

Diarrhoeal Diseases Control Programme

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Report of the
fourteenth meeting of the
Technical Advisory Group

Geneva, 8-10 March 1993

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1. INTRODUCTION

The fourteenth meeting of the Technical Advisory Group (TAG) of the Diarrhoeal Diseases Control Programme (CDD) was held in Geneva on 8-10 March 1993. Dr R.H. Henderson, Assistant Director-General, opened the meeting and welcomed the new TAG members to a shorter and more focused meeting of all TAG members (rather than a small TAG meeting) as scheduled at the 1992 meeting. The areas for discussion would include progress made: with the reorganization of the Programme at Headquarters, towards the Programme's key targets, and in implementation research. Collaboration with the Programme for Control of Acute Respiratory Infections (ARI) and UNICEF would also be discussed. Professor Hamilton, the current Chairman of the TAG, was invited to preside over the meeting.

The discussions of the meeting and the conclusions and recommendations emanating from them focused on the selected areas mentioned above. A complete review of all programme activities will be undertaken by the TAG in its 1994 meeting.

2. STATUS OF THE PROGRAMME

(The following report concentrated on programme activities not included in sections 4 to 8.)

It was reported that 1992 was notable for increased cooperation with UNICEF (as discussed further in section 7). Among other items, joint UNICEF/WHO programme review and planning activities were carried out in 14 countries. Another important event at global level was the reorganization of the Programme at Headquarters (section 4), as well as the initiation with UNICEF of a training course on an integrated approach to case management for the sick child (sections 7 and 8).

The Programme continued to support programme development in many countries. At least 30 countries revised their programme plans in 1992, while the Programme became involved for the first time in the newly independent states of Central Asia. Four regional programme managers' meetings were held.

In terms of training, the TAG heard that emphasis was placed on the decentralization of case management training, using the four-day case management training course. Special efforts were directed at the training of trainers during 1992. The package for improving the teaching on diarrhoea in medical schools was completed.

The Programme maintained its commitment to achieving as wide as possible access to ORS in developing countries, and it was reported that 87% of all ORS available in developing countries corresponded to the WHO/UNICEF formula. Technical assistance in ORS production was given to 14 countries.

In the area of communication the Programme field-tested and revised the guide *Advising Mothers*, based on a four-step process: Ask, Praise, Advise, Check. The Programme also started work on a guide for using radio in communication activities on diarrhoeal disease control.

Matters relating to programme evaluation were discussed in detail (see section 6). A brief mention was made, however, of the Focused Programme Review, which uses a more data-based methodology than the previous approach by taking into account results of household and health facility surveys and other studies. It is problem-specific, focusing on priority issues, and action-oriented, resulting in plans of action in relation to each of the major issues tackled.

It was reported that, in terms of the prevention of diarrhoea, the Programme continued to put most of its efforts into the protection, promotion and support of breast-feeding. Of note in 1992 was the completion of the five-day counselling course for health workers, which will be the Programme's main tool for activities. Assistance was provided to a number of countries and programme staff actively participated in the WHO Working Group on Infant Feeding.

The TAG heard that in 1992, 19 new research projects were funded by the Programme - eight relating to case management and eight to infant feeding. As a result of various studies, it was reported that rice-based ORS had no significant advantage over standard WHO glucose-based ORS in the management of diarrhoea in children. Over recent years the Programme looked more closely at the effects of vitamin A and other micronutrients on child morbidity and mortality. Among other research, in collaboration with the ARI Programme, a meta-analysis of all available data from 12 studies of vitamin A supplementation in children was undertaken. (Further discussions on implementation research are reported in section 5).

The Programme continued to support field trials of candidate vaccines against rotavirus and cholera infections, with efforts focusing on the tetravalent rhesus-human rotavirus vaccine and two cholera vaccines. It also maintained support for a small number of studies of the epidemiology of diarrhoea, in addition to providing research-strengthening grants to six institutions.

3. REPORT OF THE TWELFTH MEETING OF INTERESTED PARTIES

The TAG was informed of the comments and conclusions of the twelfth Meeting of Interested Parties (MIP), held on 2-3 July 1992. The meeting had reviewed and discussed the progress and plans of the Programme, and the report of the thirteenth meeting of the TAG. The MIP had approved the major approaches of the Programme and stressed the importance of CDD activities at all levels of an integrated primary health care system. It urged that in the development of sustainable national control programmes, particular attention be given to Africa. The MIP had expressed its appreciation for the Programme's efforts to develop cost-effective interventions to prevent diarrhoea, particularly in the promotion, protection and support of breast-feeding. It had recommended further efforts to facilitate the development of essential national research, and the development of cholera control activities in close collaboration with national CDD programmes.

The MIP had noted the financial report for 1990-1991, and accepted the revised budget for 1992-1993, and the preliminary budget for 1994-1995; it had expressed its concern that the existing budget shortfall would be unlikely to be met unless new sources of funding were found.

4. REORGANIZATION OF THE PROGRAMME AT HEADQUARTERS

It was reported that the reorganization of the Programme at Headquarters divides the Programme's work into activities in support of national programme implementation (technical assistance to countries, in collaboration with the WHO regional offices, in all aspects of programme implementation) and activities of four research and development working groups. Three of the working groups address, respectively, prevention of diarrhoea; case management in the home; and case management in health facilities. The fourth working group is concerned with developing processes and tools for national programme management.

The TAG heard that the experience to date of the working groups was very encouraging, with programme issues requiring research and development attention being clearly defined, and the aim of improving communication between the former research staff and the former services staff being substantially achieved. However, as only 6 months had elapsed since the reorganization, further time was required to establish whether the aims would be fully achieved.

5. PROGRESS UNDER IMPLEMENTATION RESEARCH

The TAG heard that implementation research was established in 1988 with the aim of facilitating the identification of Programme issues that would profit from research examination and the application of research findings to Programme activities. Progress under implementation research was first reported to the TAG at its tenth meeting, in March 1989. Implementation research priorities had by then been identified, and its management and review process had been defined.

It was reported that 19 implementation research projects had been supported in 10 countries since 1989, with the number of new projects supported increasing each year since then. These projects were in the following areas: case management (8 projects), measuring programme impact (1 project), rational use drugs (4 projects) and breast-feeding (6 projects). Two of these projects were already completed and three were at the final reporting stage.

After the reorganization of CDD at Headquarters, in August 1992, the former services and research components of the Programme were replaced by four working groups. Each of these groups included staff with a variety of skills from the two former Programme components. Development and management of research within each area was the responsibility of the respective working group.

The TAG heard that two signs appeared to indicate that the new structure had positively affected the development of implementation research: (i) it fostered greater collaboration of Programme staff in identifying research topics and opportunities for project development, and (ii) it was associated with an increase in the number of proposals for research being considered.

As recognized by the TAG in previous meetings, the stimulation and support of implementation research required considerable resources. It was felt that the experience over the previous few months indicated that the reorganization was leading towards a more efficient use of the Programme's resources for implementation research.

6. KEY PROGRAMME INDICATORS AND TARGETS

The rationale for using process indicators to evaluate the progress of national programmes and the global Programme was explained to the TAG. Thirteen programme indicators focused on training coverage, case management in the home and case management in health facilities.

The current status for indicators to assess case management in the home, based on 65 surveys in 33 countries, was reviewed: the *ORS use rate* had remained relatively stable since 1990 (21% in 1992), while the *proportion of mothers that prepared ORS correctly* was increasing. The *proportion of diarrhoea cases that received ORS and/or a recommended home fluid* was increasing (60% in 1992) due to the greater emphasis national programmes had put on the use of home fluids and the revision of the Programme's strategy for ORT which had led numerous countries to include more fluids as suitable. The proportion of cases receiving increased fluid and continued feeding was estimated to be 20% at the end of 1992.

The results of indicators for assessing case management in health facilities were presented for 20 surveys in 19 countries conducted in 1990-1992. Although it was noted that the range of results was wide, the median rates based on observation of case management tended to be rather low for three of the four indicators. It was explained that part of the reason for this poor performance was the very demanding criteria of the indicators, although it was recognized that case management at health facilities was far below optimum; the Programme was reported to be addressing this constraint.

The TAG heard that agreement had been reached on the definitions and the methods of measuring the four new WHO/UNICEF indicators; in order to measure these indicators the household and health facility surveys were being revised. WHO and UNICEF elected jointly to monitor the global Programme's progress in the 1990s towards targets set for these indicators. The targets set for 1995 and the year 2000 and the current status of these indicators was reviewed; the global ORS access rate had steadily risen from 50% in the mid 1980s to 73% at the end of 1992. The targets for ORS access for 1995 and the year 2000 seemed achievable. The results for the indicators *maternal knowledge* and *use of ORT (increased fluids) and continued feeding*, based on extrapolation from the current household survey, were estimated to be 33% and 20% respectively, indicating that achievements of the targets would require a significant increase in activities to promote correct case management in the home. The ongoing emphasis on training activities was reflected in step-wise increases in training coverage such that by 1992 34% of health staff with supervisory responsibility and 24% of health workers responsible for case management had been trained. Although the reported rates showed that the Programme was progressing towards targets, it would need to strengthen its efforts, particularly if high turnover rates of health staff were taken into consideration.

Overall, it was stated that achievement of these ambitious targets could only be reached through significant increases in the intensity of activities and commitment in countries with national CDD programmes. This would require increased financial input at both national and international levels.

7. COLLABORATION WITH UNICEF

It was reported to TAG that the primary bases for intensified collaboration with UNICEF were the child health goals of the World Summit for Children and the commitment to reduce infant and child mortality by the end of the decade. WHO and UNICEF had developed a joint global strategy for acceleration of CDD, and identified indicators and targets for how to measure progress towards the mortality reduction goals. Areas for cooperation included the mutual review of policy and programme documents and the support to training, ORS availability, communication, and evaluation activities of national CDD programmes. Headquarters staff from the Programme participated in a meeting for UNICEF Representatives of the largest countries in 1992, and in 1993 a meeting for WHO and UNICEF country staff from the same countries was held to discuss and plan joint support to national programmes. Two Headquarters staff were joint WHO/UNICEF staff: the communication officer and the Programme's industrial engineer responsible for ORS production.

The TAG heard that an important new joint initiative was the development of an integrated approach to the management of the sick child. Among other major issues and challenges for UNICEF and WHO cooperation were improving the monitoring of CDD, promoting ORT and feeding, ensuring sustained ORS availability and improving the recognition and management of persistent diarrhoea and dysentery, and promoting cholera control as part of a larger CDD effort. The Programme believed that the collaboration between UNICEF and WHO, building on the strengths of the respective organizations, was essential for achieving a significant reduction in child mortality during the decade.

8. COORDINATED ARI-CDD PROGRAMME ACTIVITIES

The TAG was informed of the joint activities of the ARI and CDD Programmes. Although both Programmes are independent units, with distinct structures and budgets, the TAG heard that a growing number of activities were being carried out together. The similarities in target audiences, strategies, and major activities which prompted the inclusion of the two Programmes within a single division made this trend towards integration of activities a normal part of both Programmes' development.

The two major activities being developed jointly were the elaboration of an integrated approach to the sick child, particularly through the development of the *Training course on the management of childhood illness*, and the household survey. Other activities included programme recommendations on vitamin A supplementation and the management of measles

complications; training and communication through medical and nursing schools, the CDR briefing course, combined national ARI/CDD case management courses, and focused ethnographic surveys; and evaluation activities, including monitoring of global indicators and health facility surveys.

9. FINANCIAL MATTERS

9.1 Revised budget for the 1992-1993 biennium

The TAG reviewed final revised estimates for the financial period 1992-1993 amounting to US\$22.3 million, and noted that this sum represented a 12.4% decrease from the earlier budget revision. This reduction was made in both the services and research components of the Programme, and was necessitated by a decline in extrabudgetary funding. This amount would permit the Programme to continue highest priority services and research activities. The financial status of the Programme as at 1 March showed a shortfall of US\$3.7 million.

9.2 Proposed Programme budget for 1994-1995

The TAG also considered the proposed Programme budget for the 1994-1995 biennium, amounting to US\$26.8 million. The budget was presented in terms of the new organizational structure of the Programme. This amount would restore the funding level of the Programme to the amounts originally planned for the 1992-1993 period. Since current contributions would not provide this amount of support, the Programme planned to seek additional support from both current and potential sources.

10. CONCLUSIONS AND RECOMMENDATIONS

10.1 General conclusions and recommendations

10.1.1 The TAG commends the Programme for its achievements since its inception and is confident that these have contributed significantly to the downward trend in childhood mortality now documented in many countries.

10.1.2 The TAG strongly endorses the initiative for an integrated approach to the sick child and recommends to the Director-General that this be given high priority within the Organization particularly at the time of any restructuring. In view of rapidly increasing interest in this initiative outside WHO, the Organization should assume its mandate in the coordination of this international health initiative. The TAG considers that CDR would be an appropriate coordinator given the contribution of ARI and CDD to changing mortality rates and the leadership already demonstrated with this initiative.

10.1.3 The TAG strongly approves the growing number of coordinated and joint activities being carried out by the CDD and ARI Programmes, and urges expansion of this trend. In the short term, efforts are appropriately concentrated on the development of the training course on case management of the sick child and the household survey. Consideration should

be given to the full integration of these two Programmes, and the TAG would like to see a report on progress towards such integration at its next meeting.

10.1.4 The TAG welcomes and strongly encourages the Programme's close collaboration with UNICEF. It is important that both organizations recognize each others strengths and mandates. To this collaboration WHO brings policy guidance, technical guidelines, training and other implementation tools, and cooperation with national programmes to adapt and use these tools. This involvement in national programmes is essential to maintaining the relevance of the Programme's research and development activities. UNICEF has a strong field presence in most countries and provides a substantial resource base to support national programme implementation.

10.1.5 The TAG considers it extremely important to obtain maximum support from UNICEF and other agencies to programme implementation using the WHO CDD Programme's guidelines and tools. Only in this way can the Programme's targets hope to be achieved.

10.1.6 The TAG found the special presentations requested at its last meeting, particularly those on the Programme's indicators and targets on implementation research, to be well prepared and extremely informative. It would welcome similar detailed presentations at future meetings as a basis for focused exploration of priority issues.

10.1.7 The TAG notes the importance of cholera control activities among the efforts for diarrhoeal disease control, and recommends that collaboration be sustained and even increased between the prevention working group and the cholera task force.

10.1.8 The TAG considers that having a distinct category, implementation research, has been instrumental in moving the research questions towards programmatic issues, commends the Programme on progress in this area, concludes that this has been satisfactorily incorporated into the activities of the research and development working groups, and recommends that this research emphasis be maintained.

10.2 Reorganization of the Programme at Headquarters

10.2.1 The TAG reviewed the experience with the new structure of four research and development working groups, and the country support activities, with the particular aim of examining whether they were achieving the aims of the reorganization. Although still early, the experience to date is positive.

10.2.2 A substantial improvement has been achieved in communication, collaboration and understanding between staff previously designated to the research and services components of the Programme.

10.2.3 An improved process for identification of research topics that are of priority for Programme implementation has been established. One potential contribution to this is the feedback from the Focused Programme Reviews (FPR). The TAG notes, none the less, that to date most issues identified by the FPRs were amenable to solution by the use of managerial

tools within the country, rather than by formal research and development. A detailed analysis of the experience with the FPRs is under way. The TAG looks forward to a review of this at a future meeting. (See also 10.3.22.)

10.2.4 The TAG reviewed the experience gained with the increased involvement of Headquarters staff in following up Programme activities in one or more priority countries. The TAG feels that it is still too early to assess the effects of the reorganization in relation to its third aim, namely the improvement of the capacity to strengthen national programmes; it considers that this should be examined in the future. It feels, none the less, that assignment of individual Headquarters staff to follow developments in specific country programmes allows improved coordination of activities and follow-up, contributes to better consideration of national programme needs in selecting research and development activities, and facilitates stronger links between national programme needs and programme actions. The TAG hopes that through this strategy, as well as through the FPRs, frequently identified problems will be addressed by the research and development working groups.

10.2.5 In most projects, the TAG believes that all the working groups will benefit from continued close consultation, as appropriate, with individuals and groups within and outside WHO.

10.3 Programme implementation

10.3.1 The TAG reviewed the Programme's targets, the status of key indicators and the Headquarters programme implementation workplan for 1993-1994, in order to assess how well the Programme's activities are addressing its objectives and to identify constraints. It proposes the following conclusions and recommendations for each of the Programme's targets:

Target: Increasing access to ORS from 73% in 1992 to 80% by 1995, and 100% by the year 2000.

10.3.2 The TAG believes that the current targets are achievable; however, it questions the validity of the current ORS access indicator in assessing ORS availability at community level, and notes the new approach to assessing access to ORS as proposed in the revised household survey.

10.3.3 The TAG advises the Programme to continue to focus its efforts on improving sustained availability of ORS, in the largest countries with the lowest ORS access rates.

10.3.4 The TAG recommends that WHO and UNICEF develop a joint policy on ORS production and supply to guide the two Organizations' country offices.

10.3.5 The TAG commends the Programme on its recent efforts in some countries to involve the private sector in assuring sustained availability of ORS and in ensuring quality control, and encourages the Programme to continue and further these efforts.

Target: Increasing the proportion of mothers knowing the three rules of home case management, from 32% in 1992, to 80% by 1995 and 100% by the year 2000.

10.3.6 The TAG believes that the targets are achievable provided that a major communication effort is undertaken by governments which involves other agencies and NGOs. The TAG notes with approval the Programme's work on training guidelines for health workers on advising mothers. However, considering the limited access to and use of health services in many countries, the TAG recommends exploring ways to reach those mothers who seek advice outside the public health system. Such methods could, for example, involve women's organizations actively (both at the global and national level), the selection of other channels of communication according to specific country conditions, and the provision of communicators in other sectors with interpersonal communication skills to relate essential messages. (See also 10.4.5 and 10.5.7).

10.3.7 The TAG recommends that the Programme identify and better use "missed opportunities" for educating mothers (and other caretakers), such as immunization sessions.

10.3.8 Based on the review of its communication strategy, the TAG suggests that the Programme consider focusing its efforts in populations where the lack of knowledge is greatest, and continue to emphasize the weakest aspects of home case management (increased fluid intake and when to seek care).

10.3.9 The TAG notes with satisfaction the development of the Focused Ethnographic Survey (FES) and urges the Programme to investigate maternal factors influencing home case management, as well as factors relating to decision-making. (See also 10.4.7 and 10.7.4.)

Target: Increasing the proportion of diarrhoea cases receiving increased fluids and continued feeding, from 20% in 1992, to 50% by 1995 and 80% by the year 2000.

10.3.10 Based on programme experience to date and available data on relevant key programme indicators, the TAG expresses its concern over the achievability of these targets. It notes the Programme's revised home case management policy that emphasizes increasing fluid intake, an element which has been identified as a major problem in correct home case management in many countries.

10.3.11 The TAG recommends that WHO and UNICEF jointly review the case management targets in view of the limited progress made in some countries to date in implementing the many diverse resolutions of the World Summit for Children and taking into account the findings of the Programme's reviews and research in this regard.

10.3.12 The TAG advises the Programme to seek closer collaboration with health professional associations and to consider ways of training health care providers and pharmacists in the private sector; the progress already made by the Programme in developing a guide to improve the diarrhoea treatment practices of pharmacists and other drug sellers is commended.

Target: Increasing the proportion of cases correctly managed in health facilities to 50% by 1995 and 80% by the year 2000.

10.3.13 The TAG expresses concern over the achievability of these targets, taking into account relevant information currently available to the Programme and current levels of activity. The TAG discussed the need to accelerate and decentralize training as well as to address other

factors influencing the quality of care at health facilities. Major constraints to increasing coverage of correct case management are the need to train health care providers in the private sector and the high turnover of trained staff.

10.3.14 The TAG notes the need to improve the routine monitoring of the quality of care at health facilities and looks forward to a report at the next TAG meeting on the Programme's work on improving monitoring (i.e., through the identification of monitoring indicators and tools for measuring them).

10.3.15 The TAG is pleased that the health facility survey is being revised and that consideration is being given to the sampling method, to comparability of results between surveys, and to identification of factors influencing quality of care. (See also 10.7.7.)

Target: Increasing case management training coverage, from 24% in 1992, to 40% by 1995 and 60% by the year 2000.

Increasing supervisory skills training coverage, from 34% in 1992, to 40% by 1995 and 60% by the year 2000.

10.3.16 The TAG believes that the training indicators are achievable, if the problem of the high turnover of trained health staff can be addressed successfully and if the Programme continues its current trend in accelerating and decentralizing case management training.

10.3.17 The TAG notes with satisfaction the increase in the number of training courses in case management while urging the Programme to pay greater attention to the follow-up to training.

10.3.18 The TAG congratulates the Programme on its completion of the package for improving teaching on diarrhoea in medical schools and recommends its wide deployment.

10.3.19 The TAG advises the Programme to incorporate communications skills (on advising mothers) in case management training courses, and to combine the case management training on CDD and ARI, where appropriate. Supervisory skills courses should also be combined, where possible.

10.3.20 The TAG recommends that the Programme in its close collaboration with UNICEF and other Organizations help to assure the high quality of training through utilization of its standard training guidelines.

10.3.21 The TAG urges the Programme to continue its efforts to ensure the rapid translation of its training materials into local languages.

Target: Increasing the number of Programme reviews, from 114 in 1992, to 160 in 1995, and 200 by the year 2000.

10.3.22 The TAG notes the development of the new Focused Programme Review (FPR), that it is based on country data and that it allows for a more in-depth analysis of problems. The targets for the number of Programme reviews appear achievable.

10.3.23 In terms of programme impact, the TAG was informed of the results of the Programme's efforts to measure disease-specific mortality, including three studies conducted in 1992. The outcome of a meeting of experts to review experiences with simple mortality measurement methods was briefly presented. The TAG encourages the Programme to continue its efforts to assess Programme impact and looks forward to reviewing a report of the current country experiences and lessons learned from them (the implementation research studies in Brazil and the Philippines, and the mortality surveys conducted in Bangladesh, Bolivia, Indonesia and Viet Nam) at the next TAG. (See also 10.7.8.)

10.3.24 The TAG discussed the increased demands being placed on the Programme by the problems of childhood diarrhoea in some of the newly independent states of Eastern Europe and Central Asia and that in view of the financial situation these demands could not be adequately met. It notes that the Programme is attempting to make the best possible use of funds available through other agencies working in the area. It recommends that the need for reallocation of donor funding currently being provided to these countries to expand programme activities to these new areas again be brought to the attention of the donor community.

10.4 Working group on case management in the home

10.4.1 The TAG welcomes the current efforts towards the development of a comprehensive conceptual model specifying factors and determinants of all components of home care. The TAG emphasizes that provision of increased fluids and continued feeding as well as careseeking behaviour should be considered in this model. The TAG expects that this model will be helpful in the identification of research priorities. (See also 10.4.9.)

10.4.2 The TAG notes the development of the policy document on use of fluids and foods in the home and considers that it will assist programme managers in refining their national home case management policies.

10.4.3 The TAG is pleased to see that the guide *Advising Mothers* is close to finalization and feels that this module is an important contribution to improving interpersonal communication skills of health workers during clinical case management courses. As with other aspects of health providers' practices, it will be necessary to assess the actual practices in health facilities and to implement, if needed, other measures that enable workers to perform as they have been trained. The TAG also encourages the Programme to consider ways to enhance and focus the communication skills of community health workers.

10.4.4 The TAG notes with approval the progress made in the development of the guide for the use of radio in communicating on CDD with caretakers of children.

10.4.5 The TAG concurs with the plans for re-evaluating the current communications strategy. This may lead to approaches utilizing a wider range of communication channels and the identification of additional target groups (e.g., schoolteachers, religious leaders) for education

and should include consideration of the monitoring of coverage and quality of communication activities. The TAG also looks forward to seeing the results of the planned review of country experiences with Information-Education-Communication (IEC) activities. (See also 10.3.6.)

10.4.6 The TAG encourages the ongoing efforts to improve the rational use of drugs, welcomes the regulatory action taken in a number of countries in relation to antidiarrhoeal drugs and urges that efforts be made to assist other countries to take similar action. The TAG endorses the development of research assessing the relationship between the use of antidiarrhoeal drugs and the use of ORS.

10.4.7 The TAG supports the current development of the Focused Ethnographic Study (FES) designed to answer questions reflecting the main concerns and needs of CDD programmes. The TAG also notes that programmes will need help in using the information resulting from the FES in communication efforts. (See also 10.3.9 and 10.7.4.)

10.4.8 The TAG appreciates the emphasis recently placed on careseeking behaviour as a component of home case management and expresses the hope that research priorities on this topic, especially on interventions to improve appropriate careseeking, will be identified.

10.4.9 The TAG endorses the Programme's decision to focus on the identification of determinants of increased fluid intake in order to improve caretakers' practices in that regard, and on the refinement of existing instruments to reliably measure fluid intake at the household level (see also 10.4.1).

10.4.10 The TAG appreciates that the ongoing research studies into the perceptions of caretakers and into the use of fluids, foods and drugs in the home will make a contribution to the understanding of the important area of case management in the home. Furthermore, it expects that the working group will identify additional priority research topics, especially on increasing fluid consumption, ensuring proper feeding, encouraging the rational use of drugs and ensuring appropriate careseeking.

10.5 Working group on case management in health facilities

10.5.1 The TAG believes that high priority should be given to the development of a conceptual model specifying determinants and constraints to effective case management in health facilities. The TAG notes that this working model will be helpful in the identification of research priorities on this topic.

10.5.2 The TAG commends the high priority given by the Programme to the revision of the *Guidelines for the control of epidemics due to Shigella dysenteriae* and to the development of documents to disseminate the Programme's recommendations on the management of dysentery. It recommends that a tool to assist countries in monitoring antibiotic resistance to *Shigella* be developed by the Programme.

10.5.3 The TAG commends the Programme for developing studies to evaluate alternative antimicrobial drugs using simplified treatment schedules, for the treatment of dysentery caused by *Shigella* that are resistant to commonly used antibiotics.

10.5.4 The TAG welcomes the current efforts towards the development of a tool for monitoring the outcome of training at Diarrhoea Training Units.

10.5.5 The TAG notes that health facility surveys and Programme experience have identified deficiencies in the performance of health workers and in the quality of care provided to children with diarrhoea. It recommends that the Programme give more attention to developing methods for monitoring and supervision and to other measures to ensure better performance of health workers.

10.5.6 The TAG endorses the efforts to develop and evaluate a training package for improving pharmacists' and drug sellers' behaviour with regard to diarrhoea case management. It recognizes that pharmacists and drug sellers represent a significant proportion of the health providers in many countries and commends the Programme for targeting this audience.

10.5.7 The TAG notes that a significant proportion of children with diarrhoea are being managed by private health providers. It recognizes the urgent need to develop and evaluate interventions to modify behaviour of health providers in the non-governmental health system. (See also 10.3.6).

10.5.8 The TAG had previously endorsed efforts to elaborate an algorithm for the clinical management of persistent diarrhoea and to evaluate its efficacy in a hospital-based multicentre study. It commends the Programme for extending the evaluation of this algorithm in a community-based study.

10.5.9 The TAG recognizes the importance of the ongoing clinical research projects, initiated before the working groups were formed, whose results should better steer policy and implementation efforts to improve case management in health facilities. It expects that discussions in the working group, in consultation with external experts as appropriate, will result in the development of new research priorities, especially in the area of health care providers' behaviour.

10.6 Working group on prevention

10.6.1 The TAG reviewed the 10 issues presented in the working group's plan and commends the Programme for their relevance and continuity with previously identified priorities. It reviewed the progress in the development and support of research projects on prevention topics and commends the Programme on their relevance to programme activities.

10.6.2 The TAG endorses the selection of interventions that are considered as of the highest priority for research and developmental activities by the working group, namely the promotion of breast-feeding and improved practices in feeding infants and young children.

10.6.3 The TAG notes with satisfaction that the development of the breast-feeding counselling training course has now been completed and that in doing this, and in planning further development and research activities on the promotion of breast-feeding, the Programme has been in close collaboration and coordination with other interested parties inside and outside WHO.

10.6.4 The TAG examined the Programme's present involvement in the area of hygiene promotion. It is pleased to note the continued collaboration with the Community Water Supply Unit and recommends that efforts be maintained by the Programme towards the development of effective approaches to promote improved hygiene.

10.6.5 The TAG notes the continued involvement of the Programme in the area of vaccine development and testing. It endorses the current commitment of the Programme to support and facilitate field trials of candidate vaccines as they become available, and the Programme's continued role in identifying priorities for research in this area and in supporting the development of key projects in collaboration with the WHO/UNDP Programme for Vaccine Development.

10.7 Working group on national programme management

10.7.1 The TAG notes that the projects being developed by this working group have been determined by an analysis of the process of national programme development, as reflected in the flow-chart in the programme manager's training course. Weak points in the flow had been identified and projects selected to address these.

10.7.2 The TAG commends the development of a guide for planning national programmes, and welcomes the opportunity that this will provide to examine the most appropriate indicators of progress, recognizing that these would always need adaptation to meet national needs. The TAG also appreciates that this guide will serve as the basis for a revision of the programme manager's course itself.

10.7.3 The TAG approves the manner in which the results of Focused Programme Reviews can be used in the development of this working group's activities, and the development of a global training strategy was a good example of this process. Problems and planned actions identified in these reviews can provide guidance for the Programme's recommendations on optimal methods for achieving training targets.

10.7.4 The TAG strongly recommends that the results of the first set of Focused Programme Reviews be analysed as soon as possible, so that findings can be utilized to prioritize the Programme's future emphases. These findings should also be shared with countries in the near future. (See also 10.3.9 and 10.4.7.)

10.7.5 The TAG considers the development of the training course on management of the sick child to be a highest priority activity, and urges the Programme to give particular attention to this. The TAG will follow with interest the development of this course.

10.7.6 The TAG welcomes the emphasis being given by the working group to the development of guidelines on country data management systems, since the rational use of attainable data for decision-making has been a long-standing need of countries in all public health areas.

10.7.7 The revision of both the household and health facility surveys to incorporate measurement of ARI and breast-feeding activities was felt to be a Programme activity of particular importance, and the TAG urges that these be completed as soon as possible. (See also 10.3.15.)

10.7.8 The TAG recommends that the Programme give increased attention to methods for measuring Programme impact, now that simple surveys to assess mortality have been shown not to be feasible in routine programme evaluation. (See also 10.3.23.)

10.7.9 While recognizing the importance of training, the TAG expresses its conviction that monitoring and supervision of trained health staff are essential means of reinforcing the skills initially acquired through training. For this reason the TAG approves the plans of this working group to develop monitoring indicators and methods.

10.7.10 The TAG suggests that the Programme consider applying research methodologies to more of the issues being addressed by this working group, where appropriate. Methods of monitoring performance may be a particular subject where formal research methods are useful. The TAG recognizes that the current level of funds proposed for research in this working group are very limited and recommends that additional funds be made available as needed in future budgets.

10.7.11 The TAG recognizes the need to postpone cost-effectiveness activities as a priority for this working group at the current time but recommends that consideration be given to including these as a working group priority in the future.

10.8 Budgetary matters

10.8.1 The TAG, having approved the revised 1992-1993 budget at its last meeting, now approves the final revised version, noting that this budget of US\$22.3 million represents a 12.4% decrease from the earlier version.

10.8.2 The TAG is concerned that extrabudgetary contributions to the Programme have declined in the current biennium, and urges the Programme to take steps to correct this situation. Current contributors should be encouraged to maintain and, as far as possible, increase their contributions, and new contributors should be sought.

10.8.3 The TAG considers that the Programme has taken seriously the commitment of most countries, including those contributing to the Programme, to the goals of the 1990 World Summit for Children. The Programme's contribution to achieving these goals cannot be maintained without adequate financial resources. The TAG, therefore, urges the Programme's donors to seek all possible means to restore and increase support to the Programme. It also urges the Programme to seek new contributors.

10.8.4 The TAG approves the proposed 1994-1995 budget of US\$26.8 million, and believes that, as the first budget reflecting the new Programme structure, it presents an acceptable balance between the "research and development" and the "programme implementation" components. The TAG notes that unless the Programme is able to obtain significant additional resources, the proposed 1994-1995 budget cannot be fully funded and progress

towards the Programme's targets will be severely jeopardized. The TAG recommends that the Programme prepare a contingency plan for the eventuality that the budget will need to be reduced. This should aim to maintain the distinctive role that WHO plays in relation to other partners in diarrhoeal disease control.

11. NEXT MEETING OF THE TECHNICAL ADVISORY GROUP

The TAG decided to hold the next meeting on 14-18 March 1994 at WHO Headquarters in Geneva. It was agreed that particular emphasis would be placed on certain topics as identified in the conclusions and recommendations, and where appropriate, special presentations would be made on these topics.

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