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No. 103

THIRTEENTH WORLD HEALTH ASSEMBLY

GENEVA, 3-20 MAY 1960

PART II

PLENARY MEETINGS
Verbatim Records

COMMITTEES
Minutes and Reports

WORLD HEALTH ORGANIZATION
PALAIS DES NATIONS
GENEVA

October 1960

MEMBERSHIP OF THE HEALTH ASSEMBLY

LIST OF DELEGATES AND OTHER PARTICIPANTS

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Dr M. ASSIF FAQUIRI, Central Director of Health Services, Ministry of Health

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[1] Admitted to membership on 4 May 1960 (resolution WHA13.2)

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[1] Chief Delegate from 6 May

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[1] Chief Delegate from 10 May

[2] Delegate from 10 May

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[1] Admitted to membership on 9 May 1960 (resolution WHA13.11)

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Delegates:

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[1] Chief Delegate from 10 May

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Dr A. F. LUJÁN, Counsellor, Permanent Delegation of Venezuela to United Nations Organizations in Geneva

YEMEN

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Mr Z. KABBANI, Minister and Permanent Representative of Yemen to the European Office of the United Nations (*Chief Delegate*)

Dr M. EL WAKIL, Counsellor, Permanent Mission of Yemen to the European Office of the United Nations

Dr D. BENTAMY, Counsellor, Permanent Mission of Yemen to the European Office of the United Nations

YUGOSLAVIA

Delegates:

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Dr R. GERIĆ, Deputy Secretary of Health (*Deputy Chief Delegate* [1])

Alternate:

Dr B. PETROVIĆ, Adviser, Secretariat of Health

Advisers:

Dr I. BRODAREC, Director, Central Institute of Hygiene, Zagreb

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Mrs S. MILIJANOVIĆ, Second Secretary, Secretariat of State for Foreign Affairs

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CYPRUS [3]

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GABON REPUBLIC [4]

Mr M. JOURDAN, Minister of Health

Mr THERRAROZ, Delegate of the Gabon Republic in Paris

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[1] Chief Delegate from 13 May

[2] Admitted to associate membership on 4 May 1960 (resolution WHA13.5)

[3] Admitted to associate membership on 4 May 1960 (resolution WHA13.4)

[4] Admitted to associate membership on 4 May 1960 (resolution WHA13.8)

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Mrs M. DILLON, FAO Office, Geneva

International Atomic Energy Agency

Professor R. JAEGER, Division of Isotopes

Mr B. SAUNDERS, Division of External Liaison

[1] Admitted to associate membership on 9 May 1960 (resolution WHA13.12)

[2] Admitted to associate membership on 4 May 1960 (resolution WHA13.6)

[3] Admitted to associate membership on 4 May 1960 (resolution WHA13.7)

[4] Admitted to associate membership on 4 May 1960 (resolution WHA13.10)

[5] Admitted to associate membership on 4 May 1960 (resolution WHA13.9)

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Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Canada, Ceylon, Czechoslovakia, Ecuador, Iraq, Italy, Liberia, Nicaragua, Pakistan, the Philippines, Spain and Sweden.

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Chairman: Dr A. L. MUDALIAR (India)

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The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the Chairmen of the main committees, together with delegates of the following Member States: Australia, Canada, El Salvador, France, Guinea, India, Iraq, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland.

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Under Rule 34 of the Rules of Procedure of the Health Assembly, each delegation was entitled to be represented on each main committee by one of its members.

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Vice-Chairman: Dr J. D. HOURIHANE (Ireland)

Rapporteur: Dr R. VERA LAMPEREIN (Chile)

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Administration, Finance and Legal Matters

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Secretary: Mr M. P. SIEGEL, Assistant Director-General

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Chairman: Dr R. VANNUGLI (Italy)

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

Secretary: Mr A. ZARB, Director, Legal Office

6. Smallpox Eradication Programme

Agenda, 2.6

Dr KAUL, Assistant Director-General, Secretary, introduced the Director-General's report, which had been prepared pursuant to resolution WHA12.54. The report was based on the information made available by the different countries as well as on that supplied by the regional offices. At the time when it had been prepared, a number of countries had not yet replied to the Director-General's request for information, so in some cases it might not be fully up to date.

The report described the control activities in countries where there had been persistent infection during the last few years, and it also summarized the assistance given by WHO. South-East Asia, Africa and parts of the Eastern Mediterranean Region were still the areas where smallpox remained endemic. The major focus of infection was in India and Pakistan. The Committee had already heard about the progress which India was making in developing a country-wide eradication programme. Pakistan had also expressed interest in planning such a programme. Steady progress was being made in the Region of the Americas, where Colombia and Ecuador remained the chief foci of the disease. In the Western Pacific Region, the disease was still prevalent in Cambodia and Viet-Nam. In Europe, smallpox did not exist or at least was not a public health problem. There were occasional small outbreaks following the introduction of the disease from other areas.

The report before the meeting analysed the difficulties which countries encountered in planning and carrying out eradication programmes—difficulties which were mainly financial and organizational. In many countries the health services were not sufficiently developed, and in the areas where the disease was endemic there was usually a shortage of trained staff and of transport facilities.

WHO had given assistance in planning programmes and in developing facilities for the production of vaccine. It was not the lack of vaccine which was holding up certain programmes but rather the shortage of personnel. Since the adoption of resolution WHA11.54, the technical feasibility of eradicating smallpox had been recognized. WHO

would continue to give high priority to assisting countries in the development of their eradication programmes. It must, however, remain basically the responsibility of the countries themselves to overcome the financial and organizational difficulties.

Dr DOUBEK (Czechoslovakia) expressed his full support for the smallpox eradication programme. He referred to the great progress made in 1959, particularly in India, and said that everything should be done to encourage similar programmes in other countries where they were needed. The experience gained in dealing with cases imported into Europe showed that it was essential to continue systematic vaccination even in the regions where smallpox no longer existed. He recommended that periodic international conferences should be convened to improve co-operation between laboratory and field workers and to promote the exchange of information.

Dr PARTOW (Iraq) said that, in conformity with the objective of eradication, a mass vaccination campaign had been started in his country on 1 August 1959. The aim had been to vaccinate the entire population within a period of six months. The country had been divided into three regions for the purpose of the campaign and considerable assistance had been received from the USSR in the form of vaccine, equipment and personnel. In the six-month period, 60 per cent. of the population had been vaccinated. If that figure was added to the 200 000 who had been vaccinated before the beginning of the campaign, the total number vaccinated amounted to 70 per cent. of the population. The result had therefore been encouraging and there had been no cases of serious complications as a result of vaccination. It had been impossible to complete the original programme in the time allotted because of transport difficulties and the inaccessibility of certain areas.

In conclusion, he expressed the view that eradication was feasible provided that there were proper facilities for the storage of the vaccine, adequate transport and good organization. The co-operation of the public could be ensured by preliminary measures of health education. The experience in his country had shown that women vaccinators were more successful than the men because they were granted access to people's homes more easily. It had also proved advisable to employ vaccinators who belonged to the region whenever possible.

Dr MOSHKOVSKY (Union of Soviet Socialist Republics) said that he had been glad to note the reduced incidence of smallpox in 1959. The report showed, however, that progress in controlling the disease was not sufficiently rapid. In order to achieve the final aim of eradication, further efforts must be made and WHO would have to give direct assistance to a number of countries. As an example of what could be done with outside assistance, he referred to the mass vaccination campaign which had been carried out in Iraq with the help of the USSR. Within a fairly short period of time, 85 per cent. of the population had been vaccinated.

The effectiveness of the measures in force in his country, where the disease had been eradicated in 1934, could be illustrated by the way the authorities had dealt with a case imported into the USSR in 1959. Within ten days, approximately ten and a half million people in the Moscow region had been vaccinated. To supplement the assistance given by WHO, his Government was prepared to consider sympathetically the question of supplying consultants, experts and equipment, in order to help countries where smallpox was still prevalent.

It should be possible to control the disease within four or five years and to achieve world-wide eradication in ten years. If that was to be achieved, however, efforts must not be confined to mass vaccination campaigns: measures should also be taken in countries where the disease was still prevalent to limit epidemics by early detection and isolation of cases. In countries where the disease had been eradicated, doctors should be trained in the epidemiology of the disease and a system of emergency vaccination should be kept in constant readiness. He fully supported the proposal by the delegate of Czechoslovakia that there should be periodic international conferences on the subject.

It should be borne in mind that the areas where smallpox was still prevalent were also apt to suffer from under-nourishment. Furthermore, they had many other diseases to contend with and difficult climatic conditions. It might therefore be desirable to conduct a special study of local conditions before starting a mass vaccination campaign. It would be useful to make a study of reactions to vaccination, which might vary according to the climatic or other local conditions. The factors which might make vaccination undesirable should also be studied and some research might be done into the nature of complications caused by vaccination and measures to prevent them. He also emphasized the value of research into chemotherapy for smallpox, since that was an aspect which had been neglected in the past.

The report showed the position in different countries with varying degrees of accuracy. He thought it would be advisable to organize special sample surveys so as to check the official statistics. WHO could provide assistance in that direction. Only with a full analysis of the morbidity figures would it be

possible to obtain a clear picture of the situation and to work out an effective eradication programme. His country had a long tradition in the study of vaccination against smallpox and was prepared to take an active part in the programme.

Dr MERLE (Cameroun) referred to a statement in he report that there were some remote areas of his country which had not been covered by vaccination campaigns, partly owing to their isolated location and to shortage of health personnel. He was glad to be able to report that that statement was now out of date. Since the information for the report had been collected, 80 per cent. of the population had been vaccinated, as part of a four-year pre-eradication programme. During the past three years, only twenty-three cases of smallpox had been notified, but a three-year eradication campaign had nevertheless been started in April 1960. His country had started that programme without waiting for assistance from WHO, but that did not mean to say that assistance would not be needed. In view of the importance of the problem, his Government had put all its efforts into an eradication programme. Other projects which were of secondary importance, but were nevertheless valuable, had therefore had to suffer.

Dr MORSHED (Iran) stated that some 18 600 000 persons had been vaccinated against smallpox in Iran during the three-year period 1957-1959; that was a little over 85 per cent. of the total population. Only a few villages, with a population of about 70 000 in all, remained to be covered during 1960. The mass vaccination campaign had been carried out by a staff of 230 vaccinators, 20 inspectors and 20 clerical workers, working under the supervision of the physicians in charge of the programme. The per capita cost of vaccination was six rials (about six United States cents). Lymph vaccine had been used and house to house visiting had been carried out to ensure total coverage.

Among the difficulties encountered were those caused by scattered population and mountainous terrain. The nomadic population had also presented a problem which had been overcome by taking steps to intercept moving groups on mountain pass roads. Effective measures in health education had made it unnecessary to use compulsory powers.

It was obvious that, for Iran to achieve eradication of the disease, the co-operation of neighbouring countries would be needed. It was also clear that the mountainous nature of the country had caused difficulties in regard to transportation.

He had noted with interest the remarks of the Soviet Union delegate on the smallpox vaccination programme carried out in Moscow. He would be interested to have from him any data that were available on postvaccinal complications, in particular the incidence of encephalitis.

Mr ZAAL (Netherlands) recalled that the Netherlands delegation to the Twelfth World Health Assembly had mentioned an extensive field trial, carried out on a group of 50 000 young adults, to obtain data on complications resulting from primary vaccination against smallpox. One group had been given gamma globulin with the vaccination and a second group a placebo. The incidence of postvaccinal encephalitis in the first group had been 1 in 17 500; in the second group 1 in 4000. The first was almost equal to the normal rate found among children under two years of age and the second was a normal one for persons over two years of age.

Dr ALAN (Turkey) stated that the Turkish delegation fully supported the smallpox eradication programme and hoped that WHO would take further steps to promote the production and utilization of the dried vaccine.

Dr KARUNARATNE (Ceylon) said that the eradication of smallpox was a matter of considerable importance for Ceylon. The disease was not endemic in Ceylon itself but existed in neighbouring countries. Accordingly, eradication programmes in those countries would considerably help the Ceylon public health authorities in their efforts to keep the country free of the disease. At the present time sporadic outbreaks due to importation of the disease occurred from time to time. Moreover, the prevalence of the disease in surrounding areas had compelled Ceylon to adopt severe quarantine measures and to enter reservations to the International Sanitary Regulations in regard to smallpox.

Vaccination against the disease had begun in Ceylon as long ago as 1802. Primary vaccination had now been compulsory for several decades. The mass primary vaccination of children had been started with specially trained staff but the work had now been merged with the general public health programme.

He was glad to note from the report before the Committee that satisfactory progress was being made in the eradication programme throughout the world. It was highly satisfactory, too, to know that WHO intended to continue to give high priority to the programme. He was sure that it would be possible to overcome the serious obstacles mentioned in the report and that eradication of the disease could be achieved within a specific period.

Lastly, the conference on smallpox eradication to be convened in the South-East Asia Region in September 1960 would, he was sure, prove of

immense value to health workers engaged in that work in the area.

Dr ASSIF FAQUIRI (Afghanistan) stated that Afghanistan had begun an eradication programme in 1959. Vaccination was now compulsory and within the past six months more than a million persons had been immunized. Afghanistan's climate made it essential to use the dried vaccine. The eradication plan was now complete and had received government approval. All that remained was for it to be submitted to WHO and he trusted that the Organization and UNICEF would provide the requisite technical and other assistance needed.

Dr SAUGRAIN (Central African Republic) referred to the section of the report relating to former French Equatorial and French West Africa, where it was stated:

> For many years mass vaccination campaigns have been systematically carried out in these areas, about 8 million vaccinations being performed each year for a total population of about 28 million. However, in spite of these efforts, and possibly due to the dispersion of populations and the difficulty in controlling movements over the borders of these large territories, smallpox has persisted in many of them.

That passage gave a pessimistic over-all picture, to the detriment of former French Equatorial Africa. It would in fact be seen from the table annexed to the report that sixteen cases of smallpox had been registered in that territory in 1959 as against 5608 cases in former French West Africa. Indeed, the Central African Republic had had no case of smallpox since 1954, as a result of the regular three-yearly vaccination campaigns covering more than 80 per cent. of the population that had been carried out since 1945—and that, despite the fact that the same obstacles to health control existed on its borders as elsewhere in the area.

The statement in the report to the effect that the majority of the new States of the former territories of French Equatorial and West Africa had expressed their willingness to carry out vaccination campaigns with the aim of eradicating the disease was rather misleading; the fact was that the majority of those territories had been carrying out periodic vaccination with eradication in view for about fifteen years. For instance, in 1959, some 511 960 vaccinations and revaccinations had been carried out in the Central African Republic in a total population of 1 170 000.

Dr ALVAREZ-FUERTES (Mexico) stated that the Mexican Government was placing two million doses of smallpox vaccine at the disposal of WHO to assist the eradication programme.

Dr SUVARNAKICH (Thailand) regretted to have to report that an epidemic of smallpox had occurred in Thailand in 1959. Periodic vaccination had been instituted many years ago in Thailand, but the fact that the disease had persisted despite all efforts had led to some laxity which might be blamed for the outbreak. Unfortunately, difficulties in transport and communications had hampered efforts to prevent the spread of the epidemic. Thanks to the help of WHO and UNICEF in setting up the necessary production facilities the country was producing enough of the freeze-dried vaccine to cover its needs; it greatly appreciated the help given by those two bodies.

A mass vaccination campaign was being planned to start in 1961 and it was hoped to achieve total vaccination of the population within three years. Unfortunately it was not possible to immunize the whole population in any single year, so there were always a number of children awaiting vaccination and that increased the risk of the disease spreading from imported cases. He would accordingly urge that all the countries of the area should start eradication programmes as soon as possible.

Dr MOSHKOVSKY (Union of Soviet Socialist Republics) thought that the figures given by the Netherlands delegate for the incidence of postvaccinal encephalitis were very high. In the Moscow mass vaccination campaign to which he had earlier referred, encephalitis complications had been much rarer. While he did not have the exact figures at hand, he was able to say that only some eighteen cases of postvaccinal encephalitis had occurred out of some 6 500 000 vaccinations. In other words, the rate had been approximately 3 to 1 000 000. The diagnosis of postvaccinal encephalitis was admittedly complex but the experience in Moscow was that its incidence was very small indeed.

Perhaps the delegate of Iraq could clear up a discrepancy in figures. According to the preliminary data that had been available to the Soviet Union delegation, some 85 per cent. of the total population of Iraq had been vaccinated in the recent campaign; the delegate of Iraq had mentioned a lower figure. He would also like to know the incidence of postvaccinal encephalitis that had occurred. According to the data he had, it was insignificant.

Mr ZAAL (Netherlands) repeated the figures he had given earlier on the incidence of postvaccinal encephalitis found in the tests carried out in his country. Difficulties in diagnosis might, of course, account

for variations in the rates established in different countries.

Dr AL-HAMAMI (Iraq) agreed that the occurrence of postvaccinal encephalitis in the Iraq campaign had been very low; unfortunately, he had no definite data at hand.

Dr KAUL, Assistant Director-General, Secretary, noting that no definite points requiring an answer had been raised in the discussion, expressed the Secretariat's gratitude at receiving more recent data on smallpox campaigns from a number of countries. WHO was sponsoring inter-regional conferences for the purpose of exchanging views and experience in regard to eradication programmes, such as that to be convened in 1960 for the Regions of South-East Asia, the Western Pacific and the Eastern Mediterranean. Further conferences of the kind would be organized in the future as and when needed.

A number of training courses on the production of dried smallpox vaccine were also being organized and some countries were receiving technical assistance in the matter, together with equipment.

There was no need for him to take up the individual suggestions made regarding research; many of the items mentioned were already being studied in different parts of the world and proposals for co-ordinating that research were under consideration.

The CHAIRMAN submitted the following draft resolution for the Committee's consideration:

The Thirteenth World Health Assembly,

Having considered the report of the Director-General on the progress of smallpox eradication programmes in the countries where the disease is still present;

Noting

(1) that progress is being made towards smallpox eradication in certain countries where effective steps have been taken;

(2) that eradication campaigns have, however, not yet started in other countries with endemic foci of the disease, owing to local administrative and financial difficulties; and

(3) that technical assistance for the planning and organization of eradication campaigns is being offered by the Organization to all countries concerned,

1. EMPHASIZES the urgency of achieving world-wide eradication;

2. URGES the health administrations of those countries which have not yet started eradication campaigns to make all efforts necessary to surmount the administrative and financial difficulties that may exist and to give the smallpox eradication programme the high priority it deserves;

3. REQUESTS the Director-General:

(1) to continue to provide under the programme and budget of future years for the assistance requested by national health administrations in organizing and developing smallpox eradication programmes and for all necessary activities to further this end;

(2) to report to the Fourteenth World Health Assembly on the progress of eradication programmes in all countries concerned.

Decision: The draft resolution was approved.[1]

[1] Transmitted to the Health Assembly in section 5 of the Committee's fourth report and adopted as resolution WHA13.53