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Programme Committee

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

1. The Executive Director recommends an allocation to Yugoslavia of \$30,000 for the provision of ten vehicles and spare parts to replace and recondition worn-out transport in the BCG anti-tuberculosis mass vaccination campaign. Previous UNICEF aid to this programme totals \$281,900, most of which was allocated for the work carried out by the International Tuberculosis Campaign (ITC) from August 1948 until December 1950. Since that time, the Government has continued the vaccination programme with its own resources as agreed at the completion of the ITC campaign. The acquisition of new vehicles is essential at the present stage in order to continue the campaign on the same scale as previously. In the four-year period 1957 through 1960, nearly five million children and adolescents will be tested. The Government's matching expenditures during the four-year period are estimated at the equivalent of US\$733,000.

2. In the six-year interim since the conclusion of the International Tuberculosis Campaign, periodic government reports have indicated successful continuation of the vaccination programme. Almost five million persons have been tested and 1,960,000 vaccinated during this period, and in addition 1,945,000 re-tested and 500,000 re-vaccinated. BCG vaccination was made compulsory for all ages up to twenty-five years by legislation passed in April 1950.

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3. BCG vaccine for the campaign is produced at the Institute of Hygiene in Belgrade, and since 1954 the Institute has prepared all required tuberculin (PPD) dilutions from PPD powder supplied by UNICEF from the State Serum Institute, Copenhagen. PPD dilutions are prepared under the direction of a Yugoslav medical officer who underwent a period of training in Copenhagen, UNICEF financing the training fellowship. Continuous research and technical evaluation of field work in the Republics are carried out by a special Federal control team.

4. During 1956 the vaccination programme was seriously curtailed because of lack of transportation, and mobile teams in the six Republics were able to reach only seventy per cent of the normal target.

Plan of operations proposed for 1957-1960

5. In the period 1957 through 1960 each Republic will continue to be responsible for its own BCG campaign. Twenty-six teams will be assigned as follows: Serbia nine, Croatia six, Bosnia and Herzegovina five, Macedonia three, Slovenia two and Montenegro one. Each team will be composed of a doctor, a medical assistant and a driver. The Tuberculosis Department of each Republic will direct operations. Deployment and work plans of the teams are prepared in advance for each district or community with the aid of the local authorities. As the work of the mobile teams progresses, emphasis will be placed on the training of personnel in the various static health services so that these services can gradually take over a large part of the work by 1960.

6. Vaccine and tuberculin dilutions for the whole country will continue to be produced at the Institute of Hygiene in Belgrade. Samples of the vaccine will be sent periodically to the State Serum Institute in Copenhagen and the Pasteur Institute in Paris for verification of its potency. In the course of 1957, an expert from the Belgrade laboratory will go on a study visit to the Copenhagen State Serum Institute. A WHO short-term consultant on BCG vaccine has been requested to visit the laboratory. WHO previously sent a vaccine expert

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to Yugoslavia in this connexion in 1955.

7. At the Federal Institute in Belgrade, a Commission composed of eminent members of the anti-tuberculosis services in the respective Republics will co-ordinate the entire BCG campaign and assure that it is carried out uniformly by the tuberculosis departments of the Republics. The federal control team referred to above will be composed of a doctor and a medical assistant and a full-time statistician. The provision of a statistician is a new measure which WHO considers essential if the control team is to improve the statistical records and evaluation of the campaign.

8. Special research will be carried out in Montenegro in 1957 to determine the causes of weakness in the campaign and to assist in meeting the problem of transporting vaccine. A seminar is planned for the team assigned to BCG work in Montenegro. Similar research will be carried out in the Republics of Bosnia, Herzegovina and Macedonia.

9. The Government plans to test and vaccinate as necessary the following numbers of children and adolescents from zero to twenty-five years old in the next four years.:

1957	1,359,000
1958	1,193,000
1959	1,031,000
1960	1,336,000
Total	<u>4,919,000</u>

Thus a large part of the total population in this age-group (estimated at 6,500,000) will have been tested at least once in this period.

10. Special efforts will also be made to deal with the problem of vaccination of new-born infants in collaboration with hospital, MCH centres and the 226 tuberculosis dispensaries. No final plan has been made for vaccination of new-borns in rural areas. Only half of all births throughout Yugoslavia are attended to by qualified personnel, and in rural areas of the southern Republics only

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twenty to thirty per cent. Where deliveries are made by midwives in the homes, it is more often than not impossible for them to carry vaccine and maintain it under proper conditions. For the time being, therefore, a certain proportion of infants will not be vaccinated at birth, but will then later be tested and vaccinated by the mobile teams.

UNICEF commitments

11. Notwithstanding its general agreement to continue the BCG work from its own resources in the post-ITC period, the Government's position with respect to foreign exchange does not permit it to do so fully at the present time. As the consequence of eight years of continuous BCG operations, often over very difficult terrain and on poor roads, the vehicles originally provided by UNICEF for the ITC campaign are in various states of disrepair and must frequently be off the road for long periods to undergo major repairs, most of which are made in the UNICEF-equipped workshop in Zagreb. In 1956 only seventeen of the twenty-eight teams were able to operate, with a consequent drop in accomplishment of almost a third in the number of children treated. Of the thirty team vehicles provided by UNICEF for the ITC campaign (twenty-seven carryalls and three utility vehicles), one third were considered as "write-offs" at the end of 1956; one third were in reasonably satisfactory condition; and one third had to be restricted to local, easy journeys. A minimum amount of spare parts and repair tools are requested to recondition those which are still in fairly satisfactory condition.

12. UNICEF is therefore requested to provide:

a) <u>Ten vehicles</u> with spare parts (para. 11)	US\$ 22,000
b) <u>Spare parts</u> for old vehicles (para. 11) and tools for the central repair shop	5,500
Total transport, spares and tools	<u>27,500</u>
c) <u>Freight</u>	2,500
Total recommended allocation	<u>30,000</u>

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WHO approval and participation

13. WHO has given its technical approval to the plan for extension of the campaign in the period 1957 through 1960, and would provide a short-term consultant to advise on the work of the BCG production laboratory as well as fellowship for a Yugoslav production expert to go to Copenhagen.

Government commitments

14. The Government's commitments for the continuation of the programme in the period 1957 through 1960 are estimated at Yugoslav dinars 220,000,000 equivalent to US\$733,000. The annual operating costs of the campaign would be as follows:

	<u>Dinars</u>
a) Operating expenses, including treatments, salaries of personnel, maintenance and running costs of vehicles, medicine and office supplies	50,000,000
b) Operating costs of BCG production laboratory	5,000,000
Total annual expenditure	<u>55,000,000</u>

15. The Government will also specifically accept a commitment to:

- a) appoint a full-time statistician to the Federal control team;
- b) provide a doctor to head each team (a tendency had developed to have some teams directed by sanitarians);
- c) intensify the vaccination of new-born babies in all possible cases.