

WORLD HEALTH
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DE LA SANTE

EXECUTIVE BOARD

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MINUTES OF THE FIFTEENTH MEETING

Palais des Nations, Geneva
Thursday, 24 January 1963, at 3 p.m.

CHAIRMAN: Dr M. K. AFRIDI
later: Dr J. Adjei SCHANDORF

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NOTE: Highlighted text was underlined
in Dr. Henderson's personal copy of the
document.

Fifteenth MeetingThursday, 24 January 1963, at 3 p.m.

<u>Present</u>	<u>Designating Country</u>
Dr M. K. AFRIDI, <u>Chairman</u>	Pakistan
Dr R. VANNUGLI (alternate to Professor G. A. Canaperia) <u>Vice-Chairman</u>	Italy
Dr J. Adjei SCHANDORF, <u>Vice-Chairman</u>	Ghana
Dr S. SYMAN, <u>Rapporteur</u>	Israel
Dr A. R. FARAH, <u>Rapporteur</u>	Tunisia
Dr A. C. ANDRIAMASY	Madagascar
Professor E. J. AUJALEU	France
Professor G. CLAVERO del CAMPO (alternate to Professor J. García Orcoyen)	Spain
Dr L. DIALLO	Senegal
Dr L. FAUCHER	Haiti
Sir George GODBER	United Kingdom of Great Britain and Northern Ireland
Dr W. A. KARUNARATNE	Ceylon
Dr B. D. B. LAYTON	Canada
Dr Yong Seung LEE	Korea
Dr A. NABULSI	Jordan
Dr V. V. OLGUÍN	Argentina
Dr T. OMURA	Japan
Dr Maria RUSINOWA (alternate to Professor M. Kacprzak)	Poland
Dr J. SHAHEEN	Iraq

Present

Designating Country

Dr S. SIGURDSSON

Iceland

Dr K. SUVARNAKICH

Thailand

Dr J. WATT

United States of America

Professor V. M. ZDANOV

Union of Soviet Socialist Republics

Secretary: Dr M. G. CANDAU
Director-General

Representatives of Intergovernmental Organizations

United Nations Children's Fund

Sir Herbert BROADLEY

United Nations Relief and Works Agency
for Palestine Refugees in the Near East

Dr S. FLACHE

Food and Agriculture Organization

Mr F. H. TOWNSHEND

Intergovernmental Committee for European
Migration

Dr C. SCHOU

Representatives of Non-governmental Organizations

International Dental Federation

Dr C. L. BOUVIER

International Society for Blood Transfusion

Professor R. FISCHER

World Medical Association

Dr J. MAYSTRE

4. SMALLPOX ERADICATION (PROGRESS REPORT): Supplementary Item 1 of the Agenda (Document EB31/46)

Dr KAUL, Assistant Director-General, introducing document EB31/46, invited the Board's attention to the response made by the countries where smallpox was endemic to resolution WHA15.53, calling for the global eradication of the disease. The report showed the appreciable efforts made by all countries concerned, and it would be noted that many governments had expressed the desire to participate gradually in the programme. In Africa, Asia and the southern hemisphere of the Americas, where endemic smallpox was present, the health services of all countries had decided to participate. While a number of those countries were still in the planning stages, and others were ready to initiate mass vaccination programmes or intensive control measures, a few had already completed their national campaigns.

Progress in the global effort was, however, slow. Reports received from many countries showed that the lack of financial resources was the main difficulty retarding the implementation of programmes. Transport, refrigeration facilities,

equipment and supplies were the main requirements in assistance from international sources. Most countries in endemic areas needed to import such supplies, but the foreign currency required was difficult for many of them to obtain.

As a result of resolution WHA15.53 calling for further national efforts and international assistance, the Director-General had, on 31 July 1962, sent out a circular letter drawing the attention of Member States to the resolution, which invited them to make voluntary contributions in cash or kind towards the provision of freeze-dried vaccines, transport, and laboratory and cold-storage equipment.

Document EB31/46 indicated the assistance given by the Organization and the requirements of countries. Table IV on pages 7, 8 and 9 showed the smallpox situation up to the end of 1962. Table I on pages 3 and 4 gave an account of the distribution of the vaccine that had been generously donated for use in the global eradication programme.

Some of the information in the progress report was still incomplete, but it was hoped to present a more complete report to the Health Assembly.

Dr SCHANDORF took the Chair

The CHAIRMAN thanked the members for the honour bestowed upon him in accordance with Rule 14 of the Rules of Procedure.

Dr KAUL informed the Board that the Director-General had that day received communications from two Member States offering supplies of dried smallpox vaccine. The first was from the Government of Italy, which had offered 100 000 doses. The second was from the Government of Chile, which had offered 500 000 doses in two instalments of 250 000 doses each.

Professor ZDANOV, referring to Table II on page 5 of document EB31/46, said that smallpox eradication appeared to be proceeding slowly, little progress having been made in the course of the past four years. He suggested that a study should be made with the object of approaching the question in a more methodical and rational way. It would be advisable that the report to be submitted to the Assembly should contain a classification of territories from the point of view of frequency and endemicity of smallpox. In some countries it was highly endemic, in some occasionally epidemic, and in others it did not exist at all unless imported. Such a classification of the global picture would enable an assessment of what must be done to be made more easily.

The classification might be carried out on the lines of the experience gained in connexion with malaria and could perhaps be divided into two groups showing, as in the case of malaria, where eradication was being carried out and where a certain protection against importation of the disease had already been achieved. It might also take into account vaccination and immunity states, showing percentages and comparisons with previous years.

He considered that an improvement could be made in methods of eradication. The problem was, of course, complex, particularly if large numbers of the population had to be vaccinated within a short time. The problem of importation differed from one area to another. For example, in highly populated ports, where many ships called, the danger was greater than in isolated territories with no communication. The idea of a protective belt to isolate endemic foci had been suggested. Such a measure would serve to protect countries from imported cases and might perhaps be given consideration.

The CHAIRMAN thanked Professor Zdanov for his suggestions.

Dr WATT associated himself with Professor Ždanov's remarks. He considered that more attention should be given to theoretical considerations, since measures at present in use for smallpox eradication were those inherited from many years ago. There were certain stated assumptions concerning the number of people who needed to be vaccinated, but little or no attention was given to the state of immunity of the population when vaccination started. In an endemic area, the population was for the most part immune because, since they had had the disease as children, a high level of immunity was maintained. In such a case, to vaccinate the entire population was to use vaccine on people who did not need it. Professor Ždanov's point had been that there was a need to re-examine some of the theory and see whether improvements could not be made. He considered that advice on those lines might give much-needed impetus to the work.

Sir George GODBER endorsed the remarks made by Dr Watt. Smallpox was a disease that, more than most others, should be eradicable, because there was not in smallpox a carrier state of any kind. A great deal more use should be made of surveillance methods associated with vaccination than had been done in the past. He felt that if such methods had been used more intensively, attempts at eradication would have been much more successful. Perhaps the wider use of dried vaccine of more certain potency could produce the desired results, but experience of countries into which smallpox had been imported from elsewhere showed only too clearly how dangerous a person vaccinated but not completely immune could be in maintaining infection in a community.

He did not agree with Professor Ždanov on the feasibility of creating a protective belt around endemic areas, however, since aircraft carrying infection could fly over protective belts.

Dr KAUL expressed appreciation of the valuable suggestions made for reviewing knowledge in the field of smallpox. The Secretariat was very conscious of the fact that there were many aspects that were not yet fully understood, including the pathology of smallpox, immunity, and in many instances the methods of producing immunity. The conclusion had been reached that a study and review by experts was necessary, and it had been with that intention that the Director-General had provided for an expert committee in 1964. Moreover, in the research programme, under Virus Diseases, there were certain plans for the stimulation of studies which might give further information on some theoretical aspects or on some of the deficiencies in knowledge which still existed.

The question of endemic areas and immunity was very important, since, in spite of the fact that there had been a gradual tendency towards the reduction of smallpox in endemic areas, epidemics still occurred every five to seven years. The last had been in 1958/1959, and according to the general trend another might be expected around 1963/1964. Such outbreaks perhaps arose from the non-immune population which grew up during the intervening period. Many points required study, and he was sure that the valuable suggestions of Professor Ždanov would be taken into account. Attention would be given as far as possible in the next report to delineating the endemic areas more clearly, and an attempt would be made to improve the information to be provided to the Health Assembly.

It was hoped that as a result of the Board's discussion some recommendations could be made as regards the desirability of such a study and of intensifying efforts to set up programmes where none existed, to guard against importation from endemic areas into neighbouring areas and to co-ordinate plans for preventing the reimportation of the disease into protected areas.

Dr SYMAN, Rapporteur, read out the following draft resolution:

The Executive Board,

RECOMMENDS to the Sixteenth World Health Assembly that it adopt the following resolution:

"The Sixteenth World Health Assembly,

Having considered the report of the Director-General on the progress so far achieved in the world-wide programme of smallpox eradication,

1. NOTES

- (i) that smallpox continues to be a serious health problem in the endemic areas, and exposes the rest of the world to risk of infection;
- (ii) that the implementation of many national eradication programmes is making slow progress owing to the inadequacy of their resources particularly for transport, equipment, and potent and stable vaccine so necessary for tropical and sub-tropical areas;

2. INVITES Member States to make voluntary contributions in cash or in kind to enable the Organization to provide assistance to requesting countries to meet their deficiencies of transport, equipment and vaccine;

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

- (i) that they intensify their control programmes aiming at eradication and take the necessary steps to ensure the provision of a potent and stable vaccine;
- (ii) that neighbouring countries and particularly contiguous ones co-ordinate their smallpox control activities and/or eradication campaigns in order to diminish the risk of spread of the disease between their respective territories during their programmes;

4. REQUESTS the Director-General to submit a further report on the progress of the smallpox eradication programme to the Seventeenth World Health Assembly."

Decision: The draft resolution was adopted (see resolution EB31.R33).