



Glimpse

Volume 23 Number 4 December 2001 ISSN 0253-7508

HIV/AIDS IN BANGLADESH
New Division at ICDDR,B
Mirsarai Field Station
Development through Self-help



Safety First



The Centre was established in 1978 as successor to the Cholera Research Laboratory which was formed in 1960 to study the epidemiology, treatment, and prevention of cholera. The Centre is an independent nonprofit organization for research, education, and training in population and health sciences, and to provide clinical services.

As the leading international health and population research centre located in a developing country, the Centre has several comparative advantages. Its rural and urban hospitals, backed by state-of-the-art laboratories, allow rapid completion of research on diagnostic techniques, and clinical, pharmaceutical, and nutritional interventions. The Centre has rural and urban community-based extension services and 42 years of experience in meticulous record-keeping and data management. Its surveillance systems for clinical, epidemiological, and demographic data yield an incomparable wealth of information and invaluable opportunities for health, population, and family planning studies. Research findings of the Centre provide guidelines for policy makers, implementing agencies, and health and family planning professionals all around the globe.

The Centre's scientific workforce, with required logistics support staff, is organized into several multidisciplinary working groups under specific theme-umbrellas. The current theme-umbrellas are: Child Health, Nutrition, Reproductive Health, Infectious Diseases and Vaccine Sciences, Health and Family Planning Systems, and Population Sciences.

The Centre is governed by a distinguished multinational Board of Trustees comprising researchers, educators, public health administrators, and representatives of the Government of Bangladesh. The Board appoints a Director and Associate Directors who head the four scientific divisions: Clinical Sciences, Public Health Sciences, Laboratory Sciences, and Health Systems and Infectious Diseases; and Information Sciences Division.

Glimpse

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Editor's Note

On 1 December, the world commemorated World AIDS Day—a day that encompasses a range of emotions throughout the entire global community. It is a day when we celebrate those who are infected and continue to live with the disease; when we look with sorrow on the rampage caused by the disease in many countries, particularly in Africa; when we look back in amazement at the advances made since the disease reared its ugly head; and when we look forward with hope to a lifting of the silence, the stigma, the discrimination, and the misguided policies that continue to terrorise those affected with HIV/AIDS.



However advanced we've become in our thinking about the disease, we—each and every one of us—need to take more steps. We have left it to the government agencies, the NGOs, the international activists, and the drug companies to deal with what we prefer not to deal with. Each person in the world knows somebody who is infected or has died of the disease. Our contribution is to ensure safety, keep ourselves informed, and practise humanity.

It cannot be over-stressed that this disease does not discriminate against age, religion, race, gender, national/ethnic origin or class. Across the board, it has hit communities hard. The warning signs have always been there – unfortunately, some of us chose to ignore, to disbelieve, to blame, and to pretend that the disease did not exist or that health warnings were being exaggerated.

Particularly worrying is the extent of the crisis in several countries in Africa and in southeast Asia. Added to the continuing spread of the disease, is the debate on the need for the pharmaceutical companies to make AIDS drugs more available and less costly for the developing countries. While the debate continues, there is the need for absolute commitment on the part of governments worldwide to recognize that education, treatment, legislation and prevention are imperatives in the fight against AIDS.

Here in Bangladesh, national health officials, UN agencies and NGOs are paying close attention to the spread of the disease. Recently, an HIV dissemination seminar, hosted by the Ministry of Health and Family Welfare and coordinated by Dr Tasnim Azim of ICDDR,B, was held in the Centre's Sasakawa Auditorium.

The seminar provided a forum for informing on the current status of the disease in Bangladesh and pointing to the steps to be taken to combat it. We can hope that measures are being set in place to mobilize the society at all levels.

ICDDR,B has been constant in its awareness of the growing problem and is currently involved in the serological surveillance for the Government of Bangla-desh. Dr Azim, Associate Scientist in the Laboratory Sciences Division is the Centre's point person on this programme. We interview her to get an update on what is happening in Bangladesh and in the region.

From Glimpse to all our readers, our simple message is **Safety First**.

We also touch on Mirsarai, one of the Centre's field stations, a rural sub-district of Bangladesh, which was the first government rural health facility to successfully perform a caesarian section.

The following pages will also take a tour of the Centre's activities during the last quarter.

Judith Bennett Henry

HIV/AIDS in Bangladesh

In the global scenario of HIV/AIDS, Bangladesh is among those countries with a low prevalence of infection. However, high prevalence of risk behaviours, including unprotected sex between sex workers and their clients, needle-sharing among injecting drug users (IDUs), and the exponential spread of the disease in neighbouring countries put Bangladesh at high risk of an HIV epidemic.



Chief Guest Dr Khandaker Mosharraf Hossain, Hon'ble Minister Health and Family Welfare (4th from right) and Special Guest Hon'ble State Minister Health and Family Welfare Prof M Rezaul Karim (3th from right) Chairperson Mr M Fazlur Rahman, Health Secretary and Member of Centre's Board of Trustees (5th from right), and ICDDR,B Director Prof David Sack (2th from right)

Fortunately, the Government of Bangladesh, along with many organizations including ICDDR,B, have responded early to this threat. A national campaign to create awareness of issues around HIV/AIDS in the country is ongoing, which is aimed at preventing or at least slowing an HIV epidemic.

Surveillance, for HIV and the behaviours that promote its spread, has been conducted in Bangladesh since 1998. The surveillance data provided the information necessary for planning. Serological surveillance is conducted by the Virology Laboratory of Laboratory Sciences Division of ICDDR,B. This serological surveillance team is headed by Dr Tasnim Azim and comprises approximately 12 people.

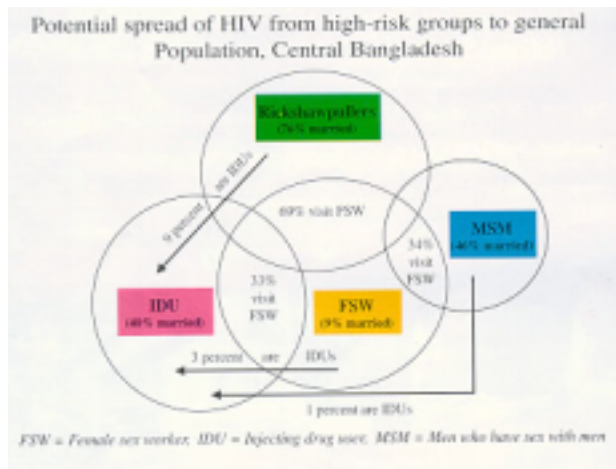
Data from the most recently-concluded round of surveillance were discussed at a seminar organized by the Ministry of Health and Family Welfare of the Government of Bangladesh on 22 November 2001. The seminar was held at the Centre's Sasakawa International Auditorium and was attended by health professionals, high-ranking government officials, policy-makers, and representatives from NGOs, CBOs, and people living with HIV/AIDS.

Dr Khandaker Mosharraf Hossain, Hon'ble Minister for Health and Family Welfare attended the seminar as Chief Guest, and Hon'ble State Minister for Health and Family Welfare Prof M Rezaul Karim as Special Guest. The seminar was chaired by the Health Secretary and Member of the Centre's Board of Trustees Mr M Fazlur Rahman.

The Minister, the State Minister, and the Health Secretary lauded the Centre for its role in providing technical support throughout the surveillance. They reiterated close collaboration of ICDDR,B with the Government of Bangladesh, which yielded fruitful results in the past and expressed that such collaboration will be strengthened in the years to come to address national health problems, including HIV/AIDS.

Dr Tasnim Azim presented both behavioural and serological surveillance data at the seminar. Major General Dr ASM Matiur Rahman, Chairperson of the Technical Committee of the National AIDS Committee presented a comparison of the Bangladesh data with that of the region for a better understanding of where the HIV epidemic in Bangladesh may be going. Recommendations for future steps were also presented.

Citing the presentation by Dr Tasnim Azim, Centre Director Prof David Sack said ICDDR,B would be happy to contribute even further toward controlling the HIV infection before it reaches epidemic proportions in this country. Prof. David Sack also warned that despite the present low prevalence of HIV, the high prevalence of syphilis and risk behaviours should set alarm bells ringing for Bangladesh. Prof. Sack said, "Epidemics grow exponentially, which explains why, for a long time, we simply failed to recognize how very small beginnings can have sudden and devastating effects." In this connection, he cited the anecdote of a lily plant that doubled every day on a pond, where more than half the pond will look clear just two or three days before it is fully covered. Prof Sack's



argument implies that the current low prevalence of HIV/AIDS in Bangladesh cannot be a reason for a 'wait and see' approach as adopted by many countries expecting that the "storm would go in a different direction."

Other speakers in the seminar included: Ms Pam Baatsen, Family Health International; Prof ABM Ahsan Ullah, Director General of Health Services; Dr Md Abdul Baqi, Director (PHC) and Line Director (ESP); Dr Rashiduzzaman, Deputy Director (PHC) and Programme Manager of the AIDS/STD Programme; and a WHO representative.

Public and Private Sector Initiatives

The response of the Government of Bangladesh pre-empted the first documented detection of HIV infection in the country by at least five years. The National AIDS Committee was formed in 1984. The first HIV-positive case was detected in 1989, but by then the Government set out short- and long-term plans to curb the potential spread of HIV.

The National AIDS Committee convened a series of consultative meetings and workshops with stakeholders from non-government organizations (NGOs), donor agencies, research institutions, and service providers. The national policy is very much in line with agreed international norms and standards for the prevention and management of HIV.

Global Programme on AIDS (GPA) of the World Health Organization extended technical and financial support in 1987, and since 1996, UNDP and UNAIDS have been supporting interventions for prevention of HIV/AIDS in Bangladesh. The dissemination seminar at ICDDR,B was sponsored by DFID, UK.

Findings from Sero and Behavioural Surveillance

The latest round (third round) of surveillance was conducted during July 2000-June 2001. Data showed a low prevalence for HIV in the country, but prevalence of risk behaviours among the vulnerable population groups is alarming. This is particularly so because there is considerable overlap between vulnerable population groups and their partners, some of whom may not themselves be practising risky sexual behaviour. The survey also showed that there are people who are not aware they are at risk.

Monitoring the AIDS Pandemic (MAP), in their Provisional Report on the Status and Trends of HIV/AIDS/STI Epidemics in Asia and the Pacific, explained how risk behaviours among vulnerable groups of population in an area with apparently low prevalence of HIV can accelerate the transmission of the disease to reach an epidemic level within a short time. This is depicted in the diagram showing that clients of female sex workers include rickshaw-pullers, men who have sex with men, and injecting drug users. Many of these client groups are married. Therefore, once HIV enters any one of these communities, it has the potential to spread rapidly into the general population.

Based on the findings of the surveillance, the following priority actions were recommended by Major General ASM Matiur Rahman in his presentation:

- Prevention programmes are needed to reduce the dangers of injecting drugs and of buying and selling sex
- The programmes must work to change the context in which these risks take place, rather than focusing on 'risk groups' alone.
- Prevention must happen on a large scale
- Programmes must be designed to be sustained over the long term
- The longer we wait to get effective, large-scale HIV prevention underway, the harder the task will be.

Major General Matiur Rahman concluded by saying "Strong political leadership and quick and sustained action will help Bangladesh take advantage of an opportunity to become one of the world's few success stories in HIV prevention." ■

Interview with Dr Tasnim Azim

Dr Tasnim Azim is Associate Scientist of the Laboratory Sciences Division, who headed a 12-member team of ICDDR,B scientists and technologists in the serological surveillance for HIV/AIDS in Bangladesh. Dr Azim continues to play a strong role in the Centre's collaboration with the Government of Bangladesh in this regard.

Glimpse: *What is the current status of HIV/AIDS in Bangladesh?*

Tasnim Azim: The sources of information regarding the current status of HIV/AIDS in Bangladesh are the surveillance data, passive case reports, and other *ad hoc* surveys. The last round of surveillance data in Bangladesh shows that HIV prevalence among population groups with high-risk behaviour and some of the bridging population groups (who represent clients of sex workers) is less than 1%. The highest rates are among injecting drug users in central Bangladesh where the prevalence is 1.7%. According to the information disseminated by the Government of Bangladesh on World AIDS Day, the number of reported cases of HIV is 188. However, since this is passive case reporting, this is likely to be an under-estimate. And as far as the general population is concerned, so far no HIV has been reported in any survey done on the general population, such as attendees of antenatal clinics. Although the HIV prevalence rates are low, syphilis rates are high as are the risk behaviours which will allow spread of HIV.

Glimpse: *Does Bangladesh have an open policy toward informing the general public about the spread of the disease?*

Tasnim: Yes and no! Considering that Bangladesh is a relatively conservative country, the media are now talking about HIV/AIDS more openly than we could imagine possible. However, this is not adequate, more openness is needed. For preventing an epidemic, information about HIV/AIDS and sexuality is essential. There is tremendous inhibition about talking about sexuality and sex which makes talking about HIV/AIDS very difficult, and this is especially true with young people—not that it is not in the policy but just that it is not done, not acceptable.

Glimpse: *Does ICDDR,B have a role in the national HIV/AIDS control programme? How is it helping?*

Tasnim: ICDDR,B does play a big role in the HIV/AIDS programme of Bangladesh by conducting the serological surveillance for HIV and syphilis for the Government of Bangladesh. Data from the surveillance are required by policy-makers and programmers on HIV/AIDS in the country. Also, ICDDR,B is setting up a Voluntary Counselling and Testing Centre for HIV which will provide counselling and testing (with confirmatory test) for those seeking to be tested for HIV.

Glimpse: *How is the local population being mobilized to confront the spread of the disease?*

Tasnim: The general people are being mobilized mainly by raising their awareness. There is a very active programme with Imams of mosques through whom a large segment of the population is expected to be reached. Boy Scouts and Girl Guides are also being trained to reach out to young people. Organizations, such as the Rotary, have programmes with the media for ethical reporting and with young people for raising awareness regarding voluntary blood donation. Again, although there is quite a lot going on, this is nowhere near being enough. A very vulnerable population group remains migrant workers who are travelling to areas with high prevalence of HIV and raising their awareness regarding their risks, but this is a largely-neglected group of people. ■



Health Systems and Infectious Diseases Division

The Health and Population Extension Division (HPED) of ICDDR,B has been recently renamed Health Systems and Infectious Diseases Division (HSID).

The HSID aims at strengthening national health systems through operations research, design, test, and facilitating extension of cost-effective and sustainable research outcomes for rural and urban settings with emphasis on the prevention and control of infectious diseases.

The Division houses two cross-divisional Centrewide programmes: (1) Programme on Health and Family Planning Systems (PHFPS), (2) Programme on Infectious Diseases and Vaccine Sciences (PIDVS), and facilitates the newly-reorganized Family Health Research Project (FHRP).

PHFPS is an initiative to support activities on integrated delivery of essential health and family planning services under the national programme. This will be accomplished through identification of priority problems, design, implementation, evaluation, and replication of cost-effective and sustainable interventions. PHFPS promises delivery of maximum health benefits to the community by optimal use of available knowledge and resources.

Activities of PIDVS will reflect ICDDR,B's expanding role in the prevention and control of infectious diseases that are important to Bangladesh and other impoverished settings. Specifically, the programme is mandated to evaluate promising vaccines against major infectious diseases and disease syndromes; define disease incidence and burden for major syndromes and key aetiologies; define risk factors and clinical and epidemiological characteristics of major infectious diseases for designing cost-effective strategies for prevention and control; evaluate treatment and prevention strategies to reduce burden of infectious diseases; and enhance capacity to investigate and manage outbreaks of infectious diseases in Bangladesh.

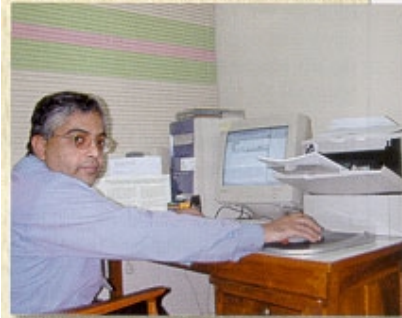
FHRP is the new name for the designed Operations Research Project (ORP). The FHRP differs from ORP in terms of administrative mechanism in that it will be a Centrewide activity with relevant scientists from any division. of the Centre. This restructuring is done with an objective to develop and test new interventions with emphasis on the need of ESP delivery.

New Associate Director

Dr G Balakrish Nair, an Indian national, was recently appointed to the position of Associate Director and Head of the Laboratory Sciences Division of ICDDR,B.

Dr Nair joined the Centre on 9 April 2000 as Microbiologist and has been Acting Head of the Division since 1 December 2000.

He graduated from Madras University, India in 1975, with a Masters degree in Marine



Biology from Annamalai University in 1977, and obtained his PhD degree from the same university in 1982. Dr Nair had had wide experience in the field of microbiology while working at the National Institute of Cholera and Enteric Diseases (NICED) in Calcutta, India; as a post-doctoral research fellow in the National Children's Medical Research Center, Japan; in the Department of Microbiology, Kyoto University, Japan; and as a visiting scientist at the Department of International Health, Johns Hopkins University, USA.

For his outstanding research work in the field of cholera and other enteric diseases, he received several awards, including Certificate of Merit from the Centers for Disease Control and Prevention (CDC), Atlanta, USA in 1994; Professor SC Mahalanobis Memorial Award from the Physiological Society of India; and the prestigious Shanti Swarup Bhatnagar for Medical Sciences in 1998.

Dr Nair holds memberships in several professional societies and on the editorial boards of many international journals.

Glimpse extends to him a warm welcome and wishes him a successful tenure at the Centre.

FHRP encompasses studies on: fertility decline, development and evaluation of community-based IMCI interventions, community-based interventions to reduce neonatal mortality, cost-effectiveness of nutritional interventions by NGOs, missed opportunities for family health, rapid appraisal tool for ESP managers, determinants of low EPI coverage, addressing the reproductive health needs of adolescents, prevention and management of RTI/STDs at primary health facilities, and impact of Essential Obstetric Care.

All these are intended to fulfill the national goal of lowering the fertility rate to replacement level by 2005, reducing maternal and child mortality rates, planning and implementing the Community Clinics in the best possible way, improving vaccine coverage rates, setting a strategy to prevent epidemic of HIV/AIDS in the country, increasing the use of emergency obstetric services and resources thereof, tuning service-delivery systems to the customers' need with more efficient, cost-effective and sustainable high-quality services, and balancing operations research activities among research, technical assistance, and policy advocacy.

To achieve its mission, the Division entails a multidisciplinary approach of inquiry through both quantitative and qualitative methods. The Division works in close collaboration with the Ministry of Health and Family Welfare of the Government of Bangladesh and non-government organizations (NGOs) to facilitate translation of research findings into policy and actions by replicating the successful interventions field-tested in the Division's research sites at Abhoynagar upazila of Jessore district, Mirsarai upazila of Chittagong district, and Dhaka city. ■

Mirsarai

Field Station for GoB-ICDDR,B Collaborations

Mirsarai, a rural sub-district (upazila) of Bangladesh on the Dhaka-Chittagong Highway, 260 km southeast of Dhaka city and 60 km north of Chittagong city, emerged as an important fieldsite for GoB-ICDDR,B collaborations for improving maternal-child health and family-planning programmes.

Maternity-related death rate in Bangladesh, particularly in rural areas, is unacceptably high. Inadequate and improper antenatal care, inadequacy and/or under-use of facilities for emergency obstetric care (EOC), and more importantly, low quality of maternity services at the rural level increase the risk of childbirth complications. The ICDDR,B interventions were intended to improve the quality and use of services in the existing government facilities at the Mirsarai Upazila Health Complex in Chittagong district through operations research (OR). The interventions yielded, only within a period of five years, a model for EOC services replicable in other rural health centres of the country.



Mirsarai Upazila Health Complex. Inset: The first caesarian baby born at the Mirsarai Upazila Health Complex on 22 June 1966

A little later, similar interventions to strengthen maternal and neonatal health were started and are continuing in Abhoynagar upazila of Jessore district, but Mirsarai remained the main rural site for such interventions, and has been implementing new strategies to further improve the EOC model by ensuring the needed referral and linkage from the community to address the Type 1 delay, i.e. to avert the adverse consequences of inappropriate and delayed decision-making for obstetric complications.

This feature provides information on the ICDDR,B's role in generating this model and a few other key OR interventions at Mirsarai that had significant impact in the national health and family planning programmes and policies.

The activities first started under the previous MCH-FP Extension Project (Rural) and subsequently continued by the Operations Research Project (recently renamed Family Health Research Project) of ICDDR,B. The key focus of these OR interventions has been to improve efficiency, cost-effectiveness, and sustainability of the government and NGO programmes in rural and urban areas.

It is important to mention that, unlike the Matlab Programme, the Extension Project and its successor projects do not provide any direct health and family-planning services. Only operations research support and the needed technical assistance are extended to the existing government and NGO programmes, in close collaboration with the relevant partners, to further improve their service-delivery systems.

Why was Mirsarai selected as an ICDDR,B intervention site?

The Government of Bangladesh and ICDDR,B found Mirsarai an ideal intervention site for collaborative operations research for improving the MCH-FP services and initiated a joint initiative in mid-1994. Since then, a longitudinal surveillance system, namely the Sample Registration System (SRS), has been in place to monitor the demographic and programmatic changes resulting from the OR activities and also to provide information on future research needs.

Mirsarai, located in a conservative coastal belt of Bangladesh, was a low-performing area in terms of contraceptive prevalence rate (CPR), a high rate of fertility and maternal morbidity and mortality before ICDDR,B's intervention. It was found at the baseline survey that only 1.7 percent of the complicated deliveries took place at the upazila health complex, which was much less than the expected 15 percent deliveries that would have needed institutional medical assistance and special neonatal care. Most cases of complications due to antepartum and postpartum haemorrhage, eclampsia, abortion, and obstructed labour, had to be referred to the district-level health facilities. Doctors working in the health complex had no formal training in obstetrics. The nurse-midwives attended only normal deliveries and provided routine post-delivery care. Lack of trained personnel and equipment to handle pregnancy- and delivery-related complications made the Mirsarai Upazila Health Complex a typical health facility that was ill-equipped for providing proper MCH-FP services.

Launching of operations research interventions

A few of the important OR interventions designed and field-tested at Mirsarai and replicated within the national programme are:

- **Doorstep delivery of injectable contraceptives:** This intervention was aimed at increasing CPR in a relatively conservative setting by providing the clientele more options for temporary clinical family planning method at their homes. The remarkable success of the intervention led to its rapid replication. However, given the recent policy of the government to move away from doorstep delivery of services and commodities, contraceptive injectables are now being provided by the field workers at clinics.
- **Integration of health and family planning outreach services:** Family-planning and limited maternal and child health services provided from the outreach satellite clinics were integrated with the immunization services offered from the outreach EPI spots. Based on the successful implementation of such integration and marked increase in the use of services, the Government merged the satellite clinics with the EPI spots nationally. The lessons learnt from the OR activities at Mirsarai made notable contributions to the ongoing health reform programme featuring an integrated delivery of essential health and family-planning services (ESP) using static sites at the community level.
- **Charging user-fees for family-planning commodities and services:** To encourage enhanced use of family planning, free distribution of contraceptive commodities and services has been in practice for the last three decades. While such an approach was quite successful in remarkably increasing the CPR, it also led to wastage and misuse of resources and eventually posed serious financial constraints for the programme. The operations research on charging nominal user-fees for contraceptive commodities and services exhibited considerable cost-recovery prospects through revenue generation and prevention of wastage, without affecting the contraceptive prevalence rate. Being encouraged by the findings of the intervention, the national programme has, in principle, accepted the provision for introducing user-fees.
- **Operationalization of Community Clinics:** The operations research on establishment of the Community Clinics as the first-level service-delivery static centres to provide the Essential Services Package (ESP) has supplemented the corresponding national policies with useful information. This collaborative research involved all the relevant stakeholders (government health managers at the local level, supervisors, providers, and community representatives) to fine-tune the approaches for operationalizing a functional government-community partnership.

- Reproductive health of adolescents: One of the most neglected areas of healthcare intervention in Bangladesh was health of adolescents. ICDDR,B interventions currently being conducted at Mirsarai are aimed at devising appropriate strategies to address the reproductive health needs of the adolescents within the government and NGO programmes.

Mirsarai EOC Model

Centre's activities on EOC at Mirsarai started in October 1995 following the 1994 International Conference on Population and Development (ICPD) held in Cairo that generated new directives for interventions toward better family planning and maternal and child health (MCH-FP) programmes. The ICPD mandate generated a strong commitment in the Government of Bangladesh to implement its Programme of Action (POA).

The EOC intervention at Mirsarai began as part of a project called "Strengthening Maternal and Neonatal Health: Improving Linkages at All Levels." With technical advice from ICDDR,B, the Government-run Mirsarai Upazila Health Complex upgraded its maternity unit with modern facilities, including equipment for caesarian section and blood transfusion. Placement and training of an anaesthetist and obstetrician was done to introduce comprehensive EOC service. The first caesarian section at an upazila-level health centre was done in Mirsarai on 22 June 1996. In addition to improving EOC facilities at the upazila level, the intervention introduced community awareness and involvement strategies for pregnancy complications to ensure an improved referral system and establish linkages with other facilities for better emergency obstetric care.

The implementation of the comprehensive EOC at Mirsarai was such a success that it is now referred to as the 'Mirsarai EOC Model.' It was decided to replicate the model in 5 selected upazilas of 5 administrative divisions of the country. As a result, the Mirsarai EOC Model was scaled up in Abhoynagar upazila of Jessore district, Dumuria in Khulna district, Shahrasthi in Chandpur district, Mithapukur in Rangpur district, and Narsingdi Sadar in Narsingdi district.

Planning is underway to replicate the Mirsarai EOC Model in all upazilas of Bangladesh in a phased-in manner. ■

Follow-up of Fundraising Art Auction

The Silent Auction of Art/Paintings for the Hospital Endowment Fund of ICDDR,B, arranged in the Roof-top Pavilion of the Centre's Sasakawa Auditorium on 2-4 November 2001, successfully ended with an earning of Tk 100,000.00. Forty eminent artists of Bangladesh contributed 80 pieces of artwork/paintings that drew tremendous interest from the local and expatriate communities.



Visitors to the auction

Chief Guest His Excellency Mr. Sjef IJzermans, Ambassador of the Royal Netherlands Embassy in Bangladesh (second from left), Special Guest Mr Aminul Islam (extreme right), and organizer and in-house artist of the Centre Mr Asem Ansari (second from right) with Director Prof David Sack (extreme left) at the Opening Ceremony

The event was inaugurated by His Excellency Mr Sjef IJzermans, Ambassador of the Royal Netherlands Embassy in Bangladesh, who was invited to participate as Chief Guest in the opening ceremony. In his speech, Mr IJzermans stated that the "ICDDR,B's significant contribution to healthcare and research has earned well-deserved recognition as a premier health research institution." He said he was happy to see that initiatives had been taken to strengthen the Hospital Endowment Fund with donations from the local sources. Mr Aminul Islam, an eminent artist and former Principal of the Institute of Fine Arts, Dhaka, Bangladesh, was present as Special Guest in the opening ceremony.

Centre Director Prof David Sack said in his speech in the opening ceremony, "those investing in this auction will continue to enjoy the beauty of the art for many years, and as they see these art objects in their home, they will be reminded that they also contributed to the saving of so many lives at the ICDDR,B hospital, a resource for more than 100,000 very needy patients each year."

Some unsold paintings are still on display at the Centre and will also be exhibited for sale at the Annual Charity Ball scheduled to be held at Pan Pacific Sonargaon Hotel on 8 February 2002. Glimpse would like to acknowledge the commitment and dedication of Mr Asem Ansari, Head of ICDDR,B's Audiovisuals Unit and of his wife Ms Loretta Saldanha, Executive Secretary of the Clinical Sciences Division in putting together this auspicious event. ■

ANNOUNCEMENT

Invitation for Submission of Manuscripts on Health and Equity for Possible Publication in Journal of Health, Population and Nutrition



The Journal of Health, Population and Nutrition (JHPN) will publish theme-based issues, beginning in its March 2003 Issue, to highlight findings of some important emergent research issues from different regions of the world. The theme-based issues will also carry the regular articles received for possible publication in the Journal.

The first theme-based issue (March 2003) will be on Equity and Health. This special issue may include original research articles on concepts, measurements, methodological issues, empirical findings on the situation of health equity, and interventions to reduce health inequity. Reports on global, national, or sub-national pro-equity activities and the experiences gained by way of impact assessment and the process of implementation are also of interest. Potential authors are requested to express their interest to contribute in writing with a tentative title of the paper to jhpn@icddr.org by 30 June 2002. The final manuscript should be available by end of September 2002. Manuscripts should follow the Vancouver Style. 'Information for Contributors' can be viewed on the Journal or downloaded from the website.

The JHPN is a peer-reviewed quarterly journal and is indexed by the major international indexing systems. It is freely available through the Internet (<http://www.icddr.org/jhpn>). For further information, contact Dr Abbas Bhuiya, Guest Editor of the March 2003 Issue at (abbas@icddr.org). ■

Centre Participates in UN Day 2001

ICDDR,B participated, as it does each year, in the observance of the UN Day on 24 October. On this day, the UN Women's Association (UNWA) hosts a programme to display exhibits from the UN agencies and selected organizations to celebrate the UN agencies and their activities.

ICDDR,B participates in the programme as the Centre is recognized as a part of the UN family because of its involvement in the implementation of various UN initiatives in Bangladesh and the region. This year, the exhibition was held at the Pan Pacific Sonargaon Hotel.

Each UN agency and ICDDR,B displayed their exhibits in the Sonargaon Hotel, demonstrating their project and programme activities. ICDDR,B's exhibits highlighted collaborations with the UN agencies. The Centre implements a number of health research activities with financial support from the UN organizations. The following ICDDR,B-UN collaborations were featured in this year's exhibition:

- *The World Bank-funded Bangladesh Integrated Nutrition Project-Operations Research Project (BINP-ORP):* The BINP-ORP supported research activities conducted by NGOs and universities under the direction of ICDDR,B.
- Initial funding in 1998 for the laboratory tests of specimens in the Bangladesh National Sentinel Surveillance for HIV/AIDS and Syphilis conducted by ICDDR,B on behalf of the Government of Bangladesh: Additional support for Sentinel Surveillance has been provided by UNAIDS and WHO. Presently, the Centre is working with the Government of Bangladesh to continue the HIV/AIDS and Syphilis-testing with the assistance of a credit from the World Bank.
- *Present collaboration of the Centre with UNICEF in evaluating the efficacy of combined food and micronutrient supplementation in pregnancy on foetal growth as well as other outcomes:* This large population-based trial is implemented in close collaboration with the Bangladesh Integrated Nutrition Project, BRAC, and Cornell University in the United States.
- *The success in reducing mortality due to severe malnutrition and in improved weight gain during nutritional rehabilitation with therapeutic diet:* This resulted in the design of training courses for the management of severe malnutrition. With support from the World Bank and UNICEF, the protocol has been implemented in other hospitals in Bangladesh and other countries, including Bhutan and Nepal. ICDDR,B was presented as a WHO Collaborating Centre for Nutrition for its extensive research and development of the protocolized treatment for severe malnutrition.
- *Centre's involvement in the mitigation of arsenic problems in the groundwater of Bangladesh:* Tube-wells contaminated with arsenic, first confirmed in 1993, now pose a major public-health risk. Data from the Matlab Health and Demographic Surveillance System provided information on tube-well contamination and health implications not available from any other sources. The ICDDR,B project funded by WHO involves screening for skin lesions in a population of 220,000, assessment of arsenic content in 9000 tube-wells of the Matlab surveillance area, and establishment of a database for epidemiological studies on levels of arsenic exposure and manifestations of arsenicosis in this population.
- *The World Bank-sponsored three-year programme titled, 'Nutrition Centre of Excellence' (NCOE):* With a US\$2.8 million support, the NCOE strengthened the Centre's nutrition research agenda to address severe malnutrition, strengthen community-based nutritional models, and extend effective breast-feeding activities in Bangladesh.

Other UN collaboration-related activities that were highlighted on the occasion of the UN Day included the following:

- ◆ ICDDR,B, as the premier diarrhoeal disease research institution in the world, is a WHO Collaborating Centre for diarrhoeal disease research.
- ◆ In collaboration with the Government of Bangladesh, UNFPA organized a discussion meeting on the plateauing of Total Fertility Rate (TFR) in Bangladesh in May 2001. The participants decided to form a technical committee of representatives from the Ministry of Health and Family Welfare, ICDDR,B, Population Council, academic institutions, and UNFPA to explain the related issues in more detail, and to come up with a set of research, policy and programmatic recommendations.
- ◆ WHO-supported TB Surveillance, conducted in conjunction with HIV/AIDS surveillance, is carried out by ICDDR,B.
- ◆ ICDDR,B representatives participate as members of the WHO Vaccine Safety Committee
- ◆ WHO is represented on the ICDDR,B Ethical Review Committee that reviews and ensures that all research protocols on human subjects meets international ethical standards.

Mr Siraj Mollah of the External Relations and Institutional Development Office of ICDDR,B represented the Centre at the UN Day exhibition and contributed to this article. ■

Good News

Grant from National Institutes of Health

In August 2001, ICDDR,B received an NIH grant for US\$100,000 to continue epidemiological surveillance of dengue fever initially undertaken during the first-reported epidemic of dengue in Bangladesh in 2000. This grant-in-aid supports an epidemiological surveillance in the urban slums of Kamalapur area of Dhaka city. The study is designed to determine the incidence of dengue fever and the risk factors for dengue haemorrhagic fever in urban Dhaka.

Dr Abdullah Brooks, who is seconded from the Johns Hopkins University and is currently working in the Centre's Infectious Diseases and Vaccine Sciences Programme, is the recipient of this prestigious NIH grant.

Multi-year Grant from DFID

The Department for International Development.(DFID), UK, pledged a multi-year grant of 5 million pound sterling over 5 years under an agreement with the Centre to initiate and implement research relating to poverty and health. Under this grant, the Centre will assess disease burden among adults in poor communities and identify appropriate strategies to prevent and manage poverty-related diseases. ■

Visitors

The Centre welcomed a number of distinguished visitors during the last quarter (October-December) of 2001. They included diplomats, researchers, health professionals, and academicians.

17 October: Ms Suneeta Mukherjee, Country Director, UNFPA, Bangladesh



Ms Suneeta Mukherjee, Country Director, UNFPA, Bangladesh being briefed on the Centres activities by Director Prof David Sack

21 October: Ms Kimiko Abe (Consultant); Ms Ayako Honda (Consultant); Ms Kiyoko Ikegami (JOICEP); Ms Ayumi Suzuki (JICA); Mr Hiroyuki Nagasawa (MOFA); Mr Tim Meink, Senior Adviser, USAID; and Dr Sallie Craig Huber, Director, External Relations and Development, Management Science for Health, Boston, MA. They represented the Evaluation Mission for Global Issues Initiative on Population and HIV/AIDS, commissioned by the Ministry of Foreign Affairs of the Government of Japan. .

22 October: Dr Didier Patte, Consultant of Global Evaluation of the EC Cooperation in the Domain of Health, European Union.

12 November: Mr Julian Lob-Levyt, Health and Population Division of the Department for International Development (DFID), UK
20 November: Ms Vilaisan Campbell, First Secretary;

Tenth ASCON in June

The Centre's Tenth Annual Scientific Conference (10th ASCON) will be held on 11-13 June 2002.

The central theme of this year's conference is "Malnutrition: Meeting the Challenges in South Asia." Abstracts of studies relevant to the central theme are invited from the participants. Abstracts and related correspondence should be submitted by 15 April 2002 to:

Dr SK Roy, Scientist and Acting Head, Nutrition Programme, Clinical Sciences Division, Chair of the Scientific Committee of 10th ASCON (Telephone extension: 2313; email: skroy@icddr.org).

The Organizing Committee comprises three conveners: Mr Peter Thorpe, Associate Director and Head, Information Sciences Division; Dr Petra Osinski, Consultant Scientist, and Dr SK Roy.

As in previous years, the Conference is expected to bring together about 500 researchers, health professionals, policy-makers, and administrators.

Prospective participants may contact: Mr M Shamsul Islam Khan, Head, Dissemination and Information Services Centre (DISC) at msik@icddr.org or Ms Loretta Saldanha, Executive Secretary, Clinical Sciences Division (CSD) at loretta@icddr.org, or visit our website at <http://www.icddr.org> ■

Ms Tushar Ahmed, Senior Development Officer of the Australian High Commission in Bangladesh. They handed over a cheque as AusAID's contribution to the Centre. Dr Marcelino-de Sales-Lucas, Director, Department of Environmental Health, Ministry of Health, Mozambique and Dr Andrew Collins, Programme Leader, Disaster Management and Sustainable Development, University of Northumbria, Newcastle-upon-Tyne, UK, visited the Centre to discuss collaborative research on environmental microbiology. Ms Marianne Thompson, Danish Management A/S, Brussels, Belgium, also paid a visit to the Centre on the same day.

24 December: Dr Nobukatsu Ishikawa, Member of the ICDDR,B Board of Trustees. ■

Hi

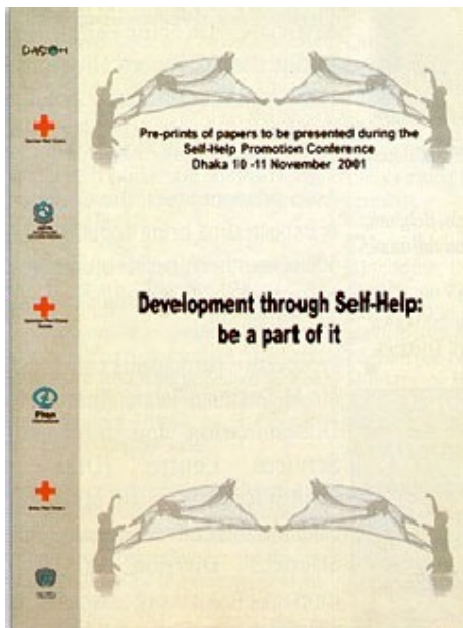
Glimpse is happy to announce an addition to the ICDDR,B family: Ms Diann Hill, Head, Human Resources and husband Jim welcomed the birth of their daughter Alexandra on 30 November 2001. Glimpse sends its best wishes to parents and baby. ■

Development through Self-help

The Public Health Sciences Division of ICDDR,B, in collaboration with Plan International, UNDP, DASCOH, German, Japanese and Swiss Red Cross societies convened a conference on Self-help Promotion on 10-11 November 2001 at the Centre's Sasakawa International Auditorium.



The Conference on Self-help Promotion in progress



The conference provided a platform to present evidence of the effectiveness and limitations of the self-help approach in development. The conference was not limited to health only. It focused on experiences in self-help promotion in all sectors of development.

Twenty-two papers from 22 non-government organizations (NGOs) on self-help issues were presented and discussed in the conference. The papers were included in a book titled "Development through Self-help: Be a Part of It" published before the conference. The book is bilingual, the articles being presented both in English and Bangla languages.

ICDDR,B has studied the possibility and feasibility of activating self-help initiatives toward improving health through its Chakaria Community Health Project since 1994. The positive findings and the many challenges that it had encountered prompted a call to share these with similar organizations in Bangladesh, working for self-help promotion through participatory, community-managed interventions. This experience led the Centre to host the conference and serve as Secretariat for the Self-help Promotion Events in Bangladesh.

The conference focused on:

- ◆ Group formation in self-help promotion
- ◆ Role of women and children in self-help promotion
- ◆ How to phase out project support to self-help groups?
- ◆ How to measure results in self-help promotion projects?
- ◆ What changes are required within a support organization to move to a self-help promotion approach?
- ◆ What are the potentials and limits of a self-help promotion approach for development?
- ◆ Can and should self-help groups seek links with the local government system?

The book is a unique documentation of the self-help promotion activities and experiences in Bangladesh. During the two-day conference, presentations were followed by discussions among the participants in various sessions. The conference, thus, served as a virtual forum for review of the book.

The book also contains the conference report and articles on the background of self-help promotion activities in Bangladesh. It will soon be available on the Centre's website. ■