## LTATION ON RESEARCH PRIORITIES DISEASES IN EGYPT

## Alexandria, 27 and 28 July 1982

#### PROVISIONAL REPORT

An Informal Consultation on Research Priorities in Diarrhoeal Diseases in Egypt was held at the WHO Regional Office for the Eastern Mediterranean Region, Alexandria on 27 and 28 July 1982.

Following one minute of silence in tribute to the memory of EMRO's late Director, r. Abdul Hussein Taba, who passed away on & July 1982, Dr. Alexander Robertson, acting Director of the Programme Management and Director of Manpower Development opened the meeting on behalf of Dr. Farouk Partow, Officer-in-Charge EMRO, from whom he read a message. Dr. Partow's message is attached as Annex A.

In his message Dr. Partow mentioned that acute diarrhoeal diseases are an important cause of morbidity and mortality in Egypt, particularly among children under 5 years of age. He indicated that it is responsible for at least half the deaths and for 3-4 serious houts of diarrhoea each year for children in this group. He then highlighted the WHO collaborative activities with the Ministry of Health of Egypt in the efforts to achieve diarrhoeal diseases control particularly in the fields of training, actual seriol activities against some of the specific diarrhoeal diseases and in research.

After explaining the main taks of the group, namely to advise WHO on research partities for diarrhoed diseases in Egypt, he expressed the hope that members of this is would further collaborate with WHO and the national diarrhoeal disease control same in assisting potential has longly present workers in drafting and submitting potential has longly present but with he agreed upon.

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After taking the chair, Dr. Gabr stressed the importance of research for nutional Diarrhoeal Disease Control Programme and expressed appreciation of continued interest and inputs of WHO, UNICEF and USAID in the national Diarrhoeal sease Control Programme activities.

After a short recess the group gathered agina and adopted the Agenda without endments (Annex B).

#### The WHO Regional Diarroeal Diseases Control Programme:

Diarrhoeal Diseases control has always received particular attention by

wher States and by the WHO Regional Office for the EMR. During the last five

s, regional activities have been augmented with concentrated efforts and

rity being directed towards acute diarrhoeal diseases of infancy and childhood.

The objectives of the regional Diarrhoeal Disease Control Programme are to reduce retality and morbidity from acute diarrhoeal diseases and from associated ill fects, particularly malnutrition, especially in infants and young children. To multi-faceted hieve this a comprehensive of approach is adopted including the promotion of; se management particularly with oral rehydration, MCH practices related to evention of diarrhoea, appropriate environmental health interventions, strengthening epidemiological surveillance, training and stimulation and support of applied research. WHO regional activities included;

collaboration in national programme formulations. At present six countries presenting more than half the population of the Region have national programmes at plans of operation and beginning of field activities.

collaboration with national health authorities and other agencies in achieving lequacy of ORS supplies.

promotion of national training for various levels of health workers in the riority areas in diarrhoeal disease control especially clinical management. For this urpose WHO has collaborated in the establishment of several national training centres and in the development and dissemination of educational materials including translation f some documents into Arabic.

collaboration in evaluation of the national CDD programmes

setting priorities for applied research in diarrhoeal diseases, stimulating and supporting nearly projects particularly those of the direct relevance to the national CDD programmes and those directed towards improving and developing effective ways of its implementation.

### Inputs of other Agencies in the National CDD Programme of Egypt:

UNICEF and the MOH in this respect. He mentioned that it includes the provision of approximately 3 million ORS cachets and the provision of a production line with materials which has started production with capacity of 5 million cachets a year.

UNICEF collaborates also in other related activities which is expected to have a substantial impact on CDD in Egypt namely in the area of promoting breast-feeding and child nutrition; proper weaning practices improving water supply and sanitation and in community health aducation. Some aspects of UNICEF support to the Expanded Programme of Immunization also has an impact on the Diarrhoeal Disease Control Programme.

UNICEF also collaborates in training and in activities directed towards

USAID is collaborating with the Ministry of Health in several areas in national diarrhosal disease control. Besides the National Programme formulation, and implementation, USAID has joined in research activities particularly with respect to the effect of home prepared oral rehydration solutions on reducing mortality from diarrhoeal diseases and in activities related to the delivery of diarrhoeal diseases control services to the periphery both in rural and in urban areas.

### Progress reports on ongoing WHO Supported Research Activities in Egypt:

The principal investigators of 3 WHO supported research projects gave brief progress reports on their research.

achieving delivery of the services to the periphery.

Professor Aly Mourad peported of the study on the role of total virus not other bacterial pathogens in the settiology of infantile exarrhon in Egypt. We indicated that note virus was responsible for a substantial proportion of cases of distribute. Its relative importance in relation to taken pathogens is more in the witten though it is more prevaleds in the second months.

Professor Samer Kassenipeports' and progress of the soudy on the lifett of antiblotics on the duration of live over our the speed of respectation is sessented.

in the next two months.

Dr. Ferial Abdel Aziz reported on the results of the study on the assessment of the feeding practice in cases of diarrhoea of children in Egypt. She described the methodology used, the characteristics of the study population and the feeding practice during diarrhoea. She found that malpractice in feeding during diarrhoea was minimal. This is clearly reflected in the age weight percentile of the cases which showed that inspite of an average of 5 attacks per year, the proportion of children with we weight/age below 10th percentile were very small.

The presentation's were followed by a discussion with the principal investigators.

The group commended the investigators for their efforts and raised some general issues which included:

- 1. the need to have future similar studies conducted in more than one centre in Egypt and preferably on multicentres representing the various socio-economic and cultural characteristics of the Egyptian population.
- 2. the need for WHO to support an effort to collect all literature and research work done on diarrhoeal diseases in Egypt. This will have several advantages including the limitation of repetitive and unnecessary duplication of efforts.
- 3. emphasis be given to studying the practice of medical personnel and the advice they give with respect to the management of cases of acute diarrhoea.
- 4. The need for WHO's intervention in facilitating administrative problems facing research workers in Rgypt.

## El Chatby Training and Demonstration Centre:

A review of the rationale behind the establishment of the training centre, the objectives of the training and the training programme was presented. The group commonded the efforts made by the dentre in training nationals in clinical management and recommended that it would concentrate on training of trainers who are expected to develop clinical management centres in their service areas and be able to demonstrate to other workers how to treat cases of dehydration with emphasis on oral rehydration.

### The National Diarrhoeal Disease Control Programme:

The goals of the national programme namely to reduce child suffering and mortality from distriction distriction and planned activities were presented to the group (Annex ). This was followed by a general discussion and it was the feeling of the group that recommendations with respect to research priority should fall within the scope of the national programme and should be oriented towards areas which can assist in national programme implementation.

### Setting priorities for Diarrhoeal Diseases Research in Egypt:

The subject was opened by a review of what the responsible nationals feel with respect to research needs. The group agreed and recommended that high priority should be given to research that help increase the efficiency and effectiveness of the national CDD programme in its various phases, i.e. planning, implementation, evaluation. The following summarizes the main themes recommended by the group:

- 1. the need for basic information on the national level that can be used to assess the magnitude of the problem,
- 2. emphasis should be given to socio-cultural behavioural studies to generate innovative culturally relevant approaches to increase acceptability & utilization of services rendered by the national programme and which could also be used to introduce behavioural modifications in the long run,
- 3. organizational & managerial studies which could help to increase the efficiency and effectiveness of the national programme,
- 4. aetiological & clinical studies that could have immediate impact on the programme,
- 5. collection & classification of available information on research in diarrhoeal diseases to guide new research proposals and avoid unnecessary duplication.

# WORLD HEALTH ORGANIZATION



Regional Office for the Eastern Mediterranean

## ORGANISATION MONDIALE DE LA SANTÉ

Bureau régional pour la Méditerranée orientale

MESSAGE FROM DR FAROUK PARTOW OFFICER-IN-CHARGE WHO EASTERN MEDITERRANEAN REGION

to the

## INFORMAL CONSULTATION ON RESEARCH PRIORITIES IN DIARRHOEAL DISEASES IN EGYPT

Alexandria, 27 and 28 August 1982

Dear Colleagues,

It gives me great pleasure to welcome you today in this Informal Consultation on Research Priorities in Diarrhoeal Diseases in Egypt and to express my gratitude to you all leading scientists in the field from this, our host country and, as well, our colleagues from UNICEF and USAID, for taking time to prepare for and attend this Consultation.

With this eminent group of scientists I need not stress the importance of diarrhoeal diseases as a cause of morbidity and mortality in Egypt, particularly among children under five years of age. In spite of the lack of reliable information, there is strong evidence that at least half the infants' and toddlers' mortality in Egypt is due to diarrhoeal diseases. On average each child, aged six months to three years, gets 3-4 serious bouts of acute diarrhoea each year.

In addition to this high toll of morbidity and mortality, cases of malnutrition among children in Egypt, though not common, are almost always related to diarrhoea.

Egypt was one of the first countries of this Region to develop national diarrhoeal diseases control activities.

It must however be mentioned that until very recently, the main concern of the authorities was only cholera control. This is due to the fact that cholera can be introduced in Egypt and that the outbreaks or epidemics it causes have a special psychological and socio-economic importance.

Interest in the problem of other causes of diarrhoea, especially infantile diarrhoea, has also long been present but to a less extent.

WHO has collaborated with the Ministry of Health of Egypt in several activities in this respect. In 1965 a Seminar on Diarrhoeal Diseases was held in Egypt.

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This Seminar had as its main objectives a review of current technical knowledge on diarrhoeal diseases, highlighting the problem and discussing possible actions to reduce the role of diarrhoeal diseases in causing deaths among infants and young children.

Following that Seminar, the establishment of rehydration centres at paediatric hospitals and MCH centres increased considerably.

For the last two years, WHO has collaborated with the University of Alexandria in establishing an Oral Rehydration Training and Demonstration Centre at El Chatby Hospital. This Centre is now one of the very active training centres in the Region and is recongized as one of the potential centres for clinical research in diarrhoeal diseases.

WHO and UNICEF have collaborated with the Ministry of Health in several consultations over several years on child health and care. A recent one was on the occasion of the International Year of the Child, when a national meeting was organized to outline a ten-year national plan for child care. Diarrhoeal diseases control came out clearly in this meeting as one of the important tools in achieving lasting benefits for the welfare of children in Egypt.

UNICEF support to the National Programme in its early phases of development has been very instrumental particularly in relation to the provision of oral rehydration salts. As well, the substantial input from USAID in the initiation of the National Diarrhoeal Diseases Rehydration Programme is noteworthy. There will be a chance during the meeting for the representatives of UNICEF and USAID to brief you on their inputs in the National CDD Programme for Egypt.

So far as this week's Consultation is concerned, we in WHO feel that one of the areas in which we could usefully collaborate with the National CDD Programme would be in the area of applied research, i.e. research on aspects related to programme implementation, utilization and evaluation. Such research is thought to be an important tool for strengthening the capabilities of the national authorities in the implementation of the CDD Programme.

This Office has received and funded several research proposals in Egypt during the last two years. This year we have received several applications which are mostly in the area of aetiologic studies. No proposals were received in some areas which we feel may be priority ones. As a result, we felt that the need for the present consultation arose.

I am confident that with your wide experience and knowledge of the situation of diarrhoeal diseases in Egypt, and of the national diarrhoeal diseases dontrol programme, you will be able to advise us on research priorities for diarrhoeal diseases in Egypt. The report of this Consultation can provide you and us with good guidelines for judging the priority of future research proposals.

As an outcome of this Consultation, I look forward to your further collaboration in advising your own colleagues and in helping them to draft protocols for applied research. We would be glad to collaborate and financially support appropriate and well designed studies in the priority areas agreed upon.

In conclusion, please again accept my thanks and those of the World Health Organization and our best wishes for fruitful discussions and a pleasant stay in Alexandria.

## ORGANIZATION



## ORGANISATION MONDIALE DE LA SANTÉ

INFORMAL CONSULTATION ON RESEARCH PRIORITIES

EM/CON.DDR.EGY/1

IN DIARRHOEAL DISEASES IN EGYPT

Alexandria, Egypt, 27 and 28 July 1982

15 July 1982

#### PROVISIONAL AGENDA

- 1. Opening of the Meeting
- 2. Nomination of Officers
- 3. Adoption of the Agenda
- 4. WHO Regional Diarrhoeal Diseases Programme
- 5. WHO Regional Research Programme- Review of research in diarrhoeal diseases
- 6. The National Diarrhoeal Diseases Control Programme
- 7. The Training and Demonstration Centre, Chatby
- 8. Setting priorities
- 9. Methods of stimulating research
- 10. Adoption of the list of research priorities on the basis of conclusions and recommendations of the Consultation.
- ll. Closing Session

## WORLD HEALTH ORGANIZATION



# ORGANISATION MONDIALE DE-LA-SANTÉ

INFORMAL CONSULTATION ON RESEARCH PRIORITIES IN DIARRHOEAL DISEASES IN EGYPT

EM/CON.DDR.EGY/2

Alexandria, Egypt , 27 & 28 July 1982

19 July 1982

## PROVISIONAL PROGRAMME

	<del></del>
Tuesday, 27 July 1982	
08.30 - 09.00	- Registration
9.00 - 10.00	- Opening of the Meeting
	- Inaugural Address by the World Health Organization
	- Nomination of Officers
10.00 - 10.15	- Recess
10.15 - 14.00	- Adoption of the Agenda
	- WHO Regional Diarrhoeal Diseases Programme (Agenda item 4) by Dr M.H.Wahdan
	<ul> <li>WHO Regional Research Programme - Review of research in diarrhoeal diseases (Agenda item 5) by Dr M.H.Wahdan</li> </ul>
	Also presentations by Dr A.Mourad, Dr S.Kassem and Dr F.Abdel Aziz
	- The National Diarrhoeal Diseases Control Programme (Agenda item 6) by Dr L.El Sayyad
<b>6.30 - 18.00</b>	- The Training and Demonstration Centre, Chatby (Agenda item 7) by Dr S.Kassem
	<ul> <li>Setting priorities (Agenda item 8) - Group discussions</li> </ul>
Wednesday, 28 July 1982	
08.30 - 10.30	- Methods of stimulating research (Agenda item 9) - Group discussions
10.30 - 11.00	- Recess
11.00 - 14.00	<ul> <li>Adoption of the list of research priorities for diarrhoeal diseases in Egypt on the basis of conclusions and recommendations of the Consulta- tion (Agenda item 10)</li> </ul>
	- Closing session (Agenda item 11)

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## ORGANISATION MONDIALE DE LA SANTÉ

Bureau régional pour la Méditerranée orientale

ORMAT: CONSULTATION ON RESEARCH PRIORITIES DIARRHOMAL DISEASES IN EGYPT

EM/CON.DDR.EGY/3

ixandria, Enypt, 27 & 28 July 1982

19 July 1982

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