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Palais des Nations, Geneva
Saturday, 22 January 1966, at 9.30 a.m.

CHAIRMAN: Dr K. EVANG

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Ninth Meeting

Saturday, 22 January 1966, at 9.30 a.m.

Present	Designating Country
Dr K. EVANG, Chairman	Norway
Dr Hurustiati SUBANDRIO, Vice-Chairman	Indonesia
Dr C. KEITA, Vice-Chairman	Guinea
Dr J.-C. HAPPI, Rapporteur	Cameroon
Dr C. QUIRÓS, Rapporteur	Peru
Dr T. ALAN (alternate to Dr N. H. Fişek)	Turkey
Dr A. R. AL-AWADI (alternate to Dr A. R. M. Al-Adwani)	Kuwait
Dr A. BENYAKHLEF	Morocco
Dr D. E. BOYE-JOHNSON	Sierra Leone
Dr A. DIBA (alternate to Dr J. Amouzegar)	Iran
Dr S. DOLO	Mali
Professor R. GERIĆ	Yugoslavia
Sir George GODBER	United Kingdom of Great Britain and Northern Ireland
Professor D. GONZÁLES TORRES	Paraguay
Dr A. A. HURAIBI	Yemen
Dr L. W. JAYESURIA (alternate to Dr M. Din bin Ahmad)	Malaysia
Dr D. P. KENNEDY	New Zealand
Professor P. MACÚCH	Czechoslovakia
Dr P. D. MARTÍNEZ	Mexico

Professor P. MUNTENDAM	Netherlands
Dr K. N. RAO	India
Dr T. VIANNA	Brazil
Dr J. WATT	United States of America

Secretary: Dr M. G. CANDAU
Director-General

Representatives of Intergovernmental Organizations

United Nations	Mr N. G. LUKER
United Nations Children's Fund	Sir Herbert BROADLEY
United Nations Relief and Works Agency for Palestine Refugees in the Near East	Dr M. SHARIF
International Atomic Energy Agency	Dr G. GOMEZ CRESPO

Representatives of Non-governmental Organizations

International Committee of Catholic Nurses	Miss L. CHARLES-ROQUES
International Council of Nurses	Miss M. J. MARRIOTT
International Dental Federation	Dr C. L. BOUVIER
International Diabetes Federation	Dr B. RILLIET
International League against Rheumatism	Professor F. DELBARRE
International Society of Blood Transfusion	Professor R. FISCHER
World Medical Association	Dr J. MAYSTRE

Special Account for Smallpox Eradication (paras 26.1-26.14)
Smallpox Eradication: Item 2.9 of the Agenda (Documents EB37/23 and Add.1 and Add.2)

The CHAIRMAN said that it was impossible to separate the technical and the financial aspects of the smallpox eradication programme, although the decisions in connexion with each aspect could be taken individually. He would first ask Dr Kaul to introduce the technical aspect of the programme.

Dr KAUL, Assistant Director-General, said that the Director-General, in compliance with resolution WHA18.38, had attempted to obtain from the countries, through the regional offices, information on the present status of the smallpox programme and the plans and needs of the countries in the endemic areas. The information gathered was by no means complete, but enough was available for the Director-General to review and assess the activities in all parts of the world, and to prepare a programme for accelerating the eradication of smallpox from all endemic areas.

At their 1965 sessions all the regional committees had considered the global smallpox eradication programme with particular reference to their regions, and each of them had passed a specific resolution on the subject, generally indicating support for an intensified global smallpox eradication programme, and pointing out the specific needs in advisory services, vaccine, transport and equipment which many of the endemic countries would need from outside to supplement their own resources if the programme was to be successfully launched and completed. That, therefore, indicated a further positive approach on the part of the Member States of WHO.

The report of the Director-General (document EB37/23), in reviewing the technical considerations, pointed out that, of all infectious diseases, smallpox in its epidemiological behaviour lent itself most easily to an eradication effort. Directly transmitted from person to person without known insect or animal reservoirs, rarely occuring in

the sub-clinical form, smallpox could quickly be detected in an area. The victim of the disease was generally incapable of transmitting virus for more than two weeks, and was permanently immune against a subsequent attack. Since the disease had a two-week incubation period, prompt identification of a case permitted the initiation of effective containment measures. Eradication could be accomplished in a comparatively simple and straightforward manner by rendering immune, through vaccination, a sufficiently large proportion of the population so that transmission was interrupted. In a highly endemic area that required almost one hundred per cent. protection of the population.

The review undertaken had revealed that many of the eradication plans lacked an essential surveillance machinery. Even in countries with a limited local health service a systematic surveillance plan could and should be developed as an essential component of the eradication programme. Surveillance should be initiated concomitantly with the development of any systematic vaccination programme. Failure to establish an adequate surveillance programme could bring about the re-establishment of the disease after successful eradication, as had happened in Peru and Colombia.

The infinitely greater stability of freeze-dried smallpox vaccine recommended that preparation without reservation over the glycerinated form in field vaccination programmes established in tropical areas. Supplies of freeze-dried vaccine for the global eradication programme had been inadequate to date to meet the immediate needs. Not infrequently the quality, particularly the potency of the vaccine, had failed to meet the recommended standards. The production of freeze-dried vaccine demanded high standards of skill and responsibility in the professional and technical staff employed. Routine assessment of each lot of vaccine produced had to be systematically carried out.

The report dealt at some length with the methodology of vaccination campaigns and the feasibility of using jet injector techniques in suitable areas. The advantages and disadvantages of different approaches had been analysed, but it was evident that in most instances decisions had to be taken and adapted to the local conditions and needs. Perhaps a combination of different approaches would be possible in different areas in the endemic countries.

The eradication methodology essentially consisted of the planning phase, the attack phase and the maintenance phase. In the planning phase, a realistic country-wide approach, as far as possible synchronized with a geographical plan of action, should be prepared. Personnel would have to be trained and surveillance machinery developed. The attack phase principally consisted of phasing the vaccination campaign to cover almost one hundred per cent. of the population within not more than three or four years. The maintenance phase followed, and the duration of the phases would depend upon the risks of infection from neighbouring or other endemic areas of the world. For the purposes of the present plan, a four-year maintenance phase had been used in estimating the international support needs of the programme.

The report (document EB37/23) reviewed, in chapter 3, the current status of the programme in the endemic areas of the world. Eradication of the disease appeared to have been achieved in North and Central America, Europe, North Africa, the Eastern Mediterranean and Pacific and Western Pacific countries, as well as in some countries in South America. The endemic areas included six countries in Asia, essentially all countries in the sub-Sahara region, and three countries in South America. Transmission of the disease from the endemic countries to smallpox-free areas remained a serious problem. The stage of development of the programme in various endemic countries was described region by region and country by country.

During 1959, when the global eradication programme had been initiated, 81 444 cases of smallpox had been reported. Table I showed that the number of cases reported since that time had fluctuated. It had reached a maximum of 98 720 cases in 1963, and had declined to about half that number in 1964. Eradication and control measures had been partly responsible for that decline, but the long-term cyclical variations in the incidence of smallpox had to be borne in mind.

Table V showed the incidence in Europe through the importation of smallpox. It would be noted that there had been a steady increase from fourteen cases in 1959 to 128 cases in 1963. While no cases had been reported in 1964 or since, it would be unwise to state that no cases would occur in Europe in the future.

Chapters 4 and 5 described the ten-year plan for accelerating the global smallpox eradication programme. That plan had been based on the technical considerations and the principles and methodology that had been laid down by the Expert Committee on Smallpox, and on the experience gained with the programme during the past few years. It was also based on the information so far available on the plans of the individual countries in the endemic areas. It was apparent that to initiate and execute the programme called for a maximum effort on the part of the individual endemic countries, but that effort had to be aided appropriately by technical assistance, equipment, transport, vaccine and other needs from outside sources. In addition, it seemed necessary that, to provide the impetus, direction, co-ordination and supervision on a global level, the Organization's staff needed to be strengthened at the headquarters, regional office and country levels. The Director-General had already taken the step of establishing a separate unit for the smallpox eradication programme at headquarters. In the programme proposals for 1967,

contained in Official Records No. 146, Annex 3, Part VI, the Director-General had foreseen the need for additional support to the headquarters unit, as well as the appointment of a regional adviser on smallpox for each of the four regions containing endemic areas, and for each of the country programmes. He had also foreseen the need for consultant services, training courses, and fellowships, and a number of research proposals directly related to the eradication programme. The need for the synchronization of a programme over a geographical area had been kept in mind, particularly in the development of new programmes in Africa. The material support required for the country programmes called for transport, equipment and vaccine. While the Organization had already assisted a number of countries in setting up vaccine production centres, it was not possible at that stage to cover all local needs from the production of those centres. It had been estimated that fifty-five million doses of vaccine would be needed during 1967, and perhaps for a few years thereafter. That estimate was based on the assumption that the vaccines donated to the programme both through bilateral sources and through WHO would continue at least at the same level; the substantial bilateral vaccine aid from the USSR to Afghanistan, Burma and India had been assumed to continue.

The cost of the programme had been reviewed once again, and all the available information confirmed the original estimate that the cost could be broadly estimated on the basis of ten US cents per vaccination, and that the general cost of each national campaign would be distributed as seventy per cent. of expenditure from national resources and thirty per cent. for external technical assistance, for vaccine, transport, supplies and equipment. The experience of the past four years emphasized that that thirty per cent. share of the cost from outside was vital to establish and implement a successful vaccination campaign in the endemic areas. Further, the over-all costs of the programme shown in Table XII were based on the total number of vaccinations which were anticipated during the ten-year period, a total of 1790 million vaccinations, and which, at ten US cents per vaccination, amounted to roughly 180 million dollars. Table XII also indicated the share of that total expenditure which would have to come from outside sources. In 1967 the thirty per cent. share would amount to $ 6.6 million. It would be noted that the Director-General in his proposals for 1967 as contained in Annex 3, Part VI of Official Records No. 146, had estimated the requirements of WHO's support to the programme as $ 2 400 400. In addition, the provision for the smallpox eradication programme in the regular budget and under the Expanded Programme of Technical Assistance and PAHO amounted to about $ 200 000.

He wished to reiterate that it was even more apparent then than it had been in the past that without a greatly intensified and well co-ordinated global effort with substantial additional resources, global eradication was not a realistic goal in the foreseeable future. On the other hand, eradication could be accomplished if the plan for a ten-year period was endorsed and additional resources provided, and if the countries where smallpox was endemic would take urgent steps to plan and support the eradication programme as phased in the plan.

The CHAIRMAN, referring to document EB37/23, said that Table V, Smallpox incidence in Europe, showed no cases in the column for the year 1964. He wished to know whether the table gave preliminary or final figures.

Dr KAUL said that so far as the Organization knew the table gave the final figures.

The CHAIRMAN invited Mr Siegel to introduce the financial aspect of the programme.

Mr SIEGEL said that with regard to the financing of the programme, in document EB37/23 Add.1 the Director-General proposed, as an alternative method to reliance on the Voluntary Fund, the creation of a separate appropriation section, under the regular budget of the Organization, with its own special scale of assessments, countries where smallpox was endemic which undertook to carry out a

smallpox eradication programme in close co-operation with WHO being exempted from assessment for smallpox eradication. The Standing Committee had put forward two texts for a draft appropriation resolution covering the alternative methods, which the Board would presumably consider under Chapter IV of the Standing Committee's report (document EB37/WP/1).

Document EB37/23 Add.2 contained tables listing the individual assessments on Members if the regular scale of assessment were applied (Annex 1) and if the countries where smallpox was endemic were not included among the countries assessed (Annex 2) - in both instances indicating for each country the amounts corresponding to each of four possible figures for the addition to the regular budget, namely, $1 000 000, $ 1 500 000, $ 2 000 000 and $ 2 415 000.

The Standing Committee, as was shown in paragraph 26.14 of its report, recommended that provision for the programme should in principle be included in the regular budget and that the Board should be left to decide in what amount that provision should be made.

He suggested that the Board should first deal with the principles and the technical aspects of the programme and discuss the amount, if any, to be added to the regular budget when it came to consider Chapter IV of the Standing Committee's report.

It was so agreed.

Dr RAO, referring to the situation with regard to smallpox eradication in India, said that in that country, with a population of 480 million, the current smallpox eradication programme had been launched in 1962. There were 152 eradication units in operation and 393 million persons had been vaccinated, forty-eight million of them for the first time. From 1962 to 1963 there had been 85 000 cases of smallpox, and 26 000 deaths from the disease; the corresponding figures for the first ten months of 1964 were 25 000 and 7232.

Freeze-dried vaccine had been donated by the Soviet Union in three lots, the first of 250 million doses and the second and third of 200 million doses each. Those donations had been made pending the initiation of domestic production of vaccine in vaccine-producing centres which were being set up in India with the assistance of WHO. It was hoped that by early in 1967 the country would be producing 150 to 170 million doses.

Various lacunae had been observed in the programme. Greater efforts were to be made to tackle the problem presented by the floating population in crowded urban areas and to deal more energetically with the backlog of primary vaccinations. Primary vaccinations had to be continuously followed up if epidemics were to be avoided; experience had shown that vaccination was necessary in the fourth, eighth, twelfth, sixteenth and twentieth years. It was also unquestionable that unless basic health services were provided in rural areas the success of the programme would be prejudiced.

With regard to the financing of the programme, $ 15 million had been spent on the third five-year programme, which was due to end in March 1966, and some money had been spent on the next plan, for which a pilot project had already been tried out. More funds were needed for that programme and for work in connexion with other communicable diseases.

In the long run the maintenance of control would have to be taken over by the general health services; in the meantime he was very grateful to the Director-General for his suggestions that the global programme be financed from the regular budget and that countries in which smallpox was endemic should be exempted from assessment for that programme.

Professor MUNTENDAM said he fully agreed with the Director-General's proposal to transfer the sum necessary for the smallpox eradication programme from the Voluntary Fund for Health Promotion to the regular budget. Effective action would be possible only if the necessary funds were available in the regular budget and if the Organization was unrelenting in its struggle against the disease. In view of the fact that many areas had not yet reached the maintenance phase, it would be necessary to start with the sum of $ 2.4 million, not less, and to make that sum part of the regular budget. He had no remarks to make on the details of the items listed on pages 521-527 of Official Records No. 146. His Government would make a further contribution of smallpox vaccine to the Organization in 1966.

Dr KEITA asked if the amount envisaged for inclusion in the regular budget for the smallpox eradication campaign would correspond to that included in the Voluntary Fund for Health Promotion; if there was any planning in the direct assistance provided by WHO with respect to vaccine and what the value of that assistance was; and which freeze-dried vaccine production centres had been assisted by WHO and what type of assistance they had received.

The CHAIRMAN said that five sources of financing would be available to countries in their smallpox eradication campaigns: first, there was the money provided by the government itself; secondly, there would be, if the Board and Assembly so decided, money contributed by WHO out of the regular budget; thirdly, there were funds provided under bilateral agreements with other countries; fourthly, any country could contribute to the WHO voluntary fund for smallpox eradication in addition to its contribution to the regular budget of the Organization; and fifthly, there were funds from other international bodies, such as UNICEF, etc.

Dr HAPPI said he was glad that WHO was paying practical attention to the eradication of smallpox, which could be called an international disease. In Africa, the main problems connected with smallpox control were lack of supplies and inadequate inter-country surveillance. What the African countries needed from WHO was equipment and supplies rather than advice, which, it seemed, was all the Organization was in a position to offer. They were, therefore, rather worried by the suggestion that the money needed for the smallpox eradication programme should be provided out of the regular budget.

Mr SIEGEL said that in Official Records No. 146 the estimated cost of the smallpox campaign was shown under the Voluntary Fund for Health Promotion as amounting to $ 2 400 400. The Director-General had proposed that, as a way of ensuring the efficacy of the programme, that sum should be transferred to the regular budget. At the same time, he hoped that additional contributions would be received for the Voluntary Fund. The figure had been revised to $ 2 415 000 to take account of the increases in salaries and allowances. As was indicated in Official Records No. 146, a large proportion of the estimated cost of the programme was devoted to the supply of vaccine and transport where needed. It was also expected that the Assembly would make special arrangements, as it had done in the malaria eradication programme, to enable the Organization to supply other services if necessary. He hoped, therefore, that any resolution the Board might adopt, if it agreed in principle to the money necessary for the smallpox eradication programme being transferred from the Voluntary Fund for Health Promotion to the regular budget, would also contain a paragraph authorizing the Organization to provide supplies and services as needed.

Dr KAUL said that freeze-dried vaccine had been provided for the WHO global smallpox programme. The USSR had donated 25 000 000 doses and twelve or fifteen other countries, a list of which could be provided if members so desired, had also made contributions. A number of countries had also made bilateral donations. Again, the largest donor had been the USSR, which had made donations to India, Burma and Afghanistan. Assessments of future needs had been based on the assumption that such donations would continue.

The Organization provided considerable assistance in the establishment of freeze-dried vaccine production centres in endemic areas. The Pan American Health Organization had provided assistance for eleven such projects in the Americas, the Eastern Mediterranean Region had assisted eleven countries and the South-East Asia Region had assisted four countries. There was a freeze-dried vaccine production centre in West Africa and the Organization was assisting in the establishment of such a centre in East Africa. Much of the Organization's assistance had been supplied in conjunction with UNICEF, and it was expected that further assistance to centres would be provided as the projects developed. As the production of freeze-dried vaccine was a very technical and responsible undertaking, too many production centres should not be established, particularly in areas where there was a lack of suitable technical and supervisory staff. The Organization's policy was therefore to concentrate on a number of large national, regional or area production centres rather than to assist individual countries to establish their own centres.

In estimating the external support needed for the programme, account had been taken of individual countries' needs in vaccine, transport and advisory services. In some cases, assistance had been given in helping local staff to expand their services.

Dr VIANNA said that smallpox had claimed many victims. In Brazil, the eradication campaign was hampered by the topographical conditions of the country and by the lack of communications and qualified staff. The number of cases of variola major and variola minor reported in the years 1961-65 showed that eighty

per cent. of the smallpox victims in South America were Brazilian. As a result of the Government's campaign, eight million, sixteen million and twenty-two million persons had been vaccinated in 1963, 1964 and 1965 respectively and the outlook was therefore more promising. In 1965 a team of qualified workers from Atlanta in the United States of America, working in the Amapa region, had, using jet injectors containing a particularly efficacious vaccine, vaccinated 30 400 persons in two days. Under an agreement signed in October 1965 with the Pan American Sanitary Bureau, the Brazilian Ministry of Health had received $ 150 000 towards the smallpox eradication campaign for the following two years. As the United States Government had just supplied twenty jet injectors, Brazil would be able to respond to WHO's appeal and participate in the campaign to eradicate smallpox from the Americas.

Dr QUIRÓS, observing that the problem was economic rather than technical, said that it could be assumed that the Assembly would not approve the increase in the budget for the smallpox eradication programme. The Director-General in his report had stated that European countries and the United States of America spent between $ 44 000 000 and $ 70 000 000 on vaccination programmes to prevent the introduction of smallpox. Might not those countries make a contribution to WHO for 1967. President Johnson had recently declared that, subject to approval by Congress, the United States of America would be prepared to invest large sums in public health,

and he had specifically mentioned smallpox. The moment might therefore be opportune for requesting a generous contribution from the United States Government. The UNICEF/WHO Joint Committee on Health Policy might also be asked to consider the possibility of requesting UNICEF to provide an additional $ 1 000 000. In that way the sum that the Director-General considered necessary for 1967 might be obtained.

The CHAIRMAN requested members to indicate whether or not they were in favour of the funds needed for the smallpox eradication programme being transferred from the Voluntary Fund for Health Promotion to the regular budget, it being understood that the actual amount to be included in the regular budget would be decided later.

Dr DOLO said that the reason why the eradication campaigns for certain countries had met with partial failure was lack of equipment and supplies. Certain West African countries had, with assistance from the United States of America, undertaken a measles eradication campaign, and thanks to the fact that the United States had supplied the equipment necessary, those countries had been able, despite lack of qualified staff, to vaccinate more than eighty per cent. of the children. He mentioned that to show that WHO could best assist countries by providing equipment and supplies. It was also essential that WHO should make countries understand the importance of co-ordination in the eradication programme. He supported the

Director-General's proposal that the resources necessary for the smallpox eradication campaign should be included in the regular budget of the Organization, provided that members were assured that the money would not be spent on staff alone.

Sir George GODBER said that realism was essential. The Director-General had been realistic in saying that if the programme was to work it was essential that funds should be provided out of the regular budget. It was no use relying on another voluntary programme. The previous World Health Assembly had requested the Director-General to produce an effective plan for smallpox eradication. The Director-General had replied that such a programme was possible provided that the money was available from the regular budget. The size of the budget, however, gave cause for alarm. The Assembly would, he thought, take fright at a budget which would involve some countries in an increase of nearly one-quarter in their assessments, comparing 1966 with 1967. It would be possible to proceed only by limiting, postponing or cutting the programme, but it was hardly practicable to make any material cuts in the 1967 programme at that stage. The Board had to decide how far it could expect the Assembly to go. The Assembly would probably either say that the programme was to be limited to, say, $ 1 000 000 a year or that it was to be postponed to the following year and a way be found of giving it priority at the expense of some other work. To be realistic in its recommendation to the Assembly, therefore, the Board would either have to put a limit on the programme or say that it should be postponed for a year.

Dr BOYE-JOHNSON said that all members seemed to be agreed that there should be a smallpox eradication campaign; the question was when that campaign was to be started. The adage "a stitch in time saves nine" should be borne in mind. The smallpox donor countries understood what was at stake and even the smallpox recipient countries had admitted how much they had had to spend on preventing the disease. Although the smallpox recipient countries might consider the cost of the programme unrealistic, it was in the interests of those countries that the programme should be started straight away.

He asked whether it would not be possible, by making greater use of bilateral assistance, to reduce the working budget for smallpox.

Dr WATT said that if the Organization was to ensure that the efforts of one country were not nullified by the failure to move in some other area, it would have to pay attention to organizational policy and planning. An organized approach was necessary and for that a solid planning group based in WHO was essential. It was necessary to be able to obtain the facts that would show how resources could be most efficiently distributed so as to secure the fastest possible approach and to ensure that investments of considerable magnitude in one country were not endangered. It was true that investment in one country led to the acquisition of experience which could and should be directly usable in contiguous areas. That could come about, however, only if there was an organizational plan for such interrelationship.

Bilateral assistance was a mechanism of considerable importance in making available the very kind of equipment and material which was so important. Until recently the United States of America had not participated very actively in smallpox

eradication campaigns, which had not been one of the major areas for bilateral assistance. That situation had, however, changed substantially and effectively within the last year or so. President Johnson had committed the United States Government to smallpox eradication, to giving its full share of assistance, and possibly a little more. It had already been decided to assist West and Central Africa with a co-ordinated campaign. The assistance would be on a bilateral basis and each country concerned would decide whether it wished to avail itself of the offer, but planning and budget commitments had been made for full participation in those countries. That decision had been taken, however, after the Director-General of WHO had visited the United States of America and had assured officials of the AID programme that the Organization would collaborate fully in developing the co-ordinating mechanisms that they considered were essential if the aid was to be effective. In other words, those officials were concerned with ensuring that the job would be done throughout the world, so that it would no longer be necessary to continue vaccination programmes. Dr Quirós had suggested an appeal to the United States of America; if the Board so decided, he would be happy to act as messenger in that respect.

He was sure that through operational research a more systematic plan, showing the options more clearly than hitherto, could be evolved. In relation to the resources available, the work done so far by the staff had been extremely good, but adjustments were possible if some of the variables involved were taken into consideration. Dr Kaul had referred to three phases - planning, attack and

maintenance. The length of the planning phase would be longer or shorter in the various countries depending on the stage they had already reached. There was an adjustment factor there which might lead the Board to conclude that a little more time spent on an intensive global plan would lead to more efficient use of funds during the attack phase. By the same token, such an analysis might lead to the conclusion that an immediate move to the attack phase could be made because in essence the plans already in use had provided sufficient experience for them to be readily adapted to almost any area. He said that more as a question than as an assertion - further study would show whether it was so. The greatest potential for curtailing the burden on governments was the speed with which the maintenance phase was reached. It had been estimated that the maintenance phase would be long if there were sources of smallpox against which protection was necessary. If, on the other hand, no such sources existed, the maintenance phase would stop abruptly. He felt that it might be possible to move the programme to its ultimate objective most quickly by allowing a period of time for global planning which, in a dollar form, might represent a portion of the Director-General's suggestion, with a somewhat greater amount than he had proposed to follow in the second year. A full use of the facilities envisaged in the Director-General's new operational research activity - possibly even getting some of them to work before the formal time - might very well result in a plan of operations which would make it possible for governments to assume that burden and see to it that the necessary resources were available whenever and wherever needed to carry out the smallpox eradication campaign most efficiently.

He therefore strongly urged that the Board should provide for a beginning in the regular budget at that time. That was an essential first step. It was essential on two counts: to provide the opportunity for global planning; and to assure potential donor countries that the Organization meant business.

Professor GERIĆ supported the proposal to include the smallpox eradication programme in the regular budget. Personally, and he believed his Government would be of the same opinion, he thought that the whole of the proposed budgetary provision should be included. But in view of the reaction of Member States to an increase in their contributions, a reasonable sum would have to be decided on, which would be enough to ensure the success of the programme and at the same time be acceptable to the countries which would be contributing. An amount of $ 1 000 000 or more had been suggested, but he was not in a position to pronounce on the matter. Perhaps the Director-General could help to find a reasonable compromise which would take account of adequate planning and what was practicable.

Dr AL-AWADI said he agreed that the programme should be included in the regular budget, but there were a number of minor but important points that should be considered. In the first place, it was suggested in paragraph 4 of document EB37/23 Add.1 that "those Members in whose countries smallpox is endemic and who declare that they are carrying out or undertake to carry out a smallpox eradication programme in close co-ordination with WHO would be excluded from the list of countries to be assessed". Something more specific was necessary. Was it intended that those countries would be excluded for the duration of their smallpox eradication programmes, which might last anything from five to fifty years? Secondly, since the money to finance the programme would have to be obtained from some source, the contribution of the

assessable countries would have to be increased to make up for the exclusion of the other countries. Thirdly, it would be interesting to know how much of the estimated total cost of $ 2 400 400 represented the cost of vaccine. Some countries had indicated that they had the necessary facilities but lacked supplies of vaccine. If vaccine were supplied, how much would the cost of the programme be reduced and how efficiently would the vaccine be applied?

Dr JAYESURIA also supported the proposal to include the smallpox eradication programme in the regular budget. The prospects of obtaining sufficient money from the Voluntary Fund for Health Promotion were not very bright. It was important, however, that the budgetary provision should be acceptable to all Member States, since an unduly high figure would make the World Health Assembly hesitate to approve inclusion in the regular budget. An amount of, say, $ 1 000 000 would be more acceptable than the amount proposed.

Professor GONZÁLEZ TORRES, also supporting the Director-General's proposals, commented on the situation in Paraguay. During 1958 and 1959 a vaccination campaign had been conducted covering 84 per cent. of the population. In 1960 a focus had been discovered with thirty-five cases among the indigenous nomad population, which had brought the disease through the frontier with a neighbouring country. In 1965 a new epidemic focus had been discovered, with thirty cases transmitted by a nomad trader crossing a frontier with a neighbouring country, at a considerable distance from the capital. In those instances, it had not been possible to diagnose smallpox in the initial cases, but in a recent outbreak in the capital, caused by an infected person coming to the capital from a neighbouring country, smallpox had been diagnosed at the outset.

Prior to the latest outbreak, there had been a massive vaccination campaign which by November 1965 had covered 838 000 people, using the country's own economic and human resources with the help of epidemiological advice from Zone VI of the Pan American Sanitary Bureau and with vaccine received from institutes in Rio de Janeiro, Buenos Aires and Montevideo. The programme of vaccination was being continued, with excellent response from the population.

Dr KEITA said he had listened with great interest to Dr Watt's statement, which had been optimistic, had provided valuable technical information and had shown an understanding of what was wanted. In particular he had spoken of a practical form of technical assistance. Smallpox eradication was a problem causing great concern, but one where there was hope of success. If the problem was tackled rationally and adequate means were provided, smallpox could easily be eradicated because - unlike malaria, which involved the problem of a vector - it was only a case of eliminating the reservoir of virus. Planning was necessary as well as co-ordination within and between regions. In his own country, for example, $ 100 000 a year had been spent over the past seven years on smallpox eradication, but all the new foci had been caused by imported cases.

On the question of material assistance, WHO might usefully consider the kind of assistance provided bilaterally by United States AID, since the Organization tended to concentrate on providing personnel. In the campaign against measles, United States AID had provided a very practical kind of assistance, in the form of vaccines and necessary equipment, with a minimum of personnel, and local personnel had been trained within three weeks to carry out the campaign. Aid in the form of a consultant was less

valuable because he would probably give information on epidemiology which the country concerned already possessed or speak of organization, which had already been provided. It was true that much very practical assistance had been received from WHO, and in many cases individuals had given invaluable help. But at the recent session of the Regional Committee for Africa at Lusaka he had observed that consultants spent in the country they were engaged to assist only about a quarter of their time. If the result were compared with the cost, it would be realized that budgetary provision should be reviewed in terms of assistance provided. That was why he had spoken of a change of doctrine, because if the traditional method was found not to be effective enough a new and more effective method must be found. In that connexion, it should be noted that UNICEF had modified its policy and was now dealing with problems which had not originally been included within its scope.

In a smallpox eradication programme WHO provided personnel and equipment and the government made a financial contribution. Governments were ready to contribute the maximum, and they were ready to support the Director-General's proposal, as long as their contributions were not entirely absorbed by personnel, for if activitiy were continued in the same way as hitherto, the problem of smallpox would still be unsolved ten years hence.

Professor MACÚCH said that the essential condition for a realistic smallpox eradication programme was the synchronization of activity in all the countries of the world. That required careful preparation and economic guarantees. With regard to the programme presented by the Director-General, in his opinion preparations had not yet reached the stage where the full national financial resources which were essential for implementing the programme would be forthcoming. In view of present financial difficulties it might be worth considering new tactics. He agreed with Sir George Godber that the programme could be started in 1967 with a lower budgetary provision which would be acceptable to the majority of Member States, with preparation to be continued in all countries, and in 1968, with increased financial resources, a more concentrated and intensive world-wide attack on smallpox could be developed. In any case, he was in favour of incorporating the smallpox eradication programme in the regular budget.

Dr SUBANDRIO suggested that the smallpox-free countries - which must surely fear the disease more than the countries where it existed - should start campaigns for vaccinating their own people, since they had the necessary facilities to carry out such campaigns at a reasonably low cost. It was obviously not practicable to eradicate the disease from the whole world at once, but it would help if efforts were increased in a few countries to start with.

Dr KENNEDY endorsed the comments of Sir George Godber.

The CHAIRMAN said that the discussion that had taken place seemed by now to have given sufficient guidance on whether or not the programme should be included in the regular budget. A draft resolution was being circulated.

Dr QUIRÓS said that the solution proposed was only an emergency one: WHO must continue to include in its annual budget the sums needed to continue the programme, for the Organization had the primary responsibility for the world eradication of smallpox. He had been greatly impressed by Dr Watt's comments on how resources could be used in co-ordination with WHO.

Dr WATT, referring to Dr Subandrio's suggestion, said that the smallpox-free countries were indeed conducting vaccination campaigns. But what they wanted was to stop vaccinating, and the only way to achieve that was to help in the vaccination of the people in the countries where smallpox existed. Once the disease no longer existed, everybody could stop vaccinating. As Dr Evang had stated in the Standing Committee, the vaccine itself was not without hazard, for it caused illness and even some deaths. Thus, as long as the disease existed in the world, protection must be provided for the majority of people in the world, but at the same time everything must be done to vaccinate where the disease existed, to ensure that smallpox eventually disappeared and then there would be no more need for vaccination.

The CHAIRMAN said that he had also made another point at the Standing Committee. Contrary to what Dr Subandrio had suggested, the people of the smallpox-free countries did not dread the disease, but tended to forget its existence. Smallpox vaccination cost more in money and lives than vaccination against poliomyelitis and typhoid together. It was difficult to persuade people of the need for vaccination against a disease which did not exist in their country, particularly because of the occasional ill effects of vaccination; yet it was essential to avoid the risk of the disease being imported.

Dr KAUL, Assistant Director-General, said that WHO fully agreed with the ideas expressed by Dr Watt and had already taken steps to approach the planning of the programme in the way he had described. It was clearly indicated in the Director-General's report that the eradication of smallpox from the world was technically feasible but was subject to certain conditions, the primary one being the willingness of the governments of countries where the disease was endemic to plan progressive programmes and provide the very large resources that were necessary. Moreover, eradication was a time-limited programme and therefore must be carried through all its phases within that time limit.

With regard to Dr Keita's comment on personnel, it would be seen from Official Records No. 146 (page 528) that the programme provided for only twenty-nine personnel, two for headquarters, four for the regions and the remainder for advisory services. The rest of the programme was for help in planning and implementing programmes at country level.

The CHAIRMAN invited the Rapporteur to read out a draft resolution on smallpox eradication.

Dr QUIRÓS, Rapporteur, read out the following draft resolution:

The Executive Board,

Recalling resolution WHA18.38 of the Eighteenth World Health Assembly, which "declares the world-wide eradication of smallpox to be one of the major objectives of the Organization",

Having considered the report of the Director-General on smallpox eradication; and

Emphasizing that countries already free from smallpox will make long-term savings after the global eradication of the disease has been achieved, since routine vaccination programmes would no longer be necessary,

1. CONSIDERS that the participation of the Organization in the smallpox eradication programme should be financed from the regular budget of the Organization; and

2. RECOMMENDS to the Nineteenth World Health Assembly that it adopt the following resolution:

"The Nineteenth World Health Assembly,

Having considered the report of the Director-General on smallpox eradication and the recommendation of the Executive Board thereon; and

Noting that particular emphasis has been placed on the need for co-ordination of individual countries' smallpox eradication programmes,

1. DECIDES that the participation of the Organization in the smallpox eradication programme should be financed from the regular budget of the Organization;

2. URGES countries which plan to strengthen or initiate smallpox eradication programmes to take the necessary steps to begin the work as soon as possible;

3. REQUESTS Member States and multilateral and bilateral agencies to provide adequate material support for the realization of the programme;

4. DECIDES that, in the part of the programme financed by the Organization either from the regular budget or from the Special Account for Smallpox Eradication, the following costs may be met:

(a) such supplies and equipment as are necessary for the effective implementation of the programme in individual countries;

(b) such services as may be required in individual countries and as cannot be made available by the governments of such countries; and

5. REQUESTS the Director-General to initiate action to carry out the smallpox eradication programme and, in co-operation with all Members, to review the world-wide plans and submit a report to the Executive Board at its thirty-ninth session and to the Twentieth World Health Assembly."

Dr WATT proposed that in the third preambular paragraph the word "all" should be inserted before "countries" and the words "already free from smallpox" should be deleted.

Sir George GODBER seconded the proposal. He also proposed that the words "since routine vaccination programmes would no longer be necessary" in the same paragraph should be deleted. Nobody knew how long it would be before smallpox was completely eradicated, and it might well be that for many years after, every child born would need to be immunized during its first year to diseases which were no longer prevalent - possibly by means of a compound killed antigen for many diseases. The presence of those words might give a wrong impression, particularly in view of the difficulty in persuading the people of countries where smallpox was not prevalent to accept vaccination.

He asked whether adoption of the draft resolution would commit the Board to approval of the inclusion of the total proposed estimates for smallpox eradication in the regular budget.

The CHAIRMAN said that the third preambular paragraph involved ecological problems. He suggested that either the whole paragraph should be deleted or the two proposed amendments should be accepted.

In reply to Sir George's second question, he said that there would be no such commitment.

Decision: The amendments proposed by Dr Watt and Sir George Godber were adopted.

Professor MUNTENDAM, referring to operative paragraph 5, proposed that the words "in co-operation with all Members, to review the world-wide plans and" should be deleted.

Dr ALAN pointed out that the deletion of the reference to co-operation with Member States would be contrary to the Director-General's wishes as expressed in his report.

The CHAIRMAN suggested that operative paragraph 5 should be amended to read as follows:

> "REQUESTS the Director-General, in co-operation with all Member States, to initiate action to carry out a world-wide smallpox eradication programme and to submit a report to the Executive Board at its thirty-ninth session and to the Twentieth World Health Assembly."

Decision: The amendment was adopted.

The CHAIRMAN invited the Executive Board to adopt the draft resolution as amended.

Decision: The draft resolution as amended was adopted unanimously.[1]

The meeting rose at 12.35 p.m.

[1] Resolution EB37.R16.