



DIARRHOEAL DISEASES CONTROL PROGRAMME

Report of the Seventh Meeting of the
MANAGEMENT REVIEW COMMITTEE

(New York, 7 April 1987)



CONTENTS

	<u>Page</u>
1. Opening of the meeting	2
2. Programme progress and plans	2
3. Technical Advisory Group: Report of the eighth meeting	3
4. Plans for an external review	4
5. Financial matters:	5
5.1 Financial status and revised budget for 1986-1987	5
5.2 Proposed budget for 1988-1989	5
6. Guidelines for designated funding	6
7. Collaboration with bilateral agencies	6
8. Plans for the seventh Meeting of Interested Parties	7
9. List of participants	7

This document is not issued to the general public, and all rights are reserved by the World Health Organization (WHO). The document may not be reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical or other without the prior written permission of WHO.

The views expressed in documents by named authors are solely the responsibility of those authors.

Ce document n'est pas destiné à être distribué au grand public et tous les droits y afférents sont réservés par l'Organisation mondiale de la Santé (OMS). Il ne peut être commenté, résumé, cité, reproduit ou traduit, partiellement ou en totalité, sans une autorisation préalable écrite de l'OMS. Aucune partie ne doit être chargée dans un système de recherche documentaire ou diffusée sous quelque forme ou par quelque moyen que ce soit - électronique, mécanique, ou autre - sans une autorisation préalable écrite de l'OMS.

Les opinions exprimées dans les documents par des auteurs cités nommément n'engagent que lesdits auteurs.

1. OPENING OF THE MEETING

The seventh meeting of the Management Review Committee (MRC) of the WHO Diarrhoeal Diseases Control (CDD) Programme was held at the United Nations Development Programme (UNDP), New York, on 7 April 1987. Mr T. Rothermel, Director, Division for Global and Interregional Projects, UNDP, welcomed the participants on behalf of the host agency.

Mr Rothermel was elected Chairman. The participants are listed at the end of the report.

2. PROGRAMME PROGRESS AND PLANS

The Committee reviewed the activities carried out by the Programme in 1986, as described in the draft Interim Report 1986¹, and the plans for 1987.

Services component: there are now 110 countries with plans for national CDD programmes; programmes are operational in 93 (85%) of these countries, whose population comprises an estimated 97% of the total population of the target countries. Training continues to be a priority for the Programme, especially implementation of the Supervisory Skills Training Course which has now been attended by more than 8500 health staff. Forty-seven developing countries are now producing Oral Rehydration Salts (ORS). By the end of 1985, 51% of the developing world population had access to ORS and 18% of childhood diarrhoea cases were receiving oral rehydration therapy (ORT). The Programme is continuing a number of important initiatives designed to increase the effective case management of diarrhoea or to provide new and simplified approaches for monitoring and evaluating national CDD programmes. More emphasis is now being given to the implementation of strategies to reduce diarrhoea morbidity, including the development of a training module on "Prevention" for inclusion in the Programme Managers' and Supervisory Skills Training Courses.

Research component: The Programme has continued its efforts to develop improved ORS formulations that reduce the volume and duration of diarrhoea and to support studies on appropriate feeding during diarrhoea. Progress has been made in the development of vaccines against typhoid fever, cholera, and rotavirus, and research is under way to develop new vaccines against shigellosis and *Escherichia coli* diarrhoea. The new Scientific Working Group (SWG) on Epidemiology and Disease Prevention has begun its activities, which include studies of the impact and most cost-effective means of delivery of key control interventions such as improved weaning practices and better personal and domestic hygiene. Case-control studies have also been initiated to determine the risk factors for severe diarrhoea.

In the ensuing discussion the following clarifications and responses were provided in response to questions and comments from the Committee:

- The Committee was interested to know whether the Programme had been able to develop simple tools for measuring reductions in diarrhoea mortality. It was pointed out that both overall and cause-specific mortality are difficult to measure, but the Programme is continuing to collaborate with recognized authorities in the field to try and develop improved methods. In the meantime, efforts are being made at the country level to measure surrogate indicators of programme impact, such as access to ORS, use of ORS and of ORT, and effective case management. Protocols are being developed by the Programme to measure effective case management in the community and in health facilities.
- The Committee noted that the vast majority of developing countries now have national CDD programmes, but wondered whether any measurement of their quality or progress is possible. It was explained that the surrogate indicators mentioned above could be used to assess the progress of country programmes. For example, it is known that by the end of 1985 the ORS access rate was greater than 50% and the ORT use rate greater than 20% in 16 countries; these countries represent 45% of the total population of the target countries.

¹ Unpublished WHO document WHO/CDD/87.26

- The question was raised whether the advancement of CDD programmes is being affected in any way by the priority given by some countries and external agencies to the Expanded Programme on Immunization (EPI). It was pointed out that, while this has happened in a few countries, a more important problem is that in a number of countries "campaign" approaches for the acceleration of EPI have been used to try and accelerate CDD programmes without sufficient concern for the sustainability of programme activities.
- The Committee agreed that it is important to use all possible approaches to ensure that the Programme's targets for 1989 are met. These should include the active involvement of communities in implementing national programmes, the provision of information to professional and para-professional staff, and enlisting the support of opinion makers. Very often such activities will need to extend beyond those that would normally be under the responsibility of a Ministry of Health. It is clear that behavioural changes are required in the population and among health care workers with regard to the treatment of diarrhoea.
- The Committee was pleased to learn that a joint UNICEF/WHO Communications Officer has been recruited by the Programme. This Officer will be working with national staff and bilateral and international personnel in a gradually increasing number of countries to improve CDD communications activities.
- A question was raised about the Programme's targets for the next decade. It was indicated that nearly universal (95%) access to ORS and use of ORT in 80% of diarrhoea episodes have been established as targets for 1995.
- The Committee noted with satisfaction that the Programme plans to support research on diarrhoea and human immunodeficiency virus (HIV) infection. It noted that diarrhoea frequently complicates overt AIDS disease and that approaches for the treatment of this diarrhoea, in particular, need further study.

3. TECHNICAL ADVISORY GROUP: REPORT OF THE EIGHTH MEETING

The Committee reviewed the report of the eighth meeting of the Programme's Technical Advisory Group (TAG) which had met during the week of 9 March 1987.

The TAG was satisfied with the progress of the Programme, noting that the combined efforts of national programmes may have averted 500 000 diarrhoea deaths in 1985 and improved the nutritional and general health status of countless children. It also recognized the important contributions made to national programmes by other multilateral and bilateral agencies. The TAG recommended that during the next two years the Programme give greatest priority to the support of technical and managerial training activities, communications (especially face-to-face) activities, and problem-solving exercises as ways of ensuring that the Programme meets its 1989 targets.

In the research component, the TAG reviewed an evaluation of the performance of operational research activities and endorsed with minor modifications a proposal for making this area more effective. The proposal calls for the implementation of problem-solving activities related to the needs of national CDD programmes through the Programme's services component, with funding through existing regional office budget lines, and research to determine the most appropriate methods of implementing effective behavioural interventions for the prevention of diarrhoea, supported by the new global SWG on Epidemiology and Disease Prevention.

The Group also made recommendations with regard to the proposed external review of the Programme, and approved the revised 1986-1987 Programme budget and proposed 1988-1989 budget.

In the ensuing discussion the Committee was provided with more details about the plans for both the SWG on Epidemiology and Disease Prevention and problem-solving activities. It strongly endorsed the division of responsibility for these two activities.

The Committee reviewed the membership of the TAG and suggested that it might be beneficial to have as members some individuals with experience in sectors besides health. It was agreed that the Secretariat would write to each of the participants requesting them to suggest candidates from both within and outside the health sector.

4. PLANS FOR AN EXTERNAL REVIEW

The Committee reviewed a proposal for an external review of the Programme, which was based on discussions held at the sixth Meeting of Interested Parties in June 1986 and responses received from participants at that Meeting who had been sent a preliminary proposal for comment. The Committee endorsed the overall proposal, with the following suggestions and proposed modifications:

- In addition to examining the targets and overall objectives of the Programme for the 1990s, the review should seek to define ways in which these targets and objectives can be achieved.
- The review should examine not only the linkages of the Programme with other WHO programmes, but also its linkage with CDD activities carried out by other agencies.
- Consideration should be given to sending a questionnaire to all the Programme's major contributors and to a sample of developing countries, requesting their views on the Programme's performance and future plans.
- Consideration should be given to hiring a consultant to help in the writing of the report to lessen the burden on the Secretariat.
- The review should not be over-extensive and should confine itself to the terms of reference agreed upon by the MIP in June 1987.

The Committee approved the two names put forward by the Secretariat as possible members of the external review team, and asked the Secretariat to confirm that these persons would be available for the time required. It recommended that, if possible, the third member of the team should be a health administrator, e.g., a director of a maternal and child health programme in a developing country, preferably in Africa. It was agreed that the Secretariat would send a telex to each of the participants asking them to submit the names of persons who would be suitable to serve on the review team.

The Committee was informed that the Director-General is considering combining the CDD and Acute Respiratory Infections (ARI) programmes as a single programme. The justification for this includes the fact that both diarrhoeal diseases and respiratory infections are major causes of mortality in young children and the most immediate strategy for their control is the reduction of mortality through proper case management. The Committee agreed that national ARI programmes need to be intensified, and that indeed the integration of CDD and ARI may serve this purpose. It therefore endorsed the general idea of integrating the two programmes, though it pointed out that (a) such integration should not undermine the progress of the CDD Programme, and (b) the constraints in the implementation of ARI programmes need to be recognized, e.g., the difficulty that can be expected in gaining acceptance for the idea that primary health care workers are able to recognize pneumonia and treat it with antibiotics. The Committee felt that if the Director-General wishes to make a proposal for integration to the MIP meeting in June, it would be useful to distribute a background paper to the participants prior to the meeting, outlining the activities of the ARI Programme and providing details on the additional resources required for the integration of CDD and ARI. The Committee considered that, should this integration take place, the terms of reference for the external review will remain appropriate, though some minor modifications may be required.

5. FINANCIAL MATTERS

5.1 Financial status and revised budget for 1986-1987

The Committee reviewed the revised budget for the 1986-1987 biennium which calls for a 2% increase over the revised budget adopted one year ago. There is a slight increase in estimated obligations in the services component and a reciprocal slight decrease in obligations in the research component. The revised budget represents a 31% increase over the obligations incurred in the 1984-1985 biennium.

As of 23 February 1987, 44% of the expected obligations had been incurred within the services component and 54% within the research component. Overall, 50% of expected obligations had been incurred in approximately half of the biennium.

Concerning resources, 21 of the Programme's financial contributors have pledged or contributed funds for the current biennium. As a result of these contributions the financial position of the Programme is healthy. As of 20 March 1987, it was estimated that at the end of 1987 the Programme would carry over US\$3 million into the next biennium. This amount, which is about the same as that carried over into the present biennium, will be needed to continue activities early in the 1988-1989 biennium, particularly in the light of the proposed budget increases (see Section 5.2).

Despite this healthy financial situation, the Programme continues to be concerned about cash flow. Of the US\$20.4 million presently available or pledged to the Programme in the current biennium, US\$4.7 million remain as pledges, and it is anticipated that some of these pledges will not be received before the end of 1987. Thus it is necessary to emphasize to the Programme's contributors the importance of making their contribution available as early as possible in the fiscal year.

The Committee approved the revised budget for the 1986-1987 biennium as appropriate to meet the Programme's needs. It noted that one reason for the current healthy position of the Programme has been the decline of the US dollar against most European currencies; should the dollar recover, the Programme's financial resources will be considerably less. Thus, efforts must continue to attract sufficient contributions.

The Committee considered that the Programme should inform its contributors that additional resources will be needed if the ARI and CDD programmes are integrated, as all of the contributions given or pledged to CDD to date are required for planned CDD-related activities.

5.2 Proposed budget for 1988-1989

The Committee reviewed the proposed budget for the 1988-1989 biennium (US\$22 948 000), which represents an 18% increase (US\$3 452 000) over the 1986-1987 biennium. This relatively modest increase (the smallest in the history of the Programme) has been made possible by the active participation of other international and bilateral agencies in diarrhoeal disease control. Should such agencies diminish their support to national CDD activities, the WHO budget would need to be substantially increased.

The budget is approximately US\$2 million greater than the projected budget reviewed by the Committee in 1986. The main reasons for this increase are a greater demand for support of programme activities by countries and the decline in the value of the US dollar against other European currencies, which has meant that costs tied to these currencies, such as some staff salaries, are greater in dollar terms.

In the services component, increases are projected for further development of operational strategies for prevention, the preparation of monitoring and evaluation tools and managerial and technical training materials (including a peripheral-level training course), and the development of prototype communication materials. At the regional level, increases are indicated in all areas, with new emphasis being placed on communications and intensified

attention given to training in programme management, supervision, and clinical management. Overall, the regional offices would receive over 75% of the total budget of the services component.

Within the research component, there is a projected decrease in the budget for the SWG on Immunology and Vaccine Development, due to a sharper focussing of that Group's efforts and the funding of significantly fewer projects at greater cost. No change is projected in the level of activity of the SWG on Case Management, but large increases are planned for the SWG on Epidemiology and Disease Prevention as it expands its research on the implementation of control interventions.

Overall, there is a 22% increase in the budget of the services component and an 11% increase in that of the research component. The services component would account for 62% of the total budget as compared with 60% in 1986-1987.

The Committee endorsed the proposed budget, but in doing so emphasized that far more resources are required to ensure the successful implementation of national CDD programmes. While most of these resources will have to come from countries themselves, support is also needed from other international and bilateral agencies.

6. GUIDELINES FOR DESIGNATED FUNDING

The Committee recalled a discussion held at the sixth MIP in 1986 at which it had been concluded that it was not possible for CDD to adopt the formula for designated funding now being used by the Special Programme for Research and Training in Tropical Diseases (TDR). This was primarily because the formula would not allow Programme contributors to earmark their entire contribution for either the services or the research component. Therefore, the MIP had requested that a specific proposal be prepared for consideration at its next meeting in June 1987.

The Committee decided that the best option for the Programme is to continue to follow the procedure for designated funding agreed upon at the second MIP in 1981, which allows contributors who wish to earmark their contributions to do so only for broad Programme components, i.e., for the services component or for the research component. Strong efforts should be made to persuade all contributors to adhere to this procedure. It was noted that the Programme has made such a request to the Government of the United States of America and is awaiting a reply. The Committee endorsed a proposal that contributors who do not agree could have the option of following either the above-mentioned procedure for designated funding or the TDR procedure (under the latter, 50% of a total contribution may be earmarked for the support of activities within a specific programme area of a component, the remaining 50% being unearmarked; and no more than 75% of resources within any one programme area can be earmarked).

7. COLLABORATION WITH BILATERAL AGENCIES

The Committee reviewed a paper describing the Programme's collaboration with bilateral agencies in the services and research components. It noted in particular the important contribution being made to the Programme by the Associate Professional Officers provided by five governments, and suggested that the possibility of utilizing UN Volunteers also be considered. The Committee noted that the Programme is collaborating with a number of bilateral agencies in the implementation of national CDD programmes and in the support of research projects and the strengthening of research capability in developing country institutes. It encouraged further collaboration with bilateral agencies in the years ahead.

8. PLANS FOR THE SEVENTH MEETING OF INTERESTED PARTIES

The Committee reviewed and approved the provisional agenda and list of participants for the seventh MIP meeting to be held in Geneva on 26 June 1987. It agreed that, should the Director-General wish, an agenda item entitled "Integration of CDD and ARI Programmes" could be added between agenda items 6 and 7. The Committee recognized that the agenda is relatively long for a one-day meeting and that to ensure a successful outcome it may be necessary to limit the interventions of participants under agenda item 5.

9. LIST OF PARTICIPANTS

EGYPT

Dr M.T. Hammami, Under-Secretary of State for Primary Health Care and Family Health, Ministry of Health, Cairo

DENMARK*

MALAYSIA*

UNITED NATIONS CHILDREN'S FUND (UNICEF)

Dr Nyl Nyi, Director, Programme Division, UNICEF, New York

Mr R. Goodall, Senior Adviser ORT, CDD and Essential Drugs Programmes, Programme Division UNICEF, New York

UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

Mr T. Rothermel, Director, Division for Global and Interregional Projects, UNDP, New York
(Chairman)

Mr F. Hartvelt, Senior Project Officer, Division for Global and Interregional Projects, UNDP, New York

Dr M. Sacks, Senior Health Adviser, Division for Global and Interregional Projects, New York

Ms M. Springer, Technical Adviser in Basic Needs, Technical Advisory Division, UNDP, New York

WORLD BANK

Mr J. North, Director, Population, Health and Nutrition Department, World Bank, Washington, D.C.

WORLD HEALTH ORGANIZATION

Mr W.W. Furth, Assistant Director-General

Mr R.C. Hogan, Programme Management Officer, Diarrhoeal Diseases Control Programme

Dr M.H. Merson, Director, Diarrhoeal Diseases Control Programme (Secretary)

*Representative unable to attend.