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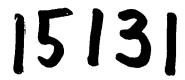
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PROGRAMME FOR PRODUCTION OF VACCINES IN AFRICA

UC/RAF/83/088

Technical Report: Programme for Production of Vaccines in Tanzania ,

Prepared for the Government of the Democratic and People's Republic of Tanzania by the United Nations Industrial Development Organization

Based on the work of L. Hegedüs and N. Lendvai,
experts in production and quality control of vaccines
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## TABLE OF CONTENTS

Chapters	Page
LIST OF ABBREVIATIONS	2
ACKNOWLEDGEMENT	3
PERSONS CONTACTED	4
GENERAL INFORMATION	5
FINDINGS	7
RECOMMENDATIONS	12
PROPOSED TIME SCHEDULE	. 13
COST ESTIMATE	13
Angexes	
I. MORBIDITY AND MORTALITY DATA REPORTED 1977-1982	15
II. ESTIMATED ANNUAL VACCINE NEEDS 1984	18
III. COST OF IMMUNIZATION IN 1983 AND IMPORTED VACCINES IN 19	983 19
IV. DISTRIBUTION FROM CVS/Central Vaccine Stores	20
V. IMMUNIZATION PER YEAR 1975-1982	23
VI. MABIBO VACCINE PLANT DAR ES SALAAM	24

## 1. LIST OF ABBREVIATIONS

UNIDO United Nations Industrial Development Organization

UNICEF United Nations Childrens Fund

WHO World Health Organization

EPI Expanded Programme on Immunization

DPT Diptheria Pertussis Tetanus Vaccine

TT Tetanus Toxoid Vaccine

BCG Bacillus Calmette Guerin/Vaccine against Tuberculosis

PPD Purified Protein Derivative/Tuberculin/

TAB Typhoid and Paratyphoid A,B vaccine

CSM Cerebrospinal Meningitis vaccine

ATS Antitetanus Serum

ELISA Enzyme Linked Immunosorbent Assay

RIA Radioimmuno Assay

SVS Central Vaccine Store

DANIDA Danish Industrial Development Aid

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We are particularly grateful to

Mrs. Hulda Swai /counterpart/
Dr. John F. Shao
Prof. P.M. Sarungi
Mr. S. Henein

for their wholehearted help and hospitality during our mission.

#### 2. PERSONS CONTACTED

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Theobald B. Mtema - Lab. Technician - Director of Mabibo Vacc. Plant

Felix Allen Mbuye - Adm. Manager

Dr. J.R. L. Mkoma - Senior Veterinary Scientific Officer

### 3. GENERAL INFORMATION

Tanzania is a country with an area of 940.000 sq.km and estimated population of 21 million. The estimated number of newborn per year is 810.000. Between the years 1967-1978 the population of Tanzania grew on average by 3.3 % per year. If growth continues at a rate of around 3 % per year, the population will reach 34 million by the year 2000.

The age group distribution in the country:

up to 1 year	3.6 %		
1-4 "	14.5 3	0-14	46.1 %
5 <del>-</del> 9 "	15.9 %	<b>V -</b> ·	
10-14 "	12.1 %		
15-44 "	39•3 °5		
45-64 "	10.5 %		
65- "	4.1 3		

Infant morbality rate /1979/: 150/1000 live births Life expectancy at birth: 51 years.

90 % of the population lives in rural areas. Most of the child-hood diseases found in the country are potentially preventable. The preventive methods include immunization and other public health measures, like provision of mafe and adequate water supply and environmental sanitation.

The Government is making great efforts to increase the level of public health care.

The national health policy stems from the Arusha Declaration of 1967. In 1971 the political party directed the Government to place greater emphasis on rural development in order to ensure that the majority of the people living in the rural areas should have the basic needs : water, education and moulth care.

The strategy, in view of the limited resources, was to reach the maximum number of people in the rural areas with basic health services.

The infrastructure was to be manned by modestly trained auxiliaries, namely Medical Assistants, Rural Medical Aids, Health Assistants, Mother and Child Health Aids. All health services provided by Government Health Institutions were to be free of charge to the people. Each district was to have either a district or designated hospital.

Some data concerning the reported cases of and deaths due to communicable diseases are given in <u>Annex I.</u>

The nation-wide Expanded Program on Immunization was launched in the year 1978. As there is no EPI vaccine production in the country at all, vaccines are imported from abroad or donated by UNICEF and DANIDA to the value of TShs 6 million. The estimated annual vaccine needs are shown in Annex II.

It should be mentioned here, that the waste factor /25-50%/ is very high.

The cost of immunization per child was USD 8.3 in 1983. The amount of imported vaccines and cost are given in Annex III.

The quantity of vaccines distributed from Central Vaccine Store in the year 1983 and in the first months of 1984 are shown in Annex IV.

The number of immunizations carried out in the country from 1975-1982 is given in Annex V.

#### 4. FINDINGS

## MABIBO Vaccine Plant, Dar es Salaam

There is no vaccine production for human use in Tanzania at all. In the year 1969, in line with the WHO global smallpox eradication program, the Tanzanian Government decided to reduce dependence on foreign supplies by establishing a vaccine production plant with aid from the People's Republic of China. The capacity of the plant was to produce 1.5 million doses of smallpox and 250,000 doses of ECG vaccine.

The quality of the freeze-dried smallpox vaccine manufactured here, met the WHO requirements.

In 1979, WHO declared the eradication of smallpox and subsequently the Plant stopped the production of this vaccine.

At the same time, 50 persons from the total of 70 left the Plant. The production of BOG vaccine still continued, but after the Chinese experts left —, the quality of the freeze-dried vaccine no longer met the THO requirements as far as viable counts were concerned.

In 1980, the Plant was transferred to the Mational Chemical Industries /MCI/ through the Ministry of Industries. Due to this move, the Plant had to stop even the production of BCG vaccine, since the latter was found to be below WHO standards for human use.

The remaining personnel left, and since that time the Plant has been totally out of use.

To start the operation of the Plant will require both trained and untrained personnel. Untrained staff can be obtained easily. For trained manpower, some agreement could be reached upon whereby the following trained personnel could be released/seconded by their employers for this project:

## 1. Administrative Staff

- 1. Project Co-ordinator Mrs. H. Swai
- 2. Personnel Officer Mr. Mbuke

#### 2. Specialist:

Dr. John Shao - Clinical Microbiologist Muhimbili
Vaccine Unit

## 3. Technical Staff:

1. Nr. Mtema	<b>-</b> Of	ficer i	n Charge	- Nabil	o Va	ccine Unit
2. Mr. Koshuma	<b>–</b> រៈស	himbili	Medical	Centre	Dep.	Bacteriology
3. lir. Msangi	- Ifu	himbili	Medical	Centre	Dep.	Bacteriology
4. Er. S. Seif	-	11	**	11	11	TT .
5. lir. Cheyo	-	19	<b>f f</b>	11	11	tt
6. Mr. Mweri	-	**	11	**	n	17
7. Mrs. Kunte		11	**	11	17	76

It will be necessary for these personnel to visit other vaccine producing centres elsewhere to familiarise themselves with principles of vaccine production during the initial stages of the project.

## Description of Mabibo Vaccine Plant .

The Plant is situated in a well isolated place along the port access road at a distance of about 10 km from the city-center. The compound is big enough /about 12 hectares/ fenced and protected from easy reach of the public.

The buildings are solid, permanent structures, well constructed with several pavements adjoining individual units.

The plant is divided into the following sections /Scheme is given in Annex VI./

# A Quality Control Department / Vain building/

Facilities in this section include cooling systems, running tap water, electricity.

1. Room for microbiological examinations \*sterility testing Equipment: Sterile cabinet

Palance /Sartorius/
Refrigerator /Bosch/
Thermostat /Hemmert/
Microscope /Zeiss/

- 2. Room for chemical analysis
- 3. Room for washing and sterilization Equipment: Hot air ovens /2/ Autoclaves /2/ Chinese Waterbath /Chinese/etc.
- 4. Water distillation
  Equipment: water distillation apparatus /Chinese/
  SIMAX glass distillation apparatus, 20 1/hour
  capacity
- 5. Hedia preparation room

  Equipment: Deep freezer Philips

  Deep freezer IGHIS for vaccine storage
- 6. Halfsized room with thermostat Memmert and hot air oven /Chinese/

There are changing rooms and toilets as well.

## B/ Former Smallpox Froduction Department /Main building/

1. Big area with separated places for washing, inoculating, killing, harvesting and autopsy of calves /100 calves/year/. 2. Laboratory for Smallpox vaccine production

Equipment: Sterile cabinet /2/

Thermostat /Chinese/

Refrigerator /General Hotors/

Incubator

Freeze-Dryer /Fisher-Paykel New Zealand/

- 3. Media sterilization room
- 4. Dark room for the potency testing of smallpox vaccines on the chorioallantoic membranes of eggs.
- 5. Changing room.

This part of the main building seems to be suitable for DPT and TT vaccine production from bulk

#### C/ Former BCG vaccine producing Department

There are 5 rooms in a separate building. /Staff room, changing room, laboratory for chemical analysis, air conditioned room for vaccine production equipped with 4 balances, Autovest mixer, refrigerator, incubators, room for sterilization etc./

The building and equipment seems to be suitable for BCG vaccine production.

#### D/ Freeze-drying department

Equipment: 2 freeze-dryers from China. Capacity: 16 boxes, each containing 144 ampoules.

Aseptic room for filling and sealing.

#### E/ Animal houses and food stores

On the grounds of the Institute there are separate buildings for animal breeding and for the infected animals.

The buildings are in an acceptable condition, except one part of the infected animal house, which was damaged during last year. Before renewed use, modification and modernization of these facilities will be necessary.

# F/ Cold room and stores

# G/ Building for Administration

Summarizing our findings, Mabibo Vaccine Plant seems to be a suitable facility for the production and quality control of bacterial vaccines /DPT, TT, BCG/ at regional or subregional level.

It is to mention here, that the Plant is suitable for the production and quality control of livestock vaccines and other pharmaceutical products as well, according to the decision of local authorities.

# Animal Diseases Research Institute, Dar es Salaam

Buildings and facilities are of mediocre level, without any possibility to harmonize them with human vaccine production.

### Activities:

Production of 250,000 doses of Anthrax and Blackquarter vaccines. Research work is carried out on Erucella S 19 and Haemorrhagic Septicaemia vaccines.

#### 5. RECOMMIDATIONS

- 1. The rehabilitation of MABIBO Vaccine Plant is highly recommended with the aim of becoming a regional or subregional center for bacterial vaccine production and quality control. (For both human or animal vaccines)
- 2. It is recommended to restart production of BCG vaccine. The existing facilities are after some renovation suitable for this purpose.
- 3. The introduction of the production of DPT and TT vaccines from bulk concentrates as a first step. The rooms and laboratories of the former Smallpox vaccine production area, after remodelling seem to be suitable for this purpose.
- 4. The main facilities for quality control are available.

  Purchase and installation of some equipment is necessary.

  /Laminar air flow box for sterility tests, photometer for opacity test, pH meter/.
- 5. Training for at least 4 persons is recommended in the following topics:
  ECG vaccine production
  ECG vaccine quality control
  DPT vaccine production
  DPT vaccine quality control.
- 6. Then the production of vaccine will begin two outside experts should be present for about 3 months in an advisory capacity, one for BCG vaccine production and quality control, the other one for DPT vaccine production and quality control.

# PROPOSED TIME SCHEDULE

/a/ Construction/remodelling works	up to 6th month
/b/ Purchasing equipment	3th = 9th month
/c/ Training course	3th - 9th month
/d/ Installation of equipment	9th - 12th month
/e/ Trial runs	12th - 18th month
/5/ Starting routine production	from 18th month

# COST ISTIMATE

/a/ Remodelling	; and reconstruction	50,000 USD
/b/ Equipment		350,000 USD
/c/ Deperts	2 m/3 months	48,000 USD
/d/ Training	3 m/6 months	36,000 USD
Total investmen	t	484,000 USD

6. ANNEXES

ATHREX I

## MORBIDITY AND MORTALITY DATA REPORTED 1977-1982

_						_
	1977	1978	1979	1980	1981	1982
Tuberculosis	374	<b>31</b> 8	1,594	5,103	6,964	2,125
Tetanus	1414	tus.	306	652	421	NR
Diphtheria	136	43	8	l <sub>t</sub>	160	5
Meacles	7,511	34,956	66,062	56,182	79,764	102,127
Whooping Cough	364	1,505	1,991	2,788	2,604	2,125
Poliomyelitis	193	111	196	91	69	26
<del></del>	<del></del>	<del></del>		<del></del>		

NR = Not reported

Source: EPI Review Report: 1983

Outpatient Attendance/Admissions and Causes of Death

Digeases	Outpatient %	Cause of Death %
Pneumonia	8.4	14.4
Gastroenteritis	8•7	5.€
Malaria	9•0	3.8
Tuberculosis	1.4	<u>4.</u> 7
Measles	4.9	14.5
Defective nutrition	2.3	7•2
Anaemia /all forms/	-	5•7
Tetarus	-	3.9
	35•2	60.9

Source: Tanzania Food and Mutrition Journal Vol. Mo. 4.3,1983

Diseases Associated with Measles

Disease as recorded on Death Certificate	Finally assig	ned to Measles
Ceasles	915	J1.5
Pneumonia, influenza and other U.2.T.I.	339	19.2
Diarrhoea	288	16.1
Other infections and parasitic diseases	77	4.3
Mutritional deficiencies	79	4.4
All other causes	79	4.5
Total:	1.777	100

Source: Tanzania Good and Mutrition Journal Vol. 10. 4.3, 1003

## Death cases in 1980

Disease	Deaths in hospitals /%/
Measles	15
Pneumonia, bronchitis	15
Malnutrition + iron deficiency	13
Malaria, diarrhoea	11
Tetanus, meningitis	- 6
Prematures	5
730	. 5
Hoart diseases	4
Purours	1
Brain haemorrage	1
Cther	24
	100

# AUDIEX II

## ESTIMATED ANNUAL VACCINE NEEDS 1984

		Estimated needs	Waste factor
EPI vaccines	BCG	1,488,000	<b>50</b> %
	DPT	2,526,000	25 🐇
	Folio	2,526,000	25 💢
	Measles	1,440,000	<b>50</b> %
	DT	•	-
	T T	1,728,000	<b>2</b> 5 😚
Others	Cholera	100,000	20 %
	Rabies	50,000	5 %
	Yellow fever	100,000	<b>3</b> 0 😚
	TAB	100,000	<b>3</b> 0 %

# AINEX III

## COST OF IMMUNIZATION IN 1983

Cost per child	TShs	103.6
Cost per child	USD	8.3

# IMPORTED VACCINES IN 1983

Vaccines -	Doses	Cost/TShs
Measles	1,411,000	1,359,000
DPT	1,827,800	1,267,500
TT	1,347,000	585,000
Tolio	2,011,700	1,170,000
2 <b>0</b> 3	1,295,300	1,222,000
	Total:	6,103,500

Donated by UNICET /50 %/ and DANIDA /50%/

**-** 20 **-**

DISTRIBUTION FROM CVS /Central Vaccine Stores/ YEAR: 1983

REGION	BOG	DPT	MEASLES	POLIO	TT	
Arusha	53,400	67,100	56,600	68,200	43,800	
Pwani	62,200	84,600	51,500	75,500	59,000	
Dar es Salaan	73,400	126,300	50,C00	140,000	103,600	
Dodoma	32,000	63,000	62,000	70,000	47,000	
Iringa	83,800	123,000	66,500	141,500	78,600	
Kigoma	61,400	95 <b>,50</b> 0	86,500	108,000	79,700	
Kilimanjaro	71,800	109,100	106,000	115,000	92,600	
Lindi	2,000	1,000	4,000	NIR	2,000	
l'ara	44,600	53,200	33,500	64,000	53,000	
Meeya	100,800	188,200	162,500	196,500	95,500	
Porogoro	58,000	116,900	52,000	135,000	78,300	
litwara	108,800	68 <b>,300</b>	81,500	76,000	41,700	
Lwanza	139,400	116,200	244,500	193,000	154,700	
Ru!twa	31,000	63,700	35,500	67,500	22,000	
Ruvuma	52,100	59,000	42 <b>,</b> 500	78,000	46,000	
Skinyanga	91 <b>,2</b> 00	96,900	92,500	123,000	90,900	
Singida	39 <b>,</b> 200	73,000	25,000	44,000	42,000	
Tabora	85 <b>,</b> 200	100,000	69,000	125,000	85,000	
Tavga	56,000	109,900	55,000	107,000	72,000	
Kagera	41,200	85 <b>,40</b> 0	28,500	58,500	43,500	
Zanzibar	7,800	27,500	6,000	26,000	16,100	
Total:	1,295,300	1,827,800	1,411,100	2,011,700	1,347,000	

IPI Review Report: 1983

DISTRIBUTION FROM CVS 1984 /PER MONTHS/

- 21 -

REGION	BOG	DPT	MEASLES	POLIO	TT	
Arusha	5,500	12,500	6,000	12,500	9,000	
Pwani	5,000	2,000	4,000	8,000	6,000	
Dar es Salaam	6,500	12,000	4,500	12,000	9,000	
Dodoma	6,300	11,000	6,000	11,000	8,500	
Tringa	7,000	12,000	6,000	12,000	8,000	
Kigoma	5,000	9,000	7,500	9,000	7,000	
Rilimanjaro	7,000	12,000	9,000	12,000	7,000	
Lindi	3,500	6,000	3,000	6,000	4,000	
l'ara	5,000	8,000	4,000	8,000	5,000	
Nocya	3 <b>,5</b> 00	16,000	14,000	16,000	9,000	
Morogoro	7,000	12,000	5,000	12,000	7,500	
Ltvara	6 <b>,</b> 5∞	10,000	5,000	10,000	8,000	
Dwanza	12,000	15,000	10,000	15,000	13,000	
Ruhija	5 <b>,</b> 000	6 <b>,</b> 000	3,0∞	6,000	3,000	
Shinyanga	3,0∞	12,000	8,000	12,000	9,000	
Singida	3,500	7,000	3,000	7,000	4,000	
Tabora	7,500	10,000	6,000	10,000	8,000	
Tança	.7,000	11,000	6,000	11,000	7,000	
Kagera	4,500	10,000	4 <b>,</b> C00	10,000	5,000	
l'anzibar	1,500	4,000	2,000	4,000	2,000	
TOTAL/: DITH	124,000	210,500	120,000	210,500	144,000	
YEARLY:	1,488,000	2,526,000	1,440,000	2,526,000	1,728,000	

## PRESENT STOCK OF VACCINES /APRIL 1984/

	Vaccine	Number of doses	Comply with WHO standard		
EPI vaccines	30G	430,400	yes		
•	DPT	725,000	уе <b>s</b>		
	Polio	547,000	yes		
	Measles	<sup>/</sup> +23 <b>,</b> 000	yes		
	TI	533,000	yes		
Othe	ers				
	Rabies	26 <b>,</b> 780	yes		
	Cholera	96,260	yes		
	Yellow fever	8,200	yes		

ANNEX V

IMMINITATION PER YEAR 1975-1982

	1975	1976	1977	1978	1979	1980	1981	1982
BCG	64.447	301.027	191756	522,736	605,266	619 <b>.13</b> 0	589,672	515,531
DPT I	59•400	263.550	215.146	547.351	545•370	575•729	556,050	567,555
DPT 2	मा.107	182.465	150°£10	421.277	428.639	467.422	460,078	432,259
DPT 3	37.134	142.765	125.420	351.648	375•275	429.709	437,912	401,576
Polio l	59.620	254.514	226.634	543.100	529 <b>•333</b>	560.716	492,233	502,309
Polio 2	50.081	161.551	143.261	411.352	410.239	450.683	399,912	406,105
Polio 3	39.993	124.350	105.479	<b>356,</b> 252	371.486	414.336	370,704	386,109
Heasles	48,620	275.173	238,390	587.012	562,019	604.195	572,831	495,123
тт	12,551	310.702	219,108	NB	820,257	941.362	892,188	775,517
Smallpox	63.520	365.458	454.527	560.597	411,193	20.470	0	0

Source: EPI Review Report: 1983

NR = not reported

