

**OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION**

No. 146



**PROPOSED REGULAR PROGRAMME AND BUDGET
ESTIMATES FOR THE FINANCIAL YEAR
1 JANUARY - 31 DECEMBER 1967**

WITH

**PROPOSED PROGRAMMES AND ESTIMATED OBLIGATIONS
UNDER OTHER AVAILABLE SOURCES OF FUNDS**

WORLD HEALTH ORGANIZATION

GENEVA

December 1965

The time has come for WHO to face squarely the problem of smallpox. The urgent need for eliminating this disease as a world-wide hazard was unanimously recognized by the World Health Assembly in 1958 and by successive Assemblies since then. Despite the number of national programmes undertaken with assistance from WHO and bilateral sources, endemic foci persist in Asia, Africa and to a lesser extent in the Americas, and constitute permanent sources of infection for the rest of the world.

Unsatisfactory as the progress has been so far, the work carried out has had one important positive result. It has proved beyond doubt that there are no insurmountable technical problems in this field and that, through intensified systematic vaccination programmes, eradication can be achieved. The major cause of the failure of national operations has clearly been the lack of financial means to cover the cost of vaccine, personnel, and transport indispensable to a well-planned, methodical and sustained undertaking.

Fully conscious of the responsibilities laid upon the Organization by the Eighteenth World Health Assembly, which qualified the world-wide eradication of smallpox as "one of the major objectives of the Organization", I have prepared a comprehensive and, I believe, realistic plan for a greatly intensified and co-ordinated global effort to eliminate smallpox completely.

The twenty-five to thirty million dollars needed for the ten-year period represent an extremely modest expenditure if viewed against the vital objective this amount will help to achieve. Even in cold financial terms, it is small compared with the sums—estimated at between forty-three and seventy million dollars—that Europe and North America are now spending annually on maintenance vaccination for the protection of some 640 million people. Twenty-five to thirty million dollars is indeed a pitifully small sum when measured against the suffering and misery smallpox still causes in the world.

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The intensification of control and eradication operations against the communicable diseases calls for a widening of the scope and an improvement in the speed and accuracy of the surveillance systems on which the success of these activities depends. To do this, the operating units will need to take maximum advantage of the biomathematical expertise and other facilities available through the Division of Research in Epidemiology and Communications Science. At the same time, it should be possible to increase the store of serological and ecological information, and this in turn would help to adapt survey systems to greatly varying regional and national conditions. Both types of advance may eventually prove valuable in other areas, e.g. in human genetics and a number of non-communicable diseases.

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The amount of \$2 400 400 required to finance the first-year operations in the proposed ten-year smallpox eradication programme has tentatively been included in the special account for this purpose under the Voluntary Fund for Health Promotion. It is however my duty to point out that at the time of preparation of the present document, the likelihood of obtaining such funds for the smallpox eradication programme appeared very slim indeed. In view of the urgent need to solve this great public health problem, the Executive Board and the World Health Assembly may wish to take more realistic and effective action by including the cost of the first-year eradication work in the regular budget for 1967. The effective working budget for that year would then total \$49 642 400—an increase of \$7 200 400, or 16.97 per cent., over the budget for 1966. Once the objective of the smallpox eradication programme is achieved, two courses of action will be open to the World Health Assembly. It may decide either to reduce the amount of the effective working budget or to devote similar amounts to finance programmes dealing with other major public health problems.



Director-General

4.7.5 Smallpox Eradication

(See page 70)

Functions

- (1) to advise on the Organization's technical policy as regards the smallpox eradication programme and promote the co-ordination of eradication activities;
- (2) to develop methods for epidemiological studies and for eradication, and establish technical standards and administrative procedures;
- (3) to develop methods for surveillance of the disease and for assessing the degree of eradication;
- (4) to advise on the production of freeze-dried vaccine for the eradication programme, assist in testing vaccines, and advise on the establishment of smallpox diagnostic and reference laboratories;
- (5) to stimulate and co-ordinate research on smallpox.

Personnel: a medical officer and a clerk-stenographer in 1966. *Proposed in addition for 1967* — a second medical officer, a technical assistant and a secretary, to cope with the increasing work connected with the development of smallpox eradication on a global basis.

Consultants

- (a) to carry out an epidemiological and operational assessment of the present activities in smallpox eradication (six weeks);
- (b) to investigate the most efficient methods of eradication under different conditions (six weeks).

Duty travel: for the discussion and review of operational developments.

PROGRAMME ACTIVITIES

				Regular Budget			
Number of posts			Estimated obligations				
1965	1966	1967	1965	1966	1967		
			US \$	US \$	US \$		
4.7.5 SMALLPOX ERADICATION (For text, see page 31)							
1	1	1		10 650		Chief medical officer P5	
		1	9 736	9 978		Medical officer P4	
		1		4 800		Technical assistant P1	
		1		4 504		Secretary G4	
1	1	1	4 268	4 602		Clerk-stenographer G3	
<u>2</u>	<u>2</u>	<u>5</u>	<u>13 300</u>	<u>14 004</u>	<u>34 534</u>	Total established posts	
				2 400		Consultants' fees	
				<u>2 400</u>		<u>Travel</u>	
				2 700		Duty	
			<u>13 300</u>	<u>14 004</u>	<u>42 034</u>	Consultants	
						Total	

PART VI: SPECIAL ACCOUNT FOR SMALLPOX ERADICATION

(See following table)

The following activities will be implemented to the extent that funds become available under this account:

HEADQUARTERS

Smallpox Eradication

Personnel: a medical officer and an administrative assistant—to assist in the development of technical standards for methods of eradication and surveillance activities, and in the assessment of the degree of eradication.

Consultants: (a) to study the needs of countries in the preparatory stages of the programme and find the best methods of eradication under different field conditions; and (b) to advise on the development of freeze-dried vaccine production and of virus diagnostic facilities within the framework of the surveillance system (a total of twenty months).

Duty travel: to discuss and review developments and problems.

Other Costs

A scientific group: to review the progress of the eradication programme since the Expert Committee on Smallpox first met in 1964, and to advise on technical policy and standards for eradication.

Vaccine testing: to enable WHO-designated assay laboratories to test freeze-dried vaccine being produced in various countries or being used in different field conditions.

AFRICA

1. Regional Advisers

Personnel: a medical officer and a secretary—for the guidance, supervision and assessment of programmes.

Consultants: (i) to evaluate the status of smallpox eradication, including surveillance techniques, for the Region as a whole; (ii) to assist appropriate laboratories in the development of techniques for the diagnosis of smallpox cases; and (iii) to assist in the preparatory and planning stages of programmes throughout the Region (a total of sixteen months).

Duty travel: to discuss and review developments and problems.

2. Country Programmes

(a) Dahomey Dahomey 18

To assist in the development of an eradication programme and of a surveillance system. A medical officer (\$20 789); supplies and equipment (\$30 000).

(b) Ivory Coast Ivory Coast 14

To assist in implementing a maintenance vaccination programme and in developing a surveillance system. The first mass campaign has been completed and the project is now at the maintenance stage. A medical officer (\$21 185); supplies and equipment (\$20 000).

(c) Liberia Liberia 17

To help in accelerating the eradication programme that was started in 1962 with WHO assistance, and in developing a surveillance system. A medical officer (\$19 997); supplies and equipment (\$20 000).

(d) Mali Mali 22

To help in accelerating the eradication programme started in 1963, assessing operations and developing a surveillance system; a pilot project was carried out with WHO assistance in 1964 and 1965. A medical officer (\$21 185); supplies and equipment (\$60 000).

(e) Nigeria Nigeria 65

To assist in developing an eradication programme simultaneously in the four Regions and the Federal Territory. The project is expected to be carried out partly by the basic health services. A limited smallpox programme has hitherto been part of the WHO-assisted yaws project. A medical officer (\$18 809); supplies and equipment (\$150 000).

(f) Sierra Leone Sierra Leone 27

To assist in developing a smallpox eradication programme and a surveillance system. A limited campaign has so far been carried out by the WHO-assisted yaws project. A medical officer (\$18 413); supplies and equipment (\$40 000).

(g) Togo Togo 25

To assist in a maintenance vaccination programme and the development of a surveillance system. The WHO-assisted yaws/leprosy/smallpox combined project has carried out the vaccination programme so far. A medical officer (\$20 789); supplies and equipment (\$20 000).

(h) Upper Volta Upper Volta 7

A project similar to Ivory Coast 14 above. A medical officer (\$19 997); supplies and equipment (\$30 000).

3. Inter-country Programmes

(a) Course on Smallpox AFRO 202

To provide training in operational methods, surveillance, and diagnostic methods for national staff. Consultants (\$3400); attendance of participants (\$22 000); supporting services (\$5600); supplies and equipment (\$1000).

(b) Fellowships AFRO 200

To supplement the provision under the regular budget (AFRO 143). Three nine-month fellowships (\$9750).

THE AMERICAS

1. Regional Advisers

Personnel: a medical officer and a secretary—to assist in the development of programmes in countries where smallpox is endemic, and in surveillance programmes in both non-endemic and endemic countries.

Consultants: as described under Africa (Regional Advisers) above—a total of ten months.

Duty travel: to discuss and review the development of the programme, including the surveillance system, in all South American countries.

2. Country Programmes

(a) *Argentina* Argentina 0300

To assist in the re-establishment of a national vaccination programme (a campaign was originally started in 1961) and in developing a surveillance system. A medical officer (\$15 404); supplies and equipment (\$40 000).

(b) *Bolivia* Bolivia 0300

To accelerate the smallpox eradication programme and assist in developing a surveillance system. A medical officer (\$15 413); supplies and equipment (\$40 000).

(c) *Brazil* Brazil 0300

To accelerate the smallpox eradication programme and strengthen surveillance activities. It is expected that the campaign will be intensified, with a more flexible administration, better means of transport, and modern equipment for vaccination. A medical officer (\$15 017); supplies and equipment (\$350 000).

(d) *Colombia* Colombia 0300

To assist in strengthening the maintenance vaccination programme and in developing a surveillance system. Mass vaccination was completed in 1961 but in 1965 many cases were reported, and a three-year mass vaccination programme is being considered. A medical officer (\$15 017); supplies and equipment (\$40 000).

(e) *Paraguay* Paraguay 0300

A project similar to Colombia 0300 above. A medical officer (\$18 205); supplies and equipment (\$30 000).

(f) *Peru* Peru 0300

To assist in the development of a suitable maintenance vaccination programme, accelerate mass campaigns in certain parts of the country, and strengthen the surveillance system. The country eliminated smallpox endemicity in 1954 but there has been a resurgence of the disease since 1963. A medical officer (\$17 809); supplies and equipment (\$30 000).

3. Inter-country Programmes

(a) *Smallpox Eradication Project* AMRO 0300

To supplement the provision under PAHO funds. Consultants (\$1700); fellowships (\$2800); supplies and equipment (\$2000).

(b) *Seminar* AMRO 0307

To analyse the various aspects of eradication campaigns and consider the measures that should be taken after their conclusion to prevent the recurrence of smallpox. Attendance of participants (\$28 000).

SOUTH-EAST ASIA

1. Regional Advisers

Personnel: a medical officer and a secretary—to provide consultative assistance in developing the programme.

Consultants: as described under Africa (Regional Advisers) above—a total of twelve months.

Duty travel: to discuss and review developments and problems.

2. Country Programmes

(a) *Afghanistan* Afghanistan 54

To accelerate the eradication programme, which started as a WHO-assisted pilot project in 1962. A plan has been made to extend the programme throughout the country; and the need to train female vaccinators has been recognized. A public health nurse and a technician for maintenance of project supplies and equipment (\$29 983); supplies and equipment (\$50 000).

(b) *Burma* Burma 80

To accelerate the eradication programme that was started in 1963 and assist in the establishment of the maintenance programme and a surveillance system. A medical officer (\$19 205); supplies and equipment (\$60 000).

(c) *India* India 233

To intensify the national eradication programme and assist in the establishment of a maintenance programme and the assessment of the present programme. The nation-wide mass campaign started in 1962 and was originally planned to be completed in 1966. Supplies and equipment (\$500 000).

(d) *Nepal* Nepal 9

To accelerate the eradication programme, which was started as a WHO-assisted pilot project; and to assist in the development of a surveillance system. Supplies and equipment (\$50 000).

3. Inter-country Programmes

Conference for the Assessment of the Eradication Programme SEARO 137

To review and discuss the assessment of eradication programmes and surveillance systems. Attendance of participants (\$25 000).

EASTERN MEDITERRANEAN

1. Regional Advisers

Personnel: a medical officer and a secretary—to carry out guidance, supervision and assessment of programmes in countries where the disease is endemic; and to give consultative assistance in the development of surveillance and maintenance vaccination programmes in other countries.

Consultants: as described under Africa (Regional Advisers) above—a total of six months.

Duty travel: to discuss and review the development of programmes.

2. Country Programmes**(a) Pakistan**

Pakistan 41

To accelerate the eradication programme and assist in assessing it and in developing a surveillance system. East Pakistan has completed a mass vaccination campaign, and an assessment and maintenance programme is under way; West Pakistan planned to start its mass vaccination campaign in 1965. A medical officer (\$19 205); supplies and equipment (\$80 000).

(b) Somalia

Somalia 19

To assist with an eradication programme. A consultant for three months (\$5100); supplies and equipment (\$5000).

(c) Sudan

Sudan 28

To accelerate the eradication programme and intensify the surveillance system. The programme started in 1962, and about half of the population has been vaccinated so far. A medical officer (\$17 517); supplies and equipment (\$75 000).

(d) United Arab Republic

United Arab Republic 52

To assist in developing the production of lyophilized smallpox vaccine. A consultant for one month (\$1700); supplies and equipment (\$2000).

**INTER-REGIONAL
AND OTHER PROGRAMME ACTIVITIES****1. Inter-regional Activities***Courses*

Inter-regional 423

To train national programme staff in methods of eradication, assessment, surveillance and laboratory diagnosis. Separate courses for English-speaking and French-speaking countries. Consultants (\$10 200); attendance of participants (\$30 000); supporting services (\$7800); supplies and equipment (\$2000).

2. Assistance to Research and Other Technical Services

SM 501 *Epidemiological and virological studies*: to assess the circumstances and factors conducive to the continued endemic propagation of the disease and the duration of immunity conferred by vaccination under circumstances of natural challenge; to compare strains from different areas; and to evaluate chemoprophylactic agents.

SPECIAL ACCOUNT FOR SMALLPOX ERADICATION

	Number of posts			Estimated obligations		
	1965	1966	1967	1965	1966	1967
				US\$	US\$	US\$
SPECIAL ACCOUNT FOR SMALLPOX ERADICATION: ESTIMATED OBLIGATIONS						
OPERATING PROGRAMME: SUMMARY						
HEADQUARTERS						
Smallpox eradication			2			51 730
Sub-total			2			51 730
Other costs						32 000
Other statutory staff costs						11 391
Total - HEADQUARTERS			2			95 121
FIELD						
Africa			10	5 600		625 423
The Americas			8	5 280		701 865
South-East Asia			5	12 246		774 828
Eastern Mediterranean			4			234 582
Inter-regional and Other Programme Activities						80 000
Total - FIELD			27	23 126		2 416 698
Total			29	23 126		2 511 819
<u>Less:</u> Delays in filling new posts						111 419
Net total - <u>OPERATING PROGRAMME</u>			29	23 126		2 400 400
			===	=====	=====	=====
OPERATING PROGRAMME: DETAILS						
HEADQUARTERS						
COMMUNICABLE DISEASES						
<u>Smallpox Eradication</u>						
Medical officer			P4	1		8 930
Administrative assistant			P1	1		4 800
Total established posts				2		13 730
Consultants' fees						16 000
<u>Travel</u>						
Duty						4 000
Consultants						18 000
Total						51 730
<u>Other statutory staff costs</u>						11 391
<u>Other costs</u>						
Scientific group on methodology of eradication						12 000
Vaccine testing						20 000
Total						32 000
Total - <u>HEADQUARTERS</u>			2			95 121
			===	=====	=====	=====

	Project No.	Number of posts			Estimated obligations		
		1965	1966	1967	1965	1966	1967
					US\$	US\$	US\$
<u>FIELD</u>							
AFRICA							
<u>Regional Advisers</u>							
Medical officer	P4			1			8 930
Secretary	BZ7			1			5 070
	Total established posts			2			14 000
Consultants' fees							12 800
Travel:							
Duty							3 000
Consultants							14 400
	Total						44 200
Other statutory staff costs							8 309
	Total			2			52 509
<u>Country Programmes</u>							
Dahomey	18			1			50 789
Ivory Coast	14			1			41 185
Liberia	17			1			39 997
Mali	22			1	4 900		81 185
Nigeria	65			1			168 809
Sierra Leone	27			1	700		58 413
Togo	25			1			40 789
Upper Volta	7			1			49 997
<u>Inter-country Programmes</u> AFRO							
Course on smallpox	202						32 000
Fellowships	200						9 750
	Total			8	5 600		572 914
	Total - AFRICA			10	5 600		625 423
THE AMERICAS							
<u>Regional Advisers</u>							
Medical officer	P4			1			8 930
Secretary	WL4			1			4 347
	Total established posts			2			13 277
Consultants' fees							8 000
Travel:							
Duty							3 000
Consultants							9 000
	Total						33 277
Other statutory staff costs							7 223
	Total			2			40 500
<u>Country Programmes</u>							
Argentina	0300			1			55 404
Bolivia	0300			1			55 413
Brazil	0300			1			365 017
Colombia	0300			1			55 017
Paraguay	0300			1			48 205
Peru	0300			1			47 809

SPECIAL ACCOUNT FOR SMALLPOX ERADICATION

	Project No.	Number of posts			Estimated obligations		
		1965	1966	1967	1965	1966	1967
					US\$	US\$	US\$
<u>Field (continued)</u>							
<u>The Americas (continued)</u>							
<u>Inter-country Programmes</u> AMRO							
Smallpox eradication project	0300				5 280		6 500
Seminar	0307						28 000
	Total			6	5 280		661 365
	Total - THE AMERICAS			8	5 280		701 865
SOUTH-EAST ASIA							
<u>Regional Advisers</u>							
Medical officer	P4			1			8 930
Secretary	ND4			1			1 468
	Total established posts			2			10 398
Consultants' fees							9 600
<u>Travel:</u>							
Duty							3 000
Consultants							10 800
	Total						33 798
Other statutory staff costs							6 842
	Total			2			40 640
<u>Country Programmes</u>							
Afghanistan	54			2	196		79 983
Burma	80			1			79 205
India	233				11 702		500 000
Nepal	9				348		50 000
<u>Inter-country Programmes</u> SEARO							
Conference for assessment of the eradication programme	137						25 000
	Total			3	12 246		734 188
	Total - SOUTH-EAST ASIA			5	12 246		774 828
EASTERN MEDITERRANEAN							
<u>Regional Advisers</u>							
Medical officer	P4			1			8 930
Secretary	EM6			1			1 656
	Total established posts			2			10 586
Consultants' fees							4 800
<u>Travel:</u>							
Duty							3 000
Consultants							5 400
	Total						23 786
Other statutory staff costs							5 274
	Total			2			29 060

