INVESTING IN SOLUTIONS AT THE HEART OF THE PROBLEM

CENTRE FOR HEALTH AND POPULATION RESEARCH

GLIMPSE

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# *ICDDR,B's Strategic Plan and the Millennium Development Goals*

ICDDR,B's Strategic Plan was published during 2003 to identify the directions the Centre plans to take for the next decade. During the period that our Plan was being developed, the United Nations was introducing the concept of the Millennium Development Goals (MDGs) which set targets for developing countries as they move towards economic and human development. Thus, it was natural that the Strategic Plan of the Centre should contribute to these widely-accepted MDGs which identify clear relationships between improvement in health and overall development.

A list of the MDGs is shown in the table. At first glance, the Centre is obviously conducting research to address MDG nos. 4, 5, and 6, but on closer examination, the Centre is in fact contributing to all of the MDGs.

*ICDDR,B now regularly conducts poverty and health-related discussions, with the opening of a new programme on Poverty and Health*


Let's look at the goals one by one, with an explanation of what each one entails (taken from the World Bank's MDG web site http://www.developmentgoals.org), followed by a brief outline showing how the work of the Centre is helping to meet that goal.

***Goal 1. Eradicate extreme poverty and hunger.*** The MDGs call for reducing the proportion of people living on less than $1 a day to half the 1990 level by 2015– from 28.3 percent of all people in low- and middle-income economies to 14.2 percent. The Goals also call for halving the proportion of people who suffer from hunger between 1990 and 2015. The Centre is developing strategies for reducing malnutrition and is working with the Bangladesh National Nutrition Programme to ensure its success. Currently, the Centre, along with partners, is conducting the baseline national nutrition survey and is continuing nutrition research on micronutrients and management of severe and moderate malnutrition and is attempting to develop strategies for incorporation of nutrition services into the primary healthcare programmes of the country. The Centre's research on the interaction between poverty and health aims to ensure that health services can be equitable and that poverty relating to ill health can be eliminated.

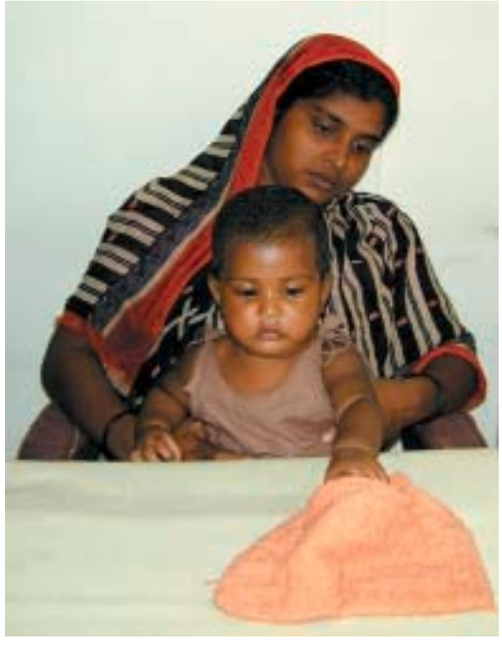
***Goal 2. Achieve universal primary education***. Education is development. It

creates choices and opportunities for people, reduces the twin burdens of poverty and diseases, and gives a stronger voice in society. For nations it creates a dynamic workforce and well-informed citizens able to compete and cooperate globally, opening doors to economic and social prosperity.

The Centre conducts social science research highlighting the health benefits of education, especially when education is provided to girls. In fact, one of the strongest corollaries of improved child health is the education of their mothers.

***Goal 3. Promote gender equality and empower women.*** Women have an enormous impact on the well-being of their families and societies – yet their potential is not realized because of discriminatory social norms, incentives, and legal institutions. And while their status has improved in recent decades, gender inequalities remain pervasive.

Through the Centre's newly-formulated gender policy, gender issues are highlighted in our research, training, and services as well as in our own human resources. Hiring, promotion and staff development policies are key to gender issues, but gender issues extend far beyond staffing patterns. Gender differences in rates for conditions like infant mortality, tuberculosis, and visceral leishmaniasis are but a few examples of where gender issues are important in research. When it takes women much longer to receive the care they need for their chronic conditions, we continue to have major gender issues, and the Centre's research is helping to identify, measure, and monitor the gender inequities and find answers to solve these.



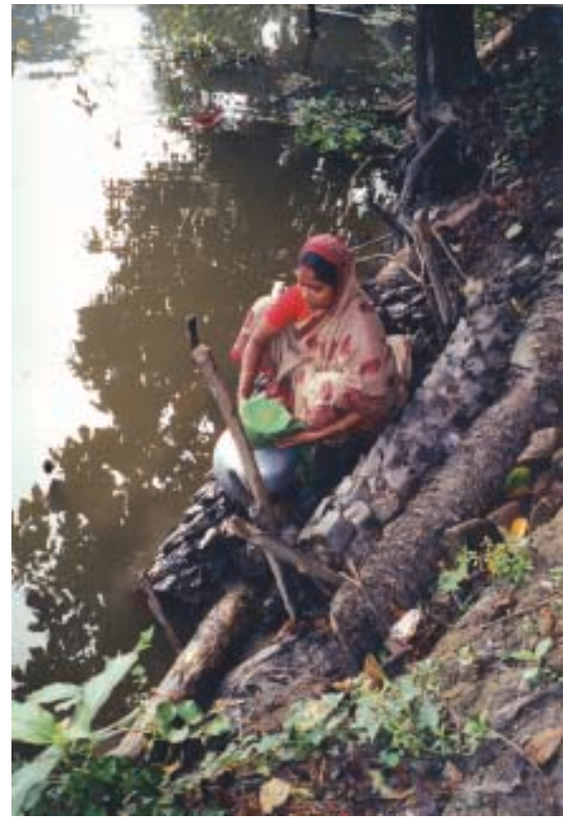
*Child survival and improvement of maternal health constitute the major part of the Centre's agenda*

***Goal 4. Reduce child mortality***. More than 10 million children die each year in the developing world, the vast majority from causes preventable through a combination of good care, nutrition, and medical treatment. Mortality rates for children aged below five years dropped by 19 percent in the past two decades, but the rates remain high in developing countries.

Oral rehydration solution is a product of the Centre's research that is already saving an estimated 3 million lives each year and over 40 million over the last two decades. Current research will define new child health interventions, such as the use of zinc, interventions for neonates and treatments for children with pneumonia. It is clear that the MDG for a reduction in child mortality can only be achieved if strategies can be found for reducing neonatal mortality, since it is during the first month of life when most infant deaths occur, but our research is broad-based, including reduction of mortality throughout childhood and improvement in health and development.

***Goal 5. Improve maternal health***. Worldwide, more than 50 million women suffer from poor reproductive health and serious pregnancy-related illness and disability. And every year more than 500,000 women die from complications of pregnancy and childbirth. Most of the deaths occur in Asia, but the risk of dying is highest in Africa.

Several of the Centre's research projects seek to reduce maternal mortality through improving services and providing options for families of pregnant women. The maternal health strategies are integrated into those for infant health, especially during the neonatal period.



*Sari filtration, innovated by the Centre, is a step towards ensuring safe water for the rural people*

The improved referral services in Matlab provide a platform for future studies on reducing maternal mortality. In partnership with other groups, the Centre contributed to the recently-published Bangladesh Maternal Mortality Survey (BMMR), probably the largest such study of its kind to identify the issues surrounding the continued high rates of maternal mortality. Other studies have developed methods to identifying the

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'unmet needs' for maternal services, and future studies will find ways to reduce maternal mortality as well as chronic morbidity following childbirth.

***Goal 6. Combat HIV/AIDS, malaria and other diseases***. HIV/AIDS, tuberculosis, and malaria are among the world's biggest killers, and all have their greatest impact on poor countries and poor people. These diseases interact in ways that make their combined impact worse. Effective prevention and treatment programmes will save lives, reduce poverty, and help economies develop.

The Centre's HIV/AIDS Programme is a major contributor to Bangladesh's national HIV/AIDS control strategy. Furthermore, the Infectious Diseases and Vaccine Sciences Programme has projects to control other infectious diseases, such as pneumonia, tuberculosis, malaria, diarrhoeal diseases, dengue, visceral leishmaniasis, and other emerging infections. The vaccines being tested at the Centre will help reduce the burden from many infectious diseases, especially diarrhoea and pneumonia. Although malaria is a global concern, it has received relatively little attention in Bangladesh where we estimate that more than 10 million people live in areas that are hyper-endemic for drug-resistant *P. falciparum* malaria.

***Goal 7. Ensure environmental sustainability.*** The environment provides goods and services that sustain human development so we must ensure that development sustains the environment. Better natural resource management increases the income and nutrition of poor people.

Safe water and improved sanitation are a rare resource in Bangladesh. The Centre has identified ways to provide 'safer water' with sari filtration and is evaluating additional strategies that will provide options to families in need of water. Unfortunately, Bangladesh has a double threat from water: water-borne infectious diseases from surface water and arsenic contamination from well-water, so our research projects address both issues. We anticipate major new findings on health dangers from arsenic exposure as well as ways to reduce these threats. Personal hygiene has also long been a priority at the Centre, and it is hoped that new programmes to scale up the use of handwashing can be developed.

*A meeting of the multinational development partners at ICDDR,B*

***Goal 8. Develop a global partnership for development.*** What will it take to achieve the MDGs? A lot. Economies need to grow to provide jobs and more incomes for poor people. Health and education systems must deliver services to everyone, men and women, rich and poor. Infrastructure has to work and be accessible to all. And policies need to empower people to participate in the development process. While success depends on the actions of developing countries, which must direct their own development, there is also much that rich countries must do to help. This is what Goal 8 is for – it complements the first seven.

This goal is generally targeted to macro-level development; however, the Centre is a leader in creating partnerships both within Bangladesh and internationally. By creating an institution where skilled professionals can develop their career, the Centre creates 'brain gain' instead of fostering 'brain drain'. For development, countries need such institutions to provide resources for the country and for its citizens who have high personal goals.

The partnerships are also important for the Centre, both within the country and outside. Many of the projects being conducted at the Centre are possible only because of the collaboration with national institutions, non-governmental organizations, and collaboration with foreign scientists from many different countries. As an 'international centre' we value and depend on these national and international connections.

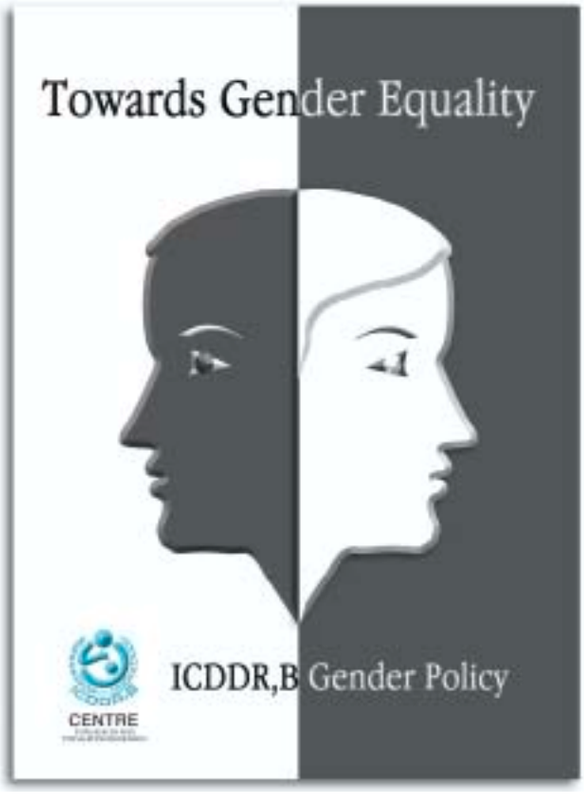
Thus, the MDGs form a target not only for the governments of the developing world, but also serve as a guide to our own research and services. In an attempt to assist with the achievement of the MDGs, we also need to keep in mind that improving statistics cannot replace the need to help individuals, many of whom are especially vulnerable. Our mission statement helps us to keep our focus on the mission of conducting research that will benefit these most vulnerable groups.

To learn more about the work of the Centre, we invite you to look through our Annual Report on our web site at http://www.icddrb.org/pub/

*Excerpted from Director's Report in ICDDR,B Annual Report 2003*

# *Facing Up to the Gender Issue: Another Milestone at ICDDR,B*

In recent years, ICDDR,B recognized the need to address gender issues and in response to that a number of steps have been taken. In 1999, the Board of Trustees made the decision to set up a Gender Task Force. Formation of this task force accelerated the inception of a Gender Equality Committee in 2000 to address gender issues at the organizational level. In March 2003, the committee initiated the process of drafting a Gender Policy with the participation of and contributions from all divisions. Subsequently, Centre-wide consultation took place to provide staff at all levels an opportunity to review and give inputs on the draft policy. The Gender Policy was approved by the Board of Trustees in June 2003.




ICDDR,B has historically addressed issues relating to women's inequalities both at the organizational level as well as in its research, interventions, services and training activities. In addition, gender equality is a core value in the Centre's strategic plan, which further emphasizes our commitment to gender perspective.

The Gender policy was published in May 2004, both in Bangla and English. A dissemination workshop is designed, and a module has been developed by Human Resources Department and is piloted. Over the next year it is expected that all Centre staff will have the opportunity to participate.

The Gender Policy of ICDDR,B is based on principles of equity and equality.

Equality is a matter of human rights and equal opportunities and benefits for both women and men, while equity indicates attempts of being fair and just--a phase in the process of achieving gender equality. Achieving gender equality would imply taking specific measures designed to overcome the inequalities that affect staff members. The Centre expects that, responsiveness to gender concerns will enhance the effectiveness of its organizational capacity and the quality of its activities.

Having a policy does not mean automatic incorporation or implementation of gender perspective within the organization. The implementation of the gender policy depends on viable strategies. The strategies adopted to ensure implementation of the Gender Policy are the following:

- ❑ Endorsement of the Gender Policy by the Board of Trustees and management, followed by advocacy for Centre-wide commitment to the policy.
- ❑ Commitment of sufficient technical and financial resources for implementation of the policy.
- ❑ Development of special initiatives to raise awareness of gender issues and the Gender Policy.
- ❑ Review and revision of all internal policies, procedures, and rules in light of the Gender Policy.
- ❑ Increase women's representation in key decision-making bodies guiding organizational and programmatic issues.
- ❑ Implementation of a gender analytical framework to guide research, interventions, service and training activities, where appropriate.

A gender policy for the Centre is the first step in ensuring that over time policies and interventions are designed from a gender perspective. Currently, an organizational gender review is going on which was started in April 2004. The emphasis of this review is on developing specific, measurable, achievable, realistic and time-bound indicators. The first annual workplan on gender will be presented at the next Board meeting in November 2004.

Implementation of the Gender Policy will require commitment, participation, and contribution of every staff member at all levels.

*Contributed by*
*Shamima Nasrin Mili*
*Gender Specialist*

# *ICDDR,B Alumni Association News*

Alumni Mr MR Bashir, Dr M Badrud Duza, Mr AM Sardar, Mrs Obaida Kabir, Dr KMS Aziz, Mr J Chakraborty and current employee Mr MA Wahed, SWA President Dr Shahadat Hossain, Mrs Jean Sack, and Mr Subash Saha met recently for planning the First General Meeting of the Alumni Association of ICDDR,B to be held on 2 December 2004.

The approval of the Alumni Association Charter and election of an Alumni Association Executive Committee will occur at this Alumni Reunion—the Third Old Timers' Get-together.

# *International AIDS Candlelight Memorial Day*

"He who lights a candle during daytime may not have one for the night" says an old Bangla poem. However, ICDDR,B showed this extravagance for a good cause on 16 May—the International AIDS Candlelight Memorial Day. Visitors who saw hundreds of burning candles in the foyer of the hospital building might have been surprised when our ICDDR,B colleagues widely participated in the event in response to a call by Centre's Executive Director Prof David Sack.

The International AIDS Candlelight Memorial Day is observed to honour the memory of those who died of HIV/AIDS, show support for those who are living with HIV/AIDS, raise awareness of HIV/AIDS, and to mobilize the community in the fight against this disease.

"Turning Remembrance into Action" was the theme for the 2004 International Candlelight Memorial Day. Prof David Sack said in his message "The 2004 Memorial will give each individual across the globe an opportunity to come together to remember and support those who have been touched by HIV/AIDS." He also quoted a statement by United Nations Secretary-General Kofi Annan who said "We must make people everywhere understand that the AIDS crisis is not over; that this is not about a few foreign countries, far away. This is a threat to an entire generation, that it is a threat to an entire civilization..."


*The first candle was lit by Centre's Executive Director Prof David Sack, followed by many others*

# *International Women's Day 2004*

Prof David Sack, Executive Director of ICDDR,B, greeted the mothers/female attendants of patients and female staff at the Centre's Dhaka hospital by giving them red roses on 8 May—the International Women's Day declared by the United Nations.

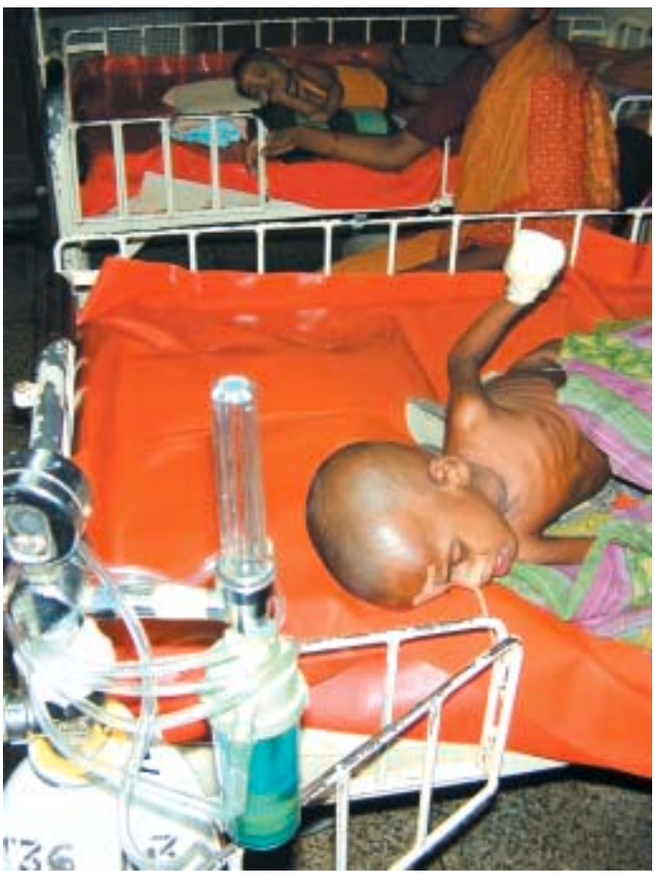
Prof. Sack was accompanied by Ms Ann Gauvin Walton, Director of the Human Resources Department; Dr MA Salam, Director of the Clinical Sciences Division; and Ms Shamima Nasrin Mili, Gender Specialist.

Prof Sack discussed the significance of the Day with those who were present. He said "As we celebrate the International Women's Day, let us take stock of the gains, and also look into the future and keep track of all that needs to be done to ensure that women are well-represented alongside men in all areas of research, interventions, service, training, and organizational aspects of the Centre."

# Zinc in Pneumonia

The last issue of Glimpse had as its cover story ICDDR.B's new project for scaling up zinc for the treatment of young children with diarrhoea. In addition to an in-depth analysis of how zinc tablets work effectively in the treatment of diarrhoea, the story briefly mentioned that research is also ongoing to see the efficacy of zinc therapy in the treatment of pneumonia.

Findings of a recent study by ICDDR,B scientist W Abdullah Brooks and colleagues published in the *Lancet* (Volume 363, 22 May 2004, p.1683-1688) show that zinc therapy is efficacious in the treatment of pneumonia. Zinc supplementation, along with routine antibiotics, significantly reduces the recovery time from severe pneumonia and overall hospital stay. The effect seems to "result from substantial reductions in the resolution times of each of the severe pneumonia indicators", including chest indrawing, severely-raised respiration rate, and hypoxia. This indicates a consistency between specific signs and the diagnosis of severe pneumonia. It is believed that the effect of zinc in the treatment of pneumonia is due to the role of zinc in the acute-phase response mediated by cytokines.



The extent of inflammation and its resolution rate surrounding infection are also protected by zinc therapy. It might protect the lung from inflammatory states, and its deficiency might enhance airway inflammation and cellular damage. The effect is manifested by shorter duration of disease symptoms and quick recovery from severe pneumonia in young children.

The study was conducted on children aged 2 to 23 months admitted in the Matlab Hospital of ICDDR,B. Children of this age-group were selected for the study because of their high pneumonia morbidity and restricted options to prevent community-acquired bacterial pneumonia due to the lack of vaccines to prevent such infections. A dose of 20 mg per day was administered for 10 days as is done in the management of diarrhoeal disease.

The paper concluded that replication of the study in other populations, including those with and without a high prevalence of zinc deficiency, is necessary. Studies should also include a follow-up period to see the effects on subsequent illness. The authors opined that "such studies would allow the global public-health significance of these findings to be assessed, and the results best applied to improve child health and survival."

## *Editor's Note*

Once again it is time for us to look back over the year and review the Centre's activities during 2003. The Annual Report was published earlier this month. The Centre had cause for celebration in 2003, as in December it was 25 years since ICDDR,B had been created out of the former Cholera Research Laboratory. Glimpse has covered many of the activities during the year, including the culmination of all the celebrations at the 10th ASCODD held in Dhaka in December.

The past year has seen some major changes.The Strategic Plan to the Year 2010 was published in the first quarter of 2003 and the priorities identified in this document are now used to gauge our progress and achievements. During 2003, the Human Resources Department completed its work on job classification. The task of looking at all the jobs in the Centre, comparing them and rationalizing job titles, and coming up with classifications and job families had occupied the Department for two years. *The* major administrative task of 2003, however, was the intensive work leading to the implementation of a new integrated management information system based on the MS Navision software and called 'Suchona' (Bangla for 'new beginning'). The customization process involved many of the Centre's staff. Improving maternal and neonatal health is a priority for the Centre, identified in the Strategic Plan. It is also a good illustration of the connection between the Centre's priorities and the Millennium Development Goals (MDGs). Work in the Matlab area has resulted in improved antenatal services and strong links with the Government Hospital. New projects in Tangail and Sylhet are aiming to reduce neonatal deaths, through the improvement of community-based delivery care.

Among all nations, Bangladesh has the fourth highest burden of disease from tuberculosis. In 2000, the Centre opened laboratories at the Centre and at a major TB clinic in Dhaka for culturing the organism and carrying out molecular studies. Work has been carried out on identifying the strains common in the country and their antibiotic sensitivity. Besides representing a large infectious disease burden, tuberculosis is closely linked with issues of poverty and health. Several vaccines are being studied at the Centre, including vaccines for rotavirus, enterotoxigenic *Escherichia coli*, *Haemophilus influenzae* type b, cholera, and viral influenza. Work on HIV/AIDS continued with serosurveillance and behavioural surveillance of high-risk groups and with the establishment of the HIV/AIDS programme in 2003. The Centre now has eight cross-divisional programmes. We chose for our cover story only that portion of the Director's Report that highlighted the Centre as a partner in the process of implementation of the MDGs. Another important administrative development for the Centre during 2003 was the introduction of a Gender Policy in June 2003. Although the Centre has always striven to deal equally with both women and men in all its activities, we have not had an official document of this kind before. We feature a short item on this.

*Peter Thorpe*
*Editor-in-Chief*

# *Professor Frances Aboud featured in the Reader's Digest*

The common belief that racial prejudice or ethnocentrism results solely from being taught by others in the context of school, family, or friends is disproved in studies conducted by child psychologist Frances Aboud, a McGill University professor, now working as Adjunct Scientist at ICDDR,B. The April 2004 issue of Reader's Digest featured her studies on child psychology conducted at McGill University, Canada.

Her findings suggest that prejudice is a bye-product of the child's cognitive limitations and a race-salient society. In the minds of 50 to 60 percent of 5-year old children who have this form of prejudice, people who are different in some way are less good, less smart and less friendly than similar others. "It's not that they dislike the other groups, but they prefer their own" and so others suffer by comparison, Professor Aboud says.

The strength of her studies lies in the soundness of her unique methodology that employed a series of illustrations, e.g. identical drawings of boys and girls, men and women, two on a page, with the only difference being their skin colour and texture of hair. The illustrations are linked to "who is good" and "who is bad" type of questions. Professor Aboud concludes that "prejudice is childish, but people can change." Indeed, once children develop cognitively more mature ways of thinking about people, they become less prejudiced. Young children attend to only one salient feature at a time, while cognitively mature people can consider many features at once and know that the internal qualities of others are most important.

In response to a question why she has been devoted to such studies, Professor Aboud said, "I wouldn't be doing this if I thought that prejudice was a problem that only five percent of the population had." This implies that racial prejudice is widespread and needs to be addressed by fostering inter-racial friendship in largely-segmented societies.

At ICDDR,B, Professor Aboud has been studying the cognitive and social development of young children in Bangladesh for the past two years. Here, low levels of nutrition and stimulation appear to be responsible for slow mental development and poor school performance among rural children. Social development runs parallel to cognitive development and, to a certain extent, depends on it as demonstrated in the prejudice research. So cognitive development must be fostered. It was previously believed that everything children acquired was taught to them through direct instruction, but the research on prejudice demonstrated that children of certain ages have a readiness to attend to and learn from what they observe in their environment. They don't need direct instruction to acquire tolerance or prejudice. Likewise, in Bangladesh, people assume that children acquire language and reasoning through instruction only. Instead, children acquire these abilities in the early years because their brains are ready to receive and learn from the stimulation they see and hear around them. For example, at 3 years of age, children learn 10 to 20 new words a day, not through instruction, but simply by listening to stimulating talk from adults. Without such conversations and stories, language development is stunted.

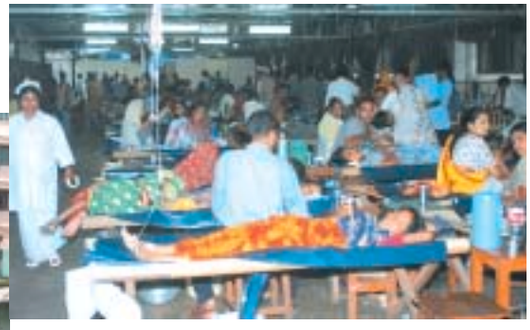
The common thread in Professor Aboud's research in Canada and Bangladesh is that development takes place as a result of the combination of brain maturation and environmental stimulation. Discovering the capacity of the brain at different ages and providing the right kind of stimulation is the challenge.

*Although she is only two-and-a-half herself, little Anisha has brought some fun into the lives of the children in the Centre's crèche. Anisha (2nd from right), the daughter of Aniruddha Neogi, ICDDR,B's Finance Director and his wife Sarani (standing, left), has donated some toys to help keep the children in the crèche entertained. Anisha's toys were delivered on 30 June, and since then it has been one long playtime in the crèche*

*The Third NEASIA Foods International Symposium was held in SuWong city of South Korea during 20-23 April 2004. Mr MA Wahed, Head of the Nutritional Biochemistry Laboratory of ICDDR,B, attended the symposium as the only invited speaker from the SAARC countries to lecture on "Nutrition Scenario in SAARC Countries: Scopes and Gaps in Food Composition Database." Experts from FAO, USDA, ASEAN, and NEASIA, attended the meeting. Mr Wahed highlighted in his presentation that data on food composition in SAARC countries are inadequate and controversial that impedes the successful launching of such food interventions*

# *Floods in Dhaka lead to diarrhoeal disease outbreaks: An appeal*

Many of you have seen the news about the floods in Bangladesh. Though monsoon rains often result in high water, this year, the flooding has been disastrous for a large portion of the country including Dhaka. Because of the flood, many families have lost most of their property, what little they owned, and have been forced to leave their homes, sometimes escaping to the roofs or temporary shelters that are now scattered throughout



the country. Not so obvious is the high rate of diarrhoeal diseases, including cholera that accompanies the floods due to the lack of safe food or water. Thus, the Centre is now treating double the expected number of patients and these numbers are expected to increase in the coming months, even after the flood waters recede. During the last few days, about 500 patients have sought treatment at our hospital. From experience, we know that about 10% of them, that is about 50 of them, would have died if ICDDR,B was not there to provide treatment. The numbers are likely to increase even more in the days ahead; in 1998, it reached 900 patients a day, many of them with cholera.

Besides the patients in our hospital, we at the Centre are especially concerned about the communities who participate in our field and research activities. One such area, Kamalapur, is a very densely-populated area of Dhaka, with many slum dwellers. The houses in this area are now swamped with water and can be reached only in a boat. Similarly, the Matlab area and other field areas are also severely affected. Much of our routine research work has had to stop temporarily in order to provide relief services to the communities. The Staff Welfare Association (SWA) came to me this week and was concerned about the welfare of the staff, especially the lower-level staff, whose salaries are rather low and who are less able to make adjustments. Based on their concern, the Centre will be providing some assistance to those staff whose houses have been directly affected by the flood to help them cope with the flood. The SWA also requested that the staff be able to contribute in a meaningful manner to help during this national crisis. Thus, the staff will be donating one day's salary to the flood relief efforts, with half going to the national funds and half to the Centre's own flood relief efforts.

Some of you may wish to donate funds to the Centre at this time to help cope with the increased numbers of patients who are receiving our help and to help those communities where we work. If you would like to help, donations from the United States can be sent to: Child Health Foundation, 10630 Little Patuxent Parkway, Century Plaza, Suite 126, Columbia Maryland 21044, and donations from the UK can be sent to: International Health Solutions Trust, 2 High Street, Cowden Edenbridge, Kent TN8 7JB, UK.

Please mark such donations for ICDDR,B–flood relief. Thank you for your help.

David A Sack, MD
Executive Director, ICDDR,B

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