

UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



DISTR.
LIMITED

E/ICEF/L.1098
8 August 1957
ORIGINAL: ENGLISH



UNITED NATIONS CHILDREN'S FUND

Programme Committee

Recommendation of the Executive Director for an Allocation
YUGOSLAVIA
Trachoma Control

1. The Executive Director recommends an allocation to Yugoslavia of \$38,500 to provide antibiotic ointment, transport, diagnostic and health education equipment to assist the UNICEF-assisted trachoma control programme until the end of 1958 with the aim of treating an additional 49,600 persons in the trachoma endemic areas of the country. Matching by the Government for this period would be equivalent to US\$230,000.
2. UNICEF/WHO aid to this programme began in 1952, and 9,000 children were treated for trachoma by March 1955. The Board in September 1955 approved an allocation of \$10,000 for laboratory and diagnostic equipment and antibiotic ointment to treat a further 10,000 children (E/ICEF/L.769). Up to March 1957 a total of 19,000 children had been treated. All active trachomatous cases in the northern part of Serbia and in Bosnia, Croatia and Slovenia are to be treated in 1957 and 1958, and trachoma is to be brought under complete control as rapidly as possible. WHO will provide a consultant ophthalmologist and two fellowships, one in 1957 and one in 1958.
3. On the basis of surveys made in 1956, the operation in 1957 and 1958 will be concentrated in eleven areas in the Republics of Bosnia, Croatia, Serbia and Slovenia with the aim of examining 1,208,000 persons and treating an estimated 49,600. (See table, para. 12). Following routine case finding surveys (para.13 below) all cases found will be treated through 23 anti-trachoma dispensaries and

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443 anti-trachoma stations. The continuous treatment method will be used, consisting of application of ointment twice daily until cases are clinically healed. Ointment will be administered by nurses or auxiliaries, and in some instances by school teachers. School children will be examined once each term, and infected pupils, with members of their families, referred to the local dispensary for treatment. In more advanced communities, limited trials of self-treatment in the home would be made, ointment being distributed for this purpose by the mobile clinics.

4. In certain communities which have the best facilities for examination, treatment and follow-up, trials will also be made of the "intermittent" method of treatment (paras. 19-20 below) which has given satisfactory results in other countries, i.e. application of ointment twice daily on five successive days monthly for six months.

5. A schedule of training courses has been established for 1957 and 1958 for doctors, nurses, auxiliaries and school teachers who will participate in the project (para. 17 below). The curriculum will include training in health education with particular emphasis on health education measures for trachomatous families.

Anti-trachoma work to date

6. A rapid increase in the prevalence of trachoma took place in many parts of Yugoslavia following World War II, due to migration of the population living under overcrowded and frequently unhygienic conditions, and to the temporary disorganization of the health services. No reliable estimate of the overall incidence of the disease could be made. In 1948 there were 77,000 known cases of trachoma in Serbia, Croatia and Slovenia, where control measures had been actively applied, and more than 9,000 cases in Bosnia where only about one fifth of the trachomatous districts had been surveyed.

7. In 1949 the anti-trachoma campaign was reorganized and intensified, with extensive case finding surveys; establishment of a network of anti-trachoma dispensaries and village stations throughout the endemic areas; treatment with antibiotics; and follow-up, as far as possible, of known active cases.

8. Under the UNICEF allocation of \$10,000 approved in September 1955, the Fund shipped laboratory and diagnostic equipment and antibiotic ointment for treatment of a further 10,000 children. Due, however, to the severe winter in 1956/57, to personnel difficulties, and particularly to the lack of serviceable transport, the progress hoped for, particularly in Bosnia, was not achieved. In the limited areas where the plan was vigorously pursued, initial results were very satisfactory: a high percentage of cases were cured; the incidence of new infection progressively declined; and in some districts the disease has been practically eradicated. In the majority of districts, however, the initial sharp decline in the incidence of new infections has since levelled off. Although thousands of cases are being cured each year, an almost equal number of new infections are appearing. Thus trachoma is being held in check, but little progress is being made towards eradication. It appears that important sources of infection are being missed in the course of the control operations.

9. During the most recent visit to the endemic areas by the WHO regional trachoma adviser, in February 1957, a plan of operations was developed to re-direct the project along more effective lines.

Plan of operations 1957/58

10. Due to the difficulties mentioned (para.8), UNICEF antibiotics and other supplies provided for the earlier phase of the campaign remain in sufficient quantity to meet requirements almost to the end of 1957. The plan submitted below will not be fully implemented in 1957 due to the inadequacy of transport, but efforts will be made to overcome this handicap by speeding up the work in 1958 to reach the combined 1957 and 1958 targets.

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11. The specific objectives of this programme and particularly of the campaign for 1957 and 1958 are as follows:

- a) to provide effective treatment for all active cases of trachoma;
- b) to extend case finding surveys throughout the endemic areas;
- c) to train all personnel, both professional and auxiliary, in developing the health education aspects of trachoma control;
- d) to carry out well controlled trials in pilot sectors with improved, simplified or more economic methods of treatment;
- e) to improve and standardize methods of examination, diagnosis, reporting, statistical analysis and evaluation; and
- f) to undertake in selected districts detailed epidemiological studies of community and family patterns of the disease and environmental factors favouring transmission of infection.

12. Targets for 1957/58: The targets for the number of examinations and treatments to be effected in 1957 and 1958 are shown in the table below:

Known cases of active trachoma in Yugoslavia at the end of 1956 and planned number of examinations 1957 and 1958 (in thousands)

Republic & region	Total population	Known cases of active trachoma Dec. 1956	Target number to be examined			Target number to be treated		
			1957	1958	Total	1957	1958	Total
<u>SERBIA</u>								
Vojvodina	1,700.0	12.0	50.0	60.0	110.0	4.0	8.0	12.0
Mačva	256.0	1.6	5.0	35.0	40.0	.2	1.0	1.2
Zemun	25.0	.2	a/	-	-	.2	.1	.3
<u>CROATIA</u>								
Medjumurje	140.0	3.0	140.0	b/	140.0	3.0	2.0	5.0 ^{c/}
Slavonia	900.0	4.0	20.0	190.0	210.0	2.0	8.0	10.0 ^{c/}
<u>BOSNIA</u>								
Bosanska)	995.0	9.0	70.0	403.0	473.0	8.0	12.0	20.0 ^{c/}
Posavina)								
Brčko)								
Tuzla)								
<u>SLOVENIA</u>								
Murska Sobota	135.0	.4	135.0	100.0	235.0	.4	.7	1.1 ^{c/}
Totals	4,151.0	30.2	638.0	570.0	1,208.0	28.2	21.4	49.6

a/ Survey completed in 1956

b/ Survey completed in 1957

c/ Includes new cases expected to be found during the surveys of '57 and '58

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13. Routine case finding surveys of the population will be carried out:
- a) to evaluate the present status of trachoma in districts where control measures are already in operation;
 - b) to determine the prevalence and distribution of trachoma in previously unexplored districts with a view to creating appropriate anti-trachoma services; and
 - c) to ensure treatment of all cases found.
14. Routine treatment of all known active cases of trachoma will be undertaken in the community or district through anti-trachoma dispensaries and will consist of the local application of antibiotics twice daily by nurses or auxiliaries until the cases are clinically healed. Cases and family contacts will subsequently be kept under observation for six months before being considered completely cured. Other methods of treatment will be employed only in exceptional cases. Limited trials of self-treatment in the home will also be carried out in certain more advanced communities under the regular supervision of nurses or auxiliaries.
15. Case finding in schools: All children in schools in the project areas will be examined once during each term by trained nurses or auxiliaries. Suspect cases, together with the members of their families, will be referred to the local anti-trachoma dispensary or station for examination by an ophthalmologist. Record cards will be established for the trachomatous pupils.
16. Health education: A programme of health education will be developed by the experts of the Institute of Hygiene in each Republic, in collaboration with the district institutes of hygiene and the ophthalmologists and epidemiologists engaged in the project. It will start with the progressive introduction of active health education measures to all the categories of project personnel and through them to the trachomatous families and to the general public in trachoma endemic areas.

17. Training: Specific six months' training courses are being arranged as follows:

	<u>Arranged and given by:</u>	<u>Training course for</u>	
		<u>1957</u>	<u>1958</u>
<u>SERBIA</u>			
Vojvodina	Health Education Section, Institute of Hygiene, Novi Sad	15 doctors 15 nurses and auxiliaries 10 school teachers	15 doctors 15 nurses and auxiliaries 15 school teachers
<u>CROATIA</u>			
Medjumurje	Health Education Section, Central Institute of Hygiene, Zagreb	10 doctors 10 nurses and auxiliaries	10 doctors 10 nurses and auxiliaries
Slavonia	Same as Medjumurje above	10 doctors	10 nurses and auxiliaries
<u>BOSNIA</u>			
Brcko	Anti-Trachoma Dispensary	10 nurses and auxiliaries	10 nurses and auxiliaries

18. Epidemiological studies will be carried out in selected communities with the advice and assistance of trained epidemiologists. These studies will be undertaken by the Central Institutes of Hygiene in the respective Republics, in collaboration with the local institutes of hygiene and the ophthalmologists engaged in the project. They will seek to determine the patterns and sources of infection of trachoma and the factors favouring transmission of the disease. This programme is planned in the following villages:

	<u>1957</u>	<u>1958</u>	<u>Population</u>
<u>SERBIA</u>	<u>(villages)</u>		
Vojvodina	Martinci		8,000
		Kovilj	5,000
		Mosorin	3,000
<u>CROATIA</u>			
Medjumurje	Goricani	Goricani	5,000
<u>BOSNIA</u>			
B. Posavina		Grebnice	3,000
		Vidovice	2,000
		Donja Orahovica	2,500
			<u>28,500</u>

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Trials of "intermittent" treatment

19. Trials will be made to determine the efficiency of the "intermittent" method of treatment which has given satisfactory results in some other countries. These trials will be limited to communities which have the best facilities for examination, treatment and follow-up. The object will be to evolve more effective and economical methods of treatment for the types of trachoma peculiar to Yugoslavia. Treatment will consist of the local application of one per cent aureomycin ointment twice daily on five successive days each month for six months. Careful records will be kept on standard WHO/UNICEF cards, and the evaluation of results will be made according to the current WHO procedure.

20. The estimated number of active trachoma cases to be treated in this way is as follows:

		<u>Estimated number of cases to be treated</u>		
		<u>1957</u>	<u>1958</u>	<u>Total</u>
<u>SERBIA</u>				
Vojvodina	(11 districts or communities)	130	150	280
<u>CROATIA</u>				
Medjumurje)				
Slavonia)	(7 districts or communities)	990	503	1,493
Podravina)				
<u>BOSNIA</u>				
B. Posavina	(9 districts or communities)	<u>308</u>	<u>305</u>	<u>613</u>
		1,428	958	2,386

21. Technical studies: A subject which continues to cause difficulties in Yugoslavia is the differential diagnosis of trachoma and of non-trachomatous folliculosis of the conjunctiva. When both diseases occur together, the problems of diagnosis and treatment are greatly increased. The Trachoma Research Unit at the Faculty of Medicine in Belgrade has already done much useful work, in both field and laboratory, in technical studies of trachoma and chronic

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follicular conjunctivitis in different regions of Yugoslavia. This work was helped considerably by UNICEF's provision of laboratory equipment and a bio-microscope. Two study groups of ophthalmologists will be formed in 1957 to re-examine this problem with the aim of defining the minimum diagnostic criteria and determining suitable standards of examination.

22. Assignment of responsibility: The Federal Institute of Public Health will be responsible for the technical development of the programme. The Republican Councils of Public Health will be responsible for local implementation. The Statistical Department of the Federal Institute of Public Health will assume responsibility for the overall statistical control and evaluation of the project. In order to co-ordinate activities to the maximum, a conference of public health administrators, ophthalmologists, epidemiologists, health educators, nursing advisers and statisticians from the Republics concerned will be held annually in Belgrade.

The need for vehicles

23. The implementation of the proposed plan is conditional upon UNICEF provision of transport to replace vehicles which have been in use for six or seven years and are almost totally unserviceable. Of the eleven UNICEF vehicles assigned to the programme, ten were delivered in 1950 and seven of these are of a type not suitable to the muddy winter conditions of the low lying trachomatous areas. Three motorcycles being used in the programme are in serviceable condition but also have seasonal limitations.

24. Fourteen ophthalmologists and three medical officers are working in twenty-one anti-trachoma dispensaries combined into eleven "dispensary districts". These dispensaries are responsible for supervising the programme generally, undertaking surveys, confirming diagnosis, prescribing treatment and doing the follow-up work in the 443 anti-trachoma stations in these districts. Twenty-nine fully trained nurses and 211 auxiliaries, all specialized in trachoma control, are attached to

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these twenty-one dispensaries. The maximum radius of activity of each of the dispensary districts varies from 35 to 150 kilometres. Access to the dispensaries is often over secondary roads, thick with snow in winter, mud in spring and dust in summer.

25. The Government has stressed for the past two years the vital importance of providing each "dispensary district" with reliable all-season vehicles without which trachoma control will remain at a standstill. Eight station wagons are, therefore, requested to complement the three already available. All vehicles for the programme will be serviced and repaired, and their proper maintenance supervised by "Autosanitarija" which is responsible for all UNICEF vehicles in the country.

26. Fifty-two bicycles are also requested for covering limited distances, 20 of these to replace worn-out bicycles and 32 to supplement the 102 bicycles already in service with the 240 nurses.

UNICEF commitments

27. UNICEF would provide the following for the remainder of 1957 and for 1958:

	<u>US\$</u>
a) <u>Antibiotic ointment</u> 3.5 gramme tubes, 110,000	15,700
b) <u>Diagnostic equipment</u>	400
Hand-slit lamps, 5	
Binocular loupes, 14	
Monocular loupes, 4	
Condensing lenses, 3	
c) <u>Health education equipment</u>	1,600
Diascopes and screens, 5	
d) <u>Transport</u> (see paras. 23-26)	
i) Station wagons 8	16,000
ii) ladies' bicycles 52	<u>1,300</u>
Total supplies and equipment	35,000
e) <u>Freight</u>	<u>3,500</u>
Total UNICEF commitments	38,500

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WHO approval and participation

28. WHO has given its technical approval to the plan outlined above. WHO will provide the following personnel and fellowships:

- a) one ophthalmologist to serve as adviser to the Government for periods totalling two months each, in 1957 and 1958;
- b) one fellowship for four months each year, 1957 and 1958.

Government commitments and matching

29. The Government will continue to provide all local personnel, materials, supplies and equipment, buildings, storage, dispensaries, stations and other facilities. Vehicles provided by UNICEF will be fueled and maintained by the Government. The total expenditure would be equivalent to US\$278,000 and \$380,000 for the years 1957 and 1958, virtually all of which consists of district and municipal expenditure. Of the total expenditure of \$658,000 for the two-year period, \$230,000 is considered as matching for the proposed UNICEF allocation.