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PART II

VERBATIM RECORDS OF PLENARY MEETINGS SUMMARY RECORDS AND REPORTS OF COMMITTEES



1977

WORLD HEALTH ORGANIZATION GENEVA

MEMBERSHIP OF THE HEALTH ASSEMBLY

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Ministry of Health

ICELAND

Delegates

Mr M. BJARNASON, Minister of Health and Social Security (Chief Delegate) Dr P. SIGURDSSON, Secretary General, Ministry of Health and Social Security

(Deputy Chief Delegate)

Dr O. OLAFSSON, Chief Medical Officer, Ministry of Health and Social Security

Alternates

Mr E. B. INGVARSSON, Special Adviser to the Minister of Health and Social Security

Mr K. SIGMUNDSSON, First Secretary, Permanent Mission of Iceland to the United Nations Office at Geneva

Adviser

Mr H. KRÖYER, Ambassador, Permanent Representative of Iceland to the United Nations Office at Geneva

INDIA

Delegates

Mr R. NARAIN, Minister for Health and Family Welfare (Chief Delegate)¹

Mr R. PRASAD, Secretary, Ministry of Health and Family Welfare (<u>Deputy</u> Chief Delegate)

Dr P. P. GOEL, Director-General of Health Services, Ministry of Health and Family Welfare

Advisers

Dr C. GOPALAN, Director-General, Indian Council of Medical Research

Mr C. SINGH, Special Assistant to the Minister for Health and Family Welfare Dr N. V. NAIR, Adviser (Nutrition),

Directorate General of Health Services

T. K. S. SODHI, First Secretary.

Mr K. S. SODHI, First Secretary, Permanent Mission of India to the United Nations Office and Other International Organizations at Geneva

INDONESIA

Delegates

Dr D. SUTADIWIRIA, Secretary General, Ministry of Health (<u>Chief Delegate</u>)

Professor Julie SULIANTI SAROSO, Chief, National Institute of Health Research and Development, Ministry of Health (Deputy Chief Delegate)

Dr U. M. RAFE'I, Head, Provincial Health Services for West Java

Alternate

Dr D. KARYADI, Director, Nutrition Research and Development Centre, Ministry of Health

Advisers

Mr I. IZHAR, Counsellor, Permanent
Mission of the Republic of Indonesia
to the United Nations Office and the
Other International Organizations in
Geneva

Mr A. NASIER, Third Secretary, Permanent Mission of the Republic of Indonesia to the United Nations Office and the Other International Organizations in Geneva

IRAN

Delegates

Dr S. SHEIKHOLESLAMZADEH, Minister of Health and Social Welfare (<u>Chief</u> Delegate)

Dr A. DIBA, Ambassador; Health Adviser on WHO Affairs, Permanent Mission of Iran to the United Nations Office and the Specialized Agencies at Geneva (Deputy Chief Delegate)

Dr G. SOOPIKIAN, Under-Secretary for Public Health, Ministry of Health and Social Welfare

Advisers

Dr H. EMRANI, Under-Secretary for Social Welfare, Ministry of Health and Social Welfare

Dr N. FAKHAR, Director-General, Department of Communicable Diseases and Malaria Eradication, Ministry of Health and Social Welfare

Dr M. ROUHANI, Director, High Institute of Occupational Safety and Health

Dr M. BAVANDI, Deputy Director, Institute of Nutritional Science and Food Technology

Mr A. N. AMIRAHMADI, Director-General, International Health Relations Department, Ministry of Health and Social Welfare

IRAQ

Delegates

Dr R. I. HUSAIN, Minister of Health (Chief Delegate)

Dr A. S. HASSOUN, Deputy Director-General of Technical and Scientific Affairs, Ministry of Health

Dr M. A. R. AL-NAJJAR, Director of International Health Relations, Ministry of Health

¹ Unable to attend.

Alternates

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Geneva and the Specialized Agencies
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IRELAND

Delegates

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Department of Health (Chief Delegate)
Mr J. O'SULLIVAN, Assistant Secretary,
Department of Health

<u>Advisers</u>

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Representative of Ireland to the
United Nations Office and the
Specialized Agencies at Geneva
Mrs A. ANDERSON WHEELER, First
Secretary, Permanent Mission of
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and the Specialized Agencies at
Geneva

ISRAEL

Delegates

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Ministry of Health (Chief Delegate)
Dr T. MERON, Ambassador, Permanent
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Dr G. KEISAR, Chief of External Relations, Ministry of Health Dr I. KLEIN, Director, Assaf Harofe Hospital

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ITALY

Delegates

Mr L. DAL FALCO, Minister of Health (Chief Delegate)

Professor R. VANNUGLI, Director, Office of International Relations, Ministry of Health (Deputy Chief Delegate) Professor L. GIANNICO, Director-General of Public Health, Ministry of Health

Alternates

Professor F. POCCHIARI, Director,
Istituto Superiore di Sanità
Professor G. A. CANAPERIA, President,
Italian World Health Centre
Professor B. PACCAGNELLA, Director,
Institute of Hygiene II, University
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Professor G. PENSO, Istituto Superiore di Sanità

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Dr Ingeborg DEL PIANTO, Senior Research
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University of Milan
Dr A. MOLFESE, Ministry of Health
Dr M. BERTOLINI, Ministry of Health
Professor G. VICARI, Istituto
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Dr G. LOJACONO, Institute of Economic

IVORY COAST

Research and Programming

Delegates

Mr J.-B. MOCKEY, Minister of State for Public Health and Population (Chief Delegate)

Mr A. ESSY, Ambassador, Permanent
Representative of the Republic of
the Ivory Coast to the United
Nations Office and the Specialized
Agencies at Geneva and Vienna
(Deputy Chief Delegate)

Dr M. PASCUAL, Technical Adviser, Ministry of Public Health and Population

Alternate

Dr I. KONE, Director of Regional and International Relations, Ministry of Public Health and Population

JAMAICA

Delegates

Dr D. MANLEY, Minister of Health and Environmental Control (<u>Chief</u> Delegate)

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Alternates

Mrs J. WEBSTER, Second Secretary,
Permanent Mission of Jamaica to the
United Nations Office and the
Specialized Agencies at Geneva
Miss V. BETTON, Second Secretary,
Permanent Mission of Jamaica to the
United Nations Office and the
Specialized Agencies at Geneva

JAPAN

Delegates

Mr T. AMAU, Minister, Permanent Mission of Japan to the United Nations Office and the Other International Organizations at Geneva (Chief Delegate)

Dr A. TANAKA, Director-General, Statistics and Information Department, Minister's Secretariat, Ministry of Health and Welfare (Deputy Chief Delegate)

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Alternates

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Mr T. ONISHI, First Secretary (Social Affairs), Permanent Mission of Japan to the United Nations Office and the Other International Organizations at Geneva

Advisers

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International Affairs Division,
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Miss N. SAWADA, Specialized Agencies
Division, United Nations Bureau,
Ministry of Foreign Affairs

JORDAN

Delegates

Dr R. RASHDAN, Under-Secretary,
Ministry of Health (Chief Delegate)
Dr S. SUBEIHI, Director of Preventive
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Mr K. KATAWNEH, Director of Pharmacy
and Supplies, Ministry of Health

KENYA

Delegates

Mr J. C. N. OSOGO, Minister for Health (Chief Delegate) Dr J. M. GEKONYO, Senior Deputy
Director of Medical Services,
Ministry of Health
Dr Z. ONYANGO, Deputy Director of
Medical Services, Ministry of Health

Alternate

Dr J. A. ALUOCH, Assistant Director of Medical Services, Ministry of Health

KUWAIT

Delegates

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Dr A. M. AL-BUSAIRI, Deputy Director, Department of Hospital Administration, Ministry of Public Health

Alternate

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LAO PEOPLE'S DEMOCRATIC REPUBLIC

Delegates

Dr K. PHOLSENA, Secretary of State for Public Health (Chief Delegate) Dr K. SOUVANNAVONG, Director of Finance and Planning, Ministry of Public Health

LEBANON

Delegates

Mr M. BANNA, Ambassador, Permanent Representative of Lebanon to the United Nations Office at Geneva and the Specialized Agencies in Switzerland (Chief Delegate)

Miss A. FLEYFEL, Counsellor, Permanent Mission of Lebanon to the United Nations Office at Geneva and the Specialized Agencies in Switzerland

LESOTHO

Delegates

Mr P. MOTA, Minister of Health (Chief Delegate)

Dr J. L. MOLAPO, Permanent Secretary, Ministry of Health (Deputy Chief Delegate)

Dr S. G. MOHALE, Senior Medical Officer of Health

Chief Delegate from 11 May.

LIBERIA

Delegates

Dr E. J. BERNARD, Minister of Health and Social Welfare (<u>Chief Delegate</u>) Mr J. R. ELLIS Jr, Deputy Minister of Health and Social Welfare Mrs N. NAH-NIMENE, Public Health Nutritionist, John F. Kennedy Memorial Hospital

Advisers

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Institute for Biomedical Research
Dr V. SIRLEAF, Chief Medical Officer
Dr A. WOTORSON

LIBYAN ARAB JAMAHIRIYA

Delegates

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Ministry of Health (Chief Delegate)
Dr S. AZZUZ, Attaché for WHO Affairs,
Permanent Mission of the Libyan Arab
Jamahiriya to the United Nations
Office at Geneva and the International
Organizations in Switzerland (Deputy
Chief Delegate)

Mr A. BABA, National Health Administration

Alternates

Mr B. A. KEILANI, National Health Administration

Mr G. ALMANA, Department of Health Services, National Health Administration

Advisers

Dr R. TAJOURI, Paediatrician, Ministry of Health

Mr M. KALFALLA, Secretary, External Health Relations and Cooperation Department

LUXEMBOURG

Delegates

Mr E. KRIEPS, Minister of Public Health and the Environment (Chief Delegate) Dr E. DUHR, Director of Public Health

(Deputy Chief Delegate) 1

Mr J. RETTEL, Ambassador, Permanent Representative of Luxembourg to the United Nations Office and the Specialized Agencies at Geneva

Alternates

Miss M. LENNERS, Government Adviser, Ministry of Public Health and the Environment Mrs J. ANCEL-LENNERS, First Secretary, Permanent Mission of Luxembourg to the United Nations Office and the Specialized Agencies at Geneva Dr F. KASEL, Medical Officer, Health Inspectorate

MADAGASCAR

Delegates

Dr E. ANDRIAMAMPIHANTONA, Secretary-General, Ministry of Health (Chief Delegate)

Dr E. RIBAIRA, Director of Public and Social Health, Ministry of Health Dr E. RENKO, Chief Physician, Provincial Health Service of

MALAWI

Delegates

Fianarantsoa

Mr A. A. CHATSIKA-PHIRI, Minister of Health (Chief Delegate)

Mr B. H. KAWONGA, Permanent Secretary, Ministry of Health

Dr D. CHILEMBA, Deputy Chief Medical Officer, Ministry of Health

MALAYSIA

Delegates

Mr LEE Siok Yew, Minister of Health (Chief Delegate)

Dr TAN Yaw Kwang, Director of Medical Services, Sarawak (Deputy Chief Delegate)

Dr A. BIN JOHARI, Director, Dental Training School, Penang

Alternate

Dr M. MAJUNDER, Skin Specialist, Ipoh General Hospital

MALDIVES

Delegate

Mrs M. A. ISMAIL, Minister of Health

MALI

<u>Delegates</u>

Mr M. KEITA, Minister of Public Health and Social Affairs (Chief Delegate)

Dr A. DIALLO, Director-General of Public Health, Ministry of Public Health and Social Affairs

Mr D. SEMEGA, Chief, Nutrition Division, Ministry of Public Health and Social Affairs

¹ Chief Delegate from 5 May.

MALTA

Delegates

Dr V. C. MORAN, Minister of Health and
Environment (Chief Delegate)
Dr A. GRECH, Chief Government Medical
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Dr P. FENECH, Private Secretary to the

Dr P. FENECH, Private Secretary to the Minister of Health and Environment

Alternate

Mr J. MARMARÁ, First Secretary,
Permanent Mission of Malta to the
United Nations Office and the
Specialized Agencies at Geneva

MAURITANIA

Delegates

Dr A. M. MOULAYE, Minister of Health (Chief Delegate)

Dr B. SILEYE, Director of the National Hospital

Dr M. S. O. ZEIN, Chief Physician, Medical District of the 5th Region

MAURITIUS

Delegates

Mr M. TEELUCK, Minister of Health (Chief Delegate)

Dr J. C. MOHITH, Principal Medical Officer, Ministry of Health (Deputy Chief Delegate)

Dr C. M. PILLAY, Consultant in Ophthalmology; Special Adviser to the Minister of Health

MEXICO

Delegates

Dr M. CALLES LOPEZ NEGRETE, Under-Secretary for Health and Welfare (Chief Delegate)

Dr R. ALVÁREZ GUTIÉRREZ, Director-General of International Affairs, Secretariat for Health and Welfare (Deputy Chief Delegate)

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MONACO

Delegates

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MONGOLIA

Delegates

Mr D. NJAM-OSOR, Minister of Public Health (<u>Chief Delegate</u>) Dr T. RINČINDORŽ, Chief, Foreign Relations Division, Ministry of Public Health Dr Z. JADAMBA, Foreign Relations Division, Ministry of Public Health

MOROCCO

Delegates

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Dr A. LARAQUI, Secretary-General Ministry of Public Health

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at Geneva and the Specialized Agencies
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Mr A. BENBOUCHTA, First Secretary,
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MOZAMBIOUE

Delegates

Dr H. F. B. MARTINS, Minister of Health (Chief Delegate)

Mr F. V. CABO, Deputy National Director of Preventive Medicine, Ministry of Health (Deputy Chief Delegate)

Mrs J. R. MONDLANE, National Director of Social Affairs

Alternates

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NEPAL

Delegates

Mr P. D. KHATI, Minister for Health (Chief Delegate)

Dr N. D. JOSHI, Director-General, Department of Health Services

NETHERLANDS

Delegates

Mr J. P. M. HENDRIKS, State Secretary of Public Health and Environmental Protection (Chief Delegate)

Dr P. SIDERIUS, Secretary-General, Ministry of Public Health and Environmental Protection

Mr J. VAN LONDEN, Director-General of Public Health, Ministry of Public Health and Environmental Protection

<u>Alternates</u>

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Mr G. LOGGERS, Deputy Chief Inspector of Public Health, Foodstuff Division

NEW ZEALAND

Delegates

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Alternates

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Mr E. P. ROGERS, Private Secretary to the Minister of Health and Immigration

NICARAGUA

Delegates

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Dr J. A. CANTON-BEER, Director-General,
National Malaria Eradication Service
Dr G. PÉREZALONSO, Director of Social
Assistance, National Social Assistance
and Welfare Board
Dr R. JARQUIN PASQUIER

NIGER

Delegates

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¹ Chief Delegate from 5 May.

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Ministry of Public Health and Social
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Dr I. ALFA CISSE, Directeur de l'Hygiène
et de la Médecine mobile, Ministry of
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Alternate

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NIGERIA

Delegates

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Mr B. A. CLARK, Ambassador, Permanent Representative of the Federal Republic of Nigeria to the United Nations Office and the Other International Organizations at Geneva (Deputy Chief Delegate)

Mr S. A. MUSA, Permanent Secretary, Federal Ministry of Health

Alternates

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Dr I. MOHAMMED, Bauchi State Ministry of Health

Mr P. S. OLORI, Principal Assistant Secretary, Federal Ministry of Health

Mr G. A. FALASE, Minister, Deputy Permanent Representative of the Federal Republic of Nigeria to the United Nations Office and the Other International Organizations at Geneva

Mr G. S. AKUNWAFOR, First Secretary,
Permanent Mission of the Federal
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International Organizations at Geneva

NORWAY

Delegates

Dr T. MORK, Director-General of Health Services (<u>Chief Delegate</u>) Dr E. WILLUMSEN, Chief County Medical Officer Dr S. SANDMO, Chief County Medical Officer

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Nations Office and the Other
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Permanent Mission of Norway to the
United Nations Office and the Other
International Organizations at Geneva
Mr H. CORDT-HANSEN, First Secretary,
Permanent Mission of Norway to the
United Nations Office and the Other
International Organizations at Geneva

OMAN

Delegates

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(Chief Delegate)
Dr M. S. AL MUGHAIRI, Senior Medical

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Dr K. H. AL HOSNI, Director of Public Relations, Ministry of Health

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PAKISTAN

Delegates

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Dr A. A. SHAH, Director of Food Programmes, Ministry of Health

<u>Adviser</u>

Mr A. A. HASHMI, Second Secretary, Permanent Mission of the Islamic Republic of Pakistan to the United Nations Office and the Specialized Agencies at Geneva

Chief Delegate from 9 May.

PANAMA

Delegates

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Dr J. MEDRANO, Director, Health Service of the Province of Chiriqui

Mr J. M. ESPINO GONZÁLEZ, Ambassador, Permanent Representative of Panama to the United Nations Office at Geneva

PAPUA NEW GUINEA

Delegates

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PARAGUAY

Delegates

Dr A. GODOY JIMÉNEZ, Minister of Public Health and Social Welfare (Chief Delegate)

Dr R. M. CÁCERES, Director-General, Ministry of Public Health and Social Welfare

PERU

Delegates

Mr H. CAMPODONICO HOYOS, Minister of Health (Chief Delegate)

Mr C. HIGUERAS RAMOS, Minister Counsellor, Deputy Permanent Representative of Peru to the United Nations Office and the Other International Organizations at Geneva (Deputy Chief Delegate)

Alternates

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Mr J. AURICH, Second Secretary,
Permanent Mission of Peru to the
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International Organizations at Geneva

PHILIPPINES

Delegates

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POLAND

Delegates

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Professor J. SZCZERBAN, Deputy Director,
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Advisers

Professor J. LEOWSKI, Director,
Tuberculosis Institute, Warsaw
Professor W. SZOSTAK, Director, Warsaw
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Mrs L. RETKOWSKA, Counsellor, Department for Foreign Cooperation, Ministry of Health and Social Welfare

PORTUGAL

Delegates

Mr A. A. DE CARVALHO, Ambassador,
Permanent Representative of Portugal
to the United Nations Office and the
Other International Organizations at
Geneva (Chief Delegate)

Professor A. A. DE CARVALHO SAMPAIO,
Director-General of Health, Ministry
of Social Affairs (Deputy Chief
Delegate)

Professor L. A. CAYOLLA DA MOTTA, Assistant Director, Bureau of Studies and Planning, Ministry of Social Affairs

Advisers

Professor Laura G. MARTINS AYRES, Senior Research Worker, National Institute of Health Dr A. BARREIROS E SANTOS, Secretariat of State for Emigration, Ministry of Foreign Affairs

Mr A. PINTO DE LEMOS, Attaché, Permanent Mission of Portugal to the United Nations Office and the Other International Organizations at Geneva

QATAR

Delegates

Mr K. M. AL MANAA, Minister of Public Health (Chief Delegate)

Dr A. A. AL-BAKER, Director, Surgical Department, Ministry of Public Health (Deputy Chief Delegate)

Dr M. G. AL-FAIN, Director, Office of the Minister of Public Health

Alternates

Dr S. A. TAJELDIN, Director, Preventive Health Services, Ministry of Public Health

Mr J. M. ALI, Relations Officer, Ministry of Public Health

REPUBLIC OF KOREA

Delegates

Mr S. H. PARK, Vice-Minister, Ministry of Health and Social Affairs (Chief Delegate)

Mr S. LHO, Ambassador, Permanent
Observer of the Republic of Korea
to the United Nations Office and
Permanent Delegate to the Other
International Organizations at Geneva
(Deputy Chief Delegate) 1

Mr C. S. SHIN, Minister, Permanent Mission of the Republic of Korea to the International Organizations at Geneva (Deputy Chief Delegate)²

Mr K. S. CHANG, Director, Bureau of Medical Affairs, Ministry of Health and Social Affairs

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Permanent Mission of the Republic of
Korea to the International Organizations
at Geneva

ROMANIA

Delegates

Dr N. NICOLAESCU, Minister of Health (Chief Delegate)

Dr R. A. OZUN, Director of Medical Assistance, Ministry of Health (Deputy Chief Delegate)

Professor I. ORHA, Head, Department of Preventive Cardiology, Fundeni Hospital, Bucarest

Alternates

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Mr C. IVAŞCU, Second Secretary,
Permanent Mission of the Socialist
Republic of Romania to the United
Nations Office and the Specialized
Agencies at Geneva

RWANDA

Delegates

Dr V. NTABOMVURA, Member of the Central Committee for Development; Director, Butare University Hospital (<u>Chief</u> <u>Delegate</u>)

Dr B. MUREMYANGANGO, Deputy Director, Ndera Psychiatric Centre

SAMOA

Delegate

Mr T. T. IMO, Minister of Health

SAO TOME AND PRINCIPE

Delegates

Dr F. J. H. SEQUEIRA, Director, Sao Tome and Principe Central Hospital (Chief Delegate)

 $\overline{ ext{Pr. DA COSTA NOBRE DE CARVALHO}}$, Physician, Directorate of Health Services

SAUDI ARABIA

Delegates

Dr H. GEZAIRY, Minister of Health (Chief Delegate)

Dr H. A. AL-SUGAIR, Deputy Minister of Health (Deputy Chief Delegate)

Dr M. A. TAIBA, Director-General of Curative Medicine

Delegate and Deputy Chief Delegate from 6 May.

 $^{^{2}}$ Delegate and Deputy Chief Delegate from 2 to 5 May.

Alternates

Dr A. TABBAA, Director-General,
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Dr J. AASHY, Assistant Director-General of Preventive Medicine, Ministry of Health

SENEGAL

Delegates

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Mr A. CISSÉ, Ambassador of Senegal in Switzerland

Dr F. WADE, Director of Public Health, Ministry of Public Health and Social Affairs

Alternates

Mr A. SAMB, Deputy in the National Assembly

Dr T. NDOYE, Director, Office of Food and Applied Nutrition, Ministry of Public Health and Social Affairs

Mr P. CRESPIN, Counsellor, Permanent Mission of the Republic of Senegal to the United Nations Office and the Specialized Agencies at Geneva

SIERRA LEONE

Delegates

Mr S. E. JOHNNY, Permanent Secretary, Ministry of Health (<u>Chief Delegate</u>) Dr Marcella G. E. DAVIES, Chief Medical Officer, Ministry of Health

SINGAPORE

Delegates

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Dr M. GILBERT, Secretary-General,
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Victims

¹ Chief Delegate from 10 May.

Smallpox eradication Agenda, 2.4.4

Professor REID (representative of the Executive Board) introduced the item, saying that the Director-General had presented a report on the then current status of the smallpox eradication programme to the Executive Board at its fifty-ninth session. That report indicated that certification of eradication was continuing, and that both Afghanistan and Pakistan had been so certified since the Twenty-ninth World Health Assembly. More recent information was given in the report of the Director-General.

At the time of the earlier report, 29 laboratories in 18 countries had retained stocks of variola virus, but 50 laboratories had reported that their stocks had been destroyed. As stated in the latest report, 59 laboratories had now destroyed their stocks, leaving only 18 laboratories in 10 countries holding the virus.

While donations of smallpox vaccine were still being received, the reserves available in January 1977 were sufficient for only 112 million people, as compared with the 200-300 million dose reserve proposed in the relevant World Health Assembly resolution. Those reserves had since fallen and were now enough only for 80 million people.

The problems of eradicating smallpox would again be considered in the latter part of 1977, when a more accurate time-table of activities could be established.

The discussion at the Executive Board had shown the high priority still given to the programme, especially in relation to the current situation in Somalia; up-to-date information on that situation was given in the document. In addition, several members of the Executive Board had commented on the need for guidelines for future vaccination policies. In resolution EB59.R28, the Executive Board had noted the need for verification and documentation of the interruption of smallpox transmission, the retention of variola virus only by the seven, or fewer, WHO Collaborating Centres, under conditions of maximum safety, and the provision of maximum support in order to complete the programme as soon as possible.

Finally, he drew the attention of delegates to the draft resolution annexed to the Director-General's report.

Dr LADNYI (Assistant Director-General) said that the report presented the current smallpox situation, together with the estimated additional contributions required to complete He added that in the current smallpox epidemic in Somalia, 35 new outbreaks the programme. with 119 cases had been detected since Weekly Epidemiological Record No. 19 had been published. The total number of outbreaks since March 1977 was thus 135, and the total number of cases Such an extensive outbreak had not been expected. It was, however, following the classical incidence pattern, i.e., as the search operations were intensified, the reported revealed by the comprehensive detection of outbreaks would be followed by a sharp decline as effective containment measures were implemented. Currently, 32 national supervisors, about 400 local field workers, and 13 WHO epidemiologists and operations officers were engaged in the containment and search operations. Transmission should be interrupted within the next Many more months of search operations at the same intensity would, of course, few months. No cases had been reported in northern Kenya since February 1977, be required in Somalia. but on 9 May, two outbreaks imported from Somalia had been detected by WHO in southern Ethiopia. Information to that effect had been sent to the teams in Somalia. Both the areas mentioned were in grave danger of developing epidemic foci because of their common frontier It would also be prudent for countries in the Arabian Peninsula to intensify with Somalia. surveillance.

A special committee of experts would meet in Geneva in October 1977 to recommend to the Director-General the specific measures that should be taken in the next two years for the global eradication of smallpox. Vaccination policy would be an important aspect covered by that meeting.

It was estimated that an additional US\$ 3.9 million would be required to complete the global programme; that was a relatively moderate sum in the light of the benefits to be obtained. In addition to the donations to the Special Account for Smallpox Eradication since January 1977 listed in the report, two countries had pledged support in 1977, amounting to US\$ 1 246 838, as specified funds for the smallpox eradication programme in two countries.

He wondered whether the delegates from Somalia, Ethiopia and Kenya would give the latest information on the situation in their countries.

Dr ALUOCH (Kenya) said that, although a few foci of smallpox still existed in north-east Africa, a unique achievement in the history of medicine should nevertheless be celebrated. His country was one of the few where smallpox was still a real threat. The last endemic cases had been recorded in 1969, but surveillance was still being maintained, especially in the north-eastern parts of the country, because of the epidemiological situation. A striking feature was community participation in the notification of suspected cases; importations in 1971 and 1974 had been promptly brought to the notice of health staff.

Nomads moved freely in north-eastern Kenya, and surveillance there had therefore been stepped up after reports of an outbreak of smallpox in a neighbouring country. One outbreak quickly controlled, had been detected in January 1977, the index case being a Kenyan who had returned from travel to Mogadishu and had been the source of four cases.

A special meeting had been convened by WHO in Nairobi in March 1977, in collaboration with the Government of Kenya, to plan smallpox eradication activities in Ethiopia, Kenya, Somalia and Sudan. The meeting had recommended the intensification of surveillance activities over the following six months in north-eastern Kenya as well as similar activities in the other countries, followed by a further meeting in September 1977.

Search operations had been launched in Kenya immediately after the Nairobi meeting. They were conducted mainly by local non-medical personnel who, after a one-day briefing on search methodology, carried out house-to-house searches, interviewed people, enquired after any cases of smallpox, and reported any rumours of smallpox. They collected specimens from unvaccinated patients with chickenpox, cases of severe chickenpox, and chickenpox outbreaks associated with death. Over the period 20 March to 20 April, most areas of North-Eastern Province had been covered by the search teams. So far no hidden focus of transmission had been discovered, but the search would be repeated at least four times in the same area in the next six months. The operations were costly but WHO had already provided the Government of Kenya with US\$ 29 000 for the purpose.

Dr DERIA (Somalia) outlined the situation in Somalia, covering a territory of over $600\ 000\ km^2$ with a coastline of some $3000\ km$, and with a population of between $3.5\ and$ 4 million, 70% of which was nomadic. Over the period September 1976 to 17 January 1977, 39 cases of smallpox had been detected in the capital city, Mogadishu, following an importation in August 1976. At that time, limited resources had precluded a thorough search of the whole country.

In February 1977, in collaboration with WHO, a plan of action had been prepared, the main objectives being to carry out repeated systematic active case searches in all parts of the country and to document all activities related to that active surveillance. The plan had been discussed and approved as a basis for collaboration and coordination of surveillance work in Somalia, Kenya and Ethiopia by the WHO-sponsored meeting in Nairobi in March 1977. It had, however, soon become necessary radically to modify that plan as a result of the first of the current outbreaks of smallpox in Somalia detected by the health authorities on 18 March 1977. As at 15 May 1977, nine regions in the south of the country were infected, 135 outbreaks of smallpox had been detected, and 399 cases reported.

Although active case search was continuing, the emphasis was now being placed on containment measures. If a case of smallpox was detected in a town, the patient was immediately isolated in an established isolation camp, all known contacts of the patient and residents of the 50 houses immediately surrounding the infected house being line-listed and vaccinated within 12 to 24 hours. In the following two to three days, the residents within a larger radius of 300 houses around the infected focus were vaccinated but not line-listed, that infected area then being kept under surveillance for six weeks and any person falling ill and developing fever being closely followed up. If the infection occurred in a village, the case was isolated at home, with a 24-hour guard posted there for a period to be decided by the field epidemiologist. All the inhabitants of the village were vaccinated and the containment team or teams visited all villages within a radius of about 10 km for search and vaccination, the surveillance period of six weeks being observed. Nomads posed certain problems, and therefore the isolation of infected nomads in an established isolation camp was All members of the nomadic group were vaccinated and a containment team encouraged. accompanied the mobile nomadic group for the surveillance period. Every effort was made so that isolated patients were as comfortable as practicable.

It was thus apparent that blind mass vaccination was not being practised, since experience elsewhere had shown that the strategy being followed was effective and less costly. Six regions in the north still had to be searched, and that would be done immediately

resources became available. At present there were 13 WHO epidemiologists engaged in search and containment measures in the nine infected regions in the south. It was planned to have at least one WHO epidemiologist and a Somali field officer in each infected region. That regional team would supervise a search team of 20 persons led by a Somali sanitarian and containment teams, depending upon the number of outbreaks in the region. There would also be at least one assessment team, made up of a WHO epidemiologist and his Somali counterpart, to evaluate the effectiveness of the search and containment activities.

For the current programme, WHO had supplied six vehicles and 12 were on the way; 19 vehicles were already in the field. More vehicles were urgently required to expedite the search in the north of the country and to intensify operations in the infected southern regions. WHO would also be providing, within the following few weeks 10 transmitter-receiver sets to facilitate communication between workers in the field and at headquarters.

The Somali health authorities were confident that, with outside support, the measures being employed in the containment and eventual elimination of smallpox would be effective. To keep the programme functioning at the present level, quite apart from the higher level of intensity which could be predicted, would require resources far beyond the capability of the Somali Government. Furthermore, since the developmental stage of basic health services in Somalia was such as not to allow it to offer much assistance to the smallpox eradication programme, it was felt that the programme, modified whenever appropriate, should be made and kept self-supporting until the country was declared free of smallpox. He expressed the deep appreciation of his Government for the prompt and generous response made by WHO to Somalia's appeal.

Mr TEKESTE (Ethiopia) gave an account of the current activities of the smallpox eradication programme in Ethiopia, with particular reference to the operation in the vast Ogaden Desert, which fell mainly into two regions bordering Somalia and comprised six districts. Operationally, a district from Sidamo region bordering Kenya had been included, and the programme therefore related to seven districts, with an estimated population of half a million, the majority of whom were nomads. At present, 224 searchers had been deployed, with 11 assistant surveillance officers, who were experienced searchers chosen by the higher-level supervisors, and five surveillance officers, who were professional health workers, providing guidance and supervision; four WHO epidemiologists were also involved. The searchers were chosen from local people in consultation with leaders in each area, and they were fully informed as to the difficulties involved and received appropriate training.

He then outlined the methods of search used in the difficult task of surveillance among nomad populations. One method was surveillance trips on foot, where searchers moved in teams of two to five persons in different directions, criss-crossing the area, following bush tracks and moving to locations where people were found; such trips usually took two to three weeks. Recognition cards were given to the village elders, signed and dated by the searchers, with instructions as to where to notify fever and rash cases and go for vaccination if necessary. In some districts, the area was divided into zones and searchers were sent in different directions to search for fever and rash cases; that method had been found particularly useful where the population density was very low. In addition, searchers were posted at teashops and at waterholes about which nomadic villages were to be found. Supervision was ensured by such techniques as checking nomadic villages at random, fixing appointment spots with searchers, and by the method of distribution and collection of a marked smallpox recognition card whereby a second team collected the cards left with village leaders by a first team, thus checking a village for fever and rash and at the same time assessing the quality of the search. Searchers moved mostly on foot, although sometimes camels were used. The movement of supervisors was supported by 10 cars, one helicopter and a small aircraft when necessary, almost all supervisors having portable radios so that they could communicate with one centrally located communications centre.

Over the first quarter of 1977, some 16 287 villages had been visited, the total number of villages in the Ogaden Desert being estimated at some 12 000. Two hundred and seventeen suspected cases had been examined and 91 specimens collected for laboratory examination, the results of which had all been negative. In late April and early May, however, two outbreaks had been detected: the first, in Hararghe Region, an outbreak of two cases coming from Somalia - the subjects had since been returned there; and the second, in Bale Region, also an outbreak of two cases, one from Somalia. The appropriate containment measures were being carried out.

It was planned to continue the search throughout the country for the next two years. Various methods of surveillance, which would ensure that any hidden foci would not be missed, had been designed. The intensive search activity being conducted in the Ogaden Desert would continue for the next six months.

Although the programme encountered different kinds of problems, which were mainly the repercussions of the anti-revolutionary and reactionary movement both from within the country and from outside, he would point out that the successes achieved had only been possible due to the impressive progress of the national democratic revolution.

He expressed gratitude to WHO, in particular, and to all the agencies which had contributed the resources for carrying out the programme. His delegation fully supported the draft resolution.

Dr SEBINA (Botswana) said that his country was one of those awaiting a certificate of eradication, as it had had its last positive case at the end of 1973. It was accordingly preparing for the visit of the international assessment team expected in September 1977.

Over the past few months, Botswana had had a number of cases of newborn babies developing a generalized rash after smallpox vaccination. However, after examination at the WHO laboratory, specimens from those cases had shown nothing, except for one case which had been positive for vaccinia. He expressed appreciation to WHO for its assistance to Botswana's smallpox eradication and surveillance efforts and said that he supported the draft resolution.

Dr NAIR (India) recalled that the international commission had declared on 23 April 1977 that smallpox had been eradicated from India. That victory over a dreaded disease, which had been responsible for the disfigurement, blindness and death of so many over the centuries, represented an important landmark in the history of public health in his country. the past, India had accounted for one-third to one-half of all cases reported throughout the world. The battle had not been an easy one, however. Some 230 epidemiologists from 30 countries had worked with local health staff in organizing case-search operations and containment of detected outbreaks. The whole programme had been carried out virtually on a war footing, mobilizing all resources and ensuring mobility of the surveillance staff. obtained smallpox-free status in July 1975, but the organization and maintenance of quality surveillance for an additional period of two years in difficult terrain, inaccessible territories and in vast rural areas had been a most remarkable feat. Over that period, more than 150 000 people had participated in five massive searches of some 670 000 villages and towns throughout the country.

Many important lessons could be learned from the campaign and would be utilized in the improvement of other public health programmes. The recommendations made by the international commission would be implemented for surveillance and prevention of other communicable diseases. He expressed his Government's sincere gratitude to WHO and to the Swedish International Development Agency for their massive assistance in the implementation of the smallpox campaign over the past three years. The struggle against smallpox had been a glorious example of sustained collaborative effort on the part of the international community and India.

India had achieved self-sufficiency in the production of freeze-dried smallpox vaccine during 1973 and had also supplied vaccine to neighbouring countries on request from WHO. His Government had also agreed to donate one million ampoules of vaccine for emergency stock for the South-East Asia Region and was pleased to be in a position to contribute to the health of the Region. He added that all laboratories in India had destroyed their remaining stock of variola virus.

Professor JANSSENS (Belgium) expressed his delegation's gratification at the striking success achieved by the smallpox eradication programme, on which WHO was to be congratulated. As a result of that progress, Belgium had suspended compulsory smallpox vaccination over the next two years. It was nonetheless surprising that a number of apparently unconnected outbreaks had occurred in a country which had been the object of mass vaccination. While he did not cast any doubts on the possibility of containing those foci in the near future, it would be desirable, in the interests of public health generally, to carry out a full epidemiological investigation into those unexpected occurrences. His own country would be particularly interested in such an enquiry so that it could have a sound basis on which to decide whether its suspension of the vaccination requirement could be prolonged. He commended the very thorough surveillance being practised, which offered the best possible safeguard for the future.

He expressed admiration for the manner in which Kenya, Somalia and Ethiopia were strenuously combating the outbreaks in their countries. Belgium would continue to provide WHO

with the available vaccine it would be continuing to produce so as to contribute within the means at its disposal to WHO's efforts, which it hoped would prove speedily successful.

Dr ORLOV (Union of Soviet Socialist Republics) said that the report submitted by the Director-General confirmed the successful outcome of the smallpox eradication programme. The fact that a certain number of outbreaks had occurred confirmed the view that eradication should not be certified until the situation could be assessed with all certainty. Those countries where eradication had been certified were to be congratulated, particularly those countries of South-East Asia where the disease had been responsible for the death of tens of thousands of their populations. The success was due both to their own efforts and to the help of WHO. He was convinced that eradication would soon be achieved everywhere, and welcomed the measures proposed by the Director-General to that end. He looked forward to the WHO publications on the subject.

He emphasized the need to utilize experience and staff from smallpox eradication work for the benefit of the eradication of other communicable diseases. The establishment of stocks of vaccine for use in emergencies was a reasonable measure. The USSR would support the programme for smallpox eradication and would contribute vaccines at no cost. It wished WHO every success in that undertaking.

Dr AVRAMIDIS (Greece) said that there could be no doubt that remarkable progress had been achieved in smallpox eradication although there were still some foci in one country, which could, of course, represent a considerable danger, particularly for neighbouring countries.

In view of the fact that international commissions had already certified eradication in several parts of the world, he did not think that Member States should continue to require vaccination certificates from travellers from countries which had been free of smallpox for some time past. In Greece smallpox vaccination was still compulsory because 67 countries still required such certificates from international travellers. He accordingly suggested that an additional paragraph should be inserted in the draft resolution between paragraphs 3 and 4, reading along the following lines:

"REQUESTS all Member States to suspend their requirement for a smallpox vaccination certificate from international travellers coming from countries where eradication has been achieved;"

His delegation would support the draft resolution with that amendment.

Dr FOEGE (United States of America) said that his delegation supported the draft resolution and warmly congratulated WHO and all those countries which had eradicated smallpox. It took special note of countries certified as being smallpox-free by international commissions since the previous session of the World Health Assembly. All those Member States had thus demonstrated the capacity of WHO to reach consensus on global health objectives and to play a catalysing role. The task was not yet completed, and his delegation would therefore encourage the rapid mobilization of resources to eliminate remaining foci and to intensify surveillance in associated border areas of high risk. To that end, the United States Government was prepared to contribute additional funds to bring a speedy end to smallpox transmission.

His delegation noted with satisfaction the recent reduction from 77 to 18 in the number of laboratories retaining smallpox virus and supported the efforts to reduce that number still further to five WHO Collaborating Centres. Although arguments had been advanced that all known virus strains should be destroyed, it recognized the need to retain current smallpox strains in order to evaluate and characterize pox-type illnesses in future. Accordingly, WHO should be encouraged to maintain representative strains indefinitely in a few selected laboratories under the most stringent safeguards. WHO should also maintain surveillance and actively investigate all future monkeypox cases in order better to delineate the clinical illness, epidemiology and laboratory characteristics, as well as to verify that all such illnesses were in fact monkeypox rather than due to other pox viruses.

His delegation would urge the Organization to exploit the skills which had been developed at headquarters, in the regional offices and in countries for smallpox eradication, which could now be turned to other health efforts, particularly the Expanded Programme on Immunization.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) said that his delegation was watching with concern and sympathy the situation in those countries where the last out-

breaks of smallpox had occurred, and hoped that WHO would continue to give the problem the highest possible priority to ensure that the necessary resources were made available.

There were still four laboratories holding stocks of variola virus in the United Kingdom, but within six to nine months there would be only one and that would be operating as a WHO Collaborating Centre. The last of the other laboratories would, before it closed down, be working on a commission from WHO. It would be appropriate at the present juncture for governments to examine their policies with regard to smallpox vaccination since, taking into account the almost total eradication achieved, the time had come to weigh the risks of vaccination against the real risk of incurring the disease itself.

He welcomed the proposal to convene a special committee of experts in the autumn of 1977 to ensure a calm elaboration of strategy. His delegation supported the draft resolution.

Dr RAFE'I (Indonesia) said that the declining numbers of specimens from Indonesia tested by WHO reference laboratories shown in Table 2 of Weekly Epidemiological Record No. 18 might lead some to believe that surveillance in his country was relatively inactive. That was not so. Surveillance was carried out by collecting and examining all suspected cases from 20 provinces, especially from Java, where the last case had been found in 1972. The Government gave the reward of a transistor radio to anyone providing information on a positive smallpox case. Vaccination was continuing, combined with BCG vaccination, throughout the country. There was also special surveillance in high-risk areas, such as airports and seaports. His delegation supported the draft resolution.

Mr MENALDA VAN SCHOUWENBURG (Netherlands) said that, while the unexpected persistence of the disease in southern Somalia might be a setback in arriving at the ultimate goal of eradication, he was nevertheless confident that that goal was still within reach. His Government would continue to give its support as hitherto so long as it was needed by WHO, and also favoured the draft resolution.

Dr MUNDIA (Zambia) said that his delegation had noted with satisfaction the progress achieved by the eradication programme with the exception of a few cases in Ethiopia and Somalia and was gratified by the prompt and sustained assistance of WHO to the affected areas. It was to be hoped that total success would soon be achieved. Zambia, which was awaiting certification in 1978, also supported the draft resolution.

Dr TANAKA (Japan) expressed regret that it had not proved possible to achieve complete smallpox eradication by the target date. WHO should continue to exert all possible efforts to bring eradication about through the concerted endeavour of all Member States concerned, and the high priority accorded the programme should be maintained until global eradication was a reality. His Government would spare no effort in that regard, and the Japanese delegation strongly supported the draft resolution.

Dr BORGOÑO (Chile) shared the concern expressed at the maintenance in the laboratories of some countries of stocks of variola virus, which, even under normally effective security conditions, might lead to outbreaks of smallpox. He would therefore urge countries to destroy those stocks when the appropriate time came. His delegation commended both WHO and Member States concerned on the valuable work they had accomplished, and expressed support for the draft resolution.

(For continuation, see page 636).

The meeting rose at 5.30 p.m.

Smallpox eradication (continued from the end of the fifteenth meeting)

Agenda, 2.4.4

Dr KRAUSE (German Democratic Republic) said that the present epidemiological situation of smallpox prompted two questions. First, was the maintenance of general vaccination against smallpox still justified? Secondly, what should be done to eliminate the remaining sources of infection? In answer to the first question, he considered that the rapidly growing international traffic favoured importation of smallpox from existing endemic foci; for that reason compulsory vaccination continued in his country with the aim of giving the age-groups vaccinated at least 80% effective protection. However, general primary vaccination of unvaccinated persons who had missed their original vaccination date for health reasons was no longer performed. Vaccination was carried out giving full consideration to contraindications and to protective measures (for example, for those going abroad).

With regard to the second question, he supported WHO's recommendation to limit the number of laboratories retaining stocks of variola virus; as the infections in 1973 had shown, such laboratories involved a real danger of disseminating smallpox. Thorough surveillance of existing endemic regions was essential, and sufficient quantities of vaccine should be stored to cope with any possible new epidemic. Further research was needed to clarify the question of an animal reservoir of smallpox. His country would continue to support the smallpox eradication programme by donating high-quality vaccines for as long as necessary. He supported the draft resolution annexed to the Director-General's report.

Dr OZUN (Romania) welcomed the splendid success achieved in the smallpox eradication pro-Not only had a serious disease been conquered but a shining example had been given of the results to be obtained from enthusiastic local participation, cooperation between countries, and coordination by WHO. Flexibility at all levels of implementation had been supported scientifically by standardization and quality control of vaccine, reliable laboratory diagnosis and an epidemiological surveillance strategy adapted to local possibilities. now be completed. Careful epidemiological surveillance of endemic areas must continue, as must primary vaccination of young children, especially in the African and South-East Asia Regions, until eradication was finally confirmed. WHO should ensure that stocks of vaccine were available to support local vaccination programmes. It should complete the registration of laboratories retaining stocks of variola virus, and lay down strict guidelines for storage and handling. Research should continue on the biological, physicochemical and pathogenic characteristics of other poxviruses, their genetics and variability, particularly among recent isolates. There should be strict surveillance of cases of poxvirus diseases among animals in their endemic areas, and of any human cases. Research should also continue with a view to producing effective vaccines that could be combined with other antigens.

Dr DIALLO (Upper Volta) expressed appreciation of the reports by delegates of the countries where smallpox still occurred and of their efforts to control the disease. The world was on the point of achieving complete eradication of a disease that had taken a great toll of human lives. However, many problems remained. A survey in his country in the last quarter of 1975 had shown that no case of smallpox had been confirmed since 1969. Yet the apparent eradication of smallpox should not entrain a relaxation of vigilance. The last remaining foci must be obliterated, and a question still remained as to the existence of an animal reservoir. Frontiers were not watertight, traditional population movements continued, and travel was facilitated by modern transport; those, together with tourism, could cause a spread of the disease. In the event of an epidemic, the means of containing it were not always available in time. For those reasons, his country had included smallpox vaccination in its provisional immunization programme for 1977-1980, pending the final certification of smallpox eradication. He supported the draft resolution.

Mr HAVLOVIC (Austria) expressed admiration for WHO's role in the eradication of smallpox. In his country, under a recent amendment to the smallpox immunization act, the previously obligatory primary vaccination of children would not be required in 1977 and 1978. Following the recommendation of the Twenty-ninth Health Assembly, the Austrian health authorities required certificates of smallpox vaccination only if travellers had visited a country, any part of which had been infected, in the course of the previous 14 days. It was regrettable that a number of

countries that had been free of smallpox for several years still requested smallpox vaccination certificates from travellers coming from countries where the disease had been eradicated decades ago. The draft resolution would help in that respect. He supported the Greek amendment.

Dr CAÑADA ROYO (Spain) hoped that the smallpox eradication programme would soon be brought to a successful conclusion. He supported the draft resolution. In the transition period before the final certification of eradication, health services would have certain problems; including the decision whether to abandon smallpox vaccination, which he considered appropriate. All countries should follow the recommendation contained in resolution WHA29.54: certificates of vaccination should only be required from travellers who had visited a smallpox-infected country within the preceding 14 days. The nineteenth report of the Committee on International Surveillance of Communicable Diseases¹ clearly showed that many countries still required certificates of vaccination for travellers from smallpox-free countries, which also caused problems. The Health Assembly and Secretariat should clarify the measures to be taken during the transition period.

Dr KELTERBORN (Switzerland) said that his country would continue to support WHO's efforts to eradicate smallpox. He was pleased that the number of laboratories retaining stocks of variola virus were to be limited and placed under WHO surveillance. He hoped that after eradication of the disease, the virus itself would ultimately be destroyed in the laboratories. There was no reason why such a dangerous virus should be preserved, considering that the vaccine was prepared, not from human but from bovine strains, which would remain available in the specialized laboratories.

Dr MOHAMMED (Nigeria) congratulated those involved in the smallpox eradication programme. A programme to eradicate smallpox and control measles had been initiated in 1966 in 20 countries in West and Central Africa, with the cooperation of USAID and WHO, within the global eradication USAID and WHO had provided technical and financial assistance which had made mass immunization against the two diseases possible. The Federal Government had provided personnel, fuel, offices and housing for USAID staff. By June 1970, the last case of smallpox in Nigeria Before 1966, over 4000 cases of smallpox with 400 associated had been detected and isolated. deaths had been reported yearly. Since the last case reported in June 1970, there had been no confirmed case of smallpox in Nigeria. During 1976, WHO and 15 West African countries had carried out an assessment and evaluation of smallpox eradication. On 14 April 1976, the 15 countries had been declared smallpox-free by an international commission. By the end of 1975, 87 687 100 smallpox vaccinations had been performed. The success of the smallpox eradication programme provided evidence of the importance of international cooperation and of the role of He supported the draft resolution.

Dr SHAH (Pakistan) recorded his country's deep appreciation for WHO's part in the eradication of smallpox in his country where the disease had been endemic and sometimes epidemic. There had been no new case since December 1974 and Pakistan had been declared smallpox-free by an international commission on 18 December 1976, after two years of observation. The success of the smallpox eradication campaign was a landmark in the history of public health; however, vigilance should not be relaxed, because foci still remained and with them the danger of reintroducing the disease.

In his country, the lessons learned by health teams were now being applied to the control of other communicable diseases, such as whooping-cough, diphtheria, tetanus, poliomyelitis and measles, through an expanded immunization programme. Centrally coordinated, the programme would draw on capabilities to monitor and evaluate programmes, provide cold chains and supply vaccines to their destination, and use a pilot research centre to adapt immunization to local conditions. His country was supported in that work by WHO, UNICEF and Iran. He supported the draft resolution.

Dr KALISA (Zaire) said that his country was one of nine States in central Africa that would soon be certified smallpox-free, and he thanked WHO for all its support. He also welcomed WHO's efforts to develop research on the poxvirus group in accordance with resolution WHA28.52.

See WHO Official Records, No. 240, 1977, Annex 1.

He noted that the reservoir of monkeypox virus was still unknown. His country had participated with WHO in the so far inconclusive research on that question and hoped that the work would continue until the answers were found. He supported the draft resolution.

Mr CABO (Mozambique) said that smallpox had been a scourge for centuries and that the success of the smallpox eradication programme was an excellent example of the peaceful use of science and technology. His country expected to receive certification of smallpox eradication in 1978. The Government had launched a mass immunization campaign, which included vaccination against smallpox, in collaboration with WHO and other international organizations of the United Nations system. By 1978, more than 9 million people in the country would have been vaccinated against smallpox. The new cases of smallpox in Somalia showed that there could be no relaxation of control. His Government had therefore decided to continue for the present to require a smallpox vaccination certificate for international travellers. He fully supported the draft resolution.

Professor GIANNICO (Italy) said that because of the success of the smallpox eradication programme, his Government had approved a draft law, now before Parliament, which would suspend obligatory smallpox vaccination for children for a period of 12 years. The revaccination of school-age children who had previously been vaccinated with a positive result was to be continued. The law provided for certain precautionary measures such as: hospital isolation units for the treatment of cases of suspect virus disease; stockpiling smallpox vaccines; and maintaining the health service arrangements for free voluntary vaccination on demand. The Italian health authorities had reached that decision after weighing the advantages and disadvantages of smallpox vaccination, taking into account that at present the risk attending vaccination was greater than the risk of catching the disease. He hoped that smallpox would soon be completely eradicated so that vaccination could be permanently halted. He supported the draft resolution.

He pointed out that some countries still required certificates of smallpox vaccination for travellers coming from countries where smallpox had long been eradicated, contrary to resolution WHA29.54, which had been adopted unanimously. He asked the Director-General to do everything possible to see that the decision taken by the previous Assembly was respected by all Member States, and expressed support for the Greek amendment. To require certificates from travellers from smallpox-free countries was incomprehensible in the light of the present status of the disease and the decision by several countries to suspend or abolish compulsory smallpox vaccination.

Dr DIBA (Iran) said that in only a few years smallpox had been eradicated in most of the world. It was certainly not a lack of technical means that had prevented total eradication, which would soon be achieved. He was pleased that Afghanistan and Pakistan, both countries neighbouring Iran, had been certified smallpox-free six months previously. Iran had been free of smallpox for 15 years and the existence of nearby sources of reinfection had been disquieting. Smallpox eradication had now been integrated into the general health services.

He warned that it was no time to relax vigilance. Vaccination of children should be continued. With the speed of modern travel and if the level of immunity was lowered by stopping vaccination, there would be a risk of a serious epidemic. Until the disease had completely disappeared, vaccination should be continued where necessary. The Director-General's report mentioned the convening of a special committee of experts to recommend specific measures to be taken over the coming two years in order to confirm that global eradication had been achieved. That committee might also study the need for vaccination and arrangements for future surveillance.

Iran had always contributed to international health care. In each of the past two years Iran had provided 5 million doses of vaccine to WHO, and that assistance would continue if needed. He supported the draft resolution.

Dr GÁCS (Hungary) said that the rapid and successful conclusion of the smallpox eradication programme demonstrated that only close cooperation among all countries could ensure the achievement of desirable results in world health, and congratulated WHO and those Member States that had made such success possible. The recent outbreaks of smallpox showed, however, that endemic areas had to be kept under continued surveillance.

His delegation supported the proposal that most laboratories should destroy their stocks of variola virus. In Hungary 18 laboratories continued to hold stocks, whereas 59 laboratories had already been asked to destroy theirs. As regards the vaccine reserve, his country would continue to provide free doses for it as in the past.

Professor REID (representative of the Executive Board) said that several points seemed to emerge from the comments just made, which had largely followed the discussions in the Executive First, it had been stressed that there should be no premature congratulations on the total eradication of smallpox. Second, regarding the special committee of experts to be convened in autumn 1977, several delegates had referred to the question of requirements for international travellers. Although the Organization's views on that question were well known, obviously the final decision lay with Member States; from the comments of delegates, however, the present trend regarding requirements seemed to be more liberal. The most important longterm issue raised during the discussion had been the number of laboratories that should retain stocks of variola virus. The special committee of experts would have to give very careful thought to that question, weighing the interests of pure science against safety considerations. Concerning the eradication of the last foci of smallpox, it was gratifying to hear the concrete offers of help just made. Lastly, on behalf of the Executive Board, he was pleased that there was such unanimous support for the draft resolution.

Dr LADNYI (Assistant Director-General) thanked the delegates for their comments and said that their proposals would be taken into account. He assured them that WHO was continuing to devote the same energy as previously to the eradication of the remaining foci of smallpox in Somalia.

Dr ARITA (Smallpox Eradication), replying to technical points, observed that the current status of the programme had been outlined by the Assistant Director of Medical Services in the Ministry of Health, Kenya, the programme manager of the smallpox eradication programme in Somalia, and the Director of the smallpox eradication programme in Ethiopia, all speaking as the delegates of their countries.

The trend of the current smallpox epidemics in southern Somalia was still unknown. However, 280 cases with a known date of onset had occurred between January and 7 May 1977, with a peak in the first week of April. Additional data would be needed to evaluate that finding.

As mentioned by the delegate of Somalia, surveillance/containment measures were being assisted by 13 WHO epidemiologists currently in Somalia. One country had offered 10 epidemiologists or operations officers with extensive experience in smallpox eradication, and cables had been dispatched on 11 May to two governments concerning the release of similar personnel, should they be requested.

A special search operation was in progress in bordering areas of Kenya and Ethiopia. The Ethiopian search, assisted by four WHO epidemiologists, had detected two imported outbreaks which had been reported to WHO on 9 May. From January to May, 265 specimens had been collected for laboratory diagnosis in the two countries, and all except for the one outbreak in Kenya had been negative. Specimens from the recent two outbreaks in Ethiopia were awaited.

Several delegations had expressed some concern over the current outbreaks in Somalia. The present smallpox transmission in the Ogaden Desert would obviously delay the completion of the eradication programme. Based on WHO's previous experience in smallpox epidemic control, however, it should be possible to contain the outbreaks in a few months' time provided the current effort were sustained by additional international support. Events in the Ogaden Desert further emphasized the importance of the two-year surveillance period after the last known case.

The importance of poxvirus surveillance, including monkeypox, had been stressed by the delegates of the Soviet Union, United States of America, and Zaire. During the intensive survey covering 643 villages in three regions of Zaire, five new human monkeypox cases had been detected in February and March, whereas a similar previous survey conducted in 1975 in four countries of West Africa had failed to detect any such cases. Assuming that both searches had a similar level of sensitivity, the finding in Zaire perhaps suggested that there was relatively frequent chance infection from an animal reservoir in that particular area. The necessary surveillance was continuing.

He appreciated the excellent cooperation shown by many delegations as regards the destruction of variola virus stocks in laboratories. Some laboratories apparently considered it necessary to keep variola virus strains for future reference; some felt that if their stocks were destroyed they would not be able to obtain the viruses if required in the case of unexpected circumstances. He said that, if such laboratories so wished, arrangements could be made to transfer their virus stocks to WHO reference laboratories, to make testing services available to them when required, and to provide them with facilities for variola virus research in WHO collaborating centres if such research were urgently needed and well justified in the context of the smallpox eradication programme. He hoped that such arrangements would encourage

more laboratories to destroy their current stocks of virus in accordance with the recommendations of the Committee on International Surveillance of Communicable Diseases.

The donations to the WHO vaccine reserve mentioned by the delegations of India, Iran, Union of Soviet Socialist Republics, German Democratic Republic, Hungary, and Belgium would substantially increase that reserve. Arrangements were being made to establish a reserve in New Delhi in addition to the one in Geneva.

The meeting of the special committee of experts in October would, of course, have on its agenda such items as vaccination policy and vaccination certificates, as the delegate of Iran hoped.

At the request of the CHAIRMAN, Dr AVRAMIDIS (Greece) elaborated on the amendment to the draft resolution proposed by his delegation at the previous meeting. The new operative paragraph would read as follows:

"RECALLS the resolution of the Twenty-ninth World Health Assembly, according to which an international certificate of smallpox vaccination should be required only from travellers who, within the preceding 14 days, had visited a smallpox-infected country as reflected in the WHO Weekly Epidemiological Record, and urges health authorities that have not yet changed their requirements accordingly to do so as soon as possible".

Dr KALISA (Zaire), commenting on the proposed amendment, said that his country would maintain vaccination and continue to require a vaccination certificate from tourists until much more information became available on monkeypox, against which protection was known to be conferred by smallpox vaccination.

Dr DIALLO (Upper Volta) was against the Greek amendment despite the recommendation of the Twenty-ninth Health Assembly. The conditions he had spoken about earlier had led his country to adopt a vigilant attitude. If an amendment were absolutely necessary, its application had to be left to individual governments, who were aware of their own special situations. Moreover, the facilities needed in the case of an epidemic were not always available to governments when outbreaks occurred. Upper Volta would continue to verify vaccination certificates, because the identity and previous stays of travellers were impossible to determine with certainty, and would also pursue its vaccination campaign until WHO announced the total eradication of smallpox.

Dr TABA (Regional Director for the Eastern Mediterranean), speaking on behalf of some countries in his Region, felt that the changes in certification requirements referred to in the proposed amendment should not be made mandatory for all Member States. In his Region a massive pilgrimage took place every year and it would be difficult for the receiving country not to require vaccination certificates during that time. He suggested that the wording of the new operative paragraph be made more flexible.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) said that if the draft resolution was to be amended along the lines of the Greek amendment, more flexible wording might be more acceptable. He proposed an alternative amendment as follows:

"REQUESTS all Member States to consider their vaccination programme and requirements, and whether any unnecessary vaccination requirements can be reduced".

Dr AVRAMIDIS (Greece) was in complete agreement with the new wording.

<u>Decision</u>: The draft resolution, as thus amended, was approved. ¹

The meeting rose at 12.25 p.m.

Transmitted to the Health Assembly in the Committee's seventh report and adopted as resolution WHA30.52.