

Staff + Advisors meeting  
New Delhi 14 August 1977

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Global prog of SE stands at this moment - in fact this month - at its most critical juncture - on the threshold of a final breakthrough - or potentially (and less likely) facing a <sup>much</sup> longer-term battle with diminished resources. What happens over the next few months will determine which way it will go. What do I mean?

Never before in history has smallpox been limited to such a restricted geographic area.

1) Since April only 5 countries have recorded cases - and one of these, Nepal, continues to document each outbreak as due directly <sup>or</sup> indirectly to import from India

2) In May it was determined that more than 90% of all cases were confined to an area smaller than that of Turkey or Zambia or the State of Texas. If we were to consider cases for the last 3 months only, I'm sure it would be not more than 1/4 to 1/2 of this area.

Events have moved rapidly <sup>during the</sup> ~~the~~ past 12 months.

12 months ago, following pilot studies in the spring, it was decided <sup>in India</sup> to embark on the week long systematic search for cases <sup>each month</sup> in <sup>and those at high risk</sup> endemic areas. (Portraits were drawn up, training <sup>programs</sup> ~~programs~~ <sup>of</sup> ~~the~~ <sup>for</sup> printed and training was begun. In October + November, <sup>in</sup> search programs began. From the first, they proved <sup>to be</sup> more effective than had been anticipated and all steadily improved in quality. Discovery of cases proved highly effective - containment efficiency took longer to improve and <sup>overall</sup> ~~still~~ is not yet at the level we would desire. The system proved so effective in India that it was extended to Pakistan.

The success of these efforts was so remarkable that, in January, <sup>in the hope that eradication might be</sup> after detailed review of the situation, it was decided to seek funds to permit <sup>immediately</sup> support to the program. The D.C. agreed and <sup>made</sup> a further \$900,000 available. Additional support was sought from <sup>other donors</sup> ~~Sweden~~ and Sweden <sup>gave</sup> ~~some~~ \$3,000,000 for support to the program from 1 July. The USA gave \$2,800,000 for <sup>helicopter</sup> ~~programs~~ support in Ethiopia and smaller special donations came from more than a dozen other countries.

~~Summary~~

~~Over the first six months,~~

Between April and June - smallpox incidence declined (over that of a year before in all areas except three states of India - Bihar, U.P. and Assam. <sup>from 20 to 50%</sup> Bihar was the epicenter of the problem. Smallpox spread as we had never discussed it & spread before, <sup>possibly</sup> overwhelming the capacity of existing resources as then organized. Why?

Search operations in this state were by far the slowest & delayed - Feb.

By the time they were org., smallpox was widely seeded in a population less well vaccinated than in most states of India.

Population movement was intense & rapid, by some, & far greater than in recent yrs.

- In several districts, > 50% of villages were infected.
- Reporting 43 - magnified the problem.
- In U.P. results were somewhat better in the west but similar to Bihar in the east. The state, in my opinion, simply did not accord the program priority in the manner it was treated in <sup>most</sup> other areas.
- And Assam, was ~~also~~ similar in most respects to Bihar.

In adjoining states, however, ~~some~~ commendable results were achieved in ~~stopping~~ <sup>stopping</sup> further spread - especially good particularly to be cited for their efforts were W.B., M.P. and Orissa. Nepal, of course, has continued to fight a <sup>successful</sup> battle to stem the flood of importations under difficult circumstances.

In May & June - The epidemics in India received world-wide publicity but, at the same time, G.D.E. decided on the need for far more heroic measures in Bihar and the other endemic areas.

The situation was reviewed at length in a series of emergency meetings <sup>in Delhi</sup> in June and July. <sup>strategy</sup> and examined ~~in the~~ <sup>in the</sup> both <sup>locally</sup> & <sup>globally</sup> in terms of existing resources.

<sup>had been</sup> Ethiopia's endemic areas <sup>in</sup> increasingly constricted to comparatively limited & remote pockets in the central high land areas. It seemed highly likely that <sup>by Dec.</sup> was possible to a helicopter-supported operation. There were obtained

Pakistan had steadily stopped up to some of the operators and an end to smallpox by late August could be present.

Bangladesh, as you know, was making highly satisfactory progress

It was calculated that there were at that time ~ 10,000 infected villages in Asia. Several factors would reduce this to perhaps 1/6 or 1/8 the number and if activities could be sustained at a high level during the monsoon, it was felt that a further, modest reduction in foci to a level of 500 to 750 could be achieved by end September. <sup>with an intensive monsoon campaign</sup> ~~The elimination of~~ <sup>It was recognized that</sup> ~~the remaining~~ rates of transmission would occur at this time but <sup>with</sup> this low number of foci, it was felt that sufficient staff & supervision existed to permit the virtual elim. by end December.

This all looked good on paper but it was recognized that virtually all available special funds would have to be committed by the end of 1974. If the effort failed, ~~the implications~~ <sup>the implications</sup> were serious as additional funds of the magnitude available in 1974 would ~~not~~ <sup>likely</sup> be made available again.

More specifically

If the number of foci were not below 750 by end Sept it was recognized that effective control of the remaining outbreaks would not be possible by Dec. If at end December, more than perhaps 100 - 200 foci persisted, <sup>the situation might</sup> ~~the situation might~~ <sup>be difficult</sup> ~~be difficult~~ <sup>control</sup> ~~control~~ <sup>might be difficult</sup> ~~might be difficult~~ the explosive nature of spread between Jan & May and the reduced resources expected to be available.

Clearly we were at a turning point. All agreed, however, that there was no choice - the risk simply had to be ~~accepted~~ <sup>taken</sup>. In brief, it was now or never.

Recruiting moved into full gear and additional staff <sup>and support</sup> provided to India, Bangladesh and Pakistan. More than 100 special epidem. are working now in India alone.

(D)

Between end May and mid July, the number of fci has fallen from over 8000 to 6000. <sup>But</sup> Is the decline fast enough? In Pakistan - yes. In areas of India outside of U.P. and Bihar - <sup>yes</sup>. In other areas <sup>of India</sup> possibly but just barely. ~~The~~ <sup>outcome</sup> of the battle <sup>still</sup> remains very much in the balance.

What happens in the next 8 weeks - what happens in the next 5 months may well determine whether the efforts of the past 8 years - the hopes and aspirations of the world - will be realized.

~~While there are many problems now in Bangladesh and no less in the other countries. I hope we can sustain a perspective on the problem and that Bangladesh - no less than the other countries - will ~~do the job~~ in achieving their objectives in the weeks and months ahead. Surely, at this time, with so much invested and <sup>at</sup> stake ~~of~~ the ultimate goal, we cannot afford to do otherwise.~~

Meeting - at this time

To assess other areas with colleagues at this time -

~~to~~ <sup>by</sup> ~~discussing~~ ~~the~~ ~~meeting~~

Intro. - brief, hold to time, discussion.

Program

Called tonight

Chaps.