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*Respiratory tract infections - in infancy and
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REPORT ON THE FIRST MEETING OF INTERESTED PARTIES FOR THE
PREVENTION AND CONTROL OF ACUTE RESPIRATORY INFECTIONS IN CHILDREN

Geneva, 23-24 October 1986

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Introduction

Awareness of the problem of Acute Respiratory Infections (ARI) in children has increased markedly in recent years, especially in developing countries, and has provided a specific incentive for further collaboration between WHO and bilateral and multilateral cooperation agencies in their programmes to reduce childhood mortality by the utilization of appropriate technology within the primary health care system.

The purposes of the meeting were to examine the technical and managerial aspects of WHO's ARI programme, the activities planned, the programme budget for 1987 and 1988-89, and the financial and organizational commitments by interested parties.

Dr H. Mahler, in opening the meeting, underscored the excess mortality from ARI in children in developing countries. He found it almost inconceivable to set up an infrastructure to deliver primary health care services without paying due attention to ARI control, and stressed the need for concerted international support to the introduction of ARI control programmes now that the primary health care systems were being developed. WHO provided a broad forum for interested parties, both the supporting and the supported, to strengthen the coordination right from the start.

The agenda (Annex 1) and the list of participants (Annex 2) are attached. Several other agencies invited expressed their interest but unfortunately were unable to send a delegation at the time proposed.

Overview of ARI problem in developed and developing countries

A review of the global situation of ARI in children was presented. In the developed world, ARI is a cause of extensive morbidity, but mortality is low and confined to defined high risk groups. In contrast, ARI is one of the leading causes of mortality in children under age five in developing countries. At least 4 million children die annually of lower respiratory infections. Most deaths are caused by treatable bacterial pneumonia.

Strategies for intervention

Health education and case management constitute the central strategies of the control approach because, in the short term, they can significantly reduce ARI-associated mortality. Teaching parents to recognize the early signs of pneumonia in children with coughs and colds is one of the most crucial tasks facing health planners and managers. A simple management protocol has been developed on the basis of field experience in several WHO Collaborating Centres. It provides guidance to primary health care workers on how to decide whether or not to refer a child with ARI to a higher health care level, and if not, whether to give antimicrobials or only supportive measures.

A video film on the management of the child with cough was shown. Brief presentations were made on the feasibility and impact on mortality of the case management and health education education strategies in India, Nigeria, Brazil and other Latin American countries.

WHO's programme on acute respiratory infections

The activities in the ARI programme up to this point have been mainly concentrated on the development of intervention strategies and supporting research. The main components of the programme are:

- Health service, concerned with application of the present state of the art to the prevention and control of ARI in children.
- Technical guidelines, instructional material, a handbook for small hospitals and an operational manual have been prepared, tested and printed. Audiovisual materials have been designed as examples of messages and illustrations for training and health education. Plans have been laid for the monitoring of programme activities, the surveillance of bacterial drug resistance and epidemiological evaluation.
- Research, directed to strengthening the scientific basis of the programme and solving problems raised in the implementation of services.
- Promotion, aimed at ensuring dissemination of information, the necessary commitment of resources, and professional and public support. A special quarterly newsletter, ARI News, is the main vehicle for dissemination of practical information among health workers at health centres and small hospitals.

Planned activities for 1987

Having established the groundwork, the programme can proceed to the formulation of the national ARI programmes within primary health care systems and the development of manpower expertise. This implies a vast expansion of the activities and the resource requirements. The implementation phase will start with inter-country workshops aimed at introducing the newly developed technical and managerial materials to the senior staff of the Ministries of Health so that they can be properly informed on how to plan, implement and evaluate ARI control programmes. Collaboration will be extended in setting up the functional structure, preparing operational plans and organizing training, supervision, monitoring and evaluation of the ARI programmes.

Epidemiological and etiological studies will be continued. New, more simple, laboratory diagnostic tests are being developed and will be tested. Operational research is needed to find the most practical methods of implementation. Studies will be required to evaluate new or existing vaccines.

Budget

Budgetary provisions for the ARI programme have steadily increased over the last three financial periods from \$ 845 000 in 1982-1983 to \$ 2 160 000 in 1986-1987, including both the regular budget and the extrabudgetary sources. In order to meet the demand for rapid expansion, revised estimates have been prepared for the 1986-1987 biennium. A total budget of \$ 4 800 000 has been proposed, of which \$ 2 650 000 is still required from external financing. The budget for 1988-89 is projected at \$ 6 750 600, of which \$ 5 148 500 must still be raised from external sources.

Discussion

There was general agreement that something should and can be done now about the ARI problem in children in developing countries, and also substantial agreement about what should be done. There were various questions on technical detail. The programme had been formulated by consensus since available knowledge was considered sufficient to do something forthwith. However, it has to be open-ended at several points because certain questions indeed need to be addressed locally. The specificity and sensitivity of the diagnostic procedures is a case in point.

WHO has prepared a study outline for national programmes to assess the pathognomonic value of signs and symptoms as can be perceived by primary health care workers. Currently two such studies are being supported, in Burma and Sudan. The purpose is not to "prove" the recommended case management protocol, but to find the one that is optimal under the local conditions.

Several participants found that the programme does not include enough basic research. One problem is that it is difficult to undertake research in the absence of a service programme. Nevertheless, etiological studies are now being undertaken in several countries with support from the US National Research Council. Basic research on vaccines is under the responsibility of the WHO Programme on Vaccine Development. The field testing of new vaccines against the bacterial and viral agents of respiratory infections will be undertaken with the full participation of the ARI programme.

The problem of drug resistance, and its possible uprising, is one that has WHO's attention. Support is being given to collaborating centres for the global surveillance of Streptococcus pneumoniae and Haemophilus influenzae resistance to commonly used antimicrobials. The ARI programme clearly advocates a rationalization in the use of antibiotics, rather than their indiscriminate use, precisely to minimize this possibility. Thus, while the indiscriminate use of antibiotics by people of all ages will continue to be a problem, the emergence of drug resistance would be much less likely the result of using the drug in children. Constant surveillance is of course necessary to assure the effectiveness of the antimicrobials recommended for use in the programme.

In considering implementation of the programme, the question of coordination within the Organization was brought up. It is true that the Organization advocates integration but itself splits up into divisions and technical programmes. But this is not a true contradiction. The objective of integration is to provide multiple or comprehensive services at the periphery; more centrally, expertise in various subjects is required and this is hard to find under one generalist hat.

The question of having a combined newsletter or a number of separate ones is relevant here. While this question comes in for regular review, the answer depends on to whom it is addressed. It also relates, of course, on the resources available. Coordination, or "linkage", surely is needed to come to a combined end product. Case management and health education training modules have been devised for inclusion in the Supervisory Skill Diarrhoeal Diseases courses. Combined protocols for mortality and morbidity surveys for ARI and diarrhoeal diseases have been prepared. But admittedly there is much room for improvement in the coordination with related programmes.

For the research activities in the ARI programme, there is no special review committee in view of the relatively small amount of funds allocated for this component. The subject however is kept under review by the Technical Advisory Group on ARI which meets every two years.

Conclusions

Having considered the technical bases and the report of the programme, the participants of the meeting expressed their satisfaction with the progress made in the development of the intervention strategies, the production of managerial, instructional and educational material, the dissemination of information, and the plans for the expansion of the health service and research components of the programme. The increased budgetary needs were considered justified considering the proposed implementation of service activities at country level together with the supporting research. Given the stage of programme development, the initiative taken by WHO to convene the meeting of interested parties had been timely to ensure technical coordination between agencies and to find efficient ways of utilizing the always scarce resources for multilateral and bilateral collaboration.

A big fund searching effort is underway to fill the gap between available resources and projected needs. Complete details on the programme activities and budget requirements for 1986-1989 are available in the principal documents prepared for the meeting (TRI/ARI/MIP/86.4 and WHO/RSD/86.30). Pledges of financial support to the programme were made by three agencies. Other agencies indicated their willingness for further discussions with the Secretariat about possible contributions to the programme. A number of agencies will consider the matter within the context of their bilateral support programme.