



MESSAGE FROM DR A.H. TABA

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to the

SCIENTIFIC WORKING GROUP MEETING ON

DIARRHOEAL DISEASE CONTROL

Amman, 11 - 14 June 1979

Your Excellency, Mr Chairman, Ladies and Gentlemen,

On behalf of the World Health Organization I would like to thank the Government of Jordan and Your Excellency for hosting this meeting and the national preparatory committee and its Chairman for all their work in its preparation. I would also like to thank the experts from the other countries in the Region and from UNICEF and UNRWA for their goodwill shown in coming to Amman join together to help to fulfil the objectives of this meeting. As you may see from the list of participants, there are assembled here a number of experts from the countries who have a very considerable knowledge and experience of the subject of the meeting.

WHO has ever since its inception been working together with its member-states in diarrhoeal disease control. For example, WHO has long collaborated with the countries in the development of laboratory facilities which play a crucial rôle in the investigation of diarrhoeal disease outbreaks; and in epidemiological studies such as those made between 1960 and 1965 in Iran, Egypt, Sudan and Pakistan.

The new emphasis on acute diarrhoeal disease of infancy and early childhood is the result of the convergence of a number of originally separate developments, and it may be interesting to enumerate them. The results of studies on the physiology of sodium and other electrolyte and fluid absorption in cholera and

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acute diarrhoeal disease each year, three quarters of a million in our Region alone. Lastly, studies in Guatemala together with the quite unexpected

the role of glucose in this, led to the development of an effective formula for oral rehydration. In trials in various countries between 1971 - 1977, this was found equally effective in most cases of acute diarrhoea in infants and young children, regardless of the causative organism. About 1974 WHO and UNICEF joined to promote and produce a single formula of oral rehydration salts. At the same time, as vital statistics gradually improve, it was more and more realised what an enormous number of children died from dehydration in acute diarrhoeal disease each year, three quarters of a million in our Region alone. Lastly, studies in Guatemala together with the quite unexpected beneficial results of oral rehydration treatment on children's nutritional status for months afterwards, re-emphasized and highlighted the crucial causative role which diarrhoeal disease plays in protein-calorie malnutrition.

In relation to the WHO programme, these developments culminated in 1978 in the WHA Resolution 31.44 and the voluntary donations of the United Kingdom and other countries, which facilitated and formally established an expanded programme of Diarrhoeal Disease Control.

Last year we held in June in Alexandria a Regional Meeting on Cholera and Diarrhoeal Diseases. At that meeting it was decided what type of activities WHO in this Region would undertake in the next five years, and a draft medium-term programme was discussed and accepted in principle. The meeting itself followed a global meeting in WHO Geneva in which an Advisory Group had discussed and made recommendations on the development of a programme for diarrhoeal disease control.

This meeting in Amman will focus particularly on the control of diarrhoeal disease in infants and young children, and moreover will give special attention to the prevention or treatment of dehydration. We are concentrating our attention entirely on the greatest single cause of mortality in our Region, and the three-quarters of a million children every year who die from dehydration in diarrhoeal disease, or from severe malnutrition to which diarrhoeal disease has contributed significantly.

The purposes of the meeting are to review with you the current technical knowledge on this subject, both concerning the effectiveness methods of prevention and treatment and also our knowledge of the epidemiological baseline. Where it is very important to identify and undertake studies to fill the gaps in our knowledge, we aim to come to decisions as to where, when, how and by whom this will be done. However, we certainly do not wish to wait until the results of a research programme are available. I believe you will decide that we know sufficient already to make a greatly expanded programme of diarrhoeal disease control imperative. That being so, we must identify the needs for training, for information dissemination to health workers and for public information and the needs for advisory and planning services to the governments. Again we hope that we will have your advice as to where, when, how and by whom these needs are to be met, and what role WHO and UNICEF should play in helping to meet these needs.

Certainly WHO in this Region has not been idle since we held our Regional Meeting last year. Seminars were held in Lahore and Karachi on Diarrhoeal Disease and Rehydration in January, and were attended by over 150 doctors. The results of the studies of the effectiveness of oral rehydration salts at village level in Iran and Egypt were analysed, and the report on the study in Iran will be presented to you here. Preparations are being made to evaluate in Gaza (whose population is almost half a million) the effect of use of oral rehydration salts on a massive scale in reducing mortality and hospital admissions from diarrhoeal disease and in improving nutritional status of the whole population under three years. Consultations have taken place with virtually every country in our Region on its medium-term programme in communicable disease control, and among the subjects raised was diarrhoeal disease control. Consultations on oral rehydration specifically have taken place with Syria, Sudan, Egypt, Afghanistan and Pakistan and all those countries, with some UNICEF and WHO assistance, are going to produce and

package ORS themselves, with a view to using it throughout the health services, with paramedical as well as medical personnel.

However, you will appreciate that this is only a beginning and that much more is required. To cooperate together, WHO, UNICEF and other UN agencies with the governments and peoples of this Region, in taking advantage of new technical developments to intensify and make much more effective our efforts to prevent mortality and morbidity of young children from diarrhoeal disease, such cooperation must be one of the most worthwhile enterprises possible for us to undertake. It is very appropriate that we are undertaking it in International Year of the Child. If this meeting can be made a crucial turning point in the reduction of this terrible burden on child health in this region, then you will indeed have helped to fulfil an important aim of this year, namely to initiate activity of lasting benefit for the welfare of children. In your serious but inspiring task, I wish you all success.