AFR/RC42/R10: Programme on the control of diarrhoeal diseases

The Regional Committee,

Recalling resolutions AFR/RC35/R9 and AFR/RC38/R10;

Having considered the Regional Director's report on the Diarrhoeal Disease Control Programme;

Having been informed that:

(i) as at 1991, forty-two countries had developed CDD programmes;

(ii) access to oral rehydration salts increased from 38% in 1987 to 52% in 1989 and the oral rehydration therapy use rate increased from 19% in 1987 to 36% in 1989;

(iii) programme reviews and surveys have been undertaken to evaluate national CDD programme progress in 34 countries; and

(iv) training of health personnel has increased in all areas especially in case management.

Considering that diarrhoeal disease control includes both proper case management and prevention of diarrhoea;

1. EXPRESSES ITS SATISFACTION with the significant progress made in the implementation of national diarrhoeal disease control programmes;

2. EXTENDS ITS APPRECIATION to UNICEF, bilateral and other international, nongovernmental agencies, for their sustained collaboration and support to the CDD programme;

3. URGES Member States to intensify their commitment to diarrhoeal disease control activities as an integral component of primary health care, giving special attention to activities with impact on childhood mortality, such as case management training at the operational level and prevention activities in order to reduce diarrhoea morbidity;

4. REAFFIRMS that the establishment of a programme for effective diarrhoeal disease control should include multisectoral plans for the prevention and control of cholera and case management training as the best means to ensure the control of cholera epidemics in the Region;

5. REITERATES that it is necessary for programmes to emphasize continued breastfeeding, increased fluid intake, the use of potable water, good hygiene, proper disposal of faeces and immunization against measles for the prevention of diarrhoeal diseases;

6. FURTHER REAFFIRMS that treatment should consist of administration of oral rehydration fluids, together with correct advice on its use and appropriate feeding during and after diarrhoea, including referral when necessary;
7. REQUESTS the Regional Director:

(i) to pursue collaboration with Member States to strengthen national control programmes, through the promotion and support of training activities, with emphasis on case management courses at the operational level, communication activities and programme evaluations, in order to increase acceptance of oral rehydration therapy and to improve effective case management of the disease; this, in order to ensure the achievement of the regional targets of 80% access to oral rehydration salts and 60% use of oral rehydration therapy by 1995 for children under five years of age;

(ii) to reinforce collaboration with UNICEF, bilateral and international and nongovernmental organizations in funding and implementing programme activities;

(iii) to continue efforts to assist governments to mobilize resources for the implementation of programme activities by supporting; together with other funding partners, national donor planning meetings;

(iv) to keep Member States and the Regional Committee apprised of the progress made in the implementation of the programme on the Control of Diarrhoeal Diseases.

September 1992, 42, 17