WORLD HEALTH ORGANIZATION

THIRTEENTH WORLD HEALTH ASSEMBLY

COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE THIRTEENTH MEETING

Palais des Nations, Geneva
Monday, 16 May 1960, at 9.30 a.m.

CHAIRMAN: Dr M. K. AFRIDI (Pakistan)

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Note: Corrections to these provisional minutes should be submitted in writing to the Chief, Records Service, Room 336, within 48 hours of their distribution.
1. PROCEDURE FOR THE REVIEW BY THE EXECUTIVE BOARD OF REPORTS OF EXPERT COMMITTEES:
   Item 2.9 of the Agenda (Resolution EB25.R35; Documents A13/P&B/34 and Corr.1)

   The CHAIRMAN drew attention to the draft resolution contained in documents A13/P&B/34 and Corr.1.

   Decision: The draft resolution was adopted.

2. ACTION IN RESPECT OF INTERNATIONAL CONVENTIONS ON NARCOTIC DRUGS:
   Item 2.14 of the Agenda (Documents A13/P&B/5 and A13/P&B/36)

   Dr GRASHCHENKOV, Assistant Director-General, Secretary, said that at its twenty-sixth session the Economic and Social Council of the United Nations had requested WHO to comment on the third draft of the Single Convention on Narcotic Drugs, which was intended to replace the numerous international conventions on narcotics in that field.

   The comments made by WHO in response to that request fell into two categories. The first consisted of comments on the functions of WHO under the Single Convention. Those comments had been approved by the Twelfth World Health Assembly (resolution WHA12.24, which re-confirmed the decision taken by the Seventh World Health Assembly in resolution WHA7.6 that decisions as to any changes in the function of WHO under the control regime should be taken by the World Health Assembly).

   The second category of comments dealt with technical details. These had been formulated on the basis of observations contained in the tenth report
of the Expert Committee on Addiction-Producing Drugs. At its twenty-fifth session the Executive Board had approved those observations and requested the Director-General to transmit them, together with further appropriate comments of a technical nature, to the Secretary-General of the United Nations (resolution EB25.R5). They had been transmitted by the note verbale of 25 February 1960.

Dr. DOROLLE, Deputy Director-General, drew attention to document A13/P&EB/36, which had been distributed only the same morning. It contained a communication, reproduced without comment, from the World Medical Association, which had been received after the beginning of the World Health Assembly. It concerned the question of whether the Single Convention would cause difficulties for doctors who wished to take drugs across frontiers for treating their patients.

The Single Convention had been under discussion by the United Nations bodies concerned for approximately ten years. During that time the Member governments of the United Nations and of the specialized agencies had several times been requested to submit comments on the successive drafts. He believed that no government had ever commented on the particular matter mentioned in the letter. He also believed that the provisions in the draft to which the letter related were practically the same as the corresponding provisions in the existing international instruments on narcotics control.
He was not certain what he should suggest should be done regarding the letter at the present late stage. Since the communication contained a passage reading "the Council of the World Medical Association ... is of the opinion that it would be desirable to make known to the delegations of the Health Assembly the difficulties with which physicians would be confronted ...", he thought it might be sufficient, if the Committee agreed, for delegations to the Health Assembly individually to bring the matter to the attention of their governments for any appropriate action with the United Nations. That might be the best course because it was a control matter in which WHO itself was not directly interested.

Mr YATES (United Nations) said that, as the import and export certificate system for narcotic drugs embodied in the international treaties was a matter within the sphere of the United Nations on the international plane, he should perhaps state that the United Nations agreed entirely with the Deputy Director-General's statement.

The existing draft of the Single Convention, which consolidated the nine previous treaties, had already been examined at least three times by the fifteen governments who were members of the Narcotics Commission, and on two occasions by all governments concerned. The comments made showed that a large proportion of the governments concerned had consulted their health services, and that if there had been any danger of serious dislocations of existing practice of the sort suggested in the communication from the World Medical Association, the governments could not have failed to notice it. Indeed the draft Convention, which was to be examined again by a Plenipotentiary Conference early in 1961, simply consolidated the existing treaty provisions in respect of the import and export obligations and did not make any material changes in them.
The treaty was concerned with the international obligations of governments, whereas the laws, regulations and practices governing the conditions under which medical or other persons were or were not allowed to be in possession of narcotics, were the responsibility of the national authorities. Naturally national practices might vary from country to country; but the United Nations believed that there was nothing in the draft treaty which would obligate governments to change those of their existing practices which at present implemented the existing treaties in respect of those questions.

The CHAIRMAN suggested the adoption of the following draft resolution:

The Thirteenth World Health Assembly,

Considering resolution EB25.85,

NOTES the action taken by the Executive Board under that resolution.

Decision: The draft resolution was adopted.

3. HEALTH PROBLEMS OF SEAFARERS: Item 2.12 of the Agenda

Study of the nature and extent of the health problems of seafarers and of the health services available to them: Item 2.12.1 of the Agenda (document A13/P&B/11)

The DEPUTY DIRECTOR-GENERAL summarized the contents of the second progress report on the study (document A13/P&B/11).

Dr EVANG (Norway) said that at several Health Assemblies the Norwegian delegation had expressed its great interest in the item under discussion and its concern at the fact that the study was proceeding slowly. The decision that the study should be made had been taken at the First World Health Assembly in 1948 - twelve years previously. He welcomed the definite programme for the continuation of the study given in the progress report. He did not think the timing could be changed.
Referring to the statement in paragraph 5 of document A13/P&B/11 that a more thorough study of the situation would be carried out in a few major ports to analyse further the problem where services had already been organized, he considered that such a study would be the most important part of the project and that it should be carried out, not only in ports where good health services for seafarers were already being provided, but also in ports where such services were not good enough or were virtually non-existent.

He himself had attended both sessions of the Joint ILO/WHO Committee on Hygiene of Seafarers. It consisted of four ILO members and four WHO members, two of the ILO members being representatives of the employers and two of the employees, since ILO followed the principle of tripartite representation (i.e. representation of employers, employees and governments). He would like to suggest that the WHO Secretariat discuss with the International Labour Office the question of whether the Committee should not be made larger so that all three parties could be represented by ILO, or whether each of the ILO members might not be an individual expert rather than a representative of one of the three parties.

Dr. AUJOULAT (France) said he welcomed the progress reported in the document under discussion and the promises for the future it contained. He hoped that the consideration of the final report in 1962 would result in measures at last being taken to provide seafarers with all the general health protection they needed.
Professor CANAPERIA (Italy) said he also welcomed the fact that a final report on the subject was to be issued in 1962. He agreed with what Dr Evang had said regarding the study to be made in ports. In 1959 there had been a conference in his country on health services for seafarers; there was a centre in Italy studying the question of what type of health services should be provided. The study in question might, he thought, lead eventually to a convention to create better health services for seafarers than those which the Brussels Agreement provided.

The DEPUTY DIRECTOR-GENERAL said that the Secretariat proposals, as had been originally submitted in Official Records No. 97, were that the Joint Committee should include five WHO members, which was thought to be enough to cover the aspects of the problem for which WHO was responsible. It was not for WHO to express an opinion on the size of the ILO representation at meetings of the Joint Committee. He believed that there were to be four members appointed by ILO, two representing shipowners and two representing seafarers' unions. The WHO Secretariat would inform the International Labour Office unofficially of what had been said on the subject at the current meeting.

One of the reasons why the study was taking many years to complete was that it had been necessary to consult all the States which were Members of WHO, because even some of the States without a sea-coast were interested in the subject, and such consultation required much time.

It was intended that the consultant who had been recruited to make the thorough study to which Dr Evang had referred should study conditions in fifteen ports with health services in different stages of development in various parts of the world. He thought that the figure fifteen represented a satisfactory balance between practical considerations of cost and time and the need for the study to be sufficiently comprehensive.
Dr EVANG (Norway) said he would not have mentioned the study which was to be carried out in ports, if the additional information just given by the Deputy Director-General had been included in the document before the Committee.

The CHAIRMAN suggested the adoption of the following draft resolution:

The Thirteenth World Health Assembly,

Having considered the report of the Director-General on the study of the nature and extent of health problems of seafarers and of the health services available to them,

1. NOTES the report of the Director-General;

2. REQUESTS the Director-General to submit a final report to the Executive Board at its first session in 1962 and to the Fifteenth World Health Assembly.

Decision: The draft resolution was adopted.

Venereal Disease Treatment of Seafarers (International Brussels Agreement of 1924): Item 2.12.2 of the Agenda (Document A13/P&B/12)

Dr KAUL, Assistant Director-General, Secretary, said that the first paragraph of document A13/P&B/12 was intended to draw the attention of the Health Assembly to section 1 of the fifth report of the Expert Committee on Venereal Infections and Treponematoses, which related to the Brussels Agreement of 1924 and the minimum requirements for the control of venereal disease amongst seafarers. That report had been considered at the twenty-fifth session of the Executive Board, which had transmitted the report to the Thirteenth World Health Assembly, so that it might consider that section, recommending that "the technical definitions, the minimum standards and the appraisal scheme outlined therein be recommended by the Health Assembly to the States Parties to the International Brussels Agreement as the basis
for its application and for venereal disease control practice amongst seafarers" and "that the recommended technical definitions and standards be periodically reviewed by WHO on the advice of its expert committee in the light of technical progress" (resolution EB25.R32). If the Health Assembly wished to follow the Board's recommendation, it might adopt the draft resolution in document A13/P&B/12.

The CHAIRMAN read out that draft resolution.

Decision: The draft resolution in document A13/P&B/12 was adopted.

4. DEPOSIT BY THE REPUBLIC OF TOGOLAND OF ITS INSTRUMENT OF ACCEPTANCE OF THE CONSTITUTION

The CHAIRMAN said he had pleasure in welcoming the delegate of Togoland as a representative of a Member State. Togoland had become a Member State on 13 May, when a formal instrument had been deposited by the Government of that country with the Secretary-General of the United Nations.

5. SMALLPOX ERADICATION PROGRAMME: Item 2.6 of the Agenda (Resolution WHA12.54; Document A13/P&B/14)

Dr KAUL, Assistant Director-General, Secretary, introduced the Director-General's report (A13/P&B/14) which had been prepared pursuant to resolution WHA12.54. The report was based on the information made available by the different countries as well as on that supplied by the regional offices. At the time when it had been prepared, a number of countries had not yet replied to the Director-General's request for information, so that in some cases the report might not be fully up-to-date.

The report described the control activities in countries where there had been persistent infection during the last few years, and it also summarized the assistance given by WHO. South-East Asia, Africa and parts of the Eastern Mediterranean Region
were still the areas where smallpox remained endemic. The major focus of infection was in India and Pakistan. The Committee had already heard about the progress which India was making in developing a country-wide eradication programme. Pakistan had also expressed interest in planning such a programme. Steady progress was being made in the Region of the Americas, where Colombia and Ecuador remained the chief foci of the disease. In the Western Pacific Region, the disease was still prevalent in Cambodia and Viet Nam. In Europe, smallpox did not exist or at least was not a public health problem. There were occasional small outbreaks following the introduction of the disease from other areas.

The report before the meeting analysed the difficulties which countries encountered in planning and carrying out eradication programmes, difficulties which were mainly financial and organizational. In many countries the health services were not sufficiently developed and, in the areas where the disease was endemic, there was usually a shortage of trained staff and of transport facilities.

WHO had given assistance in planning programmes and in developing facilities for the production of vaccine. It was not the lack of vaccine which was holding up certain programmes but rather the shortage of personnel. Since the adoption of resolution WHA11.54, the technical feasibility of eradicating smallpox had been recognized. WHO would continue to give high priority to assisting countries in the development of their eradication programmes. It must, however, remain basically the responsibility of the countries themselves to overcome the financial and organizational difficulties.
Dr DOUBEK (Czechoslovakia) expressed his full support for the smallpox eradication programme. He referred to the great progress made in 1959, particularly in India, and said that everything should be done to encourage similar programmes in other countries where they were needed. The experience gained in dealing with cases imported into Europe showed that it was essential to continue systematic vaccination even in the regions where smallpox no longer existed. He recommended that periodic international conferences should be convened to improve co-operation between laboratory and field workers and to promote the exchange of information.

Dr PARI (Iraq) said that, in conformity with the objective of eradication, a mass vaccination campaign had been started in his country on 1 August 1959. The aim had been to vaccinate the entire population within a period of six months. The country had been divided into three regions for the purpose of the campaign and considerable assistance had been received from the USSR in the form of vaccine, equipment and personnel. In the six months period, 30 per cent. of the population had been vaccinated. If that figure were added to the 200,000 who had been vaccinated before the beginning of the campaign, the total number of those vaccinated amounted to 70 per cent. of the population. The result had therefore been encouraging and there had been no cases of serious complications as a result of vaccination. It had been impossible to complete the original programme in the time allotted because of transport difficulties and the inaccessibility of certain areas.

In conclusion, he expressed the view that eradication was feasible provided that there were proper facilities for the storage of the vaccine, adequate transport
and good organization. The co-operation of the public could be ensured by preliminary measures of health education. The experience in his country had shown that female vaccinators were more successful than the men because they were granted access to people's homes more easily. It had also proved advisable to employ vaccinators who belonged to the region whenever possible.

Dr MOSHKOVSKY (Union of Soviet Socialist Republics) said that he had been glad to note the reduced incidence of smallpox in 1959. The report showed, however, that progress in controlling the disease was not sufficiently rapid. In order to achieve the final aim of eradication, further efforts must be made and WHO would have to give direct assistance to a number of countries. As an example of what could be done with outside assistance, he referred to the mass vaccination campaign which had been carried out in Iraq with the help of the USSR. Within a fairly short period of time, 85 per cent. of the population had been vaccinated.

The effectiveness of the measures in force in his country, where the disease had been eradicated in 1934, could be illustrated by the way in which the authorities had dealt with a case imported into the USSR in 1959. Within ten days, approximately ten and a half million people in the Moscow region had been vaccinated. To supplement the assistance given by WHO, his Government was prepared to consider sympathetically the question of supplying consultants, experts and equipment, in order to help countries where smallpox was still prevalent.

It should be possible to control the disease within four or five years and to achieve world-wide eradication in ten years' time. If that were to be achieved,
however, efforts must not be confined to mass vaccination campaigns. In addition, measures should be taken in countries where the disease was still prevalent to limit epidemics by early detection and isolation of cases. In countries where the disease had been eradicated, doctors should be trained in the epidemiology of the disease and a system of emergency vaccination should be kept in constant readiness. He fully supported the proposal by the delegate of Czechoslovakia that there should be periodic international conferences on the subject.

It should be borne in mind that the areas where smallpox was still prevalent were also apt to suffer from under-nourishment. Furthermore, they had many other diseases to contend with and difficult climatic conditions. It might, therefore, be desirable to conduct a special study of local conditions before starting a mass vaccination campaign. It would be useful to make a study of the different reactions to vaccination which might vary according to the climatic or other local conditions. The factors which might make vaccination undesirable should also be studied and some research might be done into the nature of complications caused by vaccination and measures to prevent them. He also emphasized the value of research into chemotherapy for smallpox, since that was an aspect which had been neglected in the past.

The report showed the position in different countries with varying degrees of accuracy. He thought it would be advisable to organize special sample surveys so as to check the official statistics. WHO could provide assistance in that
direction. Only with a full analysis of the morbidity figures would it be possible to obtain a clear picture of the situation and to work out an effective eradication programme. His country had a long tradition in the study of vaccination against smallpox and was prepared to take an active part in the programme.

Dr MERLE (Cameroun) referred to a sentence on page 5 of the report, which stated that there were some remote areas of his country which had not been covered, partly due to their isolated location and to shortage of health personnel. He was glad to be able to report that that statement was now out of date. Since the information for the report had been collected, 80 per cent. of the population had been vaccinated, as part of a four-year pre-eradication programme. During the past three years, only twenty-three cases of smallpox had been notified, but a three-year eradication campaign had nevertheless been started in April 1960. His country had started that programme without waiting for assistance from WHO, but that did not mean to say that assistance would not be needed. In view of the importance of the problem, his Government had put all its efforts into an eradication programme. Other projects which were of secondary importance, but were nevertheless valuable, had therefore had to suffer.

Dr MORSHED (Iran) stated that some 18 600 000 persons had been vaccinated against smallpox in Iran during the three-year period 1957-1959; that was a little over 85 per cent. of the total population. Only a few villages, with a population of about 70 000 in all, remained to be covered during 1960. The mass vaccination campaign had been carried out by a staff of 230 vaccinators, 20 inspectors and 20 clerical workers, working under the supervision of the physicians in charge of the programme. The per capita cost of vaccination was six riyals (about six United States cents). Lymph vaccine had been used and house to house visiting had been carried out to ensure total coverage.
Among the difficulties encountered were those caused by scattered population and mountainous terrain. The nomadic population had also presented a problem which had been overcome by taking steps to intercept moving groups on mountain pass roads. Effective measures in health education had made it unnecessary to use compulsory powers.

It was obvious that, for Iran to achieve eradication of the disease, the cooperation of neighbouring countries would be needed. It was also clear that the mountainous nature of the country had caused difficulties in regard to transportation.

He had noted with interest the remarks of the Soviet Union delegation on the smallpox vaccination programme carried out in Moscow. He would be interested to have from him any data that was available on postvaccinal complications, in particular, the incidence of encephalitis.

Mr ZAAL (Netherlands) recalled that the Netherlands delegation to the Twelfth World Health Assembly had mentioned an extensive field trial, carried out on a group of 50 000 young adults, to obtain data on complications resulting from primary vaccination against smallpox. One group had been given gamma globulin with the vaccination and a second group a placebo. The incidence of postvaccinal encephalitis in the first group had been 1 in 17 500; in the second group 1 in 4000. The first was almost equal to the normal rate found among children under two years of age and the second was a normal one for persons over two years of age.

Dr ALAN (Turkey) stated that the Turkish delegation fully supported the smallpox eradication programme and hoped that WHO would take further steps to promote the production and utilization of the dried vaccine.
Dr KARUNARATNE (Ceylon) said that the eradication of smallpox was a matter of considerable importance for Ceylon. The disease was not endemic in Ceylon itself but existed in neighbouring countries. Accordingly, eradication programmes in those countries would considerably help the Ceylon public health authorities in their efforts to keep the country free of the disease. At the present time sporadic outbreaks due to importation of the disease occurred from time to time. Moreover, the prevalence of the disease in surrounding areas had compelled Ceylon to adopt severe quarantine measures and to enter reservations to the International Sanitary Regulations in regard to smallpox.

Vaccination against the disease had begun in Ceylon as long ago as 1892. Primary vaccination had now been compulsory for several decades. The mass primary vaccination of children had been started with specially trained staff but the work had now been merged with the general public health programme.

He was glad to note from the report before the Committee that satisfactory progress was being made in the eradication programme throughout the world. It was highly satisfactory, too, to know that WHO intended to continue to give high priority to the programme. He was sure that it would be possible to overcome the serious obstacles to eradication mentioned in the report and that eradication of the disease could be achieved within a specific period.

Lastly, the conference on smallpox eradication to be convened in the South-East Asia Region in September 1960 would, he was sure, prove of immense value to health workers engaged in that work in the area.
Dr FAQUIRI (Afghanistan) stated that Afghanistan had begun an eradication programme in 1959. Vaccination against the disease was now compulsory and within the past six months more than one million persons had been immunized. Afghanistan's climate made it essential to use the dried vaccine. The eradication plan was now complete and had received government approval. All that remained was for it to be submitted to WHO and he trusted that the Organization and UNICEF would provide the requisite technical and other assistance needed.

Dr SAUGRAIN (Central African Republic) thought that the paragraph of the report relating to the former French Equatorial and French West Africa (page 5) gave an over-pessimistic picture, to the detriment of former French Equatorial Africa. It would in fact be seen from the table annexed to the report (page 25) that sixteen cases of smallpox had been registered in that territory in 1959 as against 5648 cases in former French West Africa. Indeed, the Central African Republic had had no case of smallpox since 1954, as a result of the regular three-yearly vaccination campaigns covering more than 80 per cent. of the population that had been carried out since 1945 - and that, despite the fact that the same obstacles to health control existed on its borders as elsewhere in the area.

The statement in the report to the effect that the majority of the new States of the former territories of French Equatorial and West Africa had expressed their willingness to carry out vaccination campaigns with the aim of eradicating the disease was particularly misleading; the fact was that the majority of those territories had been carrying out periodic vaccination for about fifteen years. For instance in 1959, some 511 960 vaccinations and revaccinations had been carried out in the Central African Republic in a total population of 1 170 000.
Dr ALVAREZ FUERTES (Mexico) stated that the Mexican Government was placing two million doses of smallpox vaccine at the disposal of WHO to assist the eradication programme.

Dr SUVARNAKICH (Thailand) regretted to have to report that an epidemic of smallpox had occurred in Thailand in 1959. Periodic vaccination had been instituted many years ago in Thailand but the fact that the disease had continued to persist despite all efforts had led to some laxity which might be blamed for the outbreak in question. Unfortunately, difficulties in transportation and communications had hampered efforts to prevent the spread of the epidemic. Thanks to the help of WHO and UNICEF in setting up the necessary production facilities the country was producing enough of the freeze-dried vaccine to cover its needs; it greatly appreciated the help given by those two bodies.

A mass vaccination campaign was being planned to start in 1961 and it was hoped to achieve total vaccination of the population within three years. Unfortunately it was not possible to immunize the whole population in any single year, consequently there were always a number of children awaiting vaccination and this increased the risk of the disease spreading from imported cases. He would accordingly urge that all the countries of the area should start eradication programmes as soon as possible.

Ir MOSHKOVSKY (Union of Soviet Socialist Republics) thought that the figures given by the Netherlands delegate for the incidence of postvaccinal encephalitis were very high. In the Moscow mass vaccination campaign to which he had earlier referred, the figures for encephalitis complications had been much lower.
he did not have the exact figures at hand, he was nevertheless able to say that only some 18 cases of postvaccinal encephalitis had occurred out of some 6 500 000 vaccinations. In other words, the rate had been approximately 3 to 1 000 000.

The diagnosis of postvaccinal encephalitis was admittedly complex but the experience in Moscow was that its incidence was very small indeed.

Perhaps the delegate of Iraq could clear up a discrepancy in figures. According to the preliminary data that had been available to the Soviet Union delegation, some 85 per cent. of the total population of Iraq had been vaccinated in the recent campaign; the delegate of Iraq had mentioned a lower figure. He would also like to know the incidence of postvaccinal encephalitis that had occurred. According to the data he had, it was insignificant.

Mr ZAAL (Netherlands) repeated the figures he had given earlier on the incidence of postvaccinal encephalitis found in the tests carried out in his country. Difficulties in diagnosis might, of course, account for variations in the rates established in different countries.

Dr AL-HAMAMI (Iraq) agreed that the occurrence of postvaccinal encephalitis in the Iraq campaign had been very low; unfortunately, he had no definite data at hand.

Dr KAUL, Assistant Director-General, Secretary, noting that no definite points requiring an answer had been raised in the discussion, expressed the Secretariat's gratitude at receiving more recent data on smallpox campaigns from a number of countries. WHO was sponsoring inter-regional conferences for the purpose of exchanging views and experience in regard to eradication programmes, such as that
to be convened in 1960 for the Regions of South-East Asia, the Western Pacific and the Eastern Mediterranean. Further conferences of the kind would be organized in the future as and when needed.

A number of training courses on the production of dried smallpox vaccine were also being organized and some countries were receiving technical assistance in the matter, together with equipment.

There was no need for him to take up the individual suggestions made regarding research; many of the items mentioned were already being studied in different parts of the world and proposals for co-ordinating that research were under consideration.

The CHAIRMAN submitted the following draft resolution for the Committee's consideration:

The Thirteenth World Health Assembly,

Having considered the report of the Director-General on the progress of smallpox eradication programmes in the countries where the disease is still present;

Noting:

(1) that progress is being made towards smallpox eradication in certain countries where effective steps have been taken;

(2) that eradication campaigns have, however, not yet started in other countries with endemic foci of the disease, owing to local administrative and financial difficulties; and

(3) that technical assistance for the planning and organization of eradication campaigns is being offered by the Organization to all countries concerned,
1. EMPHASIZES the urgency of achieving world-wide eradication;

2. URGES the health administrations of those countries which have not yet started eradication campaigns to make all efforts necessary to surmount the administrative and financial difficulties that may exist and to give the smallpox eradication programme the high priority it deserves;

3. REQUESTS the Director-General:

   (1) to continue to provide in the programme and budget of future years for the assistance requested by national health administrations in organizing and developing smallpox eradication programmes and for all necessary activities to further this end;

   (2) to report to the Fourteenth World Health Assembly on the progress of eradication programmes in all countries concerned.

Decision: The draft resolution was adopted.

6. DRAFT THIRD REPORT OF THE COMMITTEE ON PROGRAMME AND BUDGET
(Document A13/P&B/35)

At the invitation of the CHAIRMAN, Dr VERA LAMPEREIN (Chile), Rapporteur, submitted the draft third report (document A13/P&B/35) for the Committee's consideration.

Decision: The draft third report was adopted without comment.

The meeting rose at 12 noon.