CENTRE

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

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

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

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

Glimpse

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Editor's Note

Everyday, as I enter the ICDDR,B main building, the first thing I see are mothers in the required hospital garb (yellow saris with red borders) walking their babies who are being treated at the Centre's Hospital. Some of these babies look really ill and others look as if they are finally coming round to reasonably good health. What really catches my attention is the look on the faces of the mothers – exhausted from a long frightening night, but calm and reassured.

The Dhaka Hospital not only treats these seriously ill babies, adolescents and adults, but the level of care it dispenses through our experienced and committed doctors, nurses and health workers is such that the mothers are secure in the knowledge their babies will survive. More than this, they will be given counselling and relevant advice to continue the care of their babies and themselves once they return home.

This is the Dhaka Hospital. We have offered you an insight into the work of the Hospital in our cover story. It is, as stories go, detailed and informative. I can tell you however that, having seen the babies and their mums, the more accurate story is that the Hospital is quite simply the Centre's heart. It stands as a monument to the qualities, achievements, and commitment of the Centre staff, from those who were responsible for its inception to those working here today.

'Self-help for Health' is the catchphrase of the Chakaria Community Health Project of ICDDR,B. The Project motivates communities in Chakaria of Cox's Bazar district to becoming directly involved in identifying and managing their health needs. With limited resources, steely resolve as well as guidance from the Project, villagers of the sub-district established their own village health posts to supplement the meagre services on offer at the local government facilities. The activities and accomplishments of the Project are covered in this issue, along with an interview with the Project Director.

Each year, the Centre holds its Ball, popularly known as the 'Diarrhoea Ball' to raise funds for the Hospital. Next year, the Ball will be held on 8 February. To kickstart the fundraising, the Centre will host an art auction next month in which eminent artists of Bangladesh will participate. It is expected to be an auspicious event as it is the first of its kind organized at the Centre and will draw a crowd from all of Dhaka's established local and international community. The auction will be held in the newly-built pavilion situated atop the library building.

As the Centre continues to grow, physical and other changes are happening all the time. A new division was added—Information Sciences Division (ISD)—to accommodate the burgeoning need to upgrade our information services. The Health and Population Extension Division (HPED) was renamed Health Systems Research Division (HSRD), and the Operations Research Project (ORP) renamed Family Health Research Project (FHRP), both to better reflect their activities and objectives.

The Centre will continue to expand to (hopefully) 8 floors to create necessary room for the ever-growing library, laboratories, and for hospital space. The Centre is on track to further strengthen its resources to the benefit of its staff, patients, donors, and partners. We, at Glimpse, are excited by what is quite clearly a new phase in the development of the Centre and look forward to the unending possibilities these changes will bring.

Judith Bennett Henry

Dhaka Hospital
Moving from Strength to Strength

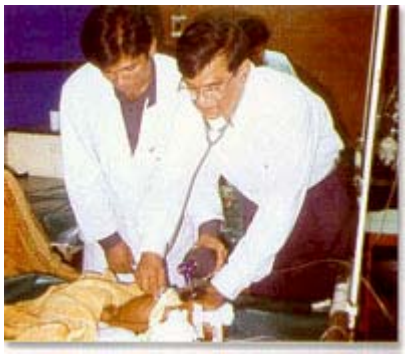
The Clinical Research and Service Centre (CRSC) of ICDDR.B—better known as the Dhaka Hospital and popularly known as the 'Cholera Hospital'—has surpassed its initial mandate to conduct research on and treat cholera patients. Treatment for diarrhoeal diseases, including cholera and blood dysentery remains a major concern, but the Hospital has evolved over the years to becoming a worldclass facility for research, clinical services, and training on diarrhoeal diseases as well as respiratory tract infections, malnutrition, and integrated management of childhood illness (IMCI).

In addition to providing free treatment to around 110,000 patients each year (mostly children aged 5 years or under), the Hospital proved to be a unique facility for clinical research, counselling and health education to people of Bangladesh (and particularly Dhaka city), and training of health professionals from around the world.

This has all been possible due to the dedication and hard work of the Centre's doctors, researchers, and nurses at the hospital.

Origins

The Pak-SEATO Cholera Research Laboratory was established in 1960 primarily to conduct research on the management and control of cholera. The Hospital was later established in 1962 to help research activities.



Doctors at work in the Dhaka Hospital of ICDDR,B

After the liberation of Bangladesh, the institution was renamed Cholera Research Laboratory (CRL). In 1975 and 1976, the CRL dealt with two very serious outbreaks of cholera. Following this, the name and fame of the 'Cholera Hospital' was firmly established.

During the epidemic of 1976, CRL initiated its outpatient department, with the provision of treatment for shigellosis (blood dysentery) and other non-choleric diseases that included all types of diarrhoea.

The CRL was internationalized in 1978 and renamed International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). As an international health research institution, ICDDR,B restructured its functions into several divisions to enhance research activities on specific disciplines.

Patient-care at ICDDR,B became a part of the myriad of activities of the Clinical Research and Service Centre under the administrative control of Clinical Sciences Division (CSD).

The Hospital is now structured into ORT Corner, Short Stay Ward (SSW), General Ward (GW), Special Care Unit (SCU), Nutrition Rehabilitation Unit (NRU), and two research wards: Clinical Research Ward and Metabolic Study Ward. The large number of patients attending the Hospital provides a unique opportunity for clinical studies. Most of these studies are performed around its 15-bed Clinical Research Ward and the 12-bed Metabolic Study Ward.

ORT Corner

Approximately 40% of patients are treated in the ORT Corner; patients with mild diarrhoea are observed for 1-2 hour(s) under the supervision and guidance of senior staff nurses assisted by health workers. They receive Oral Rehydration Therapy (ORT) either through WHO-ORS or the more popular rice-ORS. Currently, these patients, after initial assessment, are treated at a clinic established within the ICDDR,B premises and operated by a local NGO called Progoti Samaj Kallayan Prothistan (PSKP) under a collaborative arrangement between ICDDR,B and the Urban Family Health Partnership (UFHP).

During treatment of patients in the Hospital, focus group discussions are held under the guidance of well-trained health workers to provide health counselling on prevention and home management of diarrhoeal diseases and on promotion of immunization and family planning. They are also counselled for promotion of exclusive breast-feeding during the first six months. Correct method of preparation and administration of oral rehydration solution (ORS) and preparation of culturally-acceptable, locally-available, low-cost nutritious diets for children are also demonstrated.

Short Stay Ward

Approximately 54% of patients with moderate or severe dehydration are admitted to the Short Stay Ward for an average of 24 hours. Primary care to these patients is provided by trained nurses assisted by health workers. Most patients are treated with ORS, and only severely-dehydrated patients are initially treated with intravenous saline followed by ORT. Health education and counselling activities are also an integral part of services in this ward.

Longer Stay Wards

Approximately, 7% of patients are admitted in the longer stay wards:

General Ward

Patients with diarrhoea and associated complications, i.e. diarrhoea with pneumonia, diarrhoea with malnutrition, or diarrhoea with typhoid, are admitted to this ward. Most patients are children aged less than 5 years. On an average, the patients stay in this ward for 5 days. Well-trained doctors and nurses provide care to these patients who require closer observation, laboratory tests, and additional treatment, including administration of drugs. Health education and counselling on exclusive breast-feeding are provided to the mothers/attendants of younger children and also to the adult patients. Discharged patients, when required, are advised to revisit the Hospital for follow-up evaluation.

Special Care Unit

The 9-bed Special Care Unit provides intensive medical care to critically-ill patients who are at higher risk, such as patients with severe malnutrition, hypoglycaemia, hyponatraemia, severe pneumonia, and sepsis. Thorough laboratory investigations are often required for efficient management of such patients. After an average stay of three days, during which their conditions are stabilized, the patients are either referred to the General Ward or other appropriate hospitals in Dhaka city.

Demonstration on the correct method of preparation of ORS (top) and counseling on nutrition (bottom) among mothers/attendants of outgoing patients

Nutrition Rehabilitation Unit

Approximately 80% of patients aged less than 5 years, who visit the Hospital, are malnourished. A significant proportion is severely malnourished. Trained health workers motivate the mothers/attendants to admit their children to the Nutrition Rehabilitation Unit (NRU) after treatment of their other medical problems. The objective is to improve their nutrition status. Children are fed culturally-acceptable, locally-available, low-cost nutritious diets called *Khichuri* and *Halwa*. They are discharged after about two weeks following stabilization of their condition. In addition to the nutritional rehabilitation of children admitted to this unit, their mothers and attendants are provided health education and counselling. Along with breast-feeding advice, the preparation of foods suitable for dealing with the cases of severe malnutrition is also demonstrated. The Hospital has a kitchen garden, and mothers and attendants are encouraged to have their kitchen gardens, and vegetable seeds are distributed. They are also taught to sew and manufacture handicraft for sale as a source of family income. Patients discharged from this unit are advised to return for a follow-up to assess the nutrition status and development of their children.

Immunization

Immunization services are also provided at the Hospital. The Expanded Programme on Immunization (EPI) activities are supplemented through immunization of children aged less than 2 years against six vaccine-preventable diseases. Women of reproductive age are vaccinated against tetanus.

Research Wards

Two committees—Research Review Committee (RRC) and Ethical Review Committee (ERC)—are responsible for reviewing the scientific merits, rationale, and ethical aspects, including protection of human rights in studies done at the Hospital.

Research can be initiated only after careful review and approval of both of these committees. Written consent of adult patients and guardians of younger patients is obtained before any research is initiated.

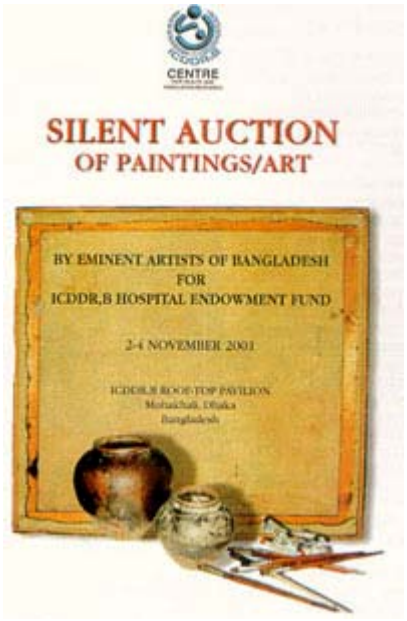
Clinical studies, approved by the RRC and ERC, are conducted on patients in the 14-bed Clinical Research Ward. The Metabolic Study Ward has 12 beds for conducting nutritional and metabolic balance studies that require meticulous care and precise anthropometric measurements.

Research conducted in this ward helps understand the impact of nutrition status of patients on the incidence and severity of diarrhoeal diseases and the impact of various nutrients on the course of diseases and their complications.

Most studies are done to assess the efficacy, safety, and tolerability of particular drugs and newer formulations of ORS in the treatment of diarrhoea of various aetiologies and the efficacy of fabricated therapeutic diets in the management of malnourished children.

Hospital Endowment Fundraising Continues

The Hospital Endowment Fund Committee is now looking for innovative ways to raise funds from among the local and expatriate communities in Bangladesh. Silent auction of collected artworks is one such event being arranged this year on a large scale.



The Fund was created to accumulate an investment account that will generate interest on the principal amount not spent. The interest generated from the Fund is spent in meeting part of the enormous costs of patient care at the Dhaka and Matlab hospitals that provide free medical treatment to more than 100,000 patients and save thousands of lives each year. The patients who attend these hospitals are mostly children aged less than 5 years and come from the poorest of the poor families in Bangladesh.

Despite contributions from the Government of Bangladesh and other generous donors of home and abroad, the Centre faces a yearly shortfall of US$1 million in meeting the hospital costs.

The Centre continues to look for funds from foreign donors; it was also felt that the local community should be involved.

In addition to the Charity Ball and raffle draw scheduled to be held in February 2002 and a river cruise in January 2002, a silent auction of the collected artworks will be held on 2-4 November this year.

Silent Art Auction

Given the rich heritage of art and culture in Bangladesh, it was decided that the Centre should call upon the eminent artists of Bangladesh to contribute toward an auction of their artwork. Their response has been tremendous. Silent auction of artwork was usually conducted during the Annual Dinner and Ball. This year, the event promises to be a special one because a large number of eminent artists of Bangladesh have contributed their work for the auction. Mr. Asem Ansari, ICDDR,B's in-house artist and Head of the Audiovisuals Unit, who is well-known to the artist community, is currently collecting paintings and other artwork for the auction. The collected pieces of artwork are being exhibited in the newly-built Roof-top Pavilion at the Sasakawa International Training Complex of ICDDR,B. The event is expected to garner widespread media coverage. The time of the exhibition has been scheduled to coincide with the November meeting of the Centre's Board of Trustees (BoT), followed by the Donors Support Group (DSG) meeting. The Opening Ceremony on 2 November will see a host of people from the diplomatic missions and international donor community, government officials, business community in Dhaka, and other dignitaries. His Excellency Mr Sjef IJzermans, Ambassador of The Royal Netherlands Government to Bangladesh will be the Chief Guest, and eminent artist Mr Aminul Islam will be present as Special Guest.

A brochure highlighting the artwork and the artists will be published to mark the occasion. Donors have been approached to assist with the costs that will be required to organize the auction. Simultaneously, potential local donors have been approached for support toward the costs of the Charity Ball, prizes in the raffle draw, etc. We have already begun to receive positive responses.

Chakaria Community Health Project

Community Mobilization Toward Self-help for Health

As part of our attempts to highlight the activities of the Centre's rural fieldsites, we present here the activities and accomplishments of the Centre's Chakaria Community Health Project:

In 1994, ICDDR,B: Centre for Health and Population Research started a community development-oriented health project called Chakaria Community Health Project in Chakaria upazila of Cox's Bazar district in Bangladesh.

The community development approach or the 'CD approach' emerged as a new concept in the development agenda during the last couple of decades. The CD approach assumes that the sustainability of a development programme depends largely on how much participation of general people is there in the design and implementation of a programme. Usually, development programmes are imposed on the community from the top-level change agents who often ignore the need of a community as felt by its people. 'Felt need' of the administrators is not necessarily the actual common need of the community.

Chakaria Community Health Project building

The CD approach serves to 'sensitize' the people in the community and to 'facilitate' the programmes undertaken with active participation of the people in the community, without financial or material assistance. The CD workers, while playing the role of facilitator, may also generate ideas for change but never impose those on the community against the will of the people as is done in the traditional top-down development programmes.

The Chakaria Community Health Project of the Centre, mainly financed by a consortium of Swiss, Dutch and German Red Cross societies, is based on the above premise. Six unions surrounding the Project office near Chakaria upazila headquarters constitute the fieldsite of the CCHP. The intervention unions are: Baraitali, Kaiyerbil, B.M. Char, Shaharbil, Poschim Bara Bheola, and Kakara. Purba Bara Bheola has been selected to serve as 'comparison union' in the impact studies being done in this conservative coastal belt of Bangladesh.

Activities and Achievements

Since its inception in 1994, the CCHP achieved a considerable success in mobilizing the intervention communities toward self-help for health. Baseline surveys were conducted in the intervention areas to collect information on disease burden, health knowledge and behavioural pattern of people, existing health facilities, and more importantly, to understand the social structures, including indigenous self-help organizations (SHOs) or groups that are well-rooted in the community and committed to serve as links between the people and the CCHP facilitators. The SHOs include: local clubs, management committees for primary and secondary schools, colleges, madrashas, moktobs, temples, and the kinship and other social groups that play important roles in the process of diffusion and adoption of innovations. The baseline surveys also identified resource persons and opinion leaders in the intervention unions.

The total number of SHOs in the intervention areas, so far selected to work with the Project is 203. The preliminary interest of the CCHP workers was to know whether these SHOs had health on their agenda prior to the baseline surveys. The maiden attempt of the CCHP workers was to

discuss and incorporate health as an agendum in the myriad of activities of the SHOs in the intervention areas.

The efforts of the CCHP workers soon resulted in a widespread awareness of the need for their own health facility, other than the inadequate facilities offered by private practitioners, Government, and NGOs in the community. The outcome was the establishment of Village Health Posts at the initiative of people in the community.

Village Health Posts and CCHP

The Village Health Posts (VHPs) are rural health facilities established at the initiative of the villagers, without financial or material assistance. The CCHP plays an important role as facilitator in the process of establishing and also in the functioning of the VHPs (see diagram). After the baseline surveys, the CCHP workers initiated an exercise called People's Participatory Planning (PPP) in their intervention areas. These included workshops and group discussions with the local SHOs and training of the village health workers, midwives, and self-help volunteers to make them ready for rendering medical services to the beneficiaries and working as key resource persons and the main social force toward sustainability of the VHPs.

The self-help promotion instruments as shown in the diagram comprise a set of tools used by the CCHP for promotion of self-help for health. These are: identification of target population and self-help organizations, mobilization and motivation, identification of activities through participatory needs assessment and planning, education and training, resource mobilization, management support, linkage with third parties, process extension and movement, monitoring, and evaluation.

Feedback

The representatives of the Glimpse's Editorial Board interviewed Chairperson Mr Jamaluddin Ahmed, Vice-chair Mr Ariful Hoque, and General Secretary Mr A K Zillur Rahman of Jubo Unnayan Parishad, a self-help organization that runs a VHP at Muhoripara of Kaiyerbil union. Both reported that they were greatly motivated by the CCHP workers to establish this health facility of their own. Since this facility is the result of "relentless efforts by the CCHP workers" they invited ICDDR,B Director Prof. David A. Sack to inaugurate their VHP on 30 March 2000.

They further reported that they received 'invaluable' input from the CCHP in terms of technical advice, training of the health workers and volunteers, and direct medical service by a qualified doctor once a week. The VHP is open seven days a week and is usually attended by paramedics and midwives duly trained by the CCHP. A medical doctor from the Project attends the VHP once a week. According to the interviewees, they foresee the 'long-term benefit' from this health initiative. The Chairperson of Jubo Unnayan Parishad said, "We have already landed on the moon with assistance from the Chakaria Project, and now we'll start an expedition to Mars if ICDDR,B remains with us."

The health post at Muhoripara created a ‘poor fund’ to provide free medicines from their pharmacy among the poorest of the poor patients.

The Glimpse team also visited a similar Health Post at Purba Kakara Pahartali village of Kakara union. This VHP is run jointly by the Union Health Committee (UHC) and Self-help Promotion Committee (SHPC). UHC representative Mr. Shafi Hossain and SHPC representative Mr. Nazir Ahmed expressed similar opinions as those at the Muhoripara health post.

Patients at the Purba Kakara Pahartali Village Health Post

Fight against Malaria and Dengue

The CCHP launched a programme called ‘bednet impregnation’ in some of its intervention areas, including Kaiyerbil and Kakara unions. It involves application of a simple technology of treating mosquito nets with deltamethrin to combat mosquitoes that cause serious diseases, like malaria, dengue, etc.

The CCHP has by now arranged several sessions of mass impregnation of bednets on dates duly fixed through mike-announcement in the area. People’s participation in the programme is reported to be encouraging.

After interviewing a number of beneficiaries of the programme, it clearly appeared that the technology is rapidly gaining popularity in the area. Studies on the impact of bednet impregnation, i.e. reduction in the population density of mosquitoes and prevalence of diseases caused by them, are in progress. The Chakaria Community Health Project holds the view that on achieving self-reliance, the villagers will no longer depend on the support of the Project, and it can phase out the plan of interaction.

The Project has successfully activated the interpersonal channels of communication within the communities, and this will act as the guiding force toward sustainability of such health-related activities. The Chakaria Model has the potential to be replicated throughout the country.

Interview with Dr Abbas Bhuiya
Head, Social and Behavioural Sciences Programme

The coverage of the Chakaria Community Health Project on the preceding pages is supplemented by the following interview with Dr Abbas Bhuiya, Head, Social and Behavioural Sciences Programme of ICDDR,B, who is also the Project Director of the Chakaria Project:

Glimpse: *Dr Bhuiya, the Chakaria Community Health Project is based on the concept of 'community development approach.' Would you briefly define this concept for our readers?*

Abbas Bhuiya: Chakaria Community Health Project (CCHP) wanted to discover methods to ensure community participation in primary healthcare activities. As you know, community participation is a major component of Primary Health Care (PHC) philosophy. Since the Alma Ata Declaration on PHC in 1978, many attempts have been made around the world to ensure community participation in health activities. Despite all out efforts, the success has been very limited. One of the reasons for this was the lack of appropriate methodology.

Traditionally, health programmes/projects invite villagers to participate in activities conceived and implemented by project people from outside, with control on administration and resources. In such circumstances, community members attend meetings and participate in project activities in the hope that things will be done to improve their lives. They soon realize that they do not have any role in identifying problems, finding solutions, designing and implementing actions, and monitoring programme performance. In the CCHP, we wanted to reverse this paradigm of community participation. We tried to find a strategy in which villagers will take initiatives and we outsiders will try to learn how to participate in their activities. Thus, it is the villagers who are the leaders. In so doing we identified indigenous village-based self-help organizations (SHO) that had been created by the villagers and had been in existence for many years. We tried to bring health onto their agenda and tried to provide the technical assistance they needed to initiate and implement their health activities. In the process, we were trying to strengthen the village-based organizations and our understanding of doing things.

Glimpse: *What are the major project activities currently ongoing at Chakaria?*

Abbas Bhuiya: After a year of intensive community mobilization, the villagers wanted to have information on preventive health. The contents of the health messages were based on participatory needs assessment. Representatives of the SHOs (both male and female) were trained in preventive health in order to disseminate health messages to their communities. This is an ongoing activity. Both men and women organize in groups and monitor these activities. We also have our monitoring system in place. The information we generate is first shared with the SHOs in their monthly meetings where they discuss and decide on actions needed to correct any problem and to make further improvements.

After a year of health promotion and health education activities, the villagers stated that despite all preventive measures, they and their children were still falling ill. As there was no place to go for appropriate treatment they wanted to establish curative service facilities. We discouraged them by explaining what it would entail, and rather encouraged them to utilize the existing government facilities.

They were undeterred and continued voicing their need for village health posts and even went on building their own. After a year of negotiation, we decided to provide technical and professional services in those health posts on the condition that they have a mechanism in place to be able to

run them in our absence. They have now established a family health card system under which a family can buy a card for a year at Taka 50 (less than a US dollar). This card entitles a family member to receive consultancy services from a project physician at a cost of Taka 20 per visit. Drugs are available at the health posts at a price lower than the market price. They have established a system of providing family health card and consultation services to the poorest members of the society either free or at a subsidized rate. A drug fund to provide free drugs to the poorest of the poor has also been established. Currently there are six health posts serving a population of 12,000–15,000 each. The community members have arranged to buy land, built a structure (pucca in some cases) and have committees to run the village health posts. They have started to propose to hire medical doctors for the health posts. .

Another important project activity is safe-motherhood services provided through 15 trained community midwives who have completed a three-month residential training. These community midwives participate in women's group meetings and provide antenatal and postnatal services at the health posts, and delivery services at the women's homes, and also refer com-plicated cases.

Our data collection system provides feedback to SHOs on the services described above and generates new knowledge for us.

Glimpse: *How would you relate the activities of your project with the broader agenda of the Centre? The Project appears to be more engaged in 'extension' activities rather than 'research.' Do you have plans to accelerate the research component and how?*

Abbas Bhuiya: ICDDR,B's mandate is to find appropriate solutions for major health problems facing the developing world. The impact of any health intervention depends on its utilization by people. Ensuring utilization of health services by people is at least as difficult as discovering the intervention. Quite often the behaviour change takes place quickly if the implementation of the programme involves the target group right from the beginning. In Chakaria, we are trying to find ways to engage people with health activities right from the start. We are trying to change people's organized and individual behaviour for the sustained improvement of their health. Thus, we are very much within the ICDDR,B mandate. Moreover, the project is implemented by following a two-cell study design with intervention and comparison areas.

A baseline survey was done before starting our intervention; intermediate impact assessments are also done. Thus, it is very much a research activity, involving both traditional and participatory action research methods. We have gained much knowledge from our experiences, which are already being used by other organizations that are doing extension work outside our study areas. We do not have any plan to do extension work ourselves. I do not think that 'research' should be synonymous with having passive study subjects and in the same way 'extension' should be for a situation where people have a say.

Glimpse: *What is your future plans for the Project? Do you plan for Chakaria to become another Matlab?*

Abbas Bhuiya: We at the project are still respectful of our original philosophy of learning by participating in people's initiatives. We hope to continue this, along with the public health interventions to study their interaction. Chakaria and Matlab are not yet comparable. Matlab was initiated around 40 years ago. Chakaria is a recent initiative and had the advantage of utilizing

modern development concepts. Matlab fieldsite has been very successful by hosting numerous important biomedical, public health and population studies. Its Demograhic Surveillance System is a unique resource for the developing nations. Chakaria is yet to have those. However, it has the potential to show to the world that people, even in disadvantaged societies, can play a meaningful role and can make best use of the public health knowledge to improve their health. Matlab is well-known to the international arena, and I am hopeful that Chakaria Community Health Project can be a model for replication in other parts of Bangladesh and the developing world.

Visitors

The Centre welcomed a number of distinguished visitors from home and abroad during the year. The visitors included diplomats, representatives of donor agencies, high-ranking personnel from various national and international organizations, and newsmen from the media.
28 January: US Ambassador to Bangladesh Her Excellency Ms Mary Ann Peters. She was given a tour of the Centre's Dhaka hospital and other facilities, and she showed keen interest in the Centre's patient-care activities and research work, most of which are funded by USAID.

19 March: A Japanese audit team comprising Mr Masataka Tomita, Mr Hiroshi Takano, Ms Naoki Okawa, with Mr Yutaka Nakamura, First Secretary of Japanese Embassy.

21 March: A 12-member UNICEF delegation from Sudan. They visited the Matlab field station of ICDDR,B. On the same day, a three-member team from the Japan Overseas Christian Medical Cooperative Service (JOCS) visited the Centre.

US Ambassador to Bangladesh Her Excellency Ms Mary Ann Peters with ICDDR,B Direcor during her visit to the centre

28 March and 21 July: Mr Scott A Barber, President and Managing Director of UNOCAL.He was accompanied by Mr Naser Ahmed, External Affairs Officer of UNOCAL.

March 29: Mr Kiyokazu Ota, Charge d'Affaires, Japanese Embassy in Bangladesh. He had discussions with the senior members of the Management on Japan's interest in, and contributions to, the Centre's work.

6 April: Mr Percy Stanley, Director of South Asia Section of AusAID, accompanied by Mrs Villaison Campbell, First Secretary of the Australian High Commission in Bangladesh.

18 April: HE Mr Sjef IJzermans, Ambassador of the Netherlands to Bangladesh visited the Matlab Station of ICDDR,B to see first hand the activities of the station, especially those funded by the Royal Netherlands Government.

10 September: Mr David van Note, Leader of the Advance Team of the UN Foundation.

16 September: HE Mr Jiro Kobayashi, new

Japanese Ambassador to Bangladesh handed over a cheque to Centre Director Prof David Sack.

Others who visited the Centre on different dates during the period from January to September 2001 included: Mrs Suneeta Mukherjee, UNFPA Representative in Bangladesh; Dr Suniti Acharya, Chief of WHO Mission in Bangladesh; Ms Keiko Mizuno, JICA Expert, Women in Development; Dr Ruba Rahman, Team Leader (External Affairs) and Mr Peter Chapman, Gas and Power Development Manager of the Shell Bangladesh Exploration and Development BV; Ms Meiko Tsumori from the Institute of Environmental Studies, University of Tokyo, Japan; Mr Hans Rhien, Second Secretary of the Dhaka Office of the European Union; and Mr Anwarul Huq Chowdhury, Office and Administration Manager of the Cairn Energy PLC.

Hi and Bye

Bienvenu

We are happy to report the nomination of three members for the Centre's Board of Trustees: Dr Maimunah Bte Abdul Hamid (Malaysia), Dr Terence H Hull (Australia), and Dr I Kaye Wachsmuth (USA). They replaced Dr Tawfik AM Khoja of the Kingdom of Saudi Arabia, Prof Peter F McDonald of Australia, and Prof Rita R Colwell of USA.

Mr M Fazlur Rahman, Secretary, Ministry of Health and Family Welfare (MoHFW) was confirmed as GoB representative on the Board. He replaced Mr Mohmd Moniruzzzaman on his retirement as Secretary of the MoHFW.

Arrivals


Peter Thorpe

Mr Peter Thorpe, an information scientist, joined the Centre on 1 August 2001 as Associate Director and Head of the newly-formed Information Sciences Division. Mr Thorpe, a British natio-nal, received his LA Postgraduate Certificate in Library and Information Sciences from the Leeds Metropolitan University of the UK, with his BSc in zoology and botany from the University of London, UK.

Peter has had wide-ranging experience as an information scientist while working as Publications Manager, Essential Drugs and Medicines Policy, WHO-Geneva, Switzerland; Team Leader, EU Pacific Regional

Agricultural Programme (PRAP), Suva, Fiji; Head, Scientific and Technical Information, NATO/SACLANT Undersea Research Centre, La Spezia, Italy; Information Specialist, UK Overseas Development Administration (ODA), Yaounde, Cameroon; Private Consultant in Information Systems, Castricum, The Netherlands; Agricultural Communications Specialist, Winrock International, Dhaka, Bangladesh; Manager, Library and Information, International Service for National Agricultural Research, The Hague, The Netherlands; Head, Agricultural Information and Documentation, Royal Tropical Institute, Amsterdam, The Netherlands; Manager, Library and Information Services, Hoechst (UK) Limited, Milton Keynes, UK; Deputy Research Librarian, The Boots Company Ltd., Nottingham, UK; and Technical Information Officer, Geigy (UK) Ltd., Macclesfield, UK.


Stephen E Sage

Mr Stephen E Sage, A US national with wide-ranging experience in systems design and development of accounting and financial management, joined the Centre on 21 August 2001 as Chief Finance Officer.

Stephen had his Bachelor of Science-cum laude degree in Accounting from the Indiana State University, USA in 1977 after he had another similar degree in Urban Studies from the University of Kentucky, USA in 1974. He has been a licensed Certified Public Accountant since 1979.

Before joining ICDDR,B, he worked in various positions in several organizations. These positions include: Chief Financial Officer and Treasurer of Price Weber Marketing Communications, Inc.; Vice President of Finance and Controller of the Kentucky Lottery Corporation; Director of Franchising, Director of Capital Investment, Manager of Financial Reporting in the International Division of the Kentucky Fried Chicken Corporation; Accounting Supervisor and Senior Accountant

of the Providian, Inc.; Internal Auditor of the Brown & Williamson Tobacco Corporation; and Accountant of the Price Waterhouse Coopers, LLP.

The Glimpse wishes them both a successful tenure at the Centre.

Separations

After 40 years of meritorious service, Mr AKM Nurul Islam, Senior Research Officer and Supervisor of the Media Section in the Microbiology Laboratory, recently retired.

Mr Islam saw the Centre from the beginning to the present day. He joined our predecessor organization—the Pak-SEATO Cholera Research Laboratory as Media Maker in November 1960 even before its formal opening in December that year. Although media preparation for cultures remained his perpetual job, he had been promoted from Media Maker to Lab Technician, Research Technician, Research Officer, and Senior Research Officer at various stages of his long service life.

In a short interview immediately before he left, Mr Islam said, “It’s a very sad day for me because I am leaving my organization, but I am proud that I could contribute, in my own capacity, to the process of miraculous evolution of a small ‘Cholera Hospital’ into a large inter-national institution that now saves thousands of lives here in Bangladesh through direct clinical services and millions of lives worldwide through implementation of its research results.”


AKM Nurul Islam

The Glimpse bids a warm farewell to Mr Nurul Islam who served the Centre with unstinting dedication for the longest period of any member of the Centre staff.

New Information Sciences Division at ICDDR,B

A new division called 'Information Sciences Division' (ISD) has been created at ICDDR,B. The ISD encompasses the Training and Education Unit (TEU), Computer Information Services (CIS), and Dissemination and Information Services Centre (DISC) with its three components: Information Services Branch, Publications Services Branch, and Audiovisuals Unit that were so far under the administrative control of the Director's Division. The Division was initiated with the joining of Mr Peter Thorpe, an internationally-reputed information scientist as its Head.

Findings of research and strategies developed by the Centre have always been instrumental in the implementation of various programmes undertaken by the national health systems of the developing world and several national and international NGOs. ICDDR,B disseminates its research findings and technical information through three outlets: Training and Education Unit, Dissemination and Information Services Centre, and Computer Information Services.

Peter Thorpe, Head of Information Sciences Division

In addition to hosting the Centre's annual scientific conference (ASCON), the TEU is mandated to arrange national and international training courses, workshops, seminars, and symposia. These are arranged in close collaboration with different divisions of the Centre, and at times, with national and international organizations. The training courses offered by the Centre aims at (a) manpower development for conducting health-related research in developing countries; (b) increasing capabilities to manage the control of diarrhoeal diseases (CDD) and family-planning programmes of various nations; (c) improving skills of health professionals through hands-on training on specific aspects of diarrhoeal diseases and complications resulting from malnutrition; and (d) improving response to emerging and re-emerging issues in health and population problems Some of the ongoing regular training courses include: (1) Emerging and Re-emerging Pathogens; (2) Introductory Course on Epidemiology and Biostatistics; (3) Emergency Response to Cholera and Shigella Epidemics; (4) Management of Severely Malnourished Children; (5) Clinical Management of Diarrhoeal Diseases; and (6) Reproductive Health through Operations Research. ICDDR,B's training programme also offers fellowships, such as SAARC Fellowship, DGIC Fellowship, that provide opportunities to local and international students to pursue higher education leading to masters and PhD degrees or diplomas. The Sasakawa International Training Complex, with a worldclass auditorium that has seating capacity of about 200, two spacious seminar rooms equipped with modern audiovisual facilities, and a state-of-the-art training laboratory, serves as the conference centre for health-related trainees and trainers from all over the world. The Complex was built with financial assistance from the Sasakawa Foundation of Japan. The Auditorium is the most sought-after venue in Dhaka for conferences and seminars arranged by local and international organizations and government institutions. It was recently enhanced by the addition of the roof-top pavilion, overlooking the ICDDR,B campus, where visitors and trainees can relax during lunch and tea breaks.

Major donors who extended their financial support so far to the training activities of the Centre include: the Government of Japan, Swedish International Development Agency (SIDA), USAID, and Directorate General for International Cooperation (DGIC) of Belgium (formerly Belgian Administration for Development Cooperation—BADC). The TEU plans to strengthen its activities through (a) making training programmes self-supportive; (b) rebuilding collaboration with universities, both within and outside Bangladesh, for offering academic facilities in higher education

of students and young researchers; (c) greater collaboration with institutions for medical education to develop the existing training courses and to design new courses; and (d) identifying new donors for funding the training activities.

The DISC is the Centre's gateway for storage and retrieval of global health literature as input information and for dissemination of output information through publications. The DISC comprises Information Services Branch, Publications Services Branch, and Audiovisuals Unit, The Information Services Branch of DISC, equipped with the latest tools of new information technology (NIT) including online and CD-ROM literature search facilities, maintains a library that now has a collection of over 35,000 books and bound journals, 325 current journals, and 13,000 reprints and other documents. Literature search facilities, referral services, bibliographic services, and photocopying services have been strengthened in the recent years. Many of the Centre's publications, including the Annual Report, Journal of Health, Population and Nutrition (JHPN), the quarterly newsletter 'Glimpse', Bangla newsletter 'Shasthya Sanglap', working papers, scientific reports, monographs, and special publications, are edited and produced by the Publications Services Branch of DISC. The Branch also provides Editorial Advisory Service for the production of several divisional and project documents each year. The Audiovisuals Unit of DISC is responsible for producing graphics material (including microphotography) for presentation of papers by scientists, production of slides, taking photographs of important events and regular programmes, audio- and video-recording of important meetings, workshops, conferences, seminars, and symposia, as well as providing technical support for design and desktop processing of the Annual Report, Glimpse, and at times, other illustrative publications.

The CIS is equipped with a V-SAT Satellite system and is responsible for management of the Centre's website http://www.icddrb.org and is a communication gateway for input, output and throughput information. Textual and graphical contents of publications from DISC and general information about the Centre and news of important events from the Director's Office and divisional offices are submitted to the CIS, which, in turn, prepares the web pages and makes these available in the global information network through the Internet. Several publications are available in PDF and others in html format. The intra-website (http://Centre) serves as an important medium for throughput information, i.e. communication among the Centre's scientists and the management personnel.

With the creation of the new Division, coordination among the units responsible for dissemination of information from the Centre is further strengthened. It is expected that the Division will expand its activities to better reflect the changes currently being initiated at the Centre.

ICDDR,B at 9th ASCODD

Thirty-seven scientists of ICDDR,B attended the 9th Asian Conference on Diarrhoeal Diseases (ASCODD) and Nutrition held in the Ashok Hotel, New Delhi on 28-30 September 2001. Including those from ICDDR,B, over 500 participants from Indonesia, Nepal, Papua New Guinea, Thailand, Sri Lanka, and representatives of CDC-Atlanta, UNICEF, UNAIDS, WHO-Geneva, and WHO-SEARO, New Delhi attended the three-day conference. Because of current world events, 100 overseas participants and 75 from Pakistan did not attend the conference.

Members of the Centre's Board of Trustees also played leading roles at the conference. The conference was chaired by Prof NK Ganguly (and faci-litated by Dr Balakrish Nair of NICED/ICDDR,B).The ASCODD honoured Dr Yoshifuma Takeda for his years of contri-butions in the field of diarrhoeal disease research and teaching. ICDDR,B Director Prof David Sack and his institution were recog-nized for the first Gates Award for Global Health.

The theme of the conference was: Net-working for Control of Diarrhoeal Diseases and Promotion of Optimal Nutrition. The conference brought together researchers who shared findings of studies on vaccines, breast-feeding, ORS formulations, nutrition, GIS, and epidemiological and microbiological aspects.

Many of the participants from ICDDR,B and their presentations were funded through the Centre's cooperative agreement with USAID/Washington. Over 170 young physicians and public-health practitioners were sponsored by 13 agencies, including Glaxo-SmithKline (GSK). Co-sponsors for the events also included ICDDR,B; International Vaccine Institute; Indian Medical Association; ·National Institute of Cholera & Enteric Diseases (NICED)-Calcutta; Indian Academy of Pediatrics; National Institute of Nutrition, India; Breastfeeding Promotion Network of India; Department of Family Welfare and Ministry of Health & Family Welfare of India.

ICDDR,B alumni (from left to right) Dr John Rohde, Dr John Clemens and Dr RE Black with Centre Director Prof David in the Conference

At the inauguration, Chairman Dr NK Ganguly, Director General of the ICMR, paid tribute to the researchers who had drastically reduced diarrhoeal deaths over the past three decades. Diarrhoeal diseases are still among the top killer diseases and is the second leading cause of mortality for children under four years.

The conference recommended that wider promotion of ORS and exclusive breast-feeding do help control mortality; better networking and sharing of information is necessary to quell outbreaks and epidemics associated with floods, drought, famine, and war. In addition to working on problems of antibiotic resistance, Dr Ganguly urged scientists to give nutrition a major place in reducing diarrhoeal diseases, particularly with new evidence showing immune enhancement through micronutrient supplementation (vitamin A and zinc).

Both Dr Ganguly and ICDDR,B Director Prof David Sack pointed to an overwhelming need for new enteric vaccines against infections common to the tropical region (but not a high priority in the West). They emphasized how the ASCODD participants can insure that the vaccines for cholera, rotavirus, *Shigella*, *E. coli*, and acute respiratory infections are developed and made for the benefit of their people. Dr UM Rafei, Regional Director of WHO-SEARO, stated, "children bear the brunt of

preventable infectious diseases… for although the countries of Asia can be proud of success, 90% of deaths in developing countries and in impoverished children are preventable." WHO believes that the Integrated Management of Childhood Illness (IMCI) is leading the way to treating illness, offering preventative advice and assuring adequate drug and vaccine supplies to the community health service centres.

Dr Sack quoted Melinda Gates from her Gates Award speech that "no child, no patient should die from easily-preven-table, easily-treatable disease." Conference Secretary Dr MK Bhan also spoke on the occasion.

The weekend fea-tured many reunions of ICDDR,B alumni who presented papers and chaired sessions. They included John Rohde from South Africa, John Clemens and Moshaddeque Hossain of the International Vaccine Institute in Korea, original ASCODD planner KMS Aziz, Dilip Mahalanabis of Calcutta, VI Mathan (now with UNAIDS in New Delhi) and his wife Minnie, Ken Brown from California, Mathur Santosham and Robert Black from Johns Hopkins University. Abstracts of important papers presented at the ASCODD are likely to be published in the March 2002 Issue of the Journal of Health, Population and Nutrition.

In keeping with the tradition (the first ASCODD was held in Dhaka), Bangladesh was chosen to host the 10th ASCODD in Dhaka in the next two years.