

UNITED NATIONS
ECONOMIC
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SOCIAL COUNCIL



LIMITED

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ENGLISH ONLY

UNITED NATIONS CHILDREN'S FUND

Programme Committee

Recommendation of the Executive Director for an Apportionment to

NIGERIA*

BCG Antituberculosis Vaccination Campaign

1. The Administration recommends an apportionment of \$5,000 to Nigeria for the provision of two vehicles, tuberculin, vaccine and other supplies for a programme of mass BCG vaccination which will cover about 120,000 children in the federal territory of Lagos. The cost to the Government in carrying out its commitments in connexion with the project is estimated at \$8,500. This campaign is part of a general plan of the Government to institute model Social Services in the federal territory as far as possible as a demonstration for the regional governments of Nigeria. There is already considerable interest among the regional governments and this campaign is viewed as affording valuable experience of methods and results which will permit wide application in the other regions.
2. In addition the campaign will enable a study to be made of the best methods for obtaining complete coverage in an African population and be extended to areas of greater population, (for example Ibadan, the largest African city south of Cairo). This exploratory aspect of the project will involve a trial of various methods of approach to the public as well as differing operational arrangements for testing and vaccination. Since the intention is to test at least 90 per cent of the population under twenty years old, the campaign will also result in the most complete tuberculin sensitivity survey yet undertaken in Nigeria.

The Tuberculosis Situation

3. Lagos has a population of 271,800 living partly on the densely packed island and partly on the mainland.

* First UNICEF aid for a BCG campaign in Africa south of the Sahara.

4. There is little doubt that tuberculosis is an increasing problem. Sample tuberculin surveys have shown that less than five per cent react positively below the age of four years and more than fifty per cent react positively by the age of fifteen. The toll of tuberculous disease and death during this time of first infection appears very serious even though it is not fully known.

5. At the Lagos General Hospital there is an annually increasing number of deaths, which in 1952-53 numbered 27, from "Meningitis other than meningococcal." In the Lagos Town Council area those whose deaths are not otherwise certifiable are necessarily examined post mortem, and in 1952-53 a total of 315 autopsies included five dying of pulmonary tuberculosis and nine of miliary tuberculosis under the age of three years. During 1953-54, 1,106 new patients came to the Lagos Chest Clinic and 435 of them were found to have tuberculosis.

6. The Federal Government has a Senior Specialist in Tuberculosis who heads a department called the Tuberculosis Survey, having a total annual expenditure of £ 18,340 of which more than half is for professional staff. The Tuberculosis Survey has already conducted epidemiological studies in various parts of the country using tuberculin testing (Heaf & Mantoux) and Mass X-Ray. These enquiries have not unnaturally revealed the larger towns as the main foci of infection where the disease is already taking its slower more "European" form. Since the larger towns invariably receive large groups of country-living transients the need for protection is urgent.

Plan of Action

7. It is intended that the campaigns in Lagos should be carried out in conjunction with the visit of the TB survey team. An allocation for this team is requested in another document, E/ICEF/L.746, and the present document deals only with the supplies that would be required. The TB survey team on arrival in Nigeria would start their survey work in Lagos. The analysis of their findings is fully expected to confirm the advisability of a vaccination campaign in Lagos but it will at the same time clarify what age groups should be included and other questions. The team would then stay on in Lagos to help start the mass campaign, thus enabling the territory to be covered much more quickly, which is desirable. Through the use of the survey team the Lagos campaign will have the help of

/international personnel

international personnel which it would not have been financially justified to provide simply for this small campaign.

8. The work will be under the general supervision of the Senior Specialist in Tuberculosis. The Government will recruit and maintain two teams which will work under a Medical Officer, or Health Superintendent. Each team will consist of 1 Nurse, 1 Assistant, 1 Clerk and 1 Driver.

9. On the conclusion of the initial campaign, the follow-up would be undertaken by the Health Department of the Lagos Town Council, and would consist of:

- (i) the BCG vaccination of infants attending the Infant Welfare Centres;
- (ii) the BCG vaccination of all negative reactors among elementary school children on entering school (Compulsory primary education is expected to be introduced in the near future).

In addition, permanent centres for BCG vaccination would be maintained at the existing Chest Clinic at the Lagos General Hospital and at the proposed new clinic on the mainland, where all those wishing vaccination could obtain it on request.

10. The equipment and transport would permit the campaign being repeated in some of the large towns of the Western and Eastern Regions when desired by the Regional Governments.

Commitments of UNICEF

11. It is proposed that UNICEF should provide the following equipment and supplies:

(i) <u>Transport</u>	
2 Land Rovers	\$3,200
(ii) <u>PPD and BCG Vaccine</u>	500
(iii) <u>Vaccination Equipment</u>	
including:	
BCG Station Units and	600
10 BCG Kits	
(iv) <u>Public Address Units, Posters, etc.</u>	300
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	\$4,600
Freight	400
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	\$5,000
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/Commitments

Commitments of the Government

12. The financial commitments of the Government in connexion with the project are estimated to be as follows:

Salary cost of two teams and of supervising
Medical Officer £ 3,060 per annum
(\$8,500)

In addition the Government will provide fuel and service for the transport.

Target Time Schedule

13. Transport and Equipment should reach Lagos by October 1955.
Vaccine and tuberculin will be called forward in accordance with arrangements to be established with the UNICEF Regional Office in Paris.

WHO Approval and Participation

14. This project has the technical approval of WHO which will provide such technical advice as may be required both in the execution of this project and in its evaluation.