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KNOWLEDGE FOR
GLOBAL LIFESAVING SOLUTIONS

ICDDR,B's
humanitarian services
during 2007 flood

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ICDDR,B's humanitarian services during 2007 floods

Flooding is a regular phenomenon in Bangladesh, and it puts an extra load of diarrhoeal patients each year on the ICDDR,B hospitals, both in Dhaka and Matlab. However, this year's deluges have been the worst ever in Bangladesh in terms of disease outbreaks.

During August alone, the Hospital received and treated about 21,500 patients sometimes at a rate of more than 1,000 per 24 hours, which was

ICDDR,B and drinking-water contamination in and around Dhaka city.

The Centre had to allocate more resources, including re-assigning the Centre scientists and even non-medical staff in the patient-care activities. In addition to clinical services, the ICDDR,B staff donated one day's salary, collectively amounting to two million taka, to the Special Relief Fund of the Chief Adviser of the Caretaker Government of Bangladesh.

emphasized the necessity of harmonizing services provided by the government and private care providers. He made special mention of franchising ICDDR,B's specialized services to other care providers.

General Moeen U Ahmed, Chief of the Bangladesh Army, visited the Hospital on 12 August and lauded the efforts of ICDDR,B in saving lives in the dreadful consequences of the flood. The Hospital Endowment Fund has received



Hon'ble Health Adviser Major General Dr ASM Matiur Rahman (Rtd) visited the Dhaka Hospital of ICDDR,B twice on 11 and 13 August and General Moeen U Ahmed, Chief of Bangladesh Army, on 12 August

the highest number of patient-visits in the 40-year history of ICDDR,B.

This year the entire ICDDR,B compound, including the garage area, had to be occupied by make-shift treatment units. According to the epidemiologists, this abnormal flow of patients in our Dhaka Hospital is due to increased mass awareness of the world-class clinical services at

Hon'ble Chief Adviser Mr Fakhruddin Ahmed, in a message, expressed his deep appreciation and gratitude for this donation and for all the humanitarian services provided by ICDDR,B. Hon'ble Health Adviser Major General Dr ASM Matiur Rahman (Rtd) visited the Dhaka Hospital of ICDDR,B on 11 and 13 August. He was pleased to see the special arrangements at the Centre in this disastrous situation. He

a remarkable financial contribution from the donor community, and individuals. You can also extend your support to this great humanitarian cause. Please visit ICDDR,B's website at www.icddr.org/activity/donate to learn more about the Hospital Endowment Fund. Send your donation and be a proud partner of ICDDR,B in saving lives and serving humankind. ■

Change in Hospital Administration at ICDDR,B

The famous 'Cholera Hospital' in the capital city of Bangladesh—recently renamed 'Dhaka Hospital'—was established in 1962 to support clinical research activities of the then Pakistan-SEATO Cholera Research Laboratory (the predecessor of ICDDR,B). In the 1970s, the hospital was known as 'Dhaka Station Hospital'.

In the recent years, patient-load at the ICDDR,B hospitals has been increasing at a rapid rate, especially due to natural calamities such as floods. Usually during all summer peaks of diarrhoeal disease outbreak, the Dhaka Hospital of ICDDR,B has to be expanded with temporary make-shift treatment units with tents around the permanent hospital area. The situation during the 2007 flooding was so devastating that the patient-visits outnumbered all figures as experienced in other years. This is why the present management of the Centre had to take a wise decision to implement this infrastructural change towards separating the hospital from the administrative control of the Clinical Sciences Division and, thus, establishing this as an independent entity.

The hospital was under the administrative control of the Clinical Sciences Division, which emerged from the erstwhile Pathogenesis and Therapy Working Group under the Pakistan-SEATO Cholera Research Laboratory founded in 1960. Internally, the hospital was also called 'Clinical Research and Service Centre' to signify two of the three mandates of the Division—patient-care, research, and training activities. The increasing patient-load during the recent years continued to place an extra demand on time availability of the professionals, with increasing difficulties in maintaining all three functions with high-quality standards.

With this observation and under-

standing, the ICDDR,B management has recently made an infrastructural change in the hospital administration. Since 2 September 2007, the Dhaka Hospital of ICDDR,B has been separated from the Clinical Sciences Division and placed under the administrative control of a newly-appointed Hospital Administrator and Consultant Physician Dr Mark Pietroni.



Dr Mark Pietroni

It is expected that this change will facilitate smooth functioning of both the entities—the Hospital and the Clinical Sciences Division.

The new Hospital Administrator Dr Mark Pietroni, a British national was born in London. He has wide-ranging working experiences in hospital administration, including his pioneering work to remodel the working procedures at the LAMB Hospital at Parbatipur in the Dinajpur district, and those are very much in

line with our world-class clinical services provided at the Dhaka Hospital of ICDDR,B.

Before his new appointment at ICDDR,B, he was working as Executive Director of the LAMB Project which maintains a high-quality general hospital at Parbatipur in Dinajpur district of Bangladesh. He has greatly contributed to the institutional development and the evolution of good governance in that hospital with active support from Chair of the LAMB's Board of Governors. Previously, he worked as Medical Director and Head of the Department of Medicine at the LAMB Hospital and initiated research activities on TB, HIV, hepatitis C and other blood-borne viruses. He was also instrumental in the establishment of the Research Ethics Committee of LAMB Project.

Dr Pietroni had his early schooling in London with several prizes and scholarships and then studied medical sciences and theology at Magdalen College, Cambridge University, UK, graduating as a doctor in 1991. He obtained his Certificate of Competence in Ionising Radiation at the postgraduate level from Royal London Hospital Medical College in 1991. He had his MRCP degree in 1994, Diploma in Tropical Medicine and Hygiene in 1996, and MA in Missiology in 1997 with distinction.

Dr Pietroni has earned prestigious honorary memberships in several national and international organizations. He has presented lectures in several international forums and conferences and has done consultancies for various organizations.

We welcome Dr Pietroni and expect that the already-recognized hospital services of ICDDR,B will go one step further towards improvement under his new leadership. ■

New Director of the Laboratory Sciences Division

Dr Hubert P Endtz, a well-known medical researcher specializing in bacterial diarrhoea, *Campylobacter* infections, pathogenesis of auto-immune diseases, antimicrobial resistance, and diagnostic microbiology, has been appointed Director of the Laboratory Sciences Division (LSD) of ICDDR,B with effect from 19 August 2007. With dual citizenship—both Dutch and French—Dr Endtz has excellent command over both the languages.

Before this new appointment, Dr Endtz was working as Laboratory Chief and Vice-chairman of the Department of Medical Microbiology and Infectious Diseases at the Erasmus Medical Center in Rotterdam, the largest medical faculty and university medical hospital in the Netherlands. He was also Director of the Medical Microbiology Residency Training Program and infectious disease consultant at the same medical centre.

Dr Endtz had an MD degree in 1981 and a PhD in 1993 from Leiden University in the Netherlands. From 1981 to 1987, he had his postgraduate-level education in tropical medicine, general medicine, and mycology respectively at the US Naval Medical Research Unit 3 in Egypt, Royal Netherlands Navy in Curaçao, and Institut Pasteur in Paris. Dr Endtz had his residency training at the Department of Internal Medicine, Hilversum Hospital from 1984 to 1985; Department of Medical Microbiology from 1985 to 1989 and Department of Infectious Diseases in 1989 at the Leiden University Medical Center in the Netherlands. He completed his post-doctoral education as a research fellow in the Department of Medical Microbiology during 1989-1990 at the Leiden University Medical Center and as a visiting professor in the Department of Medical Microbiology and Infectious diseases in the University of Alberta, Canada.

Dr Endtz is associated with more than a dozen professional societies, associations, committees, and editorial boards of several international journals, including the Journal of Clinical Microbiology. He is a prolific author with more than 100 publications in various world-renowned journals.

We at the Centre wish him a successful tenure as Director of LSD which conducts laboratory-based research to adopt, develop, and use the best scientific technology to address infectious diseases and related health problems of disadvantaged populations in partner-



Dr Hubert P Endtz

ship with other divisions of the Centre. The Division comprises several state-of-the-art laboratories for: enteric and respiratory microbiology, environmental microbiology, immunology, molecular genetics, nutritional biochemistry, parasitology, reproductive tract microbiology, tuberculosis, virology, and clinical diagnostics. The Division also houses the HIV/AIDS Programme of ICDDR,B. All of these are in good resonance with the expertise and previous working experiences of Dr Endtz. ■

JHPN has its new Editor-in-Chief

From July 2007, the Journal of Health, Population and Nutrition (JHPN), the quarterly peer-reviewed journal published by ICDDR,B, has had its new Editor-in-Chief, Professor Alejandro Cravioto.

The Journal of Health, Population and Nutrition emerged in 2000 through a process of re-launching of the Journal of Diarrhoeal Diseases Research (JDDR), first published in 1983. This re-launching broadened the scope to publish papers on all disciplines other than diarrhoeal diseases alone. As a consequence, the readership has increased significantly. The JHPN is now covered by Current Contents: Clinical Medicine, Research Alert, SCI Expanded, SCI JCR, Index Medicus, PubMed/MEDLINE, POPLINE, Google Scholar, Elsevier Bibliographic Databases (Scopus, Embase, EMBiology, and EMCare), Cambridge Scientific Abstracts, CAB Abstracts, CAB Health, Bioline International, Portico™, EBSCO Publishing, Inc., The Gale Group, Inc., etc.

Full texts of the JHPN articles are available online at the Centre's website at <http://www.icddr.org/jhpn>. Full texts of JHPN articles are also available through: <http://www.who.int/hinari>; <http://www.bioline.org.br/hn>; <http://pubmed.gov>; <http://www.indexcopernicus.com>; <http://www.FreeMedicalJournals.com>; <http://www.doaj.org>; <http://www.openj-gate.com>; <http://www.portico.org>; and <http://www.Epnet.com>

In a recent rating by IndexCopernicus™, JHPN has been graded to be the 33rd among the top 100 journals covered in its database. Former BoT Chair Professor Terry Hull, in his report on the ISD review in 2005, lauded the

editing and production quality of the Journal by calling it "The Lancet of the East."

Former Editor-in-Chief Professor David A Sack, in an editorial titled "Transition of Editors at the Jour-

nal of Health, Population and Nutrition" in the June 2007 Issue of JHPN, highlighted how the re-launch of the Journal of Diarrhoeal Diseases Research (JDDR), under its new title, has broadened the scope by publishing articles on diverse topics other than diarrhoeal disease alone, which

coincided with the broadening of our research agenda under eight cross-cutting thematic research programmes at the Centre.

We hope the JHPN will continue to maintain its standard in the years to come. ■

Promotion of ORS by Urban Women Volunteers

Oral rehydration solution (ORS), often called the 'miracle solution' now saves nearly 40 million people annually around the world. It is recognized as the greatest medical discovery made in a developing country—by international and national scientists of ICDDR,B based in Bangladesh—and which is now applied globally as a lifesaving solution for diarrhoea patients.

ORS was first tested at the Matlab field site of ICDDR,B in the late 1960s. During the Liberation War of Bangladesh, ORS was mass-tested among diarrhoeal patients in the refugee camps set up in the border areas of India.

Like other scientific innovations ORS also had to go through the same social process of diffusion. Its simplicity (it can be even made at home) gave rise to scepticism in the minds of users about its efficacy. Untrained 'village doctors', guided by self-interest, also discouraged the use of ORS because cholera epidemics were a source of income to them through pushing intravenous saline injections. Some religious healers called *Kabiraj* in the rural areas of Bangladesh also institutionalized their means of financial income by exorcising the 'evil spirit' then believed to be responsible for the disease. This is a rare example of how 'opinion leaders' themselves played a negative role in the diffusion of a life-saving innovation like ORS.

People in the urban areas were more reluctant to use this miraculous simple solution which is by now universally accepted as a rehydration therapy in the treatment of diarrhoeal disease

that causes severe dehydration in the human body and kills a patient within about six hours if not treated properly. The obvious reasons for their reluctance were easy availability of intravenous saline injection and the higher socioeconomic status of most urban people who could afford to buy those injectable fluids.

Against this background, ICDDR,B launched its Urban Volunteer Programme (UVP) in 1981. The UVP

A recent story on the UVP experiences, as written by Jassica Yasmin Islam and Jean Sack (published on 23 September 2006 in Bangladesh Today), disclosed the fact that several of the women were not willing to participate; some were intimidated and scared. One volunteer named Masuda Begum said, "My husband told me the foreigners would sell me off to men from different countries. He didn't want me to leave the house, so he put these fears into my head."



Ms Eva Doherty (second from right) with her battalion of urban volunteers

initially began to test how effectively women from the slum communities could bring improvements in health and hygiene to their areas and began delivering oral saline packets and training them how to prepare alternative ORS at home with indigenous material like sodium chloride (table salt) and molasses with the aim to helping them avoid hospitalization for diarrhoeal patients. For this purpose, ICDDR,B began recruiting illiterate and semi-literate women from urban and semi-urban slum areas of Dhaka.

There were, however, a few exceptions to this attitude: "My uncle told me to go to see if the training at ICDDR,B he had heard of from the other villagers would do me any good" said another volunteer Sharala Rani Sharkar. "He said it was better for me to make use of myself instead of crying over my husband who had just passed away. He liked making use of all of his sources of income."

The selection criteria for those volunteers were women aged 16-40 years, preferably housewives with not more

than two children and those living in the target slum areas; married women were also sought after as they would be viewed as more homophilous for family-planning initiatives. The community leaders of the target slum areas initially selected the volunteers with final recruitment made by expatriate volunteers.

Between 1981 and 1986, new community volunteers were offered a ten-day training. In this initial training course,

Gradually, the programme became organized and more efficient. From 1987, the urban slum-specific training curricula and educational materials were further developed. The volunteers were also trained in aspects of immunization, nutrition, and family planning, an extra two-day training session taught a new method of data entry.

The village health workers of BRAC also taught millions of villagers to

Dr Tahmeed Ahmed Rewarded

Dr Tahmeed Ahmed, Head of the Nutrition Programme and Scientist, Clinical Sciences Division of ICDDR,B, received the prestigious 2007 Development Marketplace Award from Mr Cristian Baeza, Acting Director of Health, Nutrition and Population Sector of the World Bank at a function held on 23 May in Washington, DC. The award, which carries an amount of US\$200,000, was given for a proposal titled "Identification and Management of Childhood TB in Rural Bangladesh." The proposal was one among the 22 selected for the award from a total of more than 2,900 proposals submitted from all over the world.

Childhood TB remains an under-diagnosed and neglected disease. It is difficult to detect in children living in developing countries due to lack of awareness, non-specific symptoms that are different from those seen in adults, lack of laboratory facilities, and the prevalence of malnutrition, which often renders the skin-test useless. Children get TB from adults, and they are more likely to suffer from the severe forms of the disease, such as TB meningitis. This project will focus on children in Madhupur upazila of Tangail district in Bangladesh, an area that has a high prevalence of TB among adults and arguably also among children. The project will create awareness among people regarding childhood TB. Many people still believe that TB is a disease of adults, and that it does not affect children. Cured adult patients—designated 'TB ambassadors'—will be engaged in the awareness campaigns in schools, madrasas, bazaars, and through meetings with parents, school and madrasa teachers, and other local elites. All children below 15 years living in the study upazila will be screened by community health workers who will be recruited from amongst the cured TB patients, using a simple questionnaire.



A woman volunteer demonstrating the preparation of lobon-gur ORS at home in a slum area of Dhaka city

they learned the basics of how, why, and when to use ORS. Trainers used posters, charts, and even role-play acting as training material. Lessons on sanitation included handwashing and the importance of clean food and pure water.

The programme was a success, and the statistical data were archived at ICDDR,B. The UVP improved in 1985 after the Government commissioned an evaluation of the national oral rehydration programme (NORT). In addition, USAID/Dhaka decided to evaluate the effectiveness of this volunteer-based service-delivery system in 1986

prepare and use this lifesaving solution to combat diarrhoea. Today, many forms of ORS, such as SMC Gold Pack, UNICEF oral saline, and rice-ORS, are available in the market and are bought enthusiastically by users whenever any episode of diarrhoea occurs in the family. The pioneering role played by the women volunteers of the UVP in the early days of the social process of diffusion of ORS will be always remembered. "The dedication of the volunteers, who would put their blood, sweat and tears into the cause, serve as an example for addressing global health issues", Jassica Yasmeen Islam and Jean Sack concluded. ■



Dr Tahmeed Ahmed receiving the 2007 Development Marketplace Award

The presence of the disease will be confirmed by a doctor, using simple clinical algorithms and from the child treated under the Directly Observed Therapy-Short Course strategy (DOTS). The project will be carried out over a period of two years in collaboration with the Damien Foundation, a Belgian NGO working extensively in the field of adult TB. During this period, it is expected that about 140,000 children will be screened, about 200 of whom will be diagnosed with TB. The results

of the project will promote identification and treatment of childhood TB at primary healthcare levels in Bangladesh, and if successful, this can be a model for other developing countries.

The Bangladesh National Tuberculosis Programme has already decided to start working on childhood TB gradually. It has included the management of childhood TB as a chapter, prepared by Dr Tahmeed Ahmed, in the national guidelines. ■

ICDDR,B-Prothom Alo Round Table on Flood-related Health Problems

ICDDR,B and Prothom Alo, the Bangla daily with the largest circulation, jointly organized a Round Table discussion on 16 August 2007 on the management of health problems emerging from the ongoing flood situation. The whole purpose of this Round Table discussion was to set the media agenda for helping flood victims with essential health-tips and messages during and after the floods.

An illustrated two-page supplement of Prothom Alo, published on 17 September, highlighted deliberations, along with summary recommendations, arising out of the Round Table.

Presided over by Mr Abdul Quayum, Joint Editor of Prothom Alo, the Round Table discussion was attended by Major General Dr ASM Matiur Rahman (Rtd), Hon'ble Adviser, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh as Chief Guest; Mr AKM Zafar Ullah Khan, Health Secretary, as Special Guest; and Dr Md Shahjahan Biswas, Director General of Health Services, as the Guest of Honour. Mr Ranjit Kumar Biswas, Executive Director of the National Nutrition Programme; Professor Fatema Parveen Chowdhury, Director of the Institute of Public Health and Nutrition; and Mr Md Abdur Rab of the Disaster Management Bureau also participated. Dr Ishtiaque A Zaman, Head, External Relations and Institutional Development Department of ICDDR,B coordinated the session.

All external participants, including the Adviser and Secretary of the Bangladesh Ministry of Health and Family Welfare, lauded the role of ICDDR,B in managing the extra patient load during the floods by establishing temporary make-shift treatment units in tents. They emphasized the need for franchising the world-class clinical services of ICDDR,B by the government and NGO health service delivery systems to cope with this disastrous situation. The Health Adviser said, "during my 47 years in the medical profession, I have always been associated with ICDDR,B directly or indirectly. We all know the reason why patients with diarrhoeal episodes consider the ICDDR,B hospital their first place of choice."

The ICDDR,B scientists and physicians instigated discussions through their presentations on various topics relating to the public-health issues during and after floods. Those who spoke on the management of flood-related diseases and consequent effects of flood on the nutritional status of children included Dr MA Salam, Dr Pradip K Bardhan, Dr Md Yunus, Dr Tahmeed Ahmed, Dr Firdausi Qadri, Dr Shams El Arifeen, Dr Munirul Alam, and Dr Sirajul Islam.

Mr Quayum assured that journalists of his daily would set the national media agenda for communicating essential health-tips to the flood victims. ■

