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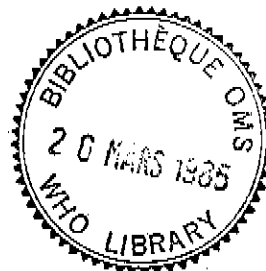
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TECHNICAL ADVISORY GROUP ON
 ACUTE RESPIRATORY INFECTIONS
 SECOND MEETING

Geneva, 25-29 March 1985



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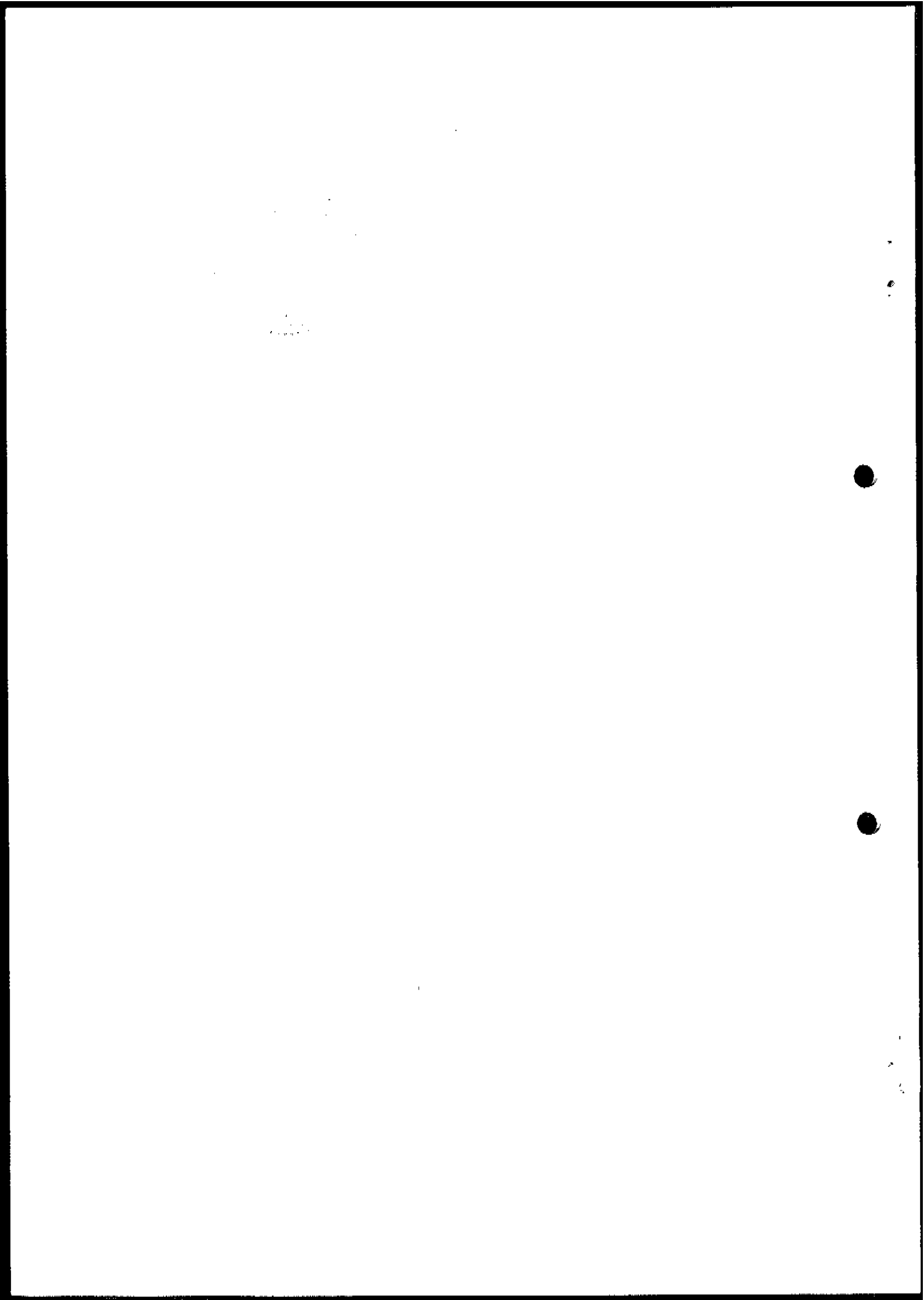
CURRENT STATUS OF THE ARI PROGRAMME
 IN THE EASTERN MEDITERRANEAN REGION

by

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CURRENT STATUS OF THE ARI PROGRAMME IN EMR

Acute respiratory infections are responsible for a large burden of deaths and sickness in all Member States in the Region. They are the second largest killer of infants and children in many countries. Rates are particularly high among infants, where approximately one third of the infant deaths are due to ARI.

Morbidity from ARI is also high in all countries of the Region irrespective of their stage of economic development. However, in most countries of the Region, the frequency of serious illness and case fatality remain far higher than they need to be, particularly in rural areas where primary medical care facilities are often weak or non-existent.

ARIs are also among the important causes of morbidity and mortality in other age groups. They stand as one of the commonest reasons for consultations with out-patient services and of admission to hospitals.

This group of diseases represents a range of clinical conditions due to multiplicity of agents (viral, bacterial and mycotic). However, from the evidence available, it appears that the predominant causes of severe and fatal ARI in the countries of the Region are bacterial rather than viral or mycotic, and the range of agents identified is similar to that reported from developed countries in other Regions, i.e. pneumococci and H.influenzae.

Objective

In support of objective 13 of the Seventh Programme of Work, the specific objective is to promote and support the development of national programmes for the prevention and control of acute respiratory infections in children.

Targets

1. By 1989, 25% of the countries of the Region should have formulated national acute respiratory infection control programmes based on the

provision of effective diagnostic and treatment techniques and facilities through the primary health care system.

2. Develop national experienced manpower in ARI at various levels
3. Support applied research projects in priority areas for national programmes of ARI.

Approaches

- To stimulate and collaborate on the studies on the epidemiology of ARI and on the effects of certain preventive and curative interventions.
- Training in programme implementation and evaluation.
- To develop an outline for possible national actions for prevention and control.
- To exchange available knowledge on the subject.

The need for the development of national programmes was expressed as a priority by some Member States in the Region.

Two operational research projects are under implementation; one in Pakistan and the other in Somalia with financial assistance from ACFUND and the Swedish International Development Agency. The studies have the following objective of assessing the feasibility and impact of certain interventions on mortality from ARI in children under five years of age under programme conditions. It is also expected that these projects will serve as prototype programmes for the management of such infections. These programmes will emphasize training of national staff, community health workers/TBAs and families in child health practices, in the recognition of mild, moderate and severe forms of ARI, in the provision of supportive care for the sick children and in seeking help from health services early enough in case of severe illness, and education on hygienic matters to ensure community participation.

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The two research projects are progressing as scheduled:

- The plans of operation and study protocols were completed and finalized
- The preparatory phase, i.e. designation of the staff, selection of villages, forms, manuals, guidelines, educational materials and instructions were prepared and translated into local languages (Urdu and Somali) were printed and distributed to the field. Drugs and supplies were ordered, and training of staff conducted. Health education campaigns were implemented and base-line surveys were completed.

The operational phases, which include implementation of standard plan for case management of ARI, continuation of health education activities and observation of the trend of ARI related mortality are in operation in the two countries.

In addition to the above, the National Institute of Health at Islamabad is engaged in a research project to study the etiological agents and their relation to clinical syndromes in case of ARI.

A programme for control of ARI is being planned by the Ministry of Health in Tunisia in collaboration with WHO and is expected to be extended to the whole country in a period of five years.

A Regional Scientific Working Group Meeting on ARI took place in Lahore, Pakistan, in May 1984. Twenty participants including epidemiologists, paediatricians and microbiologists from seven countries attended. At this meeting the present situation regarding these infections and their epidemiology in the Region were reviewed. As well, modern management and control technology were discussed, with emphasis on possible implementation through the existing health services. The Scientific Working Group has outlined the steps to be taken in the development of a national plan for control of ARI and also outlined the main field research needed to support the national control programmes. During the workshop, the participants formulated a draft national plan for operation of ARI control. The report is being followed with all Member States in the Region in an attempt to

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stimulate and motivate their interest towards the development and implementation of ARI activities in their countries with WHO collaboration.

There is a great need to develop at least one regional training centre on clinical management of ARI to enable the Regional Office and Member States to conduct training courses for physicians and nurses who are potential teachers/trainers of other staff working in the field, such a centre could also help in developing health education materials.