

UNITED NATIONS ECONOMIC AND SOCIAL COUNCIL



LIMITED E/ICEF/L.908 18 February 1956 ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND

Programme Committee

Recommendation of the Executive Director for an Allocation IRAN For a Campaign against Treponematosis

1. The Administration <u>recommends</u> an allocation of \$37,000 for transport, laboratory and field equipment and penicillin for a mass campaign against non-venereal endemic syphilis and/or bejel in two provinces of Iran (\*). Surveys would also be undertaken in other provinces with the objective of treating them in later years where this is shown to be necessary. This forms part of a larger plan which includes the organization of anti-venereal disease services throughout the country. In connexion with these services, UNICEF would furnish penicillin for treatment of pregnant women attending VD dispensaries. The period covered by the allocation is from the last quarter of 1956 through 1958. During the period 1956-1961, the Government of Iran will spend on this programme Rials 24 million (U.S. \$320,000), to come from the Seven Year Plan allocation to the Ministry of Health.

Endemic syphilis and syphilis in Iran:

2. Endemic non-venereal syphilis and/or bejel, affects a considerable number of people, notably children, in some of the provinces. Venereal syphilis is major health problem in other parts of the country. Prevalence rates of this disease are not precisely known but some information has been obtained through the activities of a venereal disease project operating in Iran since 1953 with the aid of WHO. This is sufficient to make advisable an enlargement of activity against the diseases. Endemic non-venereal syphilis is known to be prevalent in Khorasan in the North Eastern part of the country where 10 per cent of the population, or approximately 200,000 people are believed to be affected. There is also heavy infection in Khuzistan in the South West, (adjoining one of the

(\*)First request for aid to this programme.

/bejel areas

bejel areas of Iraq,) where a campaign was assisted by UNICEF in the years 1950-53. The problem in Khuzistan has been surveyed with the help of the WHO team. A further survey has to be made in Khorasan towards the end of 1956, and later on in Beluchistan. The extent of venereal syphilis is indicated by 20,000 pre-marital tests in Teheran since January 1955, in which 9 per cent were found serologically positive. Higher rates were found in short surveys in Tabriz, (Azerbajan) and Susangerd (Khuzistan).

## Proposed plan of operations:

3. The Ministry of Health has decided, with the advice of WHO, that it is necessary to expand the present VD project to a nation-wide organization against venereal diseases and treponematoses. Funds have been allocated for the establishment of ten provincial centres and for training personnel for these centres. A mass campaign is also proposed against endemic syphilis, for the provinces of Khuzistan and Khorasan.

4. The mass campaigns in the two provinces and surveys in additional provinces would be carried out by three teams, each consisting of one chief technician as team leader, 7 technicians, and two drivers. The work would be supervised by two physicians also with special training. It is calculated that each team should examine 10,000 persons per month, using serclogical tests for diagnosis. Some 500 to 1,000 people would be treated per month using penicillin, which in the majority of cases would be given in two doses at one week's interval. Work in Khuzistan is planned to start in the first quarter of 1957, and in Khorasan in the fourth-quarter of 1957. The third team would be organized in the first cuarter of 1958. Possibilities of combining some surveys with BCG vaccination will be explored. 5. During 1956, ten provincial venereal disease services will be established by creating or upgrading in the main provincial towns a venereal disease dispensary and facilities for syphilis serology. By the last quarter of 1958 it is proposed to begin expanding such services into the rural areas of the provinces in conjunction with rural health centres.

6. This programme will be under the direction of the National Institute for Venereal Diseases and Trepanematoses in Teheran. This is a branch of the

/ Public Health

E/ICEF/L.908 Page 3

/ equipment and ....

1.5

Public Health Department of the Ministry of Health. It will be responsible for training of the personnel, the planning and execution of mass campaigns and surveys, and the operation of the provincial services for the first two years after which they will be gradually decentralized to provincial control.

7. The number of people expected to be reached during the period 1956-1958 is as follows:

	1956	1957 1958		
	e en			
	45,000	160,000	300,000	
Rural districts	1,000	120,000	230,000	
	10,000	110,000	200,000	
Mothers	15,000	60,000	120,000	
Population Treated	9,000	25,000	50,000	
		an prairie a mar a she		

## WHO participation and technical approval:

8. This programme has been worked out on the basis of the recommendations of the WHO VD Adviser in Teheran and has received the technical approval of WHO. WHO will provide the following international personnel for the project: one medical officer (senior adviser); one serologist; and one public health nurse. This personnel has been in Iran during the pilot phase of the project in Iran and budgetary arrangements are now being made to continue them for two more years, 1956 and 1957, from technical assistance funds. WHO will also make the services of the Regional Office representatives available during the duration of the project. During 1952-1955, WHO has provided seven fellowships for graduate personnel to receive additional training in the public health aspects of treponemal diseases.

## UNICEF commitments:

9. In accordance with the criteria which UNICEF has followed for assistance to campaigns relating to yaws, bejel, endemic syphilis, and syphilis, UNICEF would assist the mass campaigns with imported supplies. In the areas where complete coverage of the population is not yet being attempted, UNICEF would provide penicillin for pregnant women attending venereal disease dispensaries, or maternal and child health services able to give the necessary treatment. Accordingly in this case UNICEF would provide transport for the three teams, laboratory and field eouipment and supplies and penicillin as follows:

Transport			
6 utility vehicles - four wheel drive	-	\$ 11,000	
Laboratory equipment and supplies		000ولله ال	
and field equipment	-	12,000	
Penicillin - 40,000 vials Contingencies		8,000	
	-	3,000	
Total supplies and ecuipment Freight	•••••••	\$ 34,000 3,000	
Tetal recommended allocation	 ,	\$ 37,000	

## Government commitments:

10. The Government will provide the necessary personnel and local expenses and materials not provided by UNICEF for this project. The personnel for the mass campaigns and survey teams will comprise two physicians, three chief technicians, 21 technicians and six drivers. The staff of a provincial venereal disease service will comprise one physician, one serologist and two serologist technicians, one public health nurse and four assistant-nurses and one driver. In establishing ten such services, 90 people will be required. Local supplies and ecuipment provided by the Government will include penicillin for the treatment of male contacts of the pregnant women being treated with UNICEF-supplied penicillin. The total estimated cost to the Government will be Rials 24 million (U.S.\$320,000).