

INVESTING  
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AT THE HEART  
OF THE PROBLEM



CENTRE FOR HEALTH AND  
POPULATION RESEARCH

# GLIMPSE

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## 8<sup>th</sup> Commonwealth Congress on Diarrhoea and Malnutrition held at ICDDR,B



*Professor Muhammad Yunus, Managing Director of Grameen Bank, presenting the keynote speech*

The 8<sup>th</sup> Commonwealth Congress on Diarrhoea and Malnutrition (CCDM) was held at ICDDR,B in Dhaka on 6-8 February 2006. The theme for the Congress was “Combating Malnutrition and Intestinal Diseases in Children: Are We Doing Enough?” which was appropriate for the 2015 deadline set for achieving the Mil-

lennium Development Goals relating to child survival.

The Commonwealth Congress on Diarrhoea and Malnutrition is a regular event of the Commonwealth Association of Paediatric Gastroenterology and Nutrition (CAPGAN). This was originated in 1984 with the First CCDM in London. Subsequent triennial congresses were held in New Delhi, Hong Kong, Karachi, Darwin, Drakensberg, and Paris. In view of the contribution of ICDDR,B in the fields of diarrhoea and malnutrition, the Centre was entrusted with the responsibility of hosting the 8<sup>th</sup> CCDM.

The objectives of CAPGAN include: promoting collaborative research and dissemination of knowledge on paediatric gastroenterology, hepatology, and nutrition, with emphasis on childhood diarrhoea and malnutrition, throughout the Commonwealth countries, especially amongst the developing nations.

Nearly 500 professionals participated in the 8<sup>th</sup> Congress, including more than 100 from abroad. Well-known speakers

from home and abroad were invited with the intention of disseminating scientific knowledge among the local participants to foster the exchange of ideas with the international experts.

On behalf of the Hon'ble Minister for Health and Family Welfare Dr Khandaker Musharraf Hossain, the Congress was inaugurated on 5 February 2006 at Hotel Sheraton, Dhaka, by Mr Aminul Islam Bhuiyan, Additional Secretary of the Ministry of Health and Family Welfare. Internationally-renowned economist and Managing Director of Grameen Bank, Professor Muhammad Yunus, presented the keynote speech. The inauguration ceremony started with an Address of Welcome by the Centre's Executive Director and Chair of the Organizing Committee, Professor David A Sack. Mr David Wood of DFID, Dr AZM Zahid Hossain, Professor of Urology, Dhaka Medical College Hospital (also a member of the ICDDR,B Board of Trustees), Dr Tony Nelson, President of CAPGAN Council, and Professor Zulfikar A Bhutta, President-Elect of the CAPGAN Council

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spoke as Special Guests during the inauguration ceremony. A Vote of Thanks was offered by Dr Tahmeed Ahmed, Head of ICDDR,B's Nutrition Programme and Chair of the Scientific Committee for the 8th CCDM.

On the subsequent three days from 6 to 8 February, the Congress held its technical sessions at ICDDR,B. These included 6 plenary sessions, 9 guest lectures, 2 special sessions, 2 symposia/workshops, 2 post-congress workshops, 145 free paper presentations, and 80 poster presentations.

Key topics and the major focus of presentations at the plenary sessions included: Combating zinc deficiency for improved child health (Systematic method for establishing research priorities concerning the control of zinc deficiency) by Professor Kenneth Brown, University of California-Davis; Gut flora and malnutrition (Any role for intestinal bacterial community in malnutrition?) by Professor Jehan-François Desjeux, Chaire de Biologie, Conservatoire national des arts et métiers, Paris; Diarrhoeal disease and malnutrition in

the child survival agenda (Challenge of diarrhoeal disease and malnutrition in the global child survival agenda) by Professor Zulfiqar A Bhutta, Aga Khan University, Karachi; Community-based management of acute malnutrition (Treating acute malnutrition seriously) by Dr Steve Collins, Valid International; Obesity in childhood (Childhood obesity: a growing nutritional threat in the developing world) by Professor Robert Suskind, Rosalind Franklin University of Medicine and Sciences, USA; and Combating micronutrient malnutrition (Food-based approaches to combat iron deficiency during early life) by Dr. Lena Davidsson, International Atomic Energy Agency, Vienna..

Nine Guest Lecturers gave presentations on different aspects of diarrhoeal diseases and malnutrition: Professor Yuichiro Yamashiro, Juntendo University School of Medicine, Tokyo; Professor MQ-K Talukder, Centre for Women and Child Health, Dhaka; Professor M Shahidullah, Bangabandhu Sheikh Mujib Medical University, Dhaka; Dr Peter B Sullivan, University of Oxford, UK; Dr Neelam Mohan, Sir Ganga Ram Hospital, New Delhi, India; Professor Bhupinder

Sandhu, Royal Hospital for Children, UK; Dr Pradip K Bardhan, ICDDR,B; Dr Shinjini Bhatnagar, All India Institute of Medical Science, New Delhi, India; and Professor David Brewster, Fiji School of Medicine, Fiji Islands.

In addition to 27 Scientific Sessions, the Congress had two special sessions—one on “HIV infection and nutrition” and another on “Health and nutrition of children and women in disaster situations: experience from Pakistan and Sri Lanka. The Congress concluded with a symposium on “Rotavirus vaccine” and a workshop on “Vaccine financing.” Two post-Congress workshops held discussions on “secretory diarrhoeal diseases in developing countries” and “use of stable isotopes for micronutrient research.”

ICDDR,B published a 224-page Abstracts Book which can be obtained by writing to: Head, Publications Unit, ICDDR,B, GPO Box 128, Dhaka 1000, Bangladesh and can also be accessed online at <http://www.icddrb.org>.

The 8<sup>th</sup> CCDM had widespread national and international media coverage, including an editorial in the world-renowned British Medical Journal. ●

## Australian and Dutch ministers visit ICDDR,B



*Ms Agnes van Ardenne-van der Hoeven speaking in a briefing session with the senior management personnel of ICDDR,B*

Ms Agnes van Ardenne-van der Hoeven, Minister for Development Cooperation of the Government of The Netherlands, visited Matlab sub-station of ICDDR,B on 15 February 2006. She was accompanied by senior officials of ICDDR,B and of the Dutch Embassy in Bangladesh.

The Minister was informed about the overall activities of Matlab sub-station, with special emphasis on the progress of project activities funded by the Netherlands Government.

The Netherlands Government has been

providing financial assistance since 1990 to the research and service components of several ICDDR,B projects in Matlab.

Reduction of maternal and child mortality resulting from reproductive health problems is among the Millennium Development Goals for all governments to achieve. The Bangladesh Government, with technical assistance from ICDDR,B, is dedicated to achieving these goals on

## GLIMPSE

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*Ms Amanda Vanstone touring the Dhaka hospital of ICDDR,B*

a priority basis. The Minister and the officials of the Dutch Embassy expressed their satisfaction with what ICDDR,B has been doing in this country to address the issues relating to maternal and child health.

Following the visit of the Minister, the Netherlands Government announced that it would double its financial contribution to these projects and pledged continued support for the overall activities of the Centre in the years to come.

Ms Amanda Vanstone, Minister for Immigration of the Government of Australia, paid a visit to the Centre on 8 March 2006, accompanied by high offi-

cial of the Australian High Commission in Bangladesh. She toured the Dhaka hospital of ICDDR,B that provides free medical treatment to more than 100,000 patients annually, for diarrhoeal diseases, malnutrition, pneumonia, and related complications.

The Minister lauded the Centre for its humanitarian services and, at the same time, for generating new knowledge through medical research for the well-being of people, especially in the developing world.

She expressed her satisfaction over the progress of work funded by her Government through AusAID for several years. ●

## ***Poverty and Health: Ontology of a Research Programme***

'Poverty and Health' was formally established as a new area of research at ICDDR,B in early 2003 with a mandate to include a poverty-focus in all research activities throughout the Centre. The Programme places emphasis on studying the barriers facing the poor in accessing health and other development services. It provides a platform to generate and exchange ideas and build capacity for research in the area of poverty and health. This is done through organizing training courses and workshops and by establishing collaborations with relevant organizations within and outside Bangladesh. The Programme is housed at the Public Health Sciences Division (PHSD), although the research issues cut across the agenda of other divisions.

A number of key research initiatives and recognition of the need to emphasize the relationship between poverty and health to find solutions to improving the health of the poor and alleviation of poverty in general gave birth to the Programme. The projects that spearheaded work in this direction include: the Bangladesh Health Equity Watch (BHEW) project funded by the Rockefeller Foundation and "Building the knowledge base for attaining equitable health in poor countries" project funded by DFID. For brevity, we will call this the "Knowledge Base" project in our story.

In 2001, an informal programme dealing with issues of poverty, health, and equity was operating through the work of the BRAC-ICDDR,B collaborative project in Matlab.

## ***ANNOUNCEMENT***

ICDDR,B: Centre for Health and Population Research, Dhaka, Bangladesh, is pleased to announce that the 11th Annual Scientific Conference (11th ASCON) will be held at ICDDR,B from 4 to 6 March 2007 followed by the 40th Anniversary celebrations of the Demographic Surveillance System (DSS)-Matlab, from 7 to 8 March 2007.

The Theme of the Conference is "Partnership in Achieving the Millennium Development Goals."

An Organizing Committee and Scientific Committee have been formed, with Professor David A Sack, Executive Director of ICDDR,B as Chair of the Organizing Committee, Professor Alejandro Cravioto, Deputy Executive Director of ICDDR,B as Chair of the Scientific Committee and Professor Mahmudur Rahman, Director of the Institute of Epidemiology Diseases Control and Research, Government of Bangladesh as Co-Chair of the Scientific Committee.

A call for abstracts will be circulated in June. For further information on the Conference, please contact Mr M Shamsul Islam Khan at [ascon11@icddr.org](mailto:ascon11@icddr.org).



The project was studying the impact of BRAC's socioeconomic interventions on the well-being of the rural poor and the mechanism through which this impact is mediated. The Bangladesh Health Equity Watch (BHEW), with its secretariat in the Social and Behavioural Sciences Unit of PHSD, also began its activities on equity and health from the same year. All these illuminated the focus on the issues and their cross-cutting nature brought various components under one theme-umbrella.

### Bangladesh Health Equity Watch

The BHEW project, begun in January 2001, started as a collaborative effort of ICDDR,B, Bangladesh Bureau of Statistics (BBS), Bangladesh Institute of Development Studies (BIDS), and BRAC. The Social and Behavioural Sciences Unit has hosted the secretariat of the project since its inception.

BHEW has made notable progress in terms of incorporating equity dimensions in various data-collection systems, data analysis, and reporting. Some of the data-collection systems include those of the Bangladesh Bureau of Statistics, BRAC, ICDDR,B, UNICEF, and Save the Children (UK). New data, which were not present in the existing system prior to BHEW, have been collected through the data-collection system of BRAC. Another significant achievement was the development of a multi-dimensional tool to measure poverty outlined below.

### Poverty mapping on a national scale

In 2002, an instrument was designed and validated to rapidly assess poverty in its multi-dimensionality at the household level. The need for such a tool was felt from the understanding that poverty never results from the lack of one thing, rather from many interlocking factors that cluster in poor people's experience and definitions of poverty. Income-poverty had long been the dominant feature in poverty reduction interventions, and there was a need to find a measure that was more comprehensive.

The tool, based on the non-fulfillment of basic needs, is a new way of measuring and analyzing poverty. Various indicators were used in developing a scale to measure the degree of shortage of basic needs by following a psychometric approach. The scale, unlike traditional measures of poverty, uses a multi-dimensional approach and gives ratings for poverty status in terms of specific dimensions, such as food, shelter, clothing, education, health, and social participation.

This instrument, along with traditional indicators, was administered to approximately 10,000 households in Matlab. It was found that the poverty score obtained by using this tool correlates very strongly with the asset score and other indicators that are traditionally used in assessing socioeconomic status. In 2003, BHEW administered the tool to a nationally-representative sample in 12 districts of Bangladesh in collaboration with BRAC. The data yielded results consistent with those obtained from Matlab. The tool

is easy to apply and enables the programme/policy-makers to identify priority areas for basic human needs to reduce poverty.

### Knowledge Base project

The five-year Knowledge Base project, funded by DFID began in December 2001. The project was designed to emphasize research on equity and health, the inter-relationship between poverty and health, and on certain diseases and conditions that particularly affect the poor. Under this project, the Centre has conducted new research studies on a number of different issues. These include finding ways to ensure safer motherhood, improve neonatal health, reduce prevalence of tuberculosis, develop a clearer understanding of the disease-burden among adults in poor communities, develop tools, and establish ways of measuring poverty and health.

During the last four years, the project has also promoted other poverty-focused health research and capacity-building nationally and internationally, developing more effective means of diffusing new knowledge and influencing policy and programmes, and enhancing the capacity of the Centre for poverty-focused health research through development of its human resources, administration, management information and communication systems.

In May 2002, based on the achievements of the DFID-funded Knowledge Base project and activities of the Bangladesh Health Equity Watch, and on the strength of interest and ownership already present in the combined activities, DFID lent support to the institutionalization of a new cross-cutting research programme on poverty and health, and consequently, in January 2003, the Poverty and Health Programme was established at ICDDR,B. Since its establishment many studies and activities have been carried out with support from various donors. Some of the activities/studies are described below.

### Pro-poor Monitoring of the Utilization of Health, Nutrition and Population Services

A study on the monitoring of the use of health services by the disadvantaged people is currently being implemented in partnership with the Health Economics Unit of the Ministry of Health and Family Welfare, Government of Bangladesh, and BRAC. It aims at helping programme managers to quickly monitor if their programmes are reaching the disadvantaged. It will enable managers to take corrective actions in the case of a shortfall in reaching the poor or to take affirmative actions to increase the service coverage among the poorer segments of the population. The activity is being carried out in two upazilas (sub-districts). If it is found useful, there is a possibility of scaling it up. A community-level survey to assess the socioeconomic status of the households in the study area has been carried out. Monitor-

ing of the use of the health facilities has been going on since April 2005. The findings so far show that the poorest and the wealthiest quintiles of the population are using government health facilities more than the middle quintiles (Fig. 1 and 2). Gender-differentiated data show that, in all quintiles,

Fig. 1. Proportion of attendees at a Upazila Health Complex (Out-door) near Dhaka, by asset quintile, Bangladesh, 2005

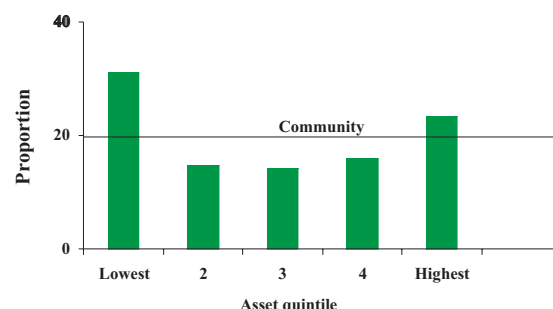
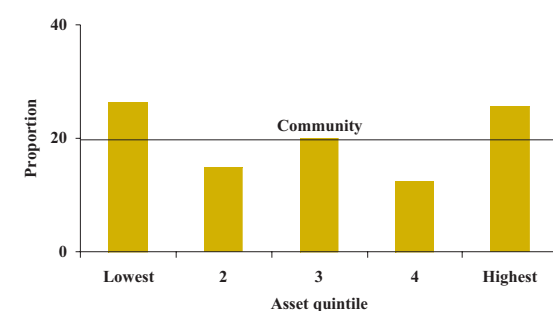
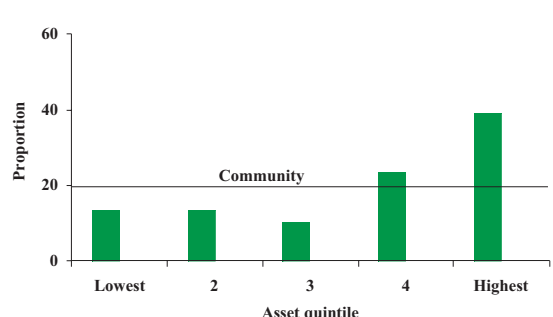


Fig. 2. Proportion of attendees at a Upazila Health Complex (Out-door) far away from Dhaka by asset quintile, Bangladesh, 2005



more women than men are using government health facilities. It was also found that private health facilities are being used more by the wealthier quintiles compared to the poorer quintiles (Fig. 3).

Fig. 3. Proportion of attendees at private clinics near Dhaka by asset quintile, Bangladesh, 2005



### Bangladesh Health Watch

The Programme is collaborating with the newly-established civil-society initiative—Bangladesh Health Watch—which aims at institutionalizing a monitoring system for health in Bangladesh. To monitor Bangladesh's progress towards the achievement of the goal of good health for all citizens including the realization of the Millennium Development Goals (MDGs), Bangladesh Health Watch will publish annual reports on the state of health in Bangladesh. Based on secondary/primary data, as the situation may necessitate, each year's report will deal



with different issues relating to the citizen's health. The Watch group will also use various monitoring and advocacy measures, such as conferences, meetings, press briefings, and media reports to engage the policy-makers and programme implementers in the public, private and NGO sectors. Other actors, such as academia, media, and donors will also be involved with the ultimate goal of realizing good health for all. The first report, to be published in October 2006, will deal with the issue of health equity.

Other research topics relating to poverty and health that are currently being explored are:

- Making health systems work for the poor
- Community empowerment
- Socialization and sexuality construction of Hijra: implications for STIs and HIV interventions
- Violence against women
- WHO social exclusion knowledge network
- Community-led primary healthcare and safe motherhood services

## Capacity-building and dissemination

### Training courses

A week-long course on the "Measurement of Poverty: The Economic Aspects" was held in June 2002 and repeated in July 2003. The measurement course provided an overview of and hands-on training on different poverty measures commonly used in poverty research, programme design, and evaluation of poverty-alleviation programmes. A workshop to train researchers on the participatory qualitative methods of poverty research was held in collaboration with the Training and Education Unit of ICDDR,B and Water Aid in 2004. The 10-day workshop on "Exploring poverty and health using participatory rural appraisal (PRA) techniques" focused on the dimensions of poverty as defined by the local people and access to health services. The Poverty and Health Programme organized three skill-building seminars in 2005 and one in 2006 that were attended by participants from various divisions of the Centre. The topics of presentations included (a) Principal components analysis and factor analysis for poverty measurement, (b) Measuring inequality in health: concentration index, (c) Decision tree modelling, and (d) Reference Manager: bibliographic database.

### Educational collaboration

The one-week elective course on Equity in Health for the first year of the BRAC University James P Grant School of Public Health was held in September 2005. This involved the participation of the Head of the Centre's Poverty and Health Programme as one of the two faculty members.

### Research fellows

Nine poverty and health research fellows were recruited in the Centre for building research capacity and promoting poverty-focused research in Bangladesh and interna-

tionally. Eight national fellows were recruited in February 2003 and May 2004 for a one-year period, and one regional fellow from Pakistan completed his two-year stay in February 2006. All fellows developed research proposals and carried out their studies under the mentorship of senior researchers at the Centre. Three of the national fellows built collaborative linkages between their home institutions (PROSHIKA, Surovi, and INCIDIN Bangladesh) and ICDDR,B through their research projects. Their study titles included: (a) Arsenic mitigation options in Matlab, (b) Socioeconomic status and childhood morbidity in rural Bangladesh, (c) Safer motherhood, (d) Child health, and (e) Health and Demographic Surveillance System, (f) Poverty-reduction strategies in low-income countries and the Millennium Development Goals (MDGs), (g) Health status and health-care-seeking behaviour of children: does living in a community matter, (h) Education and health services for the under-privileged children in Dhaka city: a case study of Surovi schools, (i) The antenatal healthcare-seeking behaviour of the adolescent street-based sex workers of Dhaka city, and (j) Poverty and well-being: dimensions of well-being in livelihood and health behaviour in an urban community.

### Round table seminars

In 2003, seminars on poverty and health were initiated with participation from the Centre and other relevant organizations. Some of the speakers included: Dr Sarah White and Dr Suzanne Skevington from the University of Bath, UK; Dr Binayek Sen from the Bangladesh Institute of Development Studies; Dr Imran Matin, Director, Research and Evaluation Division, BRAC; Dr Frances E Aboud, Professor at McGill University, Canada; Dr Arnab Acharya of the Research Triangle Institute, USA and Dr Ahmed Naiz, Professor at American University of Bangladesh. Some of the topics presented were: (a) Targeting in BRAC's Programme for the Ultra Poor, (b) Community programmes: who participates? who implements? who benefits?, and (c) Towards a universal health standard.

### Dissemination workshops with government officials

Every three months the Programme made presentations in a workshop of 25-30 mid-level officials from the Government of Bangladesh. Organized by a professional consulting agency, these meetings are designed to disseminate the Programme's findings and to help decision-makers take action on inequities affecting healthcare in Bangladesh. By presenting the results of analyses that consider a range of issues—from economic status and gender to mortality rates and disease prevalence—experts of ICDDR,B raise decision-makers' awareness of current monitoring and the need to address health inequities.

### Publications

The Poverty and Health Programme has collaborated with BHEW on a number of publications included in the Equity Watch Paper

series, the Bibliographical Alert, the Equity Dialogue, and a Special Issue (September 2003) on health equity in the Journal of Health, Population and Nutrition. The three papers published under the Equity Watch Paper series are: (1) Who gets vaccinated in Bangladesh? The immunization divide, (2) Inequalities in the utilization of safe delivery services in Bangladesh: barriers to reducing maternal mortality, and (c) Monitoring the status of health inequity in Bangladesh: the BHEW Survey 2002. In addition, an article titled "Making health systems work for the poor", jointly with external authors were published in the Lancet. The programme was represented in the Forum 9 Conference in Mumbai. An article titled "making health research more pro-poor" was published in the Forum research update. Report of the WHO collaborative study on violence against women was also published, and an article on the same topic was also published in Social Science and Medicine and in Studies in Family Planning.

### Poverty and health resource centre

The Information Sciences Division maintains a poverty and health resource centre at the ICDDR,B Library. This unit was built to facilitate poverty, health, and equity-related research both within and outside ICDDR,B by providing a strong knowledge base with the most recent books, articles, and papers published on poverty-related issues. The growing collection of books, articles, etc. at the unit covers a wide range of topics, including writings on various methods of poverty measurement, rural-urban poverty status within the country, and the poverty situation in different parts of the world. Work on making a poverty database available online is progressing in the Library.

### Future plans

The Programme will continue to concentrate its efforts in the three broad areas, namely research, dissemination, and capacity-building. The Programme will also play a strategic role in reinforcing health improvement of the poor and reduction of poverty as a guiding value of all ICDDR,B activities. In addition to carrying out specific research activities by the Social and Behavioural Sciences Unit, the Programme will facilitate poverty and health-related research among scientists of other divisions. It will continue working towards inclusion of socioeconomic indicators in the existing and relevant new studies within and outside the Centre. Capacity-building activities will be carried out in collaboration with the Training and Education Unit of the Centre and other external organizations for the Centre's staff and outsiders. Partnership will be developed with relevant institutions inside and outside the country to develop new studies and staff training programmes. Dissemination activities will be carried out through traditional channels, such as journal articles, working papers, newsletters, conference presentations, and seminars. The Programme will arrange seminar series on the topics of poverty and health in its attempt to facilitate discussion among the relevant stakeholders. Efforts to develop new studies and to broaden the donor base will be made. ●

Contributed by Poverty and Health Programme

# A Tribute to Dr ASM Mizanur Rahman

With heavy hearts ICDDR,B staff members and alumni lost their former colleague Dr ASM Mizanur Rahman, a dedicated physician of the Matlab Health Research Centre and Coordinator, Training and Education Department (now Unit), who died of heart failure on Monday, 27 March 2006 in a Dhaka clinic. In addition to a memorial service held on 31 March, colleagues and friends from both far and near have expressed their appreciations of Dr Rahman, remembering him not only as a dear friend, but also a man who dedicated many years of his life to helping and saving the lives of others through his role as a key physician at the Matlab Cholera Hospital.

Professor David Sack, Executive Director of ICDDR,B, recalled Dr Rahman as his mentor in Matlab, teaching him about cholera and treating the patients in the Matlab hospital. He commented: "his [Dr Rahman's] role as the clinical physician in the early development of the oral rehydration solution was remarkable. His kind spirit will be missed."

Former Director Professor Henry Mosley, in his message, said "I am truly saddened to hear that Dr Mizanur Rahman has passed away...he played the key role in the early transformation of the Matlab hospital from just a field site for patient-care and data-gathering to becoming a real clinical research centre. I recall quite clearly...physicians from Dacca were temporarily assigned to Matlab, usually on two-week rotations. Most went reluctantly, as the situation in Matlab was pretty primitive at that time—no electricity or running water—and the medical ward was situated in the main deck of the barge, while the doctors and other staff slept on the upper deck. As a result, there was really no true medical oversight of the clinical care services..... I asked Mizanur Rahman if he would take on the job. This was a big sacrifice at the time, as...living conditions for a family were hardly desirable. Mizanur willingly accepted the challenge, and this was truly a turning point in the whole research programme at Matlab. We could never have implemented the first large-scale clinical trial of oral rehydration therapy--ORT (designed by Cash and Nalin), if Mizanur had not had the hospital operations all set up and running smoothly."



Former Director Professor William B Greenough III wrote "Dr ASM Mizanur Rahman was a physician and human being who appeared unassuming, but left a giant heritage at ICDDR,B/CRL. His quiet leadership has had an enormous impact on the institution in a very direct and personal way.... In the Holy Qur'an it is said that "Of things that endure, good deeds are the best and most lasting heritage of our lives." Mizanur Rahman has left such a lasting heritage and is an example to us all".

According to Dr George Curlin of the National Institutes of Health, USA, "Mizanur was a rock—a solid, dependable treasure who could always be counted on to be there and to do the right thing and do it well...He not only delivered state-of-the-art care for cholera, he developed it!"

"I spent but two weeks with Mizan at Matlab, but we were bonded as good friends, and I always considered him my first teacher at the CRL", Bert Hirschhorn, now living in London, England, said in his message of

condolence.

Dr David Nalin, a CRL Alumnus, remembers Dr Rahman as an "invaluable member of the staff and essential in developing the highest standard of patient-care at Matlab, making possible the clinical studies carried out there, most notably the world's first large-scale field trial of oral rehydration therapy."

Dr Rahman was described by Dr Roger Glass of the Centers for Disease Control and Prevention as a person who was "wonderful, committed, competent, reliable, and made a real difference to the organization."

Dr Md Yunus of the Matlab Health Research Centre reflected "Dr Rahman was my first supervisor in Matlab and I worked with him for about 10 years. He was not only my supervisor but also my teacher and a friend. I learned from him on the management of cholera and diarrhoeal diseases and many other things. I have so many memories with him which I can't narrate at this moment."

Dr SK Roy of the Clinical Sciences Division recalls (as retold by Mrs Jean Sack) "once a patient was brought into the Matlab treatment centre with severe dehydration and death throes of rasping breathing. An attendant ran to Mizanur Rahman's quarters where he was eating lunch. He rose from the table immediately, tightening his lungi as he ran to the ward. Mizanur gave cardiac resuscitation to the dying patient, worked long minutes to restore normal breathing and saved the patient's life."

Dr Mizanur Rahman completed his medical education and joined the Pakistan-SEATO Cholera Research Laboratory in the early 1960s. In the early 1980s, he obtained his M.Sc in Community Health in Developing Countries from the London School of Hygiene & Tropical Medicine. During the mid-1980s, Mizanur went with the ICDDR,B team to Saudi Arabia to set up the diarrhoeal treatment wards and laboratories there. After his retirement from the Centre in 1994, Dr Mizanur Rahman spent the last ten years in social work. Dr Rahman's hard work and dedication to CRL/ICDDR,B will never be forgotten, nor will his amiable behaviour and pleasant personality. For more information regarding Dr Rahman's outstanding service to CRL/ICDDR, B, please visit <http://www.icddrb.org>. ■

## Arrivals and Separations

Four international-level personnel joined the Centre staff during the last few months, and two were promoted from the national to international professional positions. Glimpse extends its warm welcome and greetings and wishes them a successful tenure at the Centre. Two personnel left the Centre during this period. Glimpse bids a heartfelt farewell and wishes them a better future.

### Arrivals

**Dr Elizabeth Oliveras**, a US national, joined on 17 January 2006 as Operations Research Scientist in the Health Systems and Infectious Diseases Division. She had her Masters and ScD degrees in Population and International Health from the Harvard School of Public Health in 2001 and 2005 respectively and had her



Bachelor of Arts degree in Sociology from Johns Hopkins University in 1993. She specializes in population and reproductive health, epidemiology, and biostatistics.

Before joining ICDDR,B, Dr Oliveras provided



consultancy services to a number of organizations, including the Center for Health Information, Monitoring and Evaluation under John Snow Inc., UNICEF, World Health Organization, Pathfinder International, and Engender Health. She worked as an editor and writer at JHPIEGO Corporation, USA and as a research and teaching assistant at Boston University Center for International Health and Development and Harvard University. Dr Oliveras received a number of awards and fellowships for her outstanding work in the area of population and international health and has, to her credit, a number of professional publications.

**Dr Heidi Bart Johnston**, a US national, joined the Centre as Social Scientist in the Social and Behavioural Sciences Unit of the Public Health Sciences Division. She obtained her PhD degree in Population Dynamics with a minor in Sociology from Johns Hopkins School of Public Health in 1999 and Bachelor of Arts degree from Grinnell College, Iowa,



USA in 1989. Dr Johnston previously worked at ICDDR,B as a research fellow during 1996-1998.

Before joining her present position at the Centre, she worked in several other organizations. She was the

Reproductive Health and Rights Consultant in Bangladesh; Adjunct Assistant Professor at the School of Public Health, University of North Carolina at Chapel Hill, USA; Research Associate and Senior Research Associate at Ipas in Chapel Hill; Intern at the Johns Hopkins University Center for Communication Programs; Research Assistant in the Metropolitan Planning Council in Chicago, USA; Project Assistant in Women United for a Better Chicago; Associate Editor of the New Taipei in Taiwan, Contributing Journalist in the Free China Journal and Women's Editor of the City Paper—both published from Taiwan. She published a number of papers in international journals and had presentations at various international seminars, conferences, and symposia.

**Ms Carolina Cueva Schaumann**, a Peruvian national with permanent residence in the USA, joined ICDDR,B as Coordinator of the Child Health and Nutrition Research Initiative (CHNRI) on 14 November 2005. She had her Masters degree in Development Administration from Western Michigan University, USA

in 2004 and her Bachelor of Science degree in Economics from the National Agrarian University 'La Molina', Peru in 1993. She received special training in Micro-finance from the University of Colorado at Boulder, USA in 1999 and had a postgraduate certificate and



diploma in Finances from Catholic University of Peru in 1997.

Ms Cueva has had wide working experience in development-country settings. As an employee of the Catholic Relief Services, she worked as Head of Office in Quetta, Pakistan and International Development Fellow in Islamabad, Pakistan, and Micro-finance Project and Micro-finance Program Assistant in Peru. She was an intern in PLAN Bangladesh and a Graduate Teaching/Research Assistant at Western Michigan University, USA. She rendered short-term contractual services to a number of organizations, including UNDP Dhaka, United Nations Electoral Assistance Secretariat in Dhaka, Peru Air Force, Association of Light Industry, Peru, and National Agricultural University 'La Molina', Peru.

**Dr Tahmeed Ahmed** took up his new international-level position of Scientist on 1 January 2006. He has been working in ICDDR,B since 1985 and is currently Head of the Nutrition Programme. He graduated from Mymensingh Medical College in 1983 and obtained his PhD in 1996 from the University of Tsukuba, Japan. He received clinical training at



Dhaka Children's Hospital and the University of Tsukuba Hospital. Dr Tahmeed has worked extensively on childhood malnutrition and has developed a standardized treatment protocol for severely-malnourished children.

Implementation of this protocol resulted in a dramatic reduction in deaths among these children. He also developed a cost-effective method of nutritional rehabilitation of these children using low-cost local diets.

Dr Tahmeed works closely with the World Health Organization and the International Atomic Energy Agency as a consultant and provides training on the

management of child malnutrition and infectious illnesses to health professionals in Afghanistan, Uganda, Yemen, Pakistan, Nepal, Bhutan, Cambodia, India, Laos, and the Philippines. He is the focal point of the South Asia Network of International Task Force on Malnutrition. In recognition of his contribution to child health in developing countries, he was presented the International Health Research Award in the Congress of the American Pediatric Societies in 1999. He has also been awarded Dr Sultan Ahmed Choudhury Gold Medal by the Bangladesh Academy of Science in 2004 for his contribution to medical science. Dr Tahmeed has more than 30 research publications to his credit and is a faculty member of the BRAC University James P Grant School of Public Health.

**Dr K Zaman** took up his new international position of Scientist and Epidemiologist in the Public Health Sciences Division with effect from 1 January 2006. After having his MBBS degree from Bangladesh, he obtained MPH and PhD degrees from Johns Hopkins University, USA. For the last 26 years, he has gained extensive experience in designing and implementation of



research studies and analysis of clinical and community-based data.

Besides clinical studies on ORS, drug trial, vaccine studies, vitamin A supplementation and hospital surveillance, he has been involved

in community-based research on diarrhoeal and respiratory diseases and other public health problems in Bangladesh. Currently, he is the Principal Investigator of rotavirus vaccine and intussusception, pneumococcal vaccine, hepatitis E virus, and tuberculosis studies in ICDDR,B.

## Separations

**Mr Alec Mercer**, Operations Research Scientist under the Health Systems and Infectious Diseases Division, left



the Centre on 31 January 2006 after completion of his three-year term. While at the Centre he played an instrumental role in the national HIV/AIDS surveillance and development of

the Poverty and Health Programme. He headed the Health Systems and Economics Unit of his division.

Mr Mercer will be remembered for his valuable contribution to the operations research on neonatal mortality, sexual risk behaviour associated with husbands’ work-related migration, services of urban depot-holders, and family planning—all conducted with the aim of finding out strategies for implementation of new interventions. He is continuing his collaboration with the Centre on a personal level from the UK.

**Ms Sheila Ryan**, Senior Associate of the External Relations and Institutional Development Office, left ICDDR,B on 31 March 2006 to work for DFID Dhaka



as a Consultant. She greatly contributed to the fundraising activities by maintaining fruitful liaison with various donors and other development partners of the Centre. ◆



It’s their vision beyond buildings and blocks! A five-member delegation of the Real Estate & Housing Association of Bangladesh (REHAB) led by its President Dr Toufiq M Seraj donating an amount of Tk 3,00,000 to the Hospital Endowment Fund of ICDDR,B. The cheque was handed over to Executive Director Professor David A Sack at a simple ceremony on 2 February 2006 at the Centre. Every year, the association donates the proceeds from the sale of tickets for the REHAB Housing Fair to various charitable organizations. This year, the major contribution was made to ICDDR,B. We hope this is the beginning of a new relationship between REHAB and the Centre.



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