

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

XXVII Meeting

regional committee

WORLD
HEALTH
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XXXII Meeting



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Washington, D.C.
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Provisional Agenda Item 11

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DIARRHEAL DISEASES CONTROL PROGRAM FOR THE AMERICAS

Resolution XXXVIII of the XXVI Meeting of the Directing Council (1979) requested the Director to report to the Council at its XXVII Meeting on the progress of the regional Diarrheal Diseases Control Program.

In this report the rapid overall progress of the PAHO Diarrheal Diseases Control (CDD) Program as well as current priority program areas and constraints are described. The XXVII Meeting of the Directing Council is invited to consider these and to recommend appropriate action in light of Resolution III of the 84th Meeting of the Executive Committee.

As described in the attached Executive Committee Document (CE84/15) (Annex I), PAHO CDD Program activities have increased substantially over the past year. Current priority program areas include:

a) Implementation, Training and Support

- Stimulating countries to designate national CDD program coordinators and develop national CDD program work plans within the context of their primary health care systems.

- Providing norms, materials and technical assistance for integrated CDD training activities for health personnel on all levels.
- Augmenting dissemination of both technical and non-technical CDD-related materials by means of an expanded CDD Program information system.
- Achieving regional self-reliance in oral rehydration salts (ORS) production/procurement and quality control.
- Increasing collaborative activities with other agencies and with other PAHO programs on the field level, especially in connection with the International Water Supply and Sanitation Decade.

b) Research

- Providing technical and financial support for initial operational research projects within the context of national CDD program development.
- Increasing support to CDD-related basic and operational research undertaken by Member Country nationals.
- Collaborating with Member Countries and with other agencies to evaluate the impact of water, sanitation and other long-term strategy interventions on diarrheal diseases.
- Assisting national and regional investigators in preparing research protocols and identifying potential funding sources.
- Designating and supporting specialized regional training and reference centers to improve regional CDD research capabilities.
- Establishing a regional research management group.

The unforeseen rate at which program activities have expanded has been largely in response to mounting Member Government interest. As a result of this, country-level programming and CDD program budgetary projections formulated and presented to the XXVI Meeting of the Directing Council in 1979 have been severely strained.

The 84th Meeting of the Executive Committee, after reviewing the above mentioned document, approved Resolution III, which is presented to the Directing Council for consideration (Annex II).



*executive committee of
the directing council*

PAN AMERICAN
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*working party of
the regional committee*

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84th Meeting
Washington, D.C.
June 1980

Provisional Agenda Item 6

CE84/15 (Eng.)
22 April 1980
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DIARRHEAL DISEASE CONTROL PROGRAM FOR THE AMERICAS

Progress Report

1. Introduction

Although acute diarrheal diseases remain a leading cause of childhood morbidity and mortality in most countries of the Region, prospects for their control are steadily improving. Intensive research in recent years, into virtually all aspects of diarrheal diseases, has led to a number of breakthroughs and technical innovations which provide the strategic bases for the current WHO/PAHO Diarrheal Disease Control (CDD) Program.

Initiated as a high priority global program in 1978, the WHO Diarrheal Disease Control Program relies on five major strategies:

- Early treatment of acute diarrheal episodes by means of oral rehydration therapy (ORT), and encouragement of breastfeeding and appropriate dietary management;
- Improved maternal and child nutrition;
- Health education;
- Improved water supply, environmental sanitation and food hygiene;
- Epidemiological surveillance.

The program's short- and medium-term objectives are to reduce childhood mortality due to diarrheal diseases, principally by improving case management at the primary care and household levels. The longer-term objective is to reduce diarrheal disease morbidity through the traditional strategies outlined above.

PAHO activities fall within the two main components of the program: implementation and research. Basic to both components are extensive training and manpower development efforts.

2. Terms of Reference for the PAHO Diarrheal Disease Control Program

On the regional level, PAHO has historically accorded high priority to the problem of diarrheal diseases. The Ten-Year Health Plan for the Americas approved by the III Special Meeting of Ministers of Health of the Americas (Santiago, October 1972), recommended to the Director that the "... present mortality from enteric infections (be reduced) by at least 50 per cent with particular emphasis on infants and young children."

Complementing this was Resolution 7 of the Fifth Caribbean Health Ministers Conference, held in Dominica in 1973, which led to the promulgation the following year of the "Strategy and Plan of Action to Combat Gastroenteritis and Malnutrition in Children Under Two Years of Age," (SPACGEM) document.

Resolution V of the 74th Meeting of the Executive Committee (1975) called for increased epidemiological, diagnostic and operational efforts to combat the problem of diarrheal diseases. In 1977 the regional gastroenteritis project became the focal point for CDD in the PAHO Regular Budget at the level of \$16,000. A regional adviser on enteric diseases was appointed in March 1978.

Recognizing the need to expand PAHO's efforts in combating the problem, the Director established the PAHO Gastroenteritis Task Force in March 1977. The strategy document this group produced provided the basis for the initial PAHO gastroenteritis project activities. Two subsequent meetings, in Panama City in November 1977 and at the Caribbean Epidemiology Centre (CAREC) in October 1978, further refined these strategies and identified research priorities in diarrheal diseases in Latin America and the Caribbean.

Similarly, the Subcommittee on Diarrheal Diseases of the Regional Advisory Committee on Medical Research (RACMR) met in Mexico City in May 1979 and in Panama City in March 1980, producing more specific research recommendations.

With the inception of the WHO Global CDD Program in 1978, awareness and potential budgetary resources began a more rapid increase. In light of this, the Director commissioned an annual Multidisciplinary Study Group Meeting on Diarrheal Diseases, which would review past recommendations, assess program needs and activities to date, and provide ongoing program direction. The first of these meetings took place in June 1979, and produced a report which was presented to the 82nd Meeting of the Executive Committee in June 1979. This report, in turn, resulted in Resolution XXVII (Annex I), which requested the Director to provide detailed proposals for the Regional Diarrheal Disease Control Program to the XXVI Meeting of the Directing Council.

Resolution XXXVIII put forth by that Directing Council Meeting (Annex II) reaffirmed the importance the Organization has accorded to the control of diarrheal diseases, and requested the Director to inform the Directing Council at its next meeting of the progress in implementing the PAHO Diarrheal Disease Control Program.

3. Summary of Regional Activities To Date

With research and promotional activities now under way or completed in a growing number of Member Countries, the PAHO Diarrheal Disease Control Program is well into its operational phase. A summary of program activities to date is presented schematically in Annex III, while critical program areas are highlighted below.

3.1 National CDD Program Development

To date, three Area-level seminars involving a total of 26 Member Countries and Territories have taken place. Two more are planned for 1980, in which at least six countries are expected to participate. The purpose of these seminars is to introduce the PAHO Diarrheal Disease Control Program, discuss the importance of diarrheal diseases in the participating countries, elicit country needs, and outline ways in which the Organization is prepared to assist in developing national CDD programs.

These seminars have spawned growing activity on the country level; to date 12 countries have held subsequent national CDD workshops and/or clinical ORT demonstrations. Seven more are planned for 1980. Ten countries have so far made commitments to develop national CDD programs within the context of their primary health care systems--either by designating a national CDD program coordinator (seven countries) or by drafting a national CDD program work plan (10 countries). Operational trials or pilot projects are currently under way in 10 countries and are planned in another three for 1980. PAHO has provided technical assistance for national CDD programming to five countries.

3.2 Regional Oral Rehydration Salts Production

As of the beginning of 1980, at least 16 Member Countries and Territories had procured, with PAHO assistance, nearly 1 million oral rehydration salts (ORS) packets through UNICEF. To meet the goal of regional self-reliance, possibilities for national ORS production have been assessed in 13 countries. At least 11 countries are currently producing various ORS formulations locally, and three more are planning to begin production in 1980.

There remains, however, a critical need to ensure locally-produced ORS formulations which meet UNICEF/WHO standards. Collaborative efforts with the PAHO Regional Drug Consultant, and with UNICEF and WHO Expert Consultants, are currently under way to establish intra-regional mechanisms for the continuous quality assurance of locally produced ORS.

A second critical need is to ensure export/import arrangements between those countries producing ORS and those in which national production is not feasible. Possible regional procurement mechanisms are currently being explored with UNICEF.

3.3 Training

A series of informational documents on all aspects of diarrheal diseases, generated by WHO Global Scientific Working Groups over the past 3 years, has been translated and distributed to all Member Countries.

To complement these, WHO-recommended clinical guidelines for physicians and senior health personnel at the institutional level and for community-based primary health care workers have recently been completed. Analogous guidelines for simplified laboratory techniques in diarrheal diseases are currently in preparation. An operations manual for national CDD program coordinators will be finalized in June 1980, and will be field-tested in October 1980.

As they become available, these materials are also being translated into Spanish and disseminated to Member Countries for adaptation and use in training health workers in all aspects of diarrheal diseases control. An Area-level pilot training course for national CDD program coordinators is currently programmed for late 1980.

In keeping with the ethic of "technical cooperation among developing countries" (TCDC), several institutions within the Region have been identified and are currently being considered as Area-level training and reference centers in diarrheal diseases. The goal is to provide short, intensive traineeships to qualified member clinicians and researchers and to develop regional laboratory expertise in enteric diseases.

A similar arrangement with a national ORS production facility is under consideration for providing on-site training in ORS production.

Collaborative relationships with PAHO Centers such as INCAP, CAREC and CFNI are currently being forged, notably for the development and adaptation of country-specific training and health education materials, and to provide added technical input for actual CDD training activities.

3.4 Research

With program implementation under way, emphasis on research is shifting from clinic-based trials to operational field studies. Eleven clinical trials in five Member Countries have been completed over the past three years with PAHO assistance, yielding valuable therapeutic and etiological findings and, in the process, building up regional research expertise.

At least eight operational studies are under way or have been completed in as many Member Countries. PAHO encourages and upon request provides both technical and financial support to such studies because they offer a means of testing various program delivery strategies while simultaneously providing services at the community level.

The research recommendations put forth by the 1979 Meeting of the Multidisciplinary Study Group on Diarrheal Diseases are summarized in Annex IV, along with regional research activities completed to date.

3.5 Collaborative Activities

As alluded to previously, several key diarrheal disease control program activities have been carried out in collaboration with other PAHO programs and divisions, or with other bilateral and multilateral agencies. Some of these activities are indicated in Annex III.

As the PAHO Diarrheal Disease Control Program becomes operational, further collaborative activities on the field level will become increasingly important, particularly with respect to ongoing or on-line primary health care, maternal and child health, environmental health, and nutrition interventions.

As reflected in the program strategies, CDD activities are themselves interdisciplinary and, to have maximum impact, must be integrated with other activities on the primary care level.

With this aim in mind, maintaining and strengthening liaison with other agencies such as UNICEF, UNFPA, USAID and with other PAHO divisions and programs, on both country and regional levels, is vital to successful program implementation.

82nd Meeting of the Executive Committee

RESOLUTION XXVII

DIARRHEAL DISEASE CONTROL PROGRAM FOR THE AMERICAS

THE EXECUTIVE COMMITTEE,

Bearing in mind Recommendation 14 of the III Special Meeting of Ministers of Health of the Americas, Resolution V of the 74th Meeting of the Executive Committee, the recommendations of the International Conference on Primary Health Care held in Alma Ata, USSR, from 6 to 12 September 1978, and Resolution WHA31.44 of the World Health Assembly;

Having examined the Report of the Multidisciplinary Study Group on Acute Diarrheal Diseases (Document CE82/18); and

Recognizing that diarrheal diseases remain a leading cause of morbidity and mortality throughout the Region and noting that recent technological advances now enable the development of short- and medium-term diarrheal diseases control strategies,

RESOLVES:

1. To commend the Director for prompting the rapid development of diarrheal diseases control activities in the Americas as well as the provision of technical cooperation and assistance to Member Countries.
2. To request the Director to provide to the XXVI Meeting of the Directing Council a more detailed report on the proposed regional program, which will incorporate the recommendations of the Multidisciplinary Study Group on Acute Diarrheal Diseases (Document CE82/18).

(Approved at the thirteenth plenary session,
3 July 1970)

XXVI Meeting of the Directing Council

RESOLUTION XXXVIII

DIARRHEAL DISEASE CONTROL PROGRAM FOR THE AMERICAS

THE DIRECTING COUNCIL,

Having examined the Director's report and recommendations on the Diarrheal Disease Control Program for the Americas;

Taking into consideration Resolutions WHA31.41 and WHA31.44 and Resolution XXVII of the 82nd Meeting of the Executive Committee; and

Aware that diarrheal diseases pose particularly serious socioeconomic and public health problems in Latin America and the Caribbean,

RESOLVES:

1. To commend the Director for his longstanding commitment to reduce diarrheal disease morbidity and mortality through improved environmental sanitation and health education efforts.

2. To endorse in its entirety the Report of the Multidisciplinary Study Group on Acute Diarrheal Diseases, which outlines a new focus on diarrheal disease control and goal-oriented research based on short- and medium-term measures and calls for regional self-reliance in the production of oral rehydration salts.

3. To encourage Member Countries to: a) establish national diarrheal disease control programs within the context of their primary health care systems; b) designate national program coordinators to serve as focal points for diarrheal disease control activities; c) develop, in collaboration with PAHO, a work plan for their national diarrheal disease control programs; d) reallocate their own national resources to meet their program needs as much as possible; e) promote operational and basic research to further improve treatment and control strategies; and f) encourage PAHO to address critical program needs and consider reprogramming available country project funds to meet these needs.

4. To request the Director to: a) proceed with implementation of the proposed regional Diarrheal Disease Control Program; b) encourage Member Countries to establish national diarrheal disease control programs; c) review existing projects in primary health care, appropriate technology, maternal and child health and nutrition, and to strengthen the diarrheal disease control components of those projects; d) approach Member Countries and bilateral, multilateral, and nongovernmental agencies for extrabudgetary funding for regional diarrheal disease control activities; and e) inform the Directing Council at its next meeting on the progress of the regional Diarrheal Disease Control Program and, in particular, on the prospects of regional self-reliance in the production of oral rehydration salts.

(Approved at the sixteenth plenary session,
4 October 1979)

AIMS	ACTIVITIES
Promote PAHO CDD Program Disseminate current information on diarrhoeal diseases Assist in national CDD program development Provide technical assistance in CDD training Develop, disseminate CDD educative materials Strengthen surveillance, program monitoring/evaluation Promote Regional self-reliance in ORS production/procurement Foster interdivisional, inter-agency collaboration on CDD activities Strengthen Regional research capabilities in diarrhoeal diseases Promote Technical Cooperation among Developing Countries (TCDC)	3 Area-level CDD Seminars held 1979; 2 programmed for 1980
	8 National CDD Seminars held 1979; 12 planned for 1980
	ORT clinical demonstrations in 14 countries to date; 5 programmed for 1980
	Technical assistance CDD programming provided to 8 countries to date; programmed in 5 for 1980
	Seminar planned for national CDD program managers, 1980
	Norms, training materials translated, distributed
	CDD health education materials developed, to be distributed 1980
	Local ORS production assessed in 13 countries to date; 4 planned for 1980
	Local ORS production underway in 11 countries; 3 planned for 1980
	ORS supplied for preliminary activities to 16 countries to date
	3 Regional CDD training, reference centers identified, supported to date
	Major NGO Conference on ORT held at PAHO, March, 1980
	ORT bibliography translated, distributed
Applied (operational) CDD research grants awarded to 8 countries to date	
Interdivisional collaborative activities in 4 countries to date	

RECOMMENDATIONS OF THE 1979 MEETING OF THE
MULTIDISCIPLINARY STUDY GROUP ON DIARRHEAL DISEASES

1. RESEARCH

The Group, recognizing the need for definitive information for formulation of national program activities, recommended that PAHO promote and act as a catalyst for studies by national investigators in the following areas:

1.1 Epidemiology

1.1.1 Studies on etiology, ecology and epidemiology of diarrhea in different countries, especially to define the importance of newly-recognized etiologic agents such as Escherichia coli, vibrio pathogens, Campylobacter, Yersinia enterocolitica, rotavirus, and intestinal parasite by collaborative epidemiological research among different areas of Latin America and developed countries.

1.1.2 Simplified and rapid diagnostic techniques for identification of diarrheal disease etiology.

1.1.3 Behavioral studies to determine cultural and societal traits, including maternal practices, as they affect diarrheal diseases and explore their significance in the development of effective interventions.

1.1.4 Epidemiological studies for identification of high-risk groups.

1.1.5 Field studies to determine effectiveness of surveillance by village health workers in the early detection of epidemics.

1.2 Vaccine Development

1.2.1 Basic studies on the important etiological agents with an ultimate goal of vaccine development (e.g., rotavirus, E. coli, S. typhi, parasitic agents), with supporting field trials when appropriate.

1.3 Treatment of Acute Diarrhea

- 1.3.1 The design of clinical studies to develop optimal local guidelines for management of acute diarrhea for both hospital and primary care workers.
- 1.3.2 Further studies to improve the present composition of the oral fluids and to evaluate fluids with fewer ingredients.
- 1.3.3 The effect of oral rehydration therapy on growth and development.
- 1.3.4 Evaluation of different promotional techniques to improve the local use of oral rehydration, including studies on local cultural and behavioral aspects.
- 1.3.5 Expanded studies to identify optimal local feeding practices during and after diarrheal episodes.
- 1.3.6 Evaluation of the effectiveness of currently available and newly-developed antidiarrheal agents, including traditional remedies.

1.4 Water Supply and Sanitation

- 1.4.1 Applied research on improving food hygiene in both domestic and institutional settings.
- 1.4.2 Impact evaluation of improved water supply and related educational and promotional activities.

1.5 Regional Reference Centers

Recognizing the need for laboratory support for the aforementioned studies on the etiology and epidemiology of diarrheal diseases, the Group recommended that the Director provide the Directing Council with a detailed report on specific needs for regional reference laboratories in diarrheal diseases.

2. Regional CDD Research Activities

2.1 Clinical research completed

<u>Country</u>	<u>Topic</u>
COR	<ol style="list-style-type: none">1. "Oral rehydration and maintenance of children with rotavirus and bacterial diarrheas" (Published Bull. WHO 57, 1979) (I.78)2. "Comparison of sucrose with glucose in oral therapy of infant diarrheas" (Published Lancet ii, 277, 1978) (I.78)3. "Aspectos prácticos del uso de una solución de glucosa y electrolitos para hidratación por la vía oral" (In press Bol. Of. Sanit. Panam. 1979) (VI.79)4. "Oral rehydration of neonates with dehydrating diarrheas" (To be published) (XI.79)5. "Evaluation of oral therapy for infant diarrhea in an emergency room setting: Utilization of acute episode for instructing mothers in oral therapy method" (To be published) (II.78)
GUA	<ol style="list-style-type: none">6. "Rotavirus in diarrheal diseases in rural Guatemalan preschool children, INCAP (IV.78-IV.79. To be published)
JAM	<ol style="list-style-type: none">7. "Comparison of high and low sodium and potassium content in oral glucose-electrolytes therapy of infant diarrheas (To be published)

8. "Oral rehydration evaluation for outpatient children--Bustamante Hospital"
(In progress)
9. "The role of antiemetics in the control of vomiting during acute gastroenteritis"
(In progress)
- HON 10. "Simple sugar/salt oral solution in rehydration of moderately dehydrated infants"
- a) Comparison of electrolyte and sucrose content of solutions prepared by three different methods (IX.79)
- b) Efficacy of a sucrose/salt solution in rehydration of moderately dehydrated infants (II.80)
- T & T 11. "The role of rotavirus and other infectious agents in infant gastroenteritis in the Caribbean" (VI-XII.79. To be published)

2.2 Operational research completed

<u>Country</u>	<u>Topic</u>
COR	1. "Domiciliary oral therapy administered by mothers: Can it significantly and safely reduce the hospitalization rate of potentially severe cases of diarrhea? (Study in progress)
ELS	2. "El efecto de la rehidratación oral en las comunidades de El Salvador" (Started 1978 - preliminary report available)

- GUA 3. "Investigaciones para evaluar en el terreno la viabilidad y eficacia de rehidratación oral en comunidades de Guatemala"
(Started 1978 - preliminary report available)
- HAI 4. "An assessment of the impact of water supplies and latrines on diarrheal diseases in rural Haiti" (I-IV.79).
To be published)
- HON 5. "Diarrheal Diseases in underfives in rural Honduras. An analysis of field data"
(V.79. Unpublished document)
6. "A diarrheal diseases control program among Nicaraguan refugee children in Campo Luna, Honduras"
(XI-XII.78. To be published in PAHO Bull., 1980)



EXECUTIVE COMMITTEE OF
THE DIRECTING COUNCIL

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84th Meeting

WORKING PARTY OF
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84th Meeting

CD27/26 (Eng.)
ANNEX II

RESOLUTION III

DIARRHEAL DISEASES CONTROL PROGRAM FOR THE AMERICAS

THE EXECUTIVE COMMITTEE,

Having reviewed the Director's report on implementation of the Diarrheal Diseases Control Program for the Americas,

RESOLVES:

To recommend to the XXVII Meeting of the Directing Council that it approve a resolution along the following lines:

THE DIRECTING COUNCIL,

Bearing in mind the recommendations of the International Conference on Primary Health Care held in Alma Ata, USSR, from 6 to 12 September 1978, Resolution WHA31.44 of the Thirty-first World Health Assembly, and Resolution XXXVIII of the XXVI Meeting of the Directing Council of PAHO;

Having reviewed the Director's report on implementation of the Diarrheal Diseases Control Program for the Americas; and

Realizing that child mortality from acute diarrheal diseases can be rapidly reduced throughout the Region by the use of oral rehydration, and that immediate application of other strategies of the Program will gradually reduce diarrheal morbidity in children,

RESOLVES:

1. To commend the Director for his speedy implementation of the activities of the Diarrheal Diseases Control Program for the Americas.

2. To endorse in its entirety the Director's report on the implementation of the Diarrheal Diseases Control Program for the Americas, which highlights activities to date and identifies the Program's needs.

3. To recommend to the Director that continued emphasis be placed on the Diarrheal Diseases Control Program as an integrated component of primary health care.

(Approved at the fourth plenary session,
24 June 1980)