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UNITED NATIONS CHILDREN'S FUND  
Programme Committee

Recommendation of the Executive Director for an Allocation  
HAITI  
Yaws Eradication

1. The Executive Director recommends an allocation to Haiti of \$26,500 for transport, supplies and equipment to assist in a final phase of yaws eradication for which the Board has previously approved allocations totalling \$580,000 (exclusive of freight). The first assistance for this campaign was approved by the Executive Board in November 1949 (E/ICEF/W.73), followed by a further allocation approved in March 1952 (E/ICEF/R.288). (A balance of \$27,600 saved out of funds previously approved for the purchase of penicillin has been returned to the general resources of the Fund, as reported to the Board in document E/ICEF/L.1115).
2. Since this programme began in 1950, more than 3,692,236 treatments have been administered to active cases of yaws and contacts; this figure includes some re-treatments. During the period 1951/56, examinations and treatments were carried out on a house-to-house basis, reaching 97 per cent of the total population of 3.3 million persons. The campaign has achieved an unquestionable success, reducing the incidence of yaws to less than one per cent on an average throughout the country as compared with the estimated prevalence of yaws of 40 to 50 per cent in 1950. Evaluation surveys made in 1956 showed a number of areas with a prevalence of 0.5 per cent or less of active infection; in some areas the percentage of active infection was as low as one tenth of one per cent and even zero. In the five "danger" areas where infection was found to be higher than one per cent, an intensive campaign has been pushed to reduce the yaws level to 0.0 per cent. This has

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already been accomplished in four of the areas, and the majority of foci have been eliminated in the fifth area. Following this elimination of the danger areas, the aim will be to safeguard against reinfection by establishing a permanent and efficient surveillance organization as a final stage in achieving eradication.

3. The Government plans to use personnel trained in this campaign to develop broader public health activities in the country, including a smallpox vaccination campaign, to be carried out concurrently with increased health education and co-operation with the UNICEF-assisted malaria eradication campaign.

Progress of the campaign

4. The yaws control campaign was initiated in 1949, through the Service d'Eradication du Pian (SERPIAN) with the expectation of treating about 60 per cent of the population. The treatment employed was 2 cc. of penicillin for infectious cases and 1 cc. for contacts, a dosage which is still being used in Haiti and in some other countries.

5. The first method employed in the campaign was that of the "daily clinic method", but after careful study through a small pilot scheme carried out in August 1951, it was decided to use the house-to-house method. The SERPIAN staff visited each house. This method proved to be so satisfactory that a population coverage of 97 per cent was achieved by the house-to-house method.

6. A dramatic reduction has been evidenced in the level of infectious yaws, and in view of the low level of yaws revealed in the areas surveyed, it was decided that instead of continuing broad microscope surveys, a system of surveillance would be established in which individual inspectors would be responsible for a certain area. Accordingly, in July 1955 the country was divided into sectors each in charge of a SERPIAN inspector. When put into operation, however, this system revealed that supervision by superior officers was virtually impossible owing to the wide-spread and often isolated locations of the inspectors so that many points were inadequately covered. Many administrative problems arose; discipline became lax; and the system had to be abandoned.

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7. In August 1956, after a careful review of the problem, it was decided to return to the pattern of house-to-house coverage which provided close supervision for the teams and greatly diminished the administrative problems. Five teams were employed, each comprising twelve inspectors and supervisory personnel. Three international supervisors were made available to assist the Haitian supervising staff. The plan was to push the campaign in all areas showing active infection higher than one per cent (as revealed by the microscope survey), to reduce the yaws level to 0.0 per cent, and to establish a surveillance system.

8. Accordingly, five "danger areas" (i.e. the areas where active cases of yaws still number more than one per cent of the population) were systematically attacked, and at the end of May 1957, four of the five had been brought down to the zero level. The residual pocket of infection in the fifth danger area will be attacked at the first opportunity when local conditions are stabilized. The majority of foci have already been eliminated in this area.

9. The number of treatments carried out at various stages of the campaign are shown in the table below:

T R E A T M E N T S

	Cases			Contacts			Total all cases and contacts
	Children	Adults	Total	Children	Adults	Total	
<u>First Period</u> 20 Jul. '50 to 20 Oct. '51	85,498	270,743	356,241	158,354	152,143	310,497	666,738
<u>Second Period</u> 27 Oct. '51 to 31 Dec. '54	220,212	703,111	923,323	968,883	942,506	1,911,389	2,834,712
<u>Third Period</u> Jan. '55 to Oct. '56	5,402	14,146	19,548	52,681	57,802	110,483	130,031
<u>Fourth Period</u> Nov. '56 to Apr. '57	2,229	4,563	6,792	23,213	30,750	53,963	60,755
Totals	313,341	992,563	1,305,904	1,203,131	1,183,201	2,386,332	3,692,236

Plan of operations for vigilance and final eradication

10. With the elimination of the danger areas, the aim is now to establish a practicable, efficient, permanent vigilance or surveillance organization to safeguard against reinfection throughout the country. This is the final stage in checking and achieving eradication. For this final phase of the campaign, the Yaws National Service is to be organized in groups and sub-groups under continuous supervision by group inspectors and liaison inspectors. A group or sub-group will be assigned to each department of the country on a permanent basis, making repeated systematic sweeps until a re-survey is completed. On completion of one re-survey, the group will return to its starting line and begin another re-survey.

11. The army, police, clergy, school teachers and medical organizations have already demonstrated full co-operation and their further help will be enlisted. An Army General Order was published on 27 February 1957 to assure the assistance of the rural police in the campaign. All persons listed by the police on the forms provided by the Yaws National Service are visited, and the inspectors of the Service confirm or reject the diagnosis of yaws and treat cases and near contacts.

12. Health centres managed by the Co-operative Service are likewise associated in tracing the last remaining cases, and the personnel of the malaria eradication service have been requested to report any information on yaws cases which may come to them during the spraying activities.

13. Finally, the Ministry of Labour has been asked to inform the Yaws Service in advance of any seasonal labour movement from Haiti to Cuba or to the Dominican Republic. Each individual in such groups will receive 2 cc. of penicillin before leaving Haiti, and a similar dose on returning, to prevent the introduction of incubating yaws cases from outside the country.

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Other public health activities combined with yaws eradication

14. Augmented by at least three more groups of twelve men each, plus nine supervising officers, the yaws personnel will be employed in a mass smallpox vaccination campaign which will protect the entire population of Haiti, and, by virtue of this new mass coverage, will pick up the remaining cases of yaws.

15. Plans are also well advanced for training all of the inspectors in environmental sanitation and education techniques, so that in the course of the yaws vigilance work, they will be able to disseminate health education to the peasant population.

16. It is also intended to use the yaws personnel, before starting the smallpox campaign, to report fever cases for the malaria eradication programme and, if it proves feasible, they will be trained in the taking of blood slides.

17. For the deployment of this new plan, part of the vehicles provided previously by UNICEF must be replaced, and health education equipment in the form of loudspeakers and accessories for use at village level, have been requested.

UNICEF commitments

18. UNICEF would provide the following:

	<u>US\$</u>
a) <u>Vehicles and spares</u>	22,700
b) <u>Public address system</u>	650
c) <u>Field equipment</u>	<u>650</u>
Total supplies and equipment	24,000
d) <u>Freight</u>	<u>2,500</u>
Total recommended allocation	26,500

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WHO approval and participation

19. WHO has given its technical approval to the plan outlined above. WHO will continue its technical assistance in connexion with the eradication of yaws as well as with the new plan referred to in this recommendation. For this purpose, \$24,000 has been budgeted in 1958 and 1959, to provide two consultants. In 1959 a team of four consultants is envisaged for planning the overall rural public health services. For this purpose including fellowships, \$57,000 has been budgeted.

Government commitments

20. The Government has budgeted for the year 1957/58 the equivalent of US\$163,000 for the continuation of the combined yaws and smallpox vaccination campaign of which approximately US\$80,000 is considered as matching the UNICEF contribution for this final phase of the campaign.

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