WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

OFFICIAL RECORDS No. 194

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CORRIGENDUM

Page 402, line 42 (in the third paragraph of the speech of Dr SHRIVASTAV):

delete	about 40 million births
insert	about 13 million births

MEMBERSHIP OF THE HEALTH ASSEMBLY

LIST OF DELEGATES AND OTHER PARTICIPANTS

DELEGATIONS OF MEMBER STATES

AFGHANISTAN

Delegates:
- Professor A. OMAR, Deputy Minister of Public Health, Ministry of Public Health (Chief Delegate)
- Dr G. R. ROASHAN, President, Planning and Organization, Ministry of Public Health

ALBANIA

Delegates:
- Dr C. PISTOLI, Dean, Faculty of Medicine, Tirana (Chief Delegate)
- Dr R. KRUJA, Adviser, Ministry of Public Health

ALGERIA

Delegates:
- Mr D. NEMICHE, Secretary-General, Ministry of Public Health (Chief Delegate)
- Dr A. BENADOUDA, Director, National Institute of Public Health
- Dr B. HADJ-LAKEHAL, Chief Medical Officer, Nutrition Section, National Institute of Public Health

Alternate:
- Mr O. BENZITOUNI, Attaché, Permanent Mission of the Democratic and Popular Republic of Algeria to the United Nations Office and the Specialized Agencies at Geneva

ARGENTINA

Delegates:
- Dr H. M. RODRÍGUEZ CASTELLS, Secretary of State for Public Health (Chief Delegate)
- Dr V. V. OLGUÍN, Director, International Health Relations, Secretariat of State for Public Health

Advisers:
- Dr J. K. DE USTARAN, Director, National Health Inspectorate, Secretariat of State for Public Health
- Mr R. A. RAMAYÓN, Secretary of Embassy, Permanent Mission of the Republic of Argentina to the United Nations Office and the Other International Organizations at Geneva
- Miss G. V. SABÁ, Secretary of Embassy, Permanent Mission of the Republic of Argentina to the United Nations Office and the Other International Organizations at Geneva

AUSTRALIA

Delegates:
- Sir William REFSHAUGE, Director-General of Health, Commonwealth Department of Health (Chief Delegate)
- Dr J. S. BOXALL, Director of International Health, Commonwealth Department of Health (Deputy Chief Delegate)
- Mr A. D. BROWN, First Secretary, Permanent Mission of Australia to the United Nations Office and Other International Organizations at Geneva

Alternates:
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Delegates:
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- Dr jur. R. HAVLASEK, Counsellor, Federal Ministry of Social Affairs
- Dr jur. F. ČESKA, Deputy Permanent Representative of Austria to the United Nations Office and the Specialized Agencies at Geneva

BARBADOS

Delegates:
- Mr C. E. TALMA, Minister of Health and Social Welfare (Chief Delegate)
- Mr C. A. BURTON, Permanent Secretary, Ministry of Health and Social Welfare
- Dr A. W. MEARNS, Medical Officer of Health

BELGIUM

Delegates:
- Mr L. NAMÈCHE, Minister of Public Health (Chief Delegate)
- Professor S. HALTER, Secretary-General, Ministry of Public Health and Family Welfare (Deputy Chief Delegate)
- Dr jur. J. DE CONINCK, First Counsellor; Chief, International Relations Section, Ministry of Public Health and Family Welfare

Alternate:
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Advisers:
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- Miss C. KIRSCHEN, Second Secretary, Permanent Mission of Belgium to the United Nations Office and the Specialized Agencies at Geneva
- Dr J. BURKE, Chief Medical Officer, Medical Section, Belgian Co-operation Mission
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- Professor J. BLANPAIN, Director, School of Public Health, Catholic University of Louvain
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- Professor M. F. LECHAT, School of Public Health, Catholic University of Louvain
- Professor E. A. SAND, School of Public Health, Free University of Brussels
- Professor K. VUYLSTEEK, Section of Hygiene and Social Medicine, University of Ghent
- Dr MILLET, Professor emeritus, Free University of Brussels

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- Miss H. MONTENEGRO, First Secretary, Permanent Mission of the Republic of Bolivia to the United Nations Office and the Other International Organizations at Geneva

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Delegates:
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- Professor R. VIEIRA DA CUNHA, Secretary-General, Ministry of Health
- Dr A. N. BICA, Secretary of Public Health, Ministry of Health

Alternates:
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- Mr A. AMARAL DE SAMPAIO, First Secretary, Permanent Mission of Brazil to the United Nations Office and the Other International Organizations at Geneva

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- Dr D. ARNAUDOV, Director, Department of International Relations, Ministry of Public Health
- Mr S. CVETKOV, First Secretary, Permanent Representation of the People's Republic of Bulgaria to the United Nations Office and the Other International Organizations at Geneva

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BURMA

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- Dr LUN WAI, Assistant Director, Rangoon Health Division, Directorate of Health

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CAMEROON

Delegates:
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Dr E. N. ELOM, Technical Adviser, Ministry of Public Health and Population

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Professor G. L. MONEKOSSO, Director, University Centre for Health Sciences, Yaoundé

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Alternates:
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Dr S. HAIDASZ, Member of Parliament for Parkdale, Province of Ontario
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Dr J. S. ROBERTSON, Deputy Minister of Health for the Province of Nova Scotia
Dr P. B. ROSE, Deputy Minister of Health for the Province of Alberta
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Mr R. AUGER, Third Secretary, Permanent Mission of Canada to the United Nations Office and Other International Organizations at Geneva

[1] Chief Delegate as from 15 May.

CENTRAL AFRICAN REPUBLIC

Delegates:
Mr P. F. BAKRY, Secretary of State for Public Health and Social Affairs (Chief Delegate)
Dr S. BÉDAYA-NGARO, Director-General of Public Health and Social Affairs

CEYLON

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Mr A. PATHMARAJAH, Permanent Representative of Ceylon to the United Nations Office and Other International Organizations at Geneva

CHAD

Delegates:
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COSTA RICA

Delegates:
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CYPRUS

Delegates:
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Mr M. SHERIFIS, Counsellor, Embassy of Cyprus in France

CZECHOSLOVAKIA

Delegates:
Professor V. ZVARA, Minister of Health of the Slovak Socialist Republic (Chief Delegate)
Dr I. HATIAR, Deputy Minister of Health of the Slovak Socialist Republic (Deputy Chief Delegate)[1]
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Mr Š. HRKOTÁČ, Head, International Relations Department, Ministry of Health of the Slovak Socialist Republic
Dr Anna SOBOTKOVÁ, Federal Ministry of Foreign Affairs
Dr jur. J. CIMICKÝ, Head, Department for Multilateral International Co-operation, Ministry of Health of the Czech Socialist Republic

[1] Chief Delegate as from 10 May.

DAHOMEY

Delegates:
Mr A. OUASSA, Minister of Public Health and Social Affairs (Chief Delegate)
Dr J. HOUNSOU, Technical Adviser, Ministry of Public Health

DENMARK

Delegates:
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Mr F. NIELSEN, Head of Department, Ministry of the Interior (Deputy Chief Delegate)
Mr O. FORSTING, Head of Section, Ministry of the Interior

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Dr J. WORM-PETERSEN, Chief Physician
Dr J. FOG, President, Danish Medical Association
Dr P. LOUS, Chief Physician
Mr H. STENBJERRE, Secretary of Embassy, Permanent Mission of Denmark to the United Nations Office and to the Other International Organizations at Geneva

DOMINICAN REPUBLIC

Delegate:
Dr F. HERRERA-ROA, Ambassador, Permanent Representative of the Dominican Republic to the United Nations Office and to the Other International Organizations at Geneva

ECUADOR

Delegates:
Dr F. PARRA-GIL, Minister of Public Health (Chief Delegate)
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EL SALVADOR

Delegates:
Dr V. M. ESQUIVEL, Minister of Public Health and Social Welfare (Chief Delegate)
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ETHIOPIA

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Mrs S. ABRAHAM, Director-General, Ministry of Public Health
Dr D. TERREFE, Medical Officer, Ministry of Public Health

Alternate:
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FEDERAL REPUBLIC OF GERMANY

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Alternates:
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Dr H. KARL, Councillor, Ministry for Social Affairs of the Land Hesse
Dr jur. H. SCHIRMER, First Secretary, Office of the Permanent Observer of the Federal Republic of Germany to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva
Mr T. WALLAU, First Secretary, Office of the Permanent Observer of the Federal Republic of Germany to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva
Mr H. A. SCHRAEPLER, First Secretary, Federal Ministry for Foreign Affairs

FINLAND

Delegates:
Professor L. NORO, Director-General, National Board of Health (Chief Delegate)
Dr M. PARMALA, Head, International Relations Section, National Board of Health
Mr M. HÄKKÄNEN, Chief, Bureau for International Organizations, Ministry for Foreign Affairs

Alternates:
Dr T. KOSONEN, Secretary General, Finnish Medical Association
Dr O. P. HEINONEN, Medical Officer in Charge, Division of Epidemiology and Preventive Medicine, National Pensions Institute

FRANCE

Delegates:
- Professor E. J. AUJALEU, Honorary Director-General, National Institute of Health and Medical Research (Chief Delegate)
- Mr J. FERNAND-LAURENT, Ambassador, Permanent Representative of France to the United Nations Office and the Specialized Agencies in Switzerland
- Dr P. CHARBONNEAU, Director-General of Public Health

Alternates:
- Dr L. P. AUJOULAT, former Minister; Inspector-General of Health
- Dr J.-S. CAYLA, Director, National School of Public Health
- Professor R. SENAULT, Faculty of Medicine, Nancy

Advisers:
- Miss J. BALENCIE, Assistant Secretary, Ministry of Foreign Affairs
- Mrs C. M. HELOÏSE, Senior Officer, International Relations Division, Ministry of Public Health and Social Security
- Dr H. P. JOURNIAC, Chief, Division of Public Health and Social Affairs, Secretariat of State for Foreign Affairs
- Dr J. MEILLON, Chief Medical Inspector, International Relations Division, Ministry of Public Health and Social Security
- Dr Denise MINVIELLE, National Institute of Health and Medical Research
- Mr A. PAVEC, First Secretary, Permanent Mission of France to the United Nations Office and the Specialized Agencies in Switzerland
- Dr M. TRAZZINI, Regional Medical Inspector; Medical Counsellor, Ministry of Public Health and Social Security
- Dr P. L. PARADE, Assistant to the Chief, Division of Public Health and Social Affairs, Secretariat of State for Foreign Affairs
- Mr F. NICAISE, Pharmacien-inspecteur divisionnaire de la Santé

GABON

Delegates:
- Dr B. NGOUBOU, Minister of Public Health and Population (Chief Delegate)
- Dr J. B. BIYOGHE, Chief Physician, Gynaecological Service

THE GAMBIA

Delegates:
- Mr I. M. GARBA-JAHUMPA, Minister of Education, Health and Social Welfare (Chief Delegate)
- Dr P. J. N'DOW, Chief Medical Officer, Ministry of Education, Health and Social Welfare

GHANA

Delegates:
- Mr S. D. DOMBO, Minister of Health (Chief Delegate)
- Professor F. T. SAI, Director of Medical Services, Ministry of Health (Deputy Chief Delegate)
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Alternate:
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GUATEMALA

Delegates:
- Dr C. A. RECINOS MAZARIEGOS, Vice-Minister of Public Health and Social Welfare (Chief Delegate)
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Delegates:
- Dr B. KOUROUMA, Governor of Conakry; Professor of the Faculty of Medicine (Chief Delegate)
- Mr S. KEITA, Ambassador of the Republic of Guinea in Western Europe
- Dr A. BARRY, Inspector-General of Public Health

HAITI

Delegate:
Mr A. ADDOR, Consul-General of Haiti in Geneva

HONDURAS

Delegate:
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Delegates:
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ICELAND

Delegates:
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Dr P. SIGURDSSON, Secretary-General, Ministry of Health

INDIA

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Professor Julie SULIANTI, Director-General of Communicable Disease Control, Department of Health[2]
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IRAQ

Delegates:
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[1] Chief Delegate from 9 to 12 May.

[2] Chief Delegate as from 10 May.

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ISRAEL

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Dr J. SILBERSTEIN, Chief, Division of Chronic Diseases and Rehabilitation, Ministry of Health[2]

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ITALY

Delegates:
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Dr G. SPALATIN, Inspector-General of Health, Ministry of Health

IVORY COAST

Delegates:
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Mr B. NIOUPIN, Ambassador, Permanent Representative of the Republic of the Ivory Coast to the United Nations Office and the Specialized Agencies at Geneva and Vienna
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JAMAICA

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Miss F. M. SHILLETTO, Third Secretary, Permanent Mission of Jamaica to the United Nations Office and the Specialized Agencies at Geneva

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[1] Chief Delegate as from 9 May.

[2] Deputy Chief Delegate as from 9 May.

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Mr A.-R. RAWABDEH, Director, Pharmacy, Supplies and Equipment Department

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KHMER REPUBLIC

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Mr MEAS AN

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Dr A. M. AL-REAFAI, Ministry of Public Health

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LEBANON

Delegate:
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LESOTHO

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LIBYAN ARAB REPUBLIC

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LUXEMBOURG

Delegate:
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MADAGASCAR

Delegates:
Mr A. RAMANGASOAVINA, Minister of State for Public Health and Population (Chief Delegate)
Dr G. RATSIANDAVANA, Inspector-General of Pharmacy
Dr G. RANDRIATSARAFARA, Assistant to the Chief, Major Endemic Diseases Control Service

[1] Chief Delegate as from 15 May.

MALAWI

Delegates:
Mr R. P. CHISALA, Secretary for Health and Community Development, Ministry of Health (Chief Delegate)
Dr Y. H. MISOMALI, Senior Medical Officer

MALAYSIA

Delegates:
Mr SARDON BIN HAJI JUBIR, Minister of Health (Chief Delegate)
Dr H. A. MAJID BIN ISMAIL, Director for Planning and Research
Dr A. WAHAB BIN M. ARIFF, Director of Health Services, Ministry of Health

Adviser:
Mr WAN PUTEH BIN WAN M. SAMAN, Principal Assistant Secretary for Finance, Ministry of Health

MALI

Delegates:
Dr B. FOFANA, Minister of Public Health (Chief Delegate)
Dr O. SOW, Chief, Division of Social and Preventive Medicine, Ministry of Public Health

MALTA

Delegates:
Dr A. CUSCHIERI, Chief Government Medical Officer (Chief Delegate)
Mr E. SALIBA, Permanent Representative of Malta to the United Nations Office and the Specialized Agencies at Geneva

MAURITANIA

Delegates:
Mr A. OULD JIDDOU, Secretary-General, Ministry of Health and Labour (Chief Delegate)
Dr A. OULD BAH, Director of Public Health

MAURITIUS

Delegates:
Mr K. JAGATSINGH, Minister of Health (Chief Delegate)
Mr R. BURRENCHOBAY, Permanent Secretary, Ministry of Health

MEXICO

Delegates:
Dr J. JIMÉNEZ CANTÚ, Secretary of Health and Welfare (Chief Delegate)
Dr M. E. BUSTAMANTE, Secretary General of Health Council
Mr J. PALACIOS TREVIÑO, Deputy Permanent Representative of Mexico to the United Nations Office and to the Other International Organizations in Switzerland

Advisers:
Dr H. R. ACUÑA-MONTEVERDE, Technical Adviser, Under-Secretariat for Health, Secretariat for Health and Welfare
Mr G. JIMENEZ, Specialist in Public Health Administration, Secretariat for Health and Welfare
Mr J. OCAMPO, Sanitary Engineer, Secretariat for Health and Welfare
Mr E. BRAUN, Sanitary Engineer, Secretariat for Health and Welfare
Mr M. CELADA, Administrative Officer, Secretariat for Health and Welfare

MONACO

Delegates:
Dr E. BOÉRI, Permanent Delegate to the International Health Organizations (Chief Delegate)
Dr F. MARQUET, Director, Action sanitaire et sociale
Mr J.-Ch. MARQUET, Legal Adviser, Office of H.S.H. the Prince of Monaco

MONGOLIA

Delegates:
Dr B. DEMBEREL, Minister of Public Health (Chief Delegate)
Dr S. DORJJADAMBA, Director, Treatment and Prophylaxis Department, Ministry of Public Health
Dr P. DOLGOR, Dean, Faculty of Postgraduate Training, State Medical Institute, Ulan Bator

MOROCCO

Delegates:
Dr A. BELMAHI, Minister of Public Health (Chief Delegate)
Mr N. EL-FASSI, Ambassador of Morocco to Switzerland; Permanent Representative to the United Nations Office at Geneva and the Specialized Agencies in Switzerland
Dr O. BELKEZIZ, Director of Technical Services, Ministry of Public Health

Alternate:
Dr A. ALAMI, Chief Physician, Meknès Medical Province

NEPAL

Delegates:
- Mr J. B. SHAH, Assistant Minister for Health (Chief Delegate)
- Dr B. R. BAIDYA, Director-General, Department of Health[1]
- Dr N. K. SHAH, Chief, Epidemiology Division, Department of Health

NETHERLANDS

Delegates:
- Dr R. J. H. KRUISINGA, Secretary of State for Social Affairs and Public Health (Chief Delegate)
- Dr R. VONSÉE, Minister of Public Health, Surinam[2]
- Dr J. H. W. HOOGWATER, Director-General for International Affairs, Ministry of Social Affairs and Public Health

Alternates:
- Dr P. SIDERIUS, Director-General of Public Health, Ministry of Social Affairs and Public Health
- Dr W. B. GERRITSEN, Deputy Director-General of Public Health, Ministry of Social Affairs and Public Health
- Dr J. SPAANDER, Director-General, National Institute of Public Health, Utrecht
- Mr A. MANSVELT, Counsellor, Permanent Mission of the Netherlands to the United Nations Office and the Other International Organizations at Geneva
- Miss J. SCHALIJ, Acting Head, Division for International Health Affairs, Ministry of Social Affairs and Public Health
- Dr J. J. S. CHANG SING PANG, Director, Ministry of Public Health, Surinam

Advisers:
- Professor L. BUREMA, Director, Municipal Health Department, Rotterdam
- Dr R. DRION, Chief Medical Officer of Public Health, Ministry of Social Affairs and Public Health

NEW ZEALAND

Delegates:
- Dr D. P. KENNEDY, Director-General, Department of Health (Chief Delegate)
- Mr B. S. LENDRUM, Permanent Representative of New Zealand to the United Nations Office at Geneva
- Mr B. W. P. ABSOLUM, First Secretary, Permanent Mission of New Zealand to the United Nations Office at Geneva

[1] Chief Delegate as from 11 May.

[2] Chief Delegate from 6 to 17 May.

NICARAGUA

Delegates:
- Dr F. URCUYO, Vice-President of the Republic; Minister of Public Health (Chief Delegate)
- Dr C. H. CANALES, Director-General of Public Health
- Dr O. AVILÉS, Director of Health Planning, Ministry of Public Health

NIGER

Delegates:
- Dr A. MOSSI, Secretary of State for Public Health and Social Affairs (Chief Delegate)
- Dr TAHIROU BANA, Director-General of Public Health

NIGERIA

Delegates:
- Dr J. O. J. OKEZIE, Federal Commissioner for Health (Chief Delegate)
- Dr S. L. ADESUYI, Chief Medical Adviser to the Federal Government (Deputy Chief Delegate)
- Dr Marianne A. SILVA, Principal Health Officer, Federal Ministry of Health

Alternates:
- Professor U. SHEHU, Director, Institute of Health, Ahmadu Bello University
- Dr A. A. IBIAMA, Consultant Physician

Advisers:
- Professor T. A. LAMBO, Vice-Chancellor, Ibadan University
- Sir Samuel MANUWA, Chairman, Ibadan University Council

NORWAY

Delegates:
- Dr K. EVANG, Director-General of Health Services (Chief Delegate)
- Dr T. MORK, Under-Secretary of State, Ministry of Social Affairs
- Dr T. IVERSEN, Chief Medical Officer, Oslo

Alternate:
- Dr F. MELLBYE, Director, Division of Hygiene and Epidemiology, Health Services of Norway

Adviser:
- Mr J. B. HEGGEMSNES, First Secretary of Embassy, Permanent Mission of Norway to the United Nations Office and the Other International Organizations at Geneva

PAKISTAN

Delegates:
Dr A. N. ANSARI, Director-General of Health (Chief Delegate)
Dr S. HASAN, Assistant Director-General of Health

PANAMA

Delegates:
Dr E. GONZÁLEZ GÁLVEZ, Deputy Director-General of Health, Ministry of Health (Chief Delegate)
Mr J. M. ESPINO-GONZÁLEZ, Ambassador, Permanent Representative of Panama to the United Nations Office at Geneva
Mr O. FERRER ANGUIZOLA, Minister Plenipotentiary, Deputy Permanent Representative of Panama to the United Nations Office at Geneva

Advisers:
Mr L. F. MORA B., Third Secretary, Permanent Mission of Panama to the United Nations Office at Geneva
Mr E. ROYO LINARES, Third Secretary, Permanent Mission of Panama to the United Nations Office at Geneva

PEOPLE'S DEMOCRATIC REPUBLIC OF YEMEN

Delegates:
Dr A. S. AFFARA, Director of Health Services, Ministry of Health (Chief Delegate)
Mr M. A. SALEM, Minister Plenipotentiary, Ministry of Foreign Affairs

PEOPLE'S REPUBLIC OF THE CONGO

Delegates:
Mr C. NGOUOTO, Minister for Social Affairs, Health and Labour (Chief Delegate)
Mr. D.-C. GANAO, Ambassador, Permanent Representative of the People's Republic of the Congo to the United Nations Office and the Specialized Agencies in Switzerland (Deputy Chief Delegate)
Dr R. POUATY, Secretary-General for Public Health and Social Affairs (Deputy Chief Delegate)

Adviser:
Mr F. GOYI, First Secretary, Permanent Mission of the People's Republic of the Congo to the United Nations Office and the Specialized Agencies in Switzerland

PERU

Delegates:
Mr H. WIELAND, Ambassador, Permanent Representative of Peru to the United Nations Office and the Other International Organizations at Geneva (Chief Delegate)
Mr L. SOLARI TUDELA, Deputy Permanent Representative of Peru to the United Nations Office and the Other International Organizations at Geneva
Mr F. GUILLEN, Second Secretary, Permanent Mission of Peru to the United Nations Office and the Other International Organizations at Geneva

PHILIPPINES

Delegates:
Dr A. H. CRUZ, Minister of Health (Chief Delegate)
Mr H. J. BRILLANTES, Ambassador, Permanent Representative of the Philippines to the United Nations Office and the Other International Organizations at Geneva (Deputy Chief Delegate)
Mr R. A. URQUIOLA, Minister, Deputy Permanent Representative of the Philippines to the United Nations Office and the Other International Organizations at Geneva

Alternate:
Mr W. V. VEGA, Minister, Permanent Mission of the Philippines to the United Nations Office and the Other International Organizations at Geneva

POLAND

Delegates:
Professor J. KOSTRZEWSKI, Minister of Health and Social Welfare (Chief Delegate)
Professor W. J. RUDOWSKI, Chairman, Scientific Council of the Minister of Health and Social Welfare
Professor Z. J. BRZEZINSKI, Vice-Rector, Academy of Medicine of Warsaw

Adviser:
Dr J. OSIECKI, First Secretary, Permanent Representation of the Polish People's Republic to the United Nations Office and the Other International Organizations at Geneva

PORTUGAL

Delegates:
Mr F. DE ALCAMBAR PEREIRA, Ambassador, Permanent Representative of Portugal to the United Nations Office and Other International Organizations at Geneva (Chief Delegate)
Professor A. A. DE CARVALHO SAMPAIO, Director, Planning Office, Ministry of Health and Welfare
Dr M. A. DE ANDRADE SILVA, Senior Health Inspector, Ministry of Overseas Provinces

REPUBLIC OF KOREA

Delegates:
Mr T. J. PARK, Ambassador, Permanent Observer of the Republic of Korea to the United Nations Office and Permanent Representative to the Other International Organizations at Geneva (Chief Delegate)
Dr S. H. RHEE, Director, Bureau of Medical Affairs, Ministry of Health and Social Affairs (Deputy Chief Delegate)
Mr W. Y. CHUNG, Counsellor, Office of the Permanent Observer of the Republic of Korea to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva

Alternate:
Mr B. H. CHUN, Chief International Affairs Office, Ministry of Health and Social Affairs

Adviser:
Mr C. M. KIM, Third Secretary, Office of the Permanent Observer of the Republic of Korea to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva

ROMANIA

Delegates:
Dr M. ALDEA, Vice-Minister of Health (Chief Delegate)
Dr N. RACOVEANU, Head, Radiation Hygiene Laboratory, Institute of Hygiene, Bucharest (Deputy Chief Delegate)
Dr M. ZAMFIRESCU, Deputy Director, Cantacuzino Institute, Bucharest

Alternates:
Mrs F. DINU, Third Secretary, Permanent Mission of the Socialist Republic of Romania to the United Nations Office and the Specialized Agencies at Geneva
Mr I. DIACONU, Second Secretary, Ministry of Foreign Affairs
Mr I. G. STANCA, External Relations Department and Secretariat of the Ministry of Health

RWANDA

Delegates:
Mr J. HAKIZIMANA, Minister of Public Health (Chief Delegate)
Dr M. GASHAKAMBA, Deputy Director, Kigali Hospital Centre

SAUDI ARABIA

Delegates:
Dr H. ABDUL-GHAFFAR, Deputy Minister of Health (Chief Delegate)
Dr A. S. TABBAA, Director-General, International Health, Ministry of Health (Deputy Chief Delegate)
Dr J. M. AASHI, Assistant Director-General, Preventive Medicine, Ministry of Health

Alternate:
Dr H. KIRIMLY, Director, Quarantine Service

SENEGAL

Delegates:
Dr D. SOW, Minister of Public Health and Social Affairs (Chief Delegate)
Dr I. WONE, Chief Physician, Cap Vert Medical Region[1]
Dr I. GUEYE, Chief Physician, Malaria Control Service, Thies Region

Adviser:
Dr M. NDIAYE, Deputy in the National Assembly (Commission on Health and Social Affairs)

SIERRA LEONE

Delegates:
Mr L. A. M. BREWAH, Minister of Health (Chief Delegate)
Mr M. A. O. FINDLAY, Permanent Secretary, Ministry of Health
Dr E. C. CUMMINGS, Chief Medical Officer

SINGAPORE

Delegates:
Mr TAN TECK KHIM, Permanent Secretary (Special Duties), Ministry of Health (Chief Delegate)
Dr S. KUMARAPATHY, Senior Registrar, Public Health Division, Ministry of Health

SOMALIA

Delegates:
Mr O. A. HASSAN, Director-General, Ministry of Health (Chief Delegate)
Dr M. A. NUR, Medical Superintendent, General Hospital
Miss K. BARRE, Nurse Tutor, Health Training Institute, Mogadishu

SPAIN

Delegates:
Professor J. GARCÍA ORCOYEN, Director-General of Health (Chief Delegate)
Mr E. PÉREZ-HERNÁNDEZ, Ambassador, Permanent Representative of Spain to the United Nations Office and the Other International Organizations at Geneva (Deputy Chief Delegate)

[1] Chief Delegate as from 12 May.

Professor P. DE LA QUINTANA, Director, National School of Health

Alternates:
Dr F. PÉREZ GALLARDO, Director, National Virus and Ecology Centre
Professor C. RICO-AVELLO, Director, National School of Health Educators
Mr E. VALERA, First Secretary, Permanent Mission of Spain to the United Nations Office and the Other International Organizations at Geneva
Mr R. GARRIDO GARZON, Chief, International Health Section

SUDAN

Delegates:
Dr T. BAASHER, Minister of Health (Chief Delegate)
Dr O. IMAM, Acting Under-Secretary for Planning Administration, Ministry of Health
Dr A. H. OSMAN, Director, Smallpox Division, Ministry of Health

Alternate:
Dr S. BASSHAR, Specialist in Preventive and Social Medicine, Ministry of Health

SWEDEN

Delegates:
Professor B. REXED, Director-General, National Board of Health and Welfare (Chief Delegate)
Dr M. TOTTIE, Senior Medical Officer, National Board of Health and Welfare
Mr S.-E. HEINRICI, Head of the International Secretariat, Ministry of Health and Social Affairs

Alternate:
Mr S. BRATTSTRÖM, First Secretary, Permanent Mission of Sweden to the United Nations Office and the Other International Organizations at Geneva

Adviser:
Dr G. MALMSTRÖM, Head Physician, Sabbatsberg Hospital, Stockholm

SWITZERLAND

Delegates:
Dr A. SAUTER, Director, Federal Public Health Service (Chief Delegate)
Dr C. FLEURY, Chief, Infectious Diseases Section, Federal Public Health Service (Deputy Chief Delegate)
Miss C. BUTTET, Collaborateur diplomatique II, Federal Political Department

Advisers:
Dr J.-P. PERRET, Deputy Director, Federal Public Health Service
Mr J.-P. BERTSCHINGER, Chief, Pharmaceutical Section, Federal Public Health Service

SYRIA

Delegates:
Dr M. SAADA, Minister of Health (Chief Delegate)
Dr N. RAMZI, Vice-Minister of Health (Deputy Chief Delegate)
Mrs R. KOURDI, Director of Administrative Affairs[1]
Dr Dia E. CHATTY, Chief, Office of International Health Relations, Ministry of Health[2]

Advisers:
Miss S. NASSER, Third Secretary, Permanent Mission of the Syrian Arab Republic to the United Nations Office at Geneva
Miss D. CHATTY, Adviser

THAILAND

Delegates:
Dr S. PHONG-AKSARA, Deputy Minister of Public Health (Chief Delegate)
Dr C. HEMACHUDHA, Director-General, Department of Health, Ministry of Public Health
Dr B. SUNAKORN, First grade Medical Officer, Division of Tuberculosis Control, Department of Health, Ministry of Public Health

Alternate:
Miss D. PURANANDA, Chief, International Health Division, Ministry of Public Health

TOGO

Delegates:
Dr D. P. MIKEM, Director of the Medical Welfare Division and of the Basic Health Services, Ministry of Public Health (Chief Delegate)
Dr M. BITHO, Chief Surgeon, Lome National Hospital Centre
Dr A. NABÉDÉ, Director, Division of Epidemiology, Public Hygiene and Health Promotion, Ministry of Public Health

TRINIDAD AND TOBAGO

Delegates:
Mr C. H. ARCHIBALD, Ambassador, Permanent Representative of Trinidad and Tobago to the United Nations Office at Geneva and the Specialized Agencies in Europe (Chief Delegate)
Dr M. U. HENRY, Chief Medical Officer, Ministry of Health
Mr M. O. ST. JOHN, Counsellor, Permanent Mission of Trinidad and Tobago to the United Nations Office at Geneva and the Specialized Agencies in Europe

[1] Delegate until 5 May.

[2] Delegate as from 6 May following the departure of Mrs Kourdi.

TUNISIA

Delegates:
Mr Driss GUIGA, Minister of Public Health (Chief Delegate)
Mr M. SAYAH, Ambassador, Permanent Representative of Tunisia to the United Nations Office at Geneva and to the Specialized Agencies in Switzerland
Dr M. BAHRI, Médecin-inspecteur divisionnaire, chargé de Mission

Alternates:
Dr T. HACHICHA, Médecin-inspecteur divisionnaire; Chief, Directorate of Campaigns for Disease Control
Mr S. ANNABI, Secrétaire d'Ambassade, Permanent Mission of Tunisia to the United Nations Office at Geneva and to the Specialized Agencies in Switzerland

Adviser:
Professor M. BEN HAMIDA, Dean, Faculty of Medicine and Pharmacy, Tunis

TURKEY

Delegates:
Professor Türkân AKYOL (Mrs), Minister of Health and Social Assistance (Chief Delegate)
Mr A. Coşkun KIRCA, Ambassador, Permanent Representative of Turkey to the United Nations Office and the Other International Organizations in Switzerland (Deputy Chief Delegate)
Dr T. ALAN, Director-General of External Relations, Ministry of Health and Social Assistance

Alternates:
Mr N. KANDEMIR, Deputy Permanent Representative of Turkey to the United Nations Office and the Other International Organizations in Switzerland
Mr T. ULUÇEVIK, First Secretary, Permanent Mission of Turkey to the United Nations Office and the Other International Organizations in Switzerland

UGANDA

Delegates:
Dr J. H. GESA, Minister of Health (Chief Delegate)
Dr U. K. RWAKIHEMBO, Chief Medical Officer
Dr D. F. IBANDA, Deputy Chief Medical Officer

UNION OF SOVIET SOCIALIST REPUBLICS

Delegates:
Professor B. V. PETROVSKIJ, Minister of Health of the USSR (Chief Delegate)
Dr D. D. VENEDIKTOV, Deputy Minister of Health of the USSR (Deputy Chief Delegate)
Dr O. P. ŠČEPIN, Chief, External Relations Board, Ministry of Health of the USSR

Alternates:
Professor K. S. ZAIROV, Minister of Health of the Uzbek SSR
Professor P. N. BURGASOV, Deputy Minister of Health of the USSR
Mr V. S. POŽARSKIJ, Deputy Permanent Representative of the USSR to the United Nations Office and the Other International Organizations at Geneva
Dr L. Ja. VASIL'EV, Counsellor, Permanent Representation of the USSR to the United Nations Office and the Other International Organizations at Geneva
Dr D. A. ORLOV, Deputy Chief, External Relations Board, Ministry of Health of the USSR
Professor Ju. P. LISICYN, Head, Department of Social Hygiene and Public Health Administration, Second Medical Institute, Moscow
Dr V. K. TATOČENKO, Senior Scientific Officer, Institute of Paediatrics, Academy of Medical Sciences of the USSR

Advisers:
Dr N. V. NOVIKOV, Deputy Chief, External Relations Board, Ministry of Health of the USSR
Mr V. G. TRESKOV, First Secretary, Department of International Economic Organizations, Ministry of Foreign Affairs of the USSR
Dr N. N. FETISOV, Senior Specialist, External Relations Board, Ministry of Health of the USSR

UNITED ARAB REPUBLIC

Delegates:
Dr I. A. BADAWI, Under-Secretary of State, Ministry of Public Health (Chief Delegate)
Dr A. A. AHMED, Under-Secretary of State, Ministry of Public Health
Professor A. M. KAMAL, Dean, High Institute of Public Health; President, Egyptian Public Health Association

Alternates:
Dr A.-G. KHALLAF, Director, Department of International Health Relations, Ministry of Public Health
Dr M. EL-KATTAN, Director-General, Planning Department, General Organization for Pharmaceuticals
Mr A. R. EL REEDY, Counsellor, Permanent Mission of the United Arab Republic to the United Nations Office and the Specialized Agencies at Geneva
Dr A. EL KHOLY, Specialist in Epidemiology, Research Department, Ministry of Public Health
Mr Y. RIZK, First Secretary, Permanent Mission of the United Arab Republic to the United Nations Office and the Specialized Agencies at Geneva

Dr E. M. E. HELLWA, Assistant Director, Environmental Health Division, Ministry of Public Health

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Delegates:

Sir George GODBER, Chief Medical Officer, Department of Health and Social Security (Chief Delegate)

Dr J. M. LISTON, Chief Medical Adviser, Foreign and Commonwealth Office, Overseas Development Administration

Mr H. N. ROFFEY, Assistant Secretary, Department of Health and Social Security

Alternates:

Dr J. H. F. BROTHERSTON, Chief Medical Officer, Scottish Home and Health Department

Dr P. W. DILL-RUSSELL, Deputy Medical Adviser, Foreign and Commonwealth Office, Overseas Development Administration

Advisers:

Sir Frederick MASON, Ambassador, Permanent Representative of the United Kingdom to the United Nations Office and Other International Organizations at Geneva

Miss A. M. WARBURTON, Counsellor, Permanent Mission of the United Kingdom to the United Nations Office and Other International Organizations at Geneva

Mr D. J. JOHNSON, Second Secretary, Permanent Mission of the United Kingdom to the United Nations Office and Other International Organizations at Geneva

UNITED REPUBLIC OF TANZANIA

Delegates:

Mr L. Nangwanda SIJAONA, Minister of Health and Social Welfare (Chief Delegate)

Dr N. B. AKIM, Chief Medical Officer, Ministry of Health and Social Welfare

Dr W. K. RUTASITARA, Senior Medical Officer, Ministry of Health and Social Welfare

Alternate:

Dr A. M. NHONOLI, Consultant Physician; Dean, Faculty of Medicine, Dar-es-Salaam

UNITED STATES OF AMERICA

Delegates:

Dr J. L. STEINFELD, Surgeon General, Public Health Service, Department of Health, Education and Welfare (Chief Delegate)

Mr I. RIMESTAD, Ambassador, United States Permanent Representative to the United Nations Office and the Other International Organizations at Geneva

Dr M. C. TODD, Chairman, Council on Health Manpower, American Medical Association

Alternates:

Dr B. D. BLOOD, International Health Attaché, United States Permanent Mission to the United Nations Office and the Other International Organizations at Geneva

Dr M. D. LEAVITT, Director, Fogarty International Center, National Institutes of Health, Public Health Service, Department of Health, Education and Welfare

Dr D. J. SENCER, Director, Center for Disease Control, Public Health Service, Department of Health, Education and Welfare

Advisers:

Mr J. M. CATES, jr, Counsellor, United States Permanent Mission to the United Nations Office and the Other International Organizations at Geneva

Dr R. DE CAIRES, Associate Director for Planning and Evaluation, Office of International Health, Public Health Service, Department of Health, Education and Welfare

Mr R. F. W. EYE, Second Secretary, United States Permanent Mission to the United Nations Office and the Other International Organizations at Geneva

Mr R. H. FINCH, Counsellor to the President of the United States of America

Mr R. HESSE, Special Assistant for Federal-State Relations, New York State Narcotics Addiction Control Commission

Mr C. C. JOHNSON, jr, Associate Executive Director, American Public Health Association

Dr F. LUCAS, Consultant, Health Services and Mental Health Administration, Department of Health, Education and Welfare

Dr M. H. MERRILL, Director, Community Health Action Planning Service, American Public Health Association

Dr G. I. MISHTOWT, Deputy Assistant Secretary for Medical Services, Department of State

Mr R. B. ROCK, jr, Vice-President, International Division, Pharmaceutical Manufacturers Association

Mr D. H. RUMSFELD, Counsellor to the President of the United States of America

UPPER VOLTA

Delegates:

Dr A. BARRAUD, Minister of Public Health and Population (Chief Delegate)

Dr M. N'DIAYE, Director of Urban Health; Chief Physician, Sub-section of Statistics, Ministry of Public Health and Population

Dr K. P. COMPAORÉ, Director of Rural Health

Alternate:

Dr L. TRAORÉ, Chief Physician, School Health Inspectorate, Bobo Dioulasso

URUGUAY

Delegates:
Mr A. C. RONCO, Under-Secretary of Public Health (Chief Delegate)
Dr O. RODRÍGUEZ LÓPEZ, Director-General of Public Health
Dr A. SÁENZ SANGUINETTI, Chairman, Commission on International Affairs, Ministry of Public Health

VENEZUELA

Delegates:
Dr J. J. MAYZ LYON, Minister of Health and Social Welfare (Chief Delegate)
Dr D. CASTILLO, Administrative Director, Ministry of Health and Social Welfare
Mr F. E. GONZÁLEZ VALDIVIESO, Chief, Vector Control Section

Alternate:
Dr E. ECHEZURÍA, Chief, Department of Demography and Epidemiology

Adviser:
Miss M. C. LÓPEZ, Second Secretary, Permanent Mission of Venezuela to the United Nations Office and the Other International Organizations with Headquarters at Geneva

VIET-NAM

Delegates:
Dr TRAN MINH TUNG, Minister of Health (Chief Delegate)
Dr TRUONG MINH CAC, Director-General of Health
Mr LE VAN LOI, Permanent Observer of the Republic of Viet-Nam to the United Nations Office and Permanent Representative to the Other International Organizations at Geneva

Alternates:
Dr NGUYEN KIEN NGOC, Chief, Planning and Foreign Aid Service
Mr DANG VAN DAI, Chef de Cabinet, Ministry of Health

Adviser:
Mr PHAM VAN TRINH, Second Secretary, Office of the Permanent Observer of the Republic of Viet-Nam to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva

WESTERN SAMOA

Delegates:
Dr J. C. THIEME, Director of Health (Chief Delegate)
Mr A. W. DAWSON, Second Secretary, Permanent Mission of New Zealand to the United Nations Office at Geneva

YEMEN

Delegates:
Dr T. M. NASHER, Minister of Health (Chief Delegate)
Dr M. K. AL-AGHBARI, Director-General of Preventive Medicine, Ministry of Health
Dr A. TARCICI, Ambassador, Permanent Representative of the Yemen Arab Republic to the United Nations Office at Geneva and the Specialized Agencies in Europe

YUGOSLAVIA

Delegates:
Dr N. GEORGIEVSKI, President, Federal Council for Health and Social Welfare (Chief Delegate)
Dr D. JAKOVLJEVIĆ, Secretary for Health and Social Policy of the Socialist Republic of Serbia (Deputy Chief Delegate)
Mr L. JEREMIĆ, Head of Division, Department for International Organizations, Secretariat of State for Foreign Affairs

Advisers:
Dr M. KARLOVAC, Medical Director, "Koševo" Teaching Hospital, Sarajevo
Dr Zora BLAGOJEVIĆ, Professor, Faculty of Pharmacy, Belgrade
Dr S. ZLATIĆ, Counsellor, Community of Health Institutions of the Socialist Republic of Croatia
Mr T. BOJADZIEVSKI, Second Secretary, Permanent Mission of the Socialist Federal Republic of Yugoslavia to the United Nations Office at Geneva and the Specialized Agencies in Europe

ZAMBIA

Delegates:
Mr F. M. MULIKITA, Minister of Labour and Social Services (Chief Delegate)
Dr M. M. NALUMANGO, Permanent Secretary for Health, Ministry of Labour and Social Services
Dr D. L. TEMBO, Senior Medical Officer, Department of Health

REPRESENTATIVES OF ASSOCIATE MEMBERS

BAHRAIN

Dr A. M. FAKHRO, Head of the Health Department

QATAR

Dr W. M. Z. SHAHEEN, Superintendent, General Hospital
Mr M. G. AL-FAIN, Administrative Assistant (Hospitals), Ministry of Public Health

OBSERVERS OF NON-MEMBER STATES

HOLY SEE

Rev. Father H. DE RIEDMATTEN, Permanent Observer of the Holy See to the United Nations Office and to the Specialized Agencies at Geneva
Dr T. SZMITKOWSKI, Secretary-General, Information Centre of the International Catholic Organizations
Dr Marie-Thérèse GRABER-DUVERNAY

SAN MARINO

Mr G. G. FILIPINETTI, Minister Plenipotentiary, Permanent Observer of the Republic of San Marino to the United Nations Office and Permanent Delegate to the International Agencies at Geneva
Mr J.-Ch. MUNGER, Chancellor, Office of the Permanent Observer of the Republic of San Marino to the United Nations Office and Permanent Delegate to the Other International Organizations at Geneva

OBSERVERS

ORDER OF MALTA

Mr A. KOCH, Ambassador, Permanent Delegate of the Sovereign Order of Malta to the International Organizations at Geneva
Count E. DECAZES, Minister Plenipotentiary, Deputy Delegate of the Sovereign Order of Malta to the International Organizations at Geneva
Dr M. GILBERT, Secretary-General, International Committee of the Sovereign Order of Malta for Aid to Leprosy Victims
Dr E. D. MUSSO, Privat-Docent, Faculty of Medicine, Geneva

REPRESENTATIVES OF THE EXECUTIVE BOARD

Dr B. JURICIC
Dr S. P. EHRLICH, jr

REPRESENTATIVES OF THE UNITED NATIONS AND RELATED ORGANIZATIONS

United Nations

Mr R. M. AKWEI, Ambassador Extraordinary and Plenipotentiary, Permanent Representative of Ghana to the United Nations in New York; Vice-Chairman of the Working Group on the financing of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) established by the General Assembly of the United Nations[1]
Mr S. EL-ZEIN, Ambassador, Permanent Representative of Lebanon to the United Nations Office at Geneva[1]
Mr P. G. RAVNE, Minister, Counsellor of Embassy, Deputy Permanent Representative of Norway to the United Nations in New York; Rapporteur of the Working Group on the financing of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) established by the General Assembly of the United Nations[1]
Mr A. DOLLINGER, Special Representative in Europe for Co-ordination and ACC Affairs
Mr P. CASSON, Senior Co-ordination Officer, United Nations Office at Geneva

[1] Special participation in discussions on item 3.10 of the Agenda.

(iv) to stimulate the production, dissemination and exchange of health education material to discourage the habit of smoking;
(v) to produce a code of practice that can guide governments in the formulation of legislative action."

Mr HAKIZIMANA (Rwanda) suggested that, in order to prevent confusion, the words "cigarette smoking" in operative paragraph 4(i) should be replaced by "smoking".

Professor SULIANTI (Indonesia) said that some delegations had referred to the economic consequences of a decrease in smoking and these were also mentioned in Executive Board resolution EB47.R42. Since Indonesia was a tobacco-producing country, the economic consequences for it would be great. Therefore, while her delegation fully supported the draft resolution it would like a paragraph to be added to it requesting FAO to conduct a special study of alternative crops.

Dr MERRILL (United States of America) proposed that in the fourth preambular paragraph the words "and pregnant women" should be added after the words "particularly among young people".

The CHAIRMAN said that the points just mentioned would be taken into account and a revised version of the draft resolution would be circulated in writing before its adoption (see summary record of the thirteenth meeting, section 4).

3. SMALLPOX ERADICATION

Agenda, 2.7

Dr MAHLER, Assistant Director-General, introducing the Director-General's report on smallpox eradication, said that the Executive Board, at its forty-seventh session, had requested the Director-General to report on the status and development of the smallpox eradication programme. That report now appeared as Appendix 13, on page 163, of Official Records No. 190. The report before the Committee presented the situation as on 4 May 1971.

The intensified programme of smallpox eradication had commenced in January 1967 and was now in its fifth year. Since 1967, smallpox incidence had declined by over 75%, despite a considerable improvement in the completeness of reporting in all countries. In 1970, only 31 000 cases had been reported, which was the lowest total ever recorded by the Organization. In 1967, 42 countries had recorded one or more cases of smallpox, but in 1971 only 13 countries had so far experienced cases of smallpox.

Since 1 January 1971, almost 14 000 cases of smallpox had been reported. That was similar to the number of cases recorded during the first four months of 1970. However, during the same period in 1971, almost 8000 cases, over half the world's total, had been reported from Ethiopia, which had reported only 722 cases during the entire year 1970. However, that marked increase in cases was not being viewed with concern because the eradication programme in Ethiopia had begun less than five months previously and, in that brief period, its surveillance programme had been developed more rapidly than in any other country. As the detection and containment of smallpox outbreaks was the essential key to smallpox eradication, the prospects for success in the programme would appear brighter than in some other endemic countries that had been slower to recognize the importance of that vital activity.

For the rest of the world, smallpox incidence in 1971 had so far declined by more than 50%, the sharpest decline in incidence yet observed. Excellent progress had been observed in most parts of the world.

In the Americas, only one focal outbreak of 18 cases had been detected since November 1970. While eradication appeared imminent, continuing intensified surveillance programmes were required to detect residual foci, if such did indeed exist.

In western and central Africa, no cases of smallpox had been detected since May 1970 and in eastern and southern Africa, cases were now being recorded in only three countries: the Democratic Republic of the Congo, Ethiopia, and the Sudan. The programme in the Democratic Republic of the Congo had been highly effective and transmission was expected to be interrupted within a few months. In the Sudan and Ethiopia, however, endemic smallpox was widespread and its presence seriously threatened the smallpox-free status of countries throughout Africa. Renewed efforts were required and substantial additional external assistance was merited for programmes in those two countries. In other African countries intensive surveillance and vaccination activities needed to be continued.

In Asia, the most notable progress to date had been observed in Indonesia, East Pakistan and Afghanistan. Smallpox in Indonesia was now confined to three provinces and, in fact, only 35 villages were known to be infected. Specially intensified programmes were in progress with the objective of interrupting transmission before the end of 1971. In East Pakistan, no cases had been detected since July 1970 and, in Afghanistan, national authorities foresaw the possibility of interrupting transmission by the end of the year. In India and the provinces of West Pakistan, active programmes were in progress and the incidence of smallpox was declining. However, reporting was still incomplete, thus precluding a full assessment of the situation.

In regard to the programme as a whole, he drew attention to two specific points of particular importance:

First, the need for donations of vaccine was a continuing one. Although production in the endemic countries had increased, vaccine consumption had continued to grow as the tempo of vaccination had accelerated.

Second, the key role of surveillance and containment activities in the successful execution of eradication programmes must again be emphasized. In recognition of that, the Twenty-third World Health Assembly had requested that from 1970 onwards all countries undertake to strengthen reporting and to investigate and contain all reported outbreaks of smallpox.

He was glad to report that in all but three countries those recommendations were being fully implemented. In the three that had not yet complied, considerable improvement in the surveillance efforts had been noted but substantially greater efforts were required.

In support of the surveillance programmes, the Organization was assisting in arranging seminars at various levels and was distributing model teaching exercises and other aids to assist in the clinical diagnosis of smallpox.

The smallpox programme had made most encouraging progress. By the end of the year, it was anticipated that smallpox would be limited to not more than five countries and, even in those countries, the incidence of the disease should have reached its lowest recorded level. However, to reduce a low incidence to nil required an effort at least as great as all the efforts that had been made to date. Programme activities needed, if anything, to be intensified if the goal of eradication was to be achieved. The Director-General had proposed that an expert committee be convened in November 1971 to consider the present status of the programme and to advise on the strategy to be followed during the coming crucial years.

(For continuation, see summary record of the twelfth meeting, section 4.)

The meeting rose at 11 a.m.

4. SMALLPOX ERADICATION (continued from the seventh meeting, section 3) Agenda, 2.7

Dr BUSTAMANTE (Mexico) said that smallpox had been eradicated 20 years previously in Mexico, the last case occurring in 1951. Epidemics had been controlled more rapidly in the coastal areas and in the hot, less populated areas; eradication had been slower in the warm, highly populated areas; it had been more difficult in the temperate zones; and the disease had remained endemic for many years in the cold, mountain regions. The report gave reason to hope that, despite difficulties, smallpox could be eradicated from the world within a few years by continued use of available technical and scientific resources, co-ordinated by WHO.

At least two years would have to elapse after the last case of smallpox before it could be confirmed that the tragic cycle of death and disease had ended. However, he felt it would not be premature to suggest that the Committee should consider recommending to the Director-General that a role of honour of smallpox eradication should be opened at WHO headquarters on which would be inscribed the names of all the countries in which smallpox had been eradicated, together with the date; that in due course the Health Assembly should celebrate the end of the smallpox eradication programme with a tribute to all the people, experts and public health workers who had contributed over the centuries to freeing mankind from a source of poverty, sickness and death; and that Member governments should be urged to use the manpower and other resources thus released for epidemiological surveillance, health education and other urgent health programmes in their countries.

Dr BICA (Brazil) said that the reduction of the incidence of smallpox in South America by more than 75% was due to the results of the smallpox eradication programme in Brazil, the only country in the Americas where endemic smallpox persisted. Between 1964 and 1968 the average number of cases had varied between 3000 and 4000 a year. In 1967 and 1968, 4513 and 4372 cases had been reported respectively, but in 1969 the figure had risen to 7407, the largest number since 1962. That sharp rise in cases reported had been due to the intensification and expansion of surveillance activities, which in the course of the field investigations, had revealed many additional imported cases. Although the surveillance programme had been stepped up in 1970, with a corresponding increase in field investigations, incidence had declined in that year to a record low level of 1771 cases. A particularly important fact was that, for the first time, the seasonal increase normally observed between July and November had not occurred. Between November 1970 and April 1971 only 19 cases had been reported - and these had been discovered by a vaccinator towards the end of the systematic vaccination programme in high risk areas, and occurred in two groups less than a kilometre apart. Although the outbreak was in a densely populated area transmission levels had been very low.

Although the national campaign against smallpox had been started in 1962 resources until 1966 had been inadequate for more than a modest job. In 1967 the Government had provided adequate financial support and the campaign had been reorganized, the approach being changed to eradication. An agreement had been signed with WHO and PAHO and the technical and material assistance they provided had helped to speed up and expand the eradication campaign and had contributed to the programme's success.

During the past two years the national smallpox eradication programme had been intensified and 52.5 million people had been vaccinated as compared with only 18.8 in the two years 1967 and 1968. To date a total of 79.3 million people had been vaccinated, about 85% of the total population.

Continuing independent assessment of vaccination coverage in the campaign had revealed coverage rates of between 80% and 90% in children under four years of age and of more than 90% in school age children, with take rates of over 95% among those receiving primary vaccination. The attack phase had been completed in April 1971 and in 22 states and four territories. The population of some states in the north-east region, with a population of 10.1 million, were now being revaccinated. The campaign in that area had started on 27 April and was expected to be completed in 250 working days.

Special surveillance programmes with state assistance had been started in 19 of the 22 states, all suspected cases being immediately investigated and containment measures taken. Surveillance activities were carried out at central or national level, at regional or state level, and at local level. There were at present 2760 reporting posts in all states and territories, excluding the Amazon region. It was expected that complete interruption of transmission would be achieved in 1972. The three main smallpox vaccine production laboratories in Brazil had prepared some 75 000 000 doses of dried vaccine in 1970.

During the attack phase in the first part of 1970 when activity had been intensified, a temporary shortage of vaccine had been made good by PAHO, WHO and the Government of the United States of America, to all of whom his country was sincerely grateful.

Dr SÁENZ (Uruguay) said that smallpox was not endemic in Uruguay. With the assistance of PAHO and WHO, a plan for vaccination and revaccination had been drawn up covering more than 74% of the population and with an ultimate target of 80%. The present satisfactory health situation would shortly be strengthened by two agreements to be signed with the neighbouring countries of Brazil and Argentina.

Uruguay was in process of changing from glycerinated vaccine to freeze-dried vaccine manufactured by the bacteriological institute, and was grateful to WHO for providing the necessary equipment.

Mr NGOUOTO (People's Republic of the Congo) said that he had noted in the report that the number of countries where smallpox occurred was steadily diminishing. That was a matter of general satisfaction and particularly for those who had suffered from smallpox epidemics.

The People's Republic of the Congo had had no case of smallpox for 10 years, as a result of a strict vaccination programme carried out through bilateral aid and with the help of the Organization for Co-ordination in the Control of Endemic Diseases in Central Africa (OCEAC). In 1970, 622 309 people had been vaccinated by travelling teams.

It would be regrettable if the level of vaccination coverage achieved by many countries could not be maintained in the coming years because of withdrawal of bilateral aid. It was important for WHO to consider seriously the possibility of acting as a permanent intermediary between countries requiring assistance in combating serious transmissible diseases and countries able to provide it. Continuous action was better than waiting for an epidemic to occur.

Dr CUMMINGS (Sierra Leone) expressed his satisfaction at the success of the smallpox campaign and at the impressive achievements recorded in so short a time.

Sierra Leone was one of the 20 West and Central African countries participating in a combined regional smallpox eradication and measles control programme under the joint sponsorship of WHO and the United States Agency for International Development. The programme had started in Sierra Leone in 1968, and by April 1969 transmission had been completely interrupted.

The programme in West and Central Africa owed its success to the observance of the basic truth that smallpox knew no territorial boundaries: each of the 20 countries involved had consulted its neighbour or neighbours on programmes, and had attacked the disease simultaneously along contiguous borders. He hoped that WHO would note the benefits of the regional approach to control and eradication and request the Government of the United States of America to continue its good work by expanding its programme to include other communicable diseases which still afflicted the African regions - tuberculosis for example. He expressed his Government's gratitude to the United States Government and the hope that, despite certain rumours to the contrary, that Government would see its way to continuing and expanding the programme.

His delegation was pleased to note that efforts were being made to eradicate smallpox in the two African countries where there was still transmission. He hoped that those efforts would be intensified and completed as soon as possible, bearing in mind the global object of the programme.

In connexion with the reference in the Weekly Epidemiological Record of 7 May 1971[1] to the discovery of a smallpox-like illness in man thought to have been transmitted by a virus closely resembling that of monkeypox, he asked if the Director-General could explain the implications of that discovery for the future of the eradication programme.

Dr SHRIVASTAV (India) said that in India a national smallpox eradication programme had been started in 1962. As a result, the case rate per 100 000 had fallen from 17.9 in 1963 to 1.80 in 1970 and the death rate per 100 000 from 5.67 to 0.32. There were areas where case reporting and surveillance were not as satisfactory as his Government would have wished. The matter had been discussed by WHO and the state health authorities on a number of occasions in order to see how the position could be improved.

Turning to the production of freeze-dried smallpox vaccine, he said that India's present production capacity was 60 million doses per year, but it hoped to produce 120 million doses by the end of the period covered by the current plan. His Government had been deeply appreciative of the help and advice given in that connexion by WHO and by the Government of the USSR, which had provided vaccine when India had needed it most.

One of the lessons that India had learnt from its experience over the past few years was that it was a mistake to apply to smallpox the same terminology as used for other communicable diseases such as malaria. Some delegates had used the terms "attack phase", "consolidation phase" and "maintenance phase" in the Committee: in a large country like India, with about 40 million births every year, what was required was a continuous "attack phase". That lesson had changed India's strategy and now, instead of covering the total population of the country, it was concentrating on the 1-14 year age group. To give 90-95% biological coverage to that group would not only make it possible to control and eradicate the disease but would also avoid the spreading of limited resources thinly over the large area and population of the country.

Dr KIVITS (Belgium) observed that as the Director-General's report on smallpox eradication showed, there had been only some 30 800 cases in the world during 1970 and it was expected, on the basis of present trends in incidence, that approximately 25 000 cases would be reported during 1971. Only 13 countries had reported cases in 1970 and it was hoped that the number would fall to five in 1971.

The progress achieved since 1968, when the Health Assembly had spoken for the first time of undertaking the campaign, and especially since 1967 when the eradication programme was launched, had been very significant, and the health services of the Organization and national health services were to be warmly congratulated on their work. However, he felt it was necessary to warn the Health Assembly against excessive optimism. There might be many unreported cases in various parts of the world. If the Weekly Epidemiological Record of 7 May 1971 was examined carefully, it would

[1] Wkly epidem. Rec., 1971, 46, 185.

be seen to be more reserved and cautious than the Director-General's report itself. It would be noted that there was concern in a South American country about the situation in interior regions where surveillance was not complete. In Africa attention had been drawn to the occurrence of a somewhat mysterious disease, to which the delegate of Sierra Leone had referred, among the unvaccinated inhabitants of remote villages in humid tropical forest areas. In another African country it was stated that the surveillance and reporting services were not yet sufficiently developed for it to be possible to state with certainty that remote areas were free of the disease. Attention was also drawn to the fact that African countries must exercise great vigilance to detect imported cases and to ensure a high level of immunity by vaccination. It was noted that in one Asian country notifications were apparently always very late and incomplete. Moreover, the spectacular success of the campaign was in itself dangerous in that once the immediate danger was averted, health administrations might relax their vigilance and not repeat vaccinations periodically in order to maintain immunity, and that they would in particular fail to vaccinate children born since the mass campaigns. The delegate of the People's Republic of the Congo had drawn attention to that point. The example of the small outbreaks of smallpox in Europe that had occurred in recent years as a result of imported cases should remind people that the danger would continue to exist for a long time yet in countries where health services were not fully developed and where contacts between the inhabitants were much closer. WHO should therefore draw the attention of all countries to the need to maintain the immunity of the population and to vaccinate young children, as the delegate of India had stressed. That was a task for the regular health services, but where populations were not sufficiently dense special vaccination teams should be maintained. Belgium would continue to provide freeze-dried vaccines: in addition to the 820 000 doses already furnished, a further million doses would be put at WHO's disposal.

Mr MAGEREGERE (Burundi) said that the mass campaign to eradicate smallpox in Burundi had followed the agreements signed by the Government of Burundi and WHO in November and December 1967. A WHO physician had arrived in Burundi to direct the project, which was to start at the beginning of 1969. At the outset, it had been intended that the programme would take the form of the vaccination of people in frontier provinces in the first place, but unfortunately outbreaks of smallpox in 1969 and in 1970 had upset the programme. It had not in fact been feasible to vaccinate the population in regions where the disease was not present when it was occurring in other regions. However, once people in the affected regions had been vaccinated, it had been possible to carry out the original programme more rapidly than had been planned. At the present time it was almost completed.

The number of persons vaccinated had been: 415 055 in 1969; 1 829 770 in 1970; and 505 214 in the first quarter of 1971. The rate of the primary vaccination varied, depending on the province concerned and the age group: it was very high among very young children - about 90% - and lower among adults. The take rate of primary vaccinations was very high everywhere. Vaccination coverage was good as a whole, varying between 85 and 95%. It was hoped that the attack phase would be completed at the latest by the beginning of June; thereafter, the maintenance phase would be conducted by the local health services.

Dr SENCER (United States of America) said that not only was the Director-General's report excellent but the results achieved in the smallpox eradication campaign were breathtaking. In particular he commended the 29 countries where smallpox had been found at the beginning of the campaign but which were free of it in 1970. Of equal importance was the fact that the surveillance systems in those countries were continuing to function efficiently, as evidenced by the discovery - by surveillance methods - of monkeypox in three countries. Eradication must however be complete and that was not yet the case. It was essential to intensify efforts at the present time. As the report pointed out, two countries in Africa remained a threat to the rest of the continent, from which smallpox had been eradicated. He was gratified that the Director-General was directing full attention to those areas.

In the fight against infectious disease flexibility was necessary in order to adjust to changing conditions and use resources to meet the most pressing needs. As WHO neared the climax of smallpox eradication, such flexibility was even more essential and his delegation hoped that the Director-General would find means to continuously redistribute resources to that end. Every organization needed its successes, and smallpox eradication could be one of the greatest successes in the history of medicine.

Dr TERREFE (Ethiopia) found it encouraging to see the remarkable progress that had been made since the smallpox eradication campaign was launched in 1967.

In Ethiopia the eradication programme had started in January 1971, and it was evident from the Director-General's report that over 50% of all the cases reported during the first quarter

of the year were in Ethiopia. The programme came under the Ministry of Public Health, with technical assistance from WHO; it utilized health officers, sanitarians and dressers from the Ministry, as well as Peace Corps volunteers from the United States of America. Every report of a new case was immediately followed up by a surveillance team. Elsewhere surveillance was intensified with the discovery of more cases, either indigenous or imported from another region. Vaccinations were carried out by the surveillance teams in a containment action to control smallpox outbreaks. All contacts were vaccinated, and the local chiefs or authorities were instructed to report immediately any other suspected case in the area. Thus, the astonishing number of reported cases in Ethiopia, shown in the table on page 192 of the Weekly Epidemiological Record of 7 May 1971, did not mean a sudden flare-up of smallpox but was the result of intensive surveillance, involving thorough house-to-house investigation and the tracing of all chains of transmission.

Dr BARRY (Guinea) recalled that the decision to launch an intensive worldwide smallpox eradication campaign in 1967 had been taken about 10 years after the latest serious outbreak of smallpox. Like many other countries, Guinea had suffered considerably from the disease. A combined smallpox-measles vaccination campaign had started in 1967: out of a total population of 3 500 000 some 2 068 000 had been vaccinated in 1968, some 1 394 000 in 1969, and some 1 458 000 in 1970. No untoward effects had been reported. The success of the mass campaigns was evidenced by the rapid fall in the number of cases recorded: 1525 cases in 1967 and not a single case since 1969.

To combat large-scale epidemics, in each medical area there was a team which could be sent where required and which vaccinated the newborn and the floating population.

The project would be completed at the end of June 1971, but all necessary measures would be taken to continue epidemiological surveillance and to plan future activities. The number of vaccinations to be carried out was estimated at nearly 2 million in 1971; over 2 million in 1972; and nearly 1.4 million in 1973. Health services covering the entire territory, health education of the population to ensure effective case-finding, careful epidemiological surveillance, and environmental sanitation measures should provide protection, including protection against monkeypox, since large numbers of monkeys inhabited the large border forest areas of Sierra Leone, Liberia and the Ivory Coast.

Thanks to assistance from WHO and UNICEF in improving the Kindia institute, Guinea, was able to produce 10 million doses of freeze-dried smallpox vaccine a year.

Mr SHAH (Nepal) said that Nepal had started its smallpox eradication programme in 1966/67 and hoped to complete it in 1978. It was proceeding slowly, attacking the endemic areas first. He agreed with the statement in the Director-General's report that the reporting and surveillance system covering the whole country was not good: that was largely because of the difficulty of communications in a country which consisted of mountain areas and deep valleys. His Government was negotiating with various organizations to obtain the use of a helicopter, which would enable it to speed up its programme. It was very grateful for the help which WHO had provided; Japan also had provided Nepal with a batch of vaccine some two years previously.

Professor SULIANTI (Indonesia) congratulated the Director-General on his report and on the results achieved.

The table on page 188 of the Weekly Epidemiological Record of 7 May 1971 showed the incidence of smallpox in Asia. As a result of an extensive survey carried out in Indonesia in 1968 it was clear that the figure of 13 478 cases shown for Indonesia in the 1967 column was probably 10 times too small. Taking that fact into consideration, the decrease in the incidence of smallpox over the last three years had in fact been considerably greater than was shown in the Director-General's report.

The main feature of the programme had been the raising of the immunity level of the population by routine vaccination, mass vaccination and the so-called "backlog" campaign, which was a vaccination programme specifically directed to persons who had never been vaccinated. Those efforts had resulted in a reduction of the disease. However, it was Indonesia's experience that complete interruption of transmission was not the result of those activities, but had been made possible only by rigid introduction of surveillance-containment measures. For example, the cases in Sulawesi and West Java shown in the table on page 192 of the Weekly Epidemiological Record of 7 May 1971 had occurred in areas where the population had a high immunity level. In a disease control programme it could be considered satisfactory if the incidence of the disease in question was decreasing; in an eradication programme, the ultimate goal was no incidence at all.

As Dr Mahler had said, detecting the last few cases was often as difficult or even more difficult than reducing the incidence of the disease at the onset of an eradication programme. In that connexion, she emphasized the importance of resolution EB45.R20, in which the Executive Board requested all countries "...to adopt as an objective the immediate investigation and containment of all reported cases and outbreaks of smallpox...". She would add that they should not rely too much on routine vaccination programmes.

Dr TATOČENKO (Union of Soviet Socialist Republics) said that his delegation had been pleased to note, from the Director-General's report on smallpox eradication, that the incidence of smallpox in the world had decreased so considerably. His delegation attached great importance to the smallpox eradication programme; if it was successful it would not only bring its own benefits but would serve to demonstrate that it was possible to eradicate a disease from the world.

His delegation had been glad to learn that the reduction in the amounts allocated for smallpox eradication in 1972 and projected for 1973 was partly due to the successful results achieved. Nevertheless, it felt that WHO might be proposing to reduce its level of activity too soon. The statements made by members of the Committee had shown that by itself the attack phase of the programme, during which mass vaccination was carried out, could not secure the eradication of smallpox: it was necessary to provide for the systematic vaccination of all newborn infants and to establish a system of epidemiological surveillance. The capacity of a country's epidemiological services to fulfil their responsibilities could be measured by the degree of efficacy of the epidemiological surveillance of smallpox. Countries that had obtained considerable success with their programmes or in which smallpox eradication had been achieved should pay particular attention to strengthening their epidemiological surveillance service.

It was noted from the report that endemic foci of smallpox remained in the Eastern Mediterranean and South-East Asia Regions. He was sure that the Director-General and the Regional Directors would continue to devote special attention to the programmes in the countries concerned.

His delegation was certain that the Director-General would be able to report new successes in the smallpox eradication programme to the Twenty-fifth World Health Assembly. The businesslike and interesting discussion in the Committee had demonstrated the usefulness of keeping the item on the Health Assembly's agenda until the final successful outcome of the programme.

Professor YANAGISAWA (Japan) said that he had studied the Director-General's report with great interest and greatly appreciated the efforts made and the results achieved through the activities of WHO and co-operating countries. The report demonstrated that, in the light of epidemiology, WHO's smallpox eradication programmes were sound. However, his delegation believed that there was a need to strengthen smallpox vaccination work by the routine health services in individual countries in order to maintain immunity, because of the increasing possibilities of smallpox being imported from infected areas, with the extension and rapidity of movement between countries. It was therefore important to weigh up the benefit to be derived from vaccination against the side effects it might cause, notably postvaccinal encephalitis.

His delegation hoped that WHO would stimulate and assist studies to develop safer vaccines and methods of vaccination. Those problems would of course become less serious if smallpox was eradicated in the near future; he therefore hoped that WHO's smallpox eradication programme would be further developed with the co-operation of its Member States.

Dr ECHEZURÍA (Venezuela) said that the Director-General's excellent report showed how satisfactory were the results obtained in the world campaign against smallpox, more particularly since 1966.

There had been no indigenous case of smallpox in Venezuela for more than 16 years. The last 11 cases reported in 1959 had occurred among nomads on the frontier with Brazil. The eradication of the disease had been possible as a result of the systematic vaccination of 80% of the population every five years. In other words, primary vaccination and general revaccination had been carried out on three occasions to the extent of 80% of the urban and rural population, covering approximately 10 million people. At the present time, emphasis was being placed on primary vaccination of children under five years of age and on revaccination of children of school age.

Epidemiological surveillance was maintained by the visit of an epidemiologist to notified cases, followed by laboratory confirmation.

Dr LEKIE (Democratic Republic of the Congo) said that until 1970 his country had been among those most stricken by the disease; that situation had been a matter of constant concern to his

Government, which was aware of the danger which it might constitute for neighbouring countries and even for countries at a greater distance. A vigorous smallpox campaign had therefore been instituted with WHO's assistance, to which a considerable sum had been allocated from the national budget; the allocation had been increased from US$ 50 000 at the outset to $ 684 000 in 1971.

The attack phase of the programme would be completed in four months' time, and the annual number of cases of smallpox had already fallen from nearly 4000 in 1968 to 724 in 1970, with a maximum of some 50 cases for the first four months of 1971. It was not expected that the total number of cases notified in 1971 would exceed 200, in spite of the considerable improvement in the notification system. That was due to the fact that his Government was establishing careful surveillance of the disease in each province as soon as attack teams left.

With regard to the prevalence of smallpox in his country, the present notification system suffered from the fact that diagnoses of skin eruptions were sometimes made by persons without medical qualifications and were found by the health services to bear no relationship to smallpox; the laboratory analyses made by the WHO nurse for the country's health services confirmed that opinion. In the course of the attack phase of the programme the smallpox virus had been isolated in 14 specimens out of the 22 taken. As the attack phase drew to an end, 40 specimens tested under the same conditions had proved negative; in some of the latter cases the laboratory had diagnosed chickenpox but never smallpox.

5. FOURTH REPORT OF THE COMMITTEE

Dr DUHR (Luxembourg), Vice-Chairman, read out the draft fourth report of the Committee.

Decision: The report was adopted (see page 584).

The meeting rose at 12.25 p.m.

THIRTEENTH MEETING

Tuesday, 18 May 1971, at 3.20 p.m.

Chairman: Dr A.-R. M. AL-ADWANI (Kuwait)

1. SMALLPOX ERADICATION (continued) Agenda, 2.7

Dr HACHICHA (Tunisia) paid tribute to WHO for its increasing efforts to eradicate smallpox and expressed his thanks for the freeze-dried vaccine it had made available to his country in 1970. The outstanding progress led him to hope that the eradication programme would be successful and that the fall in the incidence of the disease would continue. His country had been free of smallpox for several decades, as a result of systematic vaccination campaigns carried out by teams of travelling nurses. No side effects had been observed with the freeze-dried vaccine.

His delegation agreed with the delegations of Belgium and the USSR that more attention should be paid to surveillance activities so that smallpox immunity would be maintained permanently.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) said that, if the campaign for the eradication of smallpox proceeded in accordance with the promise it had shown over the last two or three years, governments would have to decide, possibly as early as 1973 or 1974, whether they wished to continue vaccinating children. Vaccination was not without side effects. Each year, in his country, there were five or six cases of post vaccinal encephalomyelitis, perhaps a dozen or more cases of generalized vaccinia, and probably two or three deaths. Occurrences of that kind were a constant incentive to countries to cut down on vaccination programmes if they were not faced with the immediate and real hazard of smallpox. WHO should give a firm lead on the appropriate time for vaccination to be discontinued; he thought that an expert committee should give an authoritative opinion on the subject within the following two or three years.

His only other comment on the extremely successful smallpox programme was that many delegates had thought that it had been pushed ahead too quickly. Now they had been proved wrong.

Dr JOYCE (Ireland) said that there had not been a single case of smallpox in his country for over 50 years, and a special hospital for those cases had been unoccupied. Last year they had diverted the hospital to other purposes and had contemplated replacing it by a temporary building. In view of the Director-General's report on smallpox eradication, he would advise his Government to abandon that idea and devote the capital involved to other more necessary projects.

Professor KAMAL (United Arab Republic) said that up to 1945, although vaccination of infants at three months had been compulsory, there had been continuous outbreaks of smallpox epidemics in his country; for instance in 1943, 1944 and the early part of 1945 there had been an epidemic with about 17 000 cases. In 1946 they had changed the system. Districts had been divided into four sections and teams vaccinated a quarter of the population each year. From 1946 up to the present not a single indigenous case of smallpox had occurred except in 1957, when there were six cases among the contacts of a student who had come from a neighbouring eastern country. No further cases had occurred and the disease had not spread in the country. In 1959 there had been 40 imported cases among pilgrims to Mecca who had come by land from West Africa, but once again the disease had not spread to the population.

In the past year a rough evaluation of the situation had been made; villages had been chosen where vaccination had been carried out between one and four years previously and the immunity of the population was measured by the percentage of takes on revaccination. The percentage of positive reactions was 10-15 in villages vaccinated two years before, and 20-22 in those vaccinated three years before. The percentage rose to over 80 in villages vaccinated four years previously, indicating that immunity to smallpox declined rapidly three years after vaccination and onwards.

Dr SILVA (Nigeria) said that it was gratifying to note the decline in the incidence of smallpox during the past two years, particularly in Africa. The fact that no cases had been detected in Central and West Africa since May 1970 was due to the work of national and international bodies, especially WHO. The initial West African programme was gradually coming to

an end but, to maintain the present low incidence of smallpox, surveillance and systematic vaccination needed to be continued in all countries in West and Central Africa. The programme had originally been scheduled to end in June 1971 but had been extended to December 1971 owing to unforeseen circumstances. An evaluation team from the United States of America had visited Nigeria for a few weeks previously and had decided that the phasing-out period of the programme should continue two years beyond the original expiry date. The objectives of the smallpox eradication and measles control programmes would only be achieved if the aid offered by the Government of the United States of America were withdrawn gradually. Rapid withdrawal might create unsurmountable difficulties, particularly because of the presence of endemic foci in East Africa.

Dr MAHLER, Assistant Director-General, expressed appreciation for the moral and material support WHO had received from many delegates. It was right to be cautious on future developments; that was why the strategy had been gradually altered over the past four years. Future strategy would be considered by the expert committee that the Director-General would convene in 1971. In particular it would consider the point raised by the delegate from the United Kingdom concerning the discontinuation of vaccination.

Dr HENDERSON (Smallpox Eradication) referring to the question of the delegate of Belgium, said that, when the programme began, it had been estimated that less than 5% of cases were being reported in endemic areas. Repeat studies recently undertaken indicated that more than 30% of cases were now being reported. In major areas free from smallpox for more than a year in which a reasonable surveillance system had been developed, there was reasonable certainty that there were no cases, since smallpox was transmitted from man to man and a continuous chain of transmission was necessary. In the eradication programme the emphasis had been on interrupting the chain of transmission. Four years of experience in Africa, Asia, and South America, had shown that, when countries investigated every outbreak and took effective surveillance measures, the chain of transmission was broken in two years or less.

The role of a vaccination programme was to help interrupt transmission. However, there had been well-documented situations in which transmission had continued when 92% of the population had been vaccinated and also instances where it had been interrupted when only 30% of the population had been vaccinated.

Referring to the comments of the delegate of India, he said that the terminology of the programme had been a handicap, as much of it had been carried over from previous programmes. WHO had therefore defined the attack phase as that phase in which the country carried out a number of activities until there was no more smallpox. After that the country entered the maintenance phase.

Referring to the point raised by the delegate of Sierra Leone concerning monkeypox, he said that the Director-General's report stated that six cases of monkeypox had occurred in West and Central Africa. One further case had occurred since the report had been prepared. All the cases had been in remote villages in tropical rain forests where monkeys were frequently eaten as food. From those cases a virus had been isolated that was similar to, but distinct from the variola virus. In the past four years, 400 smallpox isolates had been made in that area, but only those few isolates of monkeypox virus had been identified. None of the seven cases had transmitted infection to another human being. In each of the areas concerned there had been many susceptibles but no human-to-human transmission had occurred. The monkeypox virus had been discovered in 1968 and since then there had been 10 outbreaks in monkey colonies but no human cases had been identified in connexion with these outbreaks. Most of the cases had been in monkeys from Malaysia, where there had been no endemic smallpox for more than 10 years. Smallpox had been eliminated and had remained eliminated from areas where monkeypox had been known to be present. Considering all the evidence, it was felt that monkeypox was a relatively unimportant problem. However, research was continuing and it was important to be on the look-out in the field of occurrences of the disease and to determine whether it could spread.

In relation to the comments of the delegate of Mexico on the future of the programme, he said that WHO did not look too far ahead because it did not wish to lose sight of the immediate goal. He knew that in some countries the surveillance programme for smallpox had formed the basis of wider surveillance programmes for communicable diseases. In some countries that were smallpox-free, the staff used for the vaccination programme was now used for the administration of other vaccines.

Dr WONE (Senegal), Rapporteur, read out the following draft resolution:

"The Twenty-fourth World Health Assembly,

Having considered the Director-General's report on the smallpox eradication programme;

Having noted that significant progress is being made in the eradication effort throughout the world to the extent that endemic smallpox is now present in less than 10 countries;

Believing that a renewed and intensified effort is now required in order to reach the objective of global eradication in the shortest possible period of time; and

Noting that improved reporting, as well as surveillance and containment measures have been of vital importance in the interruption of smallpox transmission,

1. REQUESTS all countries to give priority attention to the further improvement of case reporting and the immediate investigation and effective containment of all outbreaks of smallpox; and

2. URGES Member governments to provide the requisite additional assistance to those countries where the disease is still endemic to permit them to intensify current programmes."

Dr TATOČENKO (Union of Soviet Socialist Republics) said that his delegation supported the draft resolution but would like to add a paragraph asking the Director-General to report to the Twenty-fifth World Health Assembly on the development of the eradication programme.

Decision: The draft resolution as amended by the delegate of the USSR was approved.[1]

[1] Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA24.45.