

UNITED NATIONS  
ECONOMIC  
AND  
SOCIAL COUNCIL



LIMITED  
E/ICEF/L.769  
20 July 1955  
ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND  
Programme Committee

Recommendation of the Executive Director for an Apportionment  
YUGOSLAVIA  
Trachoma Control

1. The Administration recommends an apportionment to Yugoslavia of \$11,000 for antibiotic ointment and minor laboratory equipment to assist in continuing trachoma control through 1956 with the aim of treating 21,000 persons in the period from April 1955 to September 1956. This proposal is for a second phase of the national trachoma control programme. In the first phase, UNICEF provided \$17,800 for diagnosis and treatment of trachoma within the broad maternal and child welfare programme (E/ICEF/212, paras. 44-45) under which 9,000 children had received treatment by March 1955. The Government plans a third phase of the programme to begin late in 1956 to bring trachoma under control in all affected areas within four or five years and to eradicate the disease in many areas. Further aid from UNICEF may be requested later.

2. The Second Phase of the national trachoma control programme, for which UNICEF aid is now requested will include:

- a) Continuation along present lines of campaigns in Serbia, Croatia and Slovenia. (See para. 13 below).
- b) An intensified campaign in Bosnia and re-organization to overcome the special difficulties in this Republic where trachoma has not yet shown an appreciable decrease. (See para. 14 below).
- c) Special programmes of intensive action in certain selected areas of Serbia and Croatia where there are remaining pockets of infection. (See para. 15 below).

/Treatment

Treatment of infected persons will be by local application of antibiotic ointment for approximately 75 days over a period of three months, and will be carried out through schools in communities where this is justified by the number of trachomatous children. In communities where parents and schools co-operate successfully, infected children will be sent regularly for treatment at anti-trachoma stations. Where the incidence of the disease is small, treatment will be carried out by anti-trachoma nurses making daily house visits. Health education will be an important adjunct of the programme.

3. Field action in "Phase II" will be preceded by a statistical and epidemiological survey of the disease, its pattern of incidence with respect to age, geography, occupation and living conditions. (See para. 12 below). A plan will be developed for regular collection, recording and statistical appraisal of all such data in future. A study will also be made of methods used and results achieved to date and proposals will be developed for re-organization of the national programme. During the active campaign a research team, equipped with mobile laboratory and dark room, will carry out a series of field investigations in selected districts in collaboration with local ophthalmologists and epidemiologists. Research will also continue at the trachoma laboratory of the University Eye Clinic at Belgrade into the aetiology and differential diagnosis of non-trachomatous folliculosis.

4. WHO will provide an ophthalmologist consultant to advise the Government for a period of two months, three fellowships in 1955 and two in 1956 and certain literature, teaching materials and film. Costs of international personnel and fellowships will be covered in 1955 under TA, Priority I, and a proposal is included in the TAB Basic Country Budget for 1956 to cover costs in that year.

5. The Government has budgetted 89 million dinars for the broad and expanding national trachoma control project. For Phase II, which UNICEF is now asked to assist, the Government will continue to provide as required all local personnel, supplies, buildings, storage, dispensaries, stations and other facilities. Vehicles provided by UNICEF for the overall MCW programme will

be utilized

be utilized for trachoma control work and will be fueled and maintained by the Government. It is not possible at present to indicate the precise value of the Government's matching for Phase II. The Board is therefore requested to entrust the Administration with the establishment of a detailed breakdown of matching costs in the plan of operations for Phase II which will be reported to the Board at a later date.

#### The Problem of Trachoma

6. Following World War II there was a rapid and progressive increase in the prevalence of trachoma in many parts of Yugoslavia due to migration of the population, communal living under overcrowded and often unhygienic conditions, the placement of trachomatous orphans with healthy families and the temporary dis-organization of health services. Statistical records and reporting vary from one Republic to another and pending the proposed survey there is no reliable estimate of the overall incidence of the disease. In Serbia, Croatia and Slovenia where control measures have been actively applied since 1948 there are almost 77,000 known cases of active trachoma. In Bosnia where only about one fifth of the trachomatous districts have been surveyed, more than 9,000 cases of active trachoma are now registered.

#### Efforts to Control Trachoma

7. In 1948 a widespread anti-trachoma campaign was put into operation in the Republics of Serbia, Croatia, Bosnia and Slovenia including case-finding surveys, supervision of families with infected members, regular school inspections and segregation of trachomatous pupils, health education and propaganda and the establishment of a network of anti-trachoma centres, dispensaries and stations. With help from UNICEF and WHO, treatment with antibiotics was introduced on a wide scale in 1952 and 9,000 children had been treated by March 1955.

8. Where control measures have been energetically applied - as in Serbia, Croatia and Slovenia, - there has been a steady decline in the number of active cases of trachoma shown by the following figures:

Serbia	Dec. 1948	-	50,500	Dec. 1954	-	18,375
Croatia	Dec. 1948	-	17,282	Dec. 1954	-	6,777
Slovenia	Dec. 1945	-	9,000	Dec. 1954	-	345

On the other hand, in Bosnia, where the campaign has never been actively developed, the situation is worse than it was in 1948.

9. The recorded results of treatment with antibiotics in different regions show an inconsistency which was anticipated, due chiefly to the prevalence in certain regions of a "chronic non-trachomatous folliculosis," - a low grade follicular conjunctivitis without corneal involvement or other complications of trachoma which normally runs a course of several years and is unaffected by antibiotics or chemotherapy. Borderline cases are difficult to diagnose without special instruments and laboratory examinations, and many cases of folliculosis have been mis-diagnosed and treated with negative results.

10. On the other hand, in regions such as Varazdin in Croatia and M. Sobota in Slovenia, where trachoma generally occurs in florid pure form, the results of antibiotic treatment have been excellent. For example, in a recent series in which 368 children were treated twice daily over 60 days with aureomycin or terramycin and evaluated according to the standard WHO method, more than 90 per cent showed clinical cure three months after the termination of treatment. From this high level of success, recorded "cures" dwindle to less than 50 per cent in regions where folliculosis is prevalent. There is now no question that the Yugoslavian trachoma is susceptible to antibiotics but much effort and medication is being wasted on non-trachomatous folliculosis. Due to shortage of expert personnel and of laboratory and other equipment, little progress has been made up to now in evaluating the total problem and arriving at differential diagnosis.

Plan of Operations

11. The present recommendation is for the provision of antibiotic ointment and of minor laboratory supplies to assist in continuation of the programme for the period from April 1955 to September 1956.

12. Statistical Appraisal: As a first step in Phase II of the programme, all existing records of case finding and treatment are being examined by a study group composed of a statistician, an epidemiologist and an ophthalmologist, with supporting personnel. Their task is: to analyze each case treated since the beginning of the campaign and to assess the present status and distribution of the disease; to study the records with respect to family patterns, the relationship of age to the evolutive stage of the disease, geographical distribution, occupation, etc; to study the correlation of the decline of trachoma with factors which may have been responsible for the decline, for example an increase in standards of living and hygiene and the various preventive measures which have been employed; and to evolve a plan for the collection, recording and statistical appraisal of all such data in future. This work will be carried out at the Federal Institute of Public Health in Belgrade in collaboration with the Institutes of Hygiene in each of the Republics.

13. The Basic Campaign: The basic anti-trachoma campaign with its network of dispensaries and stations and its programme of case-finding, supervision, health education and treatment of voluntary patients will continue to operate in Serbia, Croatia and Slovenia as long as is locally necessary. At the beginning of Phase II, the standard, equipment, transport and personnel of each trachoma control unit will be reviewed and reports will be submitted to the District Institutes of Hygiene with recommendations for maintenance of the unit, upgrading or closure.

14. Special Problems in Bosnia: In the Republic of Bosnia the campaign presents peculiar difficulties due to the long distance and poor communications between the administrative and training centre at Sarajevo and the areas where trachoma is endemic. There is also a shortage of ophthalmologists. The terrain is mountainous, and during the winter when farming population would normally be most available for treatment, the farming communities are frequently snowbound

/In accordance.....

In accordance with recommendations of the Conference on Trachoma Control which was held in Sarajevo in April 1955, special measures will be taken in this Republic:

- a) The Anti-Trachoma Hospital at Bosanski Samac will be completed as soon as possible and will serve as the main centre for the control programme in the Republic.
- b) The Central Anti-Trachoma Dispensary, now located in Sarajevo, will be transferred to the area where trachoma is endemic.
- c) An ophthalmologist or a physician will be recruited for trachoma control work by each District where the disease is prevalent and physicians will receive a special preliminary course of training at the Central Anti-Trachoma Dispensary.
- d) The status and existing auxiliary field staff will be reviewed and additional staff will be recruited and suitably trained.
- e) Ophthalmologists from Slovenia and Serbia will be invited to give technical advice and to assist in the campaign.

15. Special Programmes: In certain selected areas of Serbia and Croatia where in spite of intensive trachoma control work over the past few years there are still remaining pockets of infection, more intensive programmes will be undertaken to counteract the tendency to relax when the disease is nearly eliminated.

16. Treatment: Treatment will consist of topical application of antibiotic ointment and will be carried out as follows:

- a) In villages where there are still sufficient numbers of trachomatous children to justify it, treatment will be carried out in the schools.
- b) In communities where parents and schools cooperate successfully, children will be sent regularly for treatment at anti-trachoma stations.
- c) Where the residual number of trachomatous families is small, house-to-house visits will be made daily by the anti-trachoma nurses and treatment given to all active cases of trachoma and to immediate

/contacts.....

contacts. Adults will be instructed in the method of applying the ointment and a supply will be left with each family for application each evening. This treatment will be continued for three months.

17. Health Education: A new intensified programme of health education and propaganda will be developed and put into operation during the course of 1955 following a review of the question which is to be made by the Institute for Health Education in collaboration with the Central Institutes of Hygiene of the Belgrade, Zagreb, Sarajevo and Ljubljana and the Anti-Trachoma Section of the University of Belgrade. Educational films on trachoma and its prevention and treatment are to be produced by the Film Units of the Central Institutes of Hygiene in Belgrade and Zagreb.

UNICEF Commitments

18. UNICEF would provide for the Second Phase of the programme:

	<u>US \$</u>
a) Antibiotic ointment 58,000 tubes (205 kilogrammes)	8,500
b) Minor laboratory equipment	1,000
c) Contingencies	<u>500</u>
Total supplies and equipment	10,000
d) Freight	<u>1,000</u>
Total UNICEF Commitments	\$11,000

WHO Approval and Participation

19. This project has been worked out in close consultation with WHO and WHO technical approval is awaited. WHO will provide the following under approved TA funds, Priority I, for 1955, and subject to confirmation of the allotment proposed in the TAB Basic Country Target for 1956:

- a) Personnel - One ophthalmologist consultant to serve as adviser to the Government for a period of 2 months in 1955 and 1956.
- b) Fellowships - Three fellowships totalling 5 months in 1955 and two fellowships totalling 4 months in 1956.

/ c) Supplies