



DIARRHOEAL DISEASES CONTROL PROGRAMME

Report of the Eighth Meeting of the
MANAGEMENT REVIEW COMMITTEE

(Washington, D.C., 23 March 1988)

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1. OPENING OF THE MEETING

The eighth meeting of the Management Review Committee of the WHO Diarrhoeal Diseases Control (CDD) Programme was held at the World Bank in Washington, D.C., on 23 March 1988. Dr B. Liese of the World Bank welcomed the participants on behalf of the host agency.

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

2. PROGRAMME PROGRESS AND PLANS

The Committee reviewed the activities carried out by the Programme in 1987, as described in the draft Sixth Programme Report, 1986-1987¹, and the plans for 1988.

In the services component, there are now 112 countries with plans for national CDD programmes; programmes are operational in 96 (86%) of these countries, whose population comprises an estimated 98% of the total population of the developing countries. Managerial and case management training continues to be a priority for the Programme, but a considerable effort will be required to achieve the Programme's 1989 targets in this area. Revisions of the Programme. Managers' and Supervisory Skills Training Courses were completed in 1987. Fifty-five developing countries are now producing Oral Rehydration Salts (ORS). A guide for national CDD managers on the planning, implementation and evaluation of communications in national programmes has been completed and will be used to develop national CDD communication activities. By the end of 1986, 59% of the developing world population had access to ORS and 23% of childhood diarrhoea cases were receiving oral rehydration therapy (ORT). More emphasis is now being given to the implementation of strategies to reduce diarrhoea morbidity, and as a first step the Programme has introduced modules on "Prevention of Diarrhoea" in its 2 above-mentioned training courses.

In the research component the Programme has continued to support research to develop ORS formulations that reduce the volume and duration of diarrhoea. Studies recently completed have provided convincing evidence that nutritional balance can be assured by maintaining food intake at a high level during and following acute diarrhoea, without adverse affects. The new Scientific Working Group (SWG) on Epidemiology and Disease Prevention has initiated studies of the risk factors for developing severe dehydration, shigellosis or persistent diarrhoea, and research to define the optimum means of delivery of interventions to reduce diarrhoea incidence such as improved weaning practices and better personal and domestic hygiene. Considerable progress has been made in the development of vaccines against typhoid fever, cholera and rotavirus diarrhoea. A particularly promising tetravalent rotavirus vaccine, composed of rhesus-human reassortant viruses, that can induce neutralizing antibodies against each of the 4 major human serotypes is being evaluated in controlled trials in 5 countries.

In the ensuing discussion the following comments and questions were put forth by the Committee:

- The Committee was generally satisfied with the content and format of the Programme report and the information provided on the status of the key Programme indicators in each country. The modifications that will be made to the country programme profile should help to improve the accuracy of the data reported by countries. The Committee also noted that the Programme had initiated efforts to develop a simplified and more accurate procedure for measuring mortality in under-fives.

A question was raised about the functions of Associate Professional Officers (APOs). It was explained that they generally assist the national CDD manager by carrying out specific tasks (e.g., conducting training courses). Most of them are assigned to least-developed countries. The APO contribution is generally highly valued, as evidenced by the frequent requests for their contract to be extended beyond the initial 1 or 2-year period.

¹ Unpublished WHO document WHO/CDD/88.28

- The Committee expressed interest in the research being carried out to clarify the relationship between Vitamin A status and diarrhoea, and the impact on diarrhoea morbidity of Vitamin A supplementation at community level and during diarrhoea. Such studies are needed to determine the best time for administration of Vitamin A.
- A question was raised regarding the Programme's activities to discourage the use of anti-diarrhoeal drugs. It was explained that a number of initiatives have been undertaken, including (a) widespread distribution of a review paper on the use of drugs in diarrhoea treatment, (b) distribution to all national drug regulatory bodies of information collected by the Programme from various sources on the use of anti-diarrhoeal drugs, (c) development of materials for medical students which emphasize the lack of efficacy and side effects of these drugs, (d) support of clinical trials of commonly available anti-diarrhoeal drugs (all of which to date have been shown to be ineffective), and (e) development of an improved ORS solution that diminishes stool volume and duration (and thus could be promoted as an "anti-diarrhoeal" solution). It is recognized that drugs are popular because mothers usually want a product that will stop their children's diarrhoea; thus a considerable educational effort is required to gain acceptance of ORT and continued feeding in preference to drugs. The Programme has the impression that the use of anti-diarrhoeal drugs in the public health service has decreased considerably in a number of countries, as governments are now purchasing them less often.
- The Committee welcomed the Programme's efforts to develop an improved ORS solution. However, it expressed the hope that, if such a formulation is found, it can readily be produced in the developing countries without undue reliance on the importation of any of the ingredients from abroad.

3. TECHNICAL ADVISORY GROUP: REPORT OF THE NINTH MEETING

The Committee reviewed the report of the ninth meeting of the Programme's Technical Advisory Group (TAG) which had taken place during the week of 14 March 1988.

The TAG commended the progress made by the Programme in reducing diarrhoea-associated mortality and noted with satisfaction its intention to increase activities related to the reduction of diarrhoea morbidity. It endorsed the Programme's overall policy of directing its support primarily to the strengthening of national capabilities and urged it to explore ways of reinforcing the support provided to country programmes by WHO regional and country offices. The TAG recommended that during the next 2 years the Programme should continue to give greatest priority to the support of managerial and technical training, communication activities and problem-solving exercises as the best means of achieving its 1989 targets.

As regards the research component, the TAG reaffirmed that the Programme should pursue the development of vaccines against the 5 diarrhoeal pathogens responsible for high mortality. It expressed strong support for the efforts being made by the SWG on Epidemiology and Disease Prevention to focus primarily on research designed to test the impact of specific interventions aimed at reducing diarrhoea morbidity. The Group noted with satisfaction the greater attention being given to clinical research on dysentery and persistent diarrhoea. It decided to review at its next meeting the activities related to research strengthening in the light of certain constraints being faced by the Programme in supporting high-quality research.

The TAG also made recommendations with regard to the Medium-Term Programme for 1990-1995, approved the revised 1988-1989 budget, and reviewed budget estimates for 1990-1991.

In the ensuing discussion the Committee expressed its agreement with the TAG's concern about the use of mass-media ORT campaigns in isolation as a means of "accelerating" CDD programmes in some countries. Some concern was also expressed about the accelerated EPI efforts which had impeded the progress of CDD and other primary health care programmes in a number of countries. The Committee agreed that the international agencies should increase their collaboration to achieve an optimal, integrated approach to communications. The joint development of a UNICEF/WHO training package on diarrhoeal disease control for UNICEF field

staff is a good example of such collaboration. Greater efforts are also required to improve WHO capabilities at the country level and to ensure that bilateral support to programmes is used to strengthen national capabilities and self-sufficiency.

The Committee expressed its satisfaction with the Programme's activities related to diarrhoea prevention, including those concerned with research. It hoped that the Programme would increase its collaboration with UNDP, UNICEF and the World Bank in the area of "water supply, health and hygiene".

4. MEETING WITH EXTERNAL REVIEW GROUP

Dr D. Sencer, Chairman of the External Review Group, presented a preliminary report of the Group's findings to the Committee, following the withdrawal from the room of the WHO representatives. This was followed by a lengthy discussion focussing on the specific terms of reference of the Review Group. It was agreed that the Group's report should be presented to the eighth Meeting of Interested Parties (MIP) on 30 June.

5. PLANS FOR DEVELOPMENT OF THE ACUTE RESPIRATORY INFECTIONS (ARI) CONTROL PROGRAMME

The Committee was informed of the status and plans for development of the ARI Programme¹. Since 1985 the Programme has developed a number of manuals, training modules and training aids for use in the implementation of national ARI activities. These focus primarily on a simplified approach to case management. By the end of 1987, ARI control programmes had commenced operations in 16 countries, mostly in Latin America. Mid-level training courses, which utilize 2 modules on case management, had been organized in 24 countries and attended by 532 participants. In the area of research, the Programme has collated the data available from 5 studies it has supported to examine the impact of the ARI case management strategy in young children. The results of these and 2 earlier studies revealed that mortality from acute lower respiratory tract infections was reduced by 19-62% and case fatality by 65-91% (except in one study where a similar reduction in mortality was found in the study and control groups).

In 1988, priority will be given to strengthening the technical content and the training aspects of the 2 mid-level modules and preparing modules for training programme managers in the planning, implementation and evaluation of national ARI programmes. In addition, a set of indicators for monitoring and evaluating national ARI programmes and tools for measuring these indicators will be developed. The Programme also plans to define priority topics for support in the areas of clinical, epidemiological and vaccine-related research. In the latter area, research will be managed in collaboration with the Steering Committees established by the Scientific Advisory Group of Experts for Vaccine Development (SAGE) under the Division of Communicable Diseases. The funding of the first projects is anticipated by the end of the year.

Since August 1987 the ARI Programme has been placed under the responsibility of CDD to facilitate their closer collaboration. The present ARI personnel consists of one professional and one general services staff member; in addition, there is a small amount of managerial and technical support from senior CDD staff. The budgets of the 2 programmes remain distinct.

The Programme received US\$2.3 million from 7 contributors, including WHO, in the 1986-1987 biennium. Its financial requirements for the 1988-1989 biennium are estimated to be US\$6.0 million.

The Committee expressed its overall approval of the approach being taken towards development of the Programme's services and research components. It believed that rationalization of the use of antibiotics and the early identification and referral of cases which require their administration will be critical aspects of ARI programmes. Thus, the implementation of an ARI programme needs to be considered as an indispensable part of any essential drug strategy. UNICEF and UNDP hoped that they would be able to provide support, respectively, for ARI national control programmes and research activities.

¹ Document WHO/ARI/88.1

The Committee was pleased to note that the planned research in vaccine development would be closely coordinated with the activities of the SAGE. It considered that it might be advantageous for all vaccine development programmes within WHO to work more closely together.

The Committee agreed that, for the time being, the CDD and ARI budgets should remain separate and distinct. Combining resources at this point might cause confusion among donors at a time when strong, unambiguous support is needed for both programmes.

6. FINANCIAL MATTERS

6.1 Financial report for 1986-1987

In 1986-1987, the total amount of funds received was 27% greater than in 1984-1985 and the number of active contributors increased from 22 to 23. Seven contributors provided support for either the services or the research component; the remaining contributions were unearmarked.

The actual obligations for 1986-1987, amounting to US\$17.7 million, were nearly US\$3 million or 20% greater than the obligations in 1984-1985. This amount represented 91% of the total amount budgeted, suggesting that the Programme's ability to predict the level of resources required is reasonably accurate.

In the services component, at the global and interregional level, less than the amount anticipated was required for staff salaries, since full staffing was not achieved until 1987. This saving was partially neutralized by an increase in the amount obligated for temporary staff and consultants. Less than the amount estimated was obligated for (a) development of "New strategies", since much of this work was carried out by the SWG on Epidemiology and Disease Prevention in the research component; (b) "ORS stock", since an in-kind contribution of stock was received from a Programme contributor (Finland); and (c) "Training courses", since the testing and revision of the Programme Manager's Course was not completed until late in the biennium. Modest cost savings were realized in "Development of training and educational materials", though all of the materials planned were in fact completed.

At the regional level, less than expected was required for "Planning, training and evaluation", since modification of national plans of operation has not yet become a major activity, and fewer training courses and community surveys were carried out than anticipated. Nevertheless, the amount obligated at the regional level represented a 20% increase over 1984-1985. Overall in the services component, nearly three-quarters of obligations continued to be incurred at the regional and country levels.

In the research component, the obligations for the SWGs were essentially as anticipated. "Contracts" represented 80% of the obligations for SWGs and 58% of the total of research obligations, these percentages being somewhat lower than in the past. This was due to a need for more consultant visits to help develop satisfactory proposals and monitor on-going studies, and workshops to stimulate and guide proposal development. In addition, the Programme applied the costs of consultant visits to individual projects to consultant rather than contract costs. As operational research, previously managed by regional SWGs, was integrated in the "Operations" category of the services component in 1987, a major decline occurred in obligations in that area.

Programme Management and Support costs represented 6.4% of the total obligations, slightly less than in 1984-1985.

The overall financial position at the end of 1987 was healthy, with a carry-over of US\$4.8 million resulting primarily from the increased US dollar value of many of the non-US dollar contributions. A carry-over of this magnitude is essential, enabling the Programme to continue operations without interruption early in the biennium, since many contributors do not make funds available until well into the calendar year.

In response to queries raised by the Committee, the following clarifications were provided:

- The Programme's procedures for making funds available at the country level for programme activities are, in principle, not excessively cumbersome or bureaucratic. To obtain funds, countries must provide a clear description and budget for the proposed activity, and the activity must be in an area approved by the Programme's management bodies. There have been occasional delays in the release of funds as some WHO regional and country offices now require expenditure statements on all funds previously released for Programme activities before providing additional funds.
- While the reductions in the level of obligations for training at the regional level in 1986-1987 are of concern to the Programme, it is recognized that in some countries many training activities are financed by other international and bilateral agencies.
- The obligations in the area of evaluation at the regional level in 1986-1987 were double those of 1984-1985, but did not increase as much as planned. While evaluation activities have in general proved to be less costly than anticipated (in part because costs are shared with other agencies), in some cases (e.g., surveys) they were more difficult and time-consuming than originally expected.

The Committee agreed that the amounts spent by the Programme for activities and consultants to develop and monitor research projects were appropriate. Such expenditures were required to assure high-quality research.

6.2 Financial status and revised budget for 1988-1989

The 1988-1989 budget, which was approved by the TAG in 1987, had been prepared early that year on the basis of estimates of obligations for 1986-1987 and projected costs of necessary activities in 1988-1989. Based on actual obligations for 1986-1987 and up-to-date projections of expected activities in 1988-1989, a revised 1988-1989 budget for US\$23.9 million has been prepared and approved by the TAG; it represents a 4% increase over the original budget and a 35% increase over actual obligations in 1986-1987. The increase includes a 2% increase in the services component, and a 6% increase in the research component.

At the global and interregional level, slight increases are projected for the use of consultants and short-term staff throughout the Programme, development of community and health facility survey methods, and support of research projects for 2 SWCs. One new professional staff member to provide computer training, maintenance and programming, and one new general services staff member to provide additional administrative assistance are included under "Programme management and support", and one new interregional technical officer post to provide administrative support to the Regional Office for Africa is included in the Services component. Slight decreases are planned in the areas of "New strategies" (as this work continues to be primarily the responsibility of the SWG on Epidemiology and Disease Prevention), "ORS stock" and "SWG meetings".

At the regional level, 2 of the 6 regional offices have slightly increased the amount projected for "Planning", to accelerate the revision of national plans of operation, and for "Operations", to devote more resources to problem solving. A modest decrease is planned in "Evaluation" as more cost-effective methods of problem identification are being developed.

With regard to Programme resources, 11 of the 23 contributors who provided support in 1986-1987 have pledged contributions for 1988-1989, and one former donor has made a contribution. The Programme anticipates that most of the remaining Programme's contributors will make pledges prior to or during the Meeting of Interested Parties in June. Assuming that all current pledges will be realized, the estimated shortfall as of 1 March 1988 is US\$6.7 million.

In response to a query, the Committee was informed that the revised budget had been based on the current US dollar exchange rate. It suggested that contributions in kind (e.g., Associate Professional Officers, ORS packets) be described, if possible, in future budgets and financial reports.

The Committee approved the revised budget for the 1988-1989 biennium as appropriate to meet the Programme's needs. It noted that one reason for the current healthy position of the Programme has been the decline of the US dollar against most European currencies; should the dollar recover, the Programme's financial resources will be considerably less. Thus, efforts must continue to attract sufficient contributions.

6.3 Preliminary budget for 1990-1991

For the 1990-1991 biennium, the Programme has projected a budget of US\$27.1 million, which represents a US\$3.3 million (or 14%) increase over 1988-1989. This increase is less than half that projected between 1986-1987 and 1988-1989, and represents a 9% increase at the global and interregional level and a 19% increase at the regional level.

Most of this increase is for inflation, at an assumed low level of approximately 4-5% per year. In the services component, a real increase is planned in "Evaluation" to develop and test improved management information systems, including sentinel surveillance, while priority will continue to be given to the development of training recommendations. At the regional level, greater emphasis is planned for "Operations", particularly problem solving, and for carrying out "Training". In the research component, the costs of one professional and one general services post will be partially offset by a decrease in obligations for temporary staff and consultants; taking into account inflation, the amount projected is essentially the same as for 1988-1989.

The Committee felt that these projections were reasonable and looked forward to reviewing the actual 1990-1991 budget proposals at its next meeting. It appreciated the fact that those proposals would need to take into account a number of factors, including the progress of the Programme over the next year and changes in the US dollar exchange rate.

7. PLANS FOR THE EIGHTH MEETING OF INTERESTED PARTIES

The Committee approved the provisional agenda and list of participants for the eighth Meeting of Interested Parties to be held in Geneva on 30 June - 1 July. It suggested that consideration be given to organizing the meeting in such a way as to encourage more active involvement of the participants. For example, presentations by the Secretariat should in general be brief. Sufficient time should be allowed for the most important item for discussion, i.e., the report of the External Review Group. The Committee also thought that a presentation of the technical basis of the case management strategy of the ARI Programme would be of interest.

8. LIST OF PARTICIPANTS

EGYPT

Dr A. Nagaty Abdelmonei, Executive Director, National CDD Project, Cairo

ITALY

Dr E. Missoni, Expert, General Directorate for Development Cooperation, Ministry of Foreign Affairs of Italy, Rome

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Mr R.C. Hogan, Programme Management Officer, Diarrhoeal Diseases Control Programme
Dr M.H. Merson, Director, Diarrhoeal Diseases Control Programme (Secretary)
Dr A. Pio, Programme Manager, Acute Respiratory Infections Control Programme

Representative of the External Review Group

Dr D. Sencer, Executive Vice-President, Management Sciences for Health, Boston,
MA, USA (Chairman)

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