

UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL



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UNITED NATIONS CHILDREN'S FUND

Programme Committee

Recommendation of the Executive Director for an Allocation SPAIN Trachoma Control

1. The Executive Director <u>recommends</u> an allocation to Spain of \$18,000 to provide antibiotic ointment, transport, diagnostic and health education supplies for continuation during 1958 and 1959 of the UNICEF-assisted trachcma control programme and expansion of the operation throughout seven provinces. With the help of an allocation of \$17,800 (excluding freight), approved in September 1954 (E/ICEF/L.642), it has been possible to establish successful methods of modern trachoma control and to train staff in three provinces. The present request is to aid in an expansion of the campaign to four adjacent provinces (Cadiz, Murcia, Jaen and Alicante). A further request is anticipated at a later time to aid in a final extension of the campaign to the remaining trachomatous provinces of Sevilla, Albacete, Castellón and Valencia in 1960 and 1961.

2. WHO would provide consultants in ophthalmology, statistics and health education as well as fellowships. The Government would assign a full-time ophthalmologist to the campaign and, by 1959, 37 part-time medical officers and 66 auxiliaries. Government matching for the two-year period is estimated at the equivalent of US\$35,300.

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3. Operations planned for 1958 and 1959 involve collective treatment of the total population (approximately 25,250 persons) in seventeen highly infected communities; nearly 7,000 school children in some 500 schools in areas of intermediate endemicity; and 3,100 families (approximately 15,000 persons) in 20 highly affected villages in the seven southernmost provinces of Spain. Three methods of treatment have been used in the first phase of the campaign and will be continued during the next period. All three methods are in accordance with the intermittent treatment schedule, thus:

- a) collective community treatment in areas where the incidence of trachoma is 70 per cent or higher. Ointment is to be applied, twice daily three consecutive days monthly for six months.
- b) school treatment where the level of infection is between 20 and 70 per cent. Ointment is to be applied twice daily five consecutive days (instead of three days) monthly for six months to compensate for irregular attendance.
- c) home and dispensary treatment in areas where less than 20 per cent of the population are presumed to be infected. Ointment is to be applied twice daily five consecutive days monthly for six months.

4. Seminars for ophthalmologists and general physicians and training courses for auxiliary workers will precede the expansion of the campaign. Although little has been done in health education up to the present, the ophthalmologist in charge of field operations is now attending a course in health education in the United Kingdom, and a WHO consultant will visit Spain in the autumn to work out with him a specific programme.

5. The problem of trachoma, which may affect as many as 150,000 persons in Spain, was described in E/ICEF/L.642 presented to the Board in September 1954. The plan approved at that time was designed to improve and extend case finding and the treatment of the disease. The programme has been developing slowly but satisfactorily over the past three years. As a pilot project it has been so successful that WHO fellows from other countries are now visiting Spain to observe the methods employed in this campaign.

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6. The Government plans to expand the WHO/UNICEF-assisted campaign gradually, at the same time integrating the new methods with the existing "Lucha antitracomatosa". The "Lucha" project depends upon voluntary attendance and for this reason has not been entirely successful in curing trachoma, for patients are irregular in returning for treatment and there is no follow-up. The 57 "Lucha" dispensaries, directed by part-time ophthalmologists will gradually be absorbed into the "Campaña" as the campaign is extended to areas already reached by the "Lucha". Until now it has not been possible to extend rapidly the new methods introduced by WHO and UNICEF because of budgetary difficulties and because of the necessity to achieve a gradual integration of the existing anti-trachoma work into the new campaign plan. During this period it has, however, been possible to gain the co-operation of all the medical corps of the region, and to demonstrate to them the modern methods of trachoma control.

Organization and accomplishments 1955/57

7. The Director of Health of Granada Province has been appointed as "Regional Director" of the "Campaña". He is assisted by a full-time "project ophthalmologist" who acts as field and technical deputy director. Part-time ophthalmologists, previously attached to the "Lucha", and special "Campañal-trained auxiliaries constitute the executive level of the organization. A statistical clerk has recently been appointed for the project headquarters in Granada.

8. <u>Three methods of treatment</u>: The three methods of treatment, employed successfully in the first phase of the campaign, will continue to be employed in the next two-year phase as follows:

a) <u>Collective community treatment</u>: This operation, known as "Operación Total" was carried out on a pilot basis during 1955/56 in the fishing village of La Mamola on the Granada Coast where 83 per cent of the inhabitants are trachomatous and two per cent doubtful. The intermittent treatment schedule was used. Two trained auxiliary workers carried out the treatment of 1,135 persons, making applications of ointment twice daily for three consecutive days of each month for six months. Careful records were kept. Six to eighteen months after treatment, less than 3 per cent of the 1,135 persons involved had clinically active trachoma. E/ICEF/L.1100 ENGLISH Page 4

> "Operación total" has been chosen as the best method of dealing with highly endemic communities (where the incidence is 70 per cent or over). This method was extended during 1956 and 1957 to treat a further 16,300 persons in five other hyper-endemic villages in <u>Granada</u>, <u>Almería</u> and <u>Málaga</u> provinces. Results from the first of these villages, <u>Carboneras</u>, are now under analysis. The data ascertained by clinical diagnosis and laboratory examinations, carried out by the Granada Institute of Public Health and then recorded on WHO/UNICEF individual record cards during the execution of "operación total" and home dispensary treatment (sub-paragraph c below), will provide material for epidemiological studies, which are to be conducted with the help of WHO statisticians and experts in trachoma.

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- b) School treatment: School screening and treatment started in 1955/56 in 62 schools in Granada Province; in the first year 2,900 pupils were examined and 1,249 treated. To compensate for irregular attendance, the treatment schedule was extended from the usual three days to five days each month. During the campaign's second school year, just ended, a further 1,056 children were treated in schools in Granada and Almería Provinces.
- c) <u>Home and dispensary treatment</u>: In areas where the endemicity of trachoma is presumed to be below 20 per cent an "operación dispensario-domicilio" has been set up with these objectives:
 - i) to study family patterns of infection;
 - ii) to find the active cases which are not attending dispensaries;
 - iii) to introduce self-treatment in the home under the supervision of visiting auxiliaries.

Ointment is applied twice daily for five consecutive days a month over a period of six months. In the areas where home and dispensary treatment is employed, the existing "lucha" dispensaries are being up-graded to qualify for integration into the "Campaña". In the first trial of this type of operation in four villages of Granada and Málaga Provinces, 500 families are involved.

9. <u>Training of staff</u>: The Government has given particular attention to the re-training of the ex-"Lucha" ophthalmologists in order to acquaint them with the objectives and working methods of the "Campaña" and to create a corps of auxiliaries. The auxiliaries are drawn chiefly from among young girls residing in the communities where they will work, who will have the responsibility for

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giving treatments and for supervising treatment in the schools, homes and dispensaries. In 1955 and 1957, 35 auxiliaries from the three provinces were trained in two-week courses given at the Granada Eye Dispensary, the Institute of Public Health and the University Hospital. Two seminars for doctors have also been held.

Plan for 1958/59

10. Provision is being made for a progressive extension of the programme from the three provinces included in the pilot phase to four adjacent provinces (Murcia, Alicante, Jaen and Cadiz) in the most infected endemic area of Southern Spain. "Campaña" operations will be introduced into the new provinces by the establishment of pilot sectors in which the staff will gain practical experience. Control measures will thereafter be extended to all trachomatous districts in the province.

11. <u>Training</u>: As a preliminary to the proposed extension of the campaign, briefing seminars will be held for ophthalmologists and general physicians, and a training course for auxiliaries. The training schedule has been set up as follows:

a)	Seminars
	January 1958 - nine medical officers from Murcia January 1959 - four medical officers from Jaen eight medical officers from Alicante
b)	Courses
	1958 - twelve auxiliaries from Granada, Almería, Málaga and Murcia
	1959 - 21 auxiliaries from Granada, Murcia, Jaen, Cadiz and Alicante

12. Three methods of organization and treatment: As in the earlier period the programme for 1958/1959 is divided into three parts, according to the organization and method of treatment employed, thus: a) <u>Collective community treatment</u>: From the existing knowledge of the distribution of trachoma in Spain, **Co**llective treatment of entire communities, "operación total", will have a limited application in the future. It is expected that the 1958/59 plans shown below will cover virtually all communities with more than 70 per cent infection.

Province		1958			<u>1959</u>	
	2 villages 1 village 2 villages 2 villages	(u	1,000) 5,500)	l village 3 villages	("	4,600) 2,000) 5,600) 1,000)

population 12,050

population 13,200

b) <u>School treatment</u>: In schools previously treated diagnosis and treatment as required will be provided for new pupils and for re-infected pupils. This part of the programme is referred to as "operación escolar permanente" and will involve treatment of 2,800 children in Granada and Almería schools. In schools not previously reached ("operación escolar inicial"), 21,500 children will be examined and an estimated 4,045 treated in the six provinces, as follows:

School Treatment (Operación escolar inicial)

Province	<u>Children to</u> <u>1957/58</u>	be examined 1958/59	<u>Children to</u> <u>1957/58</u>	be treated 1958/59
Granada 42 schools	-	2,900	-	400
or classes Almería 71 schools or classes	2,750	690	825	250
Málaga 29 schcols	1,850	1,090	410	280
or classes Murcia 345 schools or classes	3,800	8,420	800	680
Jaen <u>a</u> / Alicante <u>a</u> /	-	<u>a</u> / a/	-	200 200
Totals	8,400	13,100	2,035	2,010
Two-year total		21,500		4,045

a/ To be decided upon later. Trachoma being less frequent in these provinces, the number of schools and children to be examined will increase in relation to the number of cases requiring treatment.

Province	1958	1959
Granada Almería Málaga Murcia Jaen Cádiz	3 villages 400 families 1 " 200 " 4 " 200 " 2 " 200 "	4 villages 500 families 2 " 400 " 5 " 300 " 4 " 400 " 3 " 300 " 2 " 200 "
Total	1,000 families	2,100 families

c) Home and dispensary treatment will be carried out as follows:

Administration, staff and supervision

13. An annual "co-ordination conference" will be held in Granada in February of each year under the chairmanship of the Director of the National School of Public Health. The conference will be attended by the provincial directors of health, ophthalmologists, the Chief of Health Education Section of the Health Directorate, and the WHO trachoma advisers and statistics consultant.

14. The campaign will continue to be directed by the Director of Health of Granada and the project ophthalmologist. In each province the provincial director of health will be responsible for operations by delegation to the Chief Ophthalmologist of the province who was, until the "Campaña" took over, the local director of the "Lucha".

15. The total staff in the provinces will consist of the following:

	<u>1958</u>	<u>1959</u>
Ophthalmologists	4	7
Medical officers	15	30
Auxiliaries	43	66

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UNICEF commitments

16. UNICEF would provide the following for the operation	during 1958 and 1959:
	<u>US\$</u>
a) Aureomycin ointment 3.5 gramme tubes 78,600	11,200
b) Transport	4,500
i) supervisory vehicle l ii) scooters and powered bicycles 9	
c) <u>Hand-slit lamps</u> , 8	300
Total supplies and equipment	16,000
d) Freight	2,000
Total recommended allocation	18,000

WHO approval and participation

17. WHO has given its technical approval to the plan for expansion of this programme, and will provide two fellowships of two months each (one in 1958 and one in 1959) as well as expert services as follows:

	<u>1958</u>	<u>1959</u>
Ophthalmologist	3 months	3 months
Statistician	l month	l month
Health educator	l month	-

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Government commitments

18. The estimated additional cost to the Government for the two-year expansion of the plan would be Pesetas 1,483,790,equivalent to US\$35,300; this amount is considered as matching the proposed UNICEF allocation for this period. By category of expenditure the costs to the Government are shown below, totalling the equivalent of US\$22,500 for Phase I (1955/57) and US\$35,300 for Phase II (1958/59).

Expenditures of the Government 1955/57 and Estimated Costs 1958/59

		1955/1957			/1959
	1955	<u>1956</u>	<u>1957</u>	<u>1958</u>	1 <u>959</u>
Personnel	48,020	214,170	363,270	450,340	626,540
Supplies	34,800	43,480	33,110	51,000	66,210
Training courses	14,810	21,020	10,000	20,000	20,000
Transportation and vehicle maintenance	15,670	35,970	52,130	70,200	104,260
Health education	-	-	-	20,000	20,000
Miscellaneous	9,820	6,130	7,480	15,270	19,970
Pesetas	123,120	320,770	466,000	626,810	856,980
US Dollar equivalent	\$ 3,157	\$ 8,225	\$11,095	\$14,924	\$20,404
	Total Phase I		\$22,500	Total Phase I	I:\$35,300

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