CLASSIFICATION PD-AAM-884

PROJECT EVALUATION SUMMARY (PES) – PART I

Report Symbol U-447

1. PROJECT TITLE	2. PROJECT NUMBER	3. MISSION/AID/W OFFICE
International Center for Diarrheal Diseases Research/Bangladesh (ICDDR/B)	931-1012	S&T/H

4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) 83-2 3-17-83

☐ REGULAR EVALUATION ☒ SPECIAL EVALUATION

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION
A. First PRO-AG or Equivalent FY 79	B. Final Obligation Expected FY 84	C. Final Input Delivery FY 84	A. Total $ 50 mil. B. U.S. $ 10 mil.	From (month/yr.) 12/79 To (month/yr.) 12/82 Date of Evaluation Review 11/28/82-12/10/82

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
Prepare a new project authorization for funding in FY 1974 and beyond. The new authorization should include funding for the W.H.O. Diarrheal Diseases Program as well as for ICDDR/B.	A. Buck	7/30/82

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

- [X] Project Paper
- [ ] Financial Plan
- [ ] Logical Framework
- [ ] Project Agreement
- [ ] Implementation Plan e.g., CPI Network
- [X] PIO/T
- [ ] PIO/C
- [ ] PIO/P
- [ ] Other (Specify) _____
- [ ] Other (Specify) _____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

- A. [ ] Continue Project Without Change
- B. [X] Change Project Design and/or
  - [ ] Change Implementation Plan
- C. [ ] Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

Clifford A. Pease, M.D., Dep. Director, Office of Health
Alfred A. Buck, M.D., Tropical Disease Advisor

12. Mission/AID/W Office Director Approval

Signature

Typed Name: George Curlin, M.D.

Date: MAR 17 [illegible]

AID 1330-15 (3-78)

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I. INTRODUCTION

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) was established in December 1978 by an ordinance of the Government of People's Republic of Bangladesh. The ordinance was subsequently ratified in February 1979 at an Interim Internationalization Committee meeting held in Geneva and chaired by the United Nations Development Program. Thirty-four countries and international agencies are currently participating in the work of the Center.

The Center succeeds the former Cholera Research Laboratory which was established in 1961 by the Governments of the United States of America and Pakistan. The United Kingdom and Australia also participated. The scientific achievements of the former Cholera Research Laboratory are well recognized internationally. Significant scientific advances included pioneering breakthroughs in understanding the pathophysiology of cholera and closely related enterotoxigenic E. coli and the development of efficacious treatment of cholera and other diarrheas first with an intravenous replacement mixture, "Dhaka Solution", and later with an oral rehydration preparation. Five major vaccine field trials, undertaken at the Matlab field station, have demonstrated that the current cholera vaccine provides only limited protection of brief duration. Other epidemiologic field studies have delineated the transmission patterns of cholera and other diarrheal diseases and have highlighted the importance of asymptomatic infections. These field studies have resulted in major policy decisions by international organizations and national governments.

The aims and objectives of this Center are:

1. To undertake and promote study, research, and dissemination of knowledge of diarrheal diseases and directly related subjects of nutrition and fertility with a view to developing improved methods of health care and for the prevention and control of diarrheal diseases and improvement of public health programs with special relevance to developing countries.

2. To provide facilities for training Bangladeshi and other nationals in areas of the Center's competence in collaboration with national and international institutions.

Central funds of the Agency for International Development (AID) provide core support to ICDDR,B. When ICDDR,B succeeded the Cholera Research Laboratory a grant of $10 million was made by what is now AID's Bureau of Science and Technology/Health, but this annual commitment of $1.9 million will terminate in F.Y. 1983. This AID grant to ICDDR,B accounts for approximately 40 percent of the Center's core budget, or 27 percent of the total budget.

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AID also funds specific projects of the ICDDR,B, but this support derives from the USAID mission in Bangladesh and is not the subject of this assessment.

The purpose of the assessment reported on in this document was to consider the past, future and potential contributions of the ICDDR,B to areas of relevance to AID's own objectives and strategy. The assessment was conducted in Bangladesh between November 29 and December 10, 1982 by a multi-disciplinary team of four people. The visit to Dhaka coincided with a program review by ICDDR,B's Board of Trustees. The AID team members participated in most aspects of the Board's review but were not invited to attend the formal Board meeting which followed. Members of the AID team, either during this assessment or previously, visited each of ICDDR,B's field stations in Bangladesh.

The charge to the assessment team was to make recommendations about what changes, if any, may be needed for the future program and plan of action of ICDDR,B as they relate to the aims and health policy of AID. The recommendations were also to address the global significance of the Center. Questions were posed by AID about the actual and potential contributions of ICDDR,B in assisting other countries to develop national programs, in disseminating new knowledge, advising on national demographic and disease surveillance systems, and building effective training programs.

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II. SUMMARY FINDINGS

ICDDR,B's scientific research is of excellent quality and of great significance to the acquisition and spread of new knowledge about diarrheal diseases. There is every reason to believe that the work of scientists at ICDDR,B, which has in the past revolutionized thinking about these diseases, will continue to contribute to the search for ways to address this critical public health problem. AID should, therefore, continue to provide generous core support to ICDDR,B.

The nature and diversity of the global diarrheal disease problem, and the ecologically determined differences in the requirements of implementation of control programs, make it impossible for ICDDR,B to carry the burden of scientific investigation alone. While the Center should continue to play a focal role, AID is encouraged to identify and support institutions in other developing countries which could undertake scientific and operational research of diarrheal diseases. ICDDR,B could assist this global effort by providing guidance and specialized technical consultation and training as new research programs are being developed elsewhere.

The program of ICDDR,B is generally balanced and appropriate. However, the assessment team was concerned about the lack of expertise in epidemiology and immunology at the Center. This deficiency has been recognized by the Board of Trustees and the Director. Remedial action is likely to happen soon. There was concern also about the use of core funds to support operational research and health service provision, but bi-lateral and other categorical funding is expected to provide most of this support. ICDDR,B's role as a training institution is unique but the Center agrees with the AID team's view that practical, field-based and laboratory bench training should take precedence over more structured learning experiences. The contributions of ICDDR,B in the areas of disease surveillance and health services research have been significant but are constrained by computer hardware limitations and the lack of a senior epidemiologist. While not wanting to see the Center place too much emphasis on these activities, the assessment team agrees that the contraints should be removed.

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