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PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

WHO Headquarters, Geneva
Tuesday, 20 January 1976, at 2.30 p.m.

CHAIRMAN: Professor J. KOSTRZEWSKI

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MEMBERS AND OTHER PARTICIPANTS

(For list of members and other participants at the fifty-seventh session, see separately issued document of 15 January 1976.)

ELEVENTH MEETING

Tuesday, 20 January 1976, at 2.30 p.m.

Chairman: Professor J. KOSTRZEWSKI

REVIEW OF THE PROPOSED PROGRAMME BUDGET FOR 1976 AND 1977 (FINANCIAL YEAR 1977): Item 10 of the Agenda (Resolution WHA26.38, and WHA28.76; Official Records No. 220) (continued)

Development of evaluation in WHO (Official Records No. 223, Part II, Chapter I, para. 11; Document EB57/WP/2) (continued)

Dr TARIMO said that he had found the Director-General's report very educative on the whole concept of evaluation. Previous speakers had emphasized various aspects of the problem including the need for uniform criteria on which to evaluate the various programmes. But most important in his opinion was that there should be something to evaluate and to ensure that evaluation elements were built into programmes from the start. The Organization had already conducted a number of evaluations both at headquarters and in the regions and he looked forward to seeing the results which would be very informative about the difficulties encountered and the successes achieved.

Dr CASSELMAN (alternate to Dr de Villiers) shared many of the feelings of previous speakers regarding the working paper. He shared the views of Professor Aujaleu and Dr Venediktov on the importance of definitions and terminology. He was therefore concerned to find that apparently it had not been possible to reach a definition of evaluation as it was to be applied in WHO (section 2 of document EB57/WP/2), although that was of fundamental importance to the successful application of evaluation throughout the Organization.

He then invited attention to the dangers of concentrating on a single aspect of the management process. Evaluation needed to be considered in the context of other components, particularly planning, implementation and control. He wished to know, in the light of the great interdependence and interaction between the planning and evaluation processes, to what extent consideration was being given, during planning, to the role and requirements of evaluation. Some of the problems mentioned in the working paper had perhaps arisen out of difficulties or inadequacies in earlier planning processes and might be more readily dealt with there. (One government at least had found it necessary to have the same persons responsible for both planning and evaluation in order to keep the two processes together.) Evaluation at the various responsibility levels should be carried out at the specific responsibility centre and so it was encouraging to see that, within WHO, everyone involved in the work of the Organization was to assume responsibility for evaluation within his sphere of activity (third paragraph of the summary of the document, page 1).

He noted that evaluation could be applied to input and he was glad to see from Annex II, section 3, that the criteria for WHO involvement were to be evaluated. Evaluation could also contribute to the establishment of priorities and he would be interested in any new developments in that direction. It could also be applied to output and he expressed his satisfaction with the concern shown in the Director-General's report for effectiveness and not only efficiency in the utilization of resources and scheduling. Such measurement of performance presented challenges to planning and implementation.

It was important too to recognize that the best system of evaluation would produce little unless it could be provided with defined major results areas and with usable, measurable and specific objectives, or goals - but first the question of terminology should be settled. Lack of such objectives was perhaps one of the greatest obstacles in implementing evaluation in any organization and they had to come primarily from planning. In that connexion the objectives contained in the Sixth General Programme of Work and proposed programme budget would be of particular interest.

Dr VENEDIKTOV expressed his approval of the Director-General's report as such and his satisfaction that the Organization was building evaluation into every programme as a continuing element that could be activated at any stage. He considered that a significant advance.

He agreed with Dr Ehrlich on the need to avoid overemphasis on certain methods or on particular opinions about efficiency. A recent conference on systems analysis had shown the difficulties of evaluation in the health field, in particular those of assessing which changes were due to the efforts of WHO and which to other socioeconomic factors, and of evaluating the impact of specific measures at the global, regional or national level. He therefore considered that further study of evaluation in WHO should be encouraged but without too much emphasis since for practical purposes evaluation was not itself productive and could be no more than a tool for increasing productivity. While it was not possible to name a country in which WHO action had really been decisive in setting up a health system, results were achieved even without systems analysis, as in the smallpox eradication programme.

Expressing his agreement with Dr Tarimo he emphasized the importance for evaluation purposes of defining clearly the aim of programmes; of learning to recognize the directions that might lead to the achievement of that aim - a matter of basic methodology in which the Organization was gaining experience; and of setting quantitative objectives for each separate stage and specifying the output indicators to be used in evaluation. That approach had been taken in the preparation of the draft report on the Sixth General Programme of Work but in many cases it had proved too difficult to establish either output indicators or targets at the present time.

Complimenting the Director-General on producing a guide for evaluation at all levels of the Organization, Dr VALLADARES said that he would be even more interested in seeing the results. He agreed with the previous speaker on the difficulty of setting precise objectives. In his opinion the higher the level the more difficult it was to set really comparable objectives. However he fully agreed with those members of the Board who considered that evaluation should start at the level of country programmes, since such programmes were complete in themselves, had a known point of departure and could be assigned definite aims - not necessarily expressed in mathematical terms. One of the valuable aspects of the planning of WHO/UNDP projects, which in other respects was rather laborious, was the establishment of a monitored timetable for the input. An approach along the above lines would have two advantages: it would give a measure of the effectiveness of the programme concerned and would be an educational exercise for governments. On that basis it would be possible really to begin evaluation at the national level, proceeding to the regional and headquarters level as indicated in the Conclusion (section 11.5) to the Director-General's report.

Dr BUTERA said that the Director-General's report was so full of information on the general methodology of evaluation that every public health administrator should have a copy.

Referring to the various steps in the assessment of project implementation, he suggested that the first should be to ensure that the objectives were relevant, logical, and so on, as seemed to be the intention under subsection 1 (d) of the summary of evaluation criteria used by regional offices (Annex 1), rather than to assess project activities when they were already in progress as indicated in section 6.6 A subsection (a) (page 9).

In view of the expense and difficulty of evaluation, he would also have liked to see, in section 6.6 A, some upper and lower values mentioned in the case of specified projects so that the ordinary administrator would be able to carry out an evaluation during the implementation of a project without recourse to too many scientific data. That would do much to reduce the cost and improve the efficacy of evaluation in the developing countries.

Dr YAÑEZ considered that evaluation was difficult to put into practice although that was necessary as a form of feedback for programmes. He agreed with previous speakers that evaluation should be built into the specific programmes from the start and not remain a general overall assessment.

Dr del-CID PERALTA considered that it would be impossible for the Board to go into the details of the report which would be very useful as an example to governments. From the Organization's point of view, however, it would be of little use unless it was followed up by the development of a system of continuous evaluation that would help the Organization to take timely decisions on its programmes, before any mistakes had occurred. A comprehensive system of evaluation would also provide a cost/benefit assessment of the Organization's work, showing whether the benefit to programmes of Member States was worth the Organization's expenditure on them.

Dr HOSSAIN agreed with Dr Venediktov's views on the report. It would be important in his opinion in increasing job satisfaction in health work. If the planning, programming and implementation of programmes were not evaluated, it would be impossible to distinguish aims from reality. It was particularly important in the developing countries, in view of the economic constraints, that experience should be evaluated taking into account economic and social factors that were often forgotten. Particularly in the context of the primary health care system, there was a need for standard criteria to be laid down for systematic, periodic, objective evaluation. The evaluating mechanism and criteria needed would vary from country to country according to social conditions, the system of the government and the priority given to health by governments in their socioeconomic development plans, as well as according to financial constraints. Continuous evaluation would also help prevent the great hopes that the developing countries often placed in WHO-assisted programmes from giving way to frustration in the face of difficulties.

He agreed with Dr Butera that the report should be on every public health administrator's desk to bring home to him his responsibility for evaluating his work and the principle of his accountability for that work. The recognition of mistakes made would often redound to the credit of the implementing agency and enable progress to be made in other fields.

The report was therefore an important step in the right direction.

Professor NABEDE PAKAI suggested that the report be published, after editing in the light of the Board's discussion and perhaps under a different title, so that it could be made more widely available among public health administrators.

Mrs BRÜGGEMANN (Development of Programme Evaluation) welcomed the Board's encouraging reception of the report and particularly the constructive criticism offered.

Referring to the comments of Dr Leppo on flexibility in evaluation, she said that every care was taken to ensure a flexible approach. As was pointed out in section 8.2 of the report, in developing the system of programme evaluation, as distinct from financial evaluation, a very flexible mechanism had been evolved. She assured the Board that the various methods would be applied only where really appropriate.

In reply to Professor von Manger-Koenig and Dr Ehrlich on the information support for programme evaluation and the need for early implementation of the Organization's new information system, she recalled that the Director-General had said a few days previously that the system would gradually start operating as from the current year.

Professor von Manger-Koenig had also raised the complex issue of criteria and health output indicators. The criteria contained in Annexes I and II to the report should naturally be considered as raw material for the time being, although considerable thought had been given to their selection. One of the most important functions of all those involved in developing the Organization's evaluation system would be to refine those criteria and define the criteria most valid for any specific type of programme. Health output indicators were also receiving close attention, not only from the point of view of suitability but from the point of view of collecting, at reasonable cost, the information on which they might be based.

On the fundamental question of the objectivity of evaluation, raised by Dr Ehrlich, she admitted that objective evaluation of programmes by the persons involved had given rise

to as much difficulty within the Organization as elsewhere. She was not sure that there was a single answer to the question of who should evaluate, but in the past programme evaluation by persons not involved had caused the emergence of defence mechanisms, leading even to problems in collecting the necessary information from those who felt that they, rather than the programme, were being evaluated. In the new approach a genuine attempt was being made to involve all staff members in the evaluation of their own activities. At the fifty-fifth session of the Board the Director-General had stressed the importance of the spirit of evaluation being understood by all if it was to be effective.

In reply to Dr Ehrlich on the need to evaluate not only the public health importance of programmes but also the need for WHO involvement, she referred members of the Board to Annex II of the report, section 2, dealing with the criteria for selection of programme areas for WHO involvement, where there was a list of criteria to determine the rationale for WHO's involvement and its nature and extent (subsection 2.3).

The most difficult issue, stressed by Dr Ehrlich, concerned the political determinants in programme evaluation. Sometimes they were of overriding importance, but their existence did not dispense the Organization from carrying out its own technical evaluation, taking into account social, economic and political factors so far as possible. It would not be able to do more than that, even with the assistance of the countries concerned which, in such cases, would be essential. That was also the point where the views and guidance of the Board were most needed.

In regard to Dr Cumming's comment that stress seemed to be laid on evaluation of efficiency rather than effectiveness, she could only attribute that to deficiencies in the drafting of the report since that had certainly not been the intention. Although the evaluation of efficiency was not to be neglected, the main emphasis was surely to be put on evaluation of effectiveness. She appreciated his further comment on the need for a process of selecting certain programmes for evaluation. The question would be given careful study.

In connexion with the standardization of output indicators - also raised by Dr Cumming - the Board will find when it examines the draft report of the Sixth General Programme of Work that output indicators had been included for several programme activities. In such cases they would form one of the bases for subsequent evaluation.

Consumer feedback, the importance of which was stressed by Dr Cumming, would mainly have to be provided through the countries where the programmes took place, either by the governments themselves or through their participation in the policy making bodies of the Organization.

She appreciated the comments by Professor Nabede Pakai, Dr Tarimo and others on the educational value of the report which the Secretariat would try to make available to all who would find it useful. On the question of existing reports of evaluation she reminded the Board that an example was one by the Regional Office for Europe of the regional programme for the control of cardiovascular diseases.[1] The working paper itself mentioned, in section 6.2, a few of the reports, published in the Technical Report Series, that were particularly concerned with evaluation methodology.

Citing the example of the Sixth General Programme of Work she assured Dr Casselman that the importance of including evaluation in programmes from the planning stage onwards was fully appreciated.

The question of having the right social and economic indicators - raised by Dr Venediktov - was important in order that health might be placed in its proper socioeconomic context. Several of the agencies of the United Nations System and the Organization for Economic Co-operation and Development were at present engaged in developing more useful and sensitive indicators which, it was hoped, would be useful for the Organization. The three requirements for good evaluation that he had enumerated would be borne in mind.

She hoped that the future efforts of the Secretariat would provide Dr Valladares with the results to which he looked forward. His reference to the need for time monitoring in projects would also be borne in mind.

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[1] Document EUR/RC25/5.

Dr Butera's request would be taken into account in refining the project monitoring process. She assured Dr Yañez and Dr del-Cid Peralta that the relevance of evaluation at the country level and the need for evaluation as a continuing process were appreciated, and she agreed with Dr Hossain on the importance of facing the problem of accountability. She hoped that the future development of the evaluation system would warrant further commendation from the Board.

There being no further comments, at the CHAIRMAN's request, Dr BUTERA (Rapporteur) read out the following draft resolution:

The Executive Board,

Having considered the report of the Director-General on the development of evaluation in WHO;

Reaffirming its belief in the need to strengthen and improve the evaluation of the Organization's programme on a continuing basis;

Recalling that, in its organizational study on the interrelationships between central technical services of WHO and programmes of direct assistance to Member States, the Board laid emphasis on the need to intensify collaboration with Member States for a systematic assessment of the delivery of the Organization's programme and of its ultimate impact on the health situation of the countries,

1. THANKS the Director-General for his report;

2. CONCURS with the Director-General's suggestions for developing programme evaluation at all operational levels of the Organization;

3. RECOMMENDS that all Member States give full support to the introduction and testing of the renewed approach to evaluating health programmes; and

4. REQUESTS the Director-General to keep the Executive Board informed of experience gained and progress made in the development of programme evaluation.

Dr VENEDIKTOV said that he had no objection to the adoption of the draft resolution but he would prefer to see it in writing first.

Dr EHRLICH suggested that the draft resolution be distributed and considered at a later stage.

It was so decided.

Smallpox eradication programme (Resolution WHA28.52; Document EB57/WP/9)

At the CHAIRMAN's request, Dr HENDERSON (Smallpox Eradication) informed the Board that no cases had been reported from Asia since 16 October 1975. A search had been completed in Bangladesh the previous week without bringing to light any further cases. On Saturday, 17 January 1976 there had been 61 infected villages in Ethiopia, and some 40 to 50 cases were being reported each week. The decline in the number of cases was not as rapid as had been hoped, but there was definitely a decreasing trend.

Dr VENEDIKTOV expressed his satisfaction at the success of the campaign and congratulated the Director-General on a brief and clear report. The map on the first page of the reprint from the WHO Weekly Epidemiological Record, No. 3, of 16 January 1976, appended to the report, spoke for itself. The activities reported were in line with earlier resolutions and with resolution WHA28.52 which laid down the strategy for the final phase of the programme. He congratulated Bangladesh and the other Asian countries that had reported their last cases before October 1975, and particularly commended section 4 of the report which stressed the need to avoid complacency and the action required in the final phase. He supported the proposal for the compilation of a registry of laboratories retaining stocks of variola virus. A registry would be particularly needed when, some years after eradication, routine vaccination had ceased and the need for and risks of keeping such stocks had to be reviewed.

Dr TARIMO expressed his satisfaction at the success of the smallpox eradication programme. The prophecy of the discoverer of smallpox vaccine 150 years earlier that it would soon become a historical disease was now being proved true. Of course, extensive resources and organization had been needed to achieve that result. He wished to ask the Director-General what plans or programmes the Organization had made to ensure that the momentum built up should not be lost. If the programme were to end soon, had plans been made to integrate the surplus from that programme into the expanded immunization programme?

Smallpox had been a disease feared by developed and developing countries alike and as long as it existed anywhere in the world the rest of the world was at risk. Various countries had therefore maintained protective measures against its importation, even though such measures were very expensive. Consequently, economic considerations had been partly responsible for the resources made available to the programme. However, humanitarian reasons and the desire to help people all over the world had also played their part.

Fortunately for the developed world, some of the diseases to be dealt with in the expanded immunization programme were not prevalent in those countries. He was, however, sure that countries would show the same willingness to help those less fortunate than themselves in the expanded immunization programme as they had in the smallpox eradication programme.

Dr MUKHTAR (Rapporteur) said that it was an outstanding achievement that only one country in Africa still had cases of smallpox, whereas a few years ago hundreds of cases were reported from a single country. With continued efforts both locally and by WHO, it was to be hoped that that country too would soon be free from the disease.

The question of monkey-pox called for attention and the intensive surveillance activities referred to on page 2 of the document (EB57/WP/9) as well as laboratory and field investigations must continue until it was clearly proved that those viruses were not dangerous.

Particular appreciation should be expressed of the field workers who had done the difficult local work in the affected countries.

Dr TAKABE said that he was a member of the team which had worked with Dr Henderson. That such success should have been achieved in one-and-one-half years was due to a determination to succeed on the part of the eradication teams, Member States and the Secretariat. The programme would probably go down in history. It was to be wondered what would happen to the large number of people engaged in it. He hoped that the Organization would provide guidance to Member States in that respect and with regard to other consequences of the success of the programme.

Dr EHRLICH expressed his gratitude to Bangladesh, Ethiopia, and India for their cooperation in the eradication of smallpox. However, although so much had been achieved, the document said that a further $ 6 million would be required in the form of international assistance to countries throughout the world to complete the task of global eradication. He wondered what prospects there were for obtaining those funds.

Dr HASSAN congratulated the Organization on its great achievement in the eradication of smallpox. However, since two countries still reported the existence of smallpox cases, the risk still existed and the need for surveillance measures not only in those countries but also in neighbouring countries was still imperative.

Professor AUJALEU said that people should talk of two successes rather than one. Not only had smallpox been almost eradicated but also the Organization had for once not been over-optimistic in its estimates of the date by which that eradication would be completed.

Dr CHILEMBA said that, although some cases were still reported, there could be little doubt that at last the cause of mass misery was about to be eliminated. Despite that success, he urged that a concerted effort should be made to eliminate the remaining sporadic cases in those countries.

Professor von MANGER-KOENIG expressed concern at the possible consequences of the stocks of virus retained in laboratories. He hoped it would be possible for WHO and national authorities to reduce the remaining stocks as far as possible and lay down all necessary safety standards and precautions to prevent any infection or accident occurring in those laboratories with consequent danger to the environment and the population.

Dr HELLBERG (alternate to Professor Noro) said that even if the health authorities did not become complacent, there would certainly be public as well as technical and epidemiological pressure put on the administration of Member States to revise their vaccination policy as a consequence of the success of the smallpox eradication programme. He would therefore like to know if WHO was planning to advise Member States on their smallpox vaccination policy over the next two years and to what extent it could provide a solution in line with health regulations concerning changes in that policy.

Dr KHALIL pointed out that the great achievement of the eradication of smallpox had not been without cost, including the loss of lives of members of field teams, even though such tragedies had had no harmful effect on the programme.

Dr del-CID PERALTA wished to add his congratulations to all those in headquarters, in Member States and in the field, who had been engaged in the smallpox eradication programme. He wished to know, however, whether there would be a change in the policy requiring a smallpox vaccination certificate for international travel.

Dr SHAMI said that, although his country had not had a single case of smallpox during the past two years, the vaccination of children was still a legal obligation. He wondered whether that requirement should now be relaxed.

Dr BAIRD said that he too wished to ask about the advisability of discontinuing smallpox vaccination in view of the ease of world travel. Since sporadic cases might still appear, smallpox vaccination should not be discontinued too hastily, especially in countries which did not possess adequate surveillance machinery.

Dr HOSSAIN expressed his gratification at the appreciation expressed by members of the Board for the work done in Bangladesh. The success of the programme was due not only to efficient planning at headquarters, but also to the dedication of the field workers who were often asked to work in unhealthy and unaccustomed environments. The work of all concerned should be recorded for posterity. The epidemic in Bangladesh had been at its peak about one year earlier, and in the past year the authorities in that country had learnt a vast amount about the various consequences of the disease. They had been over-optimistic in their estimate of the time it would take to eradicate it but the battle had now been won, thanks to help provided from all over the world. The next two years would, however, be crucial and extra help would be needed for surveillance. It was then to be hoped that the resources mobilized for the smallpox eradication programme could be used for the most important programme of the Organization, that of primary health care. One lesson to be drawn from the smallpox campaign was that workers at all levels of society had the same end in view but different methods.

Dr SAUTER welcomed the results outlined in the report (EB57/WP/9). There were good chances that the success would be maintained and it might be hoped that the suffering and death caused by that most contagious disease would soon belong to the past. It was therefore not too early to congratulate the Director-General and his teams on their successful work and also to express appreciation and respect for the countries which had waged war against smallpox at a time when that disease was only one of the problems they were facing.

The time had also come to point out the lessons to be learned from that programme so that they could be applied to other WHO projects, especially the organizational study on the planning for and impact on extrabudgetary resources on WHO's programmes and policy. Many principles and comments referred to in the report of the working group on that study had already been applied in the smallpox eradication programme. It was to be hoped that that programme would be borne in mind when discussing the mobilization of extrabudgetary resources for other purposes.

Dr YAÑEZ said that he wished to express his appreciation to the Organization and all those who had contributed to the achievement of a success of such importance to the history of mankind.

The CHAIRMAN invited the drafting group on the draft resolution on evaluation to prepare a draft resolution for subsequent submission to the Board.

Dr HENDERSON (Chief, Smallpox Eradication) expressed his gratitude for the appreciative comments made by members of the Board on behalf of all his colleagues in the programme, both national and international, who had worked diligently in the field at considerable personal cost.

Replying to points raised, he said that the chief matter of concern related to WHO's vaccination policy. The Organization had not made formal recommendations, but since it was confident that eradication had been achieved, the issue would not be a difficult one. If eradication was definitely proclaimed, as he hoped it would be some time in 1978, then there would obviously be no need for vaccination. Premature complacency must, however, not lead to a relaxation of efforts. The real question was what should be done until complete eradication was proclaimed. Most countries had carried out smallpox vaccination for some 150 years and most of those where surveillance was not particularly sensitive had decided to continue routine vaccination until it could confidently be said that smallpox had been eradicated. A few of the countries in continents where the disease was no longer endemic and where the quality of surveillance was good had stopped infant vaccination but others had decided to continue it because, if the programme did suffer a reverse, it might be difficult to reinstate it. The Organization would certainly encourage countries where surveillance was not satisfactory to continue vaccination. In other countries the decision must be left to national health authorities.

With regard to the provision of the $ 6 million still required to complete the programme, the Director-General had approached a number of countries and there had been a cautiously favourable response from several. It could be estimated that about a quarter of that sum was now committed. Consequently, while moral support was always appreciated, further financial support was also needed. The most important use for the money was to ensure that transmission was stopped in Ethiopia, where substantial sums were needed due to the geography of the country and its various other problems. Countries such as India and Bangladesh believed that smallpox transmission had stopped but it remained to be seen whether there were residual foci. A very aggressive programme must be continued for two years after the last case had been reported. After that, as noted in the document, an informal commission consisting of selected critical authorities would be convened so that all countries, whether adjacent to or far from the foci, could be satisfied that the situation had been carefully examined and smallpox no longer existed. If there was no money for those various purposes, no country could be sure enough of the eradication of smallpox to stop routine vaccination or cease requiring vaccination for international travel.

It was also necessary to be sure that there was no animal reservoir for the virus. All evidence so far pointed to that fact but further studies must be carried out in order to be absolutely sure.

Consequently, if the required funds were not obtained, a great deal of work might have been done only to lose the fruits of the achievement at the last moment. The Organization would therefore appreciate both moral and financial support in the concluding phase of the programme.

He would suggest that Dr Cockburn should be asked to reply concerning future plans because they related to the expanded programme of immunization.

The DIRECTOR-GENERAL said that the Organization and Member States would have to make the necessary preparation to face up to the potential situation in 1978 referred to by Dr Henderson and would have to make very important global resolutions and agreements. In accordance with its Constitution, the World Health Assembly was fully empowered to take measures whereby its membership would have the necessary political assurance at home that there had been a global consensus. That was where the Organization must take collective responsibility and ensure that there was full support for the decisions made at that moment with all the consequences that they would entail.

Over the next two years, the Organization would systematically build up to the important final policy decisions to be taken at the Assembly by holding a series of regional and inter-country scientific groups and expert committees which would amass the information the Assembly would need. It would be the knowledge that the Assembly's decisions were based on the best information available that would give those at home the assurance required for taking very important political decisions at the national level.

The lessons to be learned would be dealt with to a certain extent by Dr Cockburn as they related technically to the expanded immunization programme. When the Board discussed extrabudgetary resources, it was important to remember that in the smallpox eradication programme it had been shown that the rich countries would make any sacrifice if they were absolutely sure that the money would be put to good use, and were allowed to visit the country concerned in order to see for themselves that the money was being well spent.

Another very important lesson was that the Organization had the ability to show a certain unbureaucratic flexibility. The strategy had changed greatly over the years and had constantly evolved from doubt in 1967 to aggressivity and flexibility and from mass vaccination to surveillance. It was that flexibility and an ability to evaluate experience and quickly adjust strategy accordingly that had made the programme outstanding in the history of the Organization. Governments had even been willing to break rules and financial regulations in order to attain the desired end. However, too close a parallel should not be made between that particular programme and other kinds of activities of the Organization such as the expanded immunization programme because governments could not be expected to break the rules on every occasion. It should also be remembered that no progress would be made in other programmes without the same authority and managerial discipline as had been shown in the smallpox eradication programme.

Professor AUJALEU said that everyone was certainly persuaded that the completion of the smallpox eradication programme was perhaps the highest priority for the Organization. Consequently, if the Director-General could not find the necessary voluntary funds by persuading governments that so much effort should not be lost for the lack of a relatively small sum at the last moment, they should be provided from the regular budget, even at the expense of other activities.

Dr VENEDIKTOV endorsed the preceding statement. In the case of a programme of such high priority it should at least be possible to continue the appropriation made to it over the past 10 years. He, however, had no doubt that the necessary resources to complete the programme would be made available because countries were extremely interested in it. In view of the logical arguments put forward by the Director-General and Dr Henderson, he was sure that governments could be convinced to provide the means to complete the programme.

Dr HOSSAIN said that the views of the two previous speakers, and their firm conviction that the programme must be completed at any cost, were very reassuring and would he trusted bear out the adage that faith moved mountains.

The CHAIRMAN, speaking in his personal capacity, said that the eradication of smallpox, the scourge of mankind for thousands of years, was generally acknowledged to be the greatest achievement of the Organization, if not of medicine generally. He wished the Director-General, the Secretariat and all those working in the field every success in achieving the final target and expressed the hope that the Director-General would be in a position to report favourably in that connexion to the Twenty-ninth World Health Assembly or to the Board at its fifty-ninth session.

He agreed that there were many important lessons to be learnt from the way in which a well planned and implemented programme could produce results, but would point out that smallpox eradication was not a very difficult matter since diagnosis was comparatively easy, the human being was the only reservoir of the virus and vaccination provided an effective control measure. The same could not be said of the expanded programme of immunization, which would develop over the years, and he wished to sound a note of warning on that score.

Speaking in his capacity as Chairman, he said that no resolution was proposed under the item. He suggested that information on the smallpox programme, together with members' comments thereon, be included in the Board's report to the Health Assembly.

Sir Harold WALTER considered that it would save time if related items, such as the smallpox eradication programme and the expanded programme of immunization, could be considered together and dealt with in conjunction in the Board's report to the Health Assembly. In that connexion, he pointed out that the practice of vaccinating infants of three months against five diseases, including smallpox, was not a feasible proposition in countries where communications were poor. The Director-General might perhaps wish to address himself to that question. Moreover, it should be made a requirement that no child could be admitted to school unless he had all five vaccination certificates. He knew of a country where that was the practice, though not the law.

The CHAIRMAN said that it had been his intention to hold a discussion on the expanded programme of immunization before any decision was taken.

Sir Harold WALTER said that in the circumstances he was agreeable to following the original procedure.

Dr SHAMI asked how long the smallpox virus could survive outside the human body.

Dr HENDERSON said that that depended largely on conditions of temperature and light. If kept in a deep-freeze, the virus would survive for hundreds of years but, under normal conditions of temperature and humidity, it rarely survived for more than a few days and, if the temperature was very warm or if the virus was exposed to light, survival might be only a matter of hours. Despite some concern in the eradication programme as to the possible survival of scabs and the like in a natural environment, there was no evidence that that was the case. There had also been some concern that variolators could retain the virus for a long time but it had been found that they were not able to do so for more than six to nine months. The virus could however be preserved in laboratories for long periods of time.

Expanded programme on immunization

Dr COCKBURN (Director, Division of Communicable Diseases), introducing the item, said that the Secretariat was laying the ground for the integration of the smallpox programme with the expanded programme on immunization over the next two years and there had already been a considerable amount of integration in relation to BCG campaigns. The expanded programme on immunization was, however, a long-term programme and had to be planned accordingly.

The programme had two main objectives, the first being to cooperate with countries in developing adequate regular immunization coverage for susceptible age groups as quickly as possible; as external aid would be limited in time, countries would aim at developing their national resources with a view to assuming full responsibility for the programme within a given period, usually ten years. The second objective was to keep the number of WHO staff engaged in the programme to a minimum; to that end, an inter-divisional, and mainly part-time, cadre was being developed at headquarters with smaller cadres in the regions, their main function being to organize cooperative activities in Member States with a view to helping them to achieve self-reliance as soon as possible.

Referring to the progress made since the last report on the programme to the Health Assembly (document A28/WP/5), he said there was now a clearer appreciation that an immunization programme had to be a component part of primary health care from the outset. Indeed, it might sometimes be the easiest part of primary health care to deliver and could well constitute the basis on which such care could be developed.

Three seminars had been held since the Health Assembly; they had been marked by a sense of optimism which stemmed from the fact that all countries had programmes and most were aware of the shortcomings and the measures needed to remedy them. One of the most important requirements was to improve organization and management, which would do much to extend coverage of susceptible age groups with the national resources available.

WHO was helping countries to solve their management problems by preparing guidelines on immunization programmes which provided suggestions for procedures, from the central planning to the peripheral delivery stage, and would be extremely useful in practical

application. It was also helping to adapt the guidelines, in consultation with national officers, to local conditions and needs and to draw up realistic programmes.

With a view to improving the quality of vaccines, WHO had arranged with certain laboratories for the random examination of batches of vaccines and the special examination of any suspect batches. In connexion with WHO's responsibility for poliovaccine (Sabin strains), the consultative group's activities had been extended to include new and established producers, and within a year or two all production areas would have been visited and the maintenance of the quality and safety of vaccine thus ensured.

The purchase of vaccine had been facilitated through WHO and UNICEF, using soft currency where possible; through bulk purchase in concentrated form for dilution and ampoulling locally; and by encouraging countries to plan requirements ahead and submit orders for regular supplies. There remained however three basic needs, namely, refrigerators, transport and vaccines, in which respect external aid was needed. Two governments had made contributions in cash and kind and negotiations were under way with four others. UNICEF had undertaken to work with WHO on the expansion of national immunization programmes and discussions were currently taking place at UNICEF headquarters in New York to determine how to make that commitment more effective. Also, the Swedish International Development Agency was working with WHO and the Government of Ghana on a research programme for the improved delivery of immunization in highly populated and rural areas.

From the agencies, WHO required mainly transport, cold chains and limited numbers of people to work with nationals at the beginning. Pending conclusion of the arrangements in that connexion, there was an immediate need which, if fulfilled, would permit a number of countries to expand immunization in areas having only minimum services. WHO now had a list of such countries requiring diphtheria/pertussis/tetanus (DPT), measles and poliomyelitis vaccines, although it was not possible to give the exact amounts which depended on local conditions. Countries producing vaccines and having reserves could help if they would increase their reserves and hold such increase for allocation, through WHO or bilaterally, to countries developing realistic programmes. Over the next one or two years, WHO could handle 30 million doses of DPT, 30 million doses of poliomyelitis and 10 million doses of measles vaccine. Those were not expensive requirements if it was remembered that one child could be vaccinated against all five diseases at a cost of $ 1.30.

Dr VENEDIKTOV asked if he was correct in understanding that the expanded programme on immunization was not yet in existence but in the course of preparation.

Dr TARIMO agreed that it was important not to be misled by the success of the smallpox eradication programme into expecting similar results from other programmes. At the same time, the Organization should not be unduly cautious in its outlook, so that in the end it accomplished nothing. In that connexion, he reminded members of the account they had heard of the success achieved through collective effort in combating measles in certain countries of the Region for the Americas.

He also agreed that it was up to individual countries to launch programmes, although he wished that he could say that WHO on its side was doing everything possible. There seemed however, to be a certain lack of expedition. He noted, for example, that the original proposed programme budget contained a small allocation for a study group to be convened in 1977 to consider sources of supply and the cost of vaccines. If indeed they were serious about the programme, surely such an important item should have been brought forward. Similarly, he would have thought that the additional funds required for the smallpox eradication programme could have been derived from extrabudgetary resources.

Referring to the need for coordination, he said that there was a widely felt need for a manual on immunization: by chance, he had discovered that a doctor in Yaoundé was working on such a manual, while WHO was also working on a manual. He asked whether there was not some way in which such activities could be coordinated or in which Member States could be informed of the work being done by WHO so as to avoid duplication.

He fully agreed that the figures cited by Dr Cockburn regarding the quantities of vaccine that WHO could handle were modest. A country which he knew well handled three million doses

of vaccine against measles, by comparison with which 10 million doses at the international level was not very great.

The DIRECTOR-GENERAL said he believed there was general recognition that, in the absence of positive identification with the programme at the country level, little would be accomplished. Headquarters, for its part, was endeavouring to determine what was required of the critical mass within the Division of Communicable Diseases if the necessary impetus was to be injected into the programme and other divisions alerted to the needs.

The programme further illustrated the intention not to create additional financial requirements at the headquarters level but rather to reorganize existing units in an attempt to mobilize the necessary critical manpower. Once again, it would be a case of making savings and sacrificing other activities. The most important question, however, was whether sufficient resources could be mobilized, through the critical mass at the regional and country level, for transport, cold chains and vaccines, because once the programme really got under way, it would not be a few million doses that were involved, but very substantial amounts. Regional programmes would, of course, reflect the degree to which governments accorded priority to this programme over other needs but, unless the resources from outside could be multiplied, he did not think that governments would benefit much from this programme.

Dr JAYASUNDARA (Vice-Chairman) said he had understood Dr Cockburn to state that certain specialized agencies would provide vaccines, soft currency being used for the purpose. He asked under what conditions that would be done.

Dr del-CID PERALTA did not think that the Board should link the expanded programme on immunization to the smallpox eradication campaign in its conclusions. The programme, which was wide-ranging by virtue of its many implications, was not easy to launch on a world-wide basis. Moreover, techniques of administration varied widely according to the vaccine concerned and made it difficult to institute a simultaneous programme. He therefore agreed that, until countries were properly equipped to carry out an immunization programme and benefited from WHO assistance for the supply of vaccines, little would be achieved.

It had been stated that a vaccine could cost as little as $ 1.50 but, if account were taken of refrigeration, transport, fuel and staff, the cost would be nearer to $ 3, and that was high for a world programme. WHO assistance in acquiring low-cost vaccine and training staff would therefore constitute a major step forward.

It was important for national and local authorities to have an understanding of the problems involved in a multiple programme of immunization and there were a number of factors that merited the Organization's special attention in that connexion.

The developed countries could also help the developing ones to acquire low-cost vaccines which, ideally, should be tested or checked by WHO to ensure that they arrived in good condition and would remain effective for a suitable period. He had had the experience of receiving donations of vaccines that became ineffective after a few months, or in some cases only fifteen days, and it was impossible to organize an immunization programme in such a short time.

There was also a need to break cultural patterns, for instance, regarding the propaganda against vaccination. If a disease that disfigured the skin was involved, such as smallpox, then the vaccination was readily accepted, but otherwise it was not.

Lastly, he stressed that the only way of guaranteeing the success of an immunization programme was to strengthen the primary level of the health infrastructure.

The meeting rose at 5.35 p.m.