

***Remarks by
Dr Samlee Plianbangchang
Regional Director, WHO South-East Asia***

At

***Commemoration of Thirty Years of Freedom
from Smallpox***

31 July 2009

***WHO/SEARO,
New Delhi***

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Dr William Foege, Former Director, CDC, Atlanta, Distinguished colleagues, honourable guests, ladies and gentlemen:

It is my pleasure to warmly welcome you all to the Commemoration of Thirty Years of Freedom from Smallpox. It was declared 30 years ago that “The world and all its people had won freedom from smallpox”. We are celebrating the three decades in which world humanity has been without suffering and death from smallpox. The combined wisdom, unwavering determination and worldwide united efforts helped eradicate this scourge 30 years ago. We must ensure that the disease will not strike the world population again.

Smallpox is believed to have originated over 3,000 years ago. It was one of the most devastating diseases known to mankind. This highly contagious disease is caused by variola virus. Its massive epidemics decimated populations across the globe for many centuries. With no effective treatment, the disease killed one-third of those affected and left 65 to 80% of the survivors disfigured with deep pitted scars which were mostly prominently on their faces.

In the past, smallpox also used to be a major cause of blindness. There was a time in South Asia when the discovery of few cases was often seen as a prelude to a crisis, a crisis that would result in massive infections and innumerable deaths. When the toll on human life was less dramatic, this was generally celebrated as an instance of good fortune.

For the past thirty years, however, populations all over the world have been able to breathe a sigh of relief, because there has not been a single case of smallpox in their midst. This became possible because of two major breakthroughs in public health. First, Dr Edward Jenner discovered the use of cowpox to immunize against smallpox in 1798. Second, in 1958, the World Health Assembly recommended the worldwide eradication of smallpox.

Responding to this resolution of WHA, affected countries drew up national programmes for smallpox eradication. Based on these programmes, the countries planned to achieve 100% smallpox vaccination coverage within three to five years. WHO provided technical assistance to national programmes, and facilitated interregional cooperation.

In 1967, WHO initiated the process to intensify the global eradication efforts. Ten years later, the last case of natural infection of smallpox was recorded in Somalia, Africa. The very last patient of smallpox, from laboratory-acquired infection, died in Birmingham, England, in 1978.

Colleagues,

During 1960s, Asia bore almost 80% of the global burden of smallpox. Because of the frequent and devastating outbreaks in the Region, in 1949, the WHO Regional Committee for South-East Asia recommended coordinated action against smallpox. This recommendation came long before the global resolve by WHA.

The strategy to eradicate smallpox in South-East Asia Region was based on some of the basic principles of public health:

- enhanced surveillance,
- case-finding,
- isolation,
- appropriate risk communication to the public, and
- vaccination.

The strategy aimed not only at eradication of smallpox but also, aimed at motivating and encouraging those people who were committed to serve in public health. To show them that certain diseases, no matter how severe and disrupting to human being, could be considered for eradication by applying those basic principles of public health.

As far as SEAR was concerned, eradication of smallpox from India was indeed a remarkable feat. Every house in each village was visited several times, by workers of the smallpox eradication programme. Every suspected case became a public health emergency, and triggered immediate investigation. The success of Indian campaign

reflected dedicated and imaginative leadership coupled with sound management at all levels – political, bureaucratic and operational.

In this Region, Bangladesh reported the last case on 6 October 1975. In fact, this was also the last case reported from Asia as a whole. The global eradication of smallpox was certified by a commission in 1979 and was endorsed by the World Health Assembly in 1980.

Ladies and gentlemen,

We gather here today to reaffirm the first unequivocal, and total victory of a public health programme - a victory over a major cause of human suffering and death. It was the greatest achievement in public health during the twentieth century. This achievement suggested that through proper application of public health principles, and with unstinted global commitment and solidarity, an available technology could be made equitably beneficial to humankind everywhere in the world.

We have learned from the smallpox eradication campaign that in providing health services, the unreached can be reached through the full participation and involvement of community, and of all stakeholders at all levels. Achievement of smallpox eradication was certainly due to the total support of the world community.

Our success in smallpox eradication help us strengthen our belief in the principles of PHC and HFA put forward in 1978 at Alma-Ata. Our experience with smallpox eradication

led us to undertake the next global effort, to eradicate poliomyelitis. Poliomyelitis is one of the most debilitating diseases. We are now at the final push towards a polio-free world. At this point in time, the world may think of further campaigns in the future.

Measles, which is one of the great killers of our children, is under consideration for global eradication. With advance in science and technology, and with strengthened health systems based on primary health care, the eradication of diseases today has a better chance to succeed. The global community of scientists and public health experts may combine their wisdom to identify specific diseases for eradication. The eradication may be achieved within a reasonable time-frame, — eradication that is not only technologically, but also financially and managerially feasible. As in the past, WHA may take the leading role in initiating more eradication of diseases. Rich countries and funding agencies should fully support such global efforts.

Above all, we need imaginative and dedicated leadership at all levels throughout the world for disease eradication. Whatever and however the situation is today, our experience with smallpox eradication is always very valuable in guiding us in future disease eradication.

While celebrating our success, we also need to put together our intellects and ideas to move forward in our fight against infectious diseases through eradication strategies.

Ladies and gentlemen,

We must gratefully thank all those who worked with dedication to bring about a smallpox free world. With these words, ladies and gentlemen, I wish you all productive interactions throughout the course of this gathering. And I also gratefully thank you all for your continued commitment to supporting the work of WHO.

Thank you.