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PART III
SUMMARY RECORDS



WORLD HEALTH ORGANIZATION
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LIST OF MEMBERS AND OTHER PARTICIPANTS

1. MEMBERS, ALTERNATES AND ADVISERS

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2. GOVERNMENT REPRESENTATIVES ATTENDING BY VIRTUE OF RULE 3 OF THE RULES OF PROCEDURE

Item 11.3 of the Agenda: Assessment of the Republic of South Viet-Nam

Mr VU LE, Acting Chief, Liaison Office of the Republic of South Viet-Nam at Geneva

Item 11.4 of the Agenda: Assessment of Namibia

Mr P. CASSON (Deputy Director, External Relations and Interagency Affairs, Office of the
Director-General, United Nations Office at Geneva), representing the Council for Namibia

Item 11.5 of the Agenda: Assessment of Bangladesh

Mr K. A. RAHMAN, Second Secretary, Permanent Mission of the People's Republic of Bangladesh to
the United Nations Office and Other International Organizations at Geneva

3. REPRESENTATIVES OF THE UNITED NATIONS AND RELATED ORGANIZATIONS

United Nations

Mr P. CASSON, Deputy Director, External
Relations and Inter-Agency Affairs,
Office of the Director-General

Mr V. LISSITSKY, Co-ordination Officer,
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Affairs, Office of the Director-General

Mr N. KANDEMIR, Deputy Director, Division
of Narcotic Drugs

Dr N. KILIBARDA, Chief, Drug Demand and
Information Unit, Division of Narcotic
Drugs

Mr V. POLIANSKI, Environment and Human
Settlements Division, Economic Commission
for Europe

United Nations Children's Fund

Mr S. BACIC, Deputy Director for Europe
Miss M. HODGSON, Programme Officer

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

Dr J. H. PUYET, Director of Health

United Nations Development Programme

Mr S. HEPPLING, Director, UNDP European
Office

Miss R. COLLOMB, External Relations Officer

United Nations Environment Programme

Mr A. RENLUND

Mr M. HALLE

United Nations Conference on Trade and
Development

Mr G. KRASNOV, Acting Chief, External
Relations Section

Mr M. PLEHN-MEJIA, External Relations
Section, Division for Conference Affairs
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United Nations Institute for Training and
Research

Mr E. M. CHOSSUDOVSKY, Representative in
Europe

Smallpox eradication programme (Resolution WHA28.52)

Dr HENDERSON (Smallpox Eradication) informed the Board that no cases had been reported from Asia since 16 October 1975. A search had been completed in Bangladesh the previous week without bringing to light any further cases. On Saturday, 17 January 1976 there had been 61 infected villages in Ethiopia, and some 40 to 50 cases were being reported each week. The decline in the number of cases was not as rapid as had been hoped, but there was definitely a decreasing trend.

Dr VENEDIKTOV expressed his satisfaction at the success of the campaign and congratulated the Director-General on a brief and clear report. The map on the first page of the reprint from the WHO Weekly Epidemiological Record, No. 3, of 16 January 1976, spoke for itself. The activities reported in a document for the Board were in line with earlier resolutions and with resolution WHA28.52 which laid down the strategy for the final phase of the programme. He congratulated Bangladesh and the other Asian countries that had reported their last cases before October 1975, and particularly commended a section of the report which stressed the action required in the final phase and the need to avoid complacency. He supported the proposal for the compilation of a registry of laboratories retaining stocks of variola virus. A registry would be particularly needed when, some years after eradication, routine vaccination had ceased and the need for and risks of keeping such stocks had to be reviewed.

Dr TARIMO expressed his satisfaction at the success of the smallpox eradication programme. The prophecy of the discoverer of smallpox vaccine 150 years earlier that it would soon become a historical disease was now being proved true. Of course, extensive resources and organization had been needed to achieve that result. He wished to ask the Director-General what plans or programmes the Organization had made to ensure that the momentum built up should not be lost. If the programme were to end soon, had plans been made to integrate the surplus from that programme into the expanded immunization programme?

Smallpox had been a disease feared by developed and developing countries alike and as long as it existed anywhere in the world the rest of the world was at risk. Various countries had therefore maintained protective measures against its importation, even though such measures were very expensive. Consequently, economic considerations had been partly responsible for the resources made available to the programme. However, humanitarian reasons and the desire to help people all over the world had also played their part.

Fortunately for the developed world, some of the diseases to be dealt with in the expanded immunization programme were not prevalent in those countries. He was, however, sure that countries would show the same willingness to help those less fortunate than themselves in the expanded immunization programme as they had in the smallpox eradication programme.

Dr MUKHTAR said that it was an outstanding achievement that only one country in Africa still had cases of smallpox, whereas a few years ago hundreds of cases were reported from a single country. With continued efforts both locally and by WHO, it was to be hoped that that country too would soon be free from the disease.

The question of monkey-pox called for attention and the intensive surveillance activities, as well as laboratory and field investigations, must continue until it was clearly proved that those viruses were not dangerous.

Particular appreciation should be expressed of the field workers who had done the difficult local work in the affected countries.

Dr TAKABE said that he had been a member of the team working with Dr Henderson. He expressed his admiration for the success the team had had in the eighteen months after his departure. That success was due to a determination to fight, and also to realism and assiduity on the part of the eradication teams, the Member States and the Secretariat. The final judgement on this so far brilliant achievement would however be ultimately made by history.

He was also concerned with what would happen to a large number of persons engaged in the eradication programme once the programme was completed. He hoped that the Organization would provide guidance to Member States in that respect, and also that it would give due consideration in advance to various problems that were expected to arise consequent upon the success of the programme.

Dr EHRLICH expressed his gratitude to Bangladesh, Ethiopia, and India for their cooperation in the eradication of smallpox. However, although so much had been achieved, the report stated that a further \$ 6 million would be required in the form of international assistance to countries throughout the world to complete the task of global eradication. He wondered what prospects there were for obtaining those funds.

Dr HASSAN congratulated the Organization on its great achievement in the eradication of smallpox. However, since two countries still reported the existence of smallpox cases, the risk still existed and the need for surveillance measures not only in those countries but also in neighbouring countries was still imperative.

Professor AUJALEU said that people should talk of two successes rather than one. Not only had smallpox been almost eradicated but also the Organization had for once not been over-optimistic in its estimates of the date by which that eradication would be completed.

Dr CHILEMBA said that, although some cases were still reported, there could be little doubt that at last the cause of mass misery was about to be eliminated. Despite that success, he urged that a concerted effort should be made to eliminate the remaining sporadic cases in those countries.

Professor VON MANGER-KOENIG expressed concern at the possible consequences of the retaining of stocks of virus in laboratories. He hoped it would be possible for WHO and national authorities to reduce the remaining stocks as far as possible and lay down all necessary safety standards and precautions to prevent any infection or accident occurring in those laboratories with consequent danger to the environment and the population.

Dr HELLBERG (alternate to Professor Noro) said that even if the health authorities did not become complacent, there would certainly be public as well as technical and epidemiological pressure put on the administration of Member States to revise their vaccination policy as a consequence of the success of the smallpox eradication programme. He would therefore like to know if WHO was planning to advise Member States on their smallpox vaccination policy over the next two years and to what extent it could provide a solution in line with health regulations concerning changes in that policy.

Dr KHALIL pointed out that the great achievement of the eradication of smallpox had not been without cost, including the loss of lives of members of field teams, even though such tragedies had had no harmful effect on the programme.

Dr del CID PERALTA wished to add his congratulations to all those in headquarters, in Member States and in the field, who had been engaged in the smallpox eradication programme. He wished to know, however, whether there would be a change in the policy requiring a smallpox vaccination certificate for international travel.

Dr SHAMI said that, although Jordan had not had a single case of smallpox during the past two years, the vaccination of children was still a legal obligation. He wondered whether that requirement should now be relaxed.

Dr BAIRD said that he too wished to ask about the advisability of discontinuing smallpox vaccination in view of the ease of world travel. Since sporadic cases might still appear, smallpox vaccination should not be discontinued too hastily, especially in countries which did not possess adequate surveillance machinery.

Dr HOSSAIN expressed his gratification at the appreciation expressed by members of the Board for the work done in Bangladesh. The success of the programme was due not only to efficient planning at headquarters, but also to the dedication of the field workers who were often asked to work in unhealthy and unaccustomed environments. The work of all concerned should be recorded for posterity. The epidemic in Bangladesh had been at its peak about one year earlier, and in the past year the authorities in that country had learnt a vast amount about the various consequences of the disease. They had been over-optimistic in their estimate of the time it would take to eradicate it but the battle had now been won, thanks to help provided from all over the world. The next two years would, however, be crucial and extra help would be needed for surveillance. It was then to be hoped that the resources mobilized for the smallpox eradication programme could be used for the most important programme of the Organization, that of primary health care. One lesson to be drawn from the smallpox campaign was that workers at all levels of society had the same end in view but different methods.

Dr SAUTER welcomed the results outlined in the report to the Board. There were good chances that the success would be maintained and it might be hoped that the suffering and death caused by that most contagious disease would soon belong to the past. It was therefore not too early to congratulate the Director-General and his teams on their successful work and also to express appreciation and respect for the countries which had waged war against smallpox at a time when that disease was only one of the problems they were facing.

The time had also come to point out the lessons to be learned from that programme so that they could be applied to other WHO projects, especially the organizational study on the planning for and impact on extrabudgetary resources on WHO's programmes and policy. Many principles and comments referred to in the report of the working group on that study had already been applied in the smallpox eradication programme. It was to be hoped that that programme would be borne in mind when discussing the mobilization of extrabudgetary resources for other purposes.

Dr YAÑEZ said that he wished to express his appreciation to the Organization and all those who had contributed to the achievement of a success of such importance to the history of mankind.

Dr HENDERSON (Smallpox Eradication) expressed his gratitude for the appreciative comments made by members of the Board on behalf of all his colleagues in the programme, both national and international, who had worked diligently in the field at considerable personal cost.

Replying to points raised, he said that the chief matter of concern related to WHO's vaccination policy. The Organization had not made formal recommendations, but since it was confident that eradication had been achieved, the issue would not be a difficult one. If eradication was definitely proclaimed, as he hoped it would be some time in 1978, then there would obviously be no need for vaccination. Premature complacency must, however, not lead to a relaxation of efforts. The real question was what should be done until complete eradication was proclaimed. Most countries had carried out smallpox vaccination for some 150 years and most of those where surveillance was not particularly sensitive had decided to continue routine vaccination until it could confidently be said that smallpox had been eradicated. A few of the countries in continents where the disease was no longer endemic and where the quality of surveillance was good had stopped infant vaccination but others had decided to continue it because, if the programme did suffer a reverse, it might be difficult to reinstate it. The Organization would certainly encourage countries where surveillance was not satisfactory to continue vaccination. In other countries the decision must be left to national health authorities.

With regard to the provision of the \$ 6 million still required to complete the programme, the Director-General had approached a number of countries and there had been a cautiously favourable response from several. It could be estimated that about a quarter of that sum was now committed. Consequently, while moral support was always appreciated, further financial support was also needed. The most important use for the money was to ensure that transmission was stopped in Ethiopia, where substantial sums were needed due to the geography of the country and its various other problems. Countries such as India and Bangladesh believed that smallpox transmission had stopped but it remained to be seen whether there were residual foci. A very aggressive programme must be continued for two years after the last case had been reported. After that, as noted in the document, an informal commission consisting of selected critical authorities would be convened so that all countries, whether adjacent to or far from the foci, could be satisfied that the situation had been carefully examined and smallpox no longer existed. If there was no money for those various purposes, no country could be sure enough of the eradication of smallpox to stop routine vaccination or cease requiring vaccination for international travel.

It was also necessary to be sure that there was no animal reservoir for the virus. All evidence so far pointed to that fact but further studies must be carried out in order to be absolutely sure.

Consequently, if the required funds were not obtained, those concerned might find they had done all that hard work only to lose the fruits of the achievement at the last moment. The Organization would therefore appreciate both moral and financial support in the concluding phase of the programme.

He would suggest that Dr Cockburn should be asked to reply concerning future plans because they related to the expanded programme of immunization.

The DIRECTOR-GENERAL said that the Organization and Member States would have to make the necessary preparations for the possible proclamation of eradication in 1978 referred to by Dr Henderson, and would have to make very important global resolutions and agreements. In accordance with its Constitution, the World Health Assembly was fully empowered to take measures whereby its membership would have the necessary political assurance at home that there had been a global consensus. That was where the Organization must take collective responsibility and ensure that there was full support for the decisions made at that moment, with all the consequences that they would entail.

Over the next two years, the Organization would systematically build up to the important final policy decisions to be taken at the Assembly by holding a series of regional and inter-country scientific group and expert committee meetings which would amass the information the Assembly would need. It would be the knowledge that the Assembly's decisions were based on the best information available that would give those at home the assurance required for taking very important political decisions at the national level.

The lessons to be learned would be dealt with to a certain extent by Dr Cockburn as they related technically to the expanded immunization programme. When the Board discussed extrabudgetary resources, it was important to remember that in the smallpox eradication programme it had been shown that the rich countries would make any sacrifice if they were absolutely sure that the money would be put to good use and were allowed to visit the country concerned in order to see that for themselves.

Another very important lesson was that the Organization had the ability to show a certain unbureaucratic flexibility. The strategy had changed greatly over the years and had constantly evolved, from doubt in 1967 to aggressivity and flexibility, and from mass vaccination to surveillance. It was that flexibility and an ability to evaluate experience and quickly adjust strategy accordingly that had made the programme outstanding in the history of the Organization. Governments had even been willing to break rules and financial regulations in order to attain the desired end. However, too close a parallel should not be made between that particular programme and other kinds of activities of the Organization such as the expanded immunization programme because governments could not be expected to break the rules on every occasion. It should also be remembered that no progress would be made in other programmes without the same authority and managerial discipline as had been shown in the smallpox eradication programme.

Professor AUJALEU said that everyone was certainly persuaded that the completion of the smallpox eradication programme was perhaps the highest priority for the Organization. Consequently, if the Director-General could not find the necessary voluntary funds by persuading governments that so much effort should not be lost for the lack of a relatively small sum at the last moment, they should be provided from the regular budget, even at the expense of other activities.

Dr VENEDIKTOV endorsed the preceding statement. In the case of a programme of such high priority it should at least be possible to continue the appropriation made to it over the past 10 years. He, however, had no doubt that the necessary resources to complete the programme would be made available because countries were extremely interested in it. In view of the logical arguments put forward by the Director-General and Dr Henderson, he was sure that governments could be convinced to provide the means to complete the programme.

Dr HOSSAIN said that the views of the two previous speakers, and their firm conviction that the programme must be completed at any cost, were very reassuring and would, he trusted, bear out the adage that faith moved mountains.

The CHAIRMAN, speaking in his personal capacity, said that the eradication of smallpox, the scourge of mankind for thousands of years, was generally acknowledged to be the greatest achievement of the Organization, if not of medicine generally. He wished the Director-General, the Secretariat and all those working in the field every success in achieving the final target and expressed the hope that the Director-General would be in a position to report success to the Twenty-ninth World Health Assembly or to the Board at its fifty-ninth session.

He agreed that there were many important lessons to be learnt from the way in which a well planned and implemented programme could produce results, but would point out that smallpox eradication was not a very difficult matter since diagnosis was comparatively easy, the human being was the only reservoir of the virus and vaccination provided an effective control measure. The same could not be said of the expanded programme of immunization, which would develop over the years, and he wished to sound a note of warning on that score.

Speaking in his capacity as Chairman, he said that no resolution was proposed under the item. He suggested that information on the smallpox programme, together with members' comments thereon, be included in the Board's report to the Health Assembly.

Sir Harold WALTER considered that it would save time if related items, such as the smallpox eradication programme and the expanded programme of immunization, could be considered together and dealt with in conjunction in the Board's report to the Health Assembly. In that connexion, he pointed out that the practice of vaccinating infants of three months against five diseases, including smallpox, was not a feasible proposition in

countries where communications were poor. The Director-General might perhaps wish to address himself to that question. Moreover, it should be made a requirement that no child could be admitted to school unless he had all five vaccination certificates. He knew of a country where that was the practice, though not the law.

The CHAIRMAN said that it had been his intention to hold a discussion on the expanded programme of immunization before any decision was taken.

Sir Harold WALTER said that in the circumstances he was agreeable to following the original procedure.

Dr SHAMI asked how long the smallpox virus could survive outside the human body.

Dr HENDERSON said that that depended largely on conditions of temperature and light. If kept in a deep-freeze, the virus would survive for hundreds of years but, under normal conditions of temperature and humidity, it rarely survived for more than a few days and, if the temperature was very warm or if the virus was exposed to light, survival might be only a matter of hours. Despite some concern in the eradication programme as to the possible survival of scabs and the like in a natural environment, there was no evidence that that was the case. There had also been some concern that variolators might keep the virus for a long time, but it had been found that they were not able to preserve it for more than six to nine months. The virus could however be preserved in laboratories for long periods of time.