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UNITED NATIONS  
ECONOMIC  
AND  
SOCIAL COUNCIL



RESTRICTED

E/ICEF/R.115  
8 November 1950

ORIGINAL: ENGLISH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Programme Committee

RECOMMENDATION OF THE EXECUTIVE DIRECTOR FOR  
FINANCIAL AID FOR BCG PROGRAMMES IN IRAN AND IRAQ

1. In a recent communication from Dr. Johannes Holm, Director of the Joint Enterprise, the Administration was advised that, of the \$2,417,000 which UNICEF allocated for BCG programmes in Europe, there will be a minimum of \$350,000 not required for campaigns in Europe which will be available for use in other areas.
2. Inasmuch as these funds were intended for BCG operations, and a number of requests have been received from the Middle East area for assistance in BCG campaigns, it is recommended that the sum of \$350,000 presently allocated for BCG operations in Europe be made available for BCG campaigns in the Middle East.
3. In the second half of 1949, the Governments of Iran and Iraq approached the Joint Enterprise for possible assistance in inaugurating a mass BCG campaign in these two countries. It will be recalled that, about that time, the Scandinavian Committee had concluded that their facilities would not permit extension of the Joint Enterprise to countries beyond those for which commitments were already made. Since that date, interest in BCG operations has continued in Iran and Iraq and, more recently, as per attached Annexes I and II, the Governments have renewed their requests for assistance in a BCG campaign and a Tuberculosis Control project.
4. Pending final arrangements being established between WHO, the Joint Enterprise, and UNICEF for the continuation of BCG operations, and pending the submission of a detailed plan of operations for a mass BCG campaign in Iran and Iraq, it is recommended

/that approval....

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that approval, in principle, be given UNICEF assistance in BCG operations in Iran and Iraq.

5. The Government of Iran proposes to establish a Tuberculosis Control Centre for training purposes, and makes a preliminary request for assistance regarding international technical personnel. Inasmuch as WHO has agreed that charges for personnel in new projects should be paid by Technical Assistance, insofar as the projects qualify within the Technical Assistance regulations, the provision of necessary assistance in the field is under discussion with WHO.

6. A somewhat similar situation exists in Iraq, where Iraq also proposes to establish a centre, and asks assistance mainly in the form of international personnel. This also is under discussion with WHO.

Recommendations.

7. It is recommended that \$350,000 presently allocated for BCG operations in Europe be made available for BCG campaigns in the Middle East.

8. It is recommended that approval in principle be given to UNICEF assistance to a mass BCG campaign in Iran and Iraq, detailed plan of operations to be submitted later.

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ANNEX I

Ref: IHRD/2168/50

Ministry of Health  
Tehran, Iran  
15 October 1950

To: Mr. Maurice Pate, Executive Director  
United Nations International Children's  
Emergency Fund  
405 East 42nd Street  
New York 17, New York

Dr. Brock Chisholm, Director-General  
World Health Organization  
Palais des Nations  
Geneva

We are happy to receive in response to our letter of May 26, 1950 the visit of Mr. A. E. Davidson, UNICEF Director for Operations in Europe and the Middle East, and of Dr. L. Verhoestraete of the W.H.O. During their stay we had an opportunity to discuss the most urgent problems affecting the children of Iran and to explore the possibility of international assistance in particular fields.

In the health field, we are of the opinion that tuberculosis represents our most urgent problem requiring international assistance. Accordingly, with the aid of Dr. Thomson, we have agreed upon a general plan for tuberculosis control. We realize, however, that all aspects of this plan cannot be undertaken immediately both from the financial point of view on the part of your organization and of the Government of Iran, as well as the shortage of qualified personnel in Iran for the implementation of the overall plan. Accordingly, the Government of Iran would propose to implement initially, with the assistance of your organizations, a mass B.C.G. vaccination campaign. We understand that this assistance would include the necessary international teams of doctors, nurses, etc., the transport required, syringes, needles, etc., so that the campaign can be substantially completed within two years. On its part, the government would provide for all local expenses, including the cost of teams of local personnel as well as the vaccine and tuberculin which will be produced at the Institutes in Tehran. In connection with the vaccine production the Government requests that the Expert Committee on Biological Standardization of W.H.O. certify as soon as possible the vaccine being produced in Tehran. In addition, of course, it will be necessary to designate a representative to make the precise arrangements with the Government as to the implementation of the campaign.

The Government of Iran has already commenced a project for the creation of epidemiological teams which will be concerned in the first instance with small-pox vaccination. The Government is of the opinion that the small-pox vaccination can be combined with B.C.G. vaccination if additional assistance is made available for transportation, since the same teams can be utilized for both projects. For this purpose an allocation has been made in the budget of the Seven Year Plan amounting to an equivalent of \$300,000 for the first year.

...../As a further

As a further aspect of the overall plan for controlling tuberculosis, our Government proposes to establish a Tuberculosis Center both to serve the city of Tehran, and to be a training and demonstration center which can then be a focal point for the development of T.B. Control Services, in the various parts of the country. If additional funds are available, our Government would hope for assistance through the provision of international personnel. If the international doctor responsible for the BCG campaign and one team were selected for their overall knowledge of T.B. control, both enterprises could be initiated at the same time. Assistance for the other aspects of the overall T.B. Control Campaign, could be discussed at a later stage.

Our Government is also vitally concerned with the provision of safe milk to our children. Recognizing the great experience which UNICEF has acquired in this problem, we would like to invite an expert of UNICEF and the FAO to visit Iran for the purpose of assisting in developing a sound national milk policy including possibly the production of powdered milk and the establishment of pasteurization plants and the like for the benefit of our children. Depending upon the results of this survey the Government might wish to apply at a later time for assistance in this field.

A similar problem exists in the urgent need in Iran for insecticides, particularly DDT, and for antibiotics. Because of the many complex problems involved in establishing plants for local production, the Government wishes to invite an expert who could explore the practicability of such enterprises, realizing the necessity for developing them on a regional basis.

Finally, the Government would greatly appreciate it if it were possible for W.H.O. to make a special study, with the aid of those who have special experience in this field, of the practicability of training auxiliary health personnel concerned with Public Health practices with special emphasis on maternal and child health, who might be trained very quickly and on a large scale to deal with the serious lack of professional personnel in this country, which for example has at the moment fewer than 2000 doctors for a population of 15 million inhabitants. Although the Government is fully aware of the basic importance of the training of highly qualified personnel and all steps are being taken for the establishment and expansion of their training, the Government has nevertheless already undertaken some steps for the training of auxiliary health workers because clearly many years will inevitably pass before highly trained personnel can be available in sufficient number. The Government considers that it cannot afford to wait and the guidance of W.H.O. might prove of great help and importance.

My Ministry is aware of the desirability and the necessity of concluding an agreement which would establish clearly the relations between the Government of Iran and UNICEF. I am, accordingly, recommending the signing of the standard agreement to which other Governments receiving UNICEF assistance have adhered. I hope to transmit shortly the signed agreement.

.....The Government

The Government of Iran is pleased that the General Assembly is considering a unanimous recommendation of the Economic and Social Council to make UNICEF a permanent agency. As an indication of our support, I am happy to advise you that the Ministry of Health proposes to recommend to the Council of Ministers an annual contribution to UNICEF, the precise details of which I hope to inform you shortly.

(Signed)

Jehan S. Saleh, M.D.  
Minister of Health

**BEST COPY AVAILABLE**ANNEX II

Government of Iraq

18 May 1950

MINISTRY OF SOCIAL AFFAIRS  
HEALTH SECTION  
BAGHDAD

Sir,

I have the honour to submit on behalf of the Iraq Government a request for the general campaign against Tuberculosis in Iraq.

Tuberculosis, sir, is one of the main problems in Iraq; it is endlessly increasing in seriousness and absorbing unprecedented efforts of both the Government and the public. The difficulties encountered for its solution present themselves in two main aspects.

The statistical returns which are available since 1918 cannot be considered as completely reliable, as ample data has not been and is not always available. In fact, allow me to say that the number of registered cases represent but a fraction of the actual number of tuberculosis patients, as well as of deaths. This is due to:

- (a) Lack of Medical Officers in many remote locations;
- (b) Lack of proper bacteriological diagnosis in most services;
- (c) the fact that tuberculosis is regarded by certain classes of people as a shameful disease, and therefore the relatives of the dying tuberculosis patient would always try to camouflage the diagnosis in the death certificate.

It is not surprising, therefore, to say that the control programme already undertaken by the Iraq Government yielded but a very small dividend, and in view of the uninterrupted increase of cases, a new 300 bed tuberculosis hospital has been constructed in addition to the existing 300 beds at the Fever Hospital in Bagdad City, and more in other hospitals in other counties. Chest centres fully equipped with X-ray machines and modern means of diagnosis are being constructed in every county.

The Iraq Government is grateful to the Director of the Eastern Mediterranean Regional Office of the WHO for the recent visit of Dr. Donald Thomson, the Regional Tuberculosis Adviser, with whom we discussed this problem, and according to his recommendations the Iraq Government is intending to proceed along the lines clearly defined in his report. Owing to the necessity of undertaking a tuberculosis control campaign based on case finding, accurate diagnosis and prevention, in accordance with the recommendations of the WHO Tuberculosis Expert Committee - approved by the Executive Board at its fifth session - the Iraq Government thereupon is planning on establishing a Chest Centre in Bagdad, the main functions of which

.... / would be



would be:

- (a) To train professional and technical personnel in modern methods of tuberculosis control;
- (b) to provide accurate information in regard to tuberculosis infection and morbidity in selected areas;
- (c) to develop methods of prevention by education and by vaccination.

The laboratory service of this centre will be carried out by the existing bacteriological Institute, where diagnosis of TB by culture and inoculation is already made.

It is also of vital importance that the centre in question should have at its disposal a mobile epidemiological team which could carry out accurate surveys of selected groups by tuberculin testing, bacteriological diagnosis and mass X-ray, and which could also serve as a demonstration for BCG vaccination.

The functions of the centre could be furthermore co-ordinated with those of existing treatment institutions and as and when trained personnel become available, the rational development in the service of the control of tuberculosis throughout the country could well be planned.

The Iraq Government would naturally welcome any technical assistance and advice that the WHO may care to provide, with the financial support of UNICEF, in the development of a tuberculosis control project, together with the demonstration personnel and technical equipment and supplies required for the project.

The Government of Iraq, last but not least, will obviously undertake to extend any assistance required in conformity with the lines approved by WHO.

Therefore, the Iraq Government would request that the WHO would take into serious consideration the carrying into effect in Iraq of the tuberculosis control project. There is no doubt that the Iraq Government, with her entire population, would by all means do their utmost in co-operating for the extermination of this noxious disease.

Assistance of this nature would very favourably impress the Iraq nation as a whole, who would profoundly appreciate the benevolent services discharged by the WHO to the nations of the world.

May the Iraq Delegation take this opportunity of asking your good office to kindly communicate this request to the proper channels for its study.

I remain,

Your obedient servant,

The Director-General  
World Health Organization  
Palais des Nations  
GENEVA  
Switzerland

Chief Delegate,  
IRAQ GOVERNMENT

cc: Regional Director  
WHO Regional office for  
Eastern Mediterranean  
P.O. Box 1517  
Alexandria

cc: United Nations International  
Children's Emergency Fund  
43 Avenue du Marechal Fayolle  
Paris 16e

