



EXECUTIVE BOARD

Sixty-fifth Session

PROVISIONAL SUMMARY RECORD OF THE EIGHTEENTH MEETING

WHO Headquarters, Geneva
Saturday, 19 January 1980, at 9h00

CHAIRMAN: Dr A. M. ABDULHADI



CONTENTS

	<u>Page</u>
3. Smallpox eradication	8

Note: This summary record is issued in provisional form, i.e., the summaries have not yet been approved by the speakers. Corrections for inclusion in the final version should be handed in to the Conference Officer or sent to the Records Service (Room 4012, WHO headquarters), in writing, before the end of the session. Alternatively, they may be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 7 March 1980.

3. SMALLPOX ERADICATION PROGRAMME: Item 23 of the Agenda (document EB65/23)

Dr LADNYI (Assistant Director-General) introduced the report by the Director-General (document EB65/23).

More than two years had passed since the detection of the last endemic case of smallpox. Moreover, some 22 years had passed since the adoption by the Eleventh World Health Assembly of a resolution calling for worldwide smallpox eradication (WHA11.54, June 1958). At the outset of the smallpox programme, the disease had been present in 59 countries, while many other areas had imported cases. By the time that the intensified eradication programme began in 1967, there were still 33 countries with endemic smallpox; in two additional countries the disease had subsequently become endemic. Those 35 countries had a population of over 1.2 thousand million, located in four of the six WHO regions.

The intensified campaign had quickly narrowed the endemic area. In 1971 the last case had been reported from Brazil, the stronghold of the disease in the continent of the Americas. The last case of smallpox in Asia (and the last case of variola major on earth) had occurred on 16 October 1975 in Bangladesh. The last case of smallpox in the world had occurred in Somalia on 26 October 1977. Repeated search operations had failed to detect any further cases in Somalia or in the surrounding areas, including Ethiopia, Kenya and Djibouti.

In accordance with resolution EB61.R10, the Director-General had established the Global Commission for the Certification of Smallpox Eradication.

The Global Commission, assisted by national and WHO staff, had reviewed all the relevant data on smallpox surveillance and had carried out field visits where eradication programmes had taken place. At its second meeting, from 6 to 9 December 1979, it had concluded firstly, that smallpox eradication had been achieved throughout the world; and secondly, that there was no evidence that smallpox would return as an endemic disease.

The Commission had prepared a report entitled "The achievement of global eradication of smallpox", a summary of which, together with the Commission's conclusions and recommendations, was annexed to the Director-General's report.

In view of the fact that the report of the Global Commission had only been finalized on 9 December 1979, the full text, which was available for consultation in the conference room, so far existed in English only.

He believed that the final report of the Global Commission provided solid evidence that the goal of global smallpox eradication had been achieved. That achievement was unprecedented in the history of public health.

The report of the Global Commission contained 19 recommendations relating to the post-eradication era. He wished to emphasize some of those recommendations: (i) smallpox vaccination should now be discontinued in every country except for investigators at special risk; (ii) international smallpox vaccination certificates should no longer be required of any traveller. As of 1 January 1980, the number of countries requiring vaccination certificates had been further reduced from the figure of 34 mentioned in the Director-General's report (document EB65/23) to 23, and a further reduction was expected; (iii) sufficient freeze-dried smallpox vaccine to vaccinate 200 million people should be maintained by WHO in refrigerated depots in two countries, together with stocks of bifurcated needles; (iv) seed lots of vaccinia virus suitable for the preparation of smallpox vaccine should be maintained in designated WHO collaborating centres; (v) in order to maintain public confidence in global eradication WHO should maintain an effective system to coordinate and participate in the investigation of suspected smallpox cases throughout the world; and (vi) surveillance of human monkeypox and research on orthopoxviruses should continue.

Implementation of all the Global Commission's recommendations could be financed by the funds remaining in the Special Account for Smallpox Eradication in 1980 and 1981. Necessary provision for the following two years would be planned in conjunction with current work on the WHO programme and budget for 1982-1983.

In addition to the Global Commission's report, a monograph entitled "Smallpox and its eradication" would be prepared during the next two years or so and published by WHO.

Programme data accumulated during the past 22 years would also be sorted and catalogued for archiving and retention at WHO headquarters and elsewhere.

At what was indeed, a special moment in the history of the Organization, he wished, on behalf of the Director-General, to thank the Board for the continuous encouragement which it had given to the smallpox eradication programme, and looked forward to its careful consideration of the item, for what he hoped would be the last time.

Professor DOGRAMACI said that the occasion was indeed historic, and a matter of pride to WHO. The Global Commission should be congratulated on its work and report. The discovery of a smallpox vaccine had made it possible to eradicate a disease which had plagued mankind for thousands of years, and had been a great blessing in the field of preventive medicine and public health.

But the blessing had not been totally unmitigated; vaccination could result in serious complications, which were occasionally fatal; and, in that connexion, he had been surprised to discover personally that the health authorities in several countries were not altogether aware of the problem.

He believed, therefore, that in order to clarify the situation for the benefit of countries where compulsory vaccination had not been abolished, statistical data on the subject of complications, and on the various consequences thereof, might usefully be compiled and disseminated.

Dr VENEDIKTOV said that the eradication of smallpox offered the only example in the history of mankind of the total conquest of a terrible disease through the worldwide mobilization of resources and energies in a carefully formulated and executed strategy. He looked forward to reading the Global Commission's report in its entirety. The history of the campaign to eradicate smallpox, which had begun so long ago with the empirical investigations of a few scientists, among whom Jenner should take pride of place, and which closed with all the recent activities by WHO, would be an impressive one; a country which he knew well would be proud to have contributed to its making.

In an atmosphere of general satisfaction, he hoped that it would not be taken amiss if he pointed out that one important task remained in abeyance. He was referring to the Health Assembly's decision, in resolution WHA28.52, that it was necessary "to summarize and describe in a major publication the experience of smallpox eradication throughout the world, for which purpose the help should be enlisted of scientific experts and practical workers who have taken part in carrying out the programme . . .".

He considered that such a publication would be more than a major historical document; it would contain a wealth of scientific information which would be invaluable if, as a result of mutations or other unforeseen circumstances, new strains of the disease emerged. For that reason, he believed that however long the process took, however much work and however many people were involved - and even if the result was encyclopaedic in its dimensions - such a publication should most definitely be prepared.

The Global Commission had made an interesting recommendation with regard to vaccination policy and in that connexion the appropriate changes might be made in the International Health Regulations (1969).

Although a great victory had been achieved, nevertheless problems remained which required careful monitoring, particularly that of the transfer of monkeypox virus to man. Although not of the same significance as smallpox, a close watch must be kept on it.

The Director-General had established a surplus stock of vaccine for use in case of necessity and the readiness to react rapidly was something which must be guaranteed by the Organization.

Finally, the report of the Global Commission should be transmitted to the Health Assembly so that the latter could consider the best way of reporting to the United Nations, in an appropriately modest form, on how that tremendous victory had been achieved.

Dr FORTUINE (alternate to Dr Bryant) said that it was scarcely possible that anything more could be said about that outstanding achievement which would be remembered centuries

hence as one of the great examples of international cooperation for the complete elimination of a scourge of mankind.

He fully agreed with all the recommendations of the Global Commission and warmly commended its work. He asked when the report of the Global Commission would be ready and how and to whom would it be distributed.

He was glad to note that only 23 countries now required vaccination certificates for travellers. While he recognized that the process of changing laws and regulations must necessarily take time, it must be remembered that vaccination exposed travellers to unnecessary inconvenience, expense and medical risk.

In connexion with paragraph 9 of the report, he indicated that one of the two laboratories in the United States of America still holding variola virus stocks had signed an agreement with the other laboratory to transfer all its stocks to it as soon as construction of a new maximum security containment laboratory had been completed. Because of unforeseen delays the new facilities were not expected to be ready for several months but when they were completed the number of laboratories holding the virus would be reduced to six.

In connexion with recommendation (3) of the Global Commission, he asked how long vaccine stores would be maintained and whether any provision would be made for maintaining industrial capacity for the rapid manufacture of additional vaccine.

With regard to recommendations (9) and (10), he reminded the Board of the need to ensure the biological security of facilities holding the virus and to prevent the possibility not only of accidents but also of terrorist attacks.

He fully supported recommendations (16) and (17). In that connexion, he noted that the South-East Asia Region had already produced an interesting book on the smallpox eradication programme in India. It was clearly necessary that the global eradication achievement should not only be known to the professionals but should also be kept before the mind of the general public and of political leaders. Successful eradication of a major human scourge had awakened many to the fact that WHO had been capable of a tangible, significant achievement with tremendous implications for human welfare. Optimal use should be made of that achievement to promote further international cooperation in health.

Professor SPIES said that he fully supported the Global Commission's recommendations regarding the need for scientific and methodological exploration of the experience which had been collected in the Organization. Two very detailed and informative reports had been received from countries during the past two years. There was thus a substantial store of information available and its reporting and classification, which would obviously be a lengthy process, was a task which might be undertaken by younger scientific workers.

He suggested that it would be useful to follow the procedure sometimes adopted in the past of including the salient features of the Director-General's report and the Global Commission's report in a recommendation to Member States. He further believed that some of the information in the report should be distributed in greater detail; for example the existing network of specialized collaborating centres in countries should be made known in the interests of international coordination. Information should also be made available on the attitude of Member States to vaccination, to continuing research work, and to the maintenance of facilities for diagnostic research.

He was not quite convinced that all the recommendations in the report regarding virus stocks were justified. Whitepox viruses were widely used in laboratory research and for training purposes, since they presented a lesser degree of danger. In his view, there was a need to continue using that type of virus in further microbiological, virological and molecular biological work with a view to producing new and better strains of vaccine. The whole subject required detailed consideration by Member States.

Facilities should be maintained in future for rapid diagnosis and trained personnel should be available. Moreover it might not be sufficient to store stocks of vaccine in only a few places; subject to later reconsideration, Member States might desire to maintain their own stocks. He endorsed Dr Fortune's comments regarding the need to guarantee the safety of laboratories holding virus stocks.

He asked for further information regarding the institutes in Tokyo and in Hamburg which had held stocks of virus and whether the respective Governments had decided to close them down. In general he believed that WHO's policy should be to have as few virus holding centres as possible, perhaps only one for each geographical region.

Dr SEBINA associated himself with the views expressed by previous speakers. As the Director-General's report indicated on page 7, the eradication of smallpox was a unique event in human history and a signal achievement of WHO. It was a triumph in international collaboration and cooperation in the field of health for the benefit of all countries. The eradication of smallpox was also a telling example of the dedication and commitment of health personnel at all levels. He congratulated the Global Commission and endorsed all its recommendations and in particular recommendation (19).

Dr REZAI said that all were aware that the global eradication of smallpox had now been achieved. That glorious and unprecedented event in the history of mankind had not been achieved easily but was the result of years of hard work by health personnel at all levels and particularly in those parts of the world where the disease was endemic. He commended the excellent work of the various international commissions and the Global Commission in certifying the eradication of smallpox.

He expressed his gratitude to the Director-General for the Organization's energetic and sustained campaign against that terrible disease and fully supported the 19 recommendations made by the Global Commission in its excellent report.

Since the only source of a possible recurrence of smallpox was the escape of variola virus from the laboratories now holding it, the strictest precautions for its storage must be ensured. He strongly supported the Global Commission's recommendation that not more than four WHO collaborating centres should be designated to retain the virus under conditions of maximum security. He further wished to suggest that the Board consider the possibility of eventually reducing that number to two. As future work with variola virus should not be of a confidential nature, the necessary arrangements could be made for researchers from any part of the world to carry on their work in those designated laboratories. Such work should be known to the scientific community and should be continuously monitored by WHO.

Dr BROUELLE (alternate to Professor Aujaleu) said that the eradication of smallpox was a milestone for the Organization and for all its Members. It showed the need to take active steps even when the situation appeared desperate, and it was particularly encouraging at a time when other vaccination programmes were being expanded with consequent promise of future successes.

She asked what measures were planned for the security control of laboratories holding stocks of virus, where the vaccines were being kept and whether, in view of the successful eradication of smallpox, the Organization expected that it would be possible to modify the International Health Regulations in the short and medium term.

Professor DE CARVALHO SAMPAIO supported Professor Doğramaci's comments regarding the remaining countries which still required vaccination certificates and suggested that the Director-General should write to ask them why they continued to maintain that requirement.

It was now time to consider the future. There were six diseases which could be controlled by vaccination and he wished to suggest that the possibility be investigated of initiating a programme for the eradication of another disease, in particular, measles, as measures to control that disease were of particular importance to the African countries. Further research was required to produce a good vaccine against that disease.

Dr LADNYI (Assistant Director-General), answering the questions which had been raised, said that, while all were agreed as to the significance of eradication, it was only in the case of smallpox that it had so far been possible to undertake a single-purpose campaign. It was possible, as had been done in the case of tetanus for example, to reduce the incidence of a disease to zero in certain countries although the disease might occur again if immunization was not carried out; that was control rather than eradication. In the case of measles, it would be necessary to undertake a study dealing with a whole series of questions before a worldwide campaign for measles eradication could be begun. Professor Sampaio had referred to one aspect of the problem, but even after the completion

of mass vaccination programmes there might still be transmission of the disease. The question was being kept under continuing review by the Organization.

The report of the Global Commission for the Certification of Smallpox Eradication was already available in English and would be circulated during the Health Assembly as an annex to the Director-General's report so that all Member States would receive it and it would be translated into the six working languages. So far as publications were concerned, he could not quite agree that there was a failure to implement resolution WHA28.52. The intention was to adopt more intensive measures so that in the course of the coming two years it would be possible to complete the necessary documentation and produce a monograph, or a series of monographs, reporting all the experience and technical data available to ensure that it would be possible to react to any future emergency.

Some apprehension had been expressed regarding the storage of the vaccine, the duration of its activity and the fact that stocks would be held in only two places, namely New Delhi and Geneva. Those stocks would, however, not be exclusive and if any country wished to maintain its own stock WHO would cooperate by checking periodically the potency of such vaccine.

So far as the present situation was concerned, the Director-General had in stock, or promised, 75 million doses of vaccine which, because of the bifurcated needle, would be sufficient to vaccinate about 300 million people. At a temperature of minus 20 degrees those stocks could be stored for not less than 20 years. It was premature to decide for how long stocks of vaccine should be maintained.

He thanked members for the comments and proposals they had made and said that Professor Doġramaci's suggestion would be borne in mind.

Dr ARITA (Smallpox Eradication) said that information on complications that had resulted from vaccination in certain countries was being supplied to Member States through the Weekly Epidemiological Record. That flow of information would continue and be intensified. He hoped that such information would stimulate those countries that still had vaccination programmes to discontinue them.

With regard to documentation, plans were also in hand for the establishment of archival material on the smallpox eradication programme, including correspondence, unpublished reports, special country reports, records of Health Assemblies and Executive Board sessions dealing with the subject and the reports and working papers of various virological and operational meetings held during the past 22 years. That information would be catalogued and stored in the form of microfilm or microfiches in WHO and elsewhere. That catalogue would be made available to scientific communities, including universities and libraries, so that the information would be supplied to those interested, on request.

The situation regarding safety measures for laboratories holding stocks of the variola virus was satisfactory. National authorities had taken steps to minimize any danger and the question had been fully discussed at a meeting held at WHO headquarters in April 1979 of officials from laboratories retaining variola virus and from their national control authorities. It had also been discussed during the visits of WHO inspection teams to all the laboratories. The two laboratories in Tokyo and in Hamburg had already destroyed their stocks of the virus or transferred them to the appropriate WHO collaborating centre. Only seven laboratories now held the virus and one was expected to transfer the virus shortly. Regarding the country situation in the post eradication period, WHO would report periodically on the results of investigations of smallpox rumours, that would be carried out both by countries together with WHO and by WHO itself, and on the situation regarding national vaccination policies. The best medium for so doing would be the Weekly Epidemiological Record. Currently, vaccination was no longer compulsory in 50 countries.

It had been suggested that research should be carried out to ascertain whether there were any unknown viruses which could be related to the smallpox virus. In that connexion, he pointed out that the Global Commission had recommended that a WHO committee be appointed to coordinate and promote such research.

WHO's collaborating centres would continue to be responsible for making a rapid and reliable diagnosis whenever the need arose to investigate specimens collected from suspect cases and, as in the past, any specimens which WHO received would be forwarded to those collaborating centres. WHO would also maintain its function in regard to vaccine distribution but would not be able to supply vaccine for routine vaccinations.

The need to discontinue the procedures concerning the international certificate of vaccination against smallpox had been discussed already with the regions and discussions were continuing between regions and those countries which still required such a certificate so that the requirement should be lifted as soon as possible.

Dr HENDERSON (Expanded Programme on Immunization), replying to Professor Sampaio, said that, if further advances in science made it possible, the Organization would not hesitate to seize the opportunity to eradicate other communicable diseases. But it could take full pride in its goal of immunization for all children by 1990: that would be more difficult to attain than the eradication of smallpox, but would assure the protection of future generations through the establishment of permanent systems of immunization.

Dr CARTER (Epidemiological Surveillance of Communicable Diseases) replying to Dr Broyelle, said that because smallpox had been eradicated there would be no justification for implementing any of the provisions of the International Health Regulations relating to this disease. At the same time, if there were health administrations that had doubts about the possible reappearance of the disease, such as a laboratory escape, they might hesitate to rush the deletion of the smallpox provisions in case they had to be reinserted. Moreover, although the position in regard to the spread of the other communicable diseases had not changed, the deletion of the smallpox provisions might open the door to unwarranted discussion of the Regulations as a whole. The Director-General would however pursue his efforts in cooperation with national health administrations, to bring to an end the requirement of smallpox vaccination with respect to international travel.

Professor DE CARVALHO SAMPAIO said that, knowing from experience how difficult it was to introduce a vaccination programme, he wished to stress the need for the Organization to provide support for further research into vaccination against measles. In that connexion he would remind members of the Board that it was as a result of the intensive research carried out in the 1940s that a vaccine against poliomyelitis had been found.

Dr VENEDIKTOV said that Professor Sampaio's highly pertinent comment was amply borne out by the terms of the fifth preambular paragraph of resolution WHA28.52, which applied to the fight against all communicable diseases.

While he agreed that no time-limit should be set for the completion of a monograph, he considered that work on it should start immediately. It would also be useful if the Director-General could acquaint the Health Assembly with his thinking regarding the form of such a monograph and the manner in which the work should be approached.

He further considered that the Thirty-third World Health Assembly should pass a resolution to record the final eradication of smallpox and to take note of the Organization's long experience in the matter. The Director-General could perhaps let the Board have the benefit of his views on the subject, while the Board itself should endeavour to arrive at some preliminary wording, possibly on the basis of a draft submitted for its consideration.

Professor DOGRAMACI said that, while he endorsed Dr Venediktov's sentiments, it was necessary to face up to facts. In seeking to eradicate diseases which took or crippled lives, and on which the experts held differing views, a more realistic approach than the mere adoption of resolutions was required.

He was not too happy about the statement in paragraph 7 of the Director-General's report regarding changes in vaccination policy. It mattered little to him that 34 countries still required vaccination certificates, since only those who travelled were affected. What disturbed him far more was that, out of a total of some 200 countries, vaccination was still compulsory in 150. It was now known that smallpox vaccinations could cause complications, particularly where skin diseases were rife, and that for every 1000 vaccinations encephalitis ensued in 200 cases. More data in that connexion should be compiled so that it could be

circulated to the 150 countries in question to alert them to the risks which their school-age children ran.

Dr BROYELLE (alternate to Professor Aujaleu) said that, while she gathered from Dr Carter's reply to her question that the International Health Regulations would probably be reviewed in a few years' time, she would still like to have some more information about the nature of the machinery that would be needed for WHO's periodic inspection of collaborating centres, as referred to in recommendation (9) of the Global Commission.

Dr LADNYI (Assistant Director-General) replying further to points raised, said that the Secretariat would be pleased to provide further information about measles vaccine at the next session of the Board, if the Board so desired. In the meantime, he could assure members that the matter was receiving every attention.

The Secretariat would also be pleased to provide the Board, and if necessary the Health Assembly, with information about its plans for a monograph on smallpox.

The International Health Regulations would, of course, eventually have to be amended. As matters stood, however, vaccination certificates were only required of those who had visited a country where smallpox was endemic or where a case had recently been reported. The Regulations should not therefore be seen as running counter to the efforts of the Organization in that sphere. The Secretariat would bear in mind the comments made in that connexion.

As part of the measures taken to ensure proper safety measures in laboratories which held stocks of the smallpox virus, consultations were being held with experts. Also, at least once a year, all such laboratories would continue to be visited by an international team. An expert group which was shortly to meet at headquarters would consider whether further measures were needed. The Secretariat, for its part, was doing its utmost to avoid any recurrence of the unhappy events with which the Board was only too familiar, and hoped to be able to report on the progress it had made in that connexion to the forthcoming session of the Health Assembly.

The CHAIRMAN suggested that, in view of its importance, the Board submit a draft resolution on the item to the Thirty-third World Health Assembly. He further suggested that a working group, composed of Dr Bryant, Dr Farah, Dr Ridings, Dr Sebina, Dr Shwe Tin and Dr Venediktov, be appointed to prepare the draft resolution and to make proposals regarding the procedure to be followed by the Health Assembly in considering the item. Any other member of the Board would be welcome to attend the meeting of that working group.

It was so agreed.



EXECUTIVE BOARD

Sixty-fifth Session

PROVISIONAL SUMMARY RECORD OF THE TWENTY-SEVENTH MEETING

WHO Headquarters, Geneva
Thursday, 24 January 1980, at 14h30

CHAIRMAN: Dr A. M. ABDULHADI



CONTENTS

	<u>Page</u>
2. Smallpox eradication (continued)	4

Note: This summary record is issued in provisional form, i.e., the summaries have not yet been approved by the speakers. Corrections for inclusion in the final version should be handed in to the Conference Officer or sent to the Records Service (Room 4012, WHO headquarters), in writing, before the end of the session. Alternatively, they may be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 7 March 1980.

2. SMALLPOX ERADICATION: Item 23 of the Agenda (continued)

The CHAIRMAN invited the Board to consider the following draft resolution proposed by the working group:

The Executive Board,

Having considered the report by the Director-General on the smallpox eradication programme¹ and its annex containing excerpts from the final report of the Global Commission for the Certification of Smallpox Eradication entitled "The achievement of global eradication of smallpox";

1. ENDORSES the conclusions and recommendations of the Global Commission;
2. RECOMMENDS to the Thirty-third World Health Assembly the adoption of the following resolution:

The Thirty-third World Health Assembly, on this the ... day of May, 1980;

Having reviewed and endorsed the conclusions and recommendations of the Global Commission for the Certification of Smallpox Eradication set forth in its report prepared in December 1979, which concludes that smallpox eradication has been achieved throughout the world and that there is no evidence that smallpox will return as an endemic disease;

Mindful that smallpox was a most devastating disease, sweeping in epidemic form through many countries since earliest times, and leaving death, blindness and disfigurement in its wake; that despite the existence of vaccine since the beginning of the last century, the disease had persisted in many parts of the world; and that only a decade ago the disease was rampant in Africa, Asia and South America;

¹ Document EB65/23.

Affirming that the commitment of the World Health Assembly to the worldwide eradication of smallpox, first initiated, in accordance with resolution WHAll.54, in 1958, and intensified, in accordance with resolution WHA20.15, in 1967, has now been met;

Expressing appreciation of the efforts made by all nations to achieve global smallpox eradication, either through their national programmes or through the assistance which they provided, with the wholehearted support of multilateral, bilateral and voluntary agencies and with the constant encouragement of the world's news media;

I

1. DECLARES SOLEMNLY THAT THE WORLD AND ALL ITS PEOPLES HAVE WON FREEDOM FROM SMALLPOX;
2. CALLS THIS UNPRECEDENTED ACHIEVEMENT IN THE HISTORY OF PUBLIC HEALTH TO THE ATTENTION OF ALL NATIONS, WHICH, BY THEIR COLLECTIVE ACTION, HAVE FREED MANKIND OF THIS ANCIENT SCOURGE AND, IN SO DOING, HAVE DEMONSTRATED HOW NATIONS WORKING TOGETHER IN A COMMON CAUSE MAY FURTHER HUMAN PROGRESS;

II

1. REQUESTS Member States to cooperate fully in the implementation of all the 19 recommendations of the Global Commission on the policy for the post-eradication era attached to this resolution;¹
2. URGES, in particular, the immediate implementation of the recommendations on the discontinuation of smallpox vaccination except for investigators at special risk, and the termination of the requirement for international certificates of smallpox vaccination in Member States which have not already taken this measure (recommendations 1 and 2); the continued epidemiological surveillance of suspect smallpox cases; (recommendations 7 and 8); the monitoring of safety measures in laboratories retaining variola virus and further reduction in the number of such laboratories (recommendations 9 and 10) and the promotion of research on orthopoxviruses (recommendations 11, 12, 13 and 14);
3. REQUESTS the Director-General to ensure the production, within a reasonable period of time, of appropriate publications describing smallpox and its eradication, in order to preserve the unique historical experience of eradication and thereby contribute to the development of other health programmes (recommendation 16);
4. INVITES all Member States, as well as multilateral, bilateral and voluntary agencies, to ensure that the cooperation and support which has brought about the global eradication of smallpox is continued in other fields, and to invest the resources saved as a result of smallpox eradication in other priority health programmes, so as to maintain the struggle towards better health for all mankind;
5. CALLS ON the Director-General to promote and coordinate the implementation of the Global Commission's recommendations on policy for the post-eradication era, so that the world may remain permanently free of this disease.

Dr VENEDIKTOV believed that the substance of the draft resolution could be adopted without delay. With all due respect to the working group, however, he felt that the text did not evoke emotions to match the grandeur of the historic occasion which was the subject. He would therefore suggest that steps be taken, before submission of the resolution to the World Health Assembly, to expand its preambular paragraphs, so that the unprecedented event in the history of mankind's struggle against disease might be announced and recorded with all due solemnity.

¹ Attached to resolution EB65.R17.

Professor AUJALEU, fully agreeing with the previous speaker, believed that the text might be divided into two separate resolutions. The first would comprise, in a simplified form, the solemn declarations set out in Part I; the second would combine the preambular paragraphs with the operative paragraphs of Part II, to which he would propose some small amendments at a suitable moment.

Dr KRUISINGA said that the occasion would undoubtedly provide WHO with the opportunity of enjoying the wide publicity which its work deserved, but did not always receive. He consequently supported Professor Aujaleu's suggestion.

Dr MARCIAL concurred with the previous speakers.

The CHAIRMAN said that the Board might wish to consider, at an appropriate moment, the manner in which the matter should be handled by the Health Assembly.

Dr VENEDIKTOV, whilst agreeing with the sentiments expressed by the other speakers, did not believe that it was necessary to prepare two fresh drafts at the present time. He considered that the Board might adopt the text which had been tabled, perhaps with one or two amendments, and that the Secretariat could be relied upon to render it more eloquent.

Dr RIDINGS said that the working group had indeed considered all the aspects of the matter, as far as concerned both the text of the resolution and the circumstances of its announcement.

It had been fully conscious of the opportunity which the occasion would offer for presenting the world's news media with a piece of news that was of earth-shattering importance, and had for that reason opted in favour of dramatic brevity in the resolution itself.

Having formulated the text accordingly, it had discussed the manner in which the Health Assembly should review and declare the achievement of smallpox eradication. General agreement had been obtained on the following points: (i) the Global Commission's report and the recommendations of the sixty-fifth session of the Board would be reviewed by Committee A; (ii) in plenary session, the Chairman of the Global Commission would submit the Commission's conclusions and recommendations, and the Chairman of Committee A would report on the Committee's discussions; (iii) on the basis of those presentations, the President would solemnly declare that smallpox eradication had been achieved throughout the world. The official ceremony would conclude at that point. Any cables or telex messages which might be received from Member States, international organizations or other interested parties would be summarized by the Secretariat and announced at an appropriate time.

The working group had also agreed that WHO should organize an extensive information campaign in commemoration of the historic event, involving in particular the news media, exhibitions of various types and perhaps the issue of commemorative medals.

It had also been pointed out that the brevity of announcements was a key to the interest of the news media, and of radio and television in particular. The declaration contained in Part I of the draft resolution before the Board had been prepared in consequence.

Professor AUJALEU said that his earlier suggestion that the text prepared by the working group might be divided into two resolutions had been inspired by the same conviction that brevity should be the keynote. Nothing should be allowed to weaken the impact of the declaration. The administrative consequences of the eradication of smallpox should be dealt with in a different context.

Professor DOGRAMACI suggested that the eradication of smallpox might also be commemorated as part of the 1980 celebrations of World Health Day and United Nations Day.

Dr BARAKAMFITIYE appreciated Dr Venediktov's comments, but believed that the Board should, before its present session ended, prepare a more specific recommendation for the Health Assembly. In that connexion, he was inclined to favour Professor Aujaleu's suggestion, which deserved further consideration and elaboration - even if that required additional time.

Dr VENEDIKTOV reiterated his appreciation of the working group's proposal, which was both concise and clear. He did not believe that it was necessary to convene a further meeting to examine the draft resolution at the present late stage of the Board's session. Interested members of the Board might - he believed - endeavour, together with the Secretariat, to enhance the text in the manner he had already suggested; if - in the process - they produced two separate draft resolutions, he would have no objection. The final text could be reviewed for the last time just before the Assembly considered the item.

With regard to Professor Doğramacı's suggestion, he observed that World Health Day would be celebrated on a date not far removed from that of the Health Assembly, and that - if his memory served him right - smallpox had already served as a "theme" during recent years. He believed that suitable ceremonial during the Health Assembly itself would unfailingly draw the attention of the world's media to the event.

He fully agreed with the working group's proposals concerning the manner in which the item should be handled, and would merely suggest that, after the presentation in plenary to which Dr Ridings had referred, one representative of each region might be invited to make a brief statement, in order to stress still further the worldwide significance of the occasion.

Dr MORK said that, while there were differences among the various cultures of the world, most of the memorable and historic declarations had been characterized by their simplicity. He therefore agreed with Professor Aujaleu that Part II of the operative section of the draft resolution was not appropriate in a solemn declaration of the eradication of smallpox, since it referred to future activities in the same field. He proposed that the draft resolution be subdivided, so that the Board recommended to the Health Assembly the adoption of two resolutions, including any amendments Board members considered necessary. The first resolution would then consist of the existing first preambular paragraph together with Part I of the existing operative section. The second resolution would contain the remaining preambular paragraphs and Part II of the existing operative section.

Professor SPIES agreed that a procedure along the lines suggested by Dr Mork would make the declaration clear and simple. However, the declaration contained no mention of the many thousands - health workers and others - who had toiled for so long to achieve the eradication of smallpox. He therefore proposed that the first resolution, making the declaration of smallpox eradication, should include a third operative paragraph paying suitable tribute to all those who had helped. He hoped his suggestion would be taken into consideration whether the redrafting was undertaken at the Board's current session or at the Health Assembly.

Dr KRUISINGA agreed with Professor Aujaleu that the draft resolution should be subdivided. He also agreed that the declaration should be presented at a well-planned plenary meeting of the Health Assembly. He was a little surprised that the name of the Organization was not mentioned in the draft resolution.

Dr BRYANT agreed that there should be two resolutions along the lines proposed by Dr Mork. However, the resolution containing the declaration should not be too brief; Professor Spies' suggestion was important, and the ideas contained in the third preambular paragraph of the existing resolution recommended for adoption by the Health Assembly might also be included. He agreed with Dr Barakamfitye that the Board should prepare a specific recommendation for the Health Assembly.

The CHAIRMAN summarized the views expressed. There had clearly been a desire to stress that the declaration was an historic event and that its presentation at the Health Assembly should be in keeping with the occasion. There also seemed to be agreement with Professor Aujaleu that the draft resolution should be subdivided, recommending two separate resolutions for adoption by the Health Assembly. He invited members to consider the proposal that the draft resolution as presented should be adopted. The Board's representatives at the Health Assembly would then introduce that resolution, together with a summary of the Board's discussion on the need for two resolutions. The two resolutions could then be prepared along the lines suggested. He hoped such a compromise might be acceptable.

Dr VENEDIKTOV agreed with the Chairman's proposal in principle, but did not fully understand the procedure he had outlined. If the Board adopted the draft resolution (and he himself would support its adoption), it had to be acted upon.

The Board's representatives could be requested to prepare, in collaboration with the Secretariat, two draft resolutions on the basis of the Board's discussions; but when they were presented to Committee A of the Health Assembly they would have to be considered together with the Board's resolution. The other possibility open to the Board was to request a working group to revise the draft resolution.

Dr BRYANT said he had understood the consensus to be that the redrafting should be undertaken by the Board at its current session. He was in favour of a further meeting of the working group to revise the draft resolution so that it recommended two resolutions for adoption by the Health Assembly.

Dr MORK supported Dr Bryant. He feared that the Board would not be fulfilling its duties if it did not make a definite recommendation. The Board had spent many hours discussing wording on matters which, in his opinion, were of less importance, and it should be prepared to give adequate time to such a historic declaration.

Dr RIDINGS agreed that a working group should reconsider the draft resolution.

The CHAIRMAN said he would prefer some other solution.

Professor AUJALEU proposed that the draft resolution be amended along the lines suggested. There should be no change to the preamble or to operative paragraph 1. Operative paragraph 2 should be amended to read "RECOMMENDS to the Thirty-third World Health Assembly the adoption of the following two resolutions:". The first resolution would retain the existing first preambular paragraph only and would be followed by Part I of the existing operative section. That would be sufficient. In his opinion discretion dictated that there should be no mention of WHO; it was self-evident that the Organization had been involved. The second resolution would consist of the existing preamble followed by Part II if the existing operative section, with the amendment he had mentioned earlier. Should his proposal be accepted, there would be no need to convene a working group.

Professor DOGRAMACI supported Professor Aujaleu's proposal.

Professor SPIES supported Professor Aujaleu's proposal and, referring to his own earlier suggestion, asked whether an acknowledgement of those who had assisted in the eradication of smallpox might be included in the first resolution. Any further suggestions could always be considered when the Health Assembly discussed the item.

Professor DE CARVALHO SAMPAIO supported Professor Aujaleu's proposal. He could not altogether support Professor Spies's suggestion, since any tribute would have to go as far back as Dr Jenner, who had discovered the smallpox vaccine.

The CHAIRMAN did not think the Board could adopt a subdivided resolution as proposed by Professor Aujaleu without first seeing a draft in writing. If members so wished, the draft resolution could be revised by Dr Ridings, Chairman of the working group, together with Professor Aujaleu, and presented at the following meeting.

Professor AUJALEU said that, if the rules were strictly applied, Board members should see the revised draft resolution in writing. However, since there was no proposal to change the wording of the existing draft resolution but merely to rearrange it, it should not be necessary for members to receive the new draft in writing.

Professor DOGRAMACI agreed, and suggested that the Chairman, Dr Ridings and Professor Aujaleu should be requested to check the final wording on behalf of the Board.

Dr RIDINGS and Dr BARAKAMFITIYE endorsed Professor Aujaleu's suggestion.

Dr VENEDIKTOV said that it was difficult to discuss such a solemn and important matter at the end of a long and tiring session. Further careful thought was required. While he had no objection to the subdivision of the draft resolution, he had some misgivings about the proposed rearrangement. He agreed with Dr Bryant that the resolution containing the declaration should not be too brief; perhaps the first operative paragraph could be expanded to include some of the substance of the preambular paragraphs. Furthermore, he could see no objection to acknowledging the work of all those who had contributed to the eradication of smallpox.

The CHAIRMAN asked whether the Board agreed that the draft resolution be amended so that it recommended two resolutions for adoption by the Thirty-third World Health Assembly.

It was so agreed.

The CHAIRMAN asked whether members of the Board wished to see the revised draft resolution in writing before considering its adoption.

Dr VENEDIKTOV indicated that he did wish to see the revised draft resolution in writing, or at least to hear the exact text read out. The subject was of particular importance, and paragraphs could not simply be taken out of context.

At the request of the CHAIRMAN, Professor AUJALEU read out his proposed amendment.

Mr NARAIN said that, while he fully agreed that the Board should recommend that the Health Assembly adopt two separate resolutions, and that the first should be a simple declaration of the eradication of smallpox, he could not support Professor Aujaleu's proposal. The preamble of the second resolution did not coincide with its operative section. It was written in a different style, particularly the powerful third preambular paragraph, and would need revising. Further, the first resolution would require an additional short preambular paragraph to give an adequate introduction to the operative section. The matter was so important that the Board should be prepared to give the short time that would be required for revision.

Dr BRYANT suggested that, since it seemed likely that the session would have to be prolonged by a further day, and given the concern expressed by several speakers, the working group should reconsider the draft resolution. A revised version could then be circulated to members of the Board for consideration at the following meeting.

The CHAIRMAN agreed that the decision was so important that it should not be influenced by considerations of time. He therefore invited the Board to consider Dr Bryant's proposal.

Dr MORK would have been prepared to adopt Professor Aujaleu's proposed amendment without further discussion. However, he thought that the second resolution should make some reference to the declaration of the eradication of smallpox, and asked for that point to be taken into consideration when the text was being revised.

Dr SEBINA thought it would be a relatively simple matter to revise the draft resolution to include an appropriate preambular paragraph in the first resolution recommended to the Health Assembly. He suggested that, if Board members wished to introduce any further amendments, they should do so immediately, so that they could all be taken into consideration when the draft resolution was being revised.

Dr VENEDIKTOV said that he did not intend to make any amendments to the text of the draft resolution, but thought that the working group had been too modest; the significance of this tremendous achievement of the Organization was not fully reflected in the draft resolution as it stood. For 20 years WHO had adopted resolutions on smallpox, but no reference was made to these in the draft resolution now before the Board. Nor was there any reference to Dr Jenner or to the many countries that had waged campaigns against smallpox long before WHO had begun to deal with it. None of those important points were mentioned in the draft resolution, which should be a triumphant, solemn declaration.

Professor AUJALEU said that if such acknowledgements were going to be included mention would also have to be made of variolation as used by the Chinese with a certain degree of success long before Dr Jenner introduced vaccination.

The CHAIRMAN said that, in the absence of any objection, he would take it that the Board wished to ask the drafting group to prepare, on the basis of the draft resolution before the Board, a text recommending two draft resolutions for adoption by the Health Assembly.

It was so agreed.

3. HEALTH LEGISLATION: Item 24 of the Agenda (continued)

The CHAIRMAN drew attention to the following draft resolution prepared by the Rapporteurs:

The Executive Board,

Having considered the report of the Director-General on strengthening WHO's health legislation programme,¹ submitted pursuant to resolution WHA30.44;

1. THANKS the Director-General for his report and requests him to transmit it, together with the comments of the Executive Board, to the Thirty-third World Health Assembly;
2. REAFFIRMS the criteria governing the selection of material for publication in the International Digest of Health Legislation approved by the Board at its sixth session² and endorsed at its ninth session,³ while emphasizing the need for priority to be given to legislation in support of Member States' strategies for attaining health for all their people;
3. RECOMMENDS the adoption by the Thirty-third World Health Assembly of the following resolution:

The Thirty-third World Health Assembly,

Recognizing that obsolete health legislation may constitute an obstacle at the national level to the attainment of health for all;

Noting that appropriate health legislation is an essential component of systems for the delivery of both personal and environmental health services;

Having considered the report of the Director-General on strengthening WHO's health legislation programme and the comments of the Executive Board thereon;

1. CONSIDERS that the proposed reorientation of the health legislation programme, in pursuance of resolution WHA30.44, fully reflects the new health policies of WHO and its Member States;
2. REQUESTS the Director-General to proceed with the formulation of a detailed programme of technical cooperation and information transfer in health legislation based on the strategies presented in his report.

The draft resolution was adopted.

¹ Document EB65/24.

² Resolution EB6.R19.

³ Resolution EB9.R70.



EXECUTIVE BOARD

Sixty-fifth Session

PROVISIONAL SUMMARY RECORD OF THE TWENTY-EIGHTH MEETING

WHO Headquarters, Geneva
Friday, 25 January 1980, at 10h00

CHAIRMAN: Dr A. M. ABDULHADI



CONTENTS

	<u>Page</u>
2. Smallpox eradication (continued)	3

Note: This summary record is issued in provisional form, i.e., the summaries have not yet been approved by the speakers. Corrections for inclusion in the final version should be handed in to the Conference Officer or sent to the Records Service (Room 4012, WHO headquarters), in writing, before the end of the session. Alternatively, they may be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 7 March 1980.

2. SMALLPOX ERADICATION: Item 23 of the Agenda (Documents WHA32/1979/REC/1, resolution WHA32.32, and EB65/23) (continued)

The CHAIRMAN introduced the following revised draft resolution proposed by the Working Group. He considered that it took into account all the amendments proposed by members of the Executive Board and he asked whether the Board agreed to its adoption:

The Executive Board,

Having considered the report by the Director-General on the smallpox eradication programme¹ and its annex containing excerpts from the final report of the Global Commission for the Certification of Smallpox Eradication entitled "The achievement of global eradication of smallpox";

1. ENDORSES the conclusions and recommendations of the Global Commission;
2. RECOMMENDS to the Thirty-third World Health Assembly the adoption of the following two resolutions:

I

The Thirty-third World Health Assembly, on this the . . . day of May 1980;

Having considered the developments and results of the global programme on smallpox eradication initiated by WHO in 1958 and intensified since 1967;

1. DECLARES SOLEMNLY THAT THE WORLD AND ALL ITS PEOPLES HAVE WON FREEDOM FROM SMALLPOX, WHICH WAS A MOST DEVASTATING DISEASE SWEEPING IN EPIDEMIC FORM THROUGH MANY COUNTRIES SINCE EARLIEST TIMES, LEAVING DEATH, BLINDNESS AND DISFIGUREMENT IN ITS WAKE AND WHICH ONLY A DECADE AGO WAS RAMPANT IN AFRICA, ASIA AND SOUTH AMERICA;
2. EXPRESSES ITS DEEP GRATITUDE TO ALL NATIONS AND INDIVIDUALS WHO CONTRIBUTED TO THE SUCCESS OF THIS NOBLE AND HISTORIC ENDEAVOUR;
3. CALLS THIS UNPRECEDENTED ACHIEVEMENT IN THE HISTORY OF PUBLIC HEALTH TO THE ATTENTION OF ALL NATIONS, WHICH BY THEIR COLLECTIVE ACTION HAVE FREED MANKIND OF THIS ANCIENT SCOURGE AND, IN SO DOING, HAVE DEMONSTRATED HOW NATIONS WORKING TOGETHER IN A COMMON CAUSE MAY FURTHER HUMAN PROGRESS.

II

The Thirty-third World Health Assembly,

Having reviewed the report of the Global Commission for the Certification of Smallpox Eradication prepared in December 1979;

Mindful that smallpox was a most devastating disease, sweeping in epidemic form through many countries since earliest times, and leaving death, blindness and disfigurement in its wake; that despite the existence of vaccine since the beginning of the last century, the disease had persisted in many parts of the world; and that only a decade ago the disease was rampant in Africa, Asia and South America;

Affirming that the commitment of the World Health Assembly to the worldwide eradication of smallpox, first initiated, in accordance with resolution WHA11.54, in 1958, and intensified, in accordance with resolution WHA20.15, in 1967, has now been met;

Expressing appreciation of the efforts made by all nations to achieve global smallpox eradication, either through their national programmes or through the assistance which they provided, with the wholehearted support of multilateral, bilateral and voluntary agencies and with the constant encouragement of the world's news media;

¹ Document EB65/23.

1. ENDORSES the conclusions of the Global Commission that smallpox eradication has been achieved throughout the world, as proclaimed in resolution WHA33..., and that there is no evidence that smallpox will return as an endemic disease;
2. FURTHER ENDORSES the recommendations of the Global Commission on the policy for the post-eradication era attached to this resolution;
3. REQUESTS Member States to cooperate fully in the implementation of the Commission's recommendations;
4. URGES, in particular, the immediate implementation of the recommendations on the discontinuation of smallpox vaccination except for investigators at special risk and the termination of the requirement for international certificates of smallpox vaccination in Member States which have not already taken this measure;¹ the continued epidemiological surveillance of suspect smallpox cases;² the monitoring of safety measures in laboratories retaining variola virus and further reduction in the number of such laboratories;³ and the promotion of research on orthopoxviruses;⁴
5. REQUESTS the Director-General to ensure the production, within a reasonable period of time, of appropriate publications describing smallpox and its eradication, in order to preserve the unique historical experience of eradication and thereby contribute to the development of other health programmes;⁵
6. INVITES all Member States, as well as multilateral, bilateral and voluntary agencies, to ensure that the cooperation and support which has brought about the global eradication of smallpox is continued in other fields, and to invest the resources saved as a result of smallpox eradication in other priority health programmes, so as to maintain the struggle towards better health for all mankind;
7. CALLS ON the Director-General to promote and coordinate the implementation of the Global Commission's recommendations on policy for the post-eradication era, so that the world may remain permanently free of this disease.

Annex

Recommendations of the Global Commission for the Certification of Smallpox Eradication regarding Policy for the Post-Eradication Era

Vaccination policy

Recommendation 1. Smallpox vaccination should be discontinued in every country except for investigators at special risk.

Recommendation 2. An international certificate of vaccination against smallpox should no longer be required of any traveller.

Reserve stocks of vaccine

Recommendation 3. Sufficient freeze-dried smallpox vaccine to vaccinate 200 million people should be maintained by WHO in refrigerated depots in two countries, together with stocks of bifurcated needles.

Recommendation 4. The stored vaccine should be periodically tested for potency.

¹ Recommendations 1 and 2.

² Recommendations 7 and 8.

³ Recommendations 9 and 10.

⁴ Recommendations 11, 12, 13 and 14.

⁵ Recommendation 16.

Recommendation 5. Seed lots of vaccinia virus suitable for the preparation of smallpox vaccine should be maintained in designated WHO collaborating centres.

Recommendation 6. National health authorities that have vaccine stocks should be asked to inform WHO of the amount of vaccine maintained.

Investigation of suspected smallpox cases

Recommendation 7. In order to maintain public confidence in the fact of global eradication, it is important that rumours of suspected smallpox, which can be expected to occur in many countries, should be thoroughly investigated. Information should be provided to WHO, if requested, so that it can be made available to the world community.

Recommendation 8. WHO should maintain an effective system to coordinate and participate in the investigation of suspected smallpox cases throughout the world. The international smallpox-rumour register should be maintained.

Laboratories retaining variola virus stocks

Recommendation 9. No more than four WHO collaborating centres should be approved as suitable to hold, and handle, stocks of variola virus. A collaborating centre would be approved only if it had adequate containment facilities. Each such centre should provide WHO annually with relevant information on its safety measures and should be inspected periodically by WHO.

Recommendation 10. Other laboratories should be asked to destroy any stocks of variola virus that they hold, or transfer them to an approved WHO collaborating centre.

Human monkeypox

Recommendation 11. In collaboration with country health services WHO should organize and assist a special surveillance programme on human monkeypox, its epidemiology, and its ecology in areas where it is known to have occurred. The programme should continue until 1985, when a further assessment of the situation should be made.

Laboratory investigations

Recommendation 12. WHO should continue to encourage and coordinate research on orthopoxviruses.

Recommendation 13. WHO should maintain the system of WHO collaborating centres for carrying out diagnostic work and research on orthopoxviruses.

Recommendation 14. Research workers who do not work in a WHO collaborating centre and who wish to carry out experiments with variola or whitepox virus that are approved by the appropriate WHO committee should be offered the use of the special facilities in a WHO collaborating centre.

Recommendation 15. Research on poxviruses other than variola or whitepox viruses should not be performed under circumstances where there is any possibility of cross-contamination with these two agents.

Documentation of the smallpox eradication programme

Recommendation 16. WHO should ensure that appropriate publications are produced describing smallpox and its eradication and the principles and methods that are applicable to other programmes.

Recommendation 17. All relevant scientific, operational and administrative data should be catalogued and retained for archival purposes in WHO headquarters and perhaps also in several centres interested in the history of medicine.

WHO headquarters staff

Recommendation 18. An interregional team consisting of not less than two epidemiologists with past experience in the smallpox eradication campaign, plus supporting staff, should be maintained at WHO headquarters until at least the end of 1985. At least one additional field officer should be assigned to cover areas where human monkeypox is under investigation.

Recommendation 19. WHO should set up a committee on orthopoxvirus infections.

The resolution was adopted.