

UNITED NATIONS  
ECONOMIC  
AND  
SOCIAL COUNCIL



LIMITED

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16 February 1956

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND  
Programme Committee

Recommendation of the Executive Director for an Allocation  
IRAN  
BCG Anti-Tuberculosis Campaign

1. The Administration recommends an apportionment of \$107,000 for the continuation and expansion, during the period of October 1956 to September 1958, of a re-organized mass BCG anti-tuberculosis vaccination campaign. This assistance represents an extension of a programme already in operation for which allocations of \$235,400 were previously made by UNICEF (exclusive of freight).
2. From May 1952 to end of December 1955 1,360,000 persons have been tested and 830,000 vaccinated. Additional UNICEF assistance is now requested for the re-organization and the expansion of this programme which was only expanded as a real mass BCG campaign in October 1954 in one province (Kurdistan - Ostan V), where rural population is an overwhelming majority.
3. The new plan approved by the Government is established to cover at least 75 per cent to 80 per cent of the population in the urban and rural localities of the whole country reaching 12,500,000 in the younger age groups (out of a total population of 21,000,000) in a period of five years beginning in October 1956. It is expected that additional UNICEF assistance will be requested for the final period of the campaign after the first two years of mass operations.
4. Commitments of the Government for the next two-year phase of the re-organized mass campaign are estimated at the equivalent of 60,000,000 Rials (US \$800,000): 1 US\$ = 75 rials) for capital expenditures and operating costs. At the conclusion of the mass campaign, it is the Government's intention to include tuberculin testing and BCG vaccination of negative reactors as a normal function of the established preventive services of the Public Health Department: MDW Health Centres, School Health Services, Anti-Tuberculosis Dispensaries, Maternity /Hospitals, etc.

Hospitals, etc.

Tuberculosis control and future plans

5. The general background of the tuberculosis problem was reported to the Board in documents E/ICEF/R.161 (April 1951) and E/ICEF/L.572 (February 1954). In April 1951 the Executive Board apportioned \$177,000 to Iran for the provision of international personnel, vehicles, supplies and equipment for a mass BCG campaign during 1952 and 1953 and also some additional equipment for the laboratory producing BCG vaccine in the Pasteur Institute of Teheran. In March 1954 another apportionment of \$15,000 for the continuation of the campaign was approved by the Board for BCG equipment and supplies. The Board has also approved a total amount of \$43,400 for provision of salaries and expenses of international personnel during 1953, 1954 and 1955.

6. The results of the previous BCG vaccination campaign may be summarised as follows:

<u>Period</u>	<u>Tested</u>	<u>Vaccinated</u>
Through the Pasteur Institute:		
- 1947 to 1951.....	About 50,000	About 30,000
With UNICEF/WHO assistance:		
- April 1952 to December 1953.....	715,000	466,000
- 1954.....	269,000	169,000
- 1955.....	380,000	195,000

7. The 715,000 persons tested between April 1952 and December 1953 were in the larger cities, where the tuberculosis infection was considered to be more serious. The extension made in 1954 had the main objective of continuing the vaccination of children in the cities and the industrial centres of the country, with a target of 500,000 more tests. At the same time work in rural areas showed a low degree of tuberculosis infection, as revealed by a low percentage of positive reactions to the tuberculin test. The question arose as to how deep into the rural areas it was worthwhile to take BCG vaccination. As one contribution towards finding the answer, the WHO Regional Assessment Team worked in Iran during the first six months of 1955, testing altogether 15,000 persons. Also during 1955 a "trial" mass campaign was carried out for the first time in a predominantly rural area, in Kurdistan; out of 290,000 tests read, 37 per cent were positive. The

/Regional Assessment

Regional Assessment Team also found a higher degree of infection than had been supposed. Therefore WHO now gives technical support to the desire of Iran to have a country-wide BCG campaign in order to prevent the spread of the infection now present. The only purpose of BCG vaccination is prevention, and from that point of view it is fortunate that a high proportion of the population can be vaccinated before they are infected through the contacts of daily life. As one consequence of this situation, it is proposed to extend testing and vaccination up to the age of 40.

8. The Tuberculosis Demonstration and Training Centre of Teheran will be opened in 1956. This centre is supported by the Government, the Red Lion and Sun Society and the United States International Co-operation Administration, and has received imported technical equipment from WHO.

9. In the industrial areas of Iran, many efforts have been made to improve the social conditions of the tuberculosis patients and to rehabilitate the cured cases with the assistance of the National Anti-Tuberculosis Society, the Red Lion and Sun Society and the Imperial Social Welfare Services.

10. WHO has made provision in its 1955 and 1956 budgets for three medical officers candidates who will receive fellowships on tuberculosis and BCG special training.

#### Proposed plan of action

11. The Ministry of Health has approved the creation of a Scientific Council for Tuberculosis and BCG activities in Iran, presided by the Director of the Tuberculosis Section of the Ministry of Health. This Scientific Council will be permanently attached to the new Hygiene Institute of Teheran and will co-ordinate (with the Scientific Councils of the Malaria Eradication and of the Anti-Smallpox programmes in Iran) all the activities of the whole BCG mass campaign.

12. The BCG mass campaign will be reorganized under the direction of the Public Health Department and incorporated in the general administration services of this organization. This will insure more adequate salaries and field allowances and will eliminate the administration and financial difficulties which have been considered as one of the handicaps of the recent BCG activities in Iran.

/13. An important

13. An important feature of the campaign is the proposal to give smallpox vaccination at the same time as BCG vaccinations (in the other arm), wherever the population has not had smallpox vaccination recently. Outbreaks of smallpox in various districts have caused concern to the Health Department which is seeking, by every means, to effect large-scale vaccination against it. In some areas smallpox vaccinators have been added to malaria teams. The BCG Regional Assessment Team also examined the results of simultaneous smallpox and BCG vaccinations and concluded that this did not reduce the effectiveness of the BCG vaccine in producing tuberculin allergy.

14. The proposed Plan of the Ministry of Health covers the 10 Ostans (provinces) of Iran in order to reach 12,500,000 persons covering all the age groups up to 40 years old during the period from October 1956 to September 1961 as follows:

	<u>To be tested and/or vaccinated.</u>
- From October 1956 to September 1957.....	2,500,000
- From October 1957 to September 1958.....	2,500,000
- From October 1958 to September 1959.....	2,500,000
- From October 1959 to September 1960.....	2,500,000
- From October 1960 to September 1961.....	2,500,000

15. The BCG Branch of the Public Health Department of the Ministry of Health will operate (including supervision) with the following personnel:

- 1 National BCG Director
- 1 Field Operations Medical Officer
- 4 BCG Doctors or Behdars
- 7 Administrative personnel
- 4 mechanics
- 5 drivers.

16. Governmental funds have recently been transferred to the Pasteur Institute of Teheran for completing extensions to the BCG Laboratory. By next October this is planned to be producing vaccine in accordance with the standards adopted by WHO for internationally assisted campaigns.

17. The Field Operations activities will be carried out by 80 teams of 2 BCG vaccinators each. The 80 teams will be divided into 8 groups of 10 teams each. Each group will be headed by a group leader who will be responsible to a BCG Doctor or Behdar, each being in charge of 2 groups, as indicated in the following table:

/Table

	{	{ 1 Group Leader:	10 teams (20 vaccinators) ( 5 vehicles )
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	{	{ 1 Group Leader:	10 teams (20 vaccinators) ( 5 vehicles )
	{	{ 1 Group Leader:	10 teams (20 vaccinators) ( 5 vehicles )
National Director	{ 1 Field Operations Medical Officer	{ 1 BCG Doctor or Behdar (1 vehicle)	{ 1 Group Leader:
	{	{ 1 Group Leader:	10 teams (20 vaccinators) ( 5 vehicles )
----- 1 vehicle -----	{ 1 BCG Doctor or Behdar (1 vehicle)	{ 1 Group Leader:	10 teams (20 vaccinators) ( 5 vehicles )
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18. The previous proposal, of which the UNICEF Board was informed in 1954, to establish 10 permanent BCG centres in the 10 Ostans has been abandoned in agreement with the Ministry of Health. This question will be studied later at the end of this reorganized five-year mass campaign, with a view to retaining a permanent mobile campaign for re-vaccination until the country is covered with a network of rural health centres.

/Target Time

Target time schedule

19. During the first nine months of 1956, the BCG Campaign will continue with 8 teams of 2 vaccinators each in the Ostan VI (Khouzistan). The BCG National personnel will be trained with the assistance of the Pasteur Institute of Teheran and the WHO project team during 1956. In October 1956, the reorganized Mass Campaign will begin in the Ostans V and VI, following the Malaria Eradication Programme activities. During the period from 1957 to 1958, the campaign will cover the Ostans I, II and VII and will continue during 1959-1961 to cover the remaining Ostans.

20. According to the proposal, the campaign would be deployed successively in provinces where malaria eradication is being undertaken. This will make more practicable the essential goal of reaching the less accessible villages, because the malaria campaign will have mapped villages and tracks and found practical solutions for many problems of access. The Government also believes that this plan will increase the interest and response of the population to preventive health measures, and that it may make possible economies in the costs of administration and transportation.

21. The UNICEF supplies, field equipment and vehicles should arrive in Iran as follows:

- i) PFD Stock Solution: as requested subsequently according to the needs of the mass campaign.
- ii) Field Equipment and the 43 vehicles: before the beginning of September 1956.

UNICEF commitments

22. UNICEF will provide the following equipment, supplies and vehicles, for the reorganized BCG Mass Campaign for the period from October 1956 to September 1958:

- a) BCG campaign equipment, Standard BCG kits, Syringes, needles, thermos flasks, refrigerated containers, 6 Refrigerators, public address units, Mantoux rulers, PFD Stock Solution..... US \$13,000

/b) Transport:

b) Transport:

39 Jeeps UNIVERSAL	)	
8 Jeep trailers	)	
4 Jeep Station Wagons	{.....	US \$ 79,000
4 spare motors (3 for Jeeps	)	
1 for St. Wagon	)	
and Spare parts and tires for above		
vehicles		

The above transport requirements correspond to the table of organization in paragraph 17 above (45 vehicles) after taking account of 2 vehicles from previous allocations that will still be serviceable for field work. The others will constitute a small reserve.

Contingencies.....	5,000
Total Supplies and Equipment	\$97,000
Freight	10,000
Total Recommended Allocation	<u>\$107,000</u>

Government commitments

23. The Government's matching commitments for the continuation and the re-organization of the BCG Mass Campaign during the period from October 1956 to September 1958 are estimated at Rials 60,000,000 (US \$800,000) or Rials 30,000,000 per year from the Seven Year Plan allocation to the Ministry of Health. This will cover the following:

- a) Local funds for the BCG Headquarters in the Public Health Department and for the BCG Laboratory at the Teheran Pasteur Institute,
- b) Operating expenses, salaries, allowances, etc. for national personnel, as indicated in the plan of action above,
- c) Local administrative costs and other expenses including ice production, fuel, running expenses and maintenance of 45 vehicles, provision of any additional transport and travel expenses for the successful carrying out of the campaign in the villages and areas non-accessible to field vehicles,
- d) Cost of reception, transportation and storage for the equipment and supplies within the territory of Iran,
- e) Cost of health education in connexion with the programme.

/WHO approval

WHO approval and participation

24. WHO has given its technical approval to the plan for reorganization and expansion of the five-year BCG mass campaign from October 1956 to September 1961. The WHO Regional Assessment Team has visited Iran during the first six months of 1955 and submitted a special report to WHO Tuberculosis Research Office in Copenhagen. Fellowships for three doctors (specialized in tuberculosis and BCG) have been reserved for Iran by WHO for 1955 and 1956.

25. Discussions are in course about whether Technical Assistance funds would be available to provide a medical officer, a nurse and a statistician for eighteen months from 1 July 1956 in order to help start up the campaign.