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DIARRHOEAL DISEASE CONTROL
PROGRAMME

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บทอาท

DIARRHOEAL DISEASES CONTROL PROGRAMME

Global activities, 1983-1984

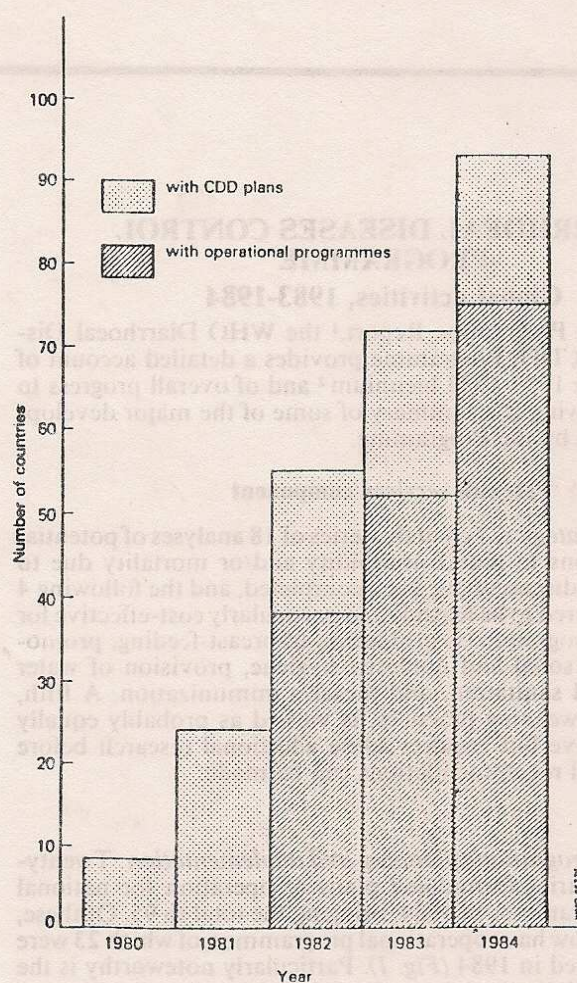
In its Fourth Programme Report,¹ the WHO Diarrhoeal Diseases Control (CDD) Programme provides a detailed account of activities in the 1983-1984 biennium² and of overall progress to date. The following is a summary of some of the major developments reported by the Programme.

Health services component

- *Control strategies:* Ten of the series of 18 analyses of potential interventions to reduce morbidity and/or mortality due to diarrhoeal diseases have been completed, and the following 4 are considered to be feasible and particularly cost-effective for national programmes: promotion of breast-feeding, promotion of personal and domestic hygiene, provision of water supply and sanitation, and measles immunization. A fifth, improved weaning practices, is viewed as probably equally cost-effective but requires some additional research before operational recommendations can be made.
- *National programme planning and implementation:* Twenty-three countries formulated plans of operation for national CDD programmes in 1984, bringing the total to 95. Of these, 75 (79%) now have operational programmes, of which 23 were implemented in 1984 (Fig. 1). Particularly noteworthy is the fact that plans have been formulated in 10 countries and implemented in 7 countries in the African Region. In 11 countries, national CDD plans were updated or revised in 1984.
- *Training:* The national Programme Managers Training Course was given on 8 occasions in 1984, mostly at national level; to date, a total of 981 persons from 128 countries (primarily developing nations) have participated in 28 courses. In addition, since September 1983, 35 Supervisory Skills Training Courses have been held in 26 countries, usually as national courses and sometimes as combined CDD/Expanded Programme on Immunization (EPI) courses; they were attended by 1 468 participants from 37 countries. Further courses on technical aspects were held, especially in the

area of clinical management. By the end of 1984, 12 regional training units for clinical management had been established, including 3 subregional units in the African Region, and national units had been set up in 31 countries. Work began on developing a new training package which will contain guidelines for organizing and conducting clinical management courses at such units. Efforts to strengthen the curricula of schools for nursing and paramedical staff continued with the holding of workshops in the Eastern Mediterranean and South-East Asia Regions. During 1983 and 1984, 4 briefing courses on CDD and EPI were attended by 47 UNICEF staff working in 27 countries.

Fig. 1
Development of national CDD programmes, 1980-1984



● **Development and production of oral rehydration salts (ORS):**

Clinical studies, many of which were supported by the Programme, have demonstrated that the more stable formulation of ORS containing trisodium citrate, dihydrate, is clinically as effective as ORS-bicarbonate, and recommendations for its use as the preferred alternative were issued in mid-1984 jointly by WHO and UNICEF. To facilitate ORS production in developing countries, prototype simplified automatic and semi-automatic dosing and packing machines have been developed and installed in 2 countries as models. A total of 41 countries or areas are now producing ORS, 12 of which are self-sufficient. UNICEF supplied 58.5 million packets to 73

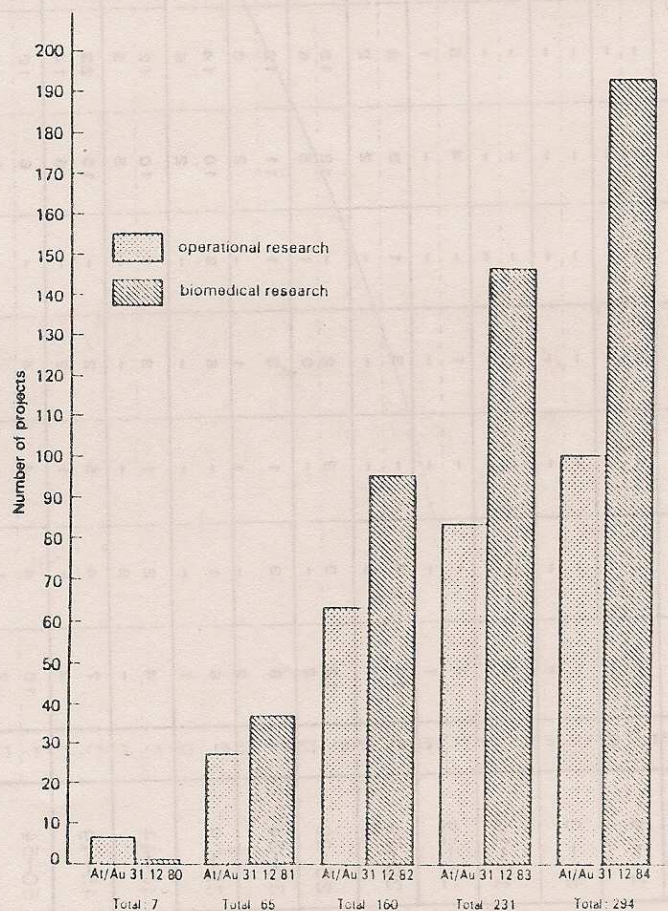
countries during 1984 and remained the major external supplier of imported packets worldwide.

- *Health education and promotion:* To date, some 54 countries are known to have carried out such activities. A film and poster have been produced to promote interest in Programme activities.
- *Evaluation:* Activities were significantly increased and included: improved data collection, through the Programme's management information system, on ORS and oral rehydration therapy (ORT) access and use, and on the numbers of potential and actual providers of ORS; 30 additional special surveys of diarrhoea morbidity, mortality, and treatment; 9 national programme reviews, carried out either independently or in collaboration with other programmes; and the testing of guidelines for assessing the cost-effectiveness of ORT. It is estimated that by the end of 1983 the minimum global ORS access and use rates were 21% and 4% respectively; this means that at least 250 million diarrhoea cases in children under the age of 5 years in developing countries have access to ORS and 50 million of them have been treated with ORS.

In its activities in the above areas, the Programme continued to collaborate actively with related WHO programmes and to play a coordinating role with an increasing number of other international and bilateral agencies.

Fig. 2

Research projects supported by the CDD Programmes, 1980-1984



DIARRHOEAL DISEASES CONTROL PROGRAMME (ต่อจากหน้า 466)

Research component

- *Meetings of Scientific Working Groups (SWGs) and Steering Committees (SCs):* The 3 global SWGs each met once during 1984 and reviewed a topic of major importance, namely: recent advances in research on cholera, active and passive immunity to rotavirus diarrhoea, and feeding during and after acute diarrhoea. Their SCs and all the regional peer review groups continued to meet to review research proposals and other activities in their respective areas.
- *Support of research projects:* In total, the global and regional groups awarded support to 63 new projects in 1984, bringing the total supported by the Programme to 294 (Fig. 2). These projects have been undertaken in 76 countries and 60% of projects are in developing countries. In the area of biomedical research, support has been awarded to 46 of 109 projects submitted during 1984. To date, a total of 193 biomedical projects have been undertaken in 55 countries in all WHO Regions; 49% are in developing countries. In the area of operational research, support was awarded in 1984 to 17 of 50 projects submitted; so far, 101 operational research projects have been supported by the Programme in 51 countries in all WHO Regions.
- *Research areas:* The broad research areas receiving priority support from the Programme continued to be: (a) clinical studies on ORT and feeding during diarrhoea—in particular, studies to develop a more effective ORS formulation that will reduce the volume and duration of diarrhoea; (b) studies of the best approaches to early home treatment and appropriate methods of delivery of ORT; (c) investigations of community and family practices regarding diarrhoeal diseases; (d) studies of etiology and epidemiology, including an etiology study undertaken in 5 centres which is strengthening the capacity of the participating institutes to carry out further clinical, epidemiological, and laboratory research; (e) development and evaluation of improved diagnostic laboratory procedures, including studies to develop a practical ELISA test to detect the heat-stable toxin (ST) of enterotoxigenic *Escherichia coli*, to improve commercial antisera for enteropathogenic *E. coli*, to evaluate a simple serotyping scheme for *Campylobacter jejuni*, and to develop a more accurate and simpler test to detect rotaviruses; (f) development and testing of vaccines, in which promising results with new vaccines against typhoid fever and rotavirus diarrhoea and improved prospects of finding an effective cholera vaccine have emerged; and (g) development and testing of existing and new antidiarrhoeal drugs.
- *Research training and institutional development:* Activities included the holding of additional workshops on the organization of clinical trials and on electron microscopy (to help discover new diarrhoeal agents) for investigators being supported by the Programme. In addition, 3 institution development grants were awarded to allow institutes to improve their facilities and capacity for conducting clinical trials; a similar grant was awarded to a fourth institute to help establish a vaccine testing facility.

General programme management

- The outreach of the information services was considerably expanded as a result of the increased circulation of the newsletter "Diarrhoea Dialogue" and of the Programme's technical and administrative reports, and the representation of the Programme at major international conferences and symposia.
- The Management Review Committee and Meeting of Interested Parties endorsed the current management structure of the Programme; gave emphasis to sound management in national CDD programmes; requested more qualitative and quantitative information on the impact of specific national programmes; and approved the priority being given to research on the development of practical control tools and the improvement of operational research.
- The actual budgetary obligations for the 1982-1983 biennium amounted to US\$ 11.5 million and a total of US\$ 13.7 million was received from 19 countries and agencies. The estimated obligations for the 1984-1985 biennium are US\$ 17.2 million.

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