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UNITED NATIONS CHILDREN'S FUND
Programme Committee

Recommendation of the Executive Director for an Allocation
TUNISIA
Control of Trachoma and Associated Eye Diseases

1. The Administration recommends an allocation to Tunisia of \$24,500 to provide antibiotic ointment and additional vehicles for expansion and continuation through 1957 of the trachoma and seasonal conjunctivitis campaigns in southern Tunisia, for which the Board has previously approved allocations totalling \$116,500, exclusive of freight. The most recent allocation for this programme was approved in September 1955 (E/ICEF/L.824) to assist in continuing the campaign through 1956.
2. The geographical coverage of trachoma control operations up to the present covers the most afflicted area in the southern inhabited half of the country. Under the new allocation the campaign against conjunctivitis and trachoma would be extended further north to the Maknassy and Sidi Bou Zid sectors (110,000 persons); self-treatment would be conducted in areas previously treated (400,000 persons); the school campaign would be extended northward to include the Maknassy and Sidi Bou Zid sectors and the city of Sfax, reaching 29,000 school children in all.
3. Beginning in 1957, Government matching will include a subsidy on the sale price of ointment for self-treatment. The Government's matching expenditures for 1957 are estimated at the equivalent of US \$89,500.

/Progress of the campaign

Progress of the campaign to date (1954-55)

4. A general description of Tunisia and of prevailing conditions is provided as an Annex to E/ICEF/L.974, before this session of the Board, relating to a proposed tuberculosis control project. A description of the problem of trachoma and a report on the initial phases of the mass campaign, have been presented to the Board in Documents E/ICEF/R.312 and E/ICEF/L.824.

The school campaign, 1954-56

5. The school treatment campaign has been conducted in primary schools in the towns and villages of the South. Following diagnostic screening in October/December 1954 by the four sector ophthalmologists, intensive treatment of all cases was conducted between January and June for 60 to 90 successive days, according to the original "continuous" schedule. In the first school year, 1954/55, 16,500 pupils were treated in the southernmost sectors of Gabes, Kebili, Medinine, Tatahouine, Zarzis, Bengardane, Djerba and Tozeur. In the 1955/56 school year, a further 9,050 cases were treated in Gafsa.

6. Of 31,200 pupils examined in the past three years, 25,500 **required** treatment, indicating an approximate trachoma incidence of seventy per cent in this age group throughout southern Tunisia.

The mass campaign 1954-56

7. In 1954 and 1955 mass campaigns were conducted in the sector stretching across the South from Gabes through Tozeur, to limit the recurrent seasonal epidemics of acute conjunctivitis and thus also to reduce the incidence of blinding corneal complications. The mass campaign was carried out by twenty teams of two to three persons (including a trained male auxiliary, and a locally engaged temporary recruit who later became a "health educator" in his village), under the local direction of the Gabes regional headquarters and the sector ophthalmologists. Operations were the same for three cycles - autumn 1954, summer 1955 and autumn 1955 - reaching 248,000 in the first cycle, a further 28,000 in the second cycle, and finally treating 276,300 people in the fall of 1955.

/8. The gratifying

8. The gratifying increase in attendance has been due to the intensive health education work among the public at large and the local Tunisian authorities ("caids" and "sheiks") and to the extra vehicles delivered by UNICEF in 1955 to give the teams greater mobility.

Health education

9. A special health education team of three persons was trained by the Ministry of Health and visited each of the localities eight days before the population was to be assembled for mass treatment. Statements by the "caids" in favour of the campaign were recorded, and every evening, in a different community, these statements were broadcast by loudspeakers. Health education films were shown, the projector and some films being supplied by UNICEF. Music was played and talks were given, - particularly to women, - by the adjointe sociale in the team.

10. This activity was then followed, one to two days before the arrival of the treatment teams, by three cars roving about the villages with loudspeakers, reminding the population to attend. When the population assembled for treatment, films were again shown.

11. The 1956 summer and autumn campaigns began in June. One hundred and fifty thousand persons are to be treated for the first time in the Gafsa sector, which is contiguous with the northern border of sectors treated in 1954/55. Self-treatment in the area previously treated by teams is encouraged on as large a scale as possible. Detailed schedules have been worked out for eight male and seven female teams of two persons each to launch self-treatment by effecting a single round of mass applications and handing out a small amount of ointment to each family as a "reminder". Four vehicles (including the UNICEF 13-seater bus) are assigned full-time to these operations.

12. The more difficult part of the self-treatment scheme is the so-called "Permanent self treatment" plan in which ointment is placed on retail sale for purchase by the people on their own initiative, after the supplies of free antibiotics have been used up. This aspect of the programme - being undertaken by the Government for the first time in 1957, - is expected to be the key to

/future mass

future mass prophylactic measures. For this part of the programme five-gramme tubes of aureomycin in special containers are sold with a Government subsidy through certain designated "tabacs" at a price not exceeding 30 francs (a little under 12¢ US) a tube.

Plan Proposed for 1957

School campaign:

13. The systematic diagnosis in schools and subsequent intensive treatments will be extended in 1957 to 2,000 children in the Gafsa sector where in 1956 only schools in Gafsa town were covered, also to 2,000 children in the towns of Maknassy and Sidi Bou Zid, in the heart of the 1957 mass campaign area, and to more than 20,000 children in the city of Sfax, Makares to the South and La Chebba to the North. An additional 5,000 pupils (or relapses in schools previously dealt with) are also expected to require attention. This will bring the grand total of school children treated between 1954 and 1957 to 55,000.

14. In Sfax, where two ophthalmologists recently attached to the campaign will take over the project with the assistance of school health and public health doctors and nurses already available, a check will be made on the ocular condition of every school child with a view to establishing, prior to systematic treatment, the pattern of trachoma of school-age children in a large Tunisian town.

15. As for treatment schedules, comparable evaluations of operations to date suggest that the results of treatment in the schools are less favourable in Tunisia than in Morocco. This is presumed to be due to the fact that most school work in Morocco was in larger towns (with somewhat higher standards of hygiene), whereas in Tunisia it was in small towns and rural schools; and also because border-line responses to treatment have been too readily classified as "failures" in Tunisia. In Morocco such cases were classified as "doubtful" and a longer period was allowed before final appraisal.

16. Treatment schedules in Tunisia will therefore be of the previous "continuous" type in all cases except for 10,000 children in Sfax where the urban conditions and more developed surrounding countryside would appear to justify a large-scale trial of the much more economical "intermittent" treatment (twice daily for three successive days monthly for 6 months) which has proven successful in urban schools in Morocco. Should this intermittent schedule give satisfactory results, it would be employed on the broadest possible scale in 1958.

17. The financing of the plan described in this paper (see paras.3 and 27) is entirely carried by the Tunisian Health Ministry's budget. Subject to the Tunisian Government agreeing to divert to this programme a small part of the economic and social development funds which France has been planning to make available to Tunisia, a further extension of the school programme would be made to other towns in the northern half of the country. In this case, UNICEF would be asked to approve a supplementary allocation for additional supplies and equipment.

Mass campaign

18. Treatment by teams will be extended northwestward in 1957, from Gafsa to Maknassy and Sidi Bou Zid (involving 110,000 persons). Self-treatment will be organized in the Gafsa sector, with the participation of a small number of teams. Self-treatment without generalized team support, under the surveillance of the sector ophthalmologist and with the help of one supervisory team only, will be promoted in all the original sectors.

19. It has been planned to withdraw all WHO staff from this project as from the end of 1956. The WHO project bacteriologist completed his contract in March 1956. A part-time campaign director (a Tunisian ophthalmologist) has been appointed to replace the WHO ophthalmologist/team leader in December 1956. WHO will continue to provide the services and short-term visits of a consultant-ophthalmologist. The Ministry of Health plans to establish a section for Communicable Eye Diseases in the Social Hygiene section of the Ministry, but this is not expected to happen before 1958. WHO and the UNICEF Administration are therefore urging the Government to appoint a full-time campaign director and discussions on this point are continuing.

20. The part-time regional campaign director at Gabes (a Tunisian ophthalmologist) will continue to be responsible for the technical and administrative aspects of the campaign for all southern Tunisia. He will be assisted administratively by an assistant and a supervisory nurse-epidemiologist and technically by public health doctors in general and ophthalmologists in particular, in the area (Djerba, Tozeur and Gafsa). The campaign director will also be responsible for the area northward (Maknassy, Sidi Bou Zid) included in the extended programme. As soon as the budget permits and a larger number of ophthalmologists become available, he will be released from his part-time duties as an ophthalmologist and will be engaged full time in directing these campaigns. The new school campaign in the Sfax area will be the technical responsibility of a specialist ophthalmologist assisted by a supervisory nurse-epidemiologist of Sfax. This area will come under the administrative direction of the Social Hygiene Services of the Ministry of Health.

Evaluation and research

21. The analysis of the results of the 1955 school campaign is near completion. Other schemes planned for 1956, with a view to subsequent technical assessment, have been executed in part. The clinical and bacteriological examination of fifty families and of 200 children in six villages was effected, prior to treatment, and a report on their initial condition is being prepared by the WHO bacteriologist. Due to insecurity in the South, it has not been possible, as had been planned, to establish case records of all of the young children of a community of 5,000 people, for a long term social and economic study.

22. Direct bacteriological control of the campaign in 1956 is in abeyance. The project laboratory at Gabes, directed by a WHO bacteriologist until March 1956, has, as planned, been closed down, now that the new Tunis Ophthalmological Centre has been opened. UNICEF-supplied laboratory equipment will be transferred to the Tunis Centre when a national bacteriologist has been appointed and when specific provisions have been made to have this equipment used, from 1956 on, in direct connexion with the bacteriological control of field operations. A scientific research programme on the Koch Weeks bacillus and on a vaccine against this bacillus, as well as on virus and cytological research in relation to trachoma, has been undertaken by the Pasteur Institute of Tunis and is proceeding according to plan.

/23. No new evaluation

23. No new evaluation work is envisaged for 1957. The activities described above will be continued and, where feasible, work held in abeyance will be begun. Even at this stage, however, and with the Moroccan and other experience serving to confirm it, it is becoming clear that mass antibiotic treatment alone will not rapidly eliminate trachoma and conjunctivitis from an area, even though the incidence of blinding corneal complications of conjunctivitis and the risk of late trachomatous complications are very considerably reduced. As an adjunct to treatment of the eyes, a programme designed to bring substantial improvements in standards of living and hygiene, as stressed at the May 1956 session of the UNICEF/WHO Joint Committee on Health Policy is under consideration (E/ICEF/L.319, para 23).

Transport requirements

24. The vehicles engaged in the mass campaign have undergone very hard service on bad roads and tracks. The six station-wagons provided by UNICEF in 1953 will have exceeded 60,000 kilometres by the end of 1956 and will require major repairs making them unusable for long periods. The four new vehicles requested will be used in part to replace original vehicles and in part to supplement the transport fleet to meet the needs of the expanding campaign.

UNICEF commitments

25. UNICEF would provide the following for the 1957 school and mass campaign:

a) <u>Antibiotic ointment</u> (167,000/5 gramme tubes)	\$13,400
b) 4 Station-wagons with spares	8,800
Total supplies and equipment	<u>\$22,200</u>
c) <u>Freight</u>	<u>2,300</u>
<u>TOTAL UNICEF commitments</u>	<u><u>\$24,500</u></u>

/WHO approval ...

WHO approval and participation

26. The proposed extension of this programme has the technical approval of WHO. Subject to the availability of funds, WHO will provide consultant's services for three months and three fellowships for two months each, at an estimated total cost of \$5,000.

Government commitments

27. The implementation of the 1957 plan of operations will involve the following matching expenditures by the Government:

	<u>Fr. francs per annum</u>
a) <u>Personnel</u>	
Permanent: (5)	650,000
Contractual: (39)	18,160,000
b) Subsidy on ointment for "Auto-Prévention"	3,770,000
c) Maintenance and operation of UNICEF vehicles	4,250,000
d) Health education in conjunction with the campaign	2,130,000
e) Miscellaneous supplies and administrative costs	<u>2,380,000</u>
	31,340,000
equivalent to	US\$ <u>89,500</u>