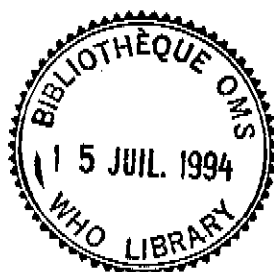


Diarrhoeal Disease Control Programme

Report of the fifteenth meeting of the **TECHNICAL ADVISORY GROUP**

Geneva, 20-23 April 1994

This report contains the collective views of an international group
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1. INTRODUCTION

The fifteenth meeting of the Technical Advisory Group (TAG) of the Diarrhoeal Disease Control Programme (CDD) was held in Geneva on 20-23 April 1994. Dr J. Tulloch, Director, opened the meeting and explained that it was being convened later this year to permit the executive committees of the CDD and the Programme for Control of Acute Respiratory Infections (ARI) TAGs to consider together the draft report of the External Review Group entitled *Evaluation of the World Health Organization's Programmes for Control of Diarrhoeal Diseases and Respiratory Infections in Children*. Comments on the draft report would be conveyed to the Meeting of Interested Parties in June by the TAG Chairman, Dr Sverre O. Lie, on behalf of the CDD TAG. Dr Tulloch thanked the four CDD TAG members present for agreeing to constitute an executive committee.

The Report of the 1993 TAG meeting identified certain topics on which the TAG requested further information. Particular emphasis was therefore placed on these issues with special presentations on: assessing programme impact on mortality; developing methods for monitoring and supervision to ensure better performance of health workers; findings of focused programme reviews conducted to date; a joint WHO/UNICEF policy on ORS production and procurement; and development of the training course on the integrated management of childhood illness.

Professor Sverre O. Lie was invited to preside over the meeting and Professor John Hamilton, the retiring Chairman, was commended on, and thanked for, his past guidance and support.

2. OVERVIEW OF PROGRAMME STATUS

Dr Tulloch updated the TAG briefly about the reorganization of the CDR Division. The CDD and ARI Programmes' research and development activities are now being coordinated under three working groups covering, respectively: prevention; case management in the home; and case management outside the home and national programme management. In addition, each Programme continues to support national programme implementation. The working groups are now listing the research and development issues they are currently addressing (in relation to CDD, ARI and integrated management of childhood illness) and those which could be addressed. By 1 June 1994, this listing will be completed and the necessary prioritization will be made taking into account the recommendations of both TAGs and of the External Review.

Thirty-four new projects were funded in the biennium in 16 countries, following review by a total of 85 external advisers with expertise in 14 areas. Of the new projects, 12 related to infant feeding and nine to case management delivery. Two expert consultations were held on: intervention research related to hygiene behaviour (with CWS), and improved complementary feeding (with NUT).

The results of more than 10 years of research into an improved ORS were summarized for publication in 1993. Rice-based ORS had shown the most promise and evidence from studies supported by the Programme suggests that a rice-based formulation is superior in cholera patients of all ages and should be used wherever this is convenient. However, in acute non-cholera diarrhoea in children less than 5 years, a meta-analysis of all available data showed that rice-based ORS has no benefit over glucose-ORS.

The work on improved ORS repeatedly underlined the importance of osmolarity. This led the Programme to start trials on a low-osmolarity ORS. A four-country study has compared low osmolarity ORS (240 mmol/l) with standard WHO ORS (310 mmol/l). It found that stool output and proportion of cases requiring IV therapy was reduced in the children receiving low osmolarity ORS. However, serum sodium decreased and urine output increased in these cases

suggesting sodium concentration (60 mmol/l) was too low. A 75 mmol/l sodium ORS is now being tried in children in Egypt and in adult cholera cases in Indonesia.

The WHO/ADDR six-country study of a treatment algorithm for persistent diarrhoea was finished in June 1993. The results were analysed in a meeting in Mexico in November 1993. Despite the severe presentation of cases, the algorithm's success rate was 88%. Studies are now needed to look at its use under more typical health service delivery conditions.

Other case management research completed during the biennium yielded useful results. A meta-analysis of all available studies showed that milk feeds do not need to be diluted. In Guatemala, pivmecillinam was shown to be effective for treatment of shigellosis in children. Cotrimoxazole was shown not to be of benefit in the routine treatment of persistent diarrhoea in a study in Peru. Reanalysis of a large data set from Bangladesh showed that mothers' use of ORT was positively associated with exposure to interpersonal communication on ORT, severity of the diarrhoea and the presence of watery diarrhoea.

Other ongoing case management research topics include the safety and efficacy of norfloxacin for shigellosis in children, the impact of zinc supplementation on the course of persistent diarrhoea and the subsequent incidence of diarrhoea and ARI, the determinants of continuing and correct use of ORS and the question of whether increased fluid intake, particularly of food-based fluids, leads to decreased food intake during diarrhoea. Rational use of drugs in diarrhoea case management was the topic of research studies in Brazil, Guatemala, Nepal, Pakistan and Peru, all reported on in the Programme's biennial report.

Research related to the promotion of breastfeeding has been given considerable attention since the Programme became more interested in this important preventive intervention a few years ago. A study in Brazil showed that lactation management training improved health worker compliance with good practices and increased duration of breastfeeding by the mothers they counselled. Lactation counselling targeted at mothers of infants admitted with diarrhoea, with home follow-up, is being studied in Bangladesh; the implementation of breastfeeding policy and the effect of the social environment on breastfeeding are being studied in separate studies in Turkey. A breastfeeding situation analysis has been completed in Ethiopia and another planned in China using an instrument developed for the Programme.

One completed study in Pakistan examined the effects of lactation counselling on exclusive breastfeeding rates. Among infant-mother pairs attending breastfeeding counselling sessions almost 70% were exclusively breastfeeding after three months. Thirty-nine percent of mothers reported "insufficient milk" as the main problem that the health workers needed to address through counselling. A similar study in Brazil of lactation support clinics showed that breastfeeding rates at 1 month and 4 months were higher among those attending the clinics than among those who did not. These are encouraging findings, particularly given the Programme's investment in training health workers in lactation counselling.

Research efforts on breastfeeding are complemented by research on the promotion of improved complementary feeding. The timing of initiation of complementary feeding was studied in Honduras and the results are expected this year. Studies in Jamaica and Peru have demonstrated the importance of energy density of food in ensuring adequate energy intake. The Jamaican study showed that use of a porridge thinned by the addition of amylase reduced feeding time but did not improve energy intake compared with use of a thick porridge. A study in Guatemala aims to increase total energy intake by increasing feeding frequency; food hygiene behaviours are being studied in Burkina Faso and Guatemala.

A study in Brazil of vitamin A supplementation in home visits showed significant reduction in diarrhoeal prevalence over the four-month intervals between doses. A study of vaccination-linked vitamin A supplementation is being initiated.

The Programme continued to support work on the development of vaccines against the main diarrhoeal pathogens, the most significant involvement being in field trials of vaccines against rotavirus and the cholera vibrio. The search for a more effective vaccine against cholera was made more complex by the emergence of a *Vibrio cholerae* O139, a second serotype causing epidemic cholera. A trial of the CVD 103 HgR live vaccine against *Vibrio cholerae* O1 has started in Indonesia and a similar trial of killed whole-cell recombinant B subunit vaccine is likely to start soon in Peru. The developers of cholera vaccines are working on combined O1/O139 vaccines.

In the area of programme implementation, reviews in 12 countries led to reformulation of the plans of action. Five new countries developed plans during the biennium: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. Five regional meetings were held in 1992 with national programme managers and WHO and UNICEF staff. Development of a planning guide started in 1993 and will continue as a joint CDD/ARI development activity in 1994. Collaboration with NGOs in planning activities was realized in several countries, for example, with the Red Cross in the newly independent States of the former USSR.

The biennium saw the completion of a range of important training materials. These were on: advising mothers on management of diarrhoea in the home; strengthening the teaching of diarrhoeal diseases in medical schools and in basic training programmes for nurses and other health workers; clinical skills, as a self-instructional course; improving diarrhoea treatment practices of pharmacists and licensed drug sellers; and breastfeeding counselling.

Support to training courses continued and the increase in case management training seen in 1992 was sustained in 1993. In fact, in the biennium, over 2000 case management courses were reported to WHO. Programme manager and supervisory skills training also continued. The clinical training courses included 72 national and eight intercountry training of trainers courses, while a training workshop for international consultants in clinical and communication skills was held in India. Workshops for teachers in medical schools were held in Egypt, India and Viet Nam and two intercountry workshops to train consultants for medical schools' activities were held in the Dominican Republic and Zambia. The Programme now has a broad range of excellent training materials and is developing a strategy for training to achieve their most effective use.

The Programme, with UNICEF, assisted 18 countries in the production and supply of ORS including increased collaboration with private sector manufacturers. Guidelines on acceptable limits of ORS composition were issued, recognizing that rigid adherence to one single formulation was unlikely to be accepted, at least in the commercial sector. Total ORS supply in the developing world increased slightly in the two years 1991-1992; most came from local production. UNICEF continued to provide ORS, most of which went to the African continent where it accounted for around 60% of all available ORS. By contrast, the South-East Asian Region is almost entirely self-sufficient.

The newly completed *Advising Mothers* guide methodology has been applied in eight countries since the start of its development. Consultants were trained in the use of the training course in 1993 and it is being progressively integrated into countries' clinical training activities. A guide for effective use of radio in CDD-related communication was developed and field-tested. An evaluation of the effect of training using the *Advising Mothers* approach in two provinces in Viet Nam showed that use of aides to communication and demonstration increased greatly in health worker-mother communication in both provinces.

The activities of the Global Task Force on Cholera Control continued under CDD coordination. All WHO regions (except the European region) conducted cholera control activities in 1993 as a result of continuing or newly occurring epidemics. *Vibrio cholerae* O139 emerged as a new cholera-causing organism leading to large epidemics in Asia. In Africa, in addition to the problem of cholera control, major epidemics of shigella dysentery with high case fatality rates occurred. In response, a multi-donor epidemic diarrhoea control initiative was launched in southern Africa.

In the area of national CDD programme evaluation, 37 household surveys of diarrhoea case management were conducted in 20 countries, including six integrated CDD/ARI surveys using a revised combined manual. Median values from 76 household surveys in 36 countries conducted since 1990 were 57% for use of ORS or a recommended home fluid, 32% for cases receiving increased fluids and 21% for those receiving both increased fluids and continued feeding. The six more recent integrated surveys yielded a somewhat higher rate for fluids and feeding of 34%.

Sixteen health facility surveys were also carried out in addition to 20 programme reviews, including 12 focused programme reviews using a newly completed methodology. Results from health facility surveys for four programme indicators are low but criteria are stringent. They indicate that efforts in training need to be continued, intensified and followed up with adequate monitoring of performance.

Globally, the upward trend in the ORS access rate continued, to 75%, and the indicator that used to be considered as ORT (use of ORS and/or a recommended home fluid) reached 51%. The Programme now insists on an increased total fluid intake as the definition of ORT and links this with continued feeding. An estimated 59% of mothers know to increase fluid intake and continue feeding during diarrhoea. However, only 11% know the rules of home treatment *and* when to seek care. An estimated 20% of cases treated in health facilities are correctly rehydrated. Training coverage is estimated to be 27% for case management training and 37% for supervisory skills training.

As in previous years, programme activities were carried out in collaboration with many partners including governments of countries with CDD programmes, bilateral agencies, UNICEF and other UN agencies, NGOs, professional associations and academic and research institutions.

Dr Tulloch reported that 1992-1993 was the first biennium in the history of the CDD Programme when demand significantly outstripped resources available. In response, the 1994-1995 budget was lowered and the Programme's aims and way of operating adjusted to the more limited resources. It is hoped, nevertheless, that the Programme will be able to carry out essential research, development and implementation activities and to maintain progress in 1994-1995.

3. UPDATE ON THE DEVELOPMENT OF THE WHO/UNICEF TRAINING COURSE ON MANAGEMENT OF CHILDHOOD ILLNESS

Dr S. Gove, Chairperson of the CDR working group on case management outside the home and national programme management, made a presentation to a joint session of the CDD and ARI Programmes' TAG executive committees on this subject. Progress on the development of a training course for first-level health facility workers has been good although slower than initially anticipated due to the need to resolve certain technical questions essential to the development of materials. The status of this activity is fully summarized in document CDR/TAG/94.1 *An integrated approach to management of childhood illness: Development and research activities and research priorities. Update 4 March 1994* which was made available to the TAGs.

4. CONSIDERATION OF THE REPORT OF THE EXTERNAL REVIEW

The TAG, in referring to the report of the 1993 Meeting of Interested Parties, recalled that an independent external review of the Programme had been requested. The TAG members were informed that a Working Group consisting of 10 representatives of donor countries and organizations and of countries with diarrhoeal disease control programmes had selected a six-person team to conduct the review. Data collection, including field visits, had now been completed and a first draft of the External Review Group's report was made available to the TAG for review. After reading the report, the TAG members met with an executive committee of the ARI Programme's TAG for joint discussions and formulation of comments and suggestions for possible consideration by the External Review Group when finalizing the report. These comments are included in Annex 1.

5. PROGRESS REPORT ON COUNTRY PROGRAMME IMPACT ASSESSMENT

The TAG heard that support had been provided by the Programme for the implementation of programme impact evaluations in Brazil and in the Philippines, and that generic guidelines were being developed for planning such evaluation processes.

A project was supported to evaluate the health impact of efforts to promote improved case management of diarrhoea in north-east Brazil. Data from different sources were used to assess the plausibility of an impact of improved diarrhoea case management on mortality in the nine states in that region. Infant mortality fell from 32% of total mortality in 1980 to 17% in 1989. Over the same period, the percentage of infant deaths attributed to diarrhoea dropped from 41% to 25%. These trends resulted in a 57% reduction in infant diarrhoea mortality. Data from the nine major paediatric hospitals in the region show that diarrhoea admissions fell from 57% of infants seen in 1980 to 30% in 1990. Admissions due to other main diseases either remained stable or increased in relative terms. No evidence was found that suggested significant shifts in the population served by the hospitals over the same period.

It was reported that the use of oral rehydration therapy (ORT) for the case management of diarrhoea was introduced in the north-east in the early 1980s. By 1991, following intense national programme activities, ORT was used in 35% of all episodes and in 62% of episodes judged by the mother to be severe. Other important changes also observed during the decade that could have affected diarrhoea mortality included a worsening of socioeconomic conditions, increases in water supply, vaccine coverage and breastfeeding prevalence, and a reduction in the prevalence of malnutrition. It was estimated that these changes would have resulted in a 21% decrease in infant mortality due to diarrhoea, with the positive influences more than offsetting the effects of the worsening economic situation. Thus about two-thirds of the observed decline in mortality would remain unexplained by major interventions other than improved case management.

The TAG heard that an increase in ORS distribution was associated with reductions in proportionate mortality due to diarrhoea in infants and that at state level, higher ORT use rates were associated with lower proportions of infant deaths due to diarrhoea. Although shortcomings in the data available and the consequent constraints in the methods of analysis were recognized, it was suggested that the weight of evidence pointed to an important impact of the improved diarrhoea case management promoted by the national programme on the level of diarrhoea mortality in the region.

In the Philippines, support has been provided for an impact evaluation. A steering committee, composed of members from the Ministry of Health, universities and research institutes is coordinating the evaluation efforts.

Guidelines are being developed to assist countries considering impact evaluation activities. They include recommendations on the requirements for a successful evaluation, its general design, methods and sources of data, dealing with likely measurement challenges, the analysis and interpretation of information and reporting of the evaluation findings.

6. PROGRESS REPORT ON METHODS FOR MONITORING HEALTH WORKER PERFORMANCE

The TAG heard a report on the Programme's recently initiated work on promoting and maintaining the quality of diarrhoea case management in first-level facilities which is critical to the achievement of national and global targets. National programme experience suggests that in addition to receiving formal training, health workers must be supported in their workplace through monitoring and supervision. The Programme is developing an approach to monitoring that is based on the following elements: clear and specific performance standards for both health workers and facilities; effective planning as the basis for monitoring; and rapid and constructive use of monitoring results to improve service quality.

It is not feasible to monitor regularly all aspects of the case management algorithm and the facility supports needed to implement it. For most facilities, priority items to be monitored might initially include key elements of health worker performance (e.g. correct assessment and treatment of children with diarrhoea), selected facility supports for appropriate case management including the availability of ORS, and basic service statistics such as the number of children with diarrhoea seen in the facility, their classification, and the treatment given.

The Programme will refine the approach and further define the tools and supports needed by country programmes over the coming months. The exact nature of the products will be defined as a part of the development process, but is expected to include a series of tools and methods to support facility-level monitoring, and guidelines for implementation and training. Because relatively little previous work has been done in the area of monitoring of CDD case management at first-level facilities, special efforts will be made to involve district- and facility-level staff in the development and field-testing of the approach and related products. In addition, a series of ongoing meetings with other Programmes (e.g. EPI) that have worked to improve facility-level monitoring will ensure that CDD programmes take advantage of lessons learned in the past.

7. ANALYSIS OF FINDINGS OF THE FOCUSED PROGRAMME REVIEW

Following a recommendation made by the TAG in 1993, this year's TAG was informed of the progress that has been made in implementing the Focused Programme Review (FPR) method that had been developed in 1991. This method, which is conducted in two phases, was designed to be more problem-specific, data-based, action-oriented and structured (compared with the method previously used, the Comprehensive Programme Review). Phase I of the FPR is a one-week desk review, in which a small team of national programme staff reviews available data and identifies progress and constraints towards programme targets. Four to five priority problems are normally selected for Phase II, which is a two-week in-depth examination of these problems leading to the identification of practical solutions and the development of a workplan. The TAG heard a brief summary of the experience gained in applying the method in 13 countries (Bangladesh, Cameroon, Congo, Egypt, Ethiopia, Indonesia, Kenya, Morocco, Niger, Pakistan, Sri Lanka, Viet Nam and Zimbabwe).

It was reported to the TAG that there were four constraints that accounted for nearly 75% of all issues taken to Phase II - programme management, training, supervision, and information-education-communication. During Phase II, country review teams used a wide variety of data collection strategies to obtain additional information. It was also noted that the involvement of external resource persons from WHO, UNICEF, NGOs and bilateral donor agencies was common to all FPRs and that it provided a good opportunity for workplans to be developed jointly with national programmes. In all countries where the method was applied, the FPR led to the identification of solutions which were incorporated into workplans of national CDD programmes. In short, experience with the use of the FPR to date has been positive; the FPR provides national CDD programmes with a cost-effective method for evaluating programme progress and examining a limited set of programme constraints in detail.

8. JOINT UNICEF/WHO POLICY ON SUPPORT TO ORS PRODUCTION AND PROCUREMENT

A proposal for a joint UNICEF/WHO policy on ORS supply was submitted to the TAG. The document suggests that the organizations should expand their scope of activities to "*ensure an adequate ORS supply in the world through approaches which promote self-reliance as well as the gradual decrease of external support*". Four general principles are proposed for achieving this objective:

- stimulation of demand and ensuring availability;
- favouring local procurement over importation, wherever this is cost effective;
- maintaining functional production units established with the assistance of UNICEF or other international agencies; and,
- improving the standard, quality and presentation of locally produced ORS.

9. FINANCIAL MATTERS

9.1 Financial report for the 1992-1993 biennium

The resources available to the Programme in 1992-1993 (US\$ 19.3 million) were US\$ 1.6 million less than in the 1990-1991 biennium. The number of contributors, however, had increased from 17 to 20. Actual obligations increased US\$ 800 000 to US\$ 21.7 million, with 45% of total obligations occurring at the regional and country levels.

The overall financial position of the Programme at the end of 1993 was less favourable than in the past, with the carryover reduced from US\$ 4.7 million at the start of the biennium to US\$ 2.3 million. Past programme experience suggested that a carryover of approximately 20% is needed, and the current figure is below that level.

9.2 Revised budget for the 1994-1995 biennium

In 1993, the TAG approved the 1994-1995 budget of US\$ 26.8 million, but expressed concern that it might be necessary to reduce the budget if adequate funds were not available. This had turned out to be the case, and the Programme had prepared a revised budget of US\$ 17.8 million, 34% less than the original amount. Reductions had been made in all programme areas, with a somewhat greater proportionate reduction in implementation than in

research and development funds. It had been necessary to reduce staff in Headquarters; some current country positions would be abolished during the biennium.

Given the uncertainties of funding, the Programme did not consider that it was meaningful to prepare a preliminary 1996-1997 budget at the present time.

10. CONCLUSIONS AND RECOMMENDATIONS

As mentioned above, the TAG met as a small executive committee of four persons as had been previously agreed. It reviewed the recommendations of the 1993 TAG and found most of them to be still pertinent and adequate as a framework for continuing progress in working on the Programme's priorities. These are included in Annex 2.

10.1 General conclusions and recommendations

10.1.1 The TAG commends the Programme for the quality of the documentation for the meeting including the excellent Ninth Programme Report, 1992-1993. It took notice of particular areas of achievement, including those covered by the special presentations each specifically requested by last year's TAG and each showing significant progress.

10.1.2 The TAG congratulates the Programme for its important achievements which, it believes, have led to significant improvements in case management practices at both the household and facility level. It also commends the Programme for its willingness to adapt as new knowledge becomes available and for its close relationship with national CDD Programmes, including the grassroots level, that allows it to be responsive to country needs.

10.1.3 The TAG notes the new structure within CDR, in particular the reorganization of the previous five working groups (four CDD, one ARI) into three integrated CDR research and development working groups dealing with:

- Prevention;
- Case management in the home; and
- Case management outside the home and national programme management.

It believes that this organizational structure facilitates the promotion of research and development that respond to programme implementation needs. The TAG further notes that this trend towards greater integration between the two Programmes is also reflected in the conversion of medical officer posts at country level into combined CDD/ARI positions.

10.1.4 The TAG commends the Programme for focusing research on implementation issues, for its responsiveness to research findings and for its flexibility in incorporating these into its guidelines and policy recommendations. It welcomes the documentation of examples of the use of research findings included in the Ninth Programme Report. In addition, it recommends that the Programme document the evolution of its scope, structure, and accomplishments since its inception.

10.1.5 The TAG appreciates the Programme's leadership in strengthening management skills in national programmes and its continued attention to the setting of targets and the evaluation of progress towards them.

10.1.6 The TAG notes that for the first time since the Programme's inception, its resources were inadequate to respond fully to national programme requests for assistance. It expresses regret that some priority activities previously planned in countries could not be implemented and also that Headquarters staff posts have had to be abolished for the 1994-1995 biennium, further reducing the Programme's ability to respond to country needs.

10.1.7 The TAG compliments the Programme on its efforts to identify additional collaborative partners and financial resources to support both the continuation of in-country activities and research projects.

10.1.8 The TAG notes that the global burden of disease analysis of the World Bank's 1993 *World Development Report* confirms the importance of diarrhoeal diseases as a global health problem and that many of the conclusions of that report support the Programme's approaches and activities.

10.2 Consideration of the draft report of the External Review

10.2.1 The TAG recommends that its comments on the draft report of the External Review, prepared jointly with the ARI TAG, be forwarded to the External Review Team for consideration prior to the finalization of the document. (See Annex 1.)

10.3 Update on the development of the WHO/UNICEF training course on integrated management of childhood illness

10.3.1 The TAG congratulates the Programme on the progress that has been made towards the development of an integrated approach to the management of major childhood illnesses, the promotion of relevant research activities and the preparation of training materials. The TAG strongly believes that the progress made confirms the appropriateness of CDR's coordinating role in this initiative.

10.3.2 The TAG is encouraged by the plans to assess the feasibility of the strategy for integrated management of childhood illness including carefully examining whether health workers in first-level facilities can acquire the range of knowledge and skills covered in the course and apply these in their usual work setting.

10.3.3 The TAG endorses the plans outlined for related developmental activities and recommends that careful attention continue to be focused within the integrated approach on key health problems that contribute most to childhood mortality.

10.3.4 The TAG notes with satisfaction the strong endorsement given to the integrated approach to the management of childhood illness by the World Bank's 1993 *World Development Report*.

10.4 Progress report on country programme impact assessment

10.4.1 The TAG commends the Programme's efforts in assessing the impact of diarrhoeal disease control interventions at country level on health outcomes. The TAG feels that the results from the evaluation supported in Brazil provide strong evidence of programme impact and that its methods and results should be widely disseminated. It urges the Programme to continue to seek opportunities to assess programme impact in selected countries. The TAG welcomes the progress in the development of guidelines to facilitate the impact evaluation process as currently being applied in the Philippines.

10.5 Progress report on methods for monitoring health worker performance

10.5.1 The TAG is pleased to note the efforts of the Programme to address this high priority area and commends the Programme on taking the lead in the development of tools and methods for monitoring at health facility level aimed at improving the quality of care. The TAG believes that relevant experience gained in focused programme reviews conducted by national programmes would provide an opportunity to increase the understanding of possible approaches and practical constraints to monitoring.

10.5.2 The TAG expresses interest in seeing that the applicability and feasibility of the new methods are demonstrated on a large scale in a few countries before being widely promoted.

10.6 Analysis of findings of focused programme reviews (FPR)

10.6.1 The TAG commends the Programme for having completed the development of this problem-solving management tool and believes that the process could be meaningfully applied by other programmes.

10.6.2 The TAG notes with satisfaction that the experience with the FPR method as applied in 13 countries was consistently positive. The TAG also notes that the objectives of the development of this method appear to have been well met.

10.6.3 The TAG expresses concern that additional methods to strengthen management capacity at country level need to be considered and recommends that the development of planning guidelines, currently under-way, be accelerated.

10.7 Joint UNICEF/WHO policy on support to ORS production and procurement

10.7.1 The TAG recommends that WHO continue to collaborate closely with UNICEF in optimizing local ORS production including through the private sector and in ensuring sustainability of supplies in all developing countries.

10.8 Financial matters

10.8.1 As mentioned above (10.1.6), the TAG notes with considerable concern that the Programme's resources decreased between 1990-1991 and 1992-1993. The TAG commends the responsible management of the decreased funds available, including the necessary use of carryover funds. However, it notes that the carryover into 1994 was at a level below that needed to deal with cash flow uncertainties.

10.8.2 The TAG endorses the revised 1994-1995 budget of US\$ 17.8 million, a 34% reduction from the original budget for this period, as is consistent with the Programme's current funding situation. The TAG regrets, however, the implications of this reduction, including reduced activities in both implementation and research and development, and a reduction in staff. Within this budget, the TAG approves the current balance of funds among programme elements.

10.8.3 The TAG strongly urges all concerned agencies to do all that they can through both multilateral and bilateral channels, to provide support for the Programme which it believes offers donors an exceptional opportunity to contribute to significantly reducing childhood mortality and morbidity. It also urges the Programme to continue to explore all possible sources of funding.

11. NEXT MEETING OF THE TECHNICAL ADVISORY GROUP

The TAG did not take a decision on the date of the next meeting. The size, duration and composition of this meeting will need to be determined taking into account the views of the Meeting of Interested Parties. If the current arrangements are continued, it should be a meeting of the full membership of the TAG and would give special attention to:

- the response of the 1994 Meeting of Interested Parties, and of the Programme, to the recommendations of the External Review;
- the priorities and plans of the three CDR working groups including a further update on progress of the development of the integrated approach to the management of childhood illness.

ANNEX 1

COMMENTS OF THE TECHNICAL ADVISORY GROUPS OF THE CDD AND ARI PROGRAMMES ON THE DRAFT REPORT OF THE EXTERNAL REVIEW OF THE PROGRAMMES, 20 APRIL 1994.

This was the first occasion since the inception of the two Programmes on which members of both TAGs had met together. This provided an opportunity to identify common strengths of the Programmes, on which future developments could be based. The TAGs feel that the External Review Report could better describe this solid base and in this way justify its recommendations for future support to the Programmes.

Following are a number of general and more specific comments made by the TAGs members:

1. General comments

The TAGs feel that many of the findings, conclusions and recommendations in the report would be stronger if substantiated by a short description of their basis. This applied to praise and criticism of the Programmes and to suggestions for change.

The TAGs feel that the terms of reference of the review had outlined specific issues which were not all addressed by the report. The terms of reference may also provide a useful structure for the report.

The TAGs feel that the Programmes provide models both in scope and structure which could usefully be considered by other WHO Programmes. This aspect could be given more prominence in the report.

The TAGs also feel that the conclusions and recommendations of the report would be more convincing to the reader if they were placed near to, or in some way linked with, the relevant findings of the review. The findings, themselves, appear often to be conclusions rather than descriptions.

2. Programme achievements and positive attributes

The TAGs are pleased to see the positive statements made about the Programmes and feel that these could be supported by some specific examples. The TAGs offer the following suggestions of positive aspects of the CDD and ARI Programmes:

- the focusing of attention on the two major killers of children, establishment of national control programmes in most developing countries and the wide promotion of standard case management;
- the careful documentation of the scientific bases for all programme policies and approaches;
- the willingness of the Programmes to change their guidelines and approaches as new information became available;
- the generally good relations with countries achieved through frequent contact and careful selection of regional and country staff, including APOs;

- the emphasis given to maximizing support for country programmes including strengthening of programme management, and the provision and promotion of training and evaluation guidelines;
- the setting of targets, openness in recognizing when targets were not being achieved and careful reformulation when needed;
- global leadership in definition of indicators of programme performance and commitment to monitoring and evaluation;
- the careful attention given by the Programme to high quality training involving experiential learning;
- the serious attempts made by the Programmes to understand relevant household behaviours in order to improve communication with families;
- the Programmes' approach to research capacity building through assistance to developing country researchers to conduct projects on high priority topics, with full support in study design, monitoring, data analysis and report writing, as well as financial support.

The two TAGs also feel that the Programmes have evolved very significantly since their inception and that this was worthy of mention. Examples of this include:

- evolution of the CDD Programme from a near-exclusive focus on ORS to an approach favouring increased fluids and continued feeding in the home as well as effective treatment for dysentery and persistent diarrhoea;
- evolution from a researcher-determined research agenda to one meeting the needs of programme implementation;
- evolution from a classical research management structure based on fixed scientific working groups to one ensuring the involvement of a broader range of advisers with specific expertise pertinent to studies being considered for funding;
- identification by systematic scientific review of cost-effective preventive interventions and their incorporation into programme activities, for example, the identification of breastfeeding promotion as a priority and the recruitment of staff to work in this area.

The two TAGs feel that the high quality technical documents issued by the Programmes, including description of the technical bases of the Programmes' recommendations as well as training and evaluation guidelines, were some of the major achievements and suggest that they deserve both comment and listing in an annex to the report.

3. Comments on findings

The two TAGs feel that they should not comment extensively on the findings of the External Review, not having participated. They feel, however, that this section could be made clearer by substantial editing, particularly bearing in mind questions that were likely to be raised by the current wording. As an example, the two TAGs feel that paragraph 3 on page 13 concerning the impact on diarrhoea diseases credited to the Programme was likely to raise questions. In particular, what is the evidence for such an impact given the admission, in the same paragraph, that reliable measuring instruments are not available?

The TAGs request that the basis for the statements in the second paragraph on page 16 concerning the TAGs be fully stated. These statements appear to imply that the TAGs may influence in a biased way the allocation of funds. While the TAGs approve the biennial budgets they do not decide on allocation of funds to individual countries or institutions. Concerning the second last sentence of this paragraph, the TAGs wish to point out that many of the ARI and CDD TAGs' members have had direct experience with national programme implementation. Many of those who do not have this direct experience are aware of the nature, constraints and needs of national programmes although they may be selected for other specific areas of expertise, in particular in research.

4. Comments on recommendations

The two TAGs suggest that it would be helpful if it was made clear to whom each recommendation is directed. Recommendations to national programmes would appear less relevant in this context than those directed to WHO and the international donor community.

The two TAGs welcome **Recommendation 1** but feel that this recommendation in particular must be fully substantiated if donors are to take it seriously and increase programme funding.

The two TAGs feel that **Recommendation 2** could be interpreted as calling for a reorganization of WHO to bring under one authority a diversity of areas related to child health *and* diarrhoea more generally *and* health service management. The TAGs feel that the focused nature of the CDD and ARI Programmes has been one of their major strengths. They also feel that the informal Working Group on the Management of Childhood Illness and the Global Task Force on Cholera Control, both coordinated by CDR, are already successfully achieving the necessary collaboration. Structural reorganization may not be likely or even desirable.

Recommendation 3 proposes maintenance of separate CDD and ARI Programmes. As the recommendation is likely to be of particular interest to donors, the TAGs feel that the reasoning behind it should be clearly explained. The TAGs also feel that explanation of the recommendation for "temporary supplemental funds" for the integrated approach to childhood illness is needed, considering that this involves long-term developmental and implementation activities being undertaken jointly by the CDD and ARI Programmes.

Recommendation 4 implies that careful field-testing of the integrated approach is not being adequately considered. Discussions during the 1994 meetings of the TAGs have reassured their members that appropriate attention to field-testing *is*, and always has been, a significant part of the developmental plan.

The meaning of the second last sentence in **Recommendation 5** is felt to be unclear. This recommendation appears to be addressing more than one point and may usefully be divided.

Recommendation 6 would be stronger if it proposed *how* such collaboration should be achieved. The TAGs, through their knowledge of the history of the CDD Programme, understand that the permanence of officially designated collaborating centres has proved to be a problem in the past. Collaboration with a range of institutions, the selection of which changes as the Programmes' needs and the institutions' expertise evolve, has been shown to be a more flexible and helpful approach.

Recommendation 7 suggests that collaboration with UNICEF is inadequate. The TAGs feel that considerable effort has been made to secure such collaboration and feel that it would be helpful to explain in what way this collaboration could be improved. The External Review *seems* to be proposing greater UNICEF support for established training activities, with which the TAGs

would certainly agree, but this could be made more clear. The two TAGs feel the report should acknowledge, however, the crucial nature of WHO's continued involvement in training activities to ensure that development and revision of training materials are appropriate and meet the needs of the national programmes.

Recommendation 9. The TAGs express some doubt about the possibility of measuring disease incidence through surveillance systems in most developing countries. Attributable impact may also be very difficult to evaluate; however, the Programmes have shown a commitment to continued effort in this area.

Recommendation 11. The TAGs feel strongly that both Programmes have made reasonable attempts to involve the relevant scientific communities. The last sentence of this recommendation appears to the TAGs to be inappropriate as both Programmes appear to be fully aware of developmental research and ongoing or planned field trials of relevant vaccines and have made a policy decision, supported by the TAGs, not to give priority to the development of diagnostic tools.

Recommendation 12. The TAGs are concerned that the first sentence of this recommendation may be misinterpreted. Both Programmes involve a wide panel of advisers (e.g. 85 advisers in 14 disciplines in the CDD Programme) in the decision-making process on funding of research projects. The TAGs also comment that in the earlier years of the CDD Programme operational research had been managed by the Regional Offices and that this had proved not to be cost-effective. One of the lessons learned by the Programmes is that quality research management requires specific skills; these skills are not available among most of the Programmes' regional office staff who are selected specifically to provide support to national programmes.

Recommendation 13. For similar reasons, the TAGs feel that WHO Country Representatives may not be the best channel for obtaining participation of appropriate institutions in developing countries. However, the TAGs feel that the Programmes' focused programme review method, applied at country level, is a very useful tool for identifying research needs and, potentially, national collaborative partners.

Recommendation 14. This particular recommendation also requires a clear justification as it may be of particular interest to donors and WHO. The TAGs are concerned that it would be difficult for a single TAG, particularly if reduced in size, to maintain adequate technical expertise to cover research, development and implementation issues of ARI, CDD and integrated management of childhood illness. Particular attention would need to be given to this if the TAGs were to be combined.

Recommendation 15. The TAGs welcome the recommendation that more funds be directed to CDD and ARI control. However, they feel that they must emphasize the importance of funding the WHO Programmes adequately to enhance the likelihood that funds made available directly to countries and collaborating institutions would be appropriately utilized to achieve national and global objectives.

Recommendation 17. The TAGs commend the intentions of this recommendation, but feel that there are more appropriate ways to achieve this than through use of multicentre studies. The TAGs believe that the main reason for conducting multicentre studies is to increase the power and representativeness of a particular study, not "to broaden institutional linkages, enlarge research capacity and favourably influence national programmes". The management of multicentre studies is complex and time-consuming and they should be undertaken only when a single site is insufficient.

CONCLUSIONS AND RECOMMENDATIONS EXTRACTED FROM THE REPORT OF THE PREVIOUS MEETING OF THE TECHNICAL ADVISORY GROUP OF THE CDD PROGRAMME. GENEVA, 8-10 MARCH 1993

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.