

**OFFICIAL RECORDS  
OF THE  
WORLD HEALTH ORGANIZATION  
No. 55**



**SEVENTH  
WORLD HEALTH ASSEMBLY**

**GENEVA, 4 TO 21 MAY 1954**

**RESOLUTIONS AND DECISIONS**

**PLENARY MEETINGS**

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**WORLD HEALTH ORGANIZATION**

**PALAIS DES NATIONS**

**GENEVA**

**November 1954**

# 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. RAHIM, Director, Malaria Institute, Kabul

#### ARGENTINA

##### *Delegate :*

Dr G. SEGURA, Director, International Health Affairs, Ministry of Health

##### *Adviser :*

Mr J. C. BELTRAMINO, Secretary, Permanent Delegation to the European Office of the United Nations

#### AUSTRALIA

##### *Delegates :*

Dr A. J. METCALFE, Director-General of Health (*Chief Delegate*)

Mr R. L. HARRY, Permanent Delegate to the European Office of the United Nations

Dr J. B. MATHIESON, Chief Medical Officer, Commonwealth of Australia, London

##### *Alternates :*

Dr A. R. SOUTHWOOD, Director-General of Health and Medical Services, South Australia

Mr L. CORKERY, Second Secretary, Permanent Delegation to the European Office of the United Nations

#### AUSTRIA

##### *Delegates :*

Dr A. KHAUM, Director-General of Public Health, Federal Ministry of Social Affairs (*Chief Delegate*)

Mr K. STROBL, Chief, Legal Section, Directorate-General of Public Health, Federal Ministry of Social Affairs

Dr W. GUTENBRUNNER, Director, Department of Epidemiology, Federal Ministry of Social Affairs

#### BELGIUM

##### *Delegates :*

Professeur M. DE LAET, Secrétaire général du Ministère de la Santé publique et de la Famille (*Chief Delegate*)

M. L. A. D. GEERAERTS, Inspecteur général au Ministère des Affaires étrangères et du Commerce extérieur

Dr A. N. DUREN, Inspecteur général de l'Hygiène au Ministère des Colonies

##### *Alternate to Chief Delegate :*

Dr P. J. J. VAN DE CALSEYDE, Directeur général de l'Hygiène au Ministère de la Santé publique et de la Famille

##### *Advisers :*

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M. J. LEROY, Délégué permanent auprès de l'Office européen des Nations Unies

M. J. DE CONINCK, Conseiller adjoint du Service des Relations internationales au Ministère de la Santé publique et de la Famille

#### BOLIVIA

##### *Delegate :*

Dr J. M. ARAMAYO, Minister of Hygiene and Public Health

#### BRAZIL

##### *Delegates :*

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

*Alternate:*

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**BURMA**

*Delegates:*

U BA-SEIN, Deputy Secretary, Ministry of Health (*Chief Delegate*)

Dr U MAUNG-U, Deputy Director of Health Services (Maternity, Child and School Health Division)

**CAMBODIA**

*Delegates:*

Dr YOU CHHIN, Médecin de l'Assistance médicale (*Chief Delegate*)

Dr NGO-YOK-SU, Médecin de l'Assistance médicale

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*Delegates:*

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Dr P. E. MOORE, Director, Indian and Eskimo Health Services, Department of National Health and Welfare

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*Delegates:*

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Mr C. E. H. AMERASEKERA, Assistant Secretary, Ministry of Health

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*Delegates:*

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*Delegates:*

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Dr T. Hsiang WANG, Director, Department of Health Administration, Ministry of Interior

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**COSTA RICA**

*Delegates:*

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**DENMARK**

*Delegates:*

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Dr O. ANDERSEN, Professor of Paediatrics, University of Copenhagen (*Deputy Chief Delegate*)

Mr B. SØRENSEN, Assistant Chief of Section, Ministry of the Interior

*Adviser :*

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**DOMINICAN REPUBLIC***Delegate :*

Dr R. BERGÉS SANTANA, Under-Secretary of State for Public Health

**ECUADOR***Delegate :*

Dr C. GRUNAUER TOLEDO, Director-General of Health

**EGYPT***Delegates :*

Dr M. H. ABUL ELA, Under-Secretary of State, Ministry of Public Health (*Chief Delegate*)

Dr M. M. SIDKY, Director-General, Department of Technical and Administrative Inspection, Ministry of Public Health

Dr M. O. SHOIB, Director, Division of International Health, Ministry of Public Health

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Dr C. E. EL WAKIL, Lecturer, Faculty of Law, University of Alexandria

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Dr S. EL FAR, Director-General, Quarantine Service, Ministry of Public Health

**EL SALVADOR***Delegate :*

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**ETHIOPIA***Delegate :*

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**FEDERAL REPUBLIC OF GERMANY***Delegates :*

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Dr F. KOCH, Adviser, Federal Ministry of the Interior (*Deputy Chief Delegate*)

Dr F. BERNHARDT, Director, Legal Division, Public Health Department, Federal Ministry of the Interior

*Advisers :*

Dr H. VON BEHRING, Chief, Public Health Service, Land Hessen

Dr H. HEIGL, Principal Medical Officer, Schleswig-Holstein

**FINLAND***Delegates :*

Professor N. PESONEN, Director-General, State Medical Board (*Chief Delegate*<sup>1</sup>)

Dr L. A. KAPRIO, Medical Counsellor ; Chief, Public Health Section, State Medical Board (*Chief Delegate*<sup>2</sup>)

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Mr I. TAPIOLA,<sup>2</sup> Secretary, Finnish Legation, Berne

*Adviser :*

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**FRANCE***Delegates :*

Professeur J. PARISOT, Professeur d'Hygiène et de Médecine sociale ; Doyen de la Faculté de Médecine de Nancy (*Chief Delegate*)

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Dr E. AUJALEU, Directeur de l'Hygiène sociale au Ministère de la Santé publique et de la Population

*Alternates :*

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<sup>1</sup> Until 10 May

<sup>2</sup> From 10 May

M. J. FOESSEL, Administrateur au Ministère des Finances

*Advisers:*

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M. S. HESSEL, Secrétaire d'ambassade

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**GUATEMALA**

*Delegate:*

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**HAITI**

*Delegate:*

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**HASHEMITE KINGDOM OF JORDAN**

*Delegate:*

Dr S. AMIN, Assistant Under-Secretary for Health

**ICELAND**

*Delegate:*

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**INDIA**

*Delegates:*

Sir Arcot MUDALIAR, Vice-Chancellor, University of Madras (*Chief Delegate*)

Dr C. K. LAKSHMANAN, Director-General of Health Services (*Deputy Chief Delegate*)

Dr B. B. DIKSHIT, Surgeon-General, Government of Bombay

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Mr S. SEN, Consul-General in Geneva

Dr C. V. RAMCHANDANI, Assistant Director-General of Health Services

**INDONESIA**

*Delegates:*

Dr S. ANWAR, Director, Public Health Service, East Java (*Chief Delegate*)

Dr R. MOCHTAR, Director, Division of Health Education and Hygiene Organization, Ministry of Health

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Dr A. Y. HELMI, Envoy Extraordinary and Minister Plenipotentiary to Switzerland

**IRAN**

*Delegates:*

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Dr A. NAFICY, Professor of Internal Diseases, Medical Faculty, Teheran University (*Deputy Chief Delegate*)

Dr A. DIBA, Director, Department of International Health Relations, Ministry of Health

**IRAQ**

*Delegates:*

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Dr A. PACHACHI, Secretary, Iraqi Embassy, Washington

**IRELAND**

*Delegates:*

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Mr T. J. BRADY, Assistant Secretary, Department of Health

**ISRAEL**

*Delegates:*

Dr S. BTESH, Director-General, Ministry of Health (*Chief Delegate*)

Dr S. SYMAN, Assistant Director-General, Ministry of Health

*Adviser:*

Mr H. A. CIDOR, Director, Division for International Organizations, Ministry for Foreign Affairs

## ITALY

*Delegates :*

Mr T. TESSITORI, High Commissioner for Hygiene and Public Health (*Chief Delegate*)

Professor G. A. CANAPERIA, Director of the Office of the High Commissioner for Hygiene and Public Health

Professor S. CRAMAROSSA, Director-General of Medical Services, Office of the High Commissioner for Hygiene and Public Health

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Mr S. PROSPERI, Chief, Division of Administration, Office of the High Commissioner for Hygiene and Public Health

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

Dr R. VANNUGLI, Provincial Medical Officer, Office of the High Commissioner for Hygiene and Public Health

Mr A. FERRERO, Consul-General and Permanent Delegate to the Specialized Agencies in Geneva

Mr F. RIPANDELLI, Attaché, Consulate-General in Geneva

Mr S. CALLEA, Consulate-General in Geneva

## JAPAN

*Delegates :*

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Mr Kensuke SATO, Consul-General and Permanent Delegate to the International Organizations in Geneva

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## LAOS

*Delegate :*

Princesse SOUVANNA PHOUMA, Directrice des Conférences internationales au Ministère des Affaires étrangères

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## 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*)

Mr J. Emery KNIGHT, Ambassador of Liberia to France

## LUXEMBOURG

*Delegates :*

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

Dr A. FABER, Président du Collège médical

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Mr J. G. DE WERRA

## MONACO

*Delegates :*

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

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

## NEW ZEALAND

*Delegate :*

Dr H. B. TURBOTT, Deputy Director-General of Health

*Alternate :*

Mr B. D. ZOHRAB, Second Secretary, New Zealand Legation, Paris

## NICARAGUA

*Delegate :*

Dr E. SELVA SANDOVAL, Consul-General in Barcelona

## NORWAY

*Delegates :*

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

Dr F. MELLBYE, Director, Division of Hygiene and Epidemiology, Directorate of Health Services

Dr S. D. HENRIKSEN, National Institute of Health

*Alternate :*

Dr G. VIG, Provincial Public Health Officer

## PAKISTAN

*Delegates :*

Dr M. JAFAR, Director-General of Health ; Joint Secretary, Ministry of Health and Works (*Chief Delegate*)

Dr S. M. ALI, Director of Health Services, Bahawalpur

## PANAMA

*Delegate :*

Dr A. BISSOT, jr, Director-General, Department of Health, Ministry of Labour, Welfare and Health

## PARAGUAY

*Delegate :*

Dr R. ACOSTA FLEYTAS, Secretary-General, Ministry of Health

## PERU

*Delegate :*

Dr A. LYNCH, Chief, Division of Hygiene and Health Education, Ministry of Health and Welfare

## PHILIPPINES

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Dr P. J. GARCIA, Secretary of Health (*Chief Delegate*)

Dr A. C. REGALA, Special Assistant, Department of Health

## PORTUGAL

*Delegates :*

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## REPUBLIC OF KOREA

*Delegate :*

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## SAUDI ARABIA

*Delegates :*

Dr R. PHARAON, Ambassador of Saudi Arabia to France and Minister Plenipotentiary in Madrid (*Chief Delegate*)

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Mr S. KHANACHET, Press Attaché, Saudi Arabian Embassy, Paris

## SPAIN

*Delegates :*

Dr J. A. PALANCA Y MARTÍNEZ FORTÚN, Director-General of Health (*Chief Delegate*)

Mr J. DE ERICE Y O'SHEA, Minister Plenipotentiary ; Consul-General and Permanent Delegate to the International Organizations in Geneva (*Deputy Chief Delegate*)

Dr G. CLAVERO DEL CAMPO, Director, National School of Public Health

*Alternates :*

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Mr L. DE VILLEGAS Y DE URZÁIZ, Secretary at the Consulate-General and Deputy Permanent Delegate to the International Organizations in Geneva

## SWEDEN

*Delegates :*

Dr A. ENGEL, Director-General, Royal Medical Board (*Chief Delegate*)

Mr S. AF GEIJERSTAM, Under-Secretary of State, Ministry of the Interior and Health

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

*Advisers :*

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Mr T. C. BJOERCK, Permanent Delegate to the European Office of the United Nations

## SWITZERLAND

*Delegates :*

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Professeur E. GRASSET, Directeur de l'Institut d'Hygiène et de Bactériologie de l'Université de Genève

Dr H. BÜCHEL, Médecin cantonal, Zurich

*Advisers :*

M. S. CAMPICHE, Juriste au Département politique fédéral

Professeur G. FLÜCKIGER, Directeur de l'Office vétérinaire fédéral

## SYRIA

*Delegates :*

Mr M. S. AL-AHMAD, Minister of Health (*Chief Delegate*<sup>1</sup>)

Dr Dia E. EL-CHATTI, Director, International Health Affairs ; Chief, Ophthalmic Division, Ministry of Health (*Deputy Chief Delegate*<sup>2</sup>)

Mr N. SATI, Director, Administrative Affairs, Ministry of Health

Dr G. JALLAD, Director, Office for Maternal and Infant Welfare, Ministry of Health

*Adviser :*

Dr F. CHEIKH EL ARD, Public Health Administrator

## THAILAND

*Delegates :*

Dr S. DAENGSVANG, Deputy Director-General, Department of Health, Ministry of Public Health (*Chief Delegate*)

Dr P. INDRAMBARYA, Regional Health Officer

## TURKEY

*Delegates :*

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Dr T. ALAN, Chief, International Relations Section, Ministry of Health and Welfare

## UNION OF SOUTH AFRICA

*Delegates :*

Dr B. M. CLARK, Deputy Chief Health Officer, Department of Health (*Chief Delegate*)

Mr D. B. SOLE, First Secretary, Embassy of the Union of South Africa, Paris

<sup>1</sup> Until 14 May

<sup>2</sup> Chief Delegate from 14 May



UNITED KINGDOM OF GREAT BRITAIN  
AND NORTHERN IRELAND

*Delegates :*

Sir John CHARLES, Chief Medical Officer, Ministry of Health (*Chief Delegate*)  
Sir Eric PRIDIE,<sup>1</sup> Chief Medical Officer, Colonial Office  
Dr Wilson RAE,<sup>2</sup> Colonial Office  
Mr W. H. BOUCHER, Assistant Secretary, Ministry of Health

*Advisers :*

Sir Andrew DAVIDSON, Chief Medical Officer, Department of Health for Scotland  
Mr E. M. T. FIRTH, Under-Secretary, Ministry of Health  
Mr J. F. HUNT, Deputy Accountant-General, Ministry of Health  
Dr M. T. MORGAN, Medical Officer, Port of London  
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 European Office of the United Nations

UNITED KINGDOM OF LIBYA

*Delegate :*

Dr S. TOKDEMIR DAUD, Director of Medical Services, Province of Tripolitania

*Adviser :*

Dr C. NOGER, Acting Director-General of Public Health

UNITED STATES OF AMERICA

*Delegates :*

Dr C. S. KEEFER, Special Assistant for Health and Medical Affairs, Department of Health, Education and Welfare (*Chief Delegate*)  
Dr L. A. SCHEELE, Surgeon General, Public Health Service, Department of Health, Education and Welfare  
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<sup>2</sup> From 11 May

*Alternates :*

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Mrs Nell Hodgson WOODRUFF, Atlanta, Ga.  
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Miss C. C. LAISE, Division of International Administration, Department of State

URUGUAY

*Delegate :*

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VENEZUELA

*Delegate :*

Dr F. CASTILLO-REY, Deputy Director of Health, Ministry of Health and Welfare

VIET NAM

*Delegates :*

Dr H. MARCEL, Directeur général de la Santé et des Hôpitaux (*Chief Delegate*)  
Dr NGUYÊN-BINH-NHĨÊN, Médecin à l'Hôpital Nam Viet, Saigon

## YEMEN

*Delegates:*

Mr I. EL-JORAFI, Secretary in the Yemen Legation, Cairo (*Chief Delegate*)

Mr A. EL-HAMDANI, Secretary in the Yemen Legation, Cairo

## YUGOSLAVIA

*Delegates:*

Mr M. MARKOVIĆ, Chairman, Social Affairs and Health Commission of the Federal Executive Council (*Chief Delegate*<sup>1</sup>)

Professor A. ŠTAMPAR, President of the Yugoslav Academy of Sciences and Arts, Zagreb (*Deputy Chief Delegate*<sup>1</sup>)

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*Alternates:*

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Mr R. PLEIĆ, Counsellor, Secretariat for Foreign Affairs

**Representatives of Associate Members**

## FEDERATION OF RHODESIA AND NYASALAND

Dr D. J. M. MACKENZIE,<sup>3</sup> Director of Medical Services, Nyasaland

## MOROCCO (FRENCH ZONE)

Dr G. SICAULT, Directeur de la Santé publique et de la Famille

Dr Elhoussine TERRAB, Délégué du Grand Vizir à la Santé publique

## SPANISH PROTECTORATE ZONE IN MOROCCO

Dr M. EL MEHDI BEN HAMED, Villa Nador Hospital

Dr J. DIAZ MARIN, Director, Institute of Hygiene, Tetuan

## TUNISIA

Dr M. BEN SALEM,<sup>4</sup> Ministre de la Santé publique

M. A. BOUHAJEB, Ministre honoraire de la Santé publique

Dr A. MESTIRI, Médecin inspecteur, Chef du Service de l'Assistance médicale gratuite au Ministère de la Santé publique

M. B. JAIBI, Chef de Service au Ministère de la Santé publique

Dr J. DAIRÉ, Médecin inspecteur, Chef du Service du Contrôle sanitaire aux Frontières au Ministère de la Santé publique

**Observers for Non-Member States**

## COLOMBIA

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## HOLY SEE

Rev. Father H. M. DE RIEDMATTEN, Information Centre of the International Catholic Organizations, Geneva

Dr R. BIOT, Director, Institute of Endocrinology and Psychology, and Secretary, Medical Studies Group, Lyons

## SAN MARINO

Dr E. GRANELLI, Minister Plenipotentiary

**Representatives of the Executive Board**

Dr Melville MACKENZIE, Chairman

Dr H. HYDE, Rapporteur

**Representatives of the United Nations and Specialized Agencies**

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Mr A. LETHBRIDGE, Chief, Administrative and Financial Services, European Office

Mr L. GROS, Representative in Europe of the Department of Social Affairs

Mr B. PICKARD, Liaison Section (Non-Governmental Organizations), European Office

Mr M. MILHAUD, Chief, European Office, Technical Assistance Administration

<sup>1</sup> Until 19 May

<sup>2</sup> Chief Delegate from 19 May

<sup>3</sup> Dr Mackenzie represented Southern Rhodesia until 14 May, date of admission of the Federation (see resolution WHA7.13).

<sup>4</sup> Until 10 May

**PERMANENT CENTRAL OPIUM BOARD**

Mr L. ATZENWILER, Secretary of the Permanent Central Opium Board and the Drug Supervisory Body

**UNITED NATIONS CHILDREN'S FUND**

Mr B. RAJAN, Chairman, Programme Committee

**OFFICE OF THE HIGH COMMISSIONER FOR REFUGEES**

Mr A. A. HOVEYDA, Chief, Liaison Section

**UNITED NATIONS KOREAN RECONSTRUCTION AGENCY**

Sir Arthur RUCKER, Chief, European Regional Office

Mr J. R. NYGAARD, Executive Officer, European Regional Office

**UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES IN THE NEAR EAST**

Dr L. FINDLAY, Chief, Health Division

**TECHNICAL ASSISTANCE BOARD**

Mr D. OWEN, Executive Chairman

Mr P. R. A. OBEZ, Secretary

**INTERNATIONAL LABOUR ORGANISATION**

Mr L. ALVARADO, Assistant Director-General

Mr M. A. DJAMALZADEH, Principal Member of Division, International Organizations Division

Dr W. N. TAYLOR, Occupational Safety and Health Division

Dr H. A. DE BOER, Occupational Safety and Health Division

Mr J. ORIZET, Co-operation and Handicrafts Service

**FOOD AND AGRICULTURE ORGANIZATION**

Dr W. R. AYKROYD, Director, Nutrition Division

Mrs M. DILLON, Administrative Officer, Geneva

**UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION**

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### *Committee on Credentials*

The Committee on Credentials was composed of delegates of the following countries : Australia, Chile, Federal Republic of Germany, Finland, India, Italy, Lebanon, Liberia, Mexico, United States of America, Venezuela, Yemen.

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*Secretary :* Dr M. G. CANDAU, Director-General

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The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the Chairmen of the main committees, together with delegates of the following countries : Brazil, Indonesia, Ireland, Japan, Philippines, Spain, Syria, United Kingdom of Great Britain and Northern Ireland, United States of America.

*Chairman :* Dr J. N. TOGBA (Liberia)

*Secretary :* Dr M. G. CANDAU, Director-General

### *Main Committees*

Under Rule 33 of the Rules of Procedure of the Health Assembly, each delegation was entitled to be represented on each main committee by one of its members.

### *Programme and Budget*

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*Vice-Chairman :* Dr E. de Paiva Ferreira BRAGA (Brazil)

*Rapporteur :* Dr L. A. KAPRIO (Finland)

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*Vice-Chairman :* Dr P. J. GARCIA (Philippines)<sup>1</sup>

*Rapporteur :* Mr B. SØRENSEN (Denmark)

*Secretary :* Mr M. P. SIEGEL, Assistant Director-General, Department of Administration and Finance

### *Legal Sub-Committee*

*Chairman :* Mr W. H. BOUCHER (United Kingdom of Great Britain and Northern Ireland)

*Vice-Chairman :* Mr L. A. D. GEERAERTS (Belgium)

*Rapporteur :* Mr H. B. CALDERWOOD (United States of America)

*Secretary :* Mr A. ZARB, Chief, Legal Office

### *Working Party on International Quarantine*

*Chairman and Rapporteur :* Dr M. T. MORGAN (United Kingdom of Great Britain and Northern Ireland)

*Vice-Chairman :* Dr E. de Paiva Ferreira BRAGA (Brazil)

*Secretary :* Dr L. H. MURRAY, Chief, International Quarantine Section

<sup>1</sup> Owing to the departure of the Chairman and the Vice-Chairman on 18 May, the Committee at its fifteenth meeting elected Mr D. B. Sole (Union of South Africa) as Acting Vice-Chairman for the remainder of the session.

### 3. Campaign against Smallpox

Agenda, 6.9

Dr MACKENZIE, representative of the Executive Board, explained that the question of the campaign against smallpox had first been discussed at the eleventh session of the Executive Board and subsequently at the Sixth World Health Assembly, which had requested the Executive Board to proceed with a detailed study of the means of implementing such a campaign, including consultation with Member States and with WHO regional committees, and to report to the Seventh World Health Assembly. At its twelfth session, the Executive Board had requested the Director-General to consult with Member States, WHO regional committees and members of the appropriate WHO expert advisory panels, to obtain suggestions and information on which to base the study.

The results of that consultation were contained in the document before the committee.<sup>1</sup> It would be noted that that document dealt with two different points : (1) the question of a campaign, and (2) the present position with regard to dried vaccine. On the first point, opinion was by no means unanimous for a campaign at the present time, as would be noted from the views expressed by the various regional committees.

With regard to dried vaccine, the Board had felt, in view of the number of experiments being carried out in connexion with the use of dried vaccine, that it could only be guided by advice from members of expert panels. Consequently, the Board felt the wisest decision was that contained in resolution EB13.R3, now before the Committee.

Dr HEMMES (Netherlands) introduced his delegation's draft resolution, which read as follows :

The Seventh World Health Assembly,

Having regard to Article 2(g) of the Constitution ;

Being of the opinion that resolution EB13.R3 does not offer sufficient possibility of improving the situation with regard to vaccination among peoples in regions where smallpox is present in an endemic form ;

<sup>1</sup> Unpublished

Believing that no smallpox control campaign will succeed in any of these regions without a clearly defined programme established with full knowledge of the factors by reason of which vaccination among the populations in question is unsatisfactory ;

Considering, moreover, that adequate information with regard to these factors is not available,

INVITES the Director-General :

- (1) to continue to study the means of eliminating smallpox, and in particular the results of the research undertaken in the Western Pacific Region on this subject ;
- (2) to stimulate the carrying-out of similar research in other regions ; and
- (3) to report to the Eighth World Health Assembly on the progress of such studies.

He recalled that under Article 2(g) of the Constitution, control of epidemic diseases was one of the main functions of the Organization. The question at issue was whether the Organization, should resolution EB13.R3 be endorsed, would be in a position actively to stimulate and promote activities aimed at eradicating smallpox.

He referred to the endemic forms of smallpox existing in the various regions of the world. Other areas, ordinarily immune, were constantly exposed to risk of the disease being imported and were consequently obliged to have recourse to vaccination and revaccination. Vaccination against smallpox offered every chance of success, although there were still problems connected with the vaccine which remained unsolved. If, in spite of systematic vaccination, countries were unable to eradicate endemic smallpox, clearly it was through other factors which, in the view of his delegation, should be carefully investigated. His delegation therefore endorsed the views expressed by the Regional Committee for the Western Pacific about the need for first undertaking a regional survey.

The resolution of the Executive Board, however, offered no hope of a satisfactory solution of the problem. It contained no new elements that would be of help to national health administrations. The emphasis laid on laboratory research might be to the detriment of the essential problem, namely the reorganization of vaccination. Finally, its adoption might lessen the chances of developing new activities in the spirit of Article 2(g) of the Constitution.

Dr ANWAR (Indonesia) outlined the measures taken in his country for smallpox control : campaigns during smallpox epidemics and efforts to

prevent further outbreaks occurring in the country or transmitted from outside. During a heavy epidemic no satisfactory measures could be undertaken for isolation of cases, particularly in the rural areas, so an attempt had been made to vaccinate the total population as quickly as possible. The vaccination service, forming part of the general health services, had been strengthened by additional auxiliary staff who had received a short elementary course in vaccination. Mass vaccination campaigns had been successful in controlling smallpox within two or three years, with the result that the disease was no longer a serious problem.

Different systems were used according to the type of area. In the "combined" system, assistants carried out vaccination in a given area during one round trip, vaccinating children under one year and revaccinating older children and adults. Under the "separate" system, young children were vaccinated during the first tour and adults and older children during the second tour. The combined system was necessary in the case of remote villages ; the separate system had been adopted in Java, where the vaccination area was visited four times a year. Before the war it has been considered sufficient for the total population of Indonesia to be vaccinated every eight or ten years. Owing to a serious smallpox epidemic in the surrounding countries, however, an attempt had been made to carry out vaccination at shorter periods. It was hoped that by the methods outlined the total vaccination of the whole population every four to five years would be possible. He was confident that that was the only way for a successful smallpox campaign, and was in favour of continuous study of the problem, of encouraging national health administrations to include special vaccination services in their normal public-health services, and of giving them whatever assistance they required.

Dr BERNARD (France) recalled that at the last Health Assembly his delegation has expressed its support of a world-wide campaign against smallpox although at that time it had foreseen the practical difficulties likely to be encountered. He noted that the Regional Committee for South-East Asia did not consider that the role of WHO in a world-wide mass campaign at the present time was likely to produce significant results in that region.

While supporting that view, he wondered what action could be taken in the matter. Two resolutions were now before the Committee, neither of which fully satisfied his delegation. Two main points emerged from the Director-General's report : first, that both in the laboratory and in the field certain problems connected with vaccination against small-

pox still remained unsolved ; and secondly, that, while it was therefore essential to continue research, it would be absurd to deny that smallpox vaccination could meanwhile be applied on a large scale as a method of very high efficacy. Therefore, any future programme should include an extension of smallpox vaccination in the various countries.

In his view, the World Health Assembly should continue to show its interest in the subject and any resolution should cover three aspects. The Director-General should be invited, first, to pursue studies and research as indicated in his report ; secondly, within budgetary limits, to furnish countries, on request, with such assistance as they might need in their smallpox vaccination programmes ; thirdly, to report to the next or a later Health Assembly on the progress achieved both in research and in assistance to countries.

Neither of the draft resolutions before the Committee covered those points.

He was in favour of the first paragraph of resolution EB13.R3, which urged health administrations to conduct campaigns against smallpox as an integral part of public-health programmes. The draft resolution of the Netherlands, while emphasizing the need for continued research, made no reference to assistance to countries. He was prepared to submit a formal draft resolution if the Committee so wished.

Dr MACCORMACK (Ireland) was opposed to any reference to a world-wide campaign, since a number of countries had already successfully eradicated smallpox. In Ireland, for example, no indigenous case of the disease had been notified for the past forty-five years and compulsory vaccination had not been in force since 1947. He referred to the fact that children were at present subjected to so many other prophylactic processes that it was difficult to get parents to agree to additional measures. He was in favour of substituting for antismallpox vaccination other more necessary prophylactic measures, for example, protection against poliomyelitis. For that reason he would prefer to see more emphasis on the need for eradicating smallpox from endemic areas, giving such countries all assistance possible in carrying out vaccination campaigns ; and he requested that that point should be incorporated in any resolution submitted to the Committee. It was encouraging to hear of the manner in which the problem had been tackled in Indonesia and he was convinced that complete success would shortly be achieved.

Dr Chun-Hui YEN (China) spoke of his experience in the control of smallpox in the island of Taiwan,

where before the end of the Second World War the population had been subjected to frequent smallpox vaccination campaigns. During 1947, however, over 9000 cases of smallpox had occurred, in a population of six and a half million, mostly among those who had already been vaccinated a number of times. On the other hand, since 1947 only a few cases a year had occurred in a population which had grown from six and a half to eight and a half million. An attempt had been made to analyse the reason for the recent high degree of immunity and to ascertain whether the earlier epidemic had been due to faulty technique or other factors. It was possible that new measures would have to be introduced in the case of an apparently highly immunized population. Although vaccination against smallpox was an integral part of his country's health service, he was in favour of continued research as a means of controlling the spread of smallpox and supported the resolution of the Executive Board.

Dr DAIRÉ (Tunisia) said that in Tunisia smallpox had been almost completely eliminated by means of mass vaccination of the whole population every five years. Primary vaccination of babies was undertaken every year. The five-year plan, although costly, had given results satisfactory enough to warrant its continuance.

He questioned the practical value of the suggestion in the document before the Committee for the increased use of laboratory diagnosis to reduce the chances of introduction of smallpox into a country from outside. In his view the provisions of the International Sanitary Regulations were sufficiently clear. The question of transmission of smallpox in international travel was a matter not only for the Expert Committee on Smallpox but surely also for the Committee on International Quarantine.

Dr EL FAR (Egypt) described the antismallpox measures taken in Egypt, which had proved satisfactory : compulsory vaccination of children below three months, vaccination of children on entering school at the age of five or six, and vaccination of the whole population every four or five years. Although 80 per cent. of the population had been vaccinated, it was not compulsory except for children under three months ; it was carried out free of charge. Since 1943 only imported cases of smallpox had occurred.

Dr BRADY (United States of America) summarized the situation in North and Central America. No cases of smallpox had been reported from Canada, Alaska or Hawaii for about ten years, or from the



Caribbean area since 1949. Five cases had been reported in the United States of America in 1953, although there was considerable doubt whether they really were smallpox. No cases had been reported from Mexico and only very few from the Central American Republics. Practically the whole of America north of Panama was free of the disease.

Referring to the relative merits of the resolutions before the Committee, he suggested that they should be combined by taking the draft resolution of the Netherlands, omitting the first and second paragraphs of the preamble, and before sub-paragraphs (1), (2) and (3) inserting sub-paragraph (1) of resolution EB13.R3.

Dr CLARK (Union of South Africa) said that his delegation was satisfied to learn of the work being done on the preparation and testing of heat-resistant dried vaccines. Research into that question was of great importance, especially for countries where the conditions for carrying out vaccination campaigns were difficult.

Another important question, referred to in the document before the Committee, was that of method. It was essential that vaccinators, whether lay or medical personnel, should be properly trained, as many failures were due to careless methods, the vaccine itself being of perfectly adequate quality.

One vital thing in smallpox control was the co-operation of the public, without which it was impossible to eradicate the disease in a large community. His own country was by no means free of smallpox, though vaccination was offered free of charge every year. The reason was not any fault in the vaccine or the method employed, but the fact that some persons did not co-operate.

The stimulation of governments to undertake campaigns against smallpox as an integral part of their public-health programmes was vital wherever smallpox was endemic. On that point he supported sub-paragraph (1) of resolution EB13.R3.

Dr BRAGA (Brazil) said that in his country, though vaccination had been compulsory for more than twenty years, smallpox remained a problem, not in the cities but in the remote rural areas out of touch with vaccination facilities. However, as the yellow-fever vaccination services were trying to cover all the rural areas, it was intended to make use of the same personnel for smallpox vaccination.

Dr MARCEL (Viet Nam) said that the position in Ireland, described by Dr MacCormack, appeared

very enviable to his country, where never a year passed without an epidemic of smallpox. The problem was not as grave as it had been a hundred years ago—when, by tradition, Thai parents sought daughters-in-law who had already had smallpox—but it persisted nonetheless. The cause did not lie in the quality of the vaccine used, nor in lack of public co-operation, nor in any failure of effort on the part of the government. The real reasons were unknown, but climate appeared to play an important part.

Research in the field was necessary, and that was why his delegation supported the French proposal for research into the etiology of smallpox epidemics and help in smallpox control for countries where the disease was endemic.

Dr SICHAULT (Morocco, French Zone) said that his delegation would support the French proposal, while bearing in mind the point made by the delegate of Ireland that a distinction must be made between countries where smallpox was endemic and those where it occurred only fortuitously. Moreover, it should be remembered that in endemic areas no victory over smallpox was ever final. In his own country, the disease had been eradicated before the Second World War, but a slight relaxation of control measures had sufficed to bring about new outbreaks. Unlike Brazil, it was in the towns that mass vaccination presented the greatest problem. Vaccination for newborn babies was accepted readily enough, but persons who had already been vaccinated three or four times—and it was among such persons that cases most frequently occurred—were less willing to submit to further vaccination.

Dr METCALFE (Australia) said that his country had had no smallpox for some years ; if it reappeared, it would be through importation. The idea of conducting campaigns against smallpox as an integral part of its public-health programmes would therefore not find favour with his Government. As far as the danger of importation was concerned, measures had been taken which required vaccination for certain selected groups of persons who would be most exposed to risk, but Australia would not be prepared to consider compulsory vaccination for the entire population.

In the matter of research on vaccination, he saw great scope. There was, for example, the question why some countries had had outbreaks of encephalitis and others not. There was also the question of the degree of immunity conferred by different

kinds of vaccine, and the problem of laboratory diagnosis, particularly important for distinguishing cases of smallpox from cases of varicella in non-endemic areas.

Dr MACCORMACK (Ireland) suggested that, to avoid the confusion which might result from voting separately on all the proposals before the meeting, and to preserve what was good in all of them, a working party of the delegations in whose names they stood should meet to produce a composite draft.

Sir Eric PRIDIE (United Kingdom of Great Britain and Northern Ireland) had been interested in the descriptions given by the delegates of Indonesia and Egypt of the results of vaccination campaigns in their own countries, as their information confirmed his own past experience that smallpox was not in many cases a really difficult problem, though it could be a very irritating one. Its control was within the capabilities of public-health services and was their responsibility. It was a question of organization, and above all of education of the public. He felt that those points were well covered by sub-paragraph (1) of resolution EB13.R3.

He also considered that research into vaccines could be extremely useful. In his own work he had required a first-class vaccine, and had been lucky enough to have an excellent laboratory at his disposal.

The CHAIRMAN thought that the Committee would agree to follow the procedure suggested by the delegate of Ireland and appoint a small working party to arrive at a joint draft. First, however, he would give the floor to the representative of the Director-General.

Dr GEAR, Secretary, observed that sub-paragraph (1) of the draft resolution presented by the Netherlands delegation referred to "the research undertaken in the Western Pacific Region". In fact, what was being undertaken was a survey to be carried out by a consultant, and not research as usually understood. Moreover, the survey would probably not reveal any significant points in time for a report to the Eighth World Health Assembly. Any working party appointed could take that explanation into account.

*Decision:* It was agreed that a working party consisting of the delegates of France, Indonesia, Ireland, the Netherlands and the United States

of America should meet to prepare a joint draft resolution which would be put to the vote without further discussion at a later meeting of the Committee. (See minutes of sixth meeting, section 3.)

**3. Campaign against Smallpox** (continued from the fifth meeting, section 3)

Agenda, 6.9

The CHAIRMAN put to the vote the draft resolution proposed by the working group appointed at the fifth meeting.

*Decision:* The draft resolution was adopted unanimously (for text, see second report of the Committee, section 3).

*The meeting rose at 11.15 a.m.*

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