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 DHAKA SHISHU HOSPITAL INSTITUTE OF MOTHER AND CHILD HEALTH (IMCH) MARIE STOPES CLINIC SOCIETY

50 years of partnering to save lives

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5 Sida: ICDDR,B's long-term supporter

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7 Recent appointments

Several important positions of international professional level have been filled up at ICDDR,B recently. The positions include: Deputy Executive Director; Dean, James P Grant School of Public Health; Director, Monitoring Evaluation and Internal Audit; Senior Social Scientist; Head, Communications Unit; General Counsel; Consultant Physician and Nursing Education Consultant...



10 IEDCR and ICDDR,B partnering to save lives in Bangladesh

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13th Annual Scientific Conference

12 13th Annual Scientific Conference (ASCON XIII) of ICDDR,B will be held at Pan Pacific Sonargaon Dhaka, Bangladesh, from 15 to 17 March 2011...

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Bill & Melinda Gates Foundation: Expanding areas of collaboration with ICDDR,B

ICDDR,B's relationship with the Bill & Melinda Gates Foundation began in 2001 when the Foundation awarded ICDDR,B the first-ever Gates Award for Global Health. Introduced in 2000, the award recognizes organizations for their lasting contributions to global health, especially in the developing world. ICDDR,B received the award for its groundbreaking discovery and development of oral rehydration solution (ORS) often referred to as a 'miracle solution' in the treatment of diarrhoea or—in the words of a *Lancet* editorial—"potentially the most important medical advance [of] this [twentieth] century."

The Gates Award, which included a golden plaque and cash sum of US\$ 1 million, was accepted by the then Chair of ICDDR,B's Board of Trustees Dr Marian Jacobs and the then Executive Director Dr David A Sack. At the awards ceremony, held in Washington, DC on 31 May 2001, Mrs Melinda Gates declared that ORS was at "the forefront of the fight against cholera." Applauding ICDDR,B's role in its development, Mrs Gates said that the organization "has swiftly moved from one problem to another, helping sufferers and scientists with equal selflessness." As keynote speaker at the occasion, United Nations Secretary-General Mr Kofi Annan stated that "we live in an age when the separation between national and international health agenda no longer works...To build a more equitable global society, there is no more important investment than in public health in the developing world. This award brings long overdue recognition to an organization which has demonstrated visionary leadership in this field."

In recognition of ICDDR,B's achievement, the Government of Bangladesh (GoB) awarded the organization a parallel contribution of another US\$ 1 million. Since then, the accumulated amount has been referred to as the Gates-GoB Award.

In December 2005, Bill and Melinda Gates visited Bangladesh to see for themselves the world-class patient-care at the ICDDR,B's hospitals and temporary treatment units, along with the wide array of health research activities carried out with financial support from their foundation and other donors.

Bill & Melinda Gates Foundation: Institutional Profile

The Bill & Melinda Gates Foundation—often shortened to the Gates Foundation—is a private organization based on the premise of a "philanthro-capitalism revolution in global philanthropy." The Foundation began its work in 1994 under a different name—the William H Gates Foundation, adopting its current name in 1999 after a merger with the Gates Learning Foundation. In 2007, the Gates family was ranked the second-most generous philanthropists in America. With its headquarters in Seattle, Washington, the Foundation has three major grant-making programmes: (1) Global Health Programme, (2) Global Development Programme, and (3) United States Programme.



The then Chair of ICDDR,B's Board of Trustees Dr Marian Jacobs receiving the first-ever Gates Award for Global Health from Mrs Melinda Gates

The primary objectives of these programmes are to enhance healthcare and reduce extreme poverty on a global scale and, in the USA, to expand educational opportunities and access to information technology. The Foundation has 15 guiding principles:

- As a family foundation, it is driven by the interests and passions of the Gates family
- Philanthropy plays an important but limited role
- Science and technology have great potential to improve lives around the world
- As funders and shapers, it relies on others to act and implement
- The focus is clear—and limited—and it prioritizes some of the most neglected issues
- Identifies a specific point of intervention and applies efforts against a theory of change
- Takes risks, makes big bets, and moves with urgency; and is involved in it for the long haul
- Advocates—vigorously but responsibly—in the areas of focus
- Humble and mindful in actions and words; seeks and heeds the counsel of outside voices
- Treats grantees as valued partners and treats the ultimate beneficiaries with respect
- Delivering results with the resources the Foundation gives is of utmost importance; it seeks and shares information about those results
- Demands ethical behaviour of the Foundation itself
- Treats each other as valued colleagues
- Meeting the mission—to increase opportunity and equity for

those most in need—requires great stewardship of the money it has available

- Leaves room for growth and change

With a belief that “all lives have equal value”, the Gates Foundation’s working procedures follow four key steps: developing strategy, making grants, measuring progress, and adjusting strategy.

ICDDR,B's work with grants from the Bill & Melinda Gates Foundation

Immediately after receiving the Gates Award for Global Health, ICDDR,B began to receive generous grants from the Bill & Melinda Gates Foundation for various research projects. While some grants were provided directly to ICDDR,B, others were provided through collaborating institutions, such as International Vaccine Institute; Johns Hopkins University; Johns Hopkins Bloomberg School of Public Health; World Health Organization; US National Institutes of Health; US Department of Agriculture; University of Maryland; University of Virginia; University of California; EngenderHealth; Abt Associates Inc.; BRAC; and others.

The first three grants facilitated studies on shigellosis (also known as bacillary dysentery in its most severe manifestation) in both urban and rural Bangladesh. The project periods ranged from 4 to 5 years. The studies included sociocultural and behavioural components of disease burden, population-based evaluation of infections, and health economics in relation to shigellosis in Bangladesh.

In 2002, Peru 15, a new live-attenuated oral cholera vaccine, was at the final stage of its Phase I trial and the beginning of Phase II when the Bill & Melinda Gates Foundation offered additional funds to complete the testing. Analysis of the final results showed that Peru 15 is safe and immunogenic in Bangladeshi children. In 2008, again with funds from the Bill & Melinda Gates Foundation, ICDDR,B scientists began to test the safety and immunogenicity of Peru 15 when administered together with measles vaccine. The results are promising. In 2009, the Foundation began to fund an impact evaluation trial of Shanchol, another live oral cholera vaccine and one of the ICDDR,B's major projects. Other vaccine trials receiving financial support from the Foundation include: investigation into mucosal immune response to oral typhoid vaccine and efficacy of influenza vaccine against childhood pneumonia.

The Bill & Melinda Gates Foundation also funded ICDDR,B's pioneering work on zinc, including the SUZY Project (Scaling Up Zinc Treatment for Young Children with Diarrhoea), which aimed to increase zinc treatment for diarrhoea patients across Bangladesh. Zinc was already known to be effective in reducing the duration and severity of diarrhoea when administered with ORS. However, for a long time all zinc formulations were only available in liquid form. ICDDR,B served as the implementing and coordinating agency for introducing zinc in dispersible tablet form with the brand name 'Baby Zinc'. ACME Laboratories Ltd., a local pharmaceutical company, is now producing Baby Zinc with technology transfer from a France-based pharmaceutical company named Nutriset. Over the past few years, a widespread media campaign has significantly increased the popularity of Baby Zinc in the treatment of diarrhoeal diseases across the country.



Bill and Melinda Gates visiting ICDDR,B's Dhaka Hospital

Another important area where the Bill & Melinda Gates Foundation has provided funds is the Integrated Management of Childhood Illness (IMCI) programme. Implemented in close collaboration with the Government of Bangladesh, the IMCI strategy—recommended by WHO and UNICEF since the 1990s—has been successfully implemented with funds from the Bill & Melinda Gates Foundation and other donors.

Research on maternal and infant immunization and interventions aimed at improving reproductive and child health in Bangladesh are other important areas of ICDDR,B's work that the Bill & Melinda Gates Foundation has supported. The specific objectives of these studies include: finding appropriate strategies for emergency obstetric care to save lives and improve the health of mothers and their newborns and children of all age-groups. A project titled 'Manoshi', undertaken by ICDDR,B in collaboration with BRAC, is a major activity in this field which receives financial support from the Gates Foundation.

As a technical partner of the Government of Bangladesh, disease surveillance is central to ICDDR,B's activities. The Bill & Melinda

Gates Foundation has generously contributed to such activities over the last decade, especially for emerging and re-emerging health problems, such as avian influenza and visceral leishmaniasis (kala-azar), in addition to their regular support for work relating to diarrhoeal diseases.

ICDDR,B's research work on respiratory tract infections, including pneumonia, has also greatly benefited from the Foundation's financial support. Other important areas of ICDDR,B's work the Foundation has funded include: nutritional research, including studies on micronutrients, such as vitamin A and D and iron supplementation; and new technologies in the diagnosis of tuberculosis in which field remarkable progress has been achieved as evidenced from earning an international patent for a new diagnostic test based on blood analysis.

With the planned expansion of ICDDR,B's research agenda, it is hoped that the Bill & Melinda Gates Foundation will continue to contribute to the organization's work in many other emerging areas in the years to come.

Sida: ICDDR,B's long-term supporter

For almost 30 years, the Swedish International Development Cooperation Agency (Sida) has been one of the few donors to provide consistent financial support for both core and project activities of ICDDR,B. Sida is the Swedish government agency that seeks to reduce poverty, improve public health, and address gender issues by working with partner organizations around the world.

the globe, especially the developing world. Its long-term vision is to eradicate poverty altogether. With more than 5,000 projects run annually by the agency and its partners, Sida is responsible for more than half of Swedish development assistance. It has three main components:

Policy is responsible for global dialogues and reaching



Sida delegates visiting ICDDR,B

A brief institutional profile of Sida

Established in 1965, Sida reports to the Swedish Ministry of Foreign Affairs and operates according to the directives of the Swedish Parliament and Government. Its main goal is to improve the health and living standards of people living in poverty around

consensus, knowledge development and advice, quality assurance, and competence;

Operations is responsible for the implementation of development cooperation;

Management is responsible for control and planning functions as well as service to the rest of the authority.

Sida's chief objective is to give poor people a better life. Its mission to improve the living conditions of poor people includes financially supporting economic growth, democracy, and equality between women and men. Projects undertaken with Sida's contributions are implemented with the assistance of some 1,500 partners. Its activities cover many fields and are being carried out in more than 120 partner countries in Africa, Asia, Latin America, and Central and Eastern Europe. Sida has in-depth programmes of cooperation with some 40 of these countries. Each year, Sida makes more than 6,000 contributions in areas including education, healthcare, support for small enterprises, housing, rule of law, research, infrastructure, and trade agreements. A large amount is also allocated for emergency assistance and for people affected by wars or other disasters. Apart from direct cooperation with individual countries, Sida also administers the Swedish contributions to the development activities of the UN and EU.

- Studies to enhance and improve immunogenicity of cholera and enterotoxigenic *Escherichia coli* vaccines
- Zinc supplementation in the management of shigellosis in malnourished children in Bangladesh
- Effect of zinc supplementation on immune and inflammatory responses in paediatric patients with shigellosis
- Arsenic in tubewell water and health consequences in Bangladesh
- Production cost of medical care in Bangladesh: a price-setting approach
- New serological diagnosis of clinical human tuberculosis in resource-poor settings
- Effectiveness of large-scale food-supplementation activities for pregnant women: the role of community nutrition promoters



Sida has supported ICDDR,B since 1981 being convinced that research capacity is essential in the fight against poverty and that with enhanced capacity for research low-income countries can better formulate and enforce their own agenda for research and cooperation. Sida's long-standing support to ICDDR,B reflects both understanding on the long-term character of research and time required to build research capacity. It may take more than a decade to develop medicines and establish reliable delivery methods tuned to the healthcare infrastructure in developing countries. Moreover, it is a recognition of the important role played by ICDDR,B at country and regional level being at the forefront of nutrition and infectious disease-related research.

Maria Teresa Bejarano
Policy Specialist, Research
Sida

Sida's support to ICDDR,B

As well as contributing to ICDDR,B's institutional development, Sida has supported a wide variety of research programmes, including disease investigation, prevention and control, healthcare enhancement, diverse public-health ventures, reproductive health systems, and gender issues.

Sida has played a vital role in ICDDR,B's zinc research aimed at mitigating diarrhoea in children aged less than five years. Diarrhoea is a leading cause of child mortality and morbidity in developing countries, including Bangladesh. Bangladeshi researchers hypothesized that a reduction in the duration, severity, and recurrence of this disease may lie in the administration of a simple micronutrient supplement—zinc. For many years, Sida supported research through which the effectiveness of zinc in childhood diarrhoea could be better understood. Initial investigations conducted at ICDDR,B helped confirm the effectiveness of zinc treatment in children's health. A number of high-profile studies on young children and clinical trials funded by Sida paved the way for ICDDR,B to explore the merits of zinc in the treatment for diarrhoea.

Some other important studies supported by Sida are:

- Genetic variants of *Vibrio cholerae* O139 and development of a vaccine against cholera caused by *V. cholerae* O139

- The impact of violence against women on reproductive outcome and child survival: a secondary data analysis

In 2002, Sida donated US\$ 1,703,229 to ICDDR,B's core funds. Core funds provide necessary support for maintaining and improving core infrastructures, such as the field sites, the surveillance systems, and healthcare facilities. In addition, core funds support capacity-building, advocacy and policy-development activities, and research in priority areas that are not funded directly by donors. Similar donations in other years have been of enormous benefit to ICDDR,B and the smooth running of its research activities.

In 2003, Sida gave ICDDR,B US\$ 800,000 to conduct research aimed at reducing arsenic-induced problems seen in many parts of Bangladesh. Arsenic is a poisonous metalloid naturally found in groundwater. The use and drinking of groundwater containing increased arsenic concentrations can lead to skin infections and various health hazards, even cancer. Arsenic in groundwater occurs naturally and is released from the sediment owing to the anoxic conditions of the subsurface. A large number of countries have areas with increased arsenic concentrations in groundwater, exposing millions of people to risk. Widespread arsenic contamination of groundwater has led to a massive epidemic of arsenic poisoning in Bangladesh and some neighbouring countries.



Skin lesion due to prolonged exposure to arsenic

About half of 6-11 million tubewells in Bangladesh supply drinking-water containing arsenic above 10 µg/L—the WHO

guideline value. However, the highest safety-level set for Bangladesh is 50 µg/L. To effectively identify this massive health-risk and attempt to reduce it, several Sida-funded studies have been carried out by researchers at ICDDR,B. Findings from these population-based studies revealed that a large part of the population in a rural area of Bangladesh had been drinking arsenic-contaminated water for many years. Sida's support helped Bangladeshi scientists better understand this threat to public health and explore possible means of protection.

Along with other donors and collaborators, Sida's sustained funding has enabled ICDDR,B to continue its research activities, which have so successfully benefited Bangladesh's health sector. The long-term Sida-ICDDR,B relationship has yielded invaluable research results that have contributed to permanent developments in public health in Bangladesh and to creating a knowledge-base for the rest of the world.

Recent appointments

Dr Abbas Bhuiya, a Bangladeshi Social Scientist, has been appointed Deputy Executive Director of ICDDR,B. Following a global search for a suitable candidate, the Board of Trustees, in June 2010, approved Dr Bhuiya's appointment to this second-most top position. He assumed his new office on 1 July.



Dr Bhuiya joined ICDDR,B in 1980. In his role as a scientist, he headed the Poverty and Health Programme and the Social and Behavioural Sciences Unit. He started his career with the Matlab Demographic Surveillance System and subsequently established the Chakaria field site of ICDDR,B.

Dr Bhuiya received his BA (Hons.) and MA in Statistics from Chittagong University and another MA degree and PhD in Demography from the Australian National University. Dr Bhuiya has, to his credit, more than 100 articles in peer-reviewed scientific journals and books. He is also a Section Editor of the bimonthly journal of Health, Population and Nutrition published by ICDDR,B.

Dr Bhuiya's major areas of research have been poverty, health, equity, community development, and social determinants of health. He is an adjunct professor at the James P Grant School of Public Health under BRAC University and is involved in many high-level national and international initiatives.

Dr Timothy Evans, a Canadian citizen and former Chair of the ICDDR,B's Board of Trustees, joined ICDDR,B on 1 July 2010 to serve as Dean of the James P Grant School of Public Health under a joint arrangement with BRAC University.



Dr Evans was previously Assistant Director-General, Evidence & Information for Policy, WHO, Geneva, Switzerland.

After earning his Bachelors degree in Social Sciences from the University of Ottawa, Dr Evans received a DPhil in Agricultural Economics from the University of Oxford and an MD degree from McMaster University, Canada.

Dr Evans taught internal medicine at the Brigham and Women's Hospital at Harvard University. He was Assistant Professor of International Health Economics at the Harvard School of Public Health and, from 1997 to 2003, served as Director of Health at the Rockefeller Foundation.

At its meeting in June 2010, the Board of Trustees appointed **Mr Aniruddha Neogi**, an Indian national and former Director, Finance at ICDDR,B as Director, Monitoring Evaluation and Internal Audit. Mr Neogi assumed his new responsibilities on 1 July. His key responsibility is to create a team and structure that will enable the implementation and monitoring of the Strategic Plan.

Mr Neogi has multidisciplinary skills in financial and IT governance, compliance, and monitoring. After earning his BSc degree from Kolkata University, India, Mr Neogi qualified as a Chartered Accountant from the Indian Institute of Chartered Accountants in 1994. In 2006, he qualified as a Certified Information Systems Auditor from the Information Systems Audit & Control Association (ISACA), USA. In 2009, he was certified in



Governance of Enterprise IT from ISACA and is presently the Vice President of the Dhaka Chapter of the ISACA.

Mr Neogi has spoken at seminars organized by the Institute of Cost and Management Accountants of Bangladesh and ISACA. He has been the Chair of the Finance and Operations Committee of the Board of Trustees at the American International School in Dhaka, Bangladesh and has played major roles in monitoring and evaluating their strategic plan through a set of key performance indicators. Before joining ICDDR,B, Mr Neogi was with PricewaterhouseCoopers, India.

Dr Alayne Adams, a Canadian national, joined ICDDR,B on 1 August 2010 as Senior Social Scientist. She was first introduced to ICDDR,B and Bangladesh in the mid-1990s while helping Dr Abbas Bhuiya and Dr Mushtaque Chowdhury design and implement the landmark BRAC-ICDDR,B Joint Project on Micro-credit and Health in Matlab.

Dr Adams earned her BA degree from McGill University and her Masters and PhD degree from the London School of Hygiene



& Tropical Medicine. She spent most of her life in Botswana and Mali, followed by London, Oxford, Boston, New York City, and Geneva. From 1997 to 2004, Dr Adams was a professor at the Mailman School of Public Health at Columbia University and continues to maintain an adjunct position in Columbia's Department of Population and Family Health. She is also a visiting professor at the James P Grant School of Public Health under BRAC University where she has been teaching in a course titled 'Introduction to Public Health' since 2004. Most recently, Dr Adams directed a global research and policy effort—Joint Learning Initiative on Children and HIV/AIDS (JLICA)—involving over 20 international and bilateral agencies, NGOs, foundations, and academic institutions.

The research interests of Dr Adams concern the social determinants of health and their relevance to improving the health outcomes of disadvantaged populations, with the focus on women's social networks and health, household and community strengthening, social capital, health equity, healthcare-related decision-making, family-centred care, and qualitative research on participatory approaches.

British national **Mr Graham Judd** took over as Head of the Communications Unit of ICDDR,B on 10 August 2010. Mr Judd has worked in the media for the past 25 years, initially for the



BBC in the UK, and more recently for Public Television in the United States.

Having earned his BSc (Sp. Hons.) from Sheffield University, Mr Judd began his career working in radio at BBC Broadcasting House in London before moving to BBC Television's Presentation & Promotion Department where he participated in the first large-scale branding exercise ever undertaken by the organization. In the mid-1990s, Mr Judd began to specialize in long-form documentaries. Focusing on history, science and social issues, Mr Judd's films have aired on the BBC and ITV in the UK, on PBS, ABC, and History Channel in the USA and have won numerous awards on both sides of the Atlantic. In their review of 'African American Lives', a history of black America as told through the genealogies of famous African Americans, the New York Times hailed Graham's work as "the most exciting and stirring documentary on any subject to appear on television in a long time." For the last 10 years, Mr Judd has lived in New York City while his work has taken him to countries as diverse as Colombia, Iran, Afghanistan, Palestine, Egypt, Malaysia, Indonesia, and Angola. Married to a Dhaka-born filmmaker, Mr Judd has visited Bangladesh many times but, having moved here to raise his young family, is now looking forward to an extended stay in the country.

Mr Jens Hinricher, a German national, joined ICDDR,B on 1 March 2010 as General Counsel. Mr Hinricher is responsible for the smooth and continued operation of the contracts ICDDR,B has with the donors and collaborating institutions. He advises the Executive Director and senior members of the Centre's management on contractual and legal matters and on negotiating agreements and technical revisions with bilateral and multilateral institutions, governments, foundations, research institutions, and the private sector, including multinational pharmaceutical companies. Mr Hinricher also works closely with the External Relations and Institutional Development Department and Finance Department to ensure that donor guidelines are met and that budget requirements are accurately reflected in research agreements.



Mr Hinricher completed his undergraduate and postgraduate legal studies at the University of Münster in Germany and the University of Kent at Canterbury in the United Kingdom. He also holds a Master of Laws degree from the University of Nottingham where he specialized in the law of international organizations and

human rights and was awarded a scholarship by the University's Human Rights Law Centre to undertake further research.

Mr Hinricher underwent professional training for admission to the Bar and inter alia worked as a private practitioner and as a public prosecutor. He gained international experience while working as an expert assigned to a European Union mission to Zambia and later held a position at the office of the United Nations High Commissioner for Refugees (UNHCR). Before joining ICDDR,B, he was the Legal Advisor at the Embassy of the Federal Republic of Germany in Dhaka since 2008.

British national **Dr Jonathan Smith** joined ICDDR,B as Consultant Physician on 1 March 2010. He earned his BSc (Hons.) and MBBS degree from University College London Medical School, with



elective periods of study spent in Jamaica and Tobago. Two years after the completion of his studies, Dr Smith spent a year working in emergency medicine in Perth, Western Australia, followed by four months of work as an 'expedition doctor' in Zimbabwe. He received training in anaesthesia and intensive care medicine in London and worked at The Royal London, St Bartholomew's, Guys and St Thomas', The Middlesex, The Royal Free and University College London Hospitals. He obtained his FRCA in 1999 and worked as a Visiting Anaesthetist in Malawi. Dr Smith is trained as a specialist in paediatric anaesthesia from the Hospital for Sick Children, Toronto, Canada and the Great Ormond Street Hospital, London, where he also worked as Consultant Paediatric Anaesthetist in 2004.

Dr Smith has taught Advanced Paediatric Life Support for 9 years and has lectured on paediatric resuscitation across the United Kingdom and in Holland.

Ms Alison Moebus, an Australian national, joined ICDDR,B on 8 July 2010 as a Nursing Education Consultant. Ms Moebus has worked as a registered nurse for the past 6 years. Before coming to Bangladesh, she worked as registered nurse at the Royal Children's Hospital, Melbourne. In 2009, Ms Moebus travelled to Bangladesh as part of the Australian Youth Ambassador for Development programme to assist the nursing department with education projects.



Ms Alison Moebus (seated right) and Mrs Lisa Chambers (seated middle) with Dhaka Hospital staff

Ms Moebus holds a Bachelor of Nursing degree from the Australian Catholic University in Melbourne. In 2006, she completed a postgraduate diploma in paediatric nursing from the University of Melbourne. Areas of specialization in Ms Moebus's nursing career include paediatric oncology and neonatal cardiology.

US national **Mrs Lisa Chambers** joined ICDDR,B on 6 June 2010 as Nursing Education Consultant. As a registered nurse, Mrs Chambers has been providing humanitarian services for the past 17 years. She has worked in various hospitals and healthcare settings, including Bongolo, Gabon, and Semarang, Indonesia. Most recently, she has worked as an emergency-room nurse at Somerset Medical Center, Somerset, New Jersey, USA.

Mrs Chambers received her Bachelor of Science in Nursing degree in 1993 and her Masters degree in Cross-cultural Communication in 1996. Areas of specialization in her nursing career include: caring for people living with AIDS, respiratory step-down, intensive care nursing, and nursing in emergency-rooms.

IEDCR and ICDDR,B partnering to save lives in Bangladesh

1978 was a memorable year for public-health work in Bangladesh. Not only was the Cholera Research Laboratory internationalized, becoming known as ICDDR,B, but also the Institute of Epidemiology, Disease Control and Research (IEDCR) was established. Although IEDCR is a government institution and ICDDR,B an international one, for the last 30 years they have worked closely together to address health problems relating to infectious diseases.

A brief history and institutional profile of IEDCR

Following successful initiatives to control malaria in the late 1960s, the World Health Organization showed keen interest in helping the Malaria Institute of East Pakistan expand its agenda to include other infectious diseases. After Bangladesh's Independence in 1971, UNDP/WHO assistance continued till 1984.

In the mid-1980s, the Government of Bangladesh attempted to merge what had become the Institute of Epidemiology, Disease Control and Research with the National Institute of Preventive and Social Medicine. However, due to differences in the objectives of the two institutions as reported by a tripartite (UNDP/WHO/GoB) Evaluation Mission, the full merger was not implemented. Based on the Mission's recommendations, the two institutions were de-linked in 1987. Thus, IEDCR emerged again as a separate organization within the Ministry of Health and Family Welfare, with the primary responsibility for infectious disease surveillance and outbreak detection and response for the Government of Bangladesh. IEDCR's surveillance and research activities address diarrhoeal diseases, malaria, kala-azar, dengue, tuberculosis, leprosy, encephalitis, filaria, HIV/AIDS, sexually transmitted diseases, arsenicosis, and newly-emerging unknown diseases.

A growing infrastructure, with countrywide field offices and collaborations with a number of hospitals, and expanded agenda gradually attracted donors like the European Union, DFID-UK, World Bank, UNICEF, Family Health International, Japan

International Cooperation Agency, USAID, and the Centers for Disease Control and Prevention (CDC).

In 1998, the initiation of the Health and Population Sector Programme with World Bank funding created an enormous opportunity for IEDCR. This five-year sector-wide reform programme aimed to bring an Essential Services Package with health and family-planning service-delivery at the grassroots level through one-stop service centres under one umbrella to ensure profitability and accountability of service provision.

IEDCR-ICDDR,B collaborations

Although the history of the IEDCR-ICDDR,B collaboration is long, the relationship between the two organizations has grown stronger in recent years due to outbreaks of re-emerging and newly-emerging diseases. Disease surveillance systems in Bangladesh are synonymous with IEDCR since it plays a pivotal role in collecting data on various diseases, with the goal of alerting the Government so that they can respond quickly and effectively. The existing surveillance systems include the following:

- Priority communicable disease surveillance
- Institutional disease surveillance
- Sentinel surveillance
- Surveillance through emergency outbreak investigations
- Acute meningo-encephalitis surveillance
- High-risk group avian influenza surveillance (among cullers)
- Hospital-based Nipah surveillance
- Hospital-based influenza surveillance
- Event-based disease surveillance
- High-risk group avian influenza surveillance (among livebird handlers)
- Sentinel surveillance for influenza-like illnesses

Much of the credit for the close working relationship between ICDDR,B and IEDCR should go to two individuals—Professor Mahmudur Rahman, Director of IEDCR and Dr Stephen P Luby, Head of the Infectious Diseases and Vaccine Sciences Programme of ICDDR,B. Coincidentally, both these individuals joined their respective institutions in 2004 and started their journey together with the investigation of the Nipah outbreak in January 2005.



Catching a fruit-bat (carrier of Nipah virus) in Faridpur, Bangladesh, by a Discovery Channel team for their documentary

The Government invited ICDDR,B to work with IEDCR in the outbreak investigation which included the collection and dispatch of blood samples to laboratories of the CDC, USA, for confirmation of the Nipah virus. Following a successful investigation, IEDCR and ICDDR,B staff worked together to establish a surveillance system for Nipah in selected hospitals, and the concerned authorities of these hospitals were responsible for sending monthly reports according to the case definition of suspected Nipah victims. Samples from the sites were collected and tested on a periodic basis.

Since 2006, the collaboration of the two organizations during outbreaks has become routine, and surveillance work has been expanded to other diseases, including avian influenza, meningitis, kala-azar, etc.

Working together, IEDCR and ICDDR,B have begun a hospital-based influenza surveillance system in 12 hospitals across the country. Since 2007, the initiative has identified individuals and clusters of people who have life-threatening infections with influenza virus. The surveillance also identifies clusters of patients/healthcare workers/poultry workers with severe acute respiratory illness and influenza-like illnesses. Both IEDCR and ICDDR,B have been working with a vision to create a sustainable system.

ICDDR,B has also partnered with IEDCR in HIV sero-surveillance which has now concluded its 8th round.

Modus operandi

After receiving news of an outbreak through local newspapers, electronic media or any other source, IEDCR immediately dispatches a National Rapid Response Team (NRRT) to the specific location. A response team is always on standby to be deployed to

an outbreak site. The team contacts the respective civil surgeons or government health personnel. They then move out to collect information from the local hospital, affected community, and the patients. There are specific guidelines for collecting information on different diseases. Samples are collected from suspected patients and sent to IEDCR, ICDDR,B, or CDC for investigations. Later, a report is presented to the Directorate General of Health Services through IEDCR and to Dr Steve Luby at ICDDR,B.



Collection of samples from a poultry market during avian influenza outbreak in the recent past

The collaboration with IEDCR provides access and opportunities to ICDDR,B for participation in the emerging health problems. It also allows easier access to the communities from where information and biological samples are collected. In this partnership, ICDDR,B is privileged to have research opportunities and also to learn more about the government systems. Working collaboratively on these surveillance systems, outbreak investigations, and research projects, the joint investigation team is in a position to directly translate the results of scientific investigations into government actions and policies.



Government of Bangladesh is immensely benefited through the partnership with ICDDR,B. Support from ICDDR,B has been a wonderful advantage for IEDCR to perform its several activities, including outbreak investigations, surveillance activities, HIV surveillance, and research. ICDDR,B scientists, including Dr Steve Luby with

his scientific expertise and in-depth understanding of the programmatic and policy issues, have been a great force in fostering this partnership to grow and become a successful one. Timely and appropriate interventions become possible in many public-health emergencies with technical and scientific assistance from ICDDR,B.

Professor Mahmudur Rahman, PhD
Director
Institute of Epidemiology, Disease Control and Research



IEDCR and ICDDR,B share a common vision of what needs to be done, and so, we at ICDDR,B strive to assist by providing scientific and modest logistic support. With ICDDR,B's support, IEDCR becomes more effective.

The country is fortunate to have such a well-trained epidemiologist in Professor Mahmudur Rahman to direct the Institute. Professor Rahman has a remarkable understanding of infectious disease threats facing the country but he is also a natural collaborator and manager who worked productively despite the limitations of his being a government institution.

Dr Steve Luby
Head

Infectious Diseases and Vaccine Sciences Programme, ICDDR,B

The Government has a mandate to protect the health of the people of Bangladesh, and ICDDR,B has the skills to help them do this. In 2009, this unique relationship enabled ICDDR,B

to respond to the emergence of the H1N1 pandemic, which some have called the biggest risk of a large-scale pandemic since the re-emergence of avian flu six years earlier. ICDDR,B has been working with IEDCR to examine samples of throat swabs and nasal washes of suspected patients. Regular meetings, conversations, and face-to-face group discussions are held. To help communication, two researchers from ICDDR,B are seconded to work full-time at IEDCR as team members.

Dr Nusrat Homaira, seconded from ICDDR,B, worked at IEDCR for two and a half years. She said:

Working at IEDCR was extremely effective, and they were very welcoming. I always felt like I was part of the team and found the staff extremely dedicated and committed to their work. This was possible because of the dedication of IEDCR's Director Professor Mahmudur Rahman. We removed the logistical constraints and supported them throughout the investigations.

Today, IEDCR and ICDDR,B are developing a new strategy called 'One Health Bangladesh' which will involve animal health, agriculture, wild life, healthful environment, and veterinary and livestock services. Hopefully, this strategy will have a greater impact on public health and economy of Bangladesh in the near future.

Call for Abstracts

13th Annual Scientific Conference

Science to Accelerate Universal Health Coverage

Dhaka, 15-17 March 2011

ICDDR,B invites scientists, health professionals, programme managers, community organizers, and policy-makers to take part in the 13th Annual Scientific Conference (ASCON XIII) to be held at Pan Pacific Sonargaon Dhaka, Bangladesh, from 15 to 17 March 2011. The theme of the Conference is "Science to Accelerate Universal Health Coverage". Interested persons are invited to submit abstracts to ascon13@icddr.org. This forum provides an opportunity to disseminate and share results of research, experience, and lessons learnt from recent projects and programmes. Enquiries regarding general information, visa, and accommodation should be directed to Ms Loretta Saldanha (loretta@icddr.org).

The last date of submission of abstracts is 15 December 2010.

<http://www.icddr.org/ascon13>

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