

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

EXECUTIVE BOARD

EB23/Min/17 Rev.1
10 March 1959

Twenty-third Session

ORIGINAL: ENGLISH

MINUTES OF THE SEVENTEENTH MEETING

Palais des Nations, Geneva
Saturday, 31 January 1959, at 9.30 a.m.

CHAIRMAN: Dr P. E. MOORE

CONTENTS

Page

6. Smallpox eradication	472
-----------------------------------	-----

EB23/Min/17 Rev.1

Seventeenth Meeting

Saturday, 31 January 1959, at 9.30 a.m.

<u>Present</u>	<u>Designating Country</u>
Dr P. E. MOORE, <u>Chairman</u>	Canada
Dr C. DÍAZ-COLLER, <u>Vice-Chairman</u>	Mexico
Dr A. HABERNOLL, <u>Vice-Chairman</u>	Federal Republic of Germany
Dr Jaswant SINGH, <u>Rapporteur</u>	India
Dr M. SLIM, <u>Rapporteur</u>	Tunisia
Professor G. A. CANAPERIA	Italy
Dr CAO XUAN CAM (alternate to Dr Le-Van-Khai)	Viet Nam
Dr P. CHARBONNEAU (adviser to Professor E. J. Y. Aujaleu)	France
Sir John CHARLES	United Kingdom of Great Britain and Northern Ireland
Dr A. R. HAKIMI	Afghanistan
Dr H. van Zile HYDE	United States of America
Dr A. J. METCALFE	Australia
Dr H. M. PENIDO	Brazil
Dr M. O. SHOIB	United Arab Republic
Dr J. N. TOGBA	Liberia
Professor V. M. ZHDANOV	Union of Soviet Socialist Republics

Secretary: Dr M. G. CANDAU
Director-General

6. SMALLPOX ERADICATION: Item 2.4 of the Agenda (Document EB23/43 and Add.1)

Dr KAUL, Assistant Director-General, said that the report on smallpox eradication submitted by the Director-General (document EB23/43 and Add.1) had been prepared in response to resolution WHA11.54 of the Eleventh World Health Assembly. After the adoption of that resolution the Director-General had sent a circular letter to all Member governments asking them for information. By the time of the drafting of the report replies had been received from only 20 of them. So the report should be considered an interim one. A fuller report on the subject would be submitted for consideration at the Twelfth World Health Assembly.

The report described the problem as shown by the reported incidence of smallpox by regions. In the Region of the Americas considerable progress towards eradication had been made in the last few years, although there were areas where the disease persisted and where further efforts would be necessary in the coming years. The main problem, however, was to be found in the African and South-East Asia Regions and some parts of the Eastern Mediterranean Region. In those regions there were vast populations which were not sufficiently protected by regular vaccination.

There were considerable problems, mainly of an administrative, financial and organizational nature, which needed to be solved before a global attempt at eradication could be made with any hope of success. Technical knowledge had reached a stage where it was clear that eradication was technically feasible. There were, however, still technical problems which required further research, such as the production of vaccines of uniform potency, especially dried vaccines, the prevention of post-vaccinal complications, and the prevention of the disease in contacts after exposure. A satisfactory method of preparing a highly stable dried vaccine had been found, and a number of countries were in the process of adopting that method, with WHO assistance.

Certain administrative considerations that had to be taken into account in planning an eradication programme were set out in section V of the report. While it would be necessary for WHO to make provision for more expert advice on vaccine production and for the expansion of training facilities, as well as for co-ordinating the campaign on an inter-regional basis, the main effort would lie at the national level. The campaign must be soundly organized and administered within each country in the manner best suited to the structure of its health services. In countries where a suitable degree of provincial autonomy on health matters existed, it was important that the campaign should be centrally directed and co-ordinated. Considerable progress towards eradication should be possible in most countries within a four-five years' period, through the successful immunizing of 80 per cent. of the population by vaccination and re-vaccination.

EB23/Min/17 Rev.1

International assistance could be provided in the form of consultants to advise on the organization of the campaign, the production and testing of vaccine, and training and health education; where necessary, help could also be given in the study of epidemiological problems, and in procuring equipment for vaccine production. Fellowships for training in the various aspects would be needed. Supplies of vaccine made available by Member States for use in endemic areas might prove to be an important contribution to the programme, especially during the mass vaccination stage, since the cost of the large quantities of vaccine that would be needed might strain the resources of some countries. Intra-regional and inter-regional conferences would be needed for the purpose of co-ordinating the campaigns.

The financial aspects of the programme were outlined in section VI. Again, the major burden for the administration and execution of the programme would fall on the individual countries. Costs varied so greatly in the different countries according to the current practices and standards that estimates could be prepared on a realistic basis only at the country level. Accordingly, details of the financial implications of a full eradication programme must await the results of consultations with the national health administrations concerned. All that could be said with confidence was that in the end result the cost of eradication was bound to be less than the cost of maintaining control services over an indefinite period.

An addendum to the Director-General's report had been prepared at the request of the Standing Committee on Administration and Finance. It dealt with the recent outbreak of smallpox that had occurred in West Germany. Up to 15 January 1959, a total of 13 cases with 2 deaths had been reported. Since that date one further suspected case, hospitalized in Cologne, had been reported.¹ Information on the outbreak had been published in the Geneva Weekly Epidemiological Record of 24 December 1958 and in subsequent issues of 5, 9 and 16 January 1959.

The CHAIRMAN, after thanking Dr Kaul, recalled his comment at the third meeting of the Standing Committee on Administration and Finance concerning the delay that had supervened in reporting the Heidelberg outbreak of smallpox in accordance with the normal international machinery.

Dr KAUL explained that, although the first victim had been taken ill on 9 December 1958, smallpox had not been diagnosed until 18 December; WHO had taken the necessary steps immediately thereafter to report the outbreak.

The DIRECTOR-GENERAL thought it an appropriate juncture to inform the Board of an official communication he had received the previous day from the Government of the Union of Soviet Socialist Republics notifying WHO that it had sent offers of assistance to the Governments of India, Pakistan, Burma, Ghana, the Republic of Guinea, Indonesia, Iraq and Cambodia in the eradication of smallpox. The offers of assistance made to the Governments of India and Pakistan also extended to their campaigns against cholera.

¹ Subsequent laboratory results indicated that the suspected case was not smallpox.

EB23/Min/17 Rev.1

The Soviet Union Government wished to inform WHO of those offers and also of its readiness to give help to other under-developed countries in campaigns against cholera and smallpox.

Dr TOGBA wondered what had become of the offers made to WHO during the Eleventh World Health Assembly by certain countries of smallpox vaccine for the use of countries in need of it.

Dr SINGH said it was most gratifying to learn of the generous offer of the Soviet Union Government; it would be appropriate, he felt, for the Board to express its gratitude.

Dr DÍAZ-COLLER, albeit not making any specific proposal, suggested that the Board might consider the question of smallpox eradication in relation to the proposed International Health and Medical Research Year, the next item on its agenda. If it were decided, as had been suggested, that efforts during the International Health Year should be concentrated on one major activity, such as the eradication of smallpox, and that the Year might be extended to cover a three-year period, greater benefit would result than could be hoped for from the broader plans now under consideration.

Professor ZHDANOV considered that the report submitted by the Director-General constituted an important forward step. After reading it, and after hearing the statement of Dr Kaul, he had reached the conclusion that the eradication of smallpox was perfectly feasible, seeing that the disease was already non-existent in most countries, though of course there were still vast territories where it occurred. Nevertheless, the obstacles that might be encountered should not be minimized; the problem should be approached realistically.

As the Director-General's report made clear, the requisite scientific knowledge to make eradication possible was now available, thanks largely to past efforts of WHO and its scientific experts. Since the drawing up of international standards in regard to the smallpox vaccine the year before, no obstacle now existed to utilizing the supplies of vaccine offered to WHO by certain countries, including the Union of Soviet Socialist Republics.

The further offer of bilateral aid by the Soviet Union Government just reported by the Director-General would, he believed, enable many countries to intensify their national efforts to combat smallpox by eliminating for them a large part of the cost, which had hitherto proved the chief stumbling-block.

He believed that, accordingly, conditions were now favourable for eliminating the problem of smallpox within the next few years. He agreed with Dr Díaz-Coller that the question was closely linked with the question of the International Health Year, though of course the efforts to eradicate smallpox would certainly require more than a few months' work. He therefore endorsed the measures already taken by the Secretariat and hoped that the further measures to be undertaken would be pursued with the same care, thoroughness and determination, having in mind the main objective stressed in its resolution by the Eleventh World Health Assembly - the eradication of the disease.

EB23/Min/17 Rev.1

Dr TOGBA said he, too, was gratified to learn of the offer of help by the USSR Government, which undoubtedly would be fully appreciated by the countries where smallpox and cholera constituted grave public health problems.

He would be interested to know what would be expected of countries accepting the offer.

Dr METCALFE said it was apparent from the map "Notification of cases of smallpox in 1958", attached to the Director-General's report, that the only major source of the disease in the world today lay in the region of India, Pakistan and Burma. If smallpox were eradicated from that region, it would soon disappear in adjacent areas. He wondered if the main problem for those countries was lack of calf lymph for vaccine; he suspected it might not be.

The disease fortunately not being endemic to Australia, it had been found there that early recognition of reported cases was of the greatest importance. In that connexion, Australia owed a debt of gratitude to the Government of India for receiving Australian medical staff for studies on the disease.

Dr SINGH said that smallpox was widespread - and had become more so during the last twelve months - in some countries of the South-East Asia Region. There was no lack of knowledge or shortage of lymph: the main difficulty lay in the magnitude of the territory to be covered. Hence it was more a problem of organization to ensure the necessary vaccinations and revaccinations, even in the remotest villages. Objections to vaccination arising out of ignorance or religious factors were a concomitant obstacle. Efforts were being made, however, to eradicate the disease, and any assistance that might be forthcoming would be most gratefully received.

Dr KAUL recalled that the Executive Board, at its twenty-second session, had requested the Director-General to ensure, in accordance with the normal practice of the Organization, that any vaccine accepted for the antismallpox programme was of acceptable quality (resolution EB22.R12). Accordingly, WHO's first task had been to establish requirements for smallpox vaccine and that had been done in 1958 by a study group, whose report had been discussed by the Board earlier in the present session. The way was now open to make use of the vaccines offered in response to specific requests of governments.

Professor CANAPERIA found the report before the Board and the ensuing discussion of extreme interest and importance. Although in general talk of eradication of a disease gave him pause, he believed that in the case of smallpox the term was justified. The technical means for achieving eradication of the disease already existed.

One of the chief remaining difficulties that he saw concerned the vaccine: would it be available in sufficient quantities, and, above all, could a vaccine be devised to stand up to unfavourable climatic conditions? The Director-General had dealt with those matters in his report and was proposing to procure additional information on the total quantity of vaccine that would be needed. In that connexion, he believed there were a number of institutes throughout the world whose production would more than cover national needs.

EB23/Min/17 Rev.1

The second and, to his mind, the more important difficulty concerned the organization of the work. Given the size of the territories to be covered and the difficulties of communication, aggravated in some instances by nomadic population groups, control measures were difficult to organize. Furthermore, health education of the public played a very important part, as in any public health programme. He accordingly welcomed the survey of the administrative and financial considerations put forward by the Director-General, since they were of great importance in any assessment of the scope of the programme.

The Board might well express its satisfaction at the excellent way the Director-General had followed up resolution WH11.54. He hoped that the results of further consultations with Member States and further investigations within countries would be ready for submission to the Twelfth World Health Assembly.

Lastly, he wondered what was the reason for including in the addendum to the report, relating to the recent outbreak of smallpox in Europe, an account of the standing arrangement adopted by certain countries in Europe under Article 10⁴ of the International Sanitary Regulations. Perhaps the Secretariat could enlighten him on that point.

Dr TOGBA, thanking Dr Kaul for his earlier explanation, asked whether the smallpox vaccine offered to WHO had been found to meet the requirements and, if so, when it would become available for use.

Dr KAUL, answering the points raised, stated that document EB23/43 Add.1 described (in paragraph 8) the action taken by WHO in reporting the outbreak of smallpox in Europe, including the action taken under the special arrangement Professor Canaperia had mentioned.

The various national institutes engaged in the production of smallpox vaccine would, he was sure, find no difficulty in meeting the requirements for that vaccine that had been laid down by WHO. The supplies of vaccine already offered were now at the disposal of the Organization so that any government request could be met promptly.

Dr TOGBA remarked that he had not yet received an answer to his earlier question on the possible conditions attached to the Soviet Union offer of help in smallpox eradication and the control of cholera.

The DIRECTOR-GENERAL said that it was a little difficult to answer Dr Togba's question at the moment as he had received the information only very recently. He knew nothing about the bilateral side of the assistance offered by the Soviet Union. As far as the offer made to WHO was concerned, he understood that the Soviet Union was prepared to make available to any country that wished for help supplies and technical personnel, and to pay the expenses of the transport and travel involved. Before he made any fuller statement he would like to have more complete information concerning the Soviet Union offer. He would obtain this from the Government and had no doubt that fuller information would be available to delegates at the time of the Twelfth World Health Assembly.

Dr SINGH said he hoped that consideration would be given to his request that the Board show in appropriate terms its appreciation of the Soviet Union offer.

Dr METCALFE said it was not clear to him whether the help offered by Professor Zhdanov would be channeled through WHO or would depend on bilateral arrangements.

EB23/Min/17 Rev.1

The DIRECTOR-GENERAL, in order to avoid any misunderstanding, stressed that the offer he had reported to the Board had been made by the Government of the USSR and not by any member of the Board on behalf of a government. The next step would be for him to write to the Government in question for clarification in regard to its offer of assistance.

Dr METCALFE said he had not been referring to the letter read by Dr Candau but to the remarks made personally by Professor Zhdanov.

Professor ZHDANOV thanked the Director-General for his explanation, which had saved him from an embarrassing situation. When he had spoken of the help offered by the USSR, he had had in mind the statement made by the Director-General. Regarding his own views as a member of the Board, he repeated the substance of his earlier remarks.

It was his belief that the problem of smallpox should be approached in the Organization in the same constructive fashion as the problem of malaria. Once all the essential information was available on national plans for tackling the problem and resources at the disposal of the national administrations, together with an estimate of what would be needed by way of international help, it would be possible to lay down the specific eradication plans. He trusted that it would be possible for the Secretariat to assemble that information in time for submission to the Twelfth Health Assembly so that a more positive decision might be taken at that time.

The CHAIRMAN suggested that the Rapporteurs might be asked to draft a suitable text expressing the Board's appreciation of the USSR offer, to meet Dr Singh's desire.

Dr HYDE said he was sure that all members of the Board would be appreciative of the offer of the USSR Government to give assistance in overcoming the important public health problems constituted by smallpox and cholera. At the same time it should not be forgotten that extensive assistance on similar lines was already being given to health programmes under a number of other bilateral arrangements. He had in mind in particular the Colombo Plan, special arrangements among the Scandinavian countries, and the United States International Co-operation Administration. In Pakistan teams from the Soviet Union and the United States of America had been co-operating very successfully in work on cholera.

He accordingly suggested that any resolution adopted by the Board should relate to bilateral assistance in general, by expressing appreciation of the growing amount of international co-operation on those lines, the hope that such assistance would be maintained, and encouragement at the receipt of the Soviet Union offer, which illustrated that country's intention to work closely with the World Health Organization.

Dr CAO XUAN CAM agreed with Dr Hyde. Stress should be placed on international co-operation as a whole and not on one particular offer of assistance.

The DEPUTY DIRECTOR-GENERAL said that the Secretariat had already prepared a tentative draft resolution based on the earlier discussion of the item. It read:

The Executive Board,

Having considered the report of the Director-General on the financial, administrative and technical implications of a world-wide programme of smallpox eradication;

Noting:

- (1) that definite progress has been made in large areas of the world where eradication has been achieved after intensive vaccination campaigns;
- (2) that the disease still remains a serious problem in other areas especially concentrated in some important endemic foci from which smallpox may be reimported into other countries, threatening the life and health of their population;
- (3) that sufficient information on the production and use of suitable smallpox vaccine is available;
- (4) that it has been demonstrated that eradication of smallpox from an endemic area can be accomplished by successfully vaccinating or re-vaccinating eighty per cent. of the population within a period of four to five years;
- (5) that in regard to the organization of a national campaign guide-lines are suggested;
- (6) that in regard to financial requirements of country programmes, sufficient information is not available to set out a detailed estimate of costs.

1. RECOMMENDS to those countries where the disease is still present

- (a) to take the necessary steps to ensure the provision of a potent and stable vaccine;
- (b) to organize, if they have not yet done so, as soon as possible, eradication programmes along the guide-lines provided by the report of the Director-General;

2. REQUESTS the Director-General

- (a) to collect from Member States, especially of those areas where smallpox is endemic, information on the financial requirements for an eradication programme;
- (b) to provide, on request, assistance to national administrations for the different aspects of the organization and development of eradication programmes;
- (c) to report to the Twelfth World Health Assembly on further developments.

Perhaps the Board could now decide whether it agreed in principle with the wording, and the rapporteurs might then be asked to draw up an appropriate text on the question of international co-operation for inclusion in the draft.

Dr SINGH said that, having already expressed his personal appreciation of the Soviet Union offer, he was ready to leave the question of the Board's action for general decision. If it was not the usual practice of the Board to express appreciation of individual offers of help, there would be no reason to do so in the present instance. He had no objection whatsoever to making reference to aid from other countries under bilateral arrangements, as had been suggested.

Dr HYDE suggested the simple insertion into the draft resolution of a paragraph urging that governments, in addition to working through WHO, give bilateral help to programmes of smallpox eradication.

Dr METCALFE endorsed that suggestion; it would perhaps be premature for the Board to adopt resolutions about the Soviet Union offer before fuller information had been obtained by the Director-General.

Dr TOGBA, while appreciating that Dr Singh had a valid point and that the Soviet Union offer should not be simply ignored, agreed that a more general reference to the help given by a number of governments would be appropriate.

The CHAIRMAN thought it might aid the Board in its deliberations if he asked the Director-General whether the contents of the letter from the Soviet Union had been placed before the Board for its official consideration or merely for information.

EB23/Min/17 Rev.1

The DIRECTOR-GENERAL replied that in the last paragraph of the letter the Minister of Health of the USSR had requested that the World Health Organization be informed of the offer of bilateral assistance and of his Government's readiness to give help to other under-developed countries also in campaigns against cholera and smallpox.

Dr SINGH, speaking as Rapporteur, felt that the Board could request the Director-General to pursue the question in the normal way. There would be no need for any special resolution.

Dr HYDE said he understood from the Director-General's reply that the communication from the USSR informed WHO of the Government's generous offer but did not contain any offer to the Organization itself, and therefore called for no action by the Board. Moreover, as the letter spoke of both smallpox and cholera, it would not be appropriate to deal with it under the present item of the agenda, which concerned only smallpox.

Dr TOGBA wondered whether the offer might not be tantamount to a gift to WHO, in which event it would in the normal course have come before the Board's Committee on Gifts and Bequests. That committee had already, however, submitted its report to the Board.

While obviously the offer must be given some acknowledgement, that might perhaps be left to the Health Assembly when fuller information would be available.

The CHAIRMAN, observing that the Director-General would automatically follow up the communication from the USSR Government, said he assumed that it was the wish of the Board to take no further action in the matter at the present time.

He asked whether there was any objection to the adoption of the draft resolution introduced by the Deputy Director-General.

Decision: The draft resolution was adopted unanimously (see resolution EB23.R71).