

In about 671

INDEXED

D

**OFFICIAL RECORDS**  
**OF THE**  
**WORLD HEALTH ORGANIZATION**

**No. 190**



**EXECUTIVE BOARD**

**FORTY-SEVENTH SESSION**

**GENEVA, 19-29 JANUARY 1971**

**PART II**

**REPORT ON THE PROPOSED**  
**PROGRAMME AND BUDGET ESTIMATES**  
**FOR 1972**



**WORLD HEALTH ORGANIZATION**

**GENEVA**

Price: 50p \$1.75 Sw.fr. 5.—

## Appendix 13

SMALLPOX ERADICATION PROGRAMME<sup>1</sup>

## 1. Present Position

The status of the programme as of 13 January 1971 is shown in the summary report (annexed) which was published on 15 January in the *Weekly Epidemiological Record*.<sup>2</sup>

In brief, smallpox incidence declined by almost 45 per cent. during 1970. Less than 30 000 cases were reported, the lowest total ever recorded by the Organization. Cases were reported by 23 countries during 1970 compared with the 42 countries which reported cases during the first year of the programme.

Significant progress has occurred in all parts of the world. In South America, progress has been particularly notable. Smallpox incidence decreased by more than 75 per cent. and, in fact, no cases have been detected since October. In western and central Africa, the last recognized cases occurred in May 1970.

Throughout eastern and southern Africa, intensive programmes are continuing and, based on present trends of progress in the various programmes, smallpox transmission could be interrupted in all areas during the present year except in Sudan and Ethiopia. However, both Sudan and Ethiopia are experiencing extensive outbreaks. The programme in Sudan has not as yet developed satisfactorily and, thus far, it has been possible to initiate only a limited programme in Ethiopia. Programmes in these two countries are receiving full attention, for they seriously threaten smallpox-free countries throughout Africa.

In Asia, eradication programmes in Indonesia, East Pakistan and Afghanistan are making particularly notable progress. More than 80 per cent. of Indonesia's population now live in smallpox-free areas, the reverse of the situation two years ago. Present strategy calls for the entire country to be free of the disease in 1971. East Pakistan has recorded no cases for more than four months and, while it is doubtful that transmission has yet been interrupted, residual foci are obviously few indeed. Of concern are India, West Pakistan and Nepal: all have made steady progress in reducing smallpox incidence but in none has the requisite reporting and surveillance system been satisfactorily developed.

Eradication programmes are now operative in all endemic countries and the Organization is providing substantial support in terms of technical aid and consultants, supplies and

equipment, teaching materials, courses and seminars. Substantial international assistance is also being provided on a bilateral basis by the United States of America and the USSR and 28 additional countries have made special contributions, principally in the form of vaccine, to the Special Account for Smallpox Eradication.

## 2. Future Activities

If present progress in the various programmes can be sustained, it is expected that not more than six countries should be experiencing endemic smallpox by the end of 1971. These countries are Afghanistan, Ethiopia, India, Nepal, Pakistan and Sudan. In these countries, an increased emphasis will need to be placed on the development of surveillance programmes as well as on intensified systematic vaccination activities. Increased resources will need to be provided to most of these countries to permit this to be done.

In Africa, the tempo of vaccination activity will need to be sustained and surveillance programmes strengthened until such time as Sudan and Ethiopia become smallpox-free. Assuming continued bilateral support, sufficient resources would appear to be available to meet this need.

In the Americas and in Indonesia, surveillance activities will need to be sustained and strengthened to contain possible importations. The tempo of the vaccination programme is expected to decrease as maintenance vaccination only is carried out. Resources for these areas are sufficient.

Continuing donations of vaccine from Member countries will be required as the total number of vaccinations performed in the global programme is expected, if anything, to increase slightly during 1971 and 1972. At present, a deficit of 15 to 20 million doses is projected for 1971 and a somewhat larger deficit in 1972.

Continuing research studies will be directed towards the elucidation of patterns of smallpox transmission and the characterization of strains of the pox viruses as well as the development of improved strains of vaccinia virus and more effective methods of vaccine production.

During 1971, an expert committee will be convened to evaluate the status of the programme and to make recommendations regarding the strategy of the programme in succeeding years.

<sup>1</sup> See Chapter II, para. 127.

<sup>2</sup> *Wkly Epidemiol. Rec.*, No. 3, 1971, pp. 14-22.