

SEPT 1968

Wednesday

Regret delay in arrival. Obligated to speak + begin Montevideo, Uruguay thro Thurs.
left immediately thereafter - all went well until Sunday A.M.

like to express pleasure that all of you were able to come + attitude to our consultants
for taking time to be with us. With your permission Mr. Owen

This Conference is the 2nd IR dealing w SE. 1st in Bangkok for countries of SE Asia.
Elected to hold the 2nd in Eastern Africa in hopes that it might serve to stimulate programs
throughout this part of the world as ~~that~~ ^{that} Conference ~~did~~ ^{did} in SE Asia. As noted,
most countries have now embarked upon ^{active} programs - considerable progress has been made in
Western Africa, as you have heard. In the Americas, Brazil is the key country - ^{and only endemic} 20 x 10⁶
of the 90 x 10⁶ have been vaccinated in systematic programs and by 1 Jan, 2 x 10⁶ more will be
vaccinated - a special program of surveillance and care in re-vaccination is approved and will begin
by March. Each of the endemic countries in Asia has ~~recently~~ increased its efforts. In this
part of Africa, I repeat to say, that progress has been irregular - ranging from the notable
efforts in Zambia, creditable beginnings in Tanzania and the Congo ~~and~~ to no activity
as yet in Ethiopia.

As a point of departure and frame of reference I should like to read to you the last resolution of the
WHA which was unanimously agreed upon by all participant governments

[*]

~~This seminar we hope will be~~

There is no single, orthodox and rigid system for the conduct of vaccination programs. Each country
is conducting its program in a somewhat different manner consistent with its resources, pattern
of health care, etc. This, I believe, is a sound approach. There are, however, certain principles
which we believe are vital to the execution of the program and these we hope can be elaborated during
the course of this meeting. We have attempted to include various presentations describing experience
& data - in some instances, mistakes have been made from which we may learn - in other instances,
programs could have been better conducted. In dealing with the specifics of these programs, however,
I believe a great deal can be learned. Your active participation is strongly encouraged.
^{unless there is great demand} there will be no resolutions to be drafted - no lengthy written transcription of the meeting
to divert our attention. Informality and an exchange of experience is what is most desired.

To me and to others both within and outside WHO, the 1st 2 years of the intensified program of global eradication have been both gratifying and exciting. ^{As an index - smallpox incidence - most in progress} Smallpox incidence throughout the world increased during the 1st year - perhaps not surprisingly - from 83,000 to 122,000, a 50% increase. For large part, this reflects improved reporting from a great many countries in various parts of the world. This year, reporting in general we feel is better yet and yet the incidence has fallen - we anticipate about 65,000 cases this year - a decline of almost 50%. (see map) - may be the lowest year on record. Why? ^{4 reasons} Effective programs of eradication have begun in ^{most} ~~many~~ ^{some} countries - ^{some} improved vaccination techniques (two methods not even in use ^{until 1967}) - virtually exclusive use of freeze dried vaccine in programs throughout the world (if exclude countries in Eastern Africa, now safe to say no liquid vaccine in use in any of the endemic countries)

⑥ Better vaccine - most of that in use ^{now} meets WHO standards (excluding E. Africa - all meets standards of potency - some are a bit weak in ^{stability})

⑤ endemic areas - any one free, probability of reintroduction is minimal.

- 1) West Africa - over 60 million marks in vaccination. Incidence declining.
- 2) Brazil - over 20 " vaccination - ^{from Jan} plan for surveillance - surveillance still weak - 1st disease not usually reported - special program for interepidemic ^{+ intercast} begins after 6th of the year
- 3) Indonesia - intensive program began in July. Bali free of disease - East Java - only case investigated.
- 4) Afghan - Nepal - India - Pakistan - incidence is markedly decreased this year, programs accelerating in every country.
- 5) East Africa - progress more irregular.

Smallpox incidence - most in progress

General rules of procedure

This P.M.