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PROVISIONAL MINUTES OF THE EIGHTH MEETING

Palais des Nations, Geneva
Thursday, 12 May 1966, at 4 p.m.

CHAIRMAN: Dr A. NABULSI (Jordan)

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Note: Corrections to these provisional minutes should be submitted in writing to the Chief, Records Service, Room A.843, within 48 hours of their distribution.

1. SMALLPOX ERADICATION PROGRAMME: Item 2.4 of the Agenda (Resolutions WHA18.38 and EB37.R16; Document A19/P&B/2)

Dr JURICIC TURINA (Chile) said that, since the doubts concerning financing of the smallpox eradication programme in 1967 had been dispelled, thanks to the resolution that had been adopted that day by the Health Assembly, he wished to refer to a few technical aspects of the project that had been presented.

He would like to know what was the basis for saying that it would be necessary to vaccinate almost 100 per cent. of the population in areas of high endemicity. Eradication had been achieved in Colombia and Ecuador by covering uniformly, on a country-wide basis, a little over eighty per cent. of the population. The question was an important one, since expenditure increased not in arithmetical but in geometrical progression in proportion to the number of population covered.

The concept of basing evaluation on effective "takes" and not only on the vaccination itself was very important. Permanent supervision was necessary to ensure that the techniques used were correct and the vaccine of high quality. He knew of two occasions on which it had been found that batches of freeze-dried vaccine that had fulfilled the conditions of potency in the laboratory had lost their potency from two to three months afterwards. Without permanent supervision of vaccination in the field, hundreds of thousands of people might be vaccinated with an ineffective vaccine.

He emphasized the need for maintaining laboratories for the virological diagnosis of smallpox. It was possible for cases of smallpox to be mistaken for chickenpox, and vice versa.

He expressed his confidence in the results of the programme and hoped that the project presented by the Director-General would enable the countries concerned to achieve eradication.

Dr BAHRI (Tunisia) said that smallpox had presented no problem in Tunisia for more than twenty years, and since 1945 not a single case had been reported. That did not, however, prevent his country from continuing to apply a strict programme of compulsory mass vaccination every five years and annual vaccination for the newborn. That programme had been integrated into the basic health services. It was carried out from door to door in rural areas, and in the basic health units in urban and suburban areas. In primary schools, mobile teams carried out BCG and smallpox vaccination simultaneously. Preference was given to liquid glycerinated vaccine of the Pasteur Institute at Tunis.

His delegation would emphasize the importance of evaluating the proportion of "takes", which Tunisia had found to be eighty-five to ninety per cent. for primary vaccination. It also wished to draw attention to the need for adequate legislation to ensure compulsory vaccination during the first year of life, at the time of entry to primary and secondary school, and every five years thereafter.

The population of Tunisia was aware of the importance of vaccination, which had become a tradition. Smallpox vaccination was a long-term task, a never-ending task that must be constantly repeated; and in that lay the conditions for its success.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that the programme under discussion was one of considerable importance. It had been discussed on previous occasions, and the decision on smallpox eradication had been taken in 1958 on the

initiative of the delegation of the Soviet Union, whose position had not changed. His delegation had noted the Director-General's report on the subject with great interest. The report showed that much work had been accomplished; the problem had been well presented, and the method envisaged appeared practicable.

The Soviet Union was giving considerable assistance for smallpox eradication to a series of countries on a bilateral basis, and the results obtained spoke for themselves. That being so, he might perhaps be excused if he offered a little friendly criticism concerning the proposals before the Committee.

Any plan of campaign, particularly for the world-wide eradication of a disease, should be not only precise but realistic and understood by all participating countries, and it must be based upon firm financial economic and social considerations, i.e., the detailed operating programme should be worked out according to these general principles. The Organization had still a heavy task before it. The eradication programme could only be carried out if the countries in which smallpox existed themselves devoted substantial national efforts to eradicate the disease if all sources of bilateral and multilateral aid were taken into account and co-ordinated and if WHO's leading and co-ordinating action was well thought out.

The report gave the following calculations: during the ten years of the programme $ 180 000 000 would be needed, seventy per cent. of which was to be provided by the countries that would undertake eradication campaigns. The Organization's budget, taken even at its maximum figure, could supply only thirty per cent., or $ 48 000 000, at the rate of about $ 5 000 000 a year.

If, in such a complex structure, any economic, social or other factor had been overlooked, or any mistake made, it would menace not only a regional programme but the world-wide eradication programme. At the end of ten years, for example, it might not be possible to reduce or suspend vaccination and it might not even be possible to complete the eradication campaign in ten years. Man was not infallible and mistakes could be made in the calculation of resources, the assessment of difficulties, the choice of methods. Therefore, it was necessary to review in an objective and detailed manner all the aspects of that vast campaign - national, bilateral, multilateral, and all those connected with the activities of the Organization. It would be regrettable if, in undertaking the campaign, those errors should be repeated that had attended the execution of the malaria eradication programme.

Now that the budget for 1967 had been virtually approved, the most effective measures for realizing the campaign should be taken within the provisions of the budget.

It would be useful to have a conference on smallpox eradication under the aegis of WHO with the participation of experts, representatives of ministries of health and representatives of financial or planning bodies, in order to study carefully the resources available and determine which countries and services were prepared to offer financial and practical help. Any time given to a new review of the technical and organizational difficulties, and of ways of collaboration, would be time well spent, and it was better to consider the means of solving the difficulties in advance than to wait until the campaign was well under way.

As the leader of his delegation had stated, the Soviet Union had made provision for a voluntary contribution of 75 000 000 doses of vaccine. It was prepared to provide specialists required for training of personnel, to set up in its country a WHO reference laboratory or a centre, to organize training courses and to take any other measures that could be useful.

At the present phase of the eradication campaign, maximum use should be made of the experience gained by all countries in that field: to study all possibilities of co-ordination of efforts and, after careful examination of all aspects, to set the campaign in motion. By proceeding in that way eradication should be a practical possibility.

Dr JALLOUL (Lebanon) said that Lebanon had been freed from smallpox in 1957, not a single case having been registered since then. Great efforts had been exerted to arrive at that situation. A law had been passed making vaccination compulsory every four years. The first mass vaccination campaign had been carried out in 1957, the second in 1960, the third in 1964 and the fourth was to be in 1968; each campaign had covered more than eighty per cent. of the population. Between one mass campaign and the next all infants were vaccinated before the age of six months, and all those people who for any reason had missed vaccination during the mass campaign were followed up and vaccinated.

Public health education had been one of the main tools used to induce people to submit to vaccination, and both fixed and mobile vaccination units had been set up. Every vaccinated person was registered and given a certificate that he was required to carry with his identity card and show upon request.

The mass campaigns in his country were well planned and were fully financed a year in advance. Their time limit usually did not exceed one month. It was very important to keep to as short a period as possible: people were thus more easily attracted, the vaccinators more enthusiastic and energetic, and the cost was lower. There should be a continuous follow-up of those people who had missed vaccination, and for that purpose the campaign should be continued through fixed and mobile units. Smallpox having been eradicated in Lebanon, he expressed the hope that other countries, with the help of WHO, would arrive at the same goal.

Dr SHAHGHOLI (Iran) said that, although smallpox vaccination had been started in his country many years before, up to eight years ago there had still been epidemics causing a great number of deaths, particularly among children.

Vigorous methods had been introduced in 1950, and about ninety per cent. of the population had now been immunized. In 1961 the eradication campaign had been decentralized, each of the provinces being made responsible for vaccination in its area. Those measures had been very effective, and no new danger of epidemic had arisen. Routine prevention was to be continued through that countrywide network.

The experience of Iran in its mass vaccination programme might be useful for countries with endemic foci. Ordinary sewing needles had been used, each needle being used only once. The site of vaccination was not cleaned with any antiseptic. Millions of vaccinations had been carried out in a short time without any complication or problems. The method was very practical and simple for developing countries.

Although there was at present a high level of immunity in Iran, no country could be regarded as protected unless early measures were taken to carry out a world-wide campaign, particularly in endemic countries. To that end bilateral and international assistance should be continued and intensified. WHO should co-ordinate the programme and provide the necessary leadership and guidance to make global eradication possible.

Dr SAYCOCIE (Laos) said that his country had no smallpox eradication programme as such, but was continuing the routine work started by the French authorities. It consisted of an annual vaccination campaign, thanks to which no case of smallpox had been diagnosed in Laos, and it could be claimed that the disease had been eradicated. The low population density and the isolated situation of the territory, which protected it from outside contamination, was a contributing factor.

Since independence, dry vaccine produced at the Pasteur Institutes of Saigon, Phnom-Penh and Bangkok had been used. Annual vaccinations had been carried out in each of the sixteen provinces, by two or three teams in each province composed of two or three experienced vaccinators. They had each covered a selected part of the province, including even the most remote villages, in a methodical and systematic way, so that no village had to be visited more than once every two or three years. In that way practically the whole of the population of the country had been covered.

The vaccination statistics were as follows: 1961 - 160 000; 1962 - 260 000; 1963 - 327 000; 1964 - 330 000. Analysis would show that the proportion of the total population vaccinated had grown over the years, to reach over 25 per cent. in 1964; the whole population had thus been vaccinated or revaccinated over a period of four years. Moreover, the provincial health services carried out a permanent programme of vaccination in the schools and among the population, who themselves sought vaccination. The situation was not known with regard to the population under the Pathet Lao, but it was thought that it was still protected.

The main difficulties with which the Government was faced were the political situation, which made it unsafe for vaccinators to visit certain areas, the lack of experienced personnel, and the financial situation due to the civil war.

Dr RAO (India) said that the national smallpox eradication campaign in India had begun in the last quarter of 1962. So far about 434 000 000 vaccinations had been performed.

In 1962/1963 there had been 85 496 cases with 26 000 deaths, and in 1964/1965, 25 000 cases with 7000 deaths. Those figures spoke of the value of the campaign now in operation.

It was expected that the attack phase would be completed in 1966, that mopping-up operations would be carried out in 1967, and that the programme would enter the maintenance phase in 1968. The freeze-dried vaccine at present in use

was supplied by the Soviet Union, through bilateral agreement. Six hundred and fifty million doses had been received, and he expressed his Government's gratitude for that assistance. Attempts were being made to produce vaccine locally in four centres, but it appeared that production would be much less than originally anticipated: 180 000 000 doses annually were needed, of which only 60 000 000 could be produced locally. It was hoped that the WHO consultant would arrange for the supply of the balance.

In the light of the experience of the campaign in India, his delegation was in complete agreement with the delegate of the United Kingdom that unless developing countries thought in terms of establishing good basic health services it would be very difficult indeed to maintain the immunological status temporarily reached. When countries had reached the maintenance phase of a malaria eradication programme there should be multi-purpose workers available, and a nucleus of basic health services for maintaining communicable disease control. Where that programme was still in the attack or consolidation phase, separate workers were required for smallpox eradication; and where smallpox eradication alone was taken up, it was necessary to keep in mind that those workers would ultimately form the nucleus of the future health services. In that case, it was very necessary for those countries where the disease was endemic to have the proper technical advice with regard to planning, organization, and implementation of the eradication programme, with a view ultimately to merging it with the basic health services.

As funds were likely to be very meagre for the developing countries, it was WHO's responsibility to give proper advice so that the money spent was used economically. It was necessary to ensure that the developing countries learned from the experience of countries who had already carried out campaigns.

He emphasized the importance of health education. In several countries where programmes had been undertaken, there was a health education programme for each specific disease programme. It would probably be more economical to have broadly based health education in communicable disease control and see that the smallpox programme was integrated with it.

Mr KADEVA HAN (Cambodia) said that his country had been free of smallpox since 1960. Vaccination of newborn and school-age children was obligatory. Maintenance activities were carried on in connexion with the yaws campaign that was receiving WHO assistance in the three northern and north-eastern provinces. Locally produced vaccines were sufficient for the country's needs. With the present rate of vaccination covering 80 per cent. of the population, the reintroduction of smallpox was considered impossible; but the campaign continued, and control work was particularly vigilant along the country's frontiers.

Dr CVAHTE (Yugoslavia) said that, although his delegation was very satisfied with the programme as presented in document A19/P&B/2, and had approved the budgetary proposals, it considered that an appeal for voluntary funds and for

bilateral and multilateral aid in connexion with smallpox eradication would be very valuable. The greater the success of the Organization's work, the more its financial and technical possibilities would increase.

Dr ALDEA (Romania) said that the study of smallpox had shown the feasibility of world-wide eradication. Unlike methods used to combat other diseases, the method of immunizing a sufficient proportion of the population in order to interrupt transmission was relatively simple and controllable. The problem was essentially one of organization, and the success of operations depended upon the staff carrying out many vaccinations in a short time. He therefore considered that the methods indicated under paragrph 2.4 of document EB37/23 submitted to the thirty-seventh session of the Executive Board were inadequate; the ways of achieving maximum vaccination varied from country to country and with local conditions. There were three essentials for the preparatory and attack phases of smallpox eradication: firstly, training of staff, using where possible local personnel having easy access to local populations; secondly, a preliminary health education campaign to ensure co-operation of the population (he had appreciated the delegate of Lebanon's remark on the attention to be given to that subject); thirdly, measures to guarantee the necessary vaccine supplies. To provide those essentials should be the special concern of national health administrations.

WHO had launched its smallpox eradication programme in 1959, and the figures showed that, in comparison with some 80 000 cases registered in that year, over 98 000 were registered in 1963. It was indicated on page 300 of Official Records No. 119 that $ 10 million were considered necessary for the programme in 1962; the sum for 1967 had become $ 48.5 million.

The estimated cost of $ 0.11 per immunization under the new programme seemed to him excessive, since everything but the vaccine was to be paid for by the countries concerned; and even the price of the vaccine might be reduced by agreement and collaboration between producing countries.

He therefore considered it necessary to re-examine the estimates of the cost of the programme, taking into account the possibility of using local staff for vaccination and surveillance activities. Courses on the methodology of smallpox eradication might be arranged for national health staff, thus enabling WHO to reduce expenses for consultants, who would not be familiar with local conditions.

Considering the importance of the programme, the possibility should also be studied of allocating more voluntary funds to smallpox eradication - even at the expense of other less urgent activities - and of calling at the same time upon the United Nations and other international organizations for financial assistance.

Dr BLOOD (United States of America) said that his Delegation recognized the need for strong leadership by WHO in smallpox eradication activities at all levels, backed up by the assurance that the programme would be continued until completed. The incorporation of funds for smallpox eradication in the regular budget was an important step towards guaranteeing its continuity.

President Johnson had pledged United States support for world smallpox eradication by 1975. Within the world programme the United States was providing assistance to a group of national vaccination programmes in West Africa: plans for smallpox eradication in West Africa, assisted by the United States Agency for International Development, had been prepared in close consultation with WHO. The Organization's co-ordinating role was essential.

In spite of costly activities over the past fifteen years, the susceptibility of populations to smallpox continually increased with new births and natural losses of immunity. It was essential that there should be no delay in completing the eradication work, but that the programme should proceed steadily, in proportion to the possibilities of the countries concerned.

Dr SOW (Mali) thanked the Director-General for having so faithfully represented the situation and the views of the African States in document A19/P&B/2, in particular with regard to their needs in personnel, equipment, vaccine and other supplies, and commended his defence of the budget proposals for 1967. He expressed his thanks to WHO for the expert sent to Mali in connexion with its smallpox eradication campaign and for the supplies that had been promised; to the United States Agency for International Development for its assistance inproviding vaccine and transport for a five-year combined smallpox and measles vaccination programme in eighteen African countries; and to the USSR, Switzerland and the Netherlands for supplies of vaccine.

With regard to co-ordination - which, as had been stressed by the United States Delegation, was an essential function of WHO - he wished to know whether smallpox eradication could not be further combined with preventive activities, against yellow fever for example.

The draft resolution recommended to the Health Assembly in resolution EB37.R16 was a source of great satisfaction to his delegation; he only hoped that the "supplies and equipment" to which reference was made in operative paragraph 4 (a) of that resolution could be taken to include the vaccine, transport and refrigeration equipment badly needed in his country; and that the services referred to in operative paragraph 4 (b) could be taken to include the regional co-operation for which Regional Director for Africa was striving. He was confident that the Executive Board had been fully aware of such needs in drafting the resolution, which would receive the full approval of the Mali delegation.

Professor BABUDIERI (Italy) said that his delegation agreed in principle with the proposed intensification of the fight against smallpox, which might be the only communicable disease that could be eradicated in a reasonable period; but it did so on the understanding that in areas where mass vaccination was to be carried out, sufficient equipment, basic health services and adequate trained personnel would be made available.

In the Director-General's report on the programme, he did not find any mention of the possibility of employing, in certain conditions, drug prophylaxis using a new antiviral drug, the efficacy of which had been confirmed at the International Congress on Infectious Diseases in Munich earlier that year. The method had been found to be effective in protecting unvaccinated persons accidentally exposed to infection, and in stopping the transmission of infection among non-immunized persons in whom protection given by the vaccine would take effect too late.

Dr GJEBIN (Israel) said it must be emphasized that a smallpox eradication campaign should not be an isolated activity; whatever the state of development of the basic health services in a country, the campaign must be made a part of an over-all health scheme. Personnel and transport could, and often must, be used also in the control of other diseases.

Dr BENGHEZAL (Algeria) said that to compare smallpox and malaria eradication, as some earlier speakers had done, was misleading. Malaria eradication was a much more complicated task. Given vaccine and other supplies, a smallpox campaign could be carried out by less qualified personnel, as had been the case in his country. It had been possible, with the co-operation of the population, and especially of school staff, to vaccinate two million of the population of Algeria on World Health Day, 1965. To train vaccinators was a matter of a few hours.

The Director-General's smallpox eradication programme was within the possibilities of Member countries. Algeria, a country which had eradicated smallpox, would defend that programme warmly, from a feeling of solidarity with the developing countries. The more developed countries should join in eradicating an age-old disease which, in the days of increased communications and air traffic, might make its appearance in the most developed of them.

Dr KRUISINGA (Netherlands) said that his delegation endorsed the statements in plenary session of the delegations of Chile, India, the Union of Soviet Socialist Republics and the United States of America on the significance of the

smallpox eradication programme, and recalled the remarks of the Czech Delegation at the Eighteenth World Health Assembly when it had drawn attention to the very important problem of vaccination programmes which were only needed because of the frequency with which smallpox still spasmodically occurred.

The intensification of WHO's work on smallpox was much appreciated. However, the programme as described in document A19/P&B/2 was hardly as "simple and straightforward" as it was claimed. In view of the shortage of trained personnel, it would be necessary to concentrate on densely populated areas where the disease existed. In Europe, eighteen cases had already been identified in 1966, compared with only one in 1965. Importation of the disease to areas free from endemic smallpox remained a constant menace to the programme.

It was essential for the success of a campaign that the vaccine used be of the high quality specified by WHO. That applied especially in the case of revaccination, and was also of great importance where jet injectors were in use.

The Delegation of the Netherlands had four questions to raise on the item under discussion. Firstly, while underlining the conclusions on pages 4 and 5 of document A19/P&B/2, it was curious to know how WHO would promote the implementation of the conclusion on page 5 concerning the necessity of limiting the number of vaccine production facilities to a few comparatively large, efficient institutions capable of supplying several countries.

Secondly, what steps were being considered by WHO to promote more widespread use of jet injectors (pages 8 and 15 of the document)?

Thirdly, a more detailed explanation was requested of the statement on page 36, that if the implementation of the programme were delayed or prolonged it would result in a further increase of the over-all cost of the programme. Could the Secretariat prepare an alternative Table 11 and make a rough estimate of the higher cost of a prolonged programme or the lower cost of a shorter one? To what extent were the figures in Table 11 rough estimates?

Finally, attention was drawn to the chapter on chemotherapy in the First Report of the Expert Committee on Smallpox (WHO Technical Report Series, No. 283), where it was recommended, on pages 23 and 31, that comparative field studies be made in endemic areas of the new drugs concerned. Had that conclusion of the Expert Committee on Smallpox led to any steps being taken by WHO? What policy was followed in that matter at the present time, and was the position still unchanged?

Dr ALAN (Turkey) said that Turkey was preparing th commemorate the 200th anniversary of the date on which Lady Montagu, wife of the British Ambassador to Turkey at the time, sent a letter to an acquaintance in which she described how, in travelling through Turkey, she had observed that the pus of smallpox victims had been used in a primitive attempt to vaccinate children. The letter bore the date 1 April 1767. Turkey, after two centuries of vaccination, was free from endemic smallpox although it had suffered certain setbacks through a major outbreak in

1943, and a local outbreak in 1957. Turkey's long experience of smallpox led it to attach very great importance to the Organization's smallpox eradication programme, on which he congratulated the Director-General and his assistants. Nevertheless, he wished to be associated with the speakers who had asked the Director-General and his assistants to be careful in implementing the programme. Turkey knew the difficulties and would be pleased to pass on its experiences.

The Turkish Delegation would vote in favour of the draft resolution.

Dr HAQUE (Pakistan) said that while Pakistan was a smallpox endemic area, fewer cases occurred in the western part of the country, where there was a population of 50 million and where transport and communication facilities were relatively good. The investigators carrying out the tuberculosis survey in West Pakistan had found that 80 per cent. of the people bore the smallpox vaccination mark. Despite that high percentage some 2000-3000 cases of the disease occurred in the western part of the country. The eastern part of the country, with a population of 55 million, was a highly endemic area, 80 000 cases having been reported in 1958. Because of lack of funds, the eradication programme had been confined to the eastern part of the country. It had been started in 1961, with the assistance of WHO and UNICEF and in accordance with the WHO eradication plan. Every house had been visited, family cards and cards for the floating population had been introduced and the whole population of 55 million had been vaccinated. In 1964, only 43 cases of

the disease, with 18 deaths, had occurred and the Government had hoped that the disease had been eradicated. Its hopes were, however, short-lived because in 1965 400 cases were reported in East Pakistan.

That had led to the conviction that unless vaccination coverage was complete the disease could not be eradicated. In East Pakistan, therefore, a twelve-year plan had been introduced; there would be complete vaccination every three years and assessment every three years. The Government was also convinced that the house-to-house method of vaccination was the only one that would ensure complete eradication. His Delegation did not agree that towns should be given priority in vaccination; Pakistan's experience was that smallpox was a rural disease. It would be essential, once eradication had been, or was about to be, achieved, to set up virus laboratories so as to differentiate between the chickenpox and smallpox viruses. Assessment teams should be composed of epidemiologists and virologists and persons with experience in smallpox eradication. The progress made in East Pakistan was satisfactory. There was, however, a lack of sealed glass tubes and transport vehicles. Provided the necessary equipment was received from WHO and countries providing bilateral assistance, it should be possible to complete the programme successfully.

Dr CONOMBO (Upper Volta) said that the health of the peoples of the world would benefit greatly from the Organization's decision to introduce a ten-year smallpox eradication programme. In addition to vaccination campaigns, steps should be taken to ensure that all the countries within an area embarked on the programme simultaneously, thus obviating the danger of the disease being transmitted from an endemic to a smallpox-free country. Adequate control should also be enforced at airports.

In Upper Volta, 1554 cases, with 123 deaths, had been reported in 1962; 335 cases, with nineteen deaths, in 1963; eight cases, with no deaths, in 1964; and fourteen cases, with no deaths, in 1965. The following numbers of smallpox-only vaccinations had been given: 1 411 748 in 1962; 1 583 184 in 1963; 1 516 877 in 1964; and, 1 353 608 in 1965. In addition, the following numbers of combined smallpox and yellow fever vaccinations had been given: 366 572 in 1962; 271 057 in 1963; and, 488 397 in 1964.

Despite the assistance provided by the governments of the Federal Republic of Germany, France and the United States of America and by UNICEF, for which his Government was extremely grateful, his country - as were many developing countries - was in dire need of laboratories, equipment and transport. The substantial increase in WHO's budget should, as recommended by the Executive Board, be used to supply those needs. The Organization should also endeavour to supply countries with jet injectors. His delegation would vote in favour of the resolution recommended for adoption in resolution EB37.R16.

Dr KEITA (Chad) said that smallpox was endemic in Chad. Vaccination programmes prepared by the national health service had been carried out for some years. Despite its six vectors of activity, however, that service did not unfortunately cover the whole country. Infants were vaccinated at maternity centres and altogether sixty per cent. of the population had been vaccinated. Much remained to be done but it was hoped that great progress would be made in the future with the assistance of the Fund for Aid and Co-operation, WHO, UNICEF and the United States AID. The last-mentioned organization had already carried

out an anti-measles campaign. The fact that the national health service did not extend throughout the whole country, the lack of financial means for the purchase of vaccine and transport, and the fact that unvaccinated foreigners came into the country were causes of outbreaks of the disease in Chad. It was hoped that with the application of resolution EB17.R16, together with the eradication efforts started by neighbouring countries, Chad would soon be freed from the scourge of smallpox.

Mr ISMAIL (Somalia) said that the fact that his country was not listed in Table II of document A19/P&B/2 did not mean that it was completely free from smallpox. The disease occurred in seven-year cycles, and there had been outbreaks in 1944/1945, in 1952 and 1959. There had also been one case in 1966, which had not been reported because of differences of opinion regarding diagnosis. Twenty-six cases of smallpox had been reported in French Somaliland in January 1966 but, thanks to the effort of that country, the disease had not spread into Somalia. Aware that the disease was endemic in Ethiopia and Kenya, Somalia was always on the lookout for cases of smallpox and mass vaccination programmes were carried out every five or six years.

Dr TITKOW (Poland) said that his delegation agreed with those speakers who had said it was high time that smallpox should be eradicated from the world. No other organization had the same facilities as WHO for carrying out a world eradication campaign. In the opinion of his delegation, WHO's role should consist in co-ordinating and concentrating eradication efforts. Voluntary contributions should be greater than they were at present. His delegation had noted with

satisfaction the offer of the USSR delegation to supply WHO with 75 million doses of vaccine and with qualified staff. The offer of the United States delegation to collaborate with certain countries was also greatly appreciated. He was sure that many other countries would be able to join in such voluntary action. His country would like to contribute by making trained staff available to WHO.

Dr MAGALE (Central African Republic) said that, with the exception of a small outbreak in 1962, his country had been free from smallpox for a number of years. That success was attributable to the mass vaccination campaigns carried out by the national health service. That service covered the entire country and, thanks to some ten mobile medical teams, systematically visited the whole population each year. Under a decree passed in 1963, those attempting to avoid inspection were subject to punishment. There was a three-year vaccination plan. Each sector of the national health service was divided into three sub-sections and upon the occasion of the systematic visit to the sector, all the inhabitants of the sector were vaccinated. Constant surveillance was exercised throughout the country and whenever a case of smallpox was reported a team was dispatched to the area involved and the whole population of that area vaccinated. The systematic vaccination system did, however, impose a heavy burden on countries. That was why his country was glad to note the proposal that the Organization should increase its assistance to countries by supplying vaccine, equipment and means of transport.

Dr WONE (Senegal) said that thanks to WHO's assistance, his country had operated an effective anti-smallpox programme. He wished to suggest, however, that the Organization's assistance to reference laboratories, such as the laboratory of the Pasteur Institute at Dakar, should be greater, thus permitting a reduction in the price of locally-produced vaccine. He was interested to read in the Director-General's report that smallpox was practically non-existent in Portuguese Guinea. Paradoxically, the few cases of smallpox in Senegal occurred in a region very near the frontier and the national health services had been strengthened at that frontier because Senegal feared that smallpox was imported from a region in which, according to the Director-General's report, the disease was non-existent.

Dr KAUL, Assistant Director-General, said that the Secretariat had noted delegates' comments, particularly the emphasis placed on the need to implement the programme at the earliest opportunity. The suggestion that the Secretariat should avail itself of the experience of various national administrations and make use of the experience it had gained in operating the malaria eradication programme had also been noted. It was felt that the technical lines for the development of the programme had been fairly clearly laid down. He drew attention to the report of the Expert Committee on Smallpox (WHO Technical Report Series No. 283); the situation with respect to antiviral drugs was described on page 23 of that report. Attention should also be given to the Report of the Study Group on the Integration of Mass Campaigns against Specific Diseases into General Health Services (WHO Technical Report Series No. 294). At the previous meeting, the Director-General

had pointed out that although the methodology was simple it would not be simple to achieve ultimate eradication. Costs would increase unless the programme was implemented quickly; vaccination campaigns would have to be repeated if they were not carried out within the time-limit for total coverage of three or four years.

The USSR's offer of a further 75 million doses of vaccine had been received with great satisfaction. The fact that the Assembly had agreed that the programme could be financed out of the regular budget meant that the Organization could open negotiations, through the regional offices and in consultation with the regional committees, with a view to implementing the programme in all endemic areas. The planning of the programme and the estimates of its costs in the report were based on the assumption that existing arrangements for bilateral assistance would at least be continued if not increased. The offers of freeze-dried vaccine were very welcome and any other types of assistance would be greatly appreciated. Operative paragraph 4 of the resolution contained in resolution EB37.R16 showed that the Executive Board was aware, as a result of the experience gained in operating a malaria eradication programme, of the need to supply countries with equipment and transport. Questions concerning jet injectors, laboratories for the production of freeze-dried vaccine and the establishment of regional rather than national production centres would require further discussion. WHO had, with the help of UNICEF, already supplied a number of countries with vaccine production facilities.

He invited the Committee's attention to the resolution presented by the Executive Board in resolution EB37.R16.

Dr BENGHEZAL (Algeria) proposed that a sub-paragraph (c), stating that WHO should ensure strict control of vaccines, should be added to operative paragraph 4 of the resolution.

Dr KAUL informed the Committee that the Organization had already, through its Expert Committee on Biological Standardization, established certain requirements for smallpox vaccine, which had been made known to all production laboratories. All vaccines donated to the Organization were examined with a view to ensuring that they conformed with those requirements. The Organizations also provided facilities whereby countries producing vaccine could have the vaccine tested. The amendment suggested therefore seemed unnecessary.

Dr BENGHEZAL (Algeria) withdrew his proposed amendment.

Decision: The resolution recommended for adoption in resolution EB37.R16 was approved.

The meeting rose at 5.55 p.m.