

**OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION**

No. 48



**SIXTH
WORLD HEALTH ASSEMBLY**

GENEVA, 5 TO 22 MAY 1953

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GENEVA

October 1953

MEMBERSHIP OF THE HEALTH ASSEMBLY

LIST OF DELEGATES AND OTHER PARTICIPANTS

Delegations of Member States

AFGHANISTAN

Delegates :

Dr. A. ZAHIR, Deputy Minister of Health (*Chief Delegate*)

Dr. A. R. HAKIMI, Director of Health Services, Ministry of Public Health

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Delegate :

Dr. G. SEGURA, Director-General of International Health Administration, Ministry of Health ; Permanent Delegate to the International Health Organizations

AUSTRALIA

Delegates :

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Alternates :

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Delegates :

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BELGIUM

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Advisers :

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Dr. A. MENDONÇA E SILVA, Secretary of Public Health for the State of Rio de Janeiro

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Dr. YOU CHHIN, Médecin de l'Assistance médicale

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Dr. O. J. LEROUX, Assistant Director, Department of National Health and Welfare

Dr. D. SMITH, Member of Parliament

Alternates:

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Mr. B. M. WILLIAMS, Deputy Permanent Delegate to the European Office of the United Nations

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(Republic of)

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¹ Until 16 May 1953.

² From 10-16 May 1953.

³ For technical discussions only,

EL SALVADOR*Delegate :*

Dr. R. C. BUSTAMANTE, Under-Secretary of State for Health and Welfare

FEDERAL REPUBLIC OF GERMANY*Delegates :*

Professor F. KLOSE, Director, Health Department, Federal Ministry of the Interior ; Director, Institute of Hygiene, University of Kiel (*Chief Delegate*)

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Dr. K. GLASER, President, Health Authority, Free State of Hamburg

Alternates :

Dr. W. KOCH, Rapporteur, Federal Ministry of the Interior

Dr. F. A. E. BERNHARDT, Rapporteur, Federal Ministry of the Interior

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ICELAND*Delegate:*

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Health (*Chief Delegate*)

Sir Arcot MUDALIAR, Vice-Chancellor, University
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Mr. M. KAHANY, Permanent Delegate to the
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Hygiene and Public Health (*Chief Delegate*)

Professor S. CRAMAROSSA, Director-General of
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sioner for Hygiene and Public Health

Dr. D. BATTINI, Assistant Chief, Cabinet of the
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Health

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Mr. R. BIANCOROSSO, Secretary-General, Office
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Public Health (*Alternate to Chief Delegate*)

Professor V. PUNTONI, Director, Institute of
Hygiene, University of Rome

Mr. S. PROSPERI, Chief, Division of Administration,
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Advisers:

Professor A. SPALLICCI, Deputy High Commis-
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Mr. G. SILIMBANI, Consul-General in Geneva

Dr. V. M. PALMIERI, Professor of Forensic Medicine, University of Naples

Mr. P. GHEZZI MORGALANTI, Vice-Consul in Geneva

Mr. U. DE LEONI, Chief, Secretariat of the High Commissioner for Hygiene and Public Health

Mr. S. CALLEA, Attaché, Consulate-General, Geneva

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Delegates :

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Alternates :

Mr. S. KAWASHIMA, Chief, Enterprise Section, Pharmaceutical and Supply Bureau, Ministry of Health and Welfare

Mr. B. HOSHI, Consul and Assistant Permanent Delegate to the International Organizations in Geneva

Adviser :

Mr. S. KOTANI, Chief, Health Centre Section, Public Sanitation Bureau, Ministry of Health and Welfare

KOREA

Delegates :

Dr. KOO Young Sook, President, National Red Cross (*Chief Delegate*)

Dr. PAIK Haing In, Bureau of Preventive Medicine, Ministry of Health

LAOS

Delegate :

Dr. Oudom SOUVANNAVONG, Directeur de la Santé publique et de la Prévoyance sociale

LEBANON

Delegates :

Dr. Y. BAUJI, Director-General, Ministry of Health (*Chief Delegate*)

Dr. S. HAYEK, Director of Technical Services, Ministry of Health

LIBERIA

Delegates :

Dr. J. N. TOGBA, Director General of National Health Services (*Chief Delegate*)

Dr. E. M. BARCLAY, Physician, Maternity and Child Welfare Centre

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Adviser :

H. E. J. Emery KNIGHT, Ambassador of Liberia to France

LUXEMBOURG

Delegates :

Dr. L. MOLITOR, Directeur de la Santé publique (*Chief Delegate*)

Dr. R. KOLTZ, Inspecteur de la Santé publique

Alternate :

Mr. J. STURM, Chargé d'affaires à Berne

MEXICO

Delegate :

Dr. J. ZOZAYA, Director, Bureau of International Affairs, Ministry of Health and Welfare

Alternate :

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Adviser :

Mr. J. G. DE WERRA

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Delegates :

Dr. E. BOERI, Directeur du Service d'Hygiène et de Salubrité publique (*Chief Delegate*)

M. R. BICKERT, Consul-General in Geneva

NEPAL⁴

Delegate :

Dr. PINAKY PRASAD UPADHYAY, Acharya, Nepalese Embassy, London

⁴ Admitted to membership of the World Health Organization on 15 May 1953, subject to the deposit of a formal instrument with the Secretary-General of the United Nations.

NETHERLANDS

Delegates :

Dr. C. VAN DEN BERG, Director-General for International Health Affairs, Ministry of Social Affairs and Public Health (*Chief Delegate*)

Dr. H. W. JULIUS, Professor of Hygiene and Microbiology, Government University of Utrecht (*Deputy Chief Delegate*)

Dr. N. A. ROOZENDAAL, Chief Pharmaceutical Officer of Health, The Hague

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Dr. C. J. M. MOL, Member of Parliament

Miss H. C. HESSLING, Division of International Health Affairs, Ministry of Social Affairs and Public Health

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Dr. F. S. MACLEAN, Director of Public Hygiene, Department of Health (*Chief Delegate*)

Mr. W. Wynne MASON, Assistant External Affairs Officer, Office of the High Commissioner for New Zealand, London

NICARAGUA

Delegate :

Dr. E. SELVA SANDOVAL, Consul-General in Barcelona, Spain

NORWAY

Delegates :

Dr. K. EVANG, Director-General of Health Services (*Chief Delegate*)

Dr. O. G. HANSEN, Chief, Tuberculosis Section, Directorate of Health Services

Dr. T. O. IVERSEN, Chief Medical Officer, Oslo

Alternate :

Dr. C. V. LANGE, Member of Parliament

PAKISTAN

Delegates :

Dr. M. JAFAR, Director-General of Health (*Chief Delegate*)

Dr. M. K. AFRIDI, Director of Health Services of the North-West Frontier Province, Peshawar

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Delegate :

Dr. G. ENGLER, Medical Superintendent, Almira Hospital, Panama

PERU

Delegate :

Mr. C. GORDILLO-ZULETA, Director, Bureau of International Affairs, Ministry of Health and Welfare

PHILIPPINES

Delegates :

The Hon. Dr. Juan SALCEDO, Jr., Secretary of Health (*Chief Delegate*)

The Hon. Nicolas G. ESCARIO, House of Representatives, Congress of the Philippines

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Dr. A. Z. HASHEM, Director of Quarantine

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Delegates :

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Dr. F. PÉREZ GALLARDO, Professor at the National School of Public Health

Alternate :

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Delegates :

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Mr. Å. LARSSON, Ministry of the Interior and Health

Dr. M. TOTTIE, Expert on Venereal Diseases, Royal Medical Board

Advisers :

Mr. T. C. BJOERCK, Permanent Delegate to the International Organizations in Geneva

Dr. D. KNUTSON, Head, University Hospital Out-Patients' Department ; President, Swedish Medical Association

Dr. J. H. A. LUNDQUIST, Secretary, Swedish National Association against Tuberculosis

Miss M. RABO, Assistant Director, College of Post-graduate Nursing

SWITZERLAND

Delegates :

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Dr. R. E. CHABLE, Médecin cantonal ; Professeur d'Hygiène à l'Université de Neuchâtel

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M^{me} G. VERNET-BOURCART, Présidente de l'Association suisse des Infirmières et Infirmiers diplômés

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Delegates :

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Dr. Dia E. EL-CHATTI, Chief, Ophthalmic Division, Ministry of Health ; WHO Liaison Officer

Dr. Mounira AZEM-KHAYAT, Medical Officer for Infant Welfare, Ministry of Health

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- Mr. W. H. BOUCHER, Assistant Secretary, Ministry
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- Sir Andrew DAVIDSON, Chief Medical Officer,
Department of Health for Scotland
- Mr. J. F. HUNT, Deputy Accountant-General,
Ministry of Health
- Mr. A. E. JOLL, Deputy Registrar-General,
General Register Office
- Dr. W. P. D. LOGAN, Chief Medical Statistician,
General Register Office
- Mr. J. C. WARDROP, Permanent Delegation to the
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UNITED KINGDOM OF LIBYA

Delegates :

- Mr. A. J. KERBISH, Health Department, Admi-
nistration of Tripolitania (*Chief Delegate*)
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UNITED STATES OF AMERICA

Delegates :

- Dr. L. A. SCHEELE, Surgeon General, Public
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- Dr. L. W. LARSON, Member, Board of Trustees,
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- Dr. F. D. MURPHY, Chancellor, University of
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Association

Mr. K. STOWMAN, International Health Represen-
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URUGUAY

Delegate :

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VENEZUELA

Delegate :

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Ministry of Health and Welfare

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Delegates :

Dr. H. MARCEL, Directeur général de la Santé
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Dr. TRAN-VAN-THIN, Directeur du Service de la
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YUGOSLAVIA

Delegates :

- Dr. A. STAMPAR, President of the Yugoslav Academy of Sciences and Arts, Zagreb (*Chief Delegate*)
- Dr. J. POTRČ, Member of the Executive Council of the People's Republic of Slovenia
- Dr. V. DJUKANOVIĆ, Member of the Federal Executive Council

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- Dr. A. FARAJ, Médecin principal de la Direction de la Santé publique et de la Famille

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- Dr. M. B. A. SQUIREX, Medical Officer, Paediatric Service
- Dr. A. SANCHEZ-COVISA CARRO, Chief of the District Health Services, Yebala

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- Dr. M. GHACHEM, Ministre de la Santé publique
- M. B. JAIBI, Chef de Service au Ministère de la Santé publique
- Dr. J. DAIRÉ, Médecin-inspecteur de la Santé publique ; Chef du Service du Contrôle sanitaire aux Frontières

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- Mr. M. DUQUE GÓMEZ, Minister of Colombia in Switzerland

HOLY SEE

- Rev. Father H. DE RIEDMATTEN, Information Centre of the International Catholic Organizations, Geneva
- Professor G. LAMI, Medical Officer in charge of the La Spezia Hospital

SAN MARINO

- Dr. E. GRANELLI, Minister Plenipotentiary
- Dr. A. GALBUSERA

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- Dr. W. A. KARUNARATNE

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- Mr. D. HAMMARSKJÖLD, Secretary-General⁵
- Mr. A. PELT, Director of the European Office
- Dr. S. SZE, Chief, Specialized Agencies Section, Economic and Social Council Secretariat
- Dr. A. BARKHUUS, Senior Medical Officer, Department of Trusteeship and Information from Non-Self-Governing Territories

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- Mr. M. BURINSKY, Deputy Executive Secretary⁶

PERMANENT CENTRAL OPIUM BOARD

- Mr. J. DITTERT

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

- Dr. B. BORČIĆ, Chief Medical Officer

OFFICE OF THE HIGH COMMISSIONER FOR REFUGEES

- Mr. G. J. VAN HEUVEN GOEDHART, High Commissioner
- Mr. A. A. HOVEYDA, Chief, Liaison Section

UNITED NATIONS KOREAN RECONSTRUCTION AGENCY

- Major-General J. S. WOOD, Chief, Geneva Liaison Office
- Colonel J. R. NYGAARD, Executive Officer

⁵ Addressed the Health Assembly at the tenth plenary meeting

⁶ For part of session

them into line with available resources and, on the other, for establishing priorities. He wished to emphasize the task incumbent on the executive bodies of all specialized agencies to see that their programmes were clearly in line with available funds and based on priority principles as laid down by the Economic and Social Council.

He indicated that the circular letter (CL.3.1953) mentioned by Dr. Forrest had not been received in Canberra before his delegation left, but that comments on the suggestions and recommendations contained in the United Nations documents would be submitted in due course.

Dr. MACKENZIE (United Kingdom) thanked Dr. Forrest for his statement, which was of great value in view of the exceptionally complicated nature of co-operation between the United Nations and specialized agencies. For that reason it was particularly important for all governments to follow closely the attempts being made to that end. Difficulties still arose even after years of experience and it was not always possible to avoid duplication of effort.

Dr. BARKHUUS (United Nations) expressed the satisfaction of the Secretary-General of the United Nations at the outstanding co-operation existing between the two organizations in large fields of mutual concern ; he spoke from personal experience of the co-operation which also existed between the Secretariat of WHO and the Department of Trusteeship and Information from Non-Self-Governing Territories. The attendance of an expert from WHO at the last meeting of the Committee on Information from Non-Self-Governing Territories had been particularly appreciated, as had also the large number of documents prepared by WHO on that occasion.

Decision: The committee noted the reports of the Director-General on decisions of the United Nations General Assembly and the Economic and Social Council and on development and concentration of efforts in the social field (see fourth report of the committee, sections 3 and 4).

4. Extension of Agreement with United Nations Relief and Works Agency for Palestine Refugees in the Near East

Agenda, 6.6.3

The DEPUTY DIRECTOR-GENERAL called attention to a draft resolution which would authorize the Director-General to extend the duration of the agreement with the United Nations Relief and Works

Agency for Palestine Refugees in the Near East (UNRWAPRNE)¹⁷ until 30 June 1954, or until the dissolution of that agency if it should take place before that date. The adoption of that resolution would prolong the agreement between WHO and UNRWAPRNE to conform with the prolongation of the UNRWAPRNE programmes in accordance with United Nations resolution 614 (VII).

Decision: The resolution was adopted without comment (see fourth report of the committee, section 5).

5. Proposals for World-wide Campaigns : Smallpox

Agenda, 6.5.5

The DEPUTY DIRECTOR-GENERAL, speaking on behalf of the representative of the Executive Board, introduced a study by the Director-General on a world-wide campaign against smallpox.

An important question of principle was involved.

He recalled that the Executive Board, at its eleventh session, after considering a report by the Director-General dealing with further action on general world health problems had, in resolution EB11.R58, recommended that the Sixth World Health Assembly consider the adoption of the Director-General's suggestion that WHO should stimulate certain world-wide programmes and that a campaign against smallpox would be suitable for such a programme. The study before the committee emphasized the reasons in favour of tackling world health problems on a universal basis.¹⁸ WHO was following the general policy of giving assistance upon requests from governments in accordance with their particular needs. It would appear that the time had come for WHO to fulfil its constitutional obligations by undertaking a campaign against certain diseases affecting the whole world, thus furnishing an example of world-wide international co-operation. The technical advantages of such a general policy were clear in that such diseases could only be

¹⁷ *Off. Rec. World Hlth Org.* 35, Annex 3

¹⁸ The relevant paragraph of the study read :

2. *The Need for World-wide Programmes.* The Constitution and the early Health Assemblies established the principle of general programmes and priorities. The present system of advisory services has now reached a stage where technically, administratively and even politically, there is a need to establish one or more programmes with an appeal to all governments as a part of a world-wide effort. Through such a general direct practical world programme it is desirable to demonstrate the importance WHO has for every Member State and also its role in dealing with world health and medical problems, not only through the necessary and valuable present form of direct assistance to governments, but also by concerted international action.

controlled by a campaign on a world-wide scale. Consequently, both psychological and high policy considerations would be served by the achievements of WHO in such a sphere.

If the principle were adopted, such a campaign, although it would naturally be spread over a period of years, would mark the beginning of a new era in the Organization's policy. Smallpox had been proposed because it was a disease affecting the whole world, because smallpox control was relatively simple and within the possibilities of most governments, and, finally, because the disease still existed despite the discovery of a method of control more than 150 years ago. Thus, it was a case to show that real co-operation was required before appreciable results could be obtained, in spite of the excellence of technical methods. He would suggest that the committee should first of all consider the question of the principle of initiating a world-wide campaign.

Dr. FABINI (Uruguay) supported the plan for an antismallpox campaign. There could be no doubt that smallpox constituted a permanent danger to mankind and that efforts to eradicate or to diminish the incidence of the disease had not yet proved fully successful. Such a campaign might well yield useful results in many countries.

In his own country, Uruguay, in spite of the measure of success achieved in antismallpox work over a period of several years, the disease was present in the relatively mild form, alastrim. He recalled, speaking from his own experience in public-health work, that the danger in respect of alastrim lay particularly in its apparently benign nature. That disease, which also existed in several other countries of Latin America, responded to antismallpox prophylaxis.

The Director-General's study mentioned that, according to available data, roughly 1,000,000 deaths from smallpox had been reported between 1940 and 1952. That figure was evidence of the vastness of the problem. His delegation would therefore support the plan put forward by the Executive Board and believed that a world-wide antismallpox campaign called for the support of the Health Assembly.

Dr. BERNARD (France), commenting on the general aspect of the proposal, believed that it represented a most important development in the Organization's general policy. The recent work of the Organization had consisted for the most part in decentralized and highly complex multiple action in the various regions to meet the specific requests of governments. To undertake a world-wide campaign against a

single disease would reconcile the present trend of WHO with the traditional type of world-wide action for which similar organizations, such as the Office International d'Hygiène Publique, had in the past been responsible.

The problem of smallpox was of vital interest to all countries, including those where it was not endemic. Consequently, his delegation believed that the proposal for world-wide action, together with the choice of the disease, merited whole-hearted approval, the more so since the Director-General had, in suggesting smallpox, taken into account the views of the Regional Committees for the Americas and for the Western Pacific.

His delegation was therefore in agreement with the principle and would at a later stage give its views on the detailed practical implementation of the proposals.

Dr. ENGLER (Panama) called attention to the resolution adopted by the Directing Council of the Pan American Sanitary Organization in respect of the programme against smallpox in the Americas.¹⁹ His country, as a focal point in world traffic, had a particular interest in avoiding the introduction of new cases of smallpox. He agreed with the delegate of Uruguay that an antismallpox campaign would also combat alastrim, which was also prevalent in Panama. His delegation would therefore support the proposal for a world-wide programme against smallpox.

Dr. PANDIT (India) believed that no disagreement existed as to the desirability of action by WHO in a world-wide programme of control of communicable diseases; indeed, such action was envisaged in the Organization's Constitution. However, certain essential difficulties existed which might make the choice of smallpox in that connexion unsuitable at the present time.

He recalled that, as had been stated in the Director-General's study, a simple and effective remedy against smallpox had been known for the past 150 years. Nevertheless, smallpox still remained one of the

¹⁹ This read ;

Whereas the sum of \$75,000 from the Working Capital Fund has been assigned to the initiation of a supplementary programme against smallpox in the Americas in 1953 ; and

It is essential, for the success of this supplementary programme, to assure its continuity in the years following 1953,

The Directing Council

RESOLVES to authorize the Executive Committee to include the supplementary programme against smallpox in the inter-country programmes of the proposed programme and budget of the Pan American Sanitary Bureau for 1954, and to assign an amount sufficient to assure its continuity.

major communicable diseases. It was his view that the problem of smallpox would have to be tackled first of all on a regional basis, since it involved public-health services, laboratories for production of vaccines, and machinery to ensure vaccination wherever the disease was endemic. He was sure that general agreement existed that the problem of smallpox was essentially the problem of vaccination. Research in that field was constantly being carried out and there was no real need of a programme such as the one under consideration to emphasize the importance of vaccination as a potent weapon against smallpox. With regard to diagnosis, he thought that scientific diagnosis was of only relative importance in the countries where smallpox was in fact most prevalent.

The problem of smallpox was essentially one which should be tackled as a regional problem and funds were at present available to the regions for fellowships. Unless concerted action were undertaken by the countries themselves in respect of vaccination, efforts by WHO in an antismallpox campaign on a world-wide basis were not likely to succeed. In any case, results would necessarily only become appreciable over a long period of time and a campaign of that type might even bring discredit on the Organization. Once the regions themselves had taken the initial steps towards suitable methods of control in their own areas, co-ordinated action might then become desirable.

Dr. ANWAR (Indonesia) said that his delegation fully agreed with the principle of a world-wide campaign, particularly one carried out through the regional offices and on the request of national governments. It would be desirable for governments to supply the information to provide the basis for a five-year programme through the regional offices.

He referred to the smallpox epidemic in Indonesia between 1947 and 1952 which had been caused by insufficient vaccination due to the circumstances brought about by the war and the national revolution. The epidemic was now practically under control and it was hoped that intensive vaccination would result in the disease being eradicated. His Government provided training in vaccination at the Pasteur Institute and was endeavouring to increase both the number of vaccination centres and the necessary transport facilities. Revaccination was now carried out in Indonesia every four years, as compared with the pre-war level of every nine years. He agreed with the delegate of India that such a campaign could best be initiated on a regional basis.

Dr. HEMMES (Netherlands) called attention to a proposal of his delegation that a working group of not more than ten members be set up to discuss the suggestions made in the Director-General's study and to report thereon to the committee. The problem under consideration was a most complex one and it was desirable that a decision be taken only after the most careful study as to (1) whether smallpox was suitable for a world-wide campaign, (2) the points raised by the Director-General in favour of the campaign, and (3) the exact aims of the campaign and the methods by which they would be accomplished.

Dr. MACKENZIE (United Kingdom) strongly supported the views expressed by the delegates of India and Indonesia. The problem was a vast and complicated one and it did not appear that a world-wide machinery for such a campaign was suitable at the present time.

A means of fighting smallpox had been discovered 150 years previously and it was an accepted fact that failure to eradicate the disease completely was not due to lack of adequate diagnosis and research but rather to practical difficulties such as the lack of public education, general apathy and the physical and economic difficulties connected with vaccination. It would be desirable to have precise information from the various governments as to the actual difficulties encountered. He would therefore propose that the matter be referred to the following session of the Executive Board, which would request the Director-General to collect information, possibly through the regional offices, on the specific difficulties met by governments, and to report thereon to the thirteenth session of the Executive Board which would, in turn, submit its proposals to the Seventh World Health Assembly.

He emphasized the fact that the strength of WHO lay in the activities it undertook in the various regions following requests from governments. Recalling the earlier campaigns initiated by the Organization against tuberculosis and influenza, he expressed the view that it was not desirable for undue publicity to be attached to a campaign against smallpox which would function on a central rather than regional level. Such a campaign might prove uneconomical and would not in his view add to the prestige of the Organization.

Dr. GONZÁLEZ (Venezuela) agreed with the principle that WHO should consider on a world-wide basis some problem which was of interest to all countries. However, regarding the choice of small-

pox, he supported the remarks made by the delegate of the United Kingdom. Difficulties varied considerably from country to country and it was necessary to take into account economic, social and educational considerations, and also transport difficulties. The maintenance of a high proportion of immunity, which implied an improvement in public-health services, was of vital importance, as a campaign would be of no value if epidemics were allowed to recur. He therefore agreed that the matter called for considerable further study and supported the proposal to refer the matter to the Executive Board.

Dr. KAPRIO (Finland) thought that the anti-tuberculosis campaign undertaken by WHO some years previously had met with a certain measure of success. Although a campaign against smallpox would necessarily yield results only after a long period of time, it would be useful for national campaigns to be a part of international action.

Smallpox was not a problem in Finland, although it was possible that isolated cases might arise through contact with neighbouring countries. World-wide campaigns could not be truly effective if inactive Members did not co-operate in them. He fully realized the political difficulties involved but nevertheless wondered whether it would not be possible to request the participation of the inactive Members in an activity of the kind under discussion. Their help might yield most valuable results and, at all events, it was desirable for such a request to be made.

Dr. CLAVERO (Spain) believed that for WHO to undertake a campaign as nearly world-wide as was possible at the present time would be to fulfil one of the specific aims of its Constitution. Indeed, the maximum results in fighting a disease could not be achieved unless there was the fullest possible co-ordination between different countries.

Smallpox had reached a stage where scientific knowledge was such as to permit a very large measure of control of the disease. Most European countries had completely eradicated smallpox but the isolated cases in which it occurred—through individuals coming from other countries—showed that total vaccination had not been achieved. There was a danger that the highly-developed countries might at times tend to overlook the danger of smallpox and not take maximum precautions for vaccination of the entire population. A world-wide campaign would be a most valuable reminder to such countries. Difficulties clearly lay in the way of ensuring that the whole population was vaccinated. However, an antismallpox campaign would yield results over

a period of time and he believed that local efforts could receive much valuable help from being co-ordinated with those of other countries and of WHO.

Professor RODHAIN (Belgium) believed that it was impossible not to accept the general principle of world-wide campaigns. The Organization's efforts against tuberculosis, a disease which was also prevalent in all parts of the world, proved the value of such campaigns. However, in respect of smallpox, his delegation fully supported the statement made by the delegate of India and considered that problems in that field were above all of a regional, and even of a local, nature. Furthermore, he expressed doubts as to whether the budget estimate of US \$116,800 for the first year and \$113,800 for the four following years for such a campaign might not hamper other activities which were perhaps of greater value. For instance, tuberculosis and especially malaria had not been eradicated.

He would therefore support the proposal of the delegate of the Netherlands, or that of the delegate of United Kingdom, but could not approve the budget estimates proposed.

Colonel WHAYNE (United States of America) said that his delegation supported the proposal made by the delegation of the Netherlands and endorsed the views expressed by the delegate of the United Kingdom. Such support should not, however, in any way be interpreted as minimizing the importance of the disease and the necessity of combating it by every possible means. It was essential that all the implications of a comprehensive programme be studied before a decision was taken.

Dr. AFRIDI (Pakistan) fully endorsed the remarks made by the previous speakers and in particular by the delegates of India, Indonesia and the United Kingdom. Research was needed into the best method for WHO action in the matter and governments should first of all be invited to state their particular difficulties. The essential problem was to devise the most satisfactory means of applying present-day knowledge to the largest possible section of the population.

Dr. FABINI (Uruguay) thought that a complex problem was being further complicated by the discussion. It had never been suggested that regional considerations and local statistics might not form the basis for the proposed action on a world-wide scale. There seemed to be no objection to the principle of a world-wide campaign. The prevalence of smallpox

was evidence of the need for a general stimulus to co-ordination between countries in an attempt to improve the situation.

Dr. BUSTAMANTE (El Salvador) referred to the statements contained in the Director-General's study, which showed the need for one or more programmes and for an appeal to all governments as a part of a world-wide effort. There seemed, however, to be a difference of opinion as to the precise stage at which such a campaign should be initiated. His delegation agreed with the remarks of the delegate of Pakistan. Once the difficulties encountered by various countries had been ascertained, it would be possible to decide on a general WHO programme for assistance.

Dr. LE ROUX (Union of South Africa) recalled the history of vaccination in the Union of South Africa. Compulsory vaccination had been enthusiastically received and enough vaccine was issued every year to vaccinate the population four times over. Cases of smallpox still occurred, presumably for reasons such as those listed by the United Kingdom delegation; nevertheless, conscientious objectors against vaccination and bad vaccination techniques constituted the main difficulties. Much had been done to improve vaccination techniques and now that 80 per cent of the population was vaccinated smallpox was no longer a problem. The experience of South Africa had shown that vaccination should be adapted to the particular region concerned and he therefore supported the statements made in the committee to the effect that antismallpox campaigns would yield more favourable results if carried out at regional level.

Dr. MOORE (Australia) said that his Government was vitally interested in the incidence and control of smallpox. He strongly supported the view expressed by the United Kingdom delegation.

Dr. BERNARD (France) noted that general agreement existed on the principle to which he had referred in his previous statement.

Regarding the means of operating and financing such a campaign, he did not wish in any way to belittle the complexity of the problem and agreed with the remarks made by the delegate of India. Nevertheless, he associated himself with the view expressed by the delegate of Uruguay to the effect that regional action would in no circumstances preclude a more comprehensive world-wide campaign.

He agreed that a detailed decision was impossible at the Sixth World Health Assembly, and he would therefore support the proposal submitted by the Netherlands delegation for the setting-up of a working party, on the understanding, however, that its terms of reference would not include a study of the matter but would be limited to drafting a resolution for the committee's consideration—a resolution referring the matter to the Executive Board while taking into account the views expressed. If, however, the Secretariat could prepare such a draft resolution for the committee at its next meeting, he would not press his support for a working party.

The CHAIRMAN put to the vote the proposal submitted by the United Kingdom delegation that the question of a world-wide campaign against smallpox should be submitted to the Executive Board at its next session for further study.

Decision: The United Kingdom proposal was adopted by 33 votes to none with 3 abstentions. It was further agreed that the Rapporteur should prepare a draft resolution for the committee's next meeting. (For continuation of discussion, see ninth meeting, section 6.)

The meeting rose at 12.25 p.m.

6. Proposals for World-wide Campaigns : Smallpox
(continuation from eighth meeting, section 5)

Agenda, 6.5.5

The SECRETARY read two draft resolutions, one submitted by the delegation of the United Kingdom of Great Britain and Northern Ireland, and the other by the delegation of France.

The United Kingdom proposal read as follows :

The Sixth World Health Assembly,

Having considered resolution EB11.R58 of the eleventh session of the Executive Board concerning a campaign against smallpox ;

In view of the many political, economic and social factors that must be considered,

REQUESTS the Executive Board to further study and report to the Seventh World Health Assembly.

The draft resolution proposed by the delegation of France was as follows :

The Sixth World Health Assembly

1. APPROVES in principle the suggestion of the Director-General that WHO should encourage certain world-wide programmes ;

2. NOTES his report on this subject and the views of the Executive Board according to which a campaign in smallpox would be indicated in the circumstances ;

3. REQUESTS the Executive Board to proceed with a detailed study of the means of implementing such a campaign, this study to include, inter alia, consultation with Member States and with WHO regional committees, and to report thereon to the Seventh World Health Assembly.

Professor RODHAIN (Belgium) suggested that the two proposed resolutions might satisfactorily be merged by the inclusion of paragraph 1 of the resolution submitted by the delegate of France as the penultimate paragraph of the resolution submitted by the delegate of the United Kingdom.

Dr. FABINI (Uruguay) said that he agreed in principle with the resolution submitted by the delegate of France. It was extremely urgent that a campaign against smallpox should be initiated since many deaths were caused by that disease every year. The technical progress which had been made with regard to vaccination and, in particular, in the use of dried vaccine could benefit the whole world if it were made widely known. He did not believe that the initiation of the campaign should be postponed for another year.

Dr. BERNARD (France) said that he was quite willing to accept the suggestion of the delegate of Belgium.

Dr. MACKENZIE (United Kingdom) said that he could not accept the amendment to his resolution proposed by the delegate of Belgium. He did not believe that the term "world-wide" should be included in the text of the resolution because that term implied that WHO intended, in that instance, to revert to its original policy of initiating campaigns from headquarters, whereas the present policy of WHO was to institute campaigns only on receipt of requests from governments through the regional organizations.

Dr. BUSTAMANTE (El Salvador) said that when the item had been discussed previously, the general feeling, he believed, was that the extent of the problem was not sufficiently well known to permit the initiation of a world-wide campaign at present. Consequently, it would seem advisable to request the Executive Board to study the question further and report to the next Health Assembly.

Dr. MACLEAN (New Zealand) suggested that agreement on the resolution might be reached if the operative paragraph of the draft submitted by the delegate of the United Kingdom were deleted and replaced by the third paragraph of the draft submitted by the delegate of France.

Dr. BERNARD (France) was not willing to accept that suggestion.

Dr. MACKENZIE (United Kingdom) was prepared to accept the amendment to his resolution proposed by the delegate of New Zealand.

Dr. LE ROUX (Union of South Africa) moved the closure of the debate.

The CHAIRMAN pointed out that the subject had not actually been reopened for discussion but had been presented in order to enable the committee to examine the wording of the proposals.

A vote was taken by show of hands on the motion for closure ; the motion was adopted by 26 votes to 3, with 6 abstentions.

A vote was taken by show of hands on the resolution proposed by the delegate of France.

Decision: The resolution was rejected by 17 votes to 16, with 1 abstention.

Certain amendments to the text of the resolution proposed by the delegate of the United Kingdom having been submitted and accepted, the final text of the draft resolution was read, as follows :

The Sixth World Health Assembly,

Having considered resolution EB11.R58 of the eleventh session of the Executive Board concerning a campaign against smallpox ;

In view of the many economic, social and other technical factors that must be considered,

REQUESTS the Executive Board to :

(1) proceed with a detailed study of the means of implementing such a campaign, this study to include, inter alia, consultation with Member States and with WHO regional committees, and

(2) report to the Seventh World Health Assembly.

A vote was taken by show of hands on the draft resolution as amended.

Decision: The resolution as amended was approved by 26 votes to 4, with 4 abstentions (see fourth report of the committee, section 9).

The meeting rose at 6.20 p.m.