

UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



LIMITED

E/ICEF/L.746

25 February 1955

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND

Programme Committee

Recommendation of the Executive Director for an Apportionment to

African Area Allocation:

TB Survey Teams in East and West Africa

1. The Administration recommends an apportionment of \$230,000 to cover salaries of WHO personnel for a two-year period for two TB survey teams, one to work in East Africa and the other in West Africa, and for supplies and equipment for the teams. The purpose of the surveys is to provide the factual basis to determine the suitability of mass BCG campaigns, the age groups that they should include, and the communities (urban, rural, etc.) in which the work should be concentrated. Under the technical direction of the WHO Tuberculosis Research Office the findings of the team will be analyzed and evaluated in terms of the reaction of the population to tuberculin, and to BCG vaccinations. The teams will make preliminary trials of the vaccine to be used in mass campaigns and will provide training and experience for national personnel.
2. The team for West Africa will begin work in Lagos and proceed therefrom to other parts of Nigeria and then to French Equatorial Africa and other territories within the region. The team for East Africa will begin work in British Somaliland, the Italian Trust Territory of Somalia and proceed therefrom to Tanganyika, Zanzibar and possibly to other territories within this region.
3. Each team will consist of one medical advisor, two nurses and one laboratory technician. Counterpart personnel provided by the Government of each country to be visited by the teams, will assist the survey, exchange information on methods of work and prepare for large-scale BCG vaccination.
4. Except for BCG vaccination campaigns carried out in North Africa (Algeria, Tangiers, and Tunisia) under the UNICEF-aided International Tuberculosis Campaign

/and ending in

and ending in 1951 and 1952, no aid has hitherto been given by UNICEF for BCG campaigns in Africa.*

Other TB Teams

5. UNICEF, in 1953 and 1954, approved funds for two TB survey and assessment teams in Asia (one in Southeast Asia, \$60,000 for two years; one in the Western Pacific \$45,000 for one and a half years) and one team in the Eastern Mediterranean Area (\$60,000 for two years). The cost of these teams were charged to the respective Area allocations rather than to any country allocation. Under the present recommendation the costs would be charged to the African Area allocation.
6. The personnel of each team receives training at the WHO Tuberculosis Research Office. They gather field data according to a detailed schedule worked out by TRO, and these data (cards) are sent from the field to TRO for analysis and evaluation. After a report on each project from TRO, and detailed discussions, the results are translated into practical recommendations by the Tuberculosis Section, WHO Headquarters.
7. In countries where no campaign has yet been held, the work of the teams in providing a survey is an essential preliminary step. From the data for tuberculin testing valuable information is obtained as to the prevalence of tuberculous infection in a country. As the teams are often working in countries where practically no reliable statistics exist concerning tuberculosis, such information is obviously of special value. In countries where BCG Campaigns are underway, the teams assume an assessment function, determining, on a sample basis, what has been achieved and providing data for the improvement of techniques and procedures.
8. The teams may also gather data for special studies, e.g.
 - (a) The investigation of the inter-action between BCG vaccination and penicillin injections with a view to the possible combination in single projects of anti-yaws and mass BCG-vaccination programmes.
 - (b) The study of simultaneous BCG and smallpox vaccination, with a view to the possible combination in single projects of vaccination with the two vaccines.

Special Functions of the African Teams

9. Although it is generally known that tuberculosis is a major health problem in urban communities of the countries for which the surveys are proposed, the extent of its seriousness, especially in rural areas, is by no means certain. However, the local health authorities are concerned about the problem and desire the development of control and curative measures.

*See however E/ICEF/L.707 containing a recommendation to this Board Session for BCG aid to Nigeria. /10. A number

10. A number of efforts have been made in the various countries to evaluate the extent of the problem. For a number of reasons, however, including differences in techniques and diagnostic standards, the results were not conclusive, nor did they yield comparable data.

11. The two teams will start work, therefore, in territories where little information is available on the extent of the tuberculosis problem and the behaviour of tuberculosis in general (epidemiology of tuberculosis). It would therefore seem advisable to extend the scope of their work to include examination for tubercle bacilli of sputa from certain groups of people. This would increase considerably the value of the information collected.

12. As the teams will be working in areas where there are no laboratories for examination for tubercle bacilli and no personnel trained for making such examination the work must be limited to basing the examination for tubercle bacilli on direct microscopy of sputa in a field laboratory. In order to evaluate and check these field examinations, it will be necessary to send a certain proportion of the sputa to an experienced tuberculosis laboratory for culturing. This will, at the same time, make it possible to obtain reliable information about the type of tubercle bacilli causing disease and infection in Africa. For these reasons it is recommended that the Survey Team should, in addition to the usual personnel, each have one laboratory technician, and also that provision should be made for laboratory equipment, making it possible to do microscopy of sputum under field laboratory.

Commitments of WHO

13. WHO will recruit, against reimbursement by UNICEF, the following personnel for each team:

- a) one doctor and two nurses who will have received special training from the Tuberculosis Research Office;
- b) one laboratory technician (for sputum examinations).

14. WHO will undertake also to assist in the detailed planning and execution of the project, in devising the forms for the collection of field data, in undertaking analysis of the data, and will be responsible for making technical recommendations based on the results of the survey.

Commitments of UNICEF

15. UNICEF will provide for this phase of the project the following equipment and supplies:

- a) ECG vaccine
- b) diluted tuberculin
- c) two vehicles (one for each team)
- d) five standard vaccination kits per team and one standard station unit

/e) ice containers for transport

- e) ice containers for transport of tuberculin and vaccine by air and thermos flasks for transport of same within project area.
- f) record cards and other statistical material
- g) simple field laboratory equipment and supplies for sputum examination
- h) camping equipment
- i) public address unit

16. The total cost to UNICEF of the proposed surveys would be as follows:

Salary and travel expenses to medical and professional personnel (for two years)	\$200,000
Equipment and supplies	24,000
Contingencies	4,000
	<hr/>
	228,000
Freight	2,000
	<hr/>
Total	\$230,000

Commitments of the Countries of the Regions

17. The present recommendation is an inter-regional effort designed for the benefit of a number of countries and territories. Governments will assist the survey by providing such items as the following within the limit of their possibilities:

- a) Personnel - one full-time medical officer, two nurses or orderlies, one secretary, one statistical clerk, drivers, and any other auxiliary personnel which may be required for the purpose of the survey;
- b) Premises - a suitable central office and equipment and facilities for cold storage of tuberculin and vaccine, other supplies and facilities as may be locally available and necessary;
- c) Fuel, lubricants and maintenance of the UNICEF vehicles; and in some cases transportation of personnel, equipment and supplies within the country.

Target Time Schedule

18. In the light of experience gained in other regions, it is expected that two years would be required to complete the surveys in question. Thus, if work is to start in the middle of 1955, it is hoped that enough material would have been gathered and examined and plans for the next stage completed by the middle of 1957.