WORLD HEALTH ORGANIZATION
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THIRTIETH WORLD HEALTH ASSEMBLY

Provisional agenda item 2.4.5

EXPANDED PROGRAMME ON IMMUNIZATION

Progress Report by the Director-General

Annex 1, page 12

The item covering extrabudgetary assistance from Denmark should read:

- Denmark under the Special Account for Miscellaneous Designated Contributions. An amount of $ 61 446 in 1976 and $ 86 900 earmarked in 1977 for regional seminars.

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INDEXED

THIRTIETH WORLD HEALTH ASSEMBLY

Provisional agenda item 2.4.5

EXPANDED PROGRAMME ON IMMUNIZATION

Progress Report by the Director-General

This report is presented to the Health Assembly in response to resolution WHA29.63. Approval of the general policies of the Expanded Programme on Immunization, by the World Health Assembly, either as presented or amended, is requested, and a draft resolution to this effect is submitted for consideration.

CONTENTS

1. Programme objectives

The Expanded Programme on Immunization has its basis in resolution WHA27.57, adopted by the World Health Assembly in May 1974. In brief, this resolution called on Member States to ". . . develop or maintain immunization and surveillance programmes against some or all of the following diseases: diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis, smallpox and others, where applicable . . .", and requested WHO, among other activities, to collaborate closely with governments in developing their programmes, in mobilizing all efforts to make available quality vaccines and other equipment and supplies to meet country needs, to support educational and research activities and to establish a special account under the Voluntary Fund for Health Promotion.

The programme seeks to reduce morbidity and mortality from the above-mentioned diseases to a level where they cease to be of public health significance. This requires that primary emphasis be placed on programmes in the developing countries, where it is estimated that less than 10% of the 80 million children born each year are being immunized. The goal is to provide immunization against these diseases to every child in the world by 1990. The programme also seeks to reduce morbidity and mortality from other selected diseases of public health importance for which safe and effective vaccines exist (or become available) by establishing permanent immunization services through which susceptible target groups can be effectively immunized.

The broad programme elements and strategies proposed for achieving these objectives are presented in Section 4 "General Policies of the Expanded Programme on Immunization".

2. Progress to date

Reports to the World Health Assembly in 1975 and 1976 have summarized what is known concerning the epidemiology of the programme's primary target diseases, and have described the activities initiated in the areas of planning, staffing, training, operations, research and coordination with actual or potential donors (documents A28/WP/5 and A29/16).

2.1 Planning, training and field operations

Since May 1976, the following activities have taken place:

- A focus for programme activities has been established in each Regional Office.

- Four regional training seminars (two in the Region of the Americas and one each in the African and South-East Asia Regions) attended by participants from more than 40 countries have been conducted with the financial assistance of DANIDA.

- WHO staff working on the Programme have assisted in the planning phases in 15 countries, in the implementation phases in 5 countries and in evaluation in 3 countries.

- A WHO Working Group on the Expanded Programme on Immunization attended by over 30 persons from country, regional and global levels of programme operation met in Geneva, 1-4 December 1976, to review field operations and research and to discuss the action needed to resolve managerial, technological and resource needs. The major points are summarized below:

    - A review of various on-going programmes and/or feasibility studies established the value of repeated evaluations of coverage in defining more realistic operational objectives. Common evaluation elements were a quantified list of operational targets and health objectives, the use of independent evaluation teams, the combined use of single purpose and multipurpose health workers, and development by stages to cover gradually the eligible population.

- Recommendations made to minimize the deficiencies of cold chains included: staggered ordering of vaccine stocks in limited quantities, installation of dial-type max/min thermometers on refrigerators to monitor temperature levels, improved packaging by the manufacturer which can be re-used to transport vaccines inside a country, and central stores fitted with an alarm system to warn of failures.

- The use of smaller vehicles (three times less expensive than the traditional Land-Rover) was proven effective, even under rough conditions, providing reduced running costs and increased operational flexibility.

- A series of field investigations in Kenya indicated that the peak incidence and highest case/fatality rate of pertussis occurred in the first year of life; preliminary serological examinations of blood collected four weeks after the administration of the last dose of a particularly potent DPT vaccine showed no significant difference between a 2-dose and a 3-dose schedule.

- Various managerial needs were identified: improvement of simplified epidemiological surveillance systems to measure morbidity and mortality, establishment of realistic health objectives and measurement of the extent to which these objectives have been reached; operational testing of schedules, types of teams, delivery techniques, best use of forms, transport, planning procedures; investigation of various methods of evaluating coverage; development of vaccine adjuvants to reduce the required number of doses.

- It was stressed that the successful expanded programme on immunization is the one that achieves integration with basic health care services, is cost-effective and includes regular evaluation of performance.

- Selected presentations of the issues raised at this meeting are being published periodically in the Weekly Epidemiological Record.

- The programme has been discussed at the WHO Executive Board and the UNICEF/WHO Joint Committee on Health Policy in January and February 1977. Support for the programme was expressed, and guidance in developing the programme's operating policies (Section 4) was provided.

- UNDP has provided funds making it possible for WHO to prepare manuals intended for use in developing countries concerning vaccine quality control and production (beginning with DPT vaccines); to train laboratory workers, and to conduct research into more stable vaccines.

- The Programme has been highlighted by being selected for World Health Day, 1977 with the theme "Immunize and protect your child".

- A manual of field operations, designed to serve as a prototype from which regions and countries can develop their own, is in preparation. The section on vaccine handling is complete in English and is being distributed. The French version is in translation. Other sections now being reviewed, are expected in September 1977.

2.2 Research

An active research programme is being pursued with assistance from many different groups, including host governments, UNICEF, UNDP, SIDA and the following institutions:

Royal Tropical Institute, Amsterdam	Rijks Instituut voor de Volksgenzonheid, Bilthoven
National Institute of Hygiene, Budapest	"Human" Institute for Serobacteriological Production and Research, Budapest

Technology Consultancy Centre, Kumasi	London School of Hygiene and Tropical Medicine
Intermediate Technology Development Group Ltd, London	National Institute for Biological Standards and Control, London
Gamaleja Institute, Moscow	Mechnikov Research Institute for Vaccine and Sera, Moscow
Medical Research Centre, Nairobi, Department of the Royal Tropical Institute, Amsterdam	National Bacteriology Laboratory, Stockholm
National Engineering Laboratory, Stockholm	Institute of Immunology, Zagreb

Problems being addressed include the following:

- Vaccines
    - Increasing stability (measles, polio, DPT)
    - Decreasing reactogenicity (pertussis)
- Vaccine delivery systems
    - Improving the cold chain
        - Improving freezers, refrigerators, cold boxes
        - Developing better temperature markers
    - Reducing the needs for "booster" immunizations (DPT, polio)
    - Improving techniques of vaccine administration
        - Jet injectors
        - Bifurcated needles (BCG, tetanus)
    - Improving immunization coverage rates
- Evaluation of field operations
- Improving community awareness and motivation
- Programme management
    - Improving vaccine control systems
    - Improving disease surveillance systems

2.3 Programme costs

The costs to be considered in connexion with any immunization activity may be divided into four basic categories:

1. Personnel costs
2. Transport - purchase and operating costs
3. Vaccines
4. Supplies and equipment for vaccine delivery

Until a national plan for an expanded immunization programme in a given country has been worked out in some detail, it is difficult to estimate amounts that could be required for the first two items - personnel and transport. In any programme a certain number of staff will be required for headquarters and supervisory functions and vehicles will be required for this staff and to transport vaccine supplies. However, the staff and vehicles required for ultimate vaccine delivery will vary widely depending on the extent to which the immunization programme is carried out through the existing health infrastructure.

The estimation of amounts required for vaccines and related supplies (such as refrigerators, freezers, cold boxes, sterilizers, needles and syringes, jet injectors, and vaccination cards) is somewhat easier, since these estimates can be based on the population to be covered during a given period, e.g., for a hypothetical country with a total population of 6 million, 7% of whom would be children requiring programme coverage, one can estimate that some $ 230 000 to 280 000 per year ($ 0.55-0.70 per child) would provide the needed vaccines and supplies (items 3 and 4 above).

Particularly in countries with incompletely developed health infrastructures, however, vaccine and related supplies may represent only about 35% of the total programme costs, with personnel (40%) and transport purchase and operating costs (25%) making up the remainder. In efficient long-term programmes achieving high coverage rates it may be possible to immunize children against the six diseases mentioned for as little as $ 1.50-2.00 per child (1977 prices). In initial phases of programmes, however, planning targets of $ 2.00-3.00 per fully immunized child will be more appropriate.

2.4 Resources

Contributions to the Expanded Programme on Immunization under the Voluntary Fund for Health Promotion, with support from the Director-General's Development Fund and UNICEF assistance, provide the major basis for expanding programme activities. Voluntary contributions to the fund so far are given in Annex 1.

3. Programme plans 1977-1983

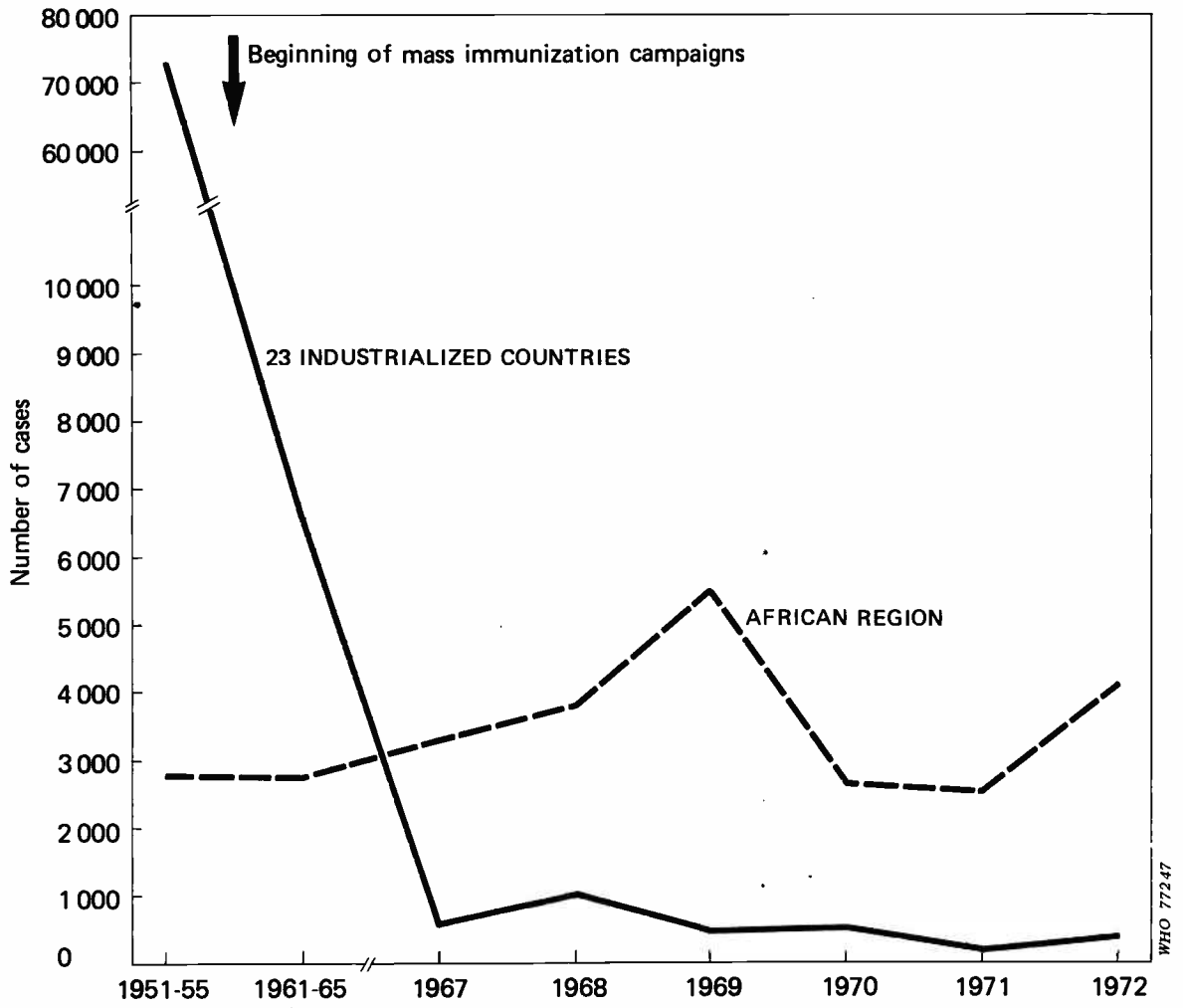
Overview: The current challenges are on the one hand to build staff capacities at country, regional, and global levels, and, on the other, to secure the needed support for country programmes, and to achieve a balance between the two which will promote optimal programme expansion. A major hazard is the creation of unrealistic expectations about the ease or speed with which long-term programme success can be attained. Personnel at all levels need to be committed to evaluating programmes in order to discover what problems exist (recognizing that problems always exist) so that solutions can then be found. This problem identification-problem solving process is the heart of good programme management, and should be conducted in such a way as to encourage participation and assistance from the communities being served and from the first-line health workers, as well as from the supervisory levels of the programme. Management problems will be among the most difficult for the Programme to solve, and major emphasis will be placed on training and the assignment of field development officers, who proved so effective in the Smallpox Eradication Programme.

1977: Priority is placed on developing regional and global plans to serve as the foundation for activities under the Sixth General Programme of Work (1978-1983). A meeting of the Regional Advisors for the Expanded Programme on Immunization is being held in Geneva, 25-27 May, to formulate the strategies that will permit a maximum of the planning and operational tasks described below (Section 4) for the regional and global levels to be addressed during the remainder of 1977.

1978-1983: The Programme will enter its full implementation phase during this period, and information systems by the end of the period must be far enough developed to provide objective measurements of what is achieved, including the number of children immunized with each antigen and the impact on disease incidence and trends. The incidence of adverse reactions to immunizations will also require monitoring in all countries.

All programme participants are challenged to achieve in the developing countries the low levels of disease incidence which most industrialized countries already have. As is eloquently demonstrated by the recent trends in reported cases of poliomyelitis (Fig. 1), the vaccines which have made this a rare disease in industrialized countries have made little or no impact in developing countries, such as those within the African Region, although they have been available for over 15 years.

FIG. 1



4. General policies of the Expanded Programme on Immunization

The following Programme policies are proposed. Their approval by the Health Assembly, either as presented or amended, is requested. (A draft resolution is provided in Annex 2 for consideration.)

4.1 General

4.1.1 The Expanded Programme on Immunization is a world-wide collaborative programme of Member States in the sense that it aims at total coverage of susceptible populations and age-groups throughout the world, irrespective of whether or not WHO is directly involved.

4.1.2 WHO will give priority attention, both in terms of its own investments and those derived from extrabudgetary resources, to developing countries.

4.1.3 WHO will display world-wide leadership in order to arouse adequate enthusiasm for the Programme and interest in participating in it. While much interest in the Programme has already been generated continuing efforts will be required to meet the programme goal: to provide immunizations for all children of the world by 1990. The programme is based on the premise that children are a precious family, national and world resource, that the good health of each child promotes world social and economic development and that, among the immediately applicable measures for protecting good health, immunization has a high priority. Despite its low cost and proven efficacy, it remains grossly underutilized in the world today.

4.2 Country level

4.2.1 The Programme will encompass all countries that so desire. Participation may take the form of new, or expanded, or improved programmes of immunization; contributions in cash or kind; and international collaborative research. However, it is not only desirable but it is the duty of WHO to try to influence countries carrying out immunization activities to accept certain desiderata and to attract international resources to those programmes that comply with these desiderata. The following are a number of examples:

- a national commitment to plan and implement permanent immunization programmes and to evaluate progress and impact;
- the allocation of a national budget to the programme;
- the definition of managerial responsibilities for the programme, preferably by the appointment of a national manager or coordinator who has the competence, authority and experience relevant to health service delivery systems to develop and implement the programme;
- the formulation of realistic plans, including the specification of quantified health and coverage targets, covering a period of five to ten years. These should take into account the principles of determining priorities according to epidemiological risk groups, ensuring maximum coverage of these groups and, in conformity with the philosophy of social equity, paying particular attention to persons disadvantaged because of social or economic standing;
- the long-term costing of permanent programmes and the assessment of their financial feasibility from both internal and external sources;
- the attraction of external funds, as necessary, through the presentation of national plans;
- the definition of the framework for delivering the programme, such as primary health care services (as understood within the country and not according to any preconceived externally imposed definition, taking account of the fact that an immunization programme can contribute significantly to primary health care), maternal and child

health facilities, health centres, or mobile teams in certain areas. Immunization should be an essential feature of their work, and should not be delivered in competition with them.

- the direct involvement of the community in both the planning and implementation phases of the programme. This should include, but not be limited to, the involvement of elected officials and administrators, the medical community, village and local leaders, and persons who can represent the concerns of the mothers of the infants to be vaccinated;

- the development of laboratories for the in-country quality control of vaccines, using country, regional or extra-regional facilities;

- the development of systems for evaluation, including disease surveillance, measurement of coverage and monitoring of operational efficiency as integral constituents of the chosen strategies, emphasizing the simplest possible information support mechanisms. Adequate evaluation systems will permit problems, which exist in all programmes, to be recognized and solved rather than to accumulate to produce failures which discourage the general public, health workers, and donor groups from providing future support.

4.2.2 The aim should be to include vaccination against six diseases (diphtheria, pertussis, tetanus, tuberculosis, poliomyelitis and measles) wherever this is epidemiologically necessary. However, any planned immunization activities against one or more of these diseases will be considered as an integral part of the global programme. Some countries may decide to begin with a larger number of vaccines, while all countries can expect to face the question of adding vaccines in the future as their programmes develop and as new vaccines become available or existing vaccines are improved. Programme costs must be carefully analysed to assure that the most cost-effective delivery strategies have been chosen, and to ensure that the continuation of a permanent immunization programme is feasible.

4.2.3 Emphasis should be laid on the youngest age-group and programmes should focus on the youngest possible age-groups corresponding to the median age of disease incidence, followed by the age-groups of school-entry for booster doses. Age-groups should be determined by the countries themselves in the light of epidemiological data, social factors and the current and projected capacities of the service delivery systems.

4.3 Regional level

4.3.1 Regional Offices should be active in promoting maximum coverage through establishment of permanent immunization programmes in all countries, and they should also adopt flexible responses in providing assistance to develop the programme elements outlined in 2.1 above.

4.3.2 Appropriate information is essential for the proper development and evaluation of the programme at country, regional and global levels, but must be kept to the minimum necessary. Regional Offices will require information on disease incidence, immunization status and on the production, quality control and use of vaccines in all countries; requests will be limited to the minimum information necessary. Collated data will be provided in return, to assist countries in planning and evaluation, and will be used in regional reports as well as in the reports of the Director-General to the World Health Assembly. It is recognized that certain countries may need to strengthen their information collection and analysis capacities in order to provide the type of data which will assist in the delivery and evaluation of their programme and permit Regional Offices to assist in regional and global programme development.

4.3.3 In each Regional Office one full time staff member with appropriate support as necessary should be made responsible for the programme. He should have sufficient authority to deal directly with all its aspects.

4.3.4 Other major responsibilities of Regional Offices will be:

- to identify common training needs and develop training programmes, at the country level for middle-management cadres and at the regional level for programme managers and epidemiologists;

- to ensure collaboration between the programmes of smallpox eradication and Expanded Programme on Immunization, primary health care, maternal and child health, control of communicable diseases and laboratory services;

- to collect and analyse information on country vaccine requirements from existing sources of supply and the need for country and regional vaccine production over the medium and long term;

- to promote vaccine quality control and production as required;

- to deal with the logistics of the supply of vaccines and other supplies and equipment;

- to identify priority research problems;

- to develop regional centres for research and development with which all countries in the region may collaborate in pursuing problems of regional and global signficance;

- to assist national health administrators prepare immunization manuals;

- to identify needs for external sources of funds and to coordinate the attraction of such funds at the national and regional levels;

- to collaborate with countries in programme formulation, management and evaluation;

- based on all the above, to develop comprehensive programmes for 1978-1983, corresponding to the period of the Sixth General Programme of Work, in response to countries' varied needs. These should include all relevant immunization activities and should include objectives, targets, a synthesis of the approaches to be used for programme delivery and a plan for vaccine supply and production;

- to collate and analyse information on national programmes and intercountry activities, to assess the progress efficiency and effectiveness of the resultant regional programme.

4.4 Global level

4.4.1 The major responsibility at the global level will be to develop and coordinate a programme encompassing regional and country programmes and interregional and global requirements. This should include objectives, targets by region, a synthesis of the approaches to be used for programme delivery and their implications for the global programme and a list of priority research needs. In support of the above, the function of staff at the global level will be:

- to provide technical cooperation and training at the interregional level;

- to support regions in assisting national health administrators develop immunization manuals;

- to coordinate bilateral and multilateral aid at the global level;

- to collaborate in particular with UNDP, UNICEF and UNIDO for vaccine production, for vaccine supply and for interregional quality control and training programmes;

- to promote the coordination of research on the development of improved or more stable vaccines, on programme delivery technology such as intermediate technology for cold storage and transport, and on operations research concerned with alternate delivery approaches and simplified immunization schedules;

- to develop global plans for vaccine quality control, production, and supply as required, taking into account regional plans and expanding from present supply sources to eventual production in the developing countries;

- to ensure the appropriate exchange of information between all concerned for the development of the vaccine element of the programme, including the provision of technical advice to regional offices, manufacturers and donors;

- to specify norms for vaccine control and support regions in developing regional and national control laboratories;

- to collate and analyse information on regional activities, global vaccine requirements and mechanisms for meeting them, and to assess the progress, efficiency and effectiveness of the global Programme.

4.5 Bilateral and multilateral agencies

National, regional and global plans should be devised to attract funds to the Programme from bilateral and multilateral agencies. These agencies should be approached at national, regional or global levels depending on the donor and experience concerning the most useful approach for each agency. WHO should not attempt to lay down conditions that have to be fulfilled by countries in order to qualify for bilateral and multilateral aid, but it should draw the attention of donors to the increased likelihood of success wherever programmes conform to the social and technical desiderata.

4.6 Vaccines

Vaccine production, quality control, acquisition, and supply have country, regional and global components. These are reviewed below both to highlight the importance of these functions to programme success and to illustrate the close coordination required between these levels of all programme activities.

4.6.1 It is necessary to maintain a global inventory of vaccine requirements and vaccine production capability with a view to developing a long-term programme of vaccine supply. Various approaches will be required to ensure adequate supplies to the programmes of vaccine meeting WHO quality standards. Initially, much of the vaccine will be produced in the developed countries and provided to the developing countries through an appropriate mixture of multilateral and bilateral contributions of vaccine already packaged or in bulk, contributions through a WHO vaccine pool or direct purchase by the countries.

4.6.2 Regional self-reliance in matters of vaccine supply is a long-term objective of the programme. WHO should attempt to reach this objective in two overlapping phases - the first, a vaccine pool and the second, vaccine production in accordance with regional plans. A permanent revolving fund for the purchase of vaccines by countries in local currencies has been proposed. While such a fund could be useful in the short-term, regional self-reliance, achieved through country collaboration, should be the ultimate objective. There may be no technical need for developing countries to produce vaccines, as it would be easy to expand production in the developed world, and expansion might even reduce production costs and theoretically reduce the cost to the consumer. However, the risk of price control by a limited number of manufacturers should be recognized as a possibility, and every effort should be made to reduce the dependency of the developing world on developed countries to meet their vaccine needs.

4.6.3 Vaccine production in developing countries is dependent on technology transfer. WHO should evolve a strategy for ensuring this technology transfer, through the neutral offices of the Organization as well as through bilateral and multilateral collaboration. Initial production efforts should concentrate on those vaccines, such as DPT, which have a high priority in the programme and which pose least production problems. National quality control laboratories should be developed even before national production begins in order to monitor existing vaccine supplies. It may take many years for developing countries to produce vaccines, such as measles or polio which require higher degrees of technology, and even the difficulties of producing and providing for adequate quality control of vaccines such as diphtheria toxoid, tetanus toxoid and BCG, should not be underestimated. The production of

each of these vaccines is considerably more difficult than that of smallpox vaccine. The vaccine requirements of many countries will be too small to warrant the establishment of internal production facilities and, for these, regional centres should be considered.

4.6.4 It will be necessary to reach political agreement amongst the countries of the region on criteria for selection of countries for vaccine production. The Regional Committees should be used to decide on the political and technical questions concerned.

4.6.5 As part of the global strategy for vaccine supply, there is a need to reach agreement with vaccine donor countries and such agencies as UNICEF on the duration of their donations; on the ways of channelling them into country programmes, and on the application of criteria for determining priorities.

4.6.6 The research required to improve the quality and stability of vaccines should be promoted.

4.6.7 In order to improve cold chains and the logistics of supply of equipment and vaccines, research will be intensified and aimed at developing sound but inexpensive techniques. Close collaboration should be maintained with UNICEF in order to develop a plan for world-wide production of appropriate cold chain equipment based on agreed and tested specifications. Those pieces of equipment that can be produced at the country level should be identified and appropriate production encouraged. Political agreement should be reached concerning more complex equipment that need be produced only in a limited number of countries, as suggested in 4.6.3 above for vaccine production.

4.6.8 UNICEF is already deeply involved in vaccine supply in support of immunization programmes. It is hoped that it will continue and increase this support during the first phase, and subsequently assist vaccine production in the developing world as one of its major activities. UNDP should be encouraged to increase its involvement in vaccine production and in the establishment of quality control laboratories. UNIDO should be stimulated to take a greater interest in vaccine production in the developing world as part of its involvement in developing the manufacture of medicines in these countries.

ANNEX 1

VOLUNTARY FUND FOR HEALTH PROMOTION

CONTRIBUTIONS RECEIVED AND PLEDGED TO THE
EXPANDED PROGRAMME ON IMMUNIZATION - 1975-1978

(in United States dollars)

	1975	1976	1977	1978
Unspecified activities				
Botswana	5 000			
Netherlands	183 889			
Nigeria		16 036		
Saudi Arabia		10 000		
Vaccine				
Switzerland			10 060	
United Kingdom			247 500	247 500
Yugoslavia		28 730	59 670	
Specified activities				
Iran - for Pakistan		344 876		
Kuwait - for Democratic Yemen, Sudan, and Somalia		150 000	350 000	
Sweden - feasibility studies in Ghana	105 890	82 898	37 422	

In addition to the above contributions and pledges recorded under the Special Account for the Expanded Programme on Immunization, extrabudgetary assistance has been received from:

- Denmark under the Special Account for Miscellaneous Designated Contributions. An amount of $ 30 524 in 1976 and $ 86 900 earmarked in 1977 for regional seminars.

- United Nations Development Programme: an amount of $ 194 200 for an interregional project to provide to the developing countries vaccines of good potency and acceptably low toxicity, and vaccines with increased stability at high ambient temperatures.

ANNEX 2

EXPANDED PROGRAMME ON IMMUNIZATION

The Thirtieth World Health Assembly,

Having considered the Director-General's progress report on the Expanded Programme on Immunization,[1] and taken cognizance of the funds allocated to the combined programme of smallpox eradication and expanded immunization contained in the proposed programme and budget estimates for 1978 and 1979,[2]

1. NOTES the continuing efforts made to develop the programme on country, regional, and global levels and the progress accomplished in pursuance of resolutions WHA27.57 and WHA29.63.

2. APPROVES the programme objectives and policy statement presented in the above progress report and particularly emphasizes the importance of the social and technical desiderata as inherent elements of effective and well-managed immunization programmes;

3. RECOMMENDS that Member States formulate specific plans for the development or maintenance of immunization activities on a long-term basis;

4. URGES the governments and agencies in a position to contribute funds or their equivalent in equipment and supplies to consider the limited resources available under the regular budget of the Organization and the continuous nature of the programme, and to provide maximum long-term support through the Voluntary Fund for Health Promotion (Special Account for the Expanded Programme on Immunization) or on a bilateral basis, to ensure country programming on a five to ten year basis;

5. RECOMMENDS that the Organization intensify its activities in coordinating, with UNICEF and donor sources, the procurement and distribution of vaccines used in the programme and in ensuring that these vaccines meet minimum standards of potency and stability;

6. REQUESTS the Director-General to collaborate closely with Member States in research, and in developing, through training and field support, the management capabilities of senior and middle level supervisory personnel in order to establish effective and continuing systems of vaccine delivery that will lead to complete immunization coverages, particularly of the rural populations; and

7. REQUESTS the Director-General to keep the Health Assembly informed of the progress made.

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[1] Document A30/13.

[2] WHO Official Records, No. 236, 1976.

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