay Level	Contract Start Date	Contract End Date
1.	ARIFEEN, Dr. Shams El	Bangladesh	Epidemiologist & Head, CHU	P4	21.11.2000	20.11.2003
2.	BHUIYA, Dr. Abbas Uddin	Bangladesh	Social Scientist & Head, SBSU	P5	01.07.1994	31.12.2004 *
3.	BLUM, Dr. Lauren S.	USA	Anthropologist, SBSU, PHSD	P4	23.01.2000	22.01.2006
4.	FARUQUE, Dr. Shah Md.	Bangladesh	Scientist, LSD	P4	01.07.2002	30.06.2005 *
5.	ISLAM, Dr. Sirajul	Bangladesh	Environmental Microbiologist	P4	01.07.2001	30.06.2004 *
6.	KHUDA, Dr. Barkat-e-	Bangladesh	Associate Director, Policy & Planning	D1	01.08.1997	30.06.2004
7.	MERCER, Mr. Alec	UK	Operations Research Scientist, HSID	P4	29.09.2002	28.09.2005
8.	NAIR, Dr. Gopinath Balakrish	India	Associate Director and Head, LSD	D1	09.04.2000	12.12.2004
9.	NEOGI, Mr. Aniruddha	India	Head, Finance	P5	18.11.2002	17.11.2005

* per Policy of Promotion of Bangladeshi Scientists to International Level

contd.....

Table-4
BOT/HR/NOV/2003

FIXED-TERM

Sl. No.	Name	Country	Job Title	Pay Level	Contract Start Date	Contract End Date
10.	QADRI, Dr. Firdausi	Bangladesh	Senior Scientist, LSD	P4	01.07.2002	30.06.2005 *
11.	RABBANI, Dr. Golam Hassan	Bangladesh	Scientist, CSD	P4	01.07.2002	30.06.2005 *
12.	SALAM, Dr. M. Abdus	Bangladesh	Associate Director and Head, CSD	D1	01.07.2003	30.06.2006
13.	SALDANHA, Ms. Loretta	India	Executive Assistant to Director	P1	10.04.2003	09.04.2006
14.	SIDDIQUE, Dr. A. K. M	Bangladesh	Epidemiologist, ECPU, PHSD	P4	01.07.1996	04.12.2003 *
15.	STREATFIELD, Dr. Peter K.	Australia	Head, Health & Demographic Surveillance Unit, PHSD	P5	18.07.1999	17.07.2005
16.	THORPE, Mr. Peter	UK	Head, Information Sciences Division	P5	01.08.2001	31.07.2004
17.	VARGHESE, Dr. Beena	Indian/USA	Health Economist	P4	10.10.2002	09.10.2005
18.	WALTON, Ms. Ann G.	Canada	Head, Human Resources	P5	04.03.2003	03.03.2006
19.	ZAMAN, Mr. Ishtiaque A.	Bangladesh	Head, External Relations & Institutional Development, DD	P4	01.07.2002	30.06.2005

* per Policy of Promotion of Bangladeshi Scientists to International Level

Table-5
BOT/HR/NOV/2003

LIST OF INTERNATIONAL PROFESSIONAL STAFF
as of September 30, 2003

SHORT-TERM

Sl. No.	Name	Country	Job Title	Pay Level	Contract Start Date	Contract End Date
1.	ACKLEY, Ms. Julia	USA	Senior Associate, ER&ID	--	21.08.2002	31.08.2004
2.	ALAM, Dr. A. N.	Bangladesh	Head, Training & Education Dept.	P4	01.05.1996	29.02.2004
3.	BROOKS, Ms. Vanessa J.	USA	Grants Administrator, DD	P4	01.10.1997	31.01.2004
4.	HADLEY, Ms. Mary	UK	Project Coordinator, FHRP	--	24.01.2002	05.12.2003
5.	LEMON, Ms. Hannah R.	UK	Senior Associate, ER&ID	--	14.05.2003	13.01.2004

Table-6
BOT/HR/NOV/2003

LIST OF SECONDED STAFF
as of September 30, 2003

Sl. No.	Name	Country	Job Title	Pay Level	Contract Start Date	Contract End Date	Seconding Institution
1.	BREIMAN, Dr. Robert F.	USA	Associate Director & Head, HSID	D1	01.08.2000	09.07.2004	CDC/US Embassy
2.	BROOKS, Dr. W. Abdullah	USA	Scientist, HSID	P4	01.07.2001	30.06.2005	JHU
3.	DIELTIENS, Dr. Greet	Belgium	Technical Advisor, RHU	P4	09.01.2001	08.01.2004	BTC
4.	LARSON, Dr. Charles P.	Canada	Senior Operations Research Scientist, HSID	P5	01.05.2002	30.04.2005	McGill
5.	MELS, Mr. Carel T. van	Netherlands	Demographer & Head, SDRU, HSID	P4	29.12.1999	31.12.2005	NIDI
6.	SACK, Dr. David A.	USA	Director, ICDDR,B	ADG	01.10.1999	30.09.2005	JHU
7.	WAGATSUMA, Dr. Yukiko	Japan	Scientist, ECPU	P4	17.01.2000	16.07.2004	JHU

CDC : Centre for Disease Control
JHU : The Johns Hopkins University
McGill : McGill University
BTC : Belgian Technical Cooperation
NIDI : Netherlands Interdisciplinary Demographic Institute

Table-7
BOT/HR/NOV/2003

LIST OF ADJUNCT SCIENTIST
as of September 30, 2003

Sl. No.	Name	Country	Job Title	Contract Start Date	Contract End Date
1.	ABOUD, Prof. Frances E.	Canada	Adjunct Scientist	18.03.2002	17.03.2005
2.	BAQUI, Dr. Abdullah H.	Bangladesh	Adjunct Scientist	01.07.2001	30.06.2004
3.	TAKEDA, Prof. Yoshifumi	Japan	Adjunct Scientist	14.02.2002	13.02.2005
4.	PERSSON, Prof. Lars Åke Persson	Sweden	Adjunct Scientist	01.03.2003	28.02.2006

3.2 Status of Recruitment of International Professional Staff

Agenda 3.2a Associate Director, D1, Public Health Sciences Division

The position of the Associate Director and Head, Public Health Sciences Division at pay level D1, was announced on November 28, 2002. After a detailed review of the candidates who responded, Dr. Roger Shrimpton, a British national was invited to visit the Centre and meet with the selection committee. Dr. Shrimpton visited the Centre with his spouse and a formal interview was held on August 20, 2003.

A report on the status of this recruitment will be made during the meeting of the Board.

3.3 Renewal of Contract

Agenda 3.3a **Head, Information Sciences Division, P5**

The 3 (three) years' employment contract of Mr. Peter Thorpe, Head, Information Sciences Division expires on July 31, 2004. Mr. Peter Thorpe during this tenure of contract has contributed to the growth of the division as well as to the overall growth of the Centre. His performance during this period has been very good.

The Centre recommends to the Board that the current employment contract of Mr. Peter Thorpe be extended by another term of 3 (three) years effective August 01, 2004 under the existing terms and conditions.

Draft resolution:

The Board resolves that the current employment contract of Mr. Peter Thorpe with the Centre, be extended by another term of 3 (three) years effective August 01, 2004 under the same terms and conditions.

Agenda 3.3b **Environmental Microbiologist, P4**
Laboratory Sciences Division

Dr. M. Sirajul Islam, Environmental Microbiologist, Laboratory Sciences Division will be completing his 3 (three) years of International Professional appointment with the Centre on June 30, 2004. Dr. M. Sirajul Islam was appointed to this position as per policy of "Promotion of Bangladeshi Scientists to International Levels". Dr. Islam is a highly productive and enthusiastic scientist of the Centre. His performance during this period has been very good.

The Centre intends to renew Dr. M. Sirajul Islam's employment contract under the same terms and conditions for a period of another term of 3 (three) years effective July 01, 2004.

This is for the approval of the Board.

Draft resolution:

The Board resolves that the current employment contract of Dr. M. Sirajul Islam with the Centre, be extended by another term of 3 (three) years effective July 01, 2004 under the same terms and conditions.

3.4 Information on New International Professional Staff

Agenda 3.4a Associate Director and Head, Clinical Sciences Division, D1

Dr. M. A. Salam, a Bangladeshi national joined the Centre on July 01, 2003 as the Associate Director and Head, Clinical Sciences Division, at pay level D1, on a three years' fixed-term employment contract. He was recruited through the Centre's competitive recruitment process. Earlier, Dr. Salam was serving the Centre as Chief Physician at pay level P4 and was Acting Associate Director and Head, Clinical Sciences Division from August 01, 2002.

This is for the information of the Board.

Agenda 3.4b Executive Assistant to Director, P1, Director's Division

Ms. Loretta Saldanha, an Indian national, joined the Centre on April 10, 2003 on a fixed-term three years' contract as the Executive Assistant to Director under the Director's Division. Ms. Loretta Saldanha was the Executive Secretary of the Clinical Sciences Division and was acting as the Executive Assistant to Director since October 2002. She has been recruited through the Centre's competitive recruitment process.

This is for the information of the Board.

3.5 Status of Seconded Staff Contracts

Agenda 3.5a **Associate Director and Head**
Health Systems and Infectious Diseases Division, D1

The two years secondment agreement between the Centre for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS), USA and ICDDR,B; seconding the services of Dr. Robert F. Breiman to ICDDR,B as Associate Director and Head, Health Systems and Infectious Diseases Division will expire on July 09, 2004.

The Centre requires the services of Dr. Breiman for another term and accordingly the Centre requests Board's approval to start negotiating with CDC for another secondment agreement for an additional period of 2 (two) years.

Draft resolution:

The Board resolves that the current secondment agreement of Dr. Robert F. Breiman between CDC and ICDDR,B be extended by another 2 (two) years' period effective July 10, 2004.

Agenda 3.5b **Senior Operations Research Scientist, P5**
Health Systems and Infectious Diseases Division

The existing secondment contract of Dr. Greet Dieltiens, Technical Advisor of the Public Health Sciences Division will expire on January 07, 2004. She was seconded through an agreement between the Belgian Technical Cooperation (BTC), Brussels and ICDDR,B for a period of three years effective January 08, 2001.

Dr. Greet Dieltiens will be leaving the Centre on January 07, 2004. The Board would like to put on record their thanks for her contributions to the Centre.

Agenda 3.5c **Scientist, P4, Epidemic Control & Preparedness Unit**
Public Health Sciences Division

The existing secondment contract of Dr. Yukiko Wagatsuma, an Assistant Scientist of the Department of International Health, School of International Hygiene and Public Health, at Johns Hopkins University (JHU) has been, at the request of the Centre, extended for an additional term of 18 (eighteen) months effective January 17, 2003 which will expire on July 16, 2004.

This is for the information of the Board.

3.6 Renewal Contract of Adjunct Scientist

Agenda 3.6a **Dr. Abdullah H. Baqui**

The current Adjunct Scientist contract of Dr. Abdullah H. Baqui, a faculty member of Johns Hopkins University (JHU), Bloomberg School of Public Health to ICDDR,B will expire on June 30, 2004. As Dr. Baqui's involvement with the ongoing projects of the Centre are very essential, the Centre requests the Board's approval for initiating an extension of this contract from Johns Hopkins University for another period of three years.

This is for the approval of the Board.

3.7 List of established International Professional Posts

Director's Division

Sl.	Job Title	Grade	Post establishment date	Remarks
01	Director	ADG	January 1982	
02	Deputy Director	D2	June 2002	Vacant
03	Associate Director, Policy & Planning	D1	July 2000	
04	Head, Human Resources	P5	April 2000	
05	Head, Finance	P5	November 2002	Formerly Chief Finance Officer
06	Head, External Relations & Institutional Development	P4	November 1998	
07	Executive Assistant to Director	P1	January 1982	

Public Health Sciences Division

Sl.	Job Title	Grade	Post establishment date	Remarks
01	Associate Director, PHSD	D2	March 2002	
02	Head, Health & Demographic Surveillance Unit	P5	November 1995	
03	Head, Reproductive Health Unit	P5	July 1997	
04	Social Scientist, Head, Social & Behavioural Sciences Unit	P5	June 2002	
05	Scientist, Epidemic Control Preparedness Unit	P4	January 2000	
06	Epidemiologist & Head, Epidemic Control Preparedness Unit	P4	July 1996	
07	Medical Anthropologist	P4	January 2000	
08	Epidemiologist and Head, Child Health Unit	P3	November 2000	
09	Health Economist	P4	January 1997	Vacant
10	Demographer	P4	April 1995	Vacant
11	Adjunct Scientist	--	June 2001	

3.7 List of established International Professional Posts

Clinical Sciences Division

Sl.	Job Title	Grade	Post establishment date	Remarks
01	Associate Director, CSD	D1	January 1982	
02	Head, Nutrition Research Program	P4/P5	November 2001	Vacant
03	Adjunct Scientist	--	March 2002	

Laboratory Sciences Division

Sl.	Job Title	Grade	Post establishment date	Remarks
01	Associate Director, LSD	D1	January 1982	
02	Pathologist	P4	July 2002	Vacant
03	Adjunct Scientist	--	February 2002	

Health Systems and Infectious Diseases Division

Sl.	Job Title	Grade	Post establishment date	Remarks
01	Associate Director, HSID	D1	August 2000	
02	Senior Operations Research Scientist	P5	November 2001	
03	Operations Research Scientist	P4	February 1989	
04	Demographic Researcher	P4	December 1999	
05	Scientist	P4	July 2001	

Information Sciences Division

Sl.	Job Title	Grade	Post establishment date	Remarks
01	Head, ISD	P5	August 2001	

Agenda 4 **BOT/HR/NOV/2003**

Promotion of Bangladeshi Scientists to International Professional Levels

A report on this agenda item will be presented during the meeting of the Board.

Agenda 5 **BOT/HR/NOV/2003**

HR Agenda Update

An update on ongoing HR Agenda will be submitted during the meeting of the Board.

5.1 Introduction

Human Resources (HR) has the overall responsibility for the areas of employment, compensation & benefits (including the staff clinic), employee relations and training & development for the Centre's fix and short-term staff. A comprehensive HR Agenda to support the organizational activities was adopted by the BoT in 2001. This report will outline the current standing of the various HR Agenda items.

It should be noted at this time that Mr. Wahabuzzaman who has worked as Chief Personnel Officer since 1987 will be leaving the Centre on November 30, 2003. Under his leadership, the Human Resource Department benefited greatly. Mr. Wahabuzzaman has had a distinguished career with the Centre. Mr. S.K. Deb will be joining the Centre on November 16 as Senior Manager Human Resources.

5.2 Job Classification

The Job Classification Project has now been completed. The overall aim of the project was to have a systematic method by which jobs are measured against each other to determine the relative value and provide a basis for supporting the move towards a merit-based pay system. This effort started in 2001 with the introduction of the NZR Job Classification System. All General Services and National Officer posts have been comprehensively evaluated and clustered into13 job families.

This exercise has resulted in 130 posts or 11% of the fix-term staff being upgraded at a cost of $48,000 to the organization. These changes are inline with the original expected outcomes. The HR database reduced the number of active post titles from 460 to 175. Approximately 25% of the fix-term staff were notified of a change in designation as a result of the post title reconciliation with all other terms and conditions of their employment remaining unchanged. The job families will be available Online to all staff when the new HR information system is implemented in early 2004. HR has developed procedures to maintain the new job classification system.

5.3 Performance Review System

HR previously reported in November 2002 that a new Performance and Development Review System had been created for the Centre. However it was decided to build the performance review system into the new HR information system with salary increments linked with payroll. It is anticipated that this initiative will build a performance-oriented

culture and recognition of performance differentials. At this time the performance review forms have been designed.

The proposed system will consider the following:

- A common performance management framework for all staff
- Focus on review and development rather than just evaluation
- Consideration of achievements and behavioral competencies
- Provision for planning before evaluation
- Providing for clarity in setting of performance objectives by defining weightages as well as a quality and time dimension for each
- Ability to eventually build in the system recognition for performance differentials linked to merit pay.

During the first quarter of 2004 a training module will be develop to orient Centre staff, a pilot roll out of the system will occur, pre-implementation activities including developing a user guide and defining weightages for all behavioral competencies will be completed. During the second quarter the staff and managers will begin training on using the new system. Training activities are expected to continue throughout the year. The new Performance Review System will Go-Live in June 2004.

5.4 Human Resource Management System

The Human Resources Department with Finance and Projects has been very busy for the past 6 months working towards the development and implementation of an integrated management information system for the Centre.

This project has required the HR department to redefine all its processes and implement a new departmental structure (Appendix 1). It will radically change the manner in which we provide services to the organization. The functional requirements have been defined and we are currently in the analysis and design phase of the project.

For the first time HR and payroll will be fully integrated. The system will allow us to maintain comprehensive employee records and give broad access to basic employee file information and access information for analysis purposes.

5.5 Gender Policy

Following the approval of the Gender Policy at the June 2003 BoT, a fifteen member committee has been created to support implementation of the policy. Fifty percent of the committee members served on the committee that drafted the policy. An orientation session is schedule for November 2003 for new members.

The policy is in the final stages of translation into Bangla. It will be published in a bilingual booklet format for distribution to all staff members as part of a center wide dissemination scheme. The booklet will include a forward by the Director and an executive summary.

A sub-committee is in the process of drafting a dissemination plan and will pilot a staff training session in December. It is estimated that it will take approximately 90 sessions of 3 hours to introduce the policy to the staff. In addition, the Gender Committee is reviewing a Gender Audit Proposal to be schedule in early 2004. The newly created Gender Specialist position will be advertised this month with the expectation of having the incumbent join in January 2004. The audit will provide the information to develop the first annual implementation plan as well as serve as an orientation for the new Gender Specialist.

The WHO Gender Advisory Panel has been contacted to see if we can access some of their resources. The panel meets once a year to insure that consideration of gender equity and equality as well as sexual and reproductive rights are brought into all of WHO's activities. We have been asked to submit a CV of an interested staff member for consideration as a potential candidate for the Panel when a vacancy arises.

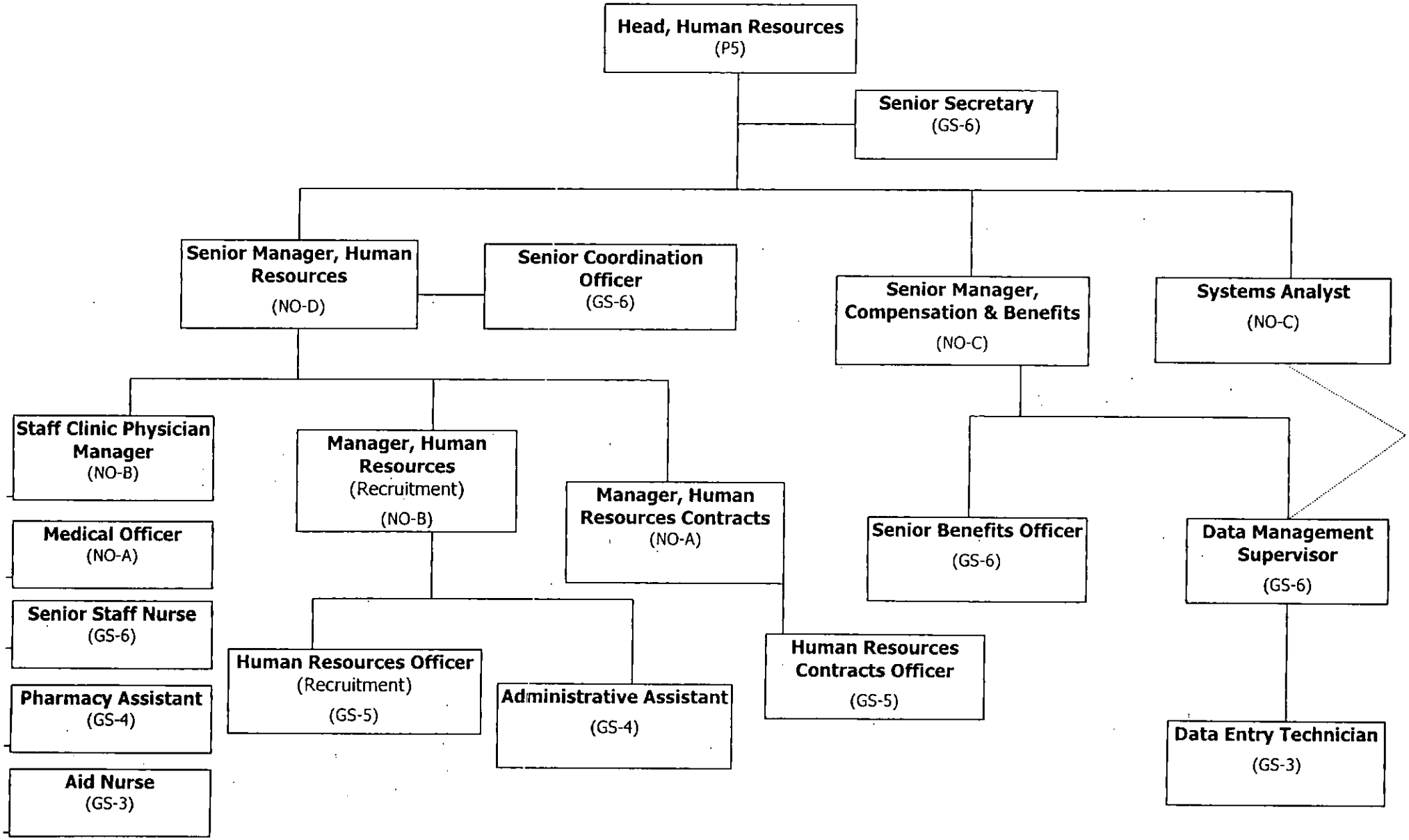
The Staff Welfare Association (SWA) is to be congratulated for their support of the Gender policy. During their annual general meeting in October, the membership adopted a resolution adding two new positions to the Staff Committee. An additional Joint Secretary and a new Women's Affairs posts were created. Moreover, three out of seven executive positions will now be reserved for woman. Both Dhaka and Matlab will be electing new committee members in December. A proposal will be given to the new SWA Committee to have their members participate in the same orientation session as the Gender Committee to provide more in depth awareness of gender issues.

5.6 Human Resource Plan

The Centre has done some preliminary work on determining its "essential core activities". However, more work is required before these are determined. The new information system will provide HR with an increase capacity to do some workforce planning. HR in collaboration with Training and Development has had initial discussions to develop a more coordinated approach for staff returning from study leave.

The previous initiatives reported are all essential elements towards an integrated Human Resource Plan for the Centre.

HUMAN RESOURCES DEPARTMENT



Agenda 6 **BOT/HR/NOV/2003**

Staff Salaries

Agenda 6.1 **International Professional Category**

A report on this agenda item will be presented during the meeting of the Board.

Staff Salaries

Agenda 6.2 **National Officer & General Services Categories**

A report on this agenda item will be presented during the meeting of the Board.

Any other business

HUMAN RESOURCES COMMITTEE MEETING
NOVEMBER 2003

STAFFING STATUS
April 2003 - September 2003

BOT/HR/NOV/2003

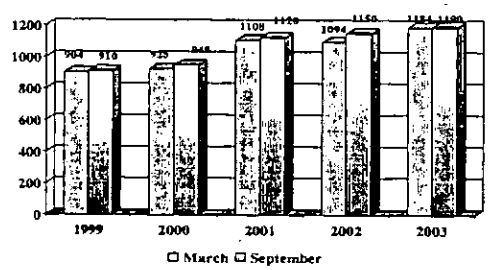
Additions : 46
Separations : 40
Net Additions: 6

Total Fixed-Term Staff : 1190
Other Categories : 711

Total : 1901

ICDDR,B
FIXED-TERM STAFFING STATUS
1999 – 2003

BOT/HR/NOV/2003

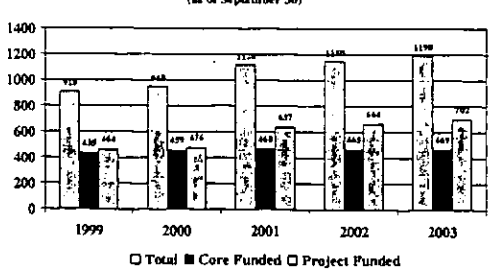


NUMBER OF FIXED-TERM CORE FUNDED, PROJECT FUNDED AND INTERNATIONAL PROFESSIONAL STAFF

Functional Area	2002 (Sept. 30)	2003 (March 31)	2003 (Sept. 30)
Core Funded	465	469	469
Project Funded	664	696	702
International Professional	21	19	19
Total	1150	1184	1190

ICDDR,B
FIXED-TERM STAFFING STATUS
1999 – 2003
(as of September 30)

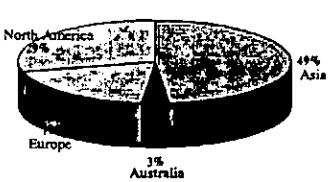
BOT/HR/NOV/2003



ICDDR,B
International Professional Staff
By Continent
(as of September 30, 2003)

BOT/HR/NOV/2003

ASIA
Bangladesh -11
India -3
Japan -1
AUSTRALIA & THE PACIFIC
Australia -1
EUROPE
Belgium -1
The Netherlands -1
UK - 4
NORTH AMERICA
USA - 7
Canada - 2

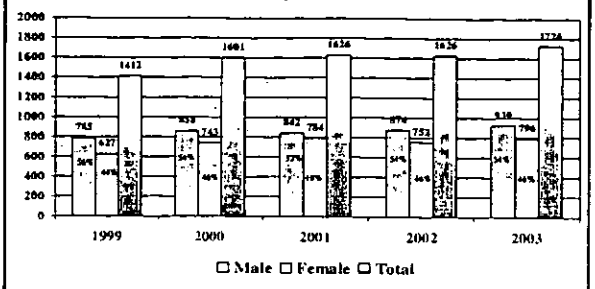


Includes Fixed-term, Seconded & Short-term staff

ICDDR,B GENDER RATIO 1999 – 2003

(as of September 30)

BOTTHR/NOV/2003



ICDDR,B STAFFING STATUS BY GENDER

(as of September 30, 2003)

Category	Total Number of Staff	Number of Male Staff	Number of Female Staff	Percentage of Male	Percentage of Female
General Services	974	564	410	58%	42%
National Office	197	148	49	75%	25%
International	19	14	5	74%	26%
Short Term	6	2	4	33%	67%
Seconded	7	5	2	71%	29%
Primary Healthcare Provider	20	6	14	30%	70%
Health Workers	86	1	85	1%	99%
Trainees	32	10	22	31%	69%
Contractual (CSA)	385	180	205	47%	53%
TOTAL	1726	930	796	(54%)	(46%)

The Centre continues to follow the policy of restricting recruitment of core positions

5/BT/NOV 2003

FINANCE COMMITTEE

WELCOME TO FINANCE COMMITTEE

ICDDR,B: CENTRE FOR HEALTH & POPULATION RESEARCH

CENTRE
FOR HEALTH AND
POPULATION RESEARCH

BOARD OF TRUSTEES MEETING
FINANCE COMMITTEE

November 2003

ICDDR,B BOARD OF TRUSTEES MEETING

FINANCE COMMITTEE MEETING - NOVEMBER 01, 2003

AGENDA

1. Approval of Agenda.
2. 2003 Forecast (considering Break-even Plan)
3. 2004 Budget
4. Staff Salaries and Allowances
   a) National
   b) International
5. Update on:
   a) Hospital Endowment Fund
   b) Centre Endowment Fund
   c) Reserve Fund
   d) Operating Fund
6. Other Items:
   a) Overdraft Facilities
   b) Cheque Signatory
   c) Exchange Rates
   d) Allocation of Core cost
7. Employees Separation Payment Fund
8. Draft Resolutions

Tables [2001 – 2004]:

Table I	Revenue by Sources and Expenditure by Categories
Table II	Unrestricted and Restricted Revenue and Expenditure
Table III/IIIA	Contributions from Donors
Table IV	Donor Contributions by Unrestricted and Restricted Funds
Table V	Unrestricted Projects/Programs and Management Expenditures

Annexure:

A - Report of the Finance Committee of June 2003

B - Glossary of Acronyms and Abbreviations

C - Auditors' Report and Audited Financial Statement of Employees Separation Payment Fund (1992-2002)

D - Allocation of Core cost by activities and divisions

2003 FORECAST

REVENUE

Contributions from Donors, Endowment Funds and other receipts (including exchange gain) decreased by $372,000 (2%) from $16,933,000 to $16,561,000 in November forecast. The decrease comprises of: -

	TABLE	2003 November FORECAST	2003 June FORECAST	Increase/(Decrease) Amount	%
RESTRICTED					
Direct : Operating	II	9,330,000	10,127,000	(797,000)	(8)
Capital	II	535,000	528,000	7,000	1
Endowment Funds	IV	58,000	257,000	(199,000)	(77)
Restricted Direct	II	**9,923,000**	**10,912,000**	**(989,000)**	**(9)**
Indirect	II	1,609,000	1,780,000	(171,000)	(10)
Projects/Programs		**11,532,000**	**12,692,000**	**(1,160,000)**	**(9)**
UNRESTRICTED					
Contribution		4,392,000	3,525,000	867,000	25
Exchange gain		50,000	50,000	-	-
Other Receipts		587,000	666,000	(79,000)	(12)
Total Revenue	II	**$ 16,561,000**	**16,933,000**	**(372,000)**	**(2)**

Restricted direct revenue decreased in November due to delayed start in projects funded by Gates Foundation, Gates-GoB and decreased level of spending in projects funded by USAID/Dhaka, and not renewing of the grant by the Government of Japan. This decrease was partially offset by increase and new activities financed by the CDC, the Netherlands, SIDA/SAREC, UNICEF and NIH.

Restricted indirect revenue decreased mainly in line with less spending as mentioned above.

Unrestricted revenue increased due to funding from CIDA under a new grant and favourable exchange rates against currency (EURO) of the Netherlands. This increase is partially reduced by $131,000 due to provisioning against project fund balances receivable from Swiss Red Cross $97,000 and European Union – BHARP $34,000.

2003 FORECAST

EXPENDITURE

Operating expenditure before depreciation decreased in November forecast by $584,000 (3%) from $ 17,425,000 in June to $16,841,000 in November.

	TABLE	2003 November FORECAST	2003 June FORECAST	Increase/(Decrease) Amount	%
RESTRICTED					
Direct - Operating		9,388,000	10,384,000	(996,000)	(10)
- Capital		535,000	528,000	7,000	1
Restricted Direct	II	**9,923,000**	**10,912,000**	**(989,000)**	**(9)**
UNRESTRICTED					
Projects/Programs		4,887,000	4,680,000	207,000	4
Management		2,031,000	1,833,000	198,000	11
Total Unrestricted	V	**6,918,000**	**6,513,000**	**405,000**	**6**
Operating Expenditure (a)	II	16,841,000	17,425,000	(584,000)	(3)
Total Revenue (b)	II	16,561,000	16,933,000	(372,000)	(2)
Operating Deficit (b-a)	II	**(280,000)**	**(492,000)**	**(212,000)**	**(43)**
Depreciation (c)	II	988,000	987,000	1,000	-
Total expenditure after Depreciation (a + c)		**$ 17,829,000**	**18,412,000**	**(583,000)**	(3)

Restricted expenditure decreased in line with restricted revenue as elaborated under revenue.

Unrestricted expenditure in projects/programs decreased primarily due to forecasting of less support from Gates-GoB than that of June and discontinuation of contribution by the Government of Japan.

Unrestricted management expenditure increased primarily due to recruiting of new International Staff in ER&ID Office, appointment of Head, Human Resources at fixed term, Job reclassification of few local staff, less service recovery and improvement of physical facilities.

Depreciation increased slightly by $1,000 (0%) from $987,000 to $988,000 in November.

Total expenditure after depreciation decreased by $583,000 (3%) from $18,412,000 in June to $17,829,000 in November.

Operating Deficit before depreciation decreased by $212,000 (43%) from $492,000 in June to $280,000 in November because of the net effect of changes in revenue and expenditure as noted above.

2004 BUDGET

REVENUE

Contributions from Donors, Centre Endowment Fund and other receipts (including exchange gain) are budgeted at $14,877,000 compared to a forecast of $16,561,000 for 2003. This decrease of $1,684,000 (10%) comprises of:

	TABLE	2004 BUDGET	2003 FORECAST	Increase/(Decrease) Amount	%
RESTRICTED					
Direct : Operating	II	8,374,000	9,330,000	(956,000)	(10)
Capital	II	126,000	535,000	(409,000)	(76)
Centre Endowment Fund	IV	46,000	58,000	(12,000)	(21)
Restricted Direct	II	**8,546,000**	**9,923,000**	**(1,377,000)**	**(14)**
Indirect	II	1,436,000	1,609,000	(173,000)	(11)
Projects/Programs		**9,982,000**	**11,532,000**	**(1,550,000)**	**(13)**
UNRESTRICTED					
Contribution		4,148,000	4,392,000	(244,000)	(6)
Exchange gain		100,000	50,000	50,000	100
Other Receipts		647,000	587,000	60,000	10
Total Revenue	II	**$ 14,877,000**	**16,561,000**	**(1,684,000)**	**(10)**

Restricted direct revenue is budgeted at $8,546,000, which is lessen by $1,377,000 (14%) from $9,923,000 forecast of November 2003. This decrease is primarily due to reduced level of spending for the projects funded by the Government of Bangladesh, CDC, Gates-GoB, International Vaccine Institute (IVI), the Netherlands, SIDA/SAREC, UNICEF, USAID/Dhaka, Other US sources and some small donors, and completion of projects of Procter & Gamble, Rockefeller Foundation, UNDP/UNOPS, USAID/Washington and Wyeth Pharmaceuticals Inc. This decrease is partially offset by increased level of spending in projects funded by Gates Foundation, DFID and NIH.

Restricted indirect revenue is expected to decrease by $173,000 (11%) from forecast of $1,609,000 to $1,436,000, mainly due to decreased level of spending as mentioned above.

Unrestricted direct revenue is anticipated to decrease by $244,000 (6%). In 2003 a part of the one off contribution from the Netherlands was accounted for, which is very unlikely to happen in 2004. This decrease is expected to be partially offset by increased contribution from SDC and CIDA.

2004 BUDGET

EXPENDITURE

Operating expenditure for 2004 is budgeted at $15,803,000 compared to $16,841,000 forecast for 2003. This decrease of $1,038,000 (6%) comprises of:

	TABLE	2004 BUDGET	2003 FORECAST	Increase/(Decrease) Amount	%
RESTRICTED					
Direct - Operating		8,420,000	9,388,000	(968,000)	(10)
- Capital		126,000	535,000	(409,000)	(76)
Restricted Direct	II	**8,546,000**	**9,923,000**	**(1,377,000)**	**(14)**
UNRESTRICTED					
Projects/Programs		5,068,000	4,887,000	181,000	4
Management		2,189,000	2,031,000	158,000	8
Total Unrestricted	V	**7,257,000**	**6,918,000**	**339,000**	**5**
Operating Expenditure (a)	II	15,803,000	16,841,000	(1,038,000)	(6)
Total Revenue (b)	II	14,877,000	16,561,000	(1,684,000)	(10)
Operating Deficit (b-a)	II	**(926,000)**	**(280,000)**	**646,000**	**231**
Depreciation (c)	II	946,000	988,000	(42,000)	(4)
Total expenditure after Depreciation (a + c)		**$ 16,749,000**	**17,829,000**	**(1,080,000)**	**(6)**

Restricted expenditure is expected to decrease in line with restricted revenue.

Unrestricted projects/programs expenditures are increased mainly due to budgeting of full year's salary support of Associate Directors of CSD and PHSD and less unrestricted project activities than that of last year.

Unrestricted expenditure by management is increased due to budgeting of an additional position of Deputy Director, full year salary of Executive Secretary to Director and other unforeseen expenses.

Depreciation is budgeted at $946,000 and is expected to decrease by $42,000 (4%) from $988,000 in forecast due to expiry of life of some assets.

Total expenditure after depreciation is budgeted at $16,749,000, which is a decrease by $1,080,000 (6 %) from forecast of $17,829,000.

Operating deficit before depreciation for 2004 is budgeted at $926,000 an increase of $646,000 (231%) from forecast of a deficit of $280,000 because of the net effect of changes in revenue and expenditure as the budget noted above.

The budget is prepared on a conservative basis including only those funding sources, which have been finalized. Management expects that donors will approve other project funding requests, which are in pipeline. Those additional funds and cost containment measures may result in break even or surplus in 2004.

NATIONAL STAFF SALARIES AND ALLOWANCES

The Salary scale of the Centre was raised by 5% for National Officers (NO) and General Services (GS) Staff effective July 01, 2003. The level-wise percentage of salaries that the Centre currently paying at step 8 (middle of each grade) and the requirement to implement full salaries of UN scales are:

Salary Level & Grade	Staff No.	Centre's Current Rate of UN (%)	Requirement to full UN Scale (%)
National Officers - A	95	49.04	103.93
- B	57	42.33	136.22
- C	25	37.79	164.59
- D	18	34.56	189.39
- E	02	-	-
General Services - 1	187	55.92	78.83
- 2	150	49.03	103.94
- 3	221	47.10	112.34
- 4	150	45.58	119.37
- 5	138	49.11	103.64
- 6	128	40.56	146.53

The Centre is currently paying dependency allowance $156 per annum per child as against $208 per annum per child of UN rate. To raise dependency allowance to full UN rate for both NO & GS staff would cost the Centre US$74,400 representing 52% for unrestricted fund and 48% for restricted fund.

		(Amount in US$)		
	Dep. No.	Unrestricted	Restricted	Total
National Officers	229	6,190	5,710	11,900
General Services	1,202	32,500	30,000	62,500
	1,431	38,690	35,710	74,400

Implementation of each category-wise 1% salary increment for all fixed term staff of the Centre would cost $60,027 (39% for NO and 61% for GS) annually.

		Total US$	Unrestricted	Restricted
National Officers	- A	8,777	3,177	5,600
	- B	6,751	3,256	3,495
	- C	3,870	2,563	1,307
	- D	3,694	2,258	1,436
	- E	597	388	209
		23,689	11,642	12,047
General Services	- 1	4,329	3,161	1,168
	- 2	3,788	2,437	1,351
	- 3	7,044	3,939	3,105
	- 4	6,140	2,702	3,438
	- 5	6,882	2,251	4,631
	- 6	8,155	5,690	2,465
Sub-Total		36,338	20,180	16,158
TOTAL		60,027	31,822	28,205
		100%	53%	47%

In addition to the above, implementation of 1% salary increase for others (short term and contractual staff) would involve approximately US $10,000 per annum.

INTERNATIONAL STAFF SALARIES AND ALLOWANCES

International Staff Salaries and Allowances of the Centre were fixed at 95% of UN full rates effective from January 1, 1995. However, with the enhancement of salaries by UN at different times since that date has resulted the ICDDR,B scale variable from the targeted rate. The salary scales of the Centre were raised by 4% effective July 1, 2003. The percentage of salaries and allowances that the Centre is currently paying at step 6 (middle of each grade) and the requirement to implement full salaries of UN rate are:

A. Salary:

Level	Centre's Current Rate of UN Scale (%)	Requirement to full UN Rate (%)
P- 1	97.71	2.35
P- 2	97.71	2.35
P- 3	97.71	2.35
P- 4	96.47	3.66
P- 5	95.26	4.97
D- 1	89.57	11.65

B. Allowances:

Level	Centre's Current Rate of UN (%)	Requirement to full UN Rate (%)
P- 1	87.40	14.42
P- 2	86.40	15.74
P- 3	85.77	16.60
P- 4	84.75	17.99
P- 5	83.22	20.17
D- 1	79.88	25.18

Full implementation of UN scales for salaries and allowances of all international staff would cost US$154,400 annually.

	(Amount in US$)		
	Unrestricted	Restricted	Total
Salaries	27,800	28,900	56,700
Allowances	47,900	49,800	97,700
Total	75,700	78,700	154,400

Implementation of 1% increment based on current salaries and allowances for all fixed term employees would cost to the Centre $16,600 of which 51% represented by Restricted Fund and 49% for Unrestricted Fund.

UPDATE ON:

a) Hospital Endowment Fund:

	Market value(US$)
Balance as at January 01, 2003	4,962,000
Add: Donations and fund raised	30,000
	4,992,000
Net income from investment	53,000
	5,045,000
Recovery in market value	389,000
Balance as on September 30, 2003	US$ 5,434,000

The funds were invested in money market, equity mutual funds and fixed income mutual funds managed by TIAA-CREF Trust Company, USA (68%) [61% in Equities and 39% in Debt Instruments];Time Deposits with American Express Bank in Singapore (27%); and Government Bonds, equities and debentures in Bangladesh (5%).

No fund was transferred to Centre's operations in 2001 and 2002. If the year-end market value is more than or equal to the cost the management may transfer US$ 200,000 into this year's operating fund.

b) Centre Endowment Fund:

	Market value(US$)
Balance as at January 01, 2003	3,131,000
Add: Net income from investment	52,000
	3,183,000
Recovery in market value	347,000
Balance as on September 30, 2003	US$ 3,530,000

All the funds are invested in money market funds, equity mutual funds and fixed income mutual funds managed by TIAA-CREF Trust Company in USA. 61% of the Fund is presently held in Equities and 39% in Debt Instruments.

c) Reserve Fund:

The Reserve Fund was established in 1982 with a fund capital of US$1,342,000 (built over the years) to enable the Centre to attain better financial stability and to enable it to retain a satisfactory level of work in case of uneven flow of resources beyond its control. The fund comprises of donations, transfers from operating account and income earned on investment of the fund.

The balance of the Reserve Fund stands at US$2,005,000 on January 1, 2003. In 2003 this fund is expected to earn US$20,000 investment income at an average rate of 1% per annum; and US$ 24,000 is expected to be transferred to Operating Fund to offset the Centre's cumulative operating deficit.

Time Deposit made out of this fund is under lien to American Express Bank Ltd., to the extent of the Centre's overdraft facility of US$2,000,000.

d) Operating Fund:

Cumulative deficit at January 01, 2003:	US$	(2,815,000)
Add Forecast deficit	US$	(280,000)
Forecast deficit balance December 31, 2003	US$	**(3,095,000)**

Management is exploring additional contribution from existing and prospective donors to eliminate the deficit for the year 2003.

OTHER ITEMS:

a) Overdraft Facilities:

Bank Overdraft:

The Centre's current US$2 million overdraft facility with American Express Bank carries no commitment fees is authorised through July 31, 2004. Interest rates are the bank's prime rate in USA (currently 4%) and the special rate (8.25%) negotiated by the Centre with the bank. The facility is used to meet temporary shortfall in operating fund. In consequence of the large cumulative deficit and time lag in receiving contributions, there will be perennial need for overdraft time to time to meet operating costs. This overdraft facility is secured by time deposits of the Reserve Fund.

Interest expenses is forecast to be less than US$3,000 in 2003 and budgeted at the same level in 2004.

Borrowing facilities from Hospital Endowment Fund:

By way of Board resolution in June 1995, management may borrow from the Hospital Endowment Fund up to a maximum of $750,000 to cover operating cash requirements. No fund was borrowed from the Hospital Endowment Fund till date.

b) Cheque Signatories:

Dr. Mohammad Abdus Salam, is the Associate Director and Head, Clinical Sciences Division (CSD) effective July 01, 2003. Management recommends that the name of Dr. Salam be inducted as authorized signatory from Group II.

c) Exchange Rates:

Bangladesh currency was floated effective from May 31, 2003. US Dollar has become weak due to global recessions, as such no devaluation / currency adjustment did take place till October 15, 2003, and the chances would be rather bleak for the rest of the year, although the current inflation rate is 5.9%. But in future, the currency will fluctuate every day, based upon the economic health and the related factors of the country.

ICDDR,B receives around 70% of its revenue in US Dollar and the rest amount is received in donors currencies. As a fall out, the physical amount of US Dollar may vary from budget due to variation in exchange rates day to day. These exchange differences on project revenue are being devoured in the individual project budgets. Exchange fluctuations are reflected in the amount reorganized as operating revenue for unrestricted revenue.

d) Allocation of Core cost:

Core Contributions are generally used to fund following broad costs components:-

- Management Cost i.e. the cost of Director's Division
- Cost of five Scientific Divisions
- Cost for providing patient care i.e. costs of Dhaka and Matlab Hospital
- Cost (net) of Service units located all over the Centre, and
- Core funded Research Cost.

The allocations between various Divisions are based on Historical Cost Allocation, which is more or less consistent over the years. Distribution of funds from 2001 to 2004 under various components of costs are summarized and annexed as Annexure- D for ready reference.

ICDDR,B Employees Separation Payment Fund

AUDITORS' REPORT AND AUDITED FINANCIAL STATEMENTS 1992 to 2002

This is a special purpose audit commissioned by the Centre Management covering the years 1992 through 2002 to ascertain the present status of the Fund. Previous annual audit of the Fund was performed in 1991.

The audit was completed and the audit report was signed on October 18, 2003. The audited financial statements along with the auditors' report are attached as annexure "C".

Auditors' report on the Financial Statement did not express any qualified opinion excepting for a lacking in the observance of a formality relative to changes in Fund Manager.

DRAFT RESOLUTIONS

RESOLUTION – 01 (Agenda No. 2)

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

The Board agrees to approve the 2003 forecast. The Management is encouraged to continue to take all measures possible to avoid the projected $280,000 deficit in 2003.

RESOLUTION – 02 (Agenda No. 3)

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

The Board agrees to approve the 2004 budget as presented noting that in June 2004 the Board will review the financial position of the Centre. The Management is encouraged to continue to take all measures possible to avoid the projected $926,000 deficit in 2004.

RESOLUTION – 03 (Agenda No. 4)

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

The Board approve a salary increase of ------% for all NO and GS staff effective January 1, 2004 and a ------% salary increase for all international staff effective January 1, 2004.

RESOLUTION – 04 (Agenda No. 6b)

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

Dr. Mohammad Abdus Salam, is the Associate Director and Head, Clinical Sciences Division (CSD) effective July 01, 2003. Management recommends that the name of Dr. Salam be inducted as authorized signatory from Group II.

RESOLUTION – 05 (Agenda No. 7)

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

The Board accepts the audited financial statements of the ICDDR,B Employees Separation Payment Fund for the years ended December 31, 1992 to 2002.

RESOLUTION – 06 (Agenda No. 7)

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

With the establishment of the Centres Employees Separation Payment Fund, the Board resolved vide resolution # 9 , Dec. 1983 to accept Fixed Income plan offered by American International Reinsurance Company (AIRCO), Bermuda, effective January 1984 under an intermediary agreement with the Institute of International Education (IIE), New York.

However, as a result of AIRCO litigation, the Management decided to transfer the Fund to ASSICURAZIONI GENERALI SpA, Channel Islands, UK with the accounts of individual members of this fund at the close of October 1987.

Subsequently, ASSICURAZIONI GENERALI SpA, transferred their business under a long term agreement with Generali Worldwide Insurance Company Limited during August 1993. The Management accordingly, approved transfer of the Fund to Generali Worldwide Insurance Company Limited under a Novation Agreement signed on 2nd January 1994.

The Board resolves to ratify the aforesaid transfers of the Employees Separation Payment Fund as made by the Management.

RESOLUTION – 07 (Agenda No. 7)

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

The Board resolves that the Separation Payment Fund Trust be constituted as follows:

[Input from SWA is required]

A By- Laws to be drafted and placed to the Board for approval.

Tables [2001 – 2004]

TABLE - I

ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH

REVENUE BY SOURCES AND EXPENDITURE BY CATEGORIES 2001 - 2004

(Amount in US$'000)

	2001 ACTUAL		2002 ACTUAL		2003 Jun. FORECAST		2003 Nov. FORECAST		2004 BUDGET		INCREASE(DECREASE) FORECAST vs BUDGET	
	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%
REVENUE:												
UNRESTRICTED FUNDS	2,638	18	3,486	22	3,525	21	4,392	27	4,148	28	(244)	(6)
RESTRICTED FUNDS												
- INDIRECT	1,349	9	1,848	12	1,780	11	1,609	10	1,436	10	(173)	(11)
- PROJECTS / PROGRAMS	10,005	68	9,942	62	10,869	64	9,874	60	8,466	57	(1,408)	(14)
CONTRIBUTIONS	**13,992**	**95**	**15,276**	**96**	**16,174**	**96**	**15,875**	**96**	**14,050**	**94**	**(1,825)**	**(11)**
EXCHANGE GAINS (NET)	120	1	45	0.3	50	0.3	50	0.3	100	1	50	100
OTHER RECEIPTS	661	4	670	3.7	709	3.7	636	3.7	727	5	91	14
TOTAL REVENUE	**14,773**	**100**	**15,991**	**100**	**16,933**	**100**	**16,561**	**100**	**14,877**	**100**	**(1,684)**	**(10)**
EXPENDITURE:												
SALARIES AND BENEFITS - LOCAL	6,778	46	7,100	45	7,398	42	7,670	46	7,280	46	(390)	(5)
SALARIES AND BENEFITS - INTERNATIONAL	2,175	15	2,649	17	3,196	18	3,170	19	3,390	21	220	7
CONSULTANCY	226	2	254	2	230	1	216	1	142	1	(74)	(34)
MANDATORY COMMITTEES	99	1	85	1	91	1	120	1	112	1	(8)	(7)
TRAVEL	583	4	577	4	556	3	518	3	499	3	(19)	(4)
SUPPLIES AND MATERIALS	1,743	12	2,055	13	2,881	17	2,150	13	2,017	13	(133)	(6)
REPAIRS AND MAINTENANCE	191	1	175	1	103	1	131	1	93	1	(38)	(29)
RENT, COMMUNICATION AND UTILITIES	534	4	490	3	445	3	434	3	438	3	4	1
PRINTING AND PUBLICATIONS	250	2	260	2	319	2	252	1	269	2	17	7
TRAINING AND DISSEMINATION	174	1	171	1	268	2	151	1	240	2	89	59
STAFF DEVELOPMENT	75	1	152	1	121	1	79	0	79	0	-	-
OTHER EXPENDITURE	840	6	1,248	8	1,107	6	1,217	7	968	6	(249)	(20)
CAPITAL EXPENDITURE	914	6	702	4	710	4	733	4	276	2	(457)	(62)
TOTAL OPERATING EXPENDITURE	**14,582**	**100**	**15,918**	**100**	**17,425**	**100**	**16,841**	**100**	**15,803**	**100**	**(1,038)**	**(6)**
SURPLUS/(DEFICIT) BEFORE DEPRECIATION	**191**		**73**		**(492)**		**(280)**		**(926)**		**(646)**	**231**
DEPRECIATION	964		956		987		988		946		(42)	(4)
NET OPERATING (DEFICIT) AFTER DEPRECIATION	(773)		(883)		(1,479)		(1,268)		(1,872)		(604)	48

Note: Where necessary prior years figures have been regrouped to conform with current year forecast and next year budget.

TABLE - II

ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH

UNRESTRICTED AND RESTRICTED REVENUE AND EXPENDITURE 2001 - 2004

(Amount in US$'000)

	2001 ACTUAL	2002 ACTUAL			JUN. 2003 FORECAST			NOV. 2003 FORECAST			2004 BUDGET		
	TOTAL	UNRESTR.	RESTR.	TOTAL	UNRESTR.	RESTR.	TOTAL	UNRESTR.	RESTR.	TOTAL	UNRESTR.	RESTR.	TOTAL
REVENUE:													
UNRESTRICTED FUNDS	2,638	3,486		3,486	3,525		3,525	4,392		4,392	4,148		4,148
RESTRICTED FUNDS													
- INDIRECT	1,349	1,848		1,848	1,780		1,780	1,609		1,609	1,436		1,436
- PROJECTS / PROGRAMS	10,005		9,942	9,942		10,869	10,869		9,874	9,874		8,466	8,466
CONTRIBUTIONS	**13,992**	**5,334**	**9,942**	**15,276**	**5,305**	**10,869**	**16,174**	**6,001**	**9,874**	**15,875**	**5,584**	**8,466**	**14,050**
EXCHANGE GAINS (NET)	120	45		45	50		50	50		50	100		100
OTHER RECEIPTS	661	633	37	670	666	43	709	587	49	636	647	80	727
TOTAL REVENUE	**14,773**	**6,012**	**9,979**	**15,991**	**6,021**	**10,912**	**16,933**	**6,638**	**9,923**	**16,561**	**6,331**	**8,546**	**14,877**
EXPENDITURE:													
SALARIES AND BENEFITS - LOCAL	6,778	3,213	3,887	7,100	3,764	3,634	7,398	3,932	3,738	7,670	3,871	3,409	7,280
SALARIES AND BENEFITS - INTERNATIONAL	2,175	1,153	1,496	2,649	1,632	1,564	3,196	1,598	1,572	3,170	1,808	1,582	3,390
CONSULTANCY	226	33	221	254	7	223	230	36	180	216	4	138	142
MANDATORY COMMITTEES	99	85		85	91		91	120		120	112		112
TRAVEL	583	70	507	577	54	502	556	55	463	518	34	465	499
SUPPLIES AND MATERIALS	1,743	935	1,120	2,055	880	2,001	2,881	846	1,304	2,150	744	1,273	2,017
REPAIRS AND MAINTENANCE	191	94	81	175	47	56	103	55	76	131	63	30	93
RENT, COMMUNICATION AND UTILITIES	534	325	165	490	281	164	445	272	162	434	257	181	438
PRINTING AND PUBLICATIONS	250	123	137	260	182	137	319	156	96	252	188	81	269
TRAINING AND DISSEMINATION	174	7	164	171	9	259	268	5	146	151	12	228	240
STAFF DEVELOPMENT	75		152	152	10	111	121		79	79	-	79	79
OTHER EXPENDITURE	840	503	745	1,248	90	1,017	1,107	260	957	1,217	538	430	968
INTERDEPARTMENTAL SERVICES	-	(772)	772	-	(716)	716	-	(615)	615	-	(524)	524	-
	13,668	5,769	9,447	15,216	6,331	10,384	16,715	6,720	9,388	16,108	7,107	8,420	15,527
CAPITAL EXPENDITURE	914	170	532	702	182	528	710	198	535	733	150	126	276
TOTAL OPERATING EXPENDITURE	**14,582**	**5,939**	**9,979**	**15,918**	**6,513**	**10,912**	**17,425**	**6,918**	**9,923**	**16,841**	**7,257**	**8,546**	**15,803**
SURPLUS/(DEFICIT) BEFORE DEPRECIATION	**191**	**73**	**-**	**73**	**(492)**	**-**	**(492)**	**(280)**	**-**	**(280)**	**(926)**	**-**	**(926)**
DEPRECIATION	964	956		956	987		987	988		988	946		946
NET OPERATING (DEFICIT) AFTER DEPRECIATION	(773)	(883)	-	(883)	(1,479)	-	(1,479)	(1,268)	-	(1,268)	(1,872)	-	(1,872)

Note: Where necessary prior years figures have been regrouped to conform with current year forecast and next year budget.

TABLE - III

ICDDR,B: CENTRE FOR HEALTH AND POPULATION RESEARCH

CONTRIBUTIONS 2001 - 2004

(Amount in US$'000)

DONORS	2001 ACTUAL		2002 ACTUAL		2003 JUN. FORECAST		2003 NOV. FORECAST		2004 BUDGET		2004-STATUS	
	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	
											FIRM	ESTIM.
Revenue Contributions :												
AUSTRALIA - AusAID	258	1.8	214	1.4	257	1.6	264	1.7	254	1.8	254	-
BANGLADESH	654	4.7	766	5.0	802	5.0	922	5.8	701	5.0	701	-
BELGIUM - BADC/ BTC	240	1.7	128	0.8	90	0.6	85	0.5	56	0.4	56	-
CANADA - CIDA	192	1.4	48	0.3	-	-	837	5.3	1,116	7.9	1,116	-
CENTERS FOR DISEASE CONT. & PREV.	13	0.1	117	0.8	254	1.6	309	1.9	160	1.1	160	-
EUROPEAN UNION *	758	5.4	293	1.9	23	0.1	(13)	(0.1)	-	-	-	-
FORD FOUNDATION	285	2.0	243	1.6	-	-	1	-	-	-	-	-
GATES FOUNDATION	-	-	-	-	1,245	7.7	743	4.7	1,607	11.4	1,607	-
GATES - GoB AWARD	-	-	413	2.7	587	3.6	497	3.1	228	1.6	228	-
INTERNATIONAL VACCINE INSTITUTE	118	0.8	352	2.3	579	3.6	540	3.4	295	2.1	295	-
JAPAN	874	6.2	696	4.6	500	3.1	75	0.5	-	-	-	-
NETHERLANDS	1,011	7.2	1,855	12.1	2,022	12.5	2,243	14.1	1,186	8.4	1,186	-
NEW ENGLAND MEDICAL CENTER	126	0.9	147	1.0	144	0.9	153	1.0	131	0.9	131	-
SAUDI ARABIA	50	0.4	53	0.3	50	0.3	50	0.3	50	0.4	50	
SRI LANKA	4	0.0	-	-	-	-	-	-	-	-	-	-
SWEDEN - SIDA / SAREC	509	3.6	740	4.8	849	5.2	906	5.7	805	5.7	805	-
SWITZERLAND - SDC	761	5.4	500	3.3	750	4.6	750	4.7	1,000	7.1	1,000	-
SWISS RED CROSS **	174	1.2	162	1.1	128	0.8	50	0.3	125	0.9	125	-
THRASHER RESEARCH FUND	52	0.4	227	1.5	114	0.7	94	0.6	97	0.7	97	
UNICEF	218	1.6	230	1.5	98	0.6	143	0.9	8	0.1	8	-
UNITED KINGDOM - DFID	828	5.9	1,507	9.9	1,915	11.8	1,877	11.8	2,071	14.7	2,071	-
USAID/Dhaka	2,233	16.0	2,291	15.0	2,661	16.5	2,480	15.6	1,316	9.4	1,316	-
USAID/Washington	2,193	15.7	1,875	12.3	525	3.2	487	3.1	392	2.8	-	392
USA - NIH	775	5.5	441	2.9	413	2.6	535	3.4	1,070	7.6	1,070	-
USA - Other Sources	152	1.1	289	1.9	458	2.8	482	3.0	377	2.7	377	-
WORLD BANK - NCoE	758	5.4	-	-	-	-	-	-	-	-	-	-
WYETH PHARMACEUTICALS, INC.	10	0.1	186	1.2	164	1.0	123	0.8	-	-	-	-
WHO	176	1.3	440	2.9	135	0.8	166	1.0	145	1.0	145	-
CENTRE ENDOWMENT FUND	69	0.5	71	0.5	57	0.4	58	0.4	46	0.3	46	-
HOSPITAL ENDOWMENT FUND	-	-	-	-	200	1.2	-	-	-	-	-	-
OTHERS (See Table - III A)	501	3.6	992	6.5	1,154	7.1	1,018	6.4	814	5.8	814	-
TOTAL CONTRIBUTIONS	**13,992**	**100**	**15,276**	**100**	**16,174**	**100**	**15,875**	**100**	**14,050**	**100**	**13,658**	**392**

Notes: Where necessary prior years figures have been regrouped to conform with current year forecast and next year budget.

Revenue contributions in 2003 November forecast net off provision amounting to US$ 34,000 * and US$ 97,000 ** in case of European Union and Swiss Red Cross respectively.

TABLE - III A

ICDDR,B: CENTRE FOR HEALTH AND POPULATION RESEARCH

CONTRIBUTIONS - OTHERS 2001 - 2004

(Amount in US$'000)

	2001 ACTUAL		2002 ACTUAL		2003 JUN. FORECAST		2003 NOV. FORECAST		2004 BUDGET		2004-STATUS	
	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	FIRM	ESTIM.
OTHERS :												
AMERICAN EXPRESS FOUNDATION	13	0.1	-	-	-	-	-	-	-	-	-	-
ARAB GULF FUND	(109)	(0.8)	-	-	-	-	-	-	-	-	-	-
CHF/ PROCTER & GAMBLE	-	-	38	0.2	-	-	-	-	-	-	-	-
CANADA-CIDA/CHC	-	-	46	0.3	57	0.4	34	0.2	1	-	1	-
CIRCLE AROUND THE CENTRE	22	0.2	36	0.2	24	0.1	10	0.1	25	0.2	25	-
CONCERN BANGLADESH	-	-	-	-	-	-	7	-	-	-	-	-
CYTOS PHARMACEUTICALS INC.	25	0.2	3	-	-	-	-	-	-	-	-	-
DARTMOUTH COLLEGE	11	0.1	73	0.5	81	0.5	86	0.5	71	0.5	71	-
DUNCAN BROTHERS (BANGLADESH) LTD.	8	0.1	-	-	-	-	-	-	-	-	-	-
ELLISON FOUNDATION	-	-	15	0.1	31	0.2	43	0.3	21	0.1	21	-
FACE INCORPORATED	-	-	-	-	-	-	5	-	-	-	-	-
FUTURES GROUP	(46)	(0.3)	-	-	-	-	-	-	-	-	-	-
GEORGE MASON FOUNDATION	-	-	7	-	-	-	-	-	-	-	-	-
INTERCELL-CISTEM BIOTECH GMBH	-	-	-	-	15	0.1	15	0.1	-	-	-	-
JAPAN - JICWELS	80	0.6	39	0.3	35	0.2	22	0.1	40	0.3	40	-
JAPAN - EMBASSY, OTHERS	78	0.6	-	-	46	0.3	33	0.2	8	0.1	8	-
JAPAN - UNIVERSITY OF TOKYO	42	0.3	31	0.2	1	-	1	-	-	-	-	-
LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE	-	-	33	0.2	55	0.3	56	0.4	55	0.4	55	-
NESTLE RESEARCH FOUNDATION	24	0.2	71	0.5	54	0.3	60	0.4	58	0.4	58	-
NATIONAL INSTITUTE ON AGING	-	-	24	0.2	14	0.1	12	0.1	9	0.1	9	-
NORTHUMBRIA UNIVERSITY	-	-	12	0.1	72	0.4	70	0.4	96	0.7	96	-
NOVARTIS NUTRITION RESEARCH AG	31	0.2	-	-	-	-	-	-	-	-	-	-
NEWCASTLE UNIVERSITY	68	0.5	34	0.2	-	-	-	-	-	-	-	-

TABLE - III A

ICDDR,B: CENTRE FOR HEALTH AND POPULATION RESEARCH

CONTRIBUTIONS - OTHERS 2001 - 2004

(Amount in US$'000)

	2001 ACTUAL		2002 ACTUAL		2003 JUN. FORECAST		2003 NOV. FORECAST		2004 BUDGET		2004-STATUS	
	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	AMOUNT	%	FIRM	ESTIM.
NEW YORK UNIVERSITY	-	-	-	-	-	-	8	0.1	28	0.2	28	-
PLAN BANGLADESH	-	-	-	-	-	-	25	0.2	47	0.3	47	-
PROCTER & GAMBLE COMPANY	-	-	3	-	98	0.6	95	0.6	-	-	-	-
SBL VACCIN AB	-	-	23	0.2	22	0.1	30	0.2	-	-	-	-
SMITHKLINE BEECHAM plc	51	0.4	54	0.4	-	-	2	-	4	-	4	-
THE INDEPTH NETWORK	10	0.1	6	-	-	-	-	-	-	-	-	-
THE ROCKEFELLER FOUNDATION	49	0.4	63	0.4	106	0.7	124	0.8	50	0.4	50	-
THE WELLCOME TRUST	-	-	49	0.3	32	0.2	98	0.6	83	0.6	83	-
TOMEN CORPORATION	17	0.1	14	0.1	-	-	-	-	-	-	-	-
UMEA UNIVERSITY	-	-	12	0.1	-	-	-	-	-	-	-	-
UNAIDS	9	0.1	5	-	1	-	1	-	-	-	-	-
UNIVERSITY OF BASEL	1	0.0	77	0.5	69	0.4	58	0.4	33	0.2	33	-
UNIVERSITY OF DHAKA	-	-	-	-	-	-	2	-	-	-	-	-
UNOCAL FOUNDATION	70	0.5	56	0.4	19	0.1	19	0.1	-	-	-	-
UFHP-633841	-	-	1	-	7	-	1	-	-	-	-	-
URBAN PRIMARY HEALTH CARE PROJECT	-	-	-	-	4	-	3	-	-	-	-	-
WORLD BANK	-	-	-	-	57	0.4	48	0.3	-	-	-	-
WOTRO - Board of the Netherlands Foundation	-	-	-	-	-	-	1	-	6	-	6	-
DISASTER / EPIDEMIC :	-	-	-	-	-	-	-	-	-	-	-	-
UNOCAL, Cairn, Shell & Occidental	15	0.1	5	-	144	0.9	-	-	-	-	-	-
SDC	5	0.0	-	-	6	-	-	-	-	-	-	-
OTHERS (SS)	27	0.2	81	0.5	104	0.6	49	0.3	179	1.3	179	-
OTHERS	-	-	81	0.5	-	-	-	-	-	-	-	-
TOTAL OTHERS	**501**	**3.6**	**992**	**6.5**	**1,154**	**7.1**	**1,018**	**6.4**	**814**	**5.8**	**814**	**-**

TABLE - IV
ICDDR,B: CENTRE FOR HEALTH AND POPULATION RESEARCH
CONTRIBUTIONS BY UNRESTRICTED AND RESTRICTED FUNDS 2001 - 2004

(Amount in US$'000)

	2001 - ACTUAL		2002 - ACTUAL				2003 - JUN. FORECAST				2003 - NOV. FORECAST				2004 - BUDGET				2004 - STATUS	
	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	UNRESTR.	RESTR.	TOTAL	%	FIRM	ESTIM.
UNRESTRICTED FUNDS:																				
AUSTRALIA - AusAID	154	1.1	163		163	1.1	182		182	1.1	193		193	1.2	193		193	1.4	193	
BANGLADESH	186	1.3	174		174	1.1	259		259	1.6	346		346	2.2	346		346	2.5	346	
BELGIUM - BADC / BTC	64	0.5	59		59	0.4														
CANADA - CIDA	192	1.4	48		48	0.3					837		837	5.3	1,116		1,116	7.9	1,116	
EUROPEAN UNION - BHARP (provision)											(34)		(34)	(0.2)						
NETHERLANDS	1,004	7.2	1,844		1,844	12.1	1,981		1,981	12.2	2,056		2,056	13.0	1,152		1,152	8.2	1,152	
SAUDI ARABIA	50	0.4	53		53	0.3	50		50	0.3	50		50	0.3	50		50	0.4	50	
SRI LANKA	4	0.0																		
SWEDEN - SIDA / SAREC	231	1.7	269		269	1.8	303		303	1.9	291		291	1.8	291		291	2.1	291	
SWITZERLAND - SDC	524	3.7	500		500	3.3	750		750	4.6	750		750	4.7	1,000		1,000	7.1	1,000	
SWISS RED CROSS (provision)											(97)		(97)	(0.6)						
UK - DFID																				
UNITED STATES - USAID	338	2.4	338		338	2.2														
ARAB GULF FUND	(109)	(0.8)																		
CHF/ PROCTER & GAMBLE			38		38	0.2														
TOTAL UNRESTRICTED	**2,638**	**18.9**	**3,486**		**3,486**	**22.8**	**3,525**		**3,525**	**21.8**	**4,392**		**4,392**	**27.7**	**4,148**		**4,148**	**29.5**	**4,148**	
RESTRICTED PROJECTS/PROGRAMS FUNDS:																				
AUSTRALIA - AusAID	104	0.7	10	41	51	0.3	14	61	75	0.5	14	57	71	0.4	12	49	61	0.4	61	
BANGLADESH	468	3.3	98	494	592	3.9	94	449	543	3.4	84	492	576	3.6	71	284	355	2.5	355	
BELGIUM - BADC/ BTC	176	1.3		69	69	0.5		90	90	0.6		85	85	0.5		56	56	0.4	56	
CENTERS FOR DISEASE CONT. & PREV.	13	0.1	23	94	117	0.8	43	211	254	1.6	55	254	309	1.9	31	129	160	1.1	160	
EUROPEAN UNION - BHARP	758	5.4		293	293	1.9		23	23	0.1		21	21	0.1						
FORD FOUNDATION	285	2.0	32	211	243	1.6						1	1	0.0						
GATES FOUNDATION							302	943	1,245	7.7	180	563	743	4.7	390	1,217	1,607	11.4	1,607	
GATES - GoB AWARD			6	407	413	2.7	21	566	587	3.6	20	477	497	3.1	11	217	228	1.6	228	
INTERNATIONL VACCINE INSTITUTE	118	0.8	63	289	352	2.3	112	467	579	3.6	104	436	540	3.4	58	237	295	2.1	295	
JAPAN	863	6.2	51	496	547	3.6	24	387	411	2.5										
NETHERLANDS	7	0.1	2	9	11	0.1	5	36	41	0.3	6	181	187	1.2	4	30	34	0.2	34	
NEW ENGLAND MEDICAL CENTER	126	0.9	35	112	147	1.0	34	110	144	0.9	36	117	153	1.0	31	100	131	0.9	131	
SWEDEN - SIDA/SAREC	278	2.0	67	404	471	3.1	96	450	546	3.4	109	506	615	3.9	102	412	514	3.7	514	
SWITZERLAND - SDC	237	1.7																		
SWISS RED CROSS	174	1.2	21	141	162	1.1	17	111	128	0.8	19	128	147	0.9	16	109	125	0.9	125	
THRASHER RESEARCH FUND	52	0.4	15	212	227	1.5	7	107	114	0.7	6	88	94	0.6	6	91	97	0.7	97	
UNITED KINGDOM - DFID	828	5.9	163	1,344	1,507	9.9	164	1,751	1,915	11.8	164	1,713	1,877	11.8	211	1,860	2,071	14.7	2,071	
UNDP/UNOPS - Japan	11	0.1		149	149	1.0		89	89	0.6		75	75	0.5						
UNICEF	218	1.6	18	212	230	1.5	9	89	98	0.6	13	130	143	0.9	1	7	8	0.1	8	
USAID/Dhaka	2,233	16.0	808	1,483	2,291	15.0	530	2,131	2,661	16.5	507	1,973	2,480	15.6	272	1,044	1,316	9.4	1,316	
USAID/Washington	1,855	13.3	306	1,231	1,537	10.1	105	420	525	3.2	103	384	487	3.1	95	297	392	2.8		392
USA - NIH	775	5.5		441	441	2.9	16	397	413	2.6	15	520	535	3.4	30	1,040	1,070	7.6	1,070	
USA - Other Sources	152	1.1	32	257	289	1.9	30	428	458	2.8	49	433	482	3.0	35	342	377	2.7	377	
WORLD BANK - NCoE	758	5.4																		
WYETH PHARMACEUTICALS, INC.	10	0.1	39	147	186	1.2	37	127	164	1.0	28	95	123	0.8						
WHO	176	1.3	3	437	440	2.9		135	135	0.8		166	166	1.0		145	145	1.0	145	
CENTRE ENDOWMENT FUND	69	0.5		71	71	0.5		57	57	0.4		58	58	0.4		46	46	0.3	46	
HOSPITAL ENDOWMENT FUND								200	200	1.2										
OTHERS	610	4.4	56	898	954	6.2	120	1,034	1,154	7.1	97	921	1,018	6.4	60	754	814	5.8	814	
TOTAL RESTRICTED	**11,354**	**81.1**	**1,848**	**9,942**	**11,790**	**77.2**	**1,780**	**10,869**	**12,649**	**78.2**	**1,609**	**9,874**	**11,483**	**72.3**	**1,436**	**8,466**	**9,902**	**70.5**	**9,510**	**392**
TOTAL CONTRIBUTIONS	**13,992**	**100**	**5,334**	**9,942**	**15,276**	**100**	**5,305**	**10,869**	**16,174**	**100**	**6,001**	**9,874**	**15,875**	**100**	**5,584**	**8,466**	**14,050**	**100**	**13,658**	**392**

Note: Where necessary prior years figures have been regrouped to conform with current year forecast and next year budget.

TABLE - V

ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH

UNRESTRICTED PROJECTS/PROGRAMS AND MANAGEMENT EXPENDITURE 2001 - 2004

(Amount in US$'000)

	2001 ACTUAL		2002 ACTUAL				2003 JUN. FORECAST				2003 NOV. FORECAST				2004 BUDGET			
	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%
PROJECTS/PROGRAMS																		
CLINICAL SCIENCES:																		
DHAKA HOSPITAL	999	**6.9**	1,807	(418)	1,389	**8.7**	1,844	(553)	1,291	**11.8**	1,561	(187)	1,374	**8.2**	1,633	(82)	1,551	**9.8**
DIVISIONAL	2	**0.0**	98	(96)	2	**0.0**	158	(74)	84	**0.8**	75		75	**0.4**	319		319	**2.0**
CSD RESEARCH		-	47		47	**0.3**	14		14	**0.1**	28		28	**0.2**	18		18	**0.1**
PUBLIC HEALTH SCIENCES:																		
MATLAB CLINICAL RESEARCH	236	**1.6**	370	(73)	297	**1.9**	349	(75)	274	**2.5**	306		306	**1.8**	357		357	**2.3**
MATLAB ADMINISTRATION	206	**1.4**	327	(76)	251	**1.6**	287	(85)	202	**1.9**	271	(137)	134	**0.8**	319	(120)	199	**1.3**
MATLAB COMMUNITY RESEARCH	184	**1.3**	255		255	**1.6**	233		233	**2.1**	267		267	**1.6**	312		312	**2.0**
DIVISIONAL	315	**2.2**	293		293	**1.8**	366		366	**3.4**	294		294	**1.7**	371		371	**2.3**
HEALTH & DEMOGRAPHIC SURVEILLANCE	29	**0.2**	68	(7)	61	**0.4**	125		125	**1.1**	150		150	**0.9**	158		158	**1.0**
PHSD RESEARCH			-14		-14	**(0.1)**	771		771	**7.1**	693		693	**4.1**	50		50	**0.3**
LABORATORY SCIENCES:																		
LABORATORY SERVICES	225	**1.5**	1,031	(677)	354	**2.2**	1,024	(663)	361	**3.3**	1,098	(521)	577	**3.4**	1,279	(468)	811	**5.1**
DIVISIONAL			166	(100)	66	**0.4**	100	(100)										
LSD RESEARCH					-		191		191	**1.8**	189		189	**1.1**				
HEALTH SCIENCES & INFECTIOUS DISEASES:																		
DIVISIONAL	85	**0.6**	87		87	**0.5**	93		93	**0.9**	188		188	**1.1**	299		299	**1.9**
HSID RESEARCH			385	-	385	**2.4**	344		344	**3.2**	273		273	**1.6**	227		227	**1.4**
INFORMATION SCIENCES:																		
DISC	253	**1.7**	218	(12)	206	**1.3**	265	(15)	250	**2.3**	261	(10)	251	**1.5**	298	(15)	283	**1.8**
TRAINING & DISSEMINATION	53	**0.4**	146	(96)	50	**0.3**	112	(108)	4	**0.0**	103	(69)	34	**0.2**	109	(79)	30	**0.2**
COMPUTER SERVICES	54	**0.4**	184	(120)	64	**0.4**	132	(104)	28	**0.3**	137	(138)	-1	**0.0**	160	(137)	23	**0.1**
DIVISIONAL	14	**0.1**	18		18	**0.1**	49		49	**0.4**	55		55	**0.3**	60		60	**0.4**
TOTAL PROJECTS/PROGRAMS	**2,655**	**18.2**	**5,486**	**(1,675)**	**3,811**	**23.9**	**6,457**	**(1,777)**	**4,680**	**42.9**	**5,949**	**(1,062)**	**4,887**	**29.0**	**5,969**	**(901)**	**5,068**	**32.1**
MANAGEMENT																		
DIRECTOR'S BUREAU	302	**2.1**	323	1	324	**2.0**	345		345	**3.2**	339		339	**2.0**	508		508	**3.2**
EXTERNAL RELATIONS & INSTITUTIONAL DEV.	84	**0.6**	177	-	177	**1.1**	171		171	**1.6**	198		198	**1.2**	234		234	**1.5**
POLICY AND PLANNING	149	**1.0**	153		153	**1.0**	143		143	**1.3**	151		151	**0.9**	71		71	**0.4**
BoT & COMMITTEES	108	**0.7**	99	-	99	**0.6**	117		117	**1.1**	151		151	**0.9**	144		144	**0.9**
ADMINISTRATION	327	**2.2**	658	(238)	420	**2.6**	452	(230)	222	**2.0**	497	(260)	237	**1.4**	490	(226)	264	**1.7**
HUMAN RESOURCES	404	**2.8**	199		199	**1.3**	219		219	**2.0**	264		264	**1.6**	265		265	**1.7**
FINANCE	387	**2.7**	487	-	487	**3.1**	361		361	**3.3**	427		427	**2.5**	438		438	**2.8**
CAPITAL EXPENDITURE	150	**1.0**	170		170	**1.1**	182	(90)	92	**0.8**	196		196	**1.2**	150		150	**0.9**
OTHER	(10)	**(0.1)**	201	(102)	99	**0.6**	163		163		197	(129)	68	**0.4**	259	(144)	115	**0.7**
TOTAL MANAGEMENT	**1,901**	**13.0**	**2,467**	**(339)**	**2,128**	**13.4**	**2,153**	**(320)**	**1,833**	**10.5**	**2,420**	**(389)**	**2,031**	**12.1**	**2,559**	**(370)**	**2,189**	**13.9**
TOTAL PROJECTS/PROGRAMS AND MANAGEMENT	**4,556**	**31.2**	**7,953**	**(2,014)**	**5,939**	**37.3**	**8,610**	**(2,097)**	**6,513**	**37.4**	**8,369**	**(1,451)**	**6,918**	**41.1**	**8,528**	**(1,271)**	**7,257**	**45.9**
EXPENDITURE																		
UNRESTRICTED	4,556	**31.2**			5,939	**37.3**			6,513	**37.4**			6,918	**41.1**			7,257	**45.9**
RESTRICTED	10,026	**68.8**			9,979	**62.7**			10,912	**62.6**			9,923	**58.9**			8,546	**54.1**
TOTAL EXPENDITURE	**14,582**	**100**			**15,918**	**100**			**17,425**	**100**			**16,841**	**100**			**15,803**	**100**

Note: Where necessary prior years figures have been regrouped to conform with current year forecast and next year budget.

Annexure

A - Report of the Finance Committee of June 2003

B - Glossary of Acronyms and Abbreviations

C - Auditors' Report and Audited Financial Statement of Employees Separation Payment Fund (1992-2002)

D - Allocation of Core cost by activities and division

Annexure A

Minutes of the Finance Committee Meeting
2 June 2003
Sasakawa Training Lecture Room

A meeting of the Finance Committee of the Board of Trustees (BoT) was held on 2 June 2003 at 3.30 p.m. in the Sasakawa Training Lecture Room.

Present:

Dr. Ricardo Uauy Dagach (Chair, BoT)
Dr. Maimunah Bte Abdul Hamid
Prof. A K Azad Khan (Chair, Finance Committee)
Prof. Jane Kusin
Prof. Terry Hull
Dr. N. Ishikawa
Dr. Claudio Lanata (Chair, HR)
Dr. Tikki Pang
Prof. David Sack, (Director, ICDDR,B)
Prof. Marcel Tanner
Prof. Carol Vlassoff (Chair, Programme Committee)
Dr. I. Kaye Wachsmuth

Regrets: Prof. N.K. Ganguly
Invited: Scientific Council

Minutes: Loretta Saldanha

Dr. Ricardo Uauy Dagach, Chair, BoT welcomed all to the meeting of the Finance Committee and invited Prof. Azad Khan to Chair the proceedings.

Prof. Azad Khan presented a brief introduction of the highlights of the meeting as follows:

- Small surplus in 2002, 4th year in a row
- No withdrawal from Endowment Fund
- Break-even Plan – 2003 implemented
- 2003 forecast shows improved financial situation
- Endowment Funds are again in the path of growth
- Integrated MIS by end of 2003
- Sustainability plan is being mapped and will be presented at the November Board meeting

Mr. Aniruddha Neogi, Head, Finance, presented an overview of the 2002 Audited Accounts & Auditors' Report, Break-even Plan and 2003 Forecast, update on salaries and benefits, a report on the Endowment Funds, a Road Map of the Sustainability Plan, Core

Agenda 3: 2003 Forecast (considering Break-even Plan)

This forecast was prepared on a conservative basis including only those funding sources which have been finalized or close to finalization. The Centre expects that other funding requests which are in process will be approved by donors. It is intended that these additional funds and cost containment measures will result in break even or better results in 2003.

The Board approved the 2003 forecast as presented noting that over the past two years the Centre has been able to generate annual operating surplus. The Management is encouraged to continue to take all measures possible to avoid the projected $ 492,000 deficit in 2003.

Agenda 4: Appointment of Auditors for 2003

It was proposed that KPMG, Kolkata be appointed in place of the retiring auditor, Price Waterhouse, Kolkata, and Hoda Vasi Chowdhury & Co., Dhaka be reappointed as joint auditors for the year 2003 at a fee not exceeding US$ 15,500.

Agenda 5a & 5b: National & International Staff Salaries and Benefits

A brief outline of Centre's salaries and benefits of National and International staff were presented vis-à-vis UN scales. Discussions ensued in a closed session.

Agenda 6: Reports on the Hospital Endowment Fund, Centre Endowment Fund, Reserve Fund, Operating Fund and Fixed Assets Acquisition and Replacement Fund:

Summary reports for the above-mentioned funds were presented to the Board.

Agenda 7: Miscellaneous:

7a Overdraft Facilities

A brief overview of the overdraft facilities was presented.

7b. Cheque Signatories

Mr. Aniruddha Neogi joined as Head, Finance effective November 21, 2002 replacing Mr. Stephen Sage, erstwhile Chief Finance Officer of the Centre. The Centre recommended that the name of Mr. Neogi be included as signatory from Group 1. At the same time, the names of Mr. Stephen E. Sage and Prof. Lars Ake Persson, be excluded from the authorized signatories list since they have left the Centre after completing their respective terms.

effective July 1, 2003, and an increase of the dependant allowance for national staff from Tk 500 to Tk 750.

5/BT/Jun 03

The Board authorizes the transfer on ongoing basis from the Reserve Fund to the Operating Fund of all funds in excess of $2,000,000.

6/BT/Jun 03

The Board authorizes the continuation of the overdraft facility of up to $2,000,000 with the American Express Bank for the year to July 13, 2004.

7/BT/Jun 03

The Board approves to allow borrowing of up to $500,000 from the Hospital Endowment Fund in 2003 for the purpose of capital improvements to our standby generator and electrical system, to be paid back by 10 years in equal yearly instalments with @3% interest will be paid to the Hospital Endowment Fund.

8/BT/Jun 03

Mr. Aniruddha Neogi joined as Head, Finance effective November 21, 2002, replacing Mr. Stephen E. Sage, erstwhile Chief Finance Officer of the Centre. Management recommends that the name of Mr. Neogi be included as signatory from Group 1. At the same time, the names of Mr. Stephen E. Sage, former Chief Finance Officer and Prof. Lars Ake Persson, erstwhile Associate Director, PHSD be excluded from the authorized signatories list since they have left the Centre after finishing their respective terms.

9/BT/Jun 03

The Board resolves that the Centre submit a proposal on the formation of a separate Trust for Employees Separation Payment Fund after consultation with the SWA and after considering all legal implications.

Annexure B

Glossary of Acronyms and Abbreviations

AFRIM	Armed Forces Research Institute of Medical Sciences
AID	Agency for International Development
AusAID	Australian Aid for International Development
BADC	Belgian Administration for Development Cooperation
BHARP	Bangladesh Health and Family Welfare Action Research Project
BIOTECH	Biotechnology
BoT	Board of Trustees
BTC	Belgian Technical Cooperation
CDC	Control and Prevention; Centers for Disease (CDC)
CHC	Canadian High Commission
CHF	Child Health Foundation
CIDA	Canadian International Development Agency
Co.	Company
CSD	Clinical Sciences Division
Dev.	Development
DFID	Department for International Development (UK)
DISC	Dissemination Information Services Centre
DSS	Demographic Surveillance System
ER&ID	External Relations & Institutional Development
Estim	Estimated
EU	European Union
exp.	expenditure
FHI	Family Health International
FHRP	Family Health Research Project
Gates/GoB	Gates - Government of Bangladesh
GoB	Government of the People's Republic of Bangladesh
HC-LFMO	High Commission-Local Fund Management Office
HSID	Health Sciences and Infectious Diseases Division
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
INC.	Incorporated
ISD	Information Sciences Division
IVI	International Vaccine Institute
JICWELS	Japan International Cooperation of Welfare Services
JSI	John Snow Inc.
JUN	June
LSD	Laboratory Sciences Division
LSTH&M	London School of Hygine & Tropical Medicine
LTD.	Limited
NCoE	Nutrition Centre of Excellence
NIH	National Institute of Health
NOV	November
OFDA	Office of US Foreign Disaster Assistance
ORP	Operations Research Project

Annexure C

Hoda Vasi Chowdhury & Co

Chartered Accountants

Independent Correspondent Firm to **Deloitte Touche Tohmatsu**

AUDITORS' REPORT ON ICDDR,B EMPLOYEES SEPARATION PAYMENT FUND

We have examined the annexed consolidated Financial Statement, comprising the Balance Sheet of ICDDR,B Employees Separation Payment Fund for the years ended 31 December 1992 to 2002 together with the annexed Notes 1 to 4, by reference to the statements of account prepared by ICDDR,B and subject to the Board's resolution approving the changes of Fund Managers from time to time as disclosed in Note 1 thereto we found the Financial Statements in agreement with the books as maintained by the Centre and examined by us, and the explanations given to us.

Dhaka, 18 October 2003

Hoda Vasi Chowdhury & Co
Chartered Accountants
HVC

ICDDR,B Employees Separation Payment Fund
Balance Sheet
For the years ended 31 December 1992 to 2002

(Amounts in US Dollar)

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
EMPLOYEES ACCOUNTS											
Balance on 1 January	6,561,560.37	7,461,702.24	8,562,049.14	9,271,409.57	10,339,196.45	11,272,963.85	9,805,564.70	8,249,827.80	8,254,596.64	9,193,458.43	10,156,890.45
Accretion during the year:											
Contribution	845,384.58	846,172.95	869,455.20	964,399.38	980,289.31	927,531.40	883,704.02	814,739.04	837,847.47	1,059,082.60	984,038.76
Income earned (Net)	351,975.12	578,147.35	546,187.60	583,231.42	630,219.63	663,664.14	528,068.20	471,243.66	550,969.59	459,766.07	543,231.33
	1,197,359.70	1,424,320.30	1,415,642.80	1,547,630.80	1,610,508.94	1,591,195.54	1,411,772.22	1,285,982.70	1,388,817.06	1,518,848.67	1,527,270.09
	7,758,920.07	8,886,022.54	9,977,691.94	10,819,040.37	11,949,705.39	12,864,159.39	11,217,336.92	9,535,810.50	9,643,413.70	10,712,307.10	11,684,160.54
Less: Payments to separated staff members	297,217.83	323,973.40	706,282.37	479,843.92	676,741.54	735,787.75	1,789,414.08	696,834.21	380,596.98	465,920.56	570,897.18
Permanent partial withdrawal	-	-	-	-	-	2,322,806.94	1,178,095.04	584,379.65	69,358.29	89,496.09	130,730.73
	297,217.83	323,973.40	706,282.37	479,843.92	676,741.54	3,058,594.69	2,967,509.12	1,281,213.86	449,955.27	555,416.65	701,627.91
Balance at 31 December	7,461,702.24	8,562,049.14	9,271,409.57	10,339,196.45	11,272,963.85	9,805,564.70	8,249,827.80	8,254,596.64	9,193,458.43	10,156,890.45	10,982,532.63
INVESTMENTS											
Balance on 1 January	6,561,560.37	7,461,702.24	8,562,049.14	9,271,409.57	10,339,196.45	11,272,963.85	9,805,564.70	8,249,827.80	8,254,596.64	9,193,458.43	10,156,890.45
Addition during the year:											
Contribution	845,384.58	846,172.95	869,455.20	964,399.38	980,289.31	927,531.40	883,704.02	814,739.04	837,847.47	1,059,082.60	984,038.76
Income earned (Net)	351,975.12	578,147.35	546,187.60	583,231.42	630,219.63	663,664.14	528,068.20	471,243.66	550,969.59	459,766.07	543,231.33
	1,197,359.70	1,424,320.30	1,415,642.80	1,547,630.80	1,610,508.94	1,591,195.54	1,411,772.22	1,285,982.70	1,388,817.06	1,518,848.67	1,527,270.09
	7,758,920.07	8,886,022.54	9,977,691.94	10,819,040.37	11,949,705.39	12,864,159.39	11,217,336.92	9,535,810.50	9,643,413.70	10,712,307.10	11,684,160.54
Reduction during the year due to:											
Payments to separated staff members	297,217.83	323,973.40	706,282.37	479,843.92	676,741.54	735,787.75	1,789,414.08	696,834.21	380,596.98	465,920.56	570,897.18
Permanent partial withdrawal	-	-	-	-	-	2,322,806.94	1,178,095.04	584,379.65	69,358.29	89,496.09	130,730.73
	297,217.83	323,973.40	706,282.37	479,843.92	676,741.54	3,058,594.69	2,967,509.12	1,281,213.86	449,955.27	555,416.65	701,627.91
Balance at 31 December	7,461,702.24	8,562,049.14	9,271,409.57	10,339,196.45	11,272,963.85	9,805,564.70	8,249,827.80	8,254,596.64	9,193,458.43	10,156,890.45	10,982,532.63

This is the Balance Sheet referred to in our report of same date

The accompanying notes 1 to 4 are integral parts of these Financial Statements

Member, Board of Trustees
ICDDR,B

Director
ICDDR,B

Hoda Vasi Chowdhury & Co
Chartered Accountants

Dhaka, 18 October 2003

ICDDR,B Employees Separation Payment Fund

Notes to the Financial Statement for years ended 31 December 1992 to 2002

1 Background

The ICDDR,B Employees Separation Payment Fund (herein after referred to as the **Scheme**) was set up on 1 January 1984 in pursuance of a resolution (# 22/Dec 82) of the Board of Trustees of International Centre for Diarrhoeal Disease Research, Bangladesh (Centre) with a view to providing retirement benefit to the fixed term staff of the Centre, excluding the International Level employees. This Scheme replaced the severance pay scheme and the contributory provident fund that existed till 31 December 1983. The employees' accumulated balances on provident fund account as on 31 December 1983 were paid out to the employees, while the Centre's contributions to the said severance pay scheme till 31 December 1983 were transferred to the Scheme as the Centre's contribution for period till 31 December 1983.

The Scheme is administered by the Centre and presently managed overseas by a Fund Manager, Generali Worldwide Insurance Company Limited, a foreign investing company. In pursuance of a Novation Agreement executed by the Centre and the related parties of Generali Group named therein, management of the funds of the Scheme, which had been entrusted with the Institute of International Education (IIE) till 31 December 1991 and thereafter with Assicurazioni Generali, S.p.A, was assigned and transferred to Generali Worldwide Insurance Company Limited. Books of the Scheme are maintained overseas by a bookkeeper, AccuRecord of USA, in terms of an agreement executed with them by the Centre on 20 January 1993. Centre's as well as the employees' contributions at 14.8% and 7.4% respectively of pensionable salary are remitted to the Fund Manager on a quarterly basis for sustainable investment to ensure best possible return to the investment. Separation payment due to an outgoing employee is paid out of the Centre's and the employees' quarterly contributions to the Scheme, as gratuity comprising of the Centre's and the employee's contributions and income accrued thereon.

2 Significant accounting policies

a. *Basis of accounting*

These financial statements expressed in US Dollar have been prepared on cash basis based on the periodic statements provided by the bookkeeper to the Centre. As a result, income accrued on the investments in the last quarter of a year is taken to account by the Centre in the first quarter of the next following year.

b. *Investment and income thereon*

i. *Basis of valuation of investment*

In terms of the stipulations in paragraph 7 of the general conditions of the insurance policy undertaken by the Fund Manager, there would not have any effect of fluctuation in the market value of the investments and as such, investments have been stated at cost.

ii. Return on investment

According to the investment policies followed by the Fund Manager, the funds under the Scheme is entitled to a minimum guaranteed return on investments based on an actuarial valuation carried out in the beginning of each accounting year. The guaranteed income based on the said actuarial valuation is distributed to the members' accounts in the first three quarters of each year. Excess of interest over the guaranteed minimum as reduced by 10% of the actual annual return on the investments is further distributed to the members' accounts in proportion to their individual balances in the fourth quarter of the year. The members also received 50% of the profit earned on the maturity of an investment portfolio named as capital profit. The Fund Manager recovers its management fee at 0.30% of the market value of the investment portfolio at the end of each year, which is deducted from income distributable to the members. The Scheme is also entitled to a capital subsidy calculated by the Fund Manager. However, the quarterly bookkeeping charges payable to AccuRecord are borne by the Centre and as such not charged to income of the Scheme.

c. *Books of account*

The books relating to employees' individual accounts are maintained by AccuRecord, USA. The Centre does not incorporate the transactions relative to the operations of the Scheme in its books of account.

3. *Distribution of profit*

An incoming member who joins the service any time during a quarter is not allowed any interest to be credited to his account for that quarter only. An outgoing member leaving the service of the Centre any time before end of a quarter is not entitled to the interest accrued to his account for the said quarter.

4. *Disbursement*

The account of an outgoing employee is settled locally out of the monthly contributions remittable to the Fund Manager, based on the accumulated balance standing to his credit as reflected in the quarterly statement prepared by AccuRecord. However, one-time permanent withdrawal before retirement up to 50% of the total accumulation due to an employee at the time of such permanent partial withdrawal is allowed as per Centre's policy memo dated 18 December 1996.

Member, Board of Trustees
ICDDR,B

Director
ICDDR,B

Annexure D'

ICDDR,B : CENTRE FOR HEALTH AND POPULATION RESEARCH
ALLOCATION OF CORE INTO DIFFERENT DIVISIONS/ UNITS

(Amount in US$'000)

	2001 ACTUAL				2002 ACTUAL				2003 NOV. FORECAST				2004 BUDGET			
	GROSS COSTS	RECOVERY	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%	GROSS COSTS	RECOVERY	NET COSTS	%
MANAGEMENT COST																
DIRECTOR'S BUREAU	382	-	382	8.7	419	-	419	7.9	370	-	370	5.8	508	-	508	7.7
EXTERNAL RELATIONS & INSTITUTIONAL DE	90	-	90	2.0	185	-	185	3.5	200	-	200	3.2	233	-	233	3.5
POLICY AND PLANNING	149	-	149	3.4	153	-	153	2.9	151	-	151	2.4	72	-	72	1.1
BoT & COMMITTEES	108	-	108	2.5	99	-	99	1.9	151	-	151	2.4	144	-	144	2.2
HUMAN RESOURCES	405	-	405	9.2	200	-	200	3.8	265	-	265	4.2	265	-	265	4.0
FINANCE	396	-	396	9.0	487	(36)	451	8.5	427	(21)	406	6.4	438	(28)	410	6.2
CAPITAL EXPENDITURE	150	-	150	3.4	-	-	-	-	-	-	-	-	150	-	150	2.3
OTHER	80	(87)	(7)	(0.2)	201	(102)	99	1.9	197	(129)	68	1.1	259	(144)	115	1.7
			-				-				-				-	
A. TOTAL MANAGEMENT	**1,760**	**(87)**	**1,673**	**38.1**	**1,744**	**(138)**	**1,606**	**30.3**	**1,761**	**(150)**	**1,611**	**25.5**	**2,069**	**(172)**	**1,897**	**28.7**
DIVISIONAL EXPENSES																
CSD	60	(58)	2	0.0	98	(97)	1	0.0	75	(1)	74	1.2	158	-	158	2.4
LSD	216	(139)	77	1.8	234	(119)	115	2.2	132	(17)	115	1.8	173	(7)	166	2.5
PHSD	322	-	322	7.3	224	-	224	4.2	163	(3)	160	2.5	229	-	229	3.5
HSID	24	-	24	0.5	22	-	22	0.4	54	-	54	0.9	58	-	58	0.9
ISD	16	-	16	0.4	53	-	53	1.0	55	-	55	0.9	60	-	60	0.9
			-				-				-				-	
B. TOTAL DIVISIONAL EXPENSES	**638**	**(197)**	**441**	**10.0**	**631**	**(216)**	**415**	**7.8**	**479**	**(21)**	**458**	**7.2**	**678**	**(7)**	**671**	**10.2**
SUPPORT SERVICES																
DD	487	(191)	296	6.7	726	(392)	334	6.3	556	(393)	163	2.6	550	(393)	157	2.4
CSD	-	-	-	-	161	(96)	65	1.2	89	(85)	4	0.1	147	(85)	62	0.9
LSD	(51)	-	(51)	(1.2)	912	(1,099)	(187)	(3.5)	938	(905)	33	0.5	919	(893)	26	0.4
PHSD	154	(60)	94	2.1	258	(139)	119	2.2	214	(208)	6	0.1	250	(193)	57	0.9
ISD	592	(221)	371	8.4	517	(246)	271	5.1	501	(232)	269	4.2	567	(243)	324	4.9
			-				-				-				-	
C. TOTAL SUPPORT SERVICES	**1,182**	**(472)**	**710**	**16.2**	**2,574**	**(1,972)**	**602**	**11.3**	**2,298**	**(1,823)**	**475**	**7.5**	**2,433**	**(1,807)**	**626**	**9.5**
HOSPITAL SERVICES																
DHAKA HOSPITAL	1,303	(391)	912	20.8	1,646	(359)	1,287	24.3	1,471	(135)	1,336	21.1	1,486	(39)	1,447	21.9
MATLAB CLINICAL RESEARCH & ADMINISTR	374	(137)	237	5.4	483	(149)	334	6.3	577	(137)	440	7.0	676	(120)	556	8.4
			-				-				-				-	
D. TOTAL HOSPITAL SERVICES	**1,677**	**(528)**	**1,149**	**26.1**	**2,129**	**(508)**	**1,621**	**30.6**	**2,048**	**(272)**	**1,776**	**28.1**	**2,162**	**(159)**	**2,003**	**30.3**
CORE FUNDED RESEARCH																
CSD	87	-	87	2.0	47	-	47	0.9	28	-	28	0.4	179	-	179	2.7
LSD	60	-	60	1.4	100	-	100	1.9	356	-	356	5.6	187	-	187	2.8
PHSD	214	(1)	213	4.8	379	(7)	372	7.0	1,261	-	1,261	19.9	662	-	662	10.0
HSID	61	-	61	1.4	457	(4)	453	8.5	408	(2)	406	6.4	469	-	469	7.1
			-				-				-				-	
E. TOTAL CORE FUNDED RESEARCH	**422**	**(1)**	**421**	**9.6**	**983**	**(11)**	**972**	**18.3**	**2,053**	**(2)**	**2,051**	**32.4**	**1,497**	**-**	**1,497**	**22.7**
UNRECONCILED							**90**				**(41)**				**86**	
TOTAL (A.....E)	**5,679**	**(1,285)**	**4,394**	**100**	**8,061**	**(2,845)**	**5,306**	**100**	**8,639**	**(2,268)**	**6,330**	**100**	**8,839**	**(2,145)**	**6,608**	**100**

ICDDR,B BOARD OF TRUSTEES MEETING

FINANCE COMMITTEE

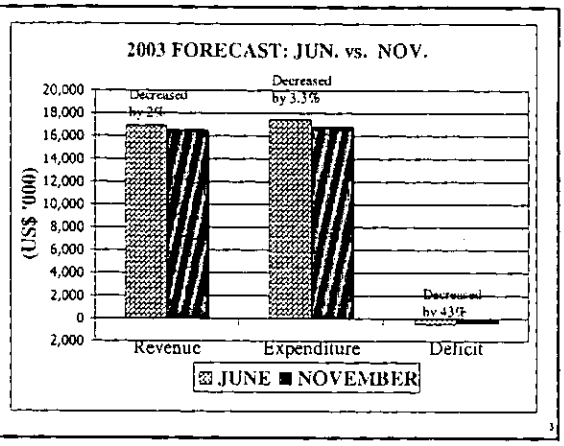
November 01, 2003

1

OVERVIEW

- 2003 Forecast June vs. November
- 2004 Budget – A snapshot
- Financial updates
- Updates on Forex Fluctuations
- A brief Update on Salaries & Benefits
- Endowment Funds
- Core Fund : Allocation
- Separation Payment Fund
- Sustainability Plan –[status report]

2



3

RECONCILIATION

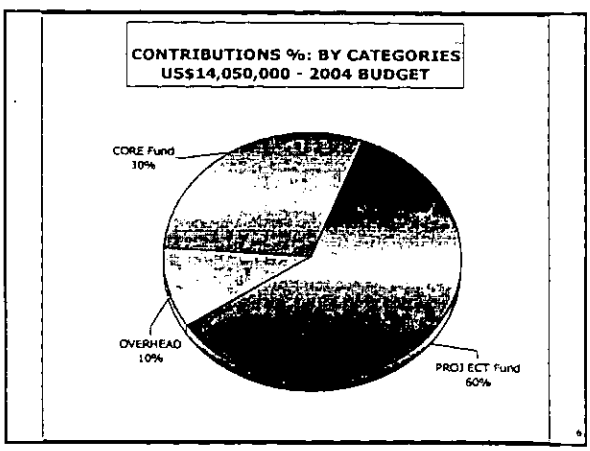
		(US$'000)
Deficit as per June 2003 forecast		492
Increased by:		
Less Overhead from projects	171	
Core support for partially funded projects	123	
No transfer from HEF	200	
Provision against bad receivables	131	625
Reduced by:		
CIDA contribution	-	(837)
Deficit as per November 2003 forecast		280

4

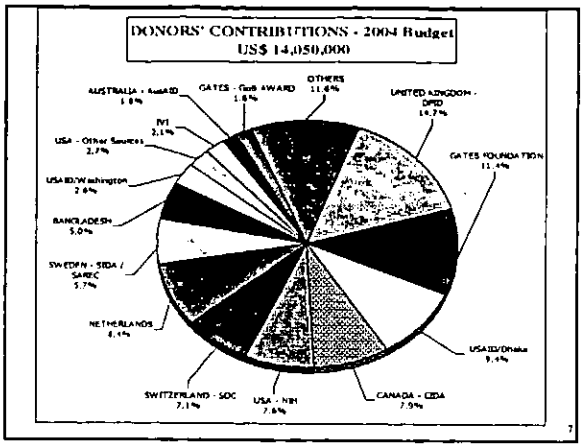
2004 BUDGET – A SNAPSHOT

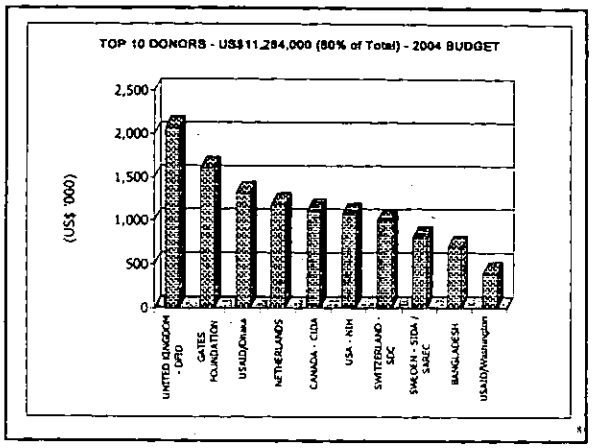
	Amount (US$'000)	%
REVENUES:		
CORE	4,148	28
PROJECT	9,902	67
OTHER RECEIPTS	827	5
TOTAL REVENUE	14,877	100
EXPENDITURE:		
SALARIES AND BENEFITS		
- LOCAL	7,280	46
- INTERNATIONAL	3,399	22
SUPPLIES AND MATERIALS	2,017	13
CAPITAL & OTHERS	3,116	19
TOTAL EXPENDITURE	15,803	100
DEFICIT BEFORE DEPRECIATION	926	
DEPRECIATION	946	
DEFICIT AFTER DEPRECIATION	1,872	

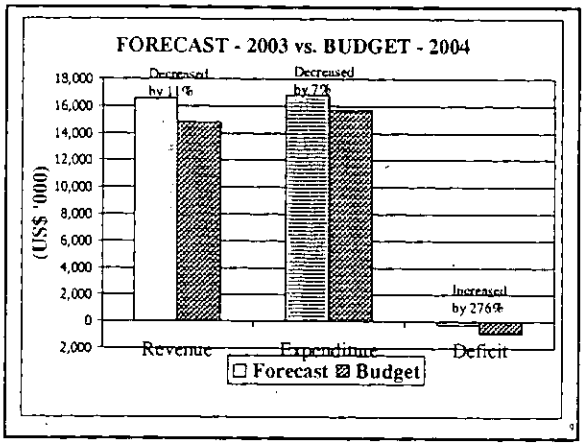
5

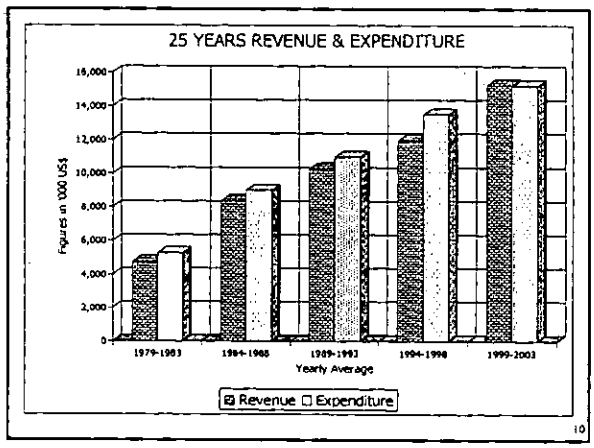


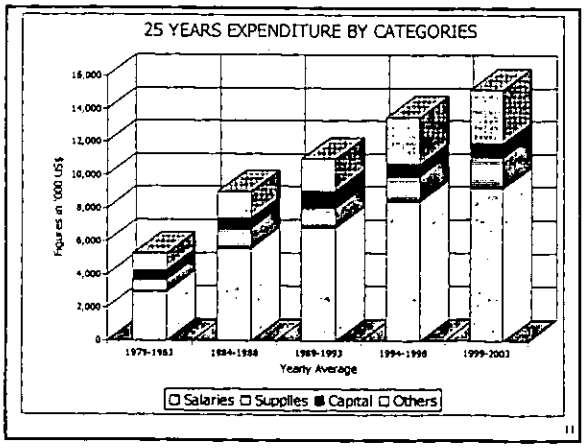
6

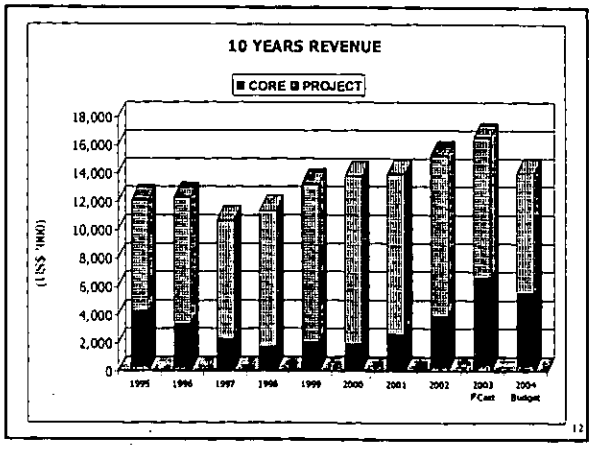

DONORS' CONTRIBUTIONS - 2004 Budget
US$ 14,050,000
OTHERS 11.6%
UNITED KINGDOM - DFID 14.7%
GATES FOUNDATION 11.4%
USAID/Dhaka 9.4%
CANADA - CIDA 7.9%
USA - NIH 7.6%
SWITZERLAND - SDC 7.1%
NETHERLANDS 6.4%
SWEDEN - SIDA / SAREC 5.7%
BANGLADESH 5.0%
USAID/Washington 2.6%
USA - Other Sources 2.7%
IVI 2.1%
AUSTRALIA - AusAID 1.8%
GATES - Gates AWARD 1.8%
7

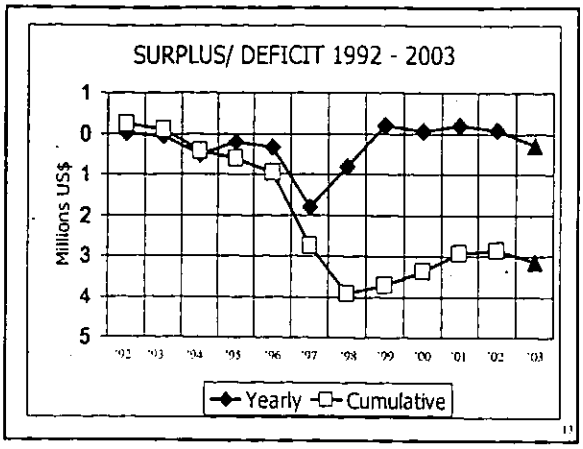

TOP 10 DONORS - US$11,284,000 (80% of Total) - 2004 BUDGET
(US$ '000)
2,500
2,000
1,500
1,000
500
0
UNITED KINGDOM - DFID
GATES FOUNDATION
USAID/Dhaka
NETHERLANDS
CANADA - CIDA
USA - NIH
SWITZERLAND - SDC
SWEDEN - SIDA / SAREC
BANGLADESH
USAID/Washington
8

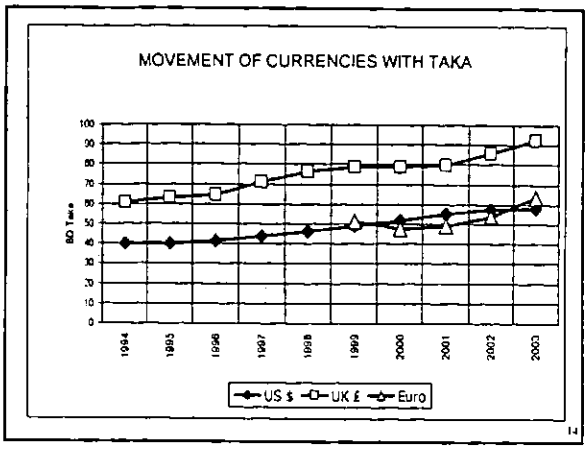

FORECAST - 2003 vs. BUDGET - 2004
(US$ '000)
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
2,000
Decreased by 11%
Decreased by 7%
Increased by 276%
Revenue
Expenditure
Deficit
Forecast
Budget
9

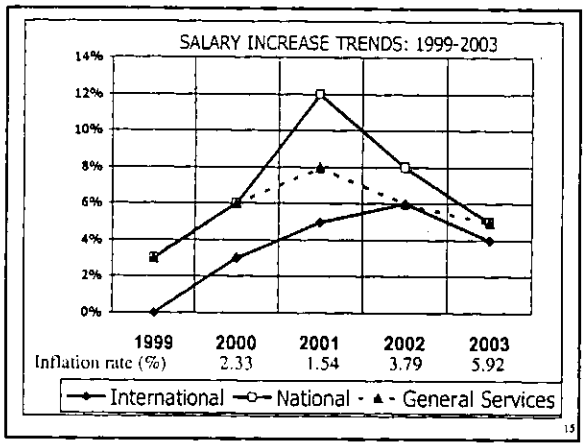

25 YEARS REVENUE & EXPENDITURE
Figures in '000 US$
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
1979-1983
1984-1988
1989-1993
1994-1998
1999-2003
Yearly Average
Revenue
Expenditure
10

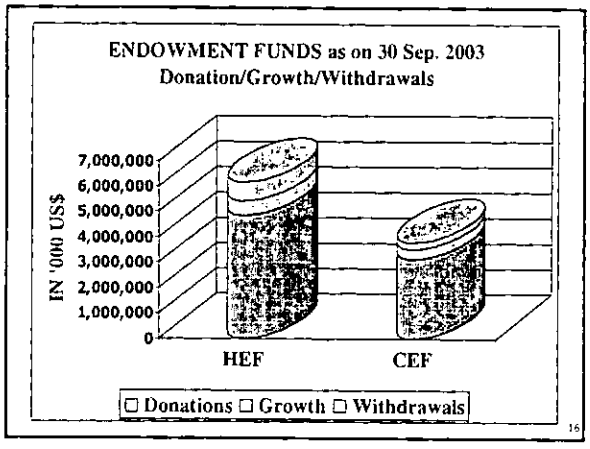

25 YEARS EXPENDITURE BY CATEGORIES
Figures in '000 US$
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
1979-1983
1984-1988
1989-1993
1994-1998
1999-2003
Yearly Average
Salaries
Supplies
Capital
Others
11

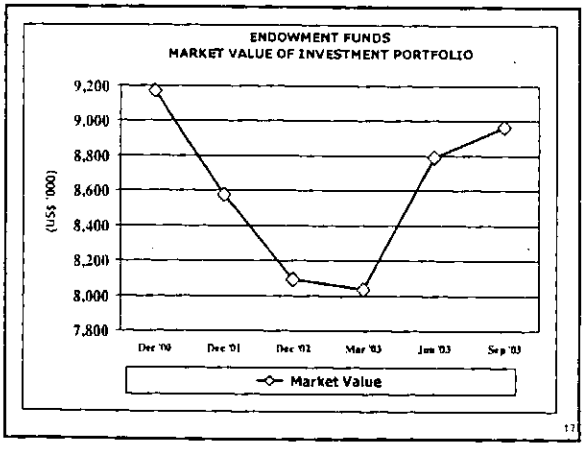

10 YEARS REVENUE
CORE
PROJECT
(US$ '000)
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
1995
1996
1997
1998
1999
2000
2001
2002
2003 FCast
2004 Budget
12

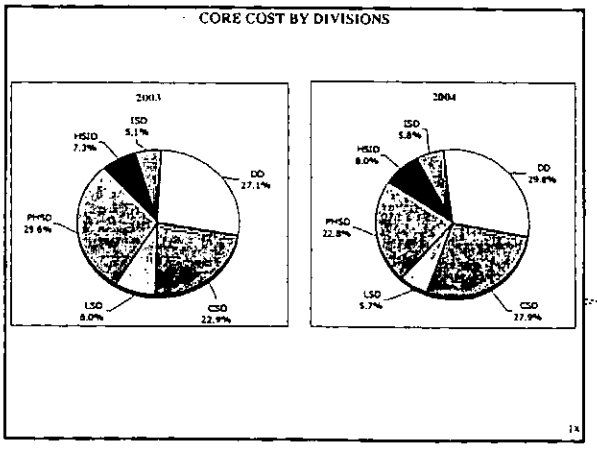

SURPLUS/ DEFICIT 1992 - 2003
Millions US$
1
0
1
2
3
4
5
'92 '93 '94 '95 '96 '97 '98 '99 '00 '01 '02 '03
Yearly
Cumulative


MOVEMENT OF CURRENCIES WITH TAKA
BD Taka
100
90
80
70
60
50
40
30
20
10
0
1994 1995 1996 1997 1998 1999 2000 2001 2002 2003
US $
UK £
Euro

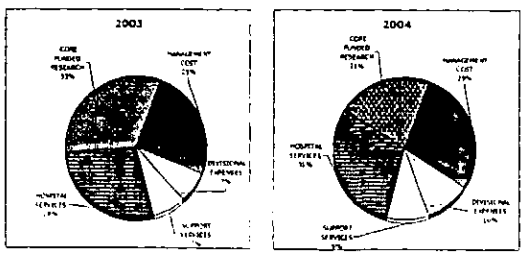

SALARY INCREASE TRENDS: 1999-2003
14%
12%
10%
8%
6%
4%
2%
0%
1999 2000 2001 2002 2003
Inflation rate (%) 2.33 1.54 3.79 5.92
International
National
General Services


ENDOWMENT FUNDS as on 30 Sep. 2003
Donation/Growth/Withdrawals
IN '000 US$
7,000,000
6,000,000
5,000,000
4,000,000
3,000,000
2,000,000
1,000,000
0
HEF
CEF
Donations
Growth
Withdrawals

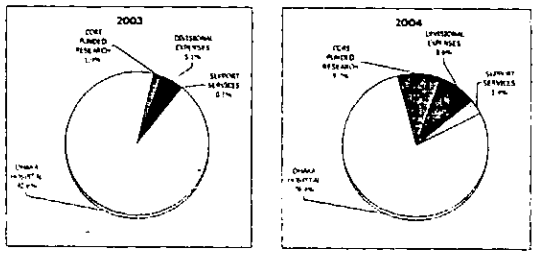

ENDOWMENT FUNDS
MARKET VALUE OF INVESTMENT PORTFOLIO
(US$ '000)
9,200
9,000
8,800
8,600
8,400
8,200
8,000
7,800
Dec '00 Dec '01 Dec '02 Mar '03 Jun '03 Sep '03
Market Value


CORE COST BY DIVISIONS
2003
2004
ISD
HSID
DD
PHSD
LSD
CSD

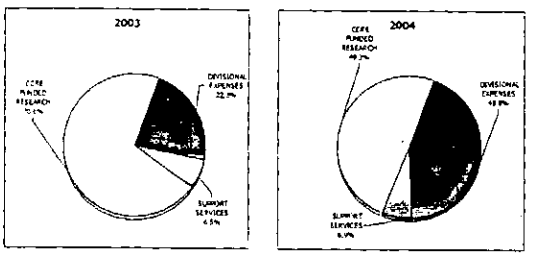
CORE COST BY CATEGORIES



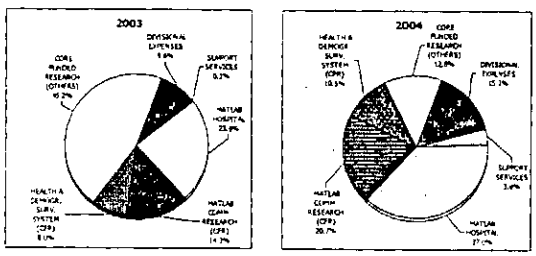
CORE COST BY CATEGORIES - CSD



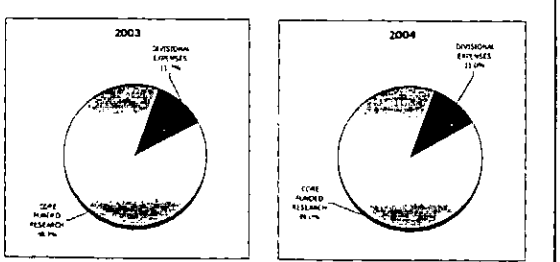
CORE COST BY CATEGORIES - LSD



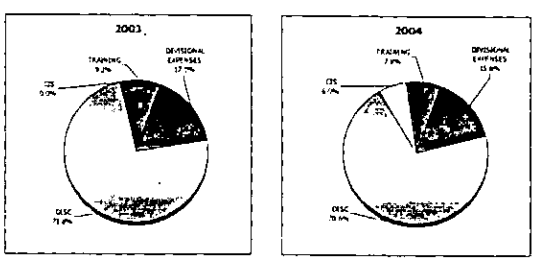
CORE COST BY CATEGORIES - PHSD



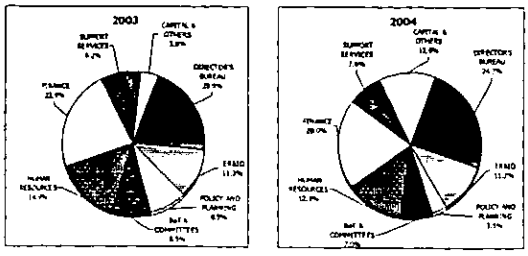
CORE COST BY CATEGORIES - HSID



CORE COST BY CATEGORIES - ISD



CORE COST BY CATEGORIES - DD



25

EMPLOYEES SEPERATION PAYMENT FUND AUDIT 1992 TO 2002

Auditors' noted few exceptions:

- the scheme, as it stands now, neither conforms to a gratuity scheme traditionally operated in the country nor does it fulfil the legal requirements of a recognised provident fund;
- the Centre did not vest the funds of the scheme with a legally constituted trust. On the other hand it did not incorporate the funds balances in its books.

26

EMPLOYEES SEPERATION PAYMENT FUND

Comparative Statement with regard to Provident Fund and Gratuity Fund

Criteria	Provident Fund	Gratuity Fund
Constitution	Irrevocable trust constituted by the employer.	Irrevocable trust constituted by the employer.
Contribution Restriction on contribution	Both the employer and employee. Employee's contribution should be in definite proportion to his/ her annual salary. Employer's contribution should not exceed that of an employee.	Only employer. Contribution should be based on actuarial valuation. Other mode of contribution as approved by the National Board of Revenue may be adopted.
Withdrawals	Temporary and permanent withdrawals are permitted in specified cases only.	Pre-retirement withdrawals are not permitted.

27

EMPLOYEES SEPERATION PAYMENT FUND

Comparative Statement with regard to Provident Fund and Gratuity Fund

Criteria	Provident Fund	Gratuity Fund
Approving authority	Commissioner of Taxes.	The National Board of Revenue.
Investment	Locally in securities approved by the Trust Act.	Locally in securities approved by the Trust Act.
Approved Investments Under Trust Act	Stock or debentures of Companies whereon the interest have been guaranteed by the government. Debentures or other securities for money issued under the authority of any Bangladesh Act, or on behalf of any municipal body or part trust or city improvement trust. First mortgage of immovable property situate on Bangladesh Any other security expressly authorized by the instrument of trust, or by any rule prescribed by the Supreme Court.	

28

EMPLOYEES SEPERATION PAYMENT FUND

Comparative Statement with regard to Provident Fund and Gratuity Fund

Criteria	Provident Fund	Gratuity Fund
Taxability (contributions)	Annual contributions up to one-third of salary are not taxable. Employer's Contribution is included in taxable salary and thereafter tax credit on such contribution at 15% is allowed.	Employer's annual contributions do not constitute income to an employee.
Taxability (interest)	Interest annually credited to an employee's individual account up to 14.5% is not taxable.	No provision of interest
Taxability (withdrawals)	Permanent or temporary withdrawals are not taxable. Final payment is tax exempted.	Final payment is tax exempted for an employee.

29

International Centre for Diarrhoeal Disease Research, Bangladesh

Sustainability Plan

30

Sustainability Plan- Tasks Accomplished

- Guidelines laid out based on our Strategic plan
- Broad review of overall costs of the Center as well as that of each Division carried out
- Strategies for Cost Optimization identified based on "Best-Practices" which have relevance with our activities
- Revenue Augmentation opportunities identified in discussion with all divisions
- Model Plans on Hospital and Diagnostic Lab are being finalized based for various options
- Market Research are being carried out

31

STRATEGIES FOR COST OPTIMIZATION

- Develop annual allocation plans for major resources
- Regularly monitor resource utilization and performance
- Design appropriate systems to recognize and motivate employees
- Explore the benefits of outsourcing over internal activities
- Manage the contractor selection process carefully
- Harness technology to achieve productivity

32

Revenue Augmentation Opportunities

Clinical Sciences Division

- Institution of Pay Wards
- Institution of Sponsor Wards /Beds
- Optimum utilization of Research Wards
- Reorganize/ expand Staff Clinic and Travelers' Clinic to provide services like Corporate checkups and physician consultations.

33

Revenue Augmentation Opportunities (Contd..)

Laboratory Sciences Division

- Expansion of Environment and Water Lab
- Develop Nutritional Biochemistry Lab
- Extend Bio-medical services to other parties
- Expand infrastructure for increased sale of animal specimens to parties over and above the existing ones
- Sale of Media for Microbiological culture
- Increased usage of Incinerator

34

Revenue Augmentation Opportunities (Contd..)

Public Health Sciences Division

- Data processing and analysis services
- Consultancy to other NGOs

Health Systems and Infectious Diseases Division

- Monetization of Survey Data
- Revenues from Vaccine trials for MNCs

35

Revenue Augmentation Opportunities (Contd..)

Information Sciences Division

- Sale of Research findings on CDs
- Sale of training program for individuals / parties interested in getting certified in Public Health
- Increase the paid subscriber base for the Journals
- Institute a mechanism for sponsorship of research publications
- Increase the student base for Epidemiology and bio-statistics courses.
- Charge usage for library

36

Plan for Hospital

Option 1: Continuing Dhaka Hospital operations as before, with necessary up-gradation in hospital / other equipment and facilities. Optimization of resources and generation of Revenue through various Revenue Augmentation Opportunities.

Option 2: Setting up an additional facility at Kamalapur under the aegis of an NGO promoted by the Centre for serving local patients; Implementing a corresponding reduction in manning at Dhaka Hospital.

37

Plan for Hospital (Contd..)

Option 3: Transferring Dhaka Hospital with associated facilities to an NGO promoted by the Center, with all employees other than few key officials being offered an Early Retirement Scheme with a clause permitting re-employment with the NGO operating the hospital.

38

Plan for Diagnostic Services

Option 1: Continuing the diagnostic services at Dhaka with expanded service offerings like sonography and radiology and keeping the facilities open for extended hours from 8 AM to 9 PM for all seven days in the week in lieu of the current operating schedule of 8 AM to 4.30 PM for six days a week.

Option 2: Setting up an additional facility at Chakaria for serving local patients in addition to continuing the Dhaka operations as described in option-1.

39

Plan for Diagnostic Services
(Contd..)

Option 3: Opening 4 collection centres at different locations in Dhaka to increase utilization of the Dhaka pathology laboratory in addition to the facilities envisaged in Options 1 and 2.

Option 4: Setting up diagnostic units in the 5 district headquarters of Bangladesh in a phased manner. These centres will be in addition to the facilities considered in the earlier options.

40

Sustainability Plan- Follow ups

- Customize strategies for cost optimization and estimate potential savings
- Revisit the Revenue Augmentation Areas and work out feasibility
- Finalize Hospital Plan based on inputs from CSD Review and Market Research data for all the options
- Validate data obtained from Market Research for Diagnostic Lab, perform Exit Interviews
- Finalize Plan for Diagnostic Lab for all the options
- Identify two options in each case

41

Sustainability Plan- Follow ups

- Develop aggregate Plan at the organizational level based on all individual options
- Benchmark the plan by peer review
- Identify performance indicators for monitoring
- Built in performance indicators in "Suchona"
- Document Sustainability Plan through 2010
- Place the plan to BoT for approval
- Roll-out the approved plan in phases and monitor

42

CONCLUSION BY FINANCE COMMITTEE CHAIR

- 2003 Forecast: Efforts to be made to reduce cumulative deficit by generating a surplus
- 2004 Budget:
  - Deficit seems to be manageable
  - Decline in project by US$ 2 Million can be reversed if projects in pipeline materialize
- During last two quarters Endowment Funds recovered the loss suffered in 2002
- Further progress in defining Essential Core
- Employees Separation Fund: Management should weigh both options and workout an optimal one
- Sustainability Plan: Substantial progress has been made and plan to be presented in June 2004 BoT

43

6/BT/NOV 2003

FULL BOARD

BOARD OF TRUSTEES MEETING
NOVEMBER 2003

CENTRE
FOR HEALTH AND
POPULATION RESEARCH

FULL BOARD
2 November 2003

Draft

FULL BOARD

Sunday 2 November 2003

Agenda:

08:30 am-11:00 am	a) Full Board Meeting (Revise/finalize Resolutions)	- BoT
	b) Any Other Business	- BoT
11:00 am-11:30 am	- Tea	- BoT
12:30 pm-02:00 pm	- Lunch	- BoT (Director's Conf Room)
02.00 pm-03:00 pm	- Presentation by BoT Chair and Director	- BoT, Donors, Scientific Staff: NOA and above (auditorium)
03:00 pm-03:15 pm	- Tea	- BoT, Donors, SC
03:15 pm-04:00 pm	- Donor Support Group Meeting	- BoT, Donors, SC

Minutes of the Full Board Meeting
3 June 2003
Sasakawa Training Lecture Room

A meeting of the Full Board was held on 3 June 2003 at 8.00 am in the Training Lecture Room at which no Centre staff were present.

Present:

Dr. Ricardo Uauy Dagach (Chair, BoT)
Dr. Maimunah Bte Abdul Hamid
Prof. A K Azad Khan
Prof. Jane Kusin
Prof. Terry Hull
Dr. N. Ishikawa
Dr. Claudion Lanata
Mr. M. Fazlur Rahman
Dr. David Sack (Director, ICDDR,B)
Prof. Marcel Tanner
Prof. Carol Vlassoff
Dr. I. Kaye Wachsmuth

Absent (with regrets): Prof. N.K. Ganguly
Minutes: Loretta Saldanha

Agenda 1: Draft Bylaws

Ms. Vanessa Brooks presented the draft bylaws to the Board for its review. Board suggestions will be incorporated and copied to the Board. The Board in the meantime resolved to adopt the bylaws presented on 3 June 03 and also agreed that such bylaws replace bylaws adopted by the following Board resolution: Resolution 7/June 81; Resolution 8/June 81 and Resolution 16/November 81.

It was also agreed that the Director, together with the Executive Committee, develop a system to report to the Board, consistent with the bylaws pertaining to the roles of the Standing Committees. To fulfill this request, the Directorate should review the bylaws and the Strategic Plan and prepare a report, perhaps similar to a log frame, which will allow Board members to quickly review each responsibility outlined in the bylaws and determine if they have sufficient information to insure that they are fulfilling their responsibility

Agenda 2: Review and Finalize Resolutions

These were reviewed and revised accordingly. The resolutions as finalized by the Full Board was signed by Dr. Uauy before his departure from the Centre.

Agenda 4: Dates of the Next Board Meeting:

4-7 June 2004
4-8 November 2004

4-5 November 2004 BoT Retreat

DONOR SUPPORT GROUP MEETING

Dr. Uauy and Dr. David Sack made a presentation on the outcome of the Board meeting to staff and donors in the Sasakawa Auditorium at 2.00 to 3.00 p.m. on 3 June 2003. The Donors reconvened in the Sasakawa Training Lecture Room after Tea (3.15 pm). Members of the Board and the Scientific Council participated in the meeting.

Details of the meeting will be circulated separately.

A list of Board Resolutions dated 3 June 2003 is attached.

Full Board Resolutions

1/BT/Jun 03

As per Resolution 16 November/02, the Board adopts the bylaws presented on 03 June 2003. The BoT agrees that such bylaws shall replace bylaws adopted by the following Board Resolutions: Resolution 7/June 81; Resolution 8/June 81 and Resolution 16/November 81;

2/BT/Jun 03

That the Director, together with the Executive Committee, develop a system to report to the Board, consistent with the bylaws pertaining to the roles of the Standing Committee.

3/BT/Jun 03

Dates of the next Board Meetings:

4-7 June 2004
4-8 November 2004
(4-5 November 2004 BoT Retreat)

RESOLUTIONS: 3 June 2003

Programme Committee

1/BT/Jun 03

That BoT minutes should only contain (i) a summary of the key issues discussed and (ii) the resolutions or decisions forwarded.

2/BT/Jun 03

The BoT was pleased to receive the printed version of the Strategic Plan and reiterated the thanks to all involved in drafting and finalizing this important document for the Centre.

3/BT/Jun 03

That full Division reports be presented only at the full BoT meeting, usually in the fourth quarter and that the Executive BoT meeting receive a progress report of the Centre's activities in the form of the draft Annual Report.

4/BT/Jun 03

That since the progress of the Centre will be reviewed against the background of the Strategic Plan, similarly, the yearly and mid-term planning should also be presented in relation to the Strategic Plan.

5/BT/Jun 03

That the full BoT meet once a year, usually in the fourth quarter, to correspond with key planning activities of the Centre. The second BoT will be run as an executive BoT meeting with only the Executive Committee members attending. The executive BoT meeting will be followed by an e-mail report of key issues and draft resolutions, and a phone conference with all BoT members where key issues emerging from the executive meeting will be discussed and voting on the resolutions will occur.

6/BT/Jun 03

That a BoT retreat be held to discuss BoT working procedures in November 2004, prior to the full BoT meeting.

7/BT/Jun 03

That the Clinical Sciences Division should undergo a full review before the BoT meeting in November 2003. The review will be chaired by Dr. Claudio Lanata.

The review should assess the resources available: methods and data, output, impact and, on the basis of these considerations, formulate the TOR.

8/BT/Jun 03

.

That the BoT consider the proposal for ICDDR,B to host the Secretariat of the Child Health & Nutrition Research Initiatives of the Global Forum for Health Research (GFHR). The BoT noted that there were legal, governance and procedural issues that needed to be resolved with the Foundation Council of the GFHR. Potential conflicts of interest in terms of fundraising and staff time will need to be resolved prior to approval of the proposal. Negotiations should continue with the GFHR and a proposal should be presented at the next BoT meeting, or in the interim to the Executive Committee if necessary.

9/BT/Jun 03

The BoT appreciated the possibility to discuss the future of the ICDDR,B-Dhaka hospital with all heads/acting heads of divisions and advised them to develop together with the Director innovative models for the role, functioning and financing of the hospital. This should be presented and discussed in the November 2003 BoT meeting.

10/BT/Jun 03

That the Centre Directorate make further progress in defining the core (essential) support required by the Centre to fulfill its mission in accordance with the Strategic Plan and report their analysis to the November 2003 BoT meeting.

11/BT/Jun 03

The BoT analysed the pattern of distribution of unrestricted funds and noted that it will be important to monitor at future meetings the inter- and intra-divisional distribution of these funds and the rationale used.

HUMAN RESOURCES

12/BT/Jun 03

The Board records their thanks to Prof. Japhet Z.J. Killewo for his contributions to the Centre.

13/BT/Jun 03

The Board approves the appointment of Prof. Lars Ake Persson as Adjunct Scientist to the Centre for a period of three years effective March 01, 2003.

14/BT/Jun 03

The Board approves the strategy for the Recruitment and Retention of senior staff and authorizes the Director and Head, Human Resources to determine the most appropriate recruitment methods for individual posts and that the Centre provide regular feed-back on the results of this process.

15/BT/Jun 03

The Board approves the employment of spouses under the conditions stipulated in the document "Strategy for the Recruitment and Retention of Senior Staff".

16/BT/Jun 03

The Board approves the Gender Policy as put forward by the Centre and that those Members involved with drafting the Policy be congratulated for the excellent document. A report on the first stage of implementation should be provided at the November BoT meeting.

17/BT/Jun 03

The Board endorses the Centre's Human Resources Plan as presented. A report on its implementation should be provided at the November BoT meeting.

18/BT/Jun 03

The Board approves the selection of Dr. Halima Ramadhan Abdullah Mwenesi as a new Board member effective1 July 2003.

19/BT/Jun 03

The Board approves the extension the terms of the following Board members for a second term of 3 years with effect from the date of termination of their first 3-year term.

Prof. N.K. Ganguly
Dr. Tikki Pang
Prof. AK Azad Khan
Prof Jane Anita Kusin

20/BT/Jun 03

The Board approves the renaming of the policy "Promotion of National Officer Level Scientists from Bangladesh to the International Rank" to "Promotion of National Officer Level Scientists from Bangladesh to the International Professional Level" and change the annual review date from November 1 to April 30.

21/BT/Jun 03

The Centre proceed with the process of recruiting the Associate Director & Head, PHSD and authorizes the Executive Committee of the BoT to approve the appointment.

22/BT/Jun 03

The Centre provide a clear job description for the post of Deputy Director and have the concurrence of the BoT by e-mail.

23/BT/Jun 03

The Board approves the appointment of Dr Md Abdus Salam as Associate Director and Head of the Clinical Sciences Division.

FINANCE COMMITTEE

24/BT/Jun 03

The BoT accepts the audited financial statements of the Centre for the year ended December 31, 2002.

25/BT/Jun 03

The BoT agrees to approve the 2003 forecast as presented noting that over the past two years Centre has been able to generate annual operating surplus. The Management is encouraged to continue to take all measures possible to avoid the projected $492,000 deficit in 2003.

26/BT/Jun 03

The Board agrees to the appointment of KPMG, Kolkata and Hoda Vasi Chowdhury & Co., Dhaka as joint auditors for the year 2003 at a fee not exceeding US$15, 500.

27/BT/Jun 03

The Board approves a salary increase of 5% for all NO and GS (including CSA and short term staff) staff effective July 1, 2003 and a 4% salary increase for all international staff effective July 1, 2003, and an increase of the dependant allowance for national staff from Tk 500 to Tk 750.

28/BT/Jun 03

The Board authorizes the transfer on ongoing basis from the Reserve Fund to the Operating Fund of all funds in excess of $2,000,000.

29/BT/Jun 03

The Board authorizes the continuation of the overdraft facility of up to $2,000,000 with the American Express Bank for the year to July 13, 2004.

30/BT/Jun 03

The Board approves to allow borrowing of up to $500,000 from the Hospital Endowment Fund in 2003 for the purpose of capital improvements to our standby generator and electrical system, to be paid back by 10 years in equal yearly instalments with @3% interest will be paid to the Hospital Endowment Fund.

31/BT/Jun 03

Mr. Aniruddha Neogi joined as Head, Finance effective November 21, 2002, replacing Mr. Stephen E. Sage, erstwhile Chief Finance Officer of the Centre. Management recommends that the name of Mr. Neogi be included as signatory from Group 1. At the same time, the names of Mr. Stephen E. Sage, former Chief Finance Officer and Prof. Lars Ake Persson, erstwhile Associate Director, PHSD be excluded from the authorized signatories list since they have left the Centre after finishing their respective terms.

32/BT/Jun 03

The Board resolves that the Centre submit a proposal on the Employees Separation Payment Fund after consultation with the SWA and after considering all legal implications.

Full Board

33/BT/Jun 03

As per Resolution 16 November/02, the Board adopts the bylaws presented on 03 June 2003. The BoT agrees that such bylaws shall replace bylaws adopted by the following

Board Resolutions: Resolution 7/June 81; Resolution 8/June 81 and Resolution 16/November 81;

34/BT/Jun 03

That the Director, together with the Executive Committee, develop a system to report to the Board, consistent with the bylaws pertaining to the roles of the Standing Committee.

35/BT/Jun 03

Dates of the next Board Meetings:

4-7 June 2004
4-8 November 2004
(4-5 November 2004 BoT Retreat)

Selection of members of the Board of Trustees

Action Required

1. To consider replacement of 1 Board member (end of 2 terms):

    a. Prof Carol Vlassoff

2. For extension (end of first term):

    a. Dr Maimunah B A Hamid

    b. Dr Terence H Hull

    c. Dr Nobukatsu Ishikawa

    d. Dr Claudio Franco Lanata

    e. Dr I Kaye Wachsmuth

* Please see attached document.

LIST OF BOARD MEMBERS
WITH NATIONALITY, DISCIPLINE, JOINING AND ENDING DATES
(As at Nov 2003)

Name	Country	Discipline	Joining/Ending date
Mr M Tasadduq Hussain Beg	Bangladesh (GoB)	Civil Servant	Aug 2003/Jul 2006
Dr Ricardo Uauy Dagach	Chile	Nutrition	Jul 1999/Jun 2005*
Prof N K Ganguly	India	Public Health & Nutrition	Jul 2000/Jun 2006*
Dr Kul Gautam	UNICEF	Management/	July 2003/Jun 2006
Dr Maimunah B A Hamid	Malaysia	Public Health	Jul 2001/Jun 2004**
Dr Terence H Hull	Australia	Demography	Jul 2001/Jun 2004**
Dr Nobukatsu Ishikawa	Japan	Social Medicine	Jan 2001/Dec 2003**
Prof AK Azad Khan	Bangladesh (GoB)	Gastroenterology	Sep 1999/Aug 2005*
Prof Jane Anita Kusin	Netherlands	Public Health & Nutrition	Jul 2000/ Jun 2006*
Dr Claudio Franco Lanata	Peru	Nutrition/ Epidemiology	Jan 2001/Dec 2003**
Prof Tikki Pang	WHO	Infectious Disease, Research & Policy	Jun 1999/May 2005*
Mr AFM Sarwar Kamal	Bangladesh (GoB)	Civil Servant	Sep 2003/Aug 2006
Prof David A Sack	USA	Infectious Diseases	Oct 1999/Sept 2005
Dr Marcel Tanner	Switzerland	Tropical Medicine	Jan 2001/Dec 2004
Prof Carol Vlassoff	Canada	Public Health Trop. Diseases	Jul 1998/Jun 2004*
Dr I Kaye Wachsmuth	USA	Public Health & Sci.	Jul 2001/Jun 2004**
Dr. Halima R.A. Mwenesi	~~South Africa~~ Kenya	Sociology/ Tr. Med	Jul 2003/Jun 2006

**Unable to serve another term without a break*
*** For extension*

Target membership: 11 members at large
3 GoB
1 Director, ICDDR,B
1 UN
1 WHO

Total: 17 members

Current composition:

Developed Country	Region	Developing Country	Region
David A Sack (USA) Director	Nth America	AK Azad Khan (BD)	Asia
I Kaye Wachsmuth (USA)	Nth America	M Tasadduq Hussain Beg (BD)	Asia
Terence H Hull (Australia)	Pacific	AFM Sarwar Kamal (BD)	Asia
Jane Anita Kusin (Netherlands)	Europe	Claudio Franco Lanta (Peru)	S. Am
Marcel Tanner (Switzerland)	Europe	NK Ganguly (India)	Asia
Nobukatsu Ishikawa (Japan)	Asia	Maimunah BA Hamid (Malaysia)	Asia
Carol Vlassoff (Canada)	Nth America	Ricardo U Dagach (Chile)	S.Am/Carib
		Dr. Halima R.A. Mwenesi	Africa

UNICEF: Dr Kul Gautam
WHO : Prof Tikki Pang

Total: 7 Total: 8

Total: 17

Of 15 (excluding WHO and UNICEF) more than 50% must be from developing countries (including Bangladesh). Not less than 1/3 from developed countries.

As per above table:

8/15 (53.33%) are from developing countries (50%=8)
7/15 (46.67%) are from developed countries (2/3=7)

Gender: M=12
F= 05

BD = Bangladesh

Ordinance 8 (3): At any given time, the Board shall be so composed that, not counting the members nominated by the World Health Organization, 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.