EXECUTIVE BOARD

Fifty-first Session

SUMMARY RECORD OF THE FIFTH MEETING

WHO Headquarters, Geneva
Thursday, 18 January 1973, at 9.30 a.m.

CHAIRMAN: Dr J. L. MOLAPO

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Fifth Meeting

Thursday, 18 January 1973, at 9.30 a.m.

Present	Designating Country
Dr J. L. MOLAPO, Chairman	Lesotho
Dr A. SÁENZ SANGUINETTI, Vice-Chairman	Uruguay
Dr N. RAMZI, Vice-Chairman	Syrian Arab Republic
Professor Julie SULIANTI SAROSO, Rapporteur	Indonesia
Dr Oudom SOUVANNAVONG, Rapporteur	Laos
Dr J. M. AASHI (alternate to Dr H. Abdul-Ghaffar)	Saudi Arabia
Dr Esther AMMUNDSEN	Denmark
Professor E. J. AUJALEU	France
Dr O. AVILÉS	Nicaragua
Dr T. BANA	Niger
Professor H. FLAMM	Austria
Mr Y. WOLDE-GERIMA	Ethiopia
Sir George GODBER	United Kingdom of Great Britain and Northern Ireland
Dr C. HEMACHUDHA	Thailand
Dr M. U. HENRY	Trinidad and Tobago
Professor A. M. KHOSHBEEN	Afghanistan
Dr R. LEKIE	Zaire
Dr R. MALDONADO MEJÍA	Ecuador
Dr Z. ONYANGO	Kenya
Dr G. RESTREPO CHAVARRIAGA	Colombia
Dr C. N. D. TAYLOR (alternate to the member of the Executive Board to be designated by New Zealand)	New Zealand
Professor J. TIGYI	Hungary
Professor R. VANNUGLI	Italy
Dr D. D. VENEDIKTOV	Union of Soviet Socialist Republics

Secretary: Dr M. G. CANDAU
Director-General

Representatives of the United Nations and Related Organizations

United Nations	Mr V. FISSENKO
United Nations Children's Fund	Mr J. V. E. GUIBBERT
United Nations Relief and Works Agency for Palestine Refugees in the Near East	Dr M. SHARIF
United Nations Development Programme	Mr J. J. GRAISSE
International Narcotics Control Board	Mr L. MAÑUECO-JENKINS
Office of the High Commissioner for Refugees	Mr J. J. KACIREK
International Atomic Energy Agency	Mr J. SERVANT

Representatives of Other Intergovernmental Organizations

Intergovernmental Committee for European Migration	Dr C. SCHOU

Representatives of Nongovernmental Organizations

International Committee of Catholic Nurses	Mrs E. VAN DER GRACHT-CARNEIRO
International Council on Alcohol and Addictions	Professor H. HALBACH
International Union of Local Authorities	Mr F. COTTIER
International Union of Pharmacology	Professor H. HALBACH
World Federation of Occupational Therapists	Miss B. PFENNINGER

Smallpox eradication (Document EB51/WP/7)[1]

At the invitation of the CHAIRMAN, Dr BERNARD, Assistant Director-General, introduced the report on the smallpox eradication programme (document EB51/WP/7). The report consisted of two parts: a report on the status of the programme at the end of 1972, and the Weekly Epidemiological Record of 12 January 1973.[2] The report indicated that as the advanced phase of the programme proceeded, three areas deserved particular emphasis: (1) immediate notification and complete international coordination in the event of an introduction of smallpox; (2) maintenance of surveillance programmes; and (3) implementation of special programmes and techniques to assure that transmission had been interrupted in areas where the reporting network recorded no cases. During the discussions in the Standing Committee, particular interest had been shown in the methodology for the detection of unidentified foci of smallpox. An illustration of the way in which such techniques were now being applied could be found in the paragraphs concerning Brazil on page 11 of the Weekly Epidemiological Record of 12 January 1973.

Dr LEKIE said that the smallpox eradication programme was progressing satisfactorily throughout the world. There had been some discussion of discontinuing systematic vaccination and relying principally on surveillance, resorting to vaccination only to contain any outbreak that might occur. He had considerable doubts regarding the wisdom of such a course: particularly in countries where there had recently been a serious outbreak of smallpox, systematic vaccination should be continued at least for some time.

Since WHO had decided to play an active part in smallpox eradication campaigns in the developing countries, rapid progress had been made and the majority of those countries had now reached the consolidation or maintenance stage. For such countries he urged that now that the immediate necessity for an eradication campaign had passed WHO should not significantly reduce its aid but, at least during the initial maintenance phase, should admit the principle of continuing to give material support.

Professor VANNUGLI said that the maintenance of large-scale vaccination campaigns had been discussed at considerable length. The question was a controversial one even in countries where smallpox represented only the occasional risk of an imported case. It was perhaps premature to reach a decision on the matter.

Referring to the table for Africa on page 15 of the Weekly Epidemiological Record of 12 January 1973, he said that the statistics required interpretation. The figures of totals at the bottom of the page did not seem dramatic but the number of countries reporting smallpox in 1967 as compared with 1971-72 showed a striking change. In 1967, cases had occurred in almost all the countries of the Region, whereas now there was a state of epidemicity in only one or two countries. The conclusion could be drawn that in most countries the majority of the population was sufficiently protected, although the danger of an epidemic existed and might be brought to a head by certain local conditions. He would like to know what conditions made it possible for such an epidemic to break out. The question had no doubt been studied by WHO, and he would be grateful if he could be referred to the relevant documents.

Dr RAMZI, referring to the comments on systematic vaccination, said that a small epidemic outbreak had occurred in Syria the previous year. It had been limited in time and restricted to a few villages. Almost the entire population had been vaccinated but there had been a relaxation of systematic vaccination in the places where the epidemic occurred. He therefore believed that, even in developed countries, the Organization should insist on the need to maintain systematic vaccination in conjunction with surveillance.

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[1] See Off. Rec. Wld Hlth Org., 1973, No. 207, Appendix 8.

[2] Wkly epidem. Rec., 1973, 48, 9-24.

Sir George GODBER said that, while the degree of success achieved by WHO in the smallpox eradication campaign was extremely gratifying, it was not quite complete. If it were possible to push the programme to its conclusion, the whole world might be entirely free of smallpox so that it would no longer be necessary to be perpetually on guard against it.

Dr Lekie had made some excellent points in his remarks. Several factors were involved in the transmission of smallpox from one country to another, one being regular contact between the countries involved, as for example the regular contacts which existed between the United Kingdom and India. The factor of general systematic vaccination was important for the protection of the country as a whole but was no guard against importation of the disease; a close contact who had been vaccinated within the preceding two years could still contract and spread the disease. The important factor in containment was the immediate diagnosis of imported cases and the taking of appropriate steps to contain the incident. That was much easier for European countries with their higher proportion of doctors per head of population than for African countries, and the burden on the latter was consequently heavier.

The disease had now been virtually eliminated from Africa except for two countries, and in them the eradication programme was proceeding actively and promised excellent results. The fact that more cases had been diagnosed there recently was no cause for concern. It did not necessarily mean that cases were increasing but merely that diagnosis was better. The countries concerned must, however, press on with their eradication campaigns if the possibility of reintroducing smallpox to other countries was to be eliminated, and WHO must therefore continue to make an all-out effort to provide the necessary material resources.

Finally, he considered it a disgrace for any developed country to allow one of its citizens to go to a country in which smallpox was endemic without proper and valid vaccination protection.

Dr SÁENZ said that discussion so far had concentrated on whether there should be systematic vaccination or whether attempts should be made to maintain a strengthened surveillance programme. In his view, with greatly increased communication between countries and the resulting risk of infection, it would be a serious mistake to abandon systematic vaccination campaigns. Surveillance could be carried out satisfactorily only in a very few countries with highly developed epidemiological control systems. In the majority of countries it would be dangerous to give up systematic vaccination.

Professor SULIANTI said that it was indicated in the budget volume (Official Records No. 204, page 78) that the Vector Biology and Control unit reported to the Assistant Director-General responsible for Communicable Diseases and for Malaria Eradication. She asked why nothing was said about who the other divisions reported to and to what division Environmental Health was responsible.

The smallpox eradication campaign had so far been highly satisfactory and the question was how to keep it so. The requirements of the International Health Regulations suggested that immunity from vaccination lasted three years, but she would like to know what was the actual duration of immunity and, if there was routine vaccination, how often it would be necessary to vaccinate.

From her own experience in Indonesia, she believed that surveillance and containment were more important than routine vaccination, although the latter should not be neglected. She wondered how surveillance and containment activities could be enlarged and the interest of health workers in the smallpox eradication campaign maintained; and whether activities which involved other communicable diseases as well as smallpox could be financed from the Special Account for Smallpox Eradication.

The DIRECTOR-GENERAL, replying to Professor Sulianti's first question, said that Vector Biology and Control, which was not a division but an office collaborating principally with the Divisions of Malaria Eradication and of Communicable Diseases, reported directly to the Assistant Director-General responsible for those divisions. In the same way the Office of Publications and Translation reported to another Assistant Director-General. A new classification had however been approved by the Twenty-fifth World Health Assembly for the presentation of the budget and in the proposed programme and budget for 1975 Vector Biology and Control would come under Communicable Diseases.

Dr AASHI said that it was owing mainly to mass vaccination campaigns that the smallpox eradication programme had reached its present stage. Continued vaccination was necessary, and he stressed the importance of ensuring that vaccination was properly carried out. Surveillance was not practicable, in all countries, especially in those lacking basic health infrastructures. In his view, the eradication programme should continue to depend on vaccination although surveillance should be instituted wherever possible.

Mr WOLDE-GERIMA considered that the dedication shown in the smallpox eradication campaign by WHO experts, volunteers and national staff should now be directed to other communicable diseases. The staff trained for smallpox activities constituted a valuable resource that could be redeployed to deal with other diseases, as well as to ensure that there was no subsequent outbreak of smallpox. He commended the decision to increase the smallpox allocation in 1974, especially for the replacement of equipment and for supplies.

Professor AUJALEU emphasized that so long as eradication was not completed and maintained on a global scale, the developed countries should be warned against protecting themselves solely by surveillance. Although the developed countries had good laboratories, their physicians were not trained to detect the disease, and cases had occurred that had not been recognized. Less than 5% of the physicians in France had ever seen a case of smallpox.

Dr HENRY said that the campaign was on the brink of success and he commended WHO on its achievement. No one wanted to jeopardize that satisfactory state of affairs and, in view of the problems presented by the rapid transport of many people from one country to another and by the possible existence of unreported foci, he considered that continued immunization was necessary until countries were able to maintain proper surveillance.

Dr VENEDIKTOV said that, thanks to the coordination of the efforts of WHO and its Member States, for the first time in history there were good prospects of eradicating smallpox. The success of the eradication campaign - which provided convincing proof of the value of the Organization's work - did not surprise him, since the method by which the disease could be eradicated had been known, the programme had been carefully organized and resolutely pursued, and financial resources (as well as large quantities of vaccine) had been made available. There had been a number of difficulties, such as those connected with the stability of the vaccines used, and methods of vaccination, but they had been overcome.

It was now safe to say that the programme was approaching its concluding phase. He noticed that in the budget estimates for 1974 the budgetary provision for smallpox eradication showed a considerable decrease - to which he was not opposed, since a reduction in funds frequently reflected an increase in efficiency. He had also noticed that between 1967 and 1973 the budgetary provision had not shown a continuous rise, but had varied according to the needs. That flexible approach might well be applied in other programmes.

He agreed with those members who had stressed that no relaxation of efforts could be permitted. If the programme did not receive the attention and the financial resources required, smallpox would return, just as malaria had done. Experts in his own country were concerned that some countries were contemplating the discontinuation of mass vaccination and considered that in most cases such a step would be premature and dangerous. Moreover, the efforts made to detect new foci of smallpox should continue unabated, measures should be taken to ensure that physicians in countries free from smallpox did not lose the ability to diagnose it, and if there were any problems on which research was needed, it should not be neglected. He noted that monkeypox virus was now considered not to be particularly dangerous; however the fact that it existed put the concept of smallpox eradication in a new light.

He also noted with satisfaction that a number of countries were carrying out BCG vaccination along with smallpox vaccination.

He was concerned at Professor Sulianti's reference to the need for maintaining the interest of staff engaged in the smallpox eradication campaigns. Those people's enthusiasm should not be allowed to wane, and every effort should be made to use them in other health programmes.

Finally, the smallpox eradication programme should not be considered an end in itself. The experience it had afforded should be used in other health programmes, for it had proved that it was possible to coordinate efforts and to organize an international programme successfully. He urged the Director-General to assemble and analyse all the data available from the programmes in the various countries, since it would be of immense value to experts and health administrators throughout the world.

Sir George GODBER, while agreeing that it was largely correct to continue routine vaccination, made an exception for those countries where smallpox was not endemic and where it was reasonably certain that imported cases could be quickly detected. Two suspect cases had been imported into the United Kingdom in 1972 and both had been detected, one by a general practitioner who had never seen the disease before. Ultimately, however, neither had proved to be smallpox. Before giving up routine vaccination, it was necessary to ensure that all general practitioners were taught to recognize the disease and that they were backed by consultants who had had actual experience of smallpox cases. It was also necessary to have an efficient laboratory. If those elements were present it was not, in his opinion, essential to expose infants to vaccination. No country was in a position to advise other countries on their policy in that respect. Each country had to assess its own position.

Dr BERNARD, Assistant Director-General, considered that the opinions expressed by the members of the Executive Board were fully in keeping with the line followed by the Director-General and his staff in the implementation of the programme. WHO's attitude was one of caution and prudence. At the present stage in the eradication campaign, vigilance and the maintenance of the highest level of immunity were vital. When smallpox had been eradicated, it was important to develop further immunization programmes and to reorient activities in that direction.

Dr RESTREPO considered that the nature of smallpox eradication programmes in different countries depended, to a large extent, on the local epidemiological conditions and the structure of the health services; but in general the maintenance of a high level of immunity was important. He asked for an explanation of the criteria applied in the allocation of funds to the programme, and for an estimate of the time required to achieve eradication on a global basis.

Dr HENDERSON (Smallpox Eradication), in reply to the comments made, said that Dr Lekie had underlined the principal danger - that of overconfidence, particularly on the part of countries that had become smallpox-free while still being in endemic areas. Overconfidence could lead to a relaxation of efforts. The WHO Expert Committee on Smallpox Eradication, meeting in 1971, had recognized the need to continue vaccination in most countries, but it had recognized also that a few might have adequate surveillance systems and a sufficiently low risk that introductions of smallpox might occur as to justify terminating routine vaccination. Many developed countries, however, in view of the fact that there had been vaccination programmes for many years - and of the problem of possibly having to restart a programme once it had been stopped - had decided to continue routine vaccination for the time being. In view of the recommendation of the Expert Committee that in virtually all countries continuing vaccination was important to maintain immunity, the budget estimates for 1974 reflected that fact. In smallpox-free countries, the need for the teams to undertake vaccination against other diseases was recognized, and such programmes had been started in many countries.

With regard to the frequency with which vaccination should be performed, Dr Henderson pointed out that the three-year validity of the International Vaccination Certificate was intended to provide as complete an assurance as possible that the traveller was adequately protected. It had been found that, even in endemic areas, 90% of cases were people who had never been vaccinated in their lives - a fact indicating that the efficacy and duration of immunity following vaccination was substantially greater than previously thought. Many countries had therefore adopted the policy of vaccinating children as early as possible and of revaccinating them on school entry to achieve a satisfactory level of immunity.

While it was true that the cases recorded in Africa had generally increased during the past six years, the statistics did not reflect the actual number of cases believed to have occurred. Studies indicated that in 1967 less than 1% of all cases in Africa were being officially recorded; while in 1972 most of the cases had occurred in Ethiopia, where at least 50% were being reported. Reporting was now good in all countries in Africa and the overall appraisal was reasonably reliable.

There were three conditions governing outbreaks of smallpox. First, there had to be an area of high endemicity to export the smallpox. If the incidence of smallpox in endemic areas were reduced, the risk of their exporting cases would obviously be less. Secondly, it had to be possible for smallpox to spread in the recipient country, and a high level of immunity served to retard the rapid spread of an outbreak. Thirdly, an outbreak needed time to become established; and thus the existence of a system of early detection and containment was most important.

The need for effective vaccination coverage of travellers, already mentioned, was a point that had to be emphasized. During the past five years, all cases introduced into Europe had been due to Europeans who had not been properly vaccinated in their own countries.

In September 1972, the final intensive phase of the smallpox eradication programme had been started. Goals had been established for the next six months, 12 months, 18 months, and 24 months. The final phase would demand an effort quite as great as had been expended hitherto. Support in many areas would have to be much greater. It was possible to be cautiously hopeful but the final goal was still far from certain.

Professor AUJALEU asked for clarification of the Secretariat's policy with regard to the continuation of vaccination. Dr Henderson had said that some countries, which had been carrying out vaccination for 150 years, were finding it difficult to change their policy. He thought that such countries must have good reasons for maintaining their point of view.

Dr HENDERSON (Smallpox Eradication) replied that it was, of course, clearly the responsibility of each country to determine its own policy on vaccination, based on the chances of cases being imported - and these were changing from year to year. Many developed countries, with good surveillance systems and now at much lower risk, were understandably reluctant to alter a longstanding and widely accepted vaccination policy, the more so as it would be difficult to restart a programme once it had been stopped. So long as smallpox persisted anywhere in the world, there was a risk that importations might occur. The programme could suffer setbacks, making the risk even greater. It would be important to follow the progress of the programme over the next few years.

Dr RAMZI said that, while it was true that each country was free to decide its own policy, he thought that the Organization should make recommendations in the common interest. Countries should not be left entirely without guidance as regards smallpox vaccination.

The DIRECTOR-GENERAL said that the Secretariat could provide the facts on the current situation but that it was for the Health Assembly to establish the policy. It was clear that different countries had different problems. The Health Assembly might recommend in principle that vaccination should be continued but could not force countries to continue vaccination campaigns against their wishes.

In answer to a point made by Dr Venediktov concerning the success of the eradication campaign, he said that one of the objects of all specialized campaigns was to stimulate the interest of governments and to help them to realize the importance of health matters in the economic and social development of the country. The final aim was not only to eradicate the disease but also to help the governments to develop their own permanent health services.

Professor SULIANTI said that, while it was true that only the Health Assembly could make recommendations, the Executive Board and the World Health Assembly should be given guidance by the Secretariat. It would be helpful if the Director-General's report contained information,

for example, on the risks of different countries exporting cases, on the risks of other countries importing cases, and on the duration of immunity.

The CHAIRMAN said that a resolution had been drafted and would be circulated for consideration later (see summary record of the eighth meeting, section 1).

EXECUTIVE BOARD

Fifty-first Session

SUMMARY RECORD OF THE EIGHTH MEETING

WHO Headquarters, Geneva
Friday, 19 January 1973, at 2.30 p.m.

CHAIRMAN: Dr J. L. MOLAPO

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Eighth Meeting

Friday, 19 January 1973, at 2.30 p.m.

Present	Designating Country
Dr J. L. MOLAPO, Chairman	Lesotho
Dr A. SÁENZ SANGUINETTI, Vice-Chairman	Uruguay
Dr N. RAMZI, Vice-Chairman	Syrian Arab Republic
Professor Julie SULIANTI SAROSO, Rapporteur	Indonesia
Dr Oudom SOUVANNAVONG, Rapporteur	Laos
Dr J. M. AASHI (alternate to Dr H. Abdul-Ghaffar)	Saudi Arabia
Dr Esther AMMUNDSEN	Denmark
Professor E. J. AUJALEU	France
Dr O. AVILÉS	Nicaragua
Dr T. BANA	Niger
Professor H. FLAMM	Austria
Mr Y. WOLDE-GERIMA	Ethiopia
Sir George GODBER	United Kingdom of Great Britain and Northern Ireland
Dr C. HEMACHUDHA	Thailand
Dr M. U. HENRY	Trinidad and Tobago
Professor A. M. KHOSHBEEN	Afghanistan
Dr R. LEKIE	Zaire
Dr R. MALDONADO MEJÍA	Ecuador
Dr Z. ONYANGO	Kenya
Dr G. RESTREPO CHAVARRIAGA	Colombia
Dr C. N. D. TAYLOR (alternate to the member of the Executive Board to be designated by New Zealand)	New Zealand
Professor J. TIGYI	Hungary
Professor R. VANNUGLI	Italy
Dr D. D. VENEDIKTOV	Union of Soviet Socialist Republics

Secretary: Dr M. G. CANDAU
Director-General

Representatives of the United Nations and Related Organizations

United Nations Relief and Works Agency for Palestine Refugees in the Near East	Dr M. SHARIF
United Nations Development Programme	Mr J. J. GRAISSE

Representatives of Other Intergovernmental Organizations

Intergovernmental Committee for European Migration	Dr C. SCHOU
Organization of American States	Miss B. SZASZKIEWICZ

Representatives of Nongovernmental Organizations

International Association on Water Pollution Research	Professor O. JAAG
International Committee of Catholic Nurses	Mrs E. VAN DER GRACHT-CARNEIRO
International Planned Parenthood Federation	Professor F. T. SAI
International Union against Tuberculosis	Dr D. R. THOMSON

Smallpox eradication

The CHAIRMAN drew attention to the following draft resolution, proposed by Sir George Godber, on the smallpox eradication programme:

> The Executive Board,
>
> Noting with gratification the progress of the smallpox eradication programme,
>
> 1. EXPRESSES
>
> (a) its deep gratitude to those countries which have been able to complete the eradication of endemic smallpox, to those still engaged in the effort to do so and to the WHO staff concerned; and
>
> (b) the expectation that all countries will maintain that combination of strict surveillance and vaccination appropriate to their circumstances;
>
> 2. RECOMMENDS that the maximum effort should be developed by the Organization and those countries where the disease is still endemic in order to complete eradication if possible by the end of 1975.

Dr VENEDIKTOV said he felt it inappropriate for WHO to express its gratitude to countries that had completed the eradication of smallpox, since such eradication was in those countries' own interests. The text should be amended accordingly.

Professor AUJALEU said he thought it over-optimistic to recommend that eradication be completed by 1975.

The CHAIRMAN ruled that, since substantial amendments had been proposed, there should be no further discussion of the resolution until an amended text had been circulated (see summary record of the ninth meeting, section 1).

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[1] Resolution EB51.R17.

EXECUTIVE BOARD

Fifty-first Session

SUMMARY RECORD OF THE NINTH MEETING

WHO Headquarters, Geneva
Saturday, 20 January 1973, at 9.30 a.m.

CHAIRMAN: Dr A. SÁENZ SANGUINETTI

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Ninth Meeting

Saturday, 20 January 1973, at 9.30 a.m.

Present	Designating Country
Dr A. SÁENZ SANGUINETTI, Vice-Chairman	Uruguay
Dr N. RAMZI, Vice-Chairman	Syrian Arab Republic
Professor Julie SULIANTI SAROSO, Rapporteur	Indonesia
Dr Oudom SOUVANNAVONG, Rapporteur	Laos
Dr Esther AMMUNDSEN	Denmark
Professor E. J. AUJALEU	France
Dr T. BANA	Niger
Professor H. FLAMM	Austria
Mr Y. WOLDE-GERIMA	Ethiopia
Sir George GODBER	United Kingdom of Great Britain and Northern Ireland
Dr M. U. HENRY	Trinidad and Tobago
Professor A. M. KHOSHBEEN	Afghanistan
Dr R. LEKIE	Zaire
Dr Z. ONYANGO	Kenya
Dr G. RESTREPO CHAVARRIAGA	Colombia
Dr C. N. D. TAYLOR (alternate to the member of the Executive Board to be designated by New Zealand)	New Zealand
Professor J. TIGYI	Hungary
Professor R. VANNUGLI	Italy
Dr D. D. VENEDIKTOV	Union of Soviet Socialist Republics

Secretary: Dr M. G. CANDAU
Director-General

Representatives of the United Nations and Related Organizations

United Nations Relief and Works Agency for Palestine Refugees in the Near East	Dr M. SHARIF
United Nations Development Programme	Mr J. J. GRAISSE

Representatives of Nongovernmental Organizations

International Association on Water Pollution Research	Professor O. JAAG
International Council on Alcohol and Addictions	Professor H. HALBACH
International Planned Parenthood Federation	Professor F. T. SAI, Mr P. Lamartine YATES
International Union of Pharmacology	Professor H. HALBACH

1. REVIEW OF THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1974: Item 3.4 of the Agenda (continued)

Report No. 3 of the Standing Committee on Administration and Finance

Smallpox eradication (continued from the eighth meeting, section 7)

The CHAIRMAN drew attention to the following revised text of the draft resolution on the smallpox eradication programme proposed by Sir George Godber:

The Executive Board,

Noting with gratification the progress of the smallpox eradication programme,

1. EXPRESSES

(a) its deep gratitude to those countries which have been able to complete the eradication of endemic smallpox, to those still engaged in the effort to do so, and to the WHO staff concerned; and

(b) the expectation that every country will maintain that combination of strict surveillance and vaccination appropriate to its circumstance;

2. RECOMMENDS that the maximum effort should be developed by the Organization and those countries where the disease is still endemic in order to complete eradication at the earliest possible time.

Decision: The resolution was adopted.[1]

[1] Resolution EB51.R26.