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PROGRAMME COMMITTEE

REPORT ON PROGRESS OF THE BCG PROGRAMME

SUBMITTED BY THE TECHNICAL DIRECTOR, JOINT ENTERPRISE

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(40 p.)

40pp

REPORT ON PROGRESS OF THE BCG PROGRAMME
SUBMITTED BY THE TECHNICAL DIRECTOR, JOINT ENTERPRISE

I. ORGANISATION OF JOINT ENTERPRISE

1. The Joint Enterprise came into being on 12th March 1948, at the UNICEF Executive Board Meeting at Lake Success. The general principles for the organisation of the Joint Enterprise were laid down by the Executive Board and later worked out in more detail by negotiations with the Executive Director of UNICEF, Mr. Maurice Pate.

2. The Joint Enterprise is primarily a cooperative effort between UNICEF and the Scandinavian voluntary organisations, which at the time when the Joint Enterprise came into being had already started BCG vaccination work in a number of countries in Europe. These Scandinavian organisations are: Danish Red Cross, Norwegian Help for Europe, and Swedish Red Cross. They work closely together under the general direction of a Joint Scandinavian Committee.

Funding.

3. UNICEF has allocated for the work in Europe the sum of 2 million dollars, and the Scandinavian organisations will contribute a similar sum (10 million Scandinavian kroner including a Danish Government contribution to UNICEF of 2 million kroner). For the work outside Europe, UNICEF has allocated 2 million dollars, but the contribution from the Scandinavian countries has not yet been finally decided. This, however, will be small.

Direction

4. Dr. Johannes Holm, who was formerly Director of the Scandinavian BCG campaign, was appointed Technical Director for the Joint Enterprise, and is responsible in part to the Executive Director of UNICEF and in part to the above-mentioned Scandinavian Committee. UNICEF has, however, appointed one representative to ensure close liaison between the Joint Enterprise and UNICEF and to arrange procurement on behalf of UNICEF. Mr. Johannes Blocher was appointed to this post on 1st May 1948.

Headquarters

5. The headquarters for the Joint Enterprise is in Copenhagen, both for the work in and outside Europe, but close cooperation exists between the Joint Enterprise and the different offices of UNICEF and WHO. The Joint Enterprise furnishes

month, through its Technical Director, a Progress Report to the Medical Sub-Committee of UNICEF in which details of the current programme are stated. This report is forwarded by the Medical Sub-Committee to the Programme Committee and the Executive Board.

With regard to procurement, there is close co-operation between the Joint Enterprise and UNICEF, particularly with European Headquarters. This co-operation with EHQ is particularly for the purpose of saving dollars in procurement and to ensure the use of "soft" currency wherever EHQ has it available.

Co-operation with WHO.

The Joint Enterprise cooperates with WHO in many respects. In order to keep WHO up-to-date, Dr. MacDougall of the Tuberculosis Section of WHO attends all the monthly meetings of the UNICEF Medical Sub-Committee.

The Joint Enterprise follows, in every detail, the advice given by the Tuberculosis Expert Committee of WHO and its Sub-Committees.

With regard to statistical information and research, a very close collaboration is about to be established. This will be explained in further detail later in this report.

One of the assistants from the Tuberculosis Section of WHO, Dr. Donald R. Thomson, has been assigned to the Joint Enterprise, and has been working on loan from WHO since 10th Sept., 1948.

II. OBJECT OF THE ECG CAMPAIGN UNDER THE JOINT ENTERPRISE

The aim is to carry out mass ECG-vaccination against tuberculosis of children and young adults in many countries. Vaccination is only one of the measures in tuberculosis control and can only be considered partly an emergency action to prevent the occurrence of a great number of new cases of tuberculosis.

The technique of the vaccination is not very difficult to learn, but if mass-vaccination is to be carried out without complications which would make the vaccination unpopular or even impossible, the best technique must be used. This is also necessary to ensure the greatest benefit from the campaign. Therefore, the Joint Enterprise works on the principle that tuberculin tests and vaccination can only be made by specially-trained vaccinators who are engaged full-time in the work. This means that the Joint Enterprise is not carrying out merely a supply programme, but

/that it also.

hat it also demonstrates, organises and supervises the vaccination as long as any supplies for the action are being delivered to a country.

12. The aim of the Joint Enterprise is to assist different countries in carrying out mass-vaccination of all children and young adults who are non-reactors to tuberculin. It is planned as a "help-to-help-yourself" action, and the Joint Enterprise, therefore, gives assistance only until the country concerned is able to take over the mass-vaccination programme completely. To achieve this end it is necessary that each country produce its own vaccine and in this connection the Joint Enterprise encourages and assists in the establishing of local BCG-vaccine producing laboratories. In countries in Europe and some countries outside Europe, the Joint enterprise has undertaken to assist the Governments until the entire campaign has been completed, but in other cases the Joint Enterprise assists only with the initiation of the programme.

The Joint Enterprise provides the following:

1. The "know how" of technique and organisation. This is demonstrated in each country.
2. Vaccine and tuberculin, until this can be produced in the country itself.
3. Supplies necessary for the programme, e.g. medical equipment (syringes, needles, etc.) cars and registration cards.

13. Each country contributes to the BCG campaign what can be supplied locally and this, of course, varies from country to country.

III. METHODS USED BY THE JOINT ENTERPRISE

14. It was decided from the beginning that a universal method should be used for all work in which the Joint Enterprise takes part. One of the reasons for this decision was to take advantage of the unique opportunity of obtaining international comparison. A country signing an agreement with the Joint Enterprise is thus entering into an international co-operation.

15. The technique and methods used by the Joint Enterprise are those laid down by WHO through its Tuberculosis Expert Committee and Sub-Committees.

16. Only BCG vaccine and only one method for application, i.e. the intradermal injection, are used in the Joint Enterprise programme for vaccination against tuberculosis:

/17. Only non-reactors

Only non-reactors to tuberculin are vaccinated, which means that before vaccination, a tuberculin test is made. The tuberculin tests and doses used were fixed by the WHO Sub-Committee on Tuberculin Testing and BCG Vaccination at a meeting specially convened for that purpose in Paris on 15th June, 1948.

8. In each agreement with a Government, it is stated that only vaccine approved by the Joint Enterprise can be used. Before the Joint Enterprise can approve vaccine, the laboratory producing it must be approved by the WHO Committee for Biological Standardization. (The practice has been established that a delegation from this Committee inspects and gives a report on the laboratory, stating whether or not they recommend the use of the vaccine produced there).

9. The Joint Enterprise collects statistics for the work carried out, especially with regard to the number of persons examined, the number of reactors to tuberculin and the number of non-reactors vaccinated. The forms and compilation methods have been approved by WHO, as have also the registration cards upon which the statistics are based. The same registration cards are used everywhere.

20. It was the intention from the very beginning that WHO should use the statistical information made available by the Joint Enterprise for international comparisons in several aspects of tuberculosis control. At the same time, it was agreed that WHO should set up short-and long-term research projects in order to study and show the effects of the vaccination campaign. Many negotiations have taken place between the Joint Enterprise and WHO in this connection. As no arrangement was reached, and as it was imperative that this work should be started as soon as possible after the Joint Enterprise action was under way, the Joint Enterprise in September 1948 invited Dr. Carroll Palmer of the U.S. Public Health Service to come to Europe to familiarize himself with the work in the field and then make definite plans. Dr. Carroll Palmer was in Europe for this purpose from 5.10.48 until 12.12.48. At the Medical Sub-Committee meeting in Paris in October, Dr. Palmer presented his plans which were then placed before the Executive Board of WHO in Geneva on 3rd Nov. 1948. Immediately afterwards, the Executive Board of WHO (EB2/Min/8) allocated the sum of \$100,000 for the Tuberculosis Research programme outlined by Dr. Palmer.

/21. Before any country

IV. PRACTICAL PROCEDURE FOR STARTING A BCG CAMPAIGN UNDER

THE JOINT ENTERPRISE IN A PARTICULAR COUNTRY

1. Before any country can receive assistance from the Joint Enterprise, formal application must be made by the Government. The application must then be considered and approved by the Executive Board of UNICEF according to the rules laid down at the meeting at Lake Success on 12th March, 1948 (E/ICEF/56).
2. The next formal step is that a tri-partite agreement must be signed by the Joint Enterprise (UNICEF and Scandinavian organisations) and the country concerned. The basis for this agreement is the Model Agreement adopted by the Executive Board (E/ICEF/56). This agreement sets out in principle the respective obligations of the Joint Enterprise and the Government concerned. The specific details are worked out in an exchange of letters.
3. The first phase of the activity is always a demonstration. We know from practical experience that it takes a relatively long time from the beginning of the BCG campaign until it is operating to such an extent that a substantial number are examined each month. It must be remembered that it is a great undertaking for a country to start examination and vaccination of all the non-reactors in the juvenile population. The entire campaign must be planned and worked out taking existing conditions into account. These local conditions are, of course, never alike in two countries. Therefore, it takes a long time before the campaign is going at full speed.
24. The reason why the work seems to have started at high speed in some countries immediately after the Joint Enterprise agreement has been signed is because the Scandinavian organisations had already been working there for some time, completing the demonstration period. This was, for instance, the case in Poland, Czechoslovakia and Hungary.
25. Before an agreement can be signed with a country, the Government must agree to an overall campaign. Generally a Government cannot do this until demonstrations have been made and the reaction of the population towards BCG vaccination is known. Therefore, demonstrations are still being carried out as purely Scandinavian actions in a number of countries where agreements have not yet been signed. This is, for instance, the case at the present time in Austria and Italy.

/26. In other instances,

6. In other instances, the reason for the hesitation is that the Government, for various reasons, do not realize the necessity of having as much international personnel working in the country as is considered necessary by the Joint Enterprise. This is the case in Bulgaria and Italy.

V. PROGRESS REPORT ON BCG VACCINATION

7. Before the country-by-country Progress Report some general remarks should be made regarding administration.

Headquarters

8. The first month of the existence of the Joint Enterprise was used for the reorganisation of the headquarters of the Scandinavian organisations into the headquarters of the Joint Enterprise, to work out the Budget and to procure the supplies.

9. A great part of the time of the Technical Director and the UNICEF Liaison officer has been taken up in negotiations with different countries for signing agreements and overall planning of the work.

Budget.

10. It should be stated at once that there have been great difficulties. Ever after an agreement is signed and the preliminary plans for the action made, the final budget cannot be fixed because the work practically never develops as originally planned. The general experience is for example that more teams than planned - particularly locally recruited teams - are put into action after some months.

11. Details concerning budget are given in the separate financial report.

Purchase of Supplies

12. The purchase of supplies was begun as soon as possible and was carried out in close co-operation with UNICEF New York and European Headquarters. The procedure is that purchases over \$5,000 (or dollar equivalent) are approved by a Special Contract Committee, consisting of four members of EHQ, and if such purchases are to be paid for in dollars, they are further approved by New York HQ. Contract Committee. This arrangement has generally worked out to the satisfaction of the Joint Enterprise and has, at the same time, ensured that dollars have not been used where "soft" currency could be made available by EHQ.

/Transportation of vaccine

Transportation of Vaccine, etc.

33. One of the main difficulties in the vaccination programme is the fact that the vaccine must be used shortly after its production, and it has, therefore, been necessary to send vaccine from Copenhagen to the different countries by aeroplane. Efforts have been made to use commercial lines but experience has shown that this is too uncertain. Before the Joint Enterprise took over the work, the Danish Red Cross had two small aeroplanes for the specific purpose of transporting vaccine. These were put at the disposal of the Joint Enterprise, but as the work developed and the amount of freight to be carried increased, it became clear that a larger aeroplane was needed. Negotiations were therefore commenced with the US Air Force HQ for Europe at Wiesbaden. The Air Force generously offered and the Joint Enterprise accepted the loan, free of charge, of a fully equipped DC3 for the work in Europe. The first flight will be made in the middle of January, 1949.

Information and Public Relations

34. On 16th July, 1948, Mr. John Western was appointed as Public Relations Officer for the Joint Enterprise, with Headquarters in Copenhagen. His duties were to assist the different countries with the publicity materials necessary for the mass campaigns and to give information to the donating countries. A number of general pamphlets have been worked out, and Mr. Western has visited several countries and assisted in setting up local educational programmes.

35. Two films are being produced in this office by the Danish film director, Mr. Hagen Hasselbalch. One of these films is for the purpose of demonstrating the technique and organisation of the vaccination. This film is completed and copies in different languages are being made and will be forwarded to the various countries. The second film is a film, intended for the general public in the different countries. This film will be completed in February, 1949.

Statistics

36. A Statistical Officer has been established at the headquarters in Copenhagen for collection and statistical analysis of the material sent in from the different countries. The general methods used have, as mentioned before, been approved by WHO. Dr. Carroll Palmer has given very valuable assistance during his stay in Copenhagen. Personnel from this office have been sent to various countries to assist in the local collection and analysis of material.

/37. In each country

VI. Work in the Field

37. In each country where the work is going on, the Joint Enterprise has a Chief of Mission, and the local Government appoints an official responsible for the BCG campaign. The two work closely together in the general planning of the work, the training of local personnel, information and education, supervision of the actual field work, and collection of statistical material.

Local Vaccine Production

38. As mentioned above, the Joint Enterprise encourages the setting up of local vaccine production centres. Before a BCG laboratory can be started, it is necessary to have personnel specially trained. During the past years, a number of bacteriologists have been trained for this purpose in Copenhagen at the Danish Red Cross Training Centre. In a few cases, the Joint Enterprise has provided small amounts of equipment for laboratories. Up to now, all the vaccine used in the Joint Enterprise work has been sent from Copenhagen, and so far none of the countries have asked the WHO Biological Standardization Committee for approval of their laboratories.

VII. Special Remarks about Countries outside Europe

39. An agreement has been signed with only one country (India, on 25th November, 1948), but a number of other countries have been approved by the Executive Board of UNICEF for assistance, viz. Morocco, Algeria, Tunisia, China, Pakistan, Ceylon, Lebanon, Egypt and Mexico. It is expected that additional countries will apply for assistance from the Joint Enterprise.

40. As no actual BCG work has been started under the Joint Enterprise outside Europe during the year 1948, the following will give only a general idea as to the way in which the work is planned.

41. For most of the countries outside Europe, the Joint Enterprise can only undertake to carry out the first part of the programme, i.e. demonstration and training. Only in a few countries it is visualised that the Joint Enterprise will work along the same lines as in countries in Europe, i.e. assisting in the entire programme. This is planned for the three North African countries and Lebanon, where the work can start relatively soon because vaccine can be sent to these countries from Europe.

/42. Since the Joint

VIII. Establishment of Regional Offices

2. Since the Joint Enterprise will be starting work in many countries outside Europe it will be necessary to establish some kind of regional offices, probably in close connection with the existing or planned regional offices of WHO.

3. From 1st February, 1949, Dr. Ustvedt has accepted the position as Regional Director for Europe. Prof. Henri Bonnet will be responsible for the North African countries, with headquarters in Paris. For countries within the South Asian district the Regional Director will work closely with the existing Regional Office for WHO in New Delhi. A Regional Director will direct the work in the Mediterranean areas from Cairo, and later an office must be established for the Far East and the Americas.

Local BCG Production

4. Before the work can start in most of the countries outside Europe, local centres for BCG production must be established. A BCG laboratory has been started at the King Institute, Madras, with assistance from WHO and this laboratory has been approved by the WHO Committee on Biological Standardization. The lack of BCG production centres in other areas will no doubt delay the start of BCG programmes in several countries.

JOHS. HOLM,
Technical Director
Joint Enterprise

/ANNEX A - PROGRESS REPORT

ANNEX A

PROGRESS REPORT COUNTRY BY COUNTRY

E U R O P E

FINLAND

1. An agreement was signed on 28 April 1948. In Finland BCG-vaccination has been used since 1941. At the beginning of 1948, a mass-vaccination was started, including all age groups up to 25. The campaign was planned and financed exclusively by the Finnish Government. However, the Government wished to have some assistance for the campaign from the Joint Enterprise, particularly supplies.

2. Finland has received the vaccine from Sweden and the method of vaccination has been the intradermal method exclusively.

3. Owing to the fact that BCG vaccination has been used in Finland exactly in the same way as in other Scandinavian countries and since the Finnish Government is fully informed as to technique and organization, it was not considered necessary to send any international teams into Finland.

4. Up to the 30th of November, the total number examined has been approximately 750.000 of which approximately 325.000 were vaccinated. For the period during which the Joint Enterprise has given assistance, i.e. since May 1, 1948, the total number examined has been 600.000 and the number vaccinated 260.000 with the following age-distribution:

	<u>:Examined:Vaccinated</u>	
<u>0-14</u>	<u>:335,000</u>	<u>: 185,000</u>
<u>15-25</u>	<u>:265,000</u>	<u>: 75,000</u>

5. The plan is that the entire population up to 25 years of age, will be examined by the end of 1949.

POLAND

6. An agreement was signed on 19th May, 1948. The Danish Red Cross have conducted demonstrations in Poland and have carried out mass-vaccination from April 1947 until the Joint Enterprise took over the action on 1st July, 1948. Up to 1st July, 785,003 were examined, of which 250,197 were vaccinated.

/7. The total number

7. The total number to be examined is estimated at 6 million (inclusive of those already examined by the Danish Red Cross).
8. One of the 14 provinces (województwie) had already been finished by the Danish Red Cross. It was planned to start on 1st July in 9 other provinces and as soon as possible to cover the remaining four. One Scandinavian and two local teams each consisting of 3 vaccinators were to work in each province.
9. During the first months, the Polish Government had some difficulty in getting enough local teams and therefore asked for more assistance. The actual number of vaccinators has gradually increased and, as of 30th November, 1948, 99 vaccinators were at work. 33 of these are Scandinavians.
10. The number tested between 1st July, 1948 and 30th November, 1948, was 1,133,669 of whom 475,085 were vaccinated.
11. If the work proceeds according to schedule, it will be finished about the end of 1949.
12. BCG vaccine has been produced in Poland for many years, but reorganisation of vaccine production and the setting up of a new laboratory are now in the planning stage.

CZECHOSLOVAKIA

13. An agreement was signed on 21st May, 1948. Before that time, the Danish Red Cross had conducted demonstrations during the Autumn of 1947, in one district examining 14,558 persons of whom 5,175 were vaccinated.
14. It was anticipated that a total of 4 million would be tested. The original plan for the operation was to carry out the work with three Scandinavian and four local teams and to gradually enlarge the number of teams so that by 1st January, 1949, there would be five Scandinavian and fifteen local teams each consisting of 3 vaccinators.
15. Soon after the campaign was started, the number of vaccinators was increased considerably and the whole campaign developed much faster than estimated. As of 30th November, 1948, the number of vaccinators was 101, 31 of whom were Scandinavian. As will be seen, the number of teams working now is more than double the number anticipated. It has therefore been necessary to send a

larger quantity of supplies than originally planned.

16. It is visualized that if the plans materialise according to programme, the campaign will be finished before the end of 1949.

17. BCG vaccine is produced in Prague but has not yet been used in the campaign. Czechoslovakia has not yet asked for approval of the laboratory.

YUGOSLAVIA

18. An agreement was signed on 26th May, 1948. The number to be examined was estimated to be 4-5 million.

19. It was planned to have 2 Scandinavian teams each consisting of 3 vaccinators and 15 local teams each consisting of 2 vaccinators.

20. The work started at the beginning of August, 1948, with training of locally-recruited vaccinators. It took a considerable time before the campaign was really well-organised and many difficulties had to be overcome, so that the first months must be considered as a demonstration period only. As of 30th November, 1948, there were 35 vaccinators, 7 of whom were Scandinavian. The number examined was 123,445 of whom 31,438 were vaccinated.

21. Because the programme must be considered as still being in the demonstration stage, it is difficult to estimate when the campaign will be finished, but it will not be completed during 1949.

22. The local BCG production is so far advanced that the Government will soon be ready to ask for approval of the laboratories from WHO Biological Standardization Committee. The difficulty in utilizing locally produced vaccine is largely due to the lack of supplies (ampules, packages, etc.).

HUNGARY

23. An agreement was signed on 2nd July, 1948. Before the agreement was signed, the Danish Red Cross had carried out a large-scale vaccination campaign beginning April 1947, with examination of a total of 1,143,122, of whom 309,538 were vaccinated. The number to be examined was estimated at 4 million.

24. There were several difficulties in the negotiations before the agreement was signed, the major problems being:

- a. that the Hungarian authorities did not consider it necessary to have any international personnel to take part in the work.
 - b. that the plans of operation worked out by the Hungarian authorities were not fully in accordance with the principles of the Joint Enterprise work. The Hungarian authorities had planned to use about 1,400 district doctors from the Public Health Service, each of them working only a few hours a day. The instruction they were to receive was not sufficient according to the Joint Enterprise standards.
25. In the agreement the Hungarian authorities accepted a Chief of Mission from the Joint Enterprise to supervise the work. The Hungarians also agreed to appoint 18 doctors to work full-time in the BCG vaccination programme, partly as instructors and partly taking active part in the work, in cooperation with the district doctors.
26. The work started on 1st October, 1948, but after it had been going on some time, it was found that the technique and organisation used were not in all respects in accordance with the plans agreed upon. The 18 full-time doctors had not been appointed, and the instruction given to the vaccinators could not be considered sufficient. Therefore, in December the question was taken up in new discussion between the Technical Director of the Joint Enterprise and the Hungarian Ministry of Health. Certain changes were agreed upon, primarily consisting of the following:
- a. The Hungarian Chief of the Campaign should be given 3 full-time assistants for the planning and supervision of the work.
 - b. The 18 full-time doctors should be appointed and should work for not less than 3 months.
27. It is hoped that the work will now proceed more satisfactorily.
28. The number examined up to the 30th November was 774,638 of whom 270,195 were vaccinated.

/29. According to the

29. According to the plan worked out by the Hungarian Chief of the Campaign, the work should be finished by the early Autumn, 1949.

GREECE

30. An agreement was signed on 25th September, 1948. Prior to the signing of the agreement, the Danish Red Cross had conducted a demonstration in Greece, starting in the Spring of 1948. Up to the 1st of November, when the work was taken over by the Joint Enterprise 33,593 persons were examined, of whom 17,443 were vaccinated.

31. The number to be examined during the campaign is estimated at 2-3 million.

32. In the agreement it was planned to use 5 Scandinavian and 5-6 locally-recruited teams, each consisting of 3 vaccinators. The action started on about 1st November, and is still in the demonstration stage. On 30th November the number of vaccinators working was 10, 6 of whom are Scandinavians.

33. Because of the special circumstances existing in Greece, there are difficulties in planning the work, and to date work has been planned for only 3 areas, viz. Athens and district, Salonika and district, and several islands - particularly Crete.

34. During November 12,565 were examined, of whom 6,996 were vaccinated.

35. Because of the specially difficult conditions in the country and also because the campaign is still in the demonstration stage, it is difficult to estimate when the work will be finished.

36. For several years, the Pasteur Institute in Athens has prepared BCG vaccine for the per oral and scarification methods. It should, therefore, not be difficult very soon to produce BCG vaccine locally.

BULGARIA.

37. No agreement has yet been signed. Negotiations have been underway for a long time with the Bulgarian authorities but they were held up for several months because the chief tuberculosis official of Bulgaria was abroad. In December, the Technical Director of the Joint Enterprise visited Sofia and discussed the programme in detail. Preparations were also made for the signing of
/the agreement.

the agreement.

38. The main difficulty in the signing of the agreement is the difference of opinion between the Bulgarian authorities and the Joint Enterprise regarding the number of international personnel needed to assist in the carrying out of the programme. This question will be decided at the beginning of 1949.

39. BCG vaccine has not been produced in Bulgaria, but the Bulgarian authorities are eager to establish a local vaccine production laboratory. The Joint Enterprise has sent supplies to assist in the equipment of a laboratory.

AUSTRIA.

40. No agreement has yet been signed. Negotiations have been carried out with the Austrian authorities since early summer 1948. Scandinavian demonstrations have been conducted in Austria since the Spring of 1948 and are still going on.

41. The main difficulty in the acceptance of assistance by the Austria authorities is that BCG vaccination has been prohibited by law for several years. Preparation has been made for the passing of a new law, making it possible for the campaign to be carried through. The Technical Director has visited Vienna several times, latest in December, and preparations have been made for the signing of the agreement as soon as the above law is passed.

ITALY.

42. No agreement has yet been signed. Scandinavian demonstrations have been conducted since the Spring of 1948 and are still going on. In November, 8 health officials, including the Minister of Health, on invitation of the Joint Enterprise, visited Czechoslovakia and Poland to see a BCG mass-vaccination in operation.

43. There are still substantial difficulties to be overcome, and negotiations are not yet completed. However, it is hoped that an agreement will be reached.

ALBANIA.

44. Because of the special conditions existing in this country, it has not been possible to carry out negotiations and no plans have been made for the work.

/ROMANIA.

RUMANIA.

45. No agreement has yet been signed. BCG mass-vaccination has been underway in Rumania for some time, under the auspices of the Rumanian Health authorities. Locally produced vaccine is used. The method of application used (multipuncture) is different from the method used by the Joint Enterprise; it has, therefore, been difficult for the Joint Enterprise to give any assistance in the BCG campaign in Rumania. The question was discussed at the meeting of the Medical Sub-Committee in Paris on 4th December, and it was recommended that the method of application agreed on by the Joint Enterprise should not be changed, and, therefore, no work can be started in Rumania under the Joint Enterprise.

OUTSIDE EUROPE

INDIA.

46. An agreement was signed on 25th November, 1948. The assistance to be given by the Joint Enterprise will consist of demonstrations only. Six Scandinavian teams each consisting of 3 vaccinators are to be sent to India for a period of six months. They will train one local team in each of the twelve larger provinces of India, each training period being approximately 3 months.

47. The Scandinavian Chief of Mission arrived in India on 13th December, 1948, and is now planning the work in cooperation with the local health authorities. To date no Scandinavian teams have been sent out, but it is expected that the first Scandinavian team will arrive in India at the beginning of 1949.

MOROCCO, ALGERIA, TUNISIA

48. No agreement has yet been signed, but negotiations have been underway for several months. The Technical Director and Professor Henri Bonnet visited three countries in November and informed the local health authorities regarding Joint Enterprise programmes.

49. Three to four doctors from each of the three countries have, at the expense of the Joint Enterprise, visited Czechoslovakia in order to see a BCG mass-vaccination programme. Since the return of these doctors to their own countries, detailed plans are being worked out and all arrangements made for the signing of the agreement at the beginning of 1949.

50. Vaccine for the BCG vaccination campaign in these three countries will be furnished by the Pasteur Institute in Paris.

LEBANON.

51. Negotiations started in October 1948 and at that time all preparations were made for a BCG campaign covering the whole population up to the age of 18. Later, the Health authorities of Lebanon informed the Joint Enterprise that they had not yet the means available for starting the campaign all over the country, but that they wished to start with only 1/3rd of the population (Beirut and surroundings).

52. It is expected that an agreement on that basis will be signed at the beginning of 1949.

/ANNEX B - FINANCIAL REPORT

ANNEX B

FINANCIAL REPORT

I. EUROPE

1. At its meeting on March 12, 1948, UNICEF's Executive Board allotted \$2,000,000 for a BCG vaccination campaign in Europe (Economic and Social Committee, Document E/ICEF/56 of March 25, 1948).

At the same time the Danish Government promised to contribute to the campaign 2,000,000 Danish Kroner.

In addition, it was estimated that another 8,000,000 Kroner could be procured by UNAC-collections or otherwise in the Scandinavian countries.

2. As a basis for the Executive Board's resolution there was an estimate on costs in connection with the campaign to the amount of \$3,000,000 plus about 10,500,000 Kroner.

Because the Dollar-amount by the Executive Board's allocation was reduced from 3 to 2 million Dollars, the estimate was remodelled on April 28, 1948, and was made out for an amount of \$2,000,000 plus 10,100,000 Kroner.

On basis of gained experience the estimate was revised again on September 28, 1948, without changing the totals of \$2,000,000 - 10,100,000. The present estimate which forms the basis for the dispositions of Joint Enterprise, has three main groups:

/Head-administration

	Kr.	\$
A. Head-administration personnel expenses.....	916.000,-	34.000,-
in the Scandinavian office accomodations.....	<u>222.000,-</u>	<u>0</u>
countries:	1.138.000,-	34.000,-
B. Working expenses in the different countries.....	3.474.000,-	305.800,-
C. Common expenses (Purchase of medical equipment, cars, cards etc., which will be divided between the different countries)	5.448.000,-	1.306.800,-
plus amount available for European countries not yet approved.....	Kr. 10.100.000,-	\$ 350.000,-
		<u>\$2,000.000,-</u>

The specified budget has been printed as encl. 1 to this report.

3. At the Executive Board meeting on March 12, 1948, a Model European Agreement was made (printed as encl. 6 to the above mentioned report E/ICEF/56), which should form the basis for a three-part agreement between the individual country's Government, UNICEF, and Danish Red Cross (on behalf of its Scandinavian associates) for carrying out the campaign in the different countries. In this model agreement are included decisions as to which contributions should be made by Joint Enterprise, and which costs should be covered by the individual governments.

On the basis of these decisions detailed decisions have been made in the agreements signed so far as to the placing of the costs, and it can be mentioned that the most important costs have been placed as follows:

/The Joint Enterprise

(1) The Joint Enterprise is in charge of:

Tuberculin and BCG-vaccine (unless the individual country has or will start production, and this is approved by WHO's Biological Standardization Committee)

Medical equipment (vaccination kits, syringes, needles, etc.)

Cars with spare-parts

BCG-vaccination certificates.

Wages and stay abroad for the Scandinavian personnel (lodging not included).

(2) The individual Governments should cover:

All expenses concerning local personnel

Lodging for Scandinavian personnel.

All administrative expenses in local currency (for inst. office, telephone, telegrams, transport within the country, warehouse, etc.)

Gasoline, oil, repairs, maintenance of the cars.

4. At the Executive Board meeting the following countries were approved for participating in the BCG program: Albania, Austria, Bulgaria, Czechoslovakia, Finland, Greece, Hungary, Italy, Poland, Rumania and Yugoslavia.

So far (until 30 November, 1948) agreements have been made with the following countries:

	<u>agreement signed:</u>	<u>campaign started:</u>	<u>number examined per 11/30/48.</u>
Finland	4/28/48	5/1/48	about 400.000
Poland	5/19/48	7/1/48	1.133.669
Czechoslovakia	5/21/48	7/1/48	about 750.000
Yugoslavia	5/26/48	8/1/48	123.445
Hungary	7/2/48	10/1/48	774.638
Greece	9/25/48	11/1/48	12.565
			<u>about 3.200.000</u>

/Until November

5. Until November 30, 1948, Joint Enterprise spent the following amounts of the allotments:

	A. Head-administration		B. Costs in the individual countries.		C. Common expenses.	
	kr.	\$	kr.	\$	kr.	\$
Poland	158.300	1.800	318.000	2.100	500.200	88.600
Czechoslovakia			136.500	4.700	299.000	58.500
Yugoslavia			58.500	1.900	138.500	40.900
Greece			19.200	1.800	41.400	13.300
Hungary			26.300	1.100	169.800	49.100
Bulgaria *)					2.800	200
Finland					16.000	5.600
Not divided common expenses (this is mainly material and supplies in stock)			10.100	12.500	97.900	155.400
	158.300	1.800	568.600	24.100	1.265.800	411.600
TOTAL:	Kr. 1.992.700			and \$437.500.		

A more detailed summary of the expenses is printed as encl. 1.

6. It must be noticed that the Dollar column is to a great extent showing Dollar-equivalents, converted into Dollars.

In its resolution of 1/12/48, UNICEF's Executive Board has requested that Joint Enterprise use, as much as possible, UNICEF's funds of local currency, which the Joint Enterprise has done.

It can be mentioned that the expense for medical equipment (about \$30.000) comprises practically only syringes and needles bought in England against payment in Sterling. The expense for registration and vaccination cards (about \$21.000) has been met in Czech kroner. The expenses for tyres

*) Agreement has not yet been made with Bulgaria. The amounts cover a small delivery of laboratory equipment for BCG-production.

/(about \$9.000)

(about \$9,000) has partly been met in Sterling, and the expense for printing, film and information to a certain extent in Czech kroner.

Further UNICEF has placed the following amounts at disposal from local funds to meet the expenses which, according to the decisions, should be covered by the Joint Enterprise in the respective countries:

Poland:	about 14.5 million zloty	Greece:	about 20 million Drachm
Czechoslovakia:	" 450,000 Czech kroner	Hungary:	about 2,400 Forints.
Yugoslavia:	" 60,000 Dinare		

The so far most important purchases of material and supplies are:

(1) medical equipment

So far purchase has been made to an amount of Danish kroner 130,000.

This comprises about 250 vaccination kits, about 30 station units, and about 25 small station units. The above equipment has been distributed as follows:

Poland: 73 vaccination kits and 14 station units.

Czechoslovakia: 80 vaccination kits, 10 station units, and 25 small station units.

Yugoslavia: 51 vaccination kits and 4 station units.

Greece: 30 " " and 3 " "

Hungary: 18 " "

In addition the following has been bought: 7,000 syringes for tuberculin testing, 6,000 syringes for vaccinating, 250 gros platinum needles and 250 gros steel needles to a total amount of about \$30,000 (paid in Sterling). These syringes and needles have been distributed to the different countries in the same proportion as the vaccination equipment, only Hungary has received a proportionately great number of syringes and needles for the about 1400 medical officers who are taking part in the campaign.

(2) Cars and accessories:

So far 175 cars have been purchased, namely 25 passenger-cars and

/150 cars of a

150 cars of a special type for transport of a team with equipment. These cars cost \$313,000, plus about kroner 300,000 for changing the team-cars. The cars have been distributed as follows:

Poland: 5 passenger cars and 36 team cars
Czechoslovakia: 4 passenger cars and 24 team cars.
Yugoslavia: 2 passenger cars and 19 team cars.
Greece: 1 passenger car and 5 team cars.
Hungary: 2 passenger cars and 21 team cars.
Finland: 2 passenger cars and 1 team car
Headquarters,
Copenhagen: 3 passenger cars and 1 team car.

Further 2 passenger cars and 7 team cars have been placed at disposal of European program for the campaign in India. There is thus a reserve of 4 passenger cars and 36 team cars partly for extensions in the countries where the work is underway, and partly for use in new countries.

In the budget is reckoned with purchase of altogether 225 cars, so that this gives an additional reserve of 50 cars of which, however, an order has been placed for 10 jeeps to be distributed to the different countries for special difficult transport purposes.

Further a sparepart depot has been procured to a value of about \$30,000, and a depot of spare tyres, partly bought in the United Kingdom for Sterling, and partly in U.S.A. against payment in \$.

(3) For the personnel's personal equipment have been bought: material for uniforms, blankets, sheet-linen, etc. against payment partly in dollars, partly in Sterling.

(4) Registration cards;

These cards are made in Czechoslovakia against payment in Czech crowns at a price corresponding to about \$2,000 per million cards. So far, delivery has been made to a value of \$20,000.

(5) Transportation.

For transport of tuberculin and vaccine, and other equipment, the Joint Enterprise has so far used 2 small planes at Danish Red Cross' disposal and partly Commercial Airlines.

As the campaign develops, these ways of transport have, however proved insufficient, and the Joint Enterprise has therefore taken

/ up negotiations

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up negotiations with American Airforces in Europe, which have shown J.E. the great benevolence of lending to J.E. without any charge a big freight plane (DC.3) for the remaining part of the campaign.

This plane is expected to go into service in the beginning of 1949.

8. When estimating how much the campaign in the individual countries will cost, partly in kroner and partly in dollars (other currency than Scandinavian), the budget figures for the period before 11/30/48 cannot be made the basis, and the costs during this period cannot be made proportionate to the period which is estimated for the campaign in each country.

This first period has been used for building up the organization in each country, and this has involved a series of expenses which will not appear later on.

Further a series of great amounts concern one-time procurements (cars with accessories, uniforms and other equipment, to a certain extent medical equipment, etc.)

The number of Scandinavian and local vaccinators varies much in the beginning, and will not until at a later stage get constant.

Finally it must be mentioned that the expenses for the head-administration naturally will be proportionately high in the beginning, but will not grow to the same extent as the campaign.

For corresponding reasons the number of examined persons in each country cannot be basic for the number which is estimated to be reached when the campaign is finished.

It is to a certain extent necessary to build up on estimates, and taking all these factors into consideration, the Joint Enterprise has, on basis of gained experience, come to the following results:

- (a) Looking at the budget as a whole - without regarding the distribution of expenses to the individual countries - the budget figures available will show that the totals estimated - Kr.10.100.000 plus \$2.000.000 - should be sufficient for the whole campaign, but that on the other hand they will be spent.

/ A condition for this

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A condition for this is, of course, that the goal planned - examination of 40 million children and young adults - is reached, but at the moment there is no reason to think that this should not be the case. However, it must be mentioned that agreements have only been signed with 6 countries, that the negotiations with Bulgaria Italy and Austria have not yet been finished, and that negotiations with Albania have not yet been started, and finally that it can be considered rather certain that no Joint Enterprise will be started in Rumania.

On condition that a campaign will be started in Bulgaria, Italy and Austria, the Joint Enterprise estimates that the Campaign will comprise the following number of examinations :

Finland:	1 million	Greece	2-3 million
Poland:	6 "	Bulgaria	2-3 "
Czechoslovakia	4 "	Austria	2 "
Yugoslavia:	4-5 "	Italy	12-15
Hungary	4 "		
		<u>TOTAL:</u>	<u>37-43 million</u>

(b) According to this the Joint Enterprise estimates the expenses in the above-mentioned countries for the whole campaign to be:

	<u>Poland.</u>		<u>Czechoslovak.</u>		<u>Yugoslavia.</u>		<u>Greece.</u>	
	Kr.	\$	Kr.	\$	Kr.	\$	Kr.	\$
	(in thousands)							
B. Working expenses in the individual countries	900	50	600	40	200	35	250	20
C. Common expenses:	1.050	175	900	135	800	140	500	100
	1.950	225	1.500	175	1.000	175	750	120
	<hr/>							
B <u>Hungary.</u>	<u>Finland</u>	<u>Bulgaria</u>		<u>Austria..</u>	<u>Italy</u>			
B. 75 10		200	30	200	30	250	75	
C. 675 90	50 40	300	135	300	135	1750	375	
	750 100	50 40	500	165	500	165	2000	450
	<hr/>							

/ SUMMARY:

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\$

<u>SUMMARY:</u>	kr.	
A. Headadministration in Scandinavian countries:	about 1,100,000	about 35,000
B. Working expenses in the individual countries:	" 2,675,000	" 290,000
C. Common expenses:	<u>" 6,325,000</u>	<u>" 1,335,000</u>
TOTAL	<u>10,100,000</u>	<u>1,650,000</u>

Essential reservation must, however, be taken. If the expenses for tuberculin and vaccine (indicated in the enclosure) are compared to the above indicated numbers of examined persons per 11/30/48 in the individual countries, it will be found that the budgetted price of 10 gms per examined person is by far exceeded.

This is due to different factors. First, the number of vaccinated is higher than originally estimated. It was estimated that about one-third of all examined persons needed vaccination, but it has appeared that about 50% of all examined persons need vaccination.

Further, there has so far been a considerably greater waste of tuberculin and vaccine than estimated, which is partly due to the fact that the Joint Enterprise has had difficulties in procuring sufficiently tight syringes, but partly that many new vaccinators are taking part in the campaign who will little by little be experienced.

These factors are being examined carefully, and it is therefore too early to give any opinion of how the expenses for tuberculin and vaccine will be.

If the expenses should exceed the budgetted amounts, the Joint Enterprise suppose that the necessary extra means can be procured from the Scandinavian countries.

On the individual countries can be given the following comments:
Poland: About 35 Scandinavian and about 65 local, or altogether about 100 vaccinators are now working in the campaign which is estimated to be finished at the end of 1949. With this considerable number of personnel the campaign expenses will be rather high, especially because many one-time expenses are needed (cars, medical equipment, etc.) for the great number of teams.

/With this

19 January With this proportionately large Scandinavian personnel the Joint Enterprise's running expenses will also be rather high (especially the krone column), among other things for wages.

Czechoslovakia: About 30 Scandinavian and about 70 local vaccinators are at the moment at work in the campaign which is expected to be finished in the Autumn 1949. As to Czechoslovakia there are the same considerations as for Poland.

Yugoslavia: At present 7 Scandinavian and about 30 local vaccinators are at work in the campaign. The campaign has not yet reached its full extent - among other things the Yugoslavs have requested that another 20 local vaccinators be added in the beginning of 1949 - and the future expenses can only be estimated. It is not possible to estimate when the campaign will be finished.

Greece: At present 6 Scandinavian and 4 local vaccinators are at work in the campaign, but this has - as in Yugoslavia - not yet reached its final form, the number of Scandinavian as well as of local vaccinators being expected to increase considerably in the beginning of 1949. The same considerations are true for Greece as for Yugoslavia, and the possibility of estimating the development and termination of the campaign are further complicated by the internal conditions in the country.

Hungary: In Hungary the campaign is carried out on essentially different lines than in the other countries, which especially is due to the fact that Danish Red Cross in cooperation with the Hungarian authorities had already examined about 1 million persons before the Joint Enterprise agreement was signed.

Besides 18-20 full time doctors, all medical officers (about 1400) have been comprised by the campaign which is therefore expected to be finished very quickly, about the middle of 1949. Such a great number of vaccinators in the campaign of course gives rather considerable one-time expenses, while the running expenses for Joint Enterprise should be rather small - also because only one Scandinavian doctor is at work in the campaign.

/ Finland

Finland: As regards Finland, there are special conditions, as the country already before the Joint Enterprise agreement had planned and started a country-wide vaccination campaign against tuberculosis.

On the part of Joint Enterprise, only proportionately small quantities of material are therefore procured for the BCG vaccination campaign.

Bulgaria: As mentioned, an agreement has not yet been signed with Bulgaria, but if a Joint Enterprise campaign is started, it is estimated that 6-7 Scandinavian vaccinators and 40-60 Bulgarian will carry the work. Experiences show, however, that it is terribly difficult to make a budget on basis of such original plans, because a campaign will often develop in quite another way than originally expected, and the figures indicated are therefore given with great reservation.

Austria: For Austria the same is true as for Bulgaria.

Italy: The same considerations as for Bulgaria are also true for Italy.

As mentioned several times in the above, there is a reserve of about \$350,000 in the budget, to be used for the BCG campaign in European countries which have not yet been approved by the Executive Board.

Part of this amount is expected to be used for the soon starting campaign in Algeria, which as to administration is considered part of France and therefore is included in the European program. .

For practical reasons the details about Algeria will, however, be treated together with the campaigns in Tunisia and Morocco (see Part II, countries outside Europe.

II. COUNTRIES OUTSIDE EUROPE

1. At the abovementioned Executive Board meeting on March 12, 1948, \$2,000,000 were contributed in addition to the two million dollars for the BCG-program in Europe, "to be available for programs to be carried out in countries outside Europe".

2. At subsequent meetings the Executive Board approved the following countries for this program: Algeria, Morocco, Tunisia, Lebanon, Egypt, India, Pakistan, Ceylon, China and Mexico.

So far, agreement has been signed with India on November 25, 1948, while negotiations are going on with a series of other countries.

3. Usually it is evident that a BCG campaign in the countries outside Europe cannot be carried through as mass-vaccinations on the same lines as in Europe.

The purpose must therefore normally be training of local teams by sending out a few Scandinavian teams. This concerns not only the vaccination technique, but also the organization of a mass-campaign, so that the local teams trained in this way can be the stem of a later mass-campaign to be carried out by the individual countries' local authorities.

Only in a few cases the Joint Enterprise will be able to cooperate in a mass-campaign, and the question of which plan should be followed must be solved for each country.

As far as Joint Enterprise can judge by now, it will be possible to carry through real-mass-vaccination campaigns in Algeria, Tunisia, Morocco and Lebanon, while for the other countries approved by the Executive Board it will be demonstration campaigns.

4. To the Executive Board contribution of \$2,000,000 for the countries in Europe was added a Danish Government contribution of kroner 2,000,000.

/and a

and a promise that the Scandinavians would be able to procure the remaining about kroner 8,000,000 necessary for the campaign.

A corresponding arrangement is, however, not made for the countries outside Europe, but already now it appears rather certain that the Scandinavian countries will be willing to and able to meet the wages for the Scandinavian personnel going to the different countries.

On the otherhand, it is assumed that the Scandinavian countries - considering the considerable amounts for the campaign in Europe - will not be able to contribute additional amounts for the campaign outside Europe.

5. On basis of these comments the Joint Enterprise estimates that the amount of \$2,000,000 will suffice for the following:

- (a) Algeria: As mentioned in part I about Europe, Algeria is administratively classed with France, and the idea is therefore to finance the campaign in Algeria by the reserve of about \$350,000 intended for the countries in Europe which have not yet been approved by the Executive Board.

Plans are being made for execution of the campaign, but as these plans are only at a preparatory stage, it is not possible to give any exact figures for the costs, and it is necessary to build on estimates.

If the figures for Europe are used as basic, it must be supposed that the costs will be about \$250,000 for examination and vaccination of the about 2.5 million children and young adults.

- (b) Morocco: As to this country, the Joint Enterprise costs for the campaign must be met by the two million kroner for campaigns outside Europe. As regards plans and expenses, the same is true as for Algeria. For examination and vaccination of the about 3,000,000 children and young adults, the costs are estimated to about \$300,000.
- (c) Tunisia: Here the comments are the same as for Morocco, and the costs for examining the about 1.5 million children and young adults

/are estimated

are estimated to \$150,000.

- (d) Lebanon: For examining the about 300,000 children and young adults, the costs are estimated to about \$50,000.

According to the above, total costs for mass-campaigns in Morocco, Tunisia and Lebanon - examining about 5,000,000 children and young adults - are estimated to \$500,000, whereafter \$1,500,000 remain for other countries outside Europe.

6. Costs for instruction campaigns can be estimated in the following way:

Apart from wages, the costs for one Scandinavian team in one year will be \$40,000 on an average.

An average Scandinavian team will be able to train and organize 8 local teams in one year.

The costs in supplying these 8 local teams with medical equipment, cars, etc., will amount to about \$110,000.

The total costs for one Scandinavian and 8 local teams in one year will, according to the above amount, to \$150,000 (the calculation of costs for the Scandinavian as well as for the local teams has been specified in encl.2), which means that it will be possible to equip and maintain 10 Scandinavian and 80 local teams during a period of one year for the \$1,500,000 available.

These 10 teams might be distributed in the following way:

- (e) India: As mentioned above, agreement has already been signed with India, and in this connection plans have been made for putting in work 6 Scandinavian teams for 6 months, which corresponds to 3 Scandinavian plus 24 local teams for one year.
- (f) Pakistan: With this country, agreement has not yet been signed, but certain opening negotiations have been made with representatives for the local health authorities, and plans are being worked out for sending out two Scandinavian teams which should train

/additional

additional 16 local teams.

(g) Ceylon: Neither with Ceylon agreement has been signed, but it will be natural to try carrying out a campaign here about the same time as in India and Pakistan, and following the same plans as for Pakistan, i.e. putting in work two Scandinavian teams which will train 16 local teams.

(h) China: With this country there have also been opening negotiations, and a proposal has been made of sending out 2-3 Scandinavian teams, corresponding to 16-24 local teams.

With this proposal for the distribution of teams to the above four countries, all means available have been disposed of, which means that it will not even be possible to start work in all the countries which have so far been approved by the Executive Board, and it must be mentioned that the proposed numbers of teams must be considered minimum if the campaign shall be of some importance.

Finally, it must be mentioned that in distributing the costs, procurement of equipment for the laboratories for production of tuberculin and vaccine has not at all been taken into consideration. As such laboratories will not be found in many of the countries in question, it may be necessary to set aside means also for this purpose. It is supposed that the quantities needed during the first year when the campaign will be rather on a demonstrating basis, can be obtained from the countries where a production has been started. But when the real mass-vaccinations start, it will hardly be possible to build on this, and the campaigns must be based on own production in the individual countries or in most of the countries.

JOINT ENTERPRISE - BCG PROGRAMME

Account no.	Budget		Total expenditures per 30/11-1948.	
	Kroner	Dollars	Kroner	Dollars
<u>A. PERSONNEL EXPENSES</u>				
Administration				
200	Salaries	669.000	15.000	71.700
201	Gratuities	9.000		
202	Travel and representation	180.000	18.000	47.700 1.800
203	Local transportation	44.000		1.100
204	Clothing	5.000	1.000	500
205	Personal insurances	9.000		1.100
		(916.000)	(34.000)	(122.100) (1.800)
<u>OFFICE ACCOMODATION</u>				
Administration				
230	Rent	21.000		7.000
231	Heat & light	12.000		700
232	Furniture - fittings insurances	2.000		
233	Office equipment	12.000		10.300
234	Fittings	18.000		4.800
235	Teleph. and cables	45.000		9.400
236	Postage	6.000		1.700
237	Exchange differences	1.000		
245	Share in D.R.C. administration	75.000		
249	Sundry expenses	30.000	3.400	2.300
		(222.000)	(3.400)	(36.200)
		1.138.000	37.400	158.300 1.800

Acct. no.		B u d g e t		Total expenditures per 30/11-1948.	
		Kroner	Dollars	Kroner	Dollars
B. PERSONNEL EXPENSES					
	Operation	Carr.forw. 1.138.000	37.400	158.300	1.800
215	Salaries/Allowances Scand.	2.471.000	82.000	348.000	4.500
216	Salaries Locally recruited		10.000	700	
217	Travel and representation	130.000	50.000	78.800	4.200
218	Clothing	220.000	50.000	32.300	10.800
219	Personal insurances	120.000		22.900	
220	Food	466.000	76.800	79.200	2.600
		(3.407.000)	(268.800)	(561.900)	(22.100)
OFFICE ACCOMODATION					
	Operation				
230	Rent				
231	Heat & light				
233	Office equipment	10.000	10.000		
234	Fittings	5.000	5.000	5.000	1.800
235	Telephone and cables	5.000	3.000	1.200	
236	Postage	2.000	1.000		
237	Exchange differences	25.000	1.000		
249	Sundry expenses	20.000	17.000	500	200
		(67.000)	(37.000)	(6.700)	(2.000)
C. OTHER EXPENSES					
	Operation				
250	BCC vaccins and tuberculin	3.750.000	50.000	648.800	
251	Drugs	12.000	900	5.500	
252	Medical equipment	271.000	163.000	169.100	29.800
253	Registr. and vacc. cards		140.000		20.900
250	Rail- ship- and vehicle freight	50.000	10.000	16.400	
261	Air freight	450.000	90.000	21.600	3.600
262	Purchase of vehicles	400.000	408.100	226.800	313.300
263	Rent of DRC vehicles	30.000		15.400	
264	Spare parts	62.000	81.600	20.700	27.000
265	Tyres	4.000	27.000	2.700	8.600
266	Tools	30.000		3.100	
267	Repairs	72.500	32.000	20.800	
268	Petrol - oil - lubrication	52.500	32.000	31.200	
269	3rd party insurances	34.000	45.000	17.800	
270	Vehicle taxes			26.500	
275	Furniture and machines	80.000	55.200	15.300	6.900
276	Printing - film - information	100.000	72.000	21.300	1.300
	Laboratory equipment	50.000	100.000	2.600	200
		(5.448.000)	(1.306.800)	(1.265.600)	(411.600)
	For countries in Europe not yet approved		350.000		
		10.100.000	2.000.000	1.992.500	437.500

	General expenditures		Poland		Czechosl.		Yugoslavia	
	kr.	dol.	kr.	dol.	kr.	dol.	kr.	dol.
<u>B. PERSONNEL EXPENSES</u>								
Operation								
215 Salaries/All. Scand.			227.000		75.900	3.600	28.200	600
216 Salary locally recr.			700					
217 Travel and repr.			21.900	1.000	18.600	1.000	18.400	900
218 Clothing		10.800	15.400		13.000		2.000	
219 Personal insurance			11.800		6.800		3.700	
220 Food	10.100		37.700	1.100	21.000		5.400	200
	(10.100)	(10.800)	(314.500)	(2.100)	(135.300)	(4.600)	(57.700)	(1.700)
<u>OFFICE ACCOMOD.</u>								
Operation								
230 Rent								
231 Feat and light								
233 Office equipment								
234 Fittings		1.700	2.200		1.000	100	800	
255 Teleph. and cables			1.100		100			
236 Postage								
237 Exchange differences								
249 Sundry expenses			200		100			200
	(1.700)	(1.700)	(3.500)		(1.200)	(100)	(800)	(200)
<u>C. OTHER EXPENSES</u>								
Operation								
250 BCG vaccine and tub.			297.500		186.900		65.700	
251 Drugs	1.800		1.300		1.300		600	
252 Med. equipment	27.400	20.300	37.500	2.500	34.800	2.300	22.100	11.500
253 Reg. and vacc. cards		100		6.400		4.800		1.600
260 Rail-ship-vehicle			4.200		4.000		2.200	
261 Air freight	17.100	3.600	26.700		10.400		500	
262 Purchase of vehicles	7.900	93.900	76.900	77.200	47.300	49.200	37.500	36.800
263 Rent of DRC vehicles			15.200				200	
264 Spare parts	12.800	23.000	5.500	1.700	600	1.200	1.200	800
265 Tyres		8.200	2.400	100	300	300		
266 Tools	1.200		1.100		400		200	
267 Repairs	3.200		6.300		3.200		3.300	
268 Petrol-oil-lubric.	6.200		14.400		3.900		2.600	
269 3rd party insurances	5.000		4.700		2.800		2.100	
270 Vehicle taxes	26.500							
275 Furnit., machines	1.700	5.000	6.500	700	3.100	700	300	200
276 Print.film.informat.	21.300	1.300						
Laboratory equipment								
	(47.900)	(155.400)	(500.200)	(88.600)	(299.000)	(58.500)	(138.500)	(40.900)
TOTAL	108.000	165.900	818.200	90.700	435.500	63.200	197.000	42.800

	Greece		Hungary		Bulgaria		Finland	
	kr.	dol.	kr.	dol.	kr.	dol.	kr.	dol.
<u>B. PERSONNEL EXPENSES</u>								
<u>Operation</u>								
215 Salaries/All. Scand.	10.100	300	6.800					
216 Sal. locally recr.								
217 Travel and repr.	6.300	200	13.600	1.100				
218 Clothing	700		1.200					
219 Personal insurances	300		300					
220 Food	900	1.300	4.100					
	(18.300)	(1.800)	(26.000)	(1.100)				
<u>OFFICE ACCOMODATION</u>								
<u>Operation</u>								
230 Rent								
231 Heat and Light								
233 Office equipment								
234 Fittings	700		300					
235 Teleph. and cables								
236 Postage								
237 Exchange differences								
249 Sundry expenses	200							
	(900)		(300)					
<u>C. OTHER EXPENSES</u>								
<u>Operation</u>								
250 BCG vaccine and tub.	12.600		82.900			3.200		
251 Drugs			500					
252 Med. equipment	12.100	800	29.900	2.000		5.300	400	
253 Reg. and vacc. cards		1.600		6.400				
260 Rail-ship and veh. fr.	4.400		700			900		
261 Air freight	100		800		200			
262 Purchase of vehicles	9.900	10.700	41.400	40.300		5.900	5.200	
263 Rent of DRC vehicles								
264 Spare parts			600	300				
265 Tyres								
266 Tools	200							
267 Repairs	400		4.400					
268 Petrol-oil-lubrication	800		2.900			400		
269 3rd party insurances	600		2.300			300		
270 Vehicle taxes								
275 Furnit. and machines	300	200	3.400	100				
276 Print, film, information								
Laboratory equipment					2.600	200		
	(41.400)	(13.300)	(169.800)	(19.100)	(2.800)	(200)	(16.000)	(5.000)
TOTAL	60.600	15.100	196.100	50.200	2.800	200	16.000	5.600

JOINT ENTERPRISE - BCG PROGRAMME
PROGRAMMES OUTSIDE EUROPE

A. Estimated costs for one Scandinavian demonstration and training team
for one year.

<u>Salaries:</u>	1 doctor	20,000 kroner	
	1 nurse	10,000 "	
	1 nurse	<u>10,000 "</u>	
		30,000 kroner	
<u>travel and representation:</u>	One out-and return journey at an estimated average cost of \$1,000 each		\$3,000.
	local transportation (provided that this cost is generally paid by local governments)		500.
	representation	<u>500.</u>	\$4,000.
<u>Clothing:</u>	The personnel must be provided not only with uniforms but also with clothes suitable for tropic countries. Estimated cost \$600 each		\$1,800.
<u>Personnel insurances:</u>	appr. \$200 each		600.
<u>Food, etc.:</u>	appr. \$1,800 each (it is expected that lodging will be provided for by the local governments)		5,400.
<u>Vaccine and tuberculin:</u>	The demonstrations and training must be combined with testing and vaccination in the field, but the numbers tested will of course be far less than in a mass campaign. Estimated number of tested: 100,000 at a cost - including vaccination of the non-reactors - of 5 cents each		5,000.
<u>Drugs:</u>	For the use of the team only		<u>300.</u>
			\$17,100.

	carried forward	\$17,100.
<u>Medical equipment:</u>	1 station unit \$ 500. 3 vaccination kits 300. 4 x 3 renewals of kits 1,200.	\$ 2,000.
<u>BCG cards and leaflets:</u>	Includes one registration card for each person tested, 1 vaccination card and 1 leaflet for reactors plus a small reserve for waste	500.
<u>Freight:</u>	By ship appr. 3 tons at \$200. - \$600. by air appr. 200 kilos at 4. - 800.	\$ 1,400.
<u>Cars:</u>	One car with special equipment including refrigerators for vaccine and tuberculin, appr.	3,000.
<u>Spare parts:</u>	Estimated at 20% of \$3,000	600.
<u>Spare tyres:</u>	6 tyres at \$25.	150.
<u>3 party insurance:</u>		150.
<u>Office machines:</u>	(provided that office equipment and facilities are normally provided by local governments)	100.
<u>Printing - film information:</u>		3,000.
		<u>\$28,000.</u>
	For each 3 teams in average must be estimated 1 chief doctor, 1 administrative officer and 1 secretary at a cost of approx. \$18,000 (the same costs as above minus vaccine and tuberculin, medical equipment and printing - film - information) or per team	6,000.
		<u>\$34,000.</u>
	<u>Headquarters administration</u> appr. 10%	3,400.
	Unforeseen expenditures	2,600.
	Total	<u>\$40,000.</u>

Annex B
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B. Equipment and supplies for one local team, consisting of one doctor and two nurses:

<u>Clothing:</u>	estimated at \$300 each	900.
<u>Vaccine and tuberculin:</u>	estimated testing of 50,000 persons at 5 cents each	2,500.
<u>Medical equipment:</u>	same as for Scandinavian teams	2,000.
<u>BCG cards:</u>	50% of numbers for Scandinavians	300.
<u>Freight:</u>	same as for Scandinavian teams	1,400.
<u>Cars:</u>	" " " " "	3,000.
<u>Spare parts etc.:</u>	" " " " "	900.
		<hr/>
		\$11,000.
<u>Headquarters administration 10%</u>		1,100.
		<hr/>
		\$12,100.
		<hr/>
Costs for 8 local teams 8 x 12,000		\$96,000.
Unforeseen expenditures		14,000.
		<hr/>
		\$110,000.
		<hr/>