OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 111

# FOURTEENTH WORLD HEALTH ASSEMBLY

NEW DELHI, 7 - 24 FEBRUARY 1961

## PART II

**PLENARY MEETINGS**
**Verbatim Records**

**COMMITTEES**
**Minutes and Reports**

WORLD HEALTH ORGANIZATION
GENEVA

September 1961

# MEMBERSHIP OF THE HEALTH ASSEMBLY

## LIST OF DELEGATES AND OTHER PARTICIPANTS

### DELEGATIONS OF MEMBER STATES

#### AFGHANISTAN

*Delegates:*

Dr A. R. HAKIMI, Director-General of Health Services, Ministry of Health (*Chief Delegate*)

Dr M. G. H. MAHER, Director of Central Health Services, Ministry of Health

#### ALBANIA

*Delegate:*

Dr C. PISTOLI, Deputy Minister of Health

#### ARGENTINA

*Delegates:*

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#### AUSTRALIA

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Dr H. E. DOWNES, Assistant Director-General of Health, Commonwealth Department of Health

Mr J. L. ALLEN, First Secretary, External Affairs Department, Australian High Commission, New Delhi

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*Secretary:*

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Mr M. K. KUTTY, Deputy Secretary to the Government of India, Ministry of Health

Mr D. J. BALARAJ, Deputy Secretary to the Government of India, Ministry of Health

Mr Krishna BIHARI, Deputy Secretary to the Government of India, Ministry of Health

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Dr P. R. DUTT, Assistant Director-General of Health Services

Dr K. C. PATNAIK, Assistant Director-General of Health Services

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*Secretary:*

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Mr G. RAFAEL, Ambassador Extraordinary and Plenipotentiary; Deputy Director-General, Ministry for Foreign Affairs

[1] Chief Delegate from 13 February

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Mr Yuichi SAITO, Counsellor and Chief Liaison Officer, International Affairs, Minister's Secretariat, Ministry of Health and Welfare

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Mr Chusaku NOMURA, Attaché, Embassy of Japan, New Delhi

### JORDAN

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### KUWAIT

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Dr A. R. AL YOUSUF ABDUL RAZZAK, Physician, Amiri Hospital (*Deputy Chief Delegate*)

Mr A. JARRAH, Inspector-General, Health Department

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Dr E. WAKIL, Director of Medical Care, Ministry of Health

### LIBERIA

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### LIBYA

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Dr L. D. KHATRI, Director-General, Ministry of Health

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Dr L. MOLITOR, Director of Public Health

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*Delegate:*

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### MALI

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Dr S. DOLO, Minister of Health

### MAURITANIA [1]

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Mr F. MALIC, Chief, Secretariat of the Minister of Health and Social Affairs

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*Secretary:*

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*Alternate:*

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### NIGER

*Delegates:*

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Dr L. TCHELLE, Physician, Niamey Hospital

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Mr J. O. OSUNTOKUN, Minister of Health, Western Nigeria

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Dr S. FRANKLIN, Chief Medical Officer, Western Nigeria

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*Secretary:*

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**SOMALIA**

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Dr H. R. AMBLER, Scientific Adviser, Office of the United Kingdom High Commissioner, New Delhi

Mr T. D. O'LEARY, First Secretary, Office of the United Kingdom High Commissioner, New Delhi

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[1] Admitted to associate membership on 20 February 1961 (resolution WHA14.18)

[2] Admitted to associate membership on 20 February 1961 (resolution WHA14.19)

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### 3. Smallpox Eradication Programme

Agenda, 2.5

Dr KAUL, Assistant Director-General, Secretary, introducing the item, said that it would be seen from the Director-General's report on the smallpox eradication programme that appreciable progress had been made in 1960 in intensifying the efforts for the global eradication of smallpox. Eradication campaigns of varying intensity were now in operation in the endemic areas in Asia, Africa and South America. The number of reported cases in 1958 (when there had been an unusually high incidence of the disease) had been 242 000, and the figure in 1959 had been 75 000—a distinct improvement. Preliminary figures for part of 1960 were some 45 000.

In the African Region an eradication campaign had been launched in 1960 in Northern and Southern Rhodesia and the mass vaccination campaign started in Portuguese Guinea in 1959 was still going on. But many countries and territories where the disease was still endemic had not yet planned eradication programmes, their efforts against the disease being still confined to control measures.

In the Americas the disease in endemic form was now limited mostly to Brazil and Ecuador. Brazil had approved a national plan for smallpox eradication and had started operations in a number of states.

In the Eastern Mediterranean Region, Iraq had conducted a mass vaccination campaign and Iran had completed the first phase of its eradication programme. Pakistan now had an eradication pro-

gramme ready for execution and a pilot project was being started in the eastern part of the country. Sudan had planned a four-year eradication scheme. Ethiopia, Saudi Arabia, and Yemen were endeavouring to intensify their control measures.

The disease was highly endemic in the South-East Asia Region. India had started a pilot project as a first step towards its eradication programme, a mass vaccination campaign was in progress in Pakistan, and Nepal had decided to set up a control pilot project. Thailand was launching a three-year eradication programme in 1961. Burma's planning for an eradication programme was being delayed pending the further development of its rural health services. Indonesia was envisaging the intensification of its control measures, particularly in the highly endemic areas of the country.

Smallpox had diminished substantially in the Western Pacific Region, so that most health authorities there found no need to develop eradication programmes. Malaya, which was exposed to importation of the infection with consequent frequent outbreaks, had not yet started an eradication programme.

The spread of smallpox because of international traffic had caused outbreaks in a number of countries. During the three years 1958, 1959 and 1960, smallpox had been imported into thirty countries, eighteen of which were otherwise free from the disease. Among those eighteen, smallpox had been imported into nine countries in 1958, thirteen in 1959 and three in 1960. A stricter enforcement of the International Sanitary Regulations in regard to smallpox was called for in all countries.

Dr KAMAL (United Arab Republic) found much to commend in the Director-General's report on the smallpox eradication programme. He had some comments to make, however, regarding the studies on the correlation between vaccination reactions and antibody levels at the time of vaccination, and on the infectivity of cases at different phases of the disease (referred to in *Official Records* No. 105, page 12), particularly as the results of those investigations had not yet been published.

It had been reported in late 1960, in the *American Journal of Hygiene*, that variola virus had been isolated from secretions of the oro-pharynx of infected chimpanzees, both during the latter days of the incubation period and during the pre-eruptive phase of the disease. That finding was at variance with all accepted thinking on the phases of smallpox and, if confirmed in man, would demand a change in control measures against the disease, both at the national and the international level. It was therefore essential that the matter should be investigated further and he suggested that one of the research institutes of India might be asked to do so, in collaboration with WHO.

The studies on antibody levels of reaction to vaccination were particularly welcome, as the practice regarding the number of insertions varied from country to country. In the United Arab Republic, a vaccination, to be recognized as positive, required three insertions, two of which had to be " takes ", whereas in other countries one insertion was made, and one " take " was considered adequate. He would suggest that the studies be pursued further to investigate the effect of multiple as compared with single " takes ", and the relationship between multiple or single " takes " and the degree of decline in immunity with the passage of time.

The impression was gained from the report that the mass vaccination campaign which was being carried out in the endemic areas would suffice to eradicate smallpox. Experience had already shown the fallacy of such a theory. A positive reaction to vaccination, even where it was recent, was not a sure guarantee against contracting the disease, as the outbreaks during the Second World War and subsequently had served to show. Perhaps the surest way to eradication of smallpox was by vaccination in childhood, with periodic revaccination thereafter.

Experience in his own country bore out the truth of that, since smallpox there had not begun to abate until systematic general revaccination of the population once every four years had been instituted in 1945. The work was carried out by a special service, operating under the public health department. The service was independent in that its staff had no other duties allotted to them. Every administrative section of the country had its own staff of vaccinators, etc.; each administrative section was divided into four sub-sections, and every year the population of one sub-section was revaccinated. Under that system, half the population at any given time had been revaccinated within the previous two years, which constituted a good margin of safety to prevent any imported infection from gaining a foothold.

Lastly, a word of warning regarding mass vaccinations. Where quantitative results were demanded from an operation, the qualitative results often suffered. Public health administrations should therefore take steps to have the results of their mass vaccination campaigns evaluated.

Dr CHADHA (India) said that the plans for eradication of smallpox in India had been based on the recommendations of an expert committee appointed by the Government. In essence, the programme envisaged the vaccination of the country's entire

population within a period of three years; the immunity level of the population would be maintained thereafter by primary vaccination in infancy and revaccination at the ages of six and fifteen.

The first phase of the programme had been the setting-up of pilot projects in each of the fifteen states, to work out the essentials for the eradication programme. The pilot projects would be completed by March 1961, by which time a total population of twenty million would have been covered. No untoward reactions had as yet been observed.

The importance of ensuring adequate machinery for the execution of the programme and for surveillance thereafter was recognized in India's programme. In each area a census would be taken of the population to be vaccinated and the data would be recorded in special family registers, together with the results of the vaccinations. The procedure would help to ensure the vaccination of as large a percentage of the population as possible and would provide adequate data on the potency of the lymph vaccine used. One central laboratory had been especially designated to test all the vaccine, to ensure that it was of adequate potency.

Although the liquid type of vaccine would be used, provision had been made to produce a freeze-dried vaccine at two laboratories, with equipment supplied by UNICEF. Steps were also being taken to train personnel for that work. In one of the pilot projects freeze-dried vaccine obtained through WHO had been used, with very satisfactory results.

The pilot projects had already yielded much valuable knowledge that would be of help in organizing the final eradication programme. The great importance of health education in order to secure the maximum of co-operation of the people had emerged clearly. The community development programmes were being used to that end. Many facets of the programme had been discussed at the inter-regional conference on smallpox, held in New Delhi in November 1960 under WHO auspices. The stage was now set for the final eradication programme, which would cover the entire population of over four hundred million.

With reference to the remarks of the delegate of the United Arab Republic, he confirmed that studies in respect of infectivity of smallpox cases had been carried out in Madras and the results were now awaited. Investigations carried out recently in India had brought to light the relationship of the scar areas to the ultimate immunity to variola. The data on that subject had been published in the *Journal of the Indian Public Health Association.* The practice of four insertions in primary vaccination and two in revaccination had been adopted in the Indian programme.

Dr QUIRÓS (Peru) considered the smallpox eradication programme as one of interest to all Member countries and not merely to those where the disease was endemic. Accordingly, the programme deserved the same full support from WHO as was accorded to the malaria eradication programme.

The fact that the number of smallpox cases had declined should not give rise to over-optimism, since the disease periodically broke out with greater virulence in the endemic areas as the number of persons lacking immunity accumulated.

The importance of eradication measures was emphasized nowadays by the growth in international traffic. No case of smallpox had occurred in Peru during the past five years, as a result of the measures taken to vaccinate the population in the rural areas, even in the most inaccessible parts of the country. Dried vaccine had been used in areas difficult of access and glycerinated vaccine in the towns.

Although WHO was engaged in promoting eradication programmes in the various countries, exact information was lacking on its own work on smallpox, and the proposed programme and budget estimates (*Official Records* No. 104) failed to show any specific allocations for that work. UNICEF, on the other hand, was giving help to a number of programmes. Also, although the number of countries where the disease still persisted was small, the endemic areas in the Americas were most extensive and in some cases difficult of access. For all those reasons, his delegation had submitted a draft resolution for the Committee's consideration which, if adopted, would strengthen WHO's action for the eradication of smallpox from the world.

The draft resolution read:

The Fourteenth World Health Assembly,

Having examined the Director-General's report on the smallpox eradication programme;

Considering that progress has been made in the programme, particularly as concerns the production of potent and stable vaccines; and

Noting, however, that this disease still represents an important problem in international travel, according to the reports of the WHO Committee on International Quarantine, that for this reason it is urgent to speed up the activities of the programme, and that in order to do so it is necessary to provide adequate material resources and advisory services,

1. REQUESTS the Director-General to allocate in the budget of the Organization specific funds for

carrying out smallpox eradication on the basis of a programme which should be drawn up as soon as possible, and to arrange for the participation of UNICEF in implementing this programme;

2. RECOMMENDS that those countries which have not yet done so should start their eradication programmes as soon as possible; and

3. URGES those countries more economically advanced to make voluntary contributions in cash or in kind so as to increase the funds of the WHO Special Account.

Dr Ataur RAHMAN (Pakistan) said that smallpox was highly endemic in Pakistan; the average number of deaths over the past three years had been 10 000 in East Pakistan alone. Positive action to eradicate the disease was therefore considered imperative. Routine mass vaccination campaigns in the past had not brought about the desired result, owing largely to loss of potency in the vaccine used. For financial and technical reasons it was neither possible nor feasible to arrange for cold storage of the vaccine in rural areas, and accordingly Pakistan would be relying on freeze-dried vaccine for its campaign, which would be starting in 1961. A pilot project had already begun in East Pakistan, the plans for which had been prepared with WHO help; the aim was to vaccinate 6 500 000 persons in areas where the disease was most rife.

Since the dried vaccine was an essential requirement for eradication campaigns in tropical areas, it was unfortunate that concise information on sound methods of production was not available. It would be of great value if WHO would undertake to produce a pamphlet guide on the matter. Secondly, he would like to know whether any comparative study had been made on the relative value of the chick-embryo and the calf vaccine, since Pakistan found difficulty in obtaining the calves needed for vaccine production. Thirdly, was it necessary that primary vaccination should be made at four points and secondary vaccination at two points? Pakistan was following that procedure at the moment, but it was important that WHO should prescribe a standard procedure.

Dr BUTROV (Union of Soviet Socialist Republics) said that the commendable success achieved in the world smallpox eradication programme should not make the Committee forget that progress in many individual countries had actually slowed down. It seemed, moreover, that WHO and its regional offices were not giving the problem all the attention that it deserved. In Part II of the Annual Report for 1960, for example, the chapter on the Eastern Mediterranean Region was the only one where the matter was dealt with at all seriously. The chapter on South-East Asia, where there were important endemic foci, and the chapters on Africa and the Americas, did not contain any reference to smallpox. In the opinion of his delegation smallpox eradication should be the subject of a separate chapter, as was malaria eradication; to group smallpox with other virus diseases for which no one had even suggested a world eradication programme did not give a proper idea of its importance and would not provide the necessary stimulus to governments and to public opinion.

It was essential to give greater attention to evaluating the control measures used with a view to increasing their effectiveness. In view of the importance of smallpox eradication for the welfare of the entire world, particularly the newly independent countries, and considering the increased danger of propagation that resulted from modern developments in transport, it was important that both WHO and national authorities, instead of relaxing their efforts, should intensify them.

To that end his country was ready to give assistance in the form of qualified personnel and particularly vaccines. Unfortunately, of the twenty-five million doses already offered, WHO had so far arranged for the utilization of only half a million (which had been sent to Afghanistan), while a further thirty thousand were to be employed in Yemen. The vaccine produced in the Soviet Union, despite certain divergences from the standards laid down by the WHO Study Group on Requirements for Smallpox Vaccine,[1] had proved very valuable both for routine use and, more particularly, in the emergency mass vaccination carried out during 1960, when it had provided a high degree of protection with a very low incidence of encephalitis. Similarly, since it had been used in Iraq for mass vaccination with the help of Soviet technicians there had not been a single case of smallpox. The vaccine had recently been submitted to further laboratory testing which had confirmed that it combined high immunogenic qualities with the encephalitogenic risk well within permissible limits.

As his delegation had pointed out at the Thirteenth World Health Assembly, it was essential to combine protective vaccination with other measures, such as the use of antivaccinia gamma-globulin, a study on which was provided for in WHO's programme for 1962. Trials on animals in Moscow had given excellent prophylactic and therapeutic results. It was only by combining all methods and pooling the

[1] *Wld Hlth Org. techn. Rep. Ser.*, 1959, **180**

efforts of all Member countries that eradication of smallpox could be achieved rapidly.

Dr PATIÑO-CAMARGO (Colombia) said that, as his country was coming to the end of its smallpox eradication programme, it might be useful to give the Committee a brief account of what had been achieved.

Up till 1954, when the programme (in which UNICEF and WHO were assisting) had begun, there had been about 7000 cases of the disease each year. The object of the programme had been to train the necessary personnel, produce vaccine of adequate quality, and vaccinate, on a house-by-house basis, 80 per cent. of the population, which then stood at 13 500 000.

So far 73 per cent. of the population had been vaccinated, at a rate of 70 vaccinations per staff member per day, and at at a cost of US $0.08 per vaccination. The quality of the vaccine produced by the national laboratory was very high, as a 10 per cent. sample of persons vaccinated showed 93 per cent. successful results. Lyophilized vaccine was used because the transport difficulties made liquid vaccine unsuitable.

There remained about a million and a half persons to be vaccinated, and it was hoped that that would be achieved during the latter part of 1961, after which the work would have to be integrated into the routine procedures of the urban and rural health centres and a system of surveillance would have to be instituted.

Very good co-operation had been established with neighbouring countries in frontier areas.

Dr MORSHED (Iran) said he had intended to make certain comments but they had all been covered by the remarks of the delegate of the United Arab Republic.

Dr DOUBEK (Czechoslovakia) said that, as pointed out in the Director-General's report, there had been in certain African countries more new cases of smallpox during the first nine months of 1960 than in the corresponding period of 1959. It was therefore essential to provide those countries with greater assistance in dealing with their indigenous cases. At the same time, as certain governments had already requested, those countries in which there were foci of smallpox should exercise greater vigilance to ensure that persons proceeding abroad had properly valid vaccination certificates.

At present, certain governments ignored the information provided by WHO and themselves gave inaccurate information to travellers. For example, the United States of America required travellers to and from Czechoslovakia to undergo vaccination, though no case of the disease had been registered in his country since 1925.

Dr ARNAOUDOV (Bulgaria) said that, as world eradication of smallpox required all populations to be immunized against the disease, his Government was carrying out regular vaccination campaigns, although there had not been a case of smallpox in Bulgaria for over forty years. A special effort had been made in recent years to cover the entire population, particular attention being paid to the current migration from rural to urban areas consequent on industrialization.

His Government had offered WHO a million doses of dried vaccine and trained personnel to administer it, but, like the Government of the Union of Soviet Socialist Republics, it was still waiting to hear from the Director-General in which countries that assistance was to be utilized.

Dr DIKKO (Nigeria) said that in his country smallpox was endemic, with occasional epidemic outbreaks resulting in considerable mortality. The extent of the problem varied according to the region: for example, in 1960 there had been over a thousand cases, with 150 deaths, in the north, but very few cases in the south. Mass vaccination was proceeding smoothly and excellent results were being obtained, both with imported vaccine and with the local dried product. The aim was to vaccinate 80 per cent. of the population, and in some areas the figure of 90 per cent. had already been reached. The dried vaccine had proved particularly useful in the north, where the climate, as well as transport and storage difficulties, made liquid vaccine unsuitable.

His Government was happy to have been able to accommodate participants from eight African countries in October 1960 at a course in Lagos on the production of freeze-dried vaccine and would welcome similar participation at future courses.

Dr PIROSKY (Argentina) said that, if Jenner could come back to life, he would be astonished that 150 years after his discovery of vaccination smallpox was still not eradicated. Something was clearly wrong and both WHO and national governments must share the responsibility. Drastic action must be taken to solve once and for all one of the world's most serious health problems.

What had in fact been done? It was true that the number of cases had decreased, as was shown in the Director-General's report, but in the case of a pestilential disease like smallpox that was not enough. In the Americas, PAHO was trying to stimulate national eradication programmes but, in spite of all

that had been done, including the high-level technical conference held in Lima in 1956, smallpox remained endemic in many parts of the Region. His own Government had decided to launch an eradication programme, beginning with a large-scale seminar in 1957 at which each province undertook to launch its own project. Unfortunately it was soon found that the provincial programmes were not being effectively carried out under national auspices any more than national programmes were being effectively implemented under international auspices. In 1960 therefore, his Government had adopted a new approach, concluding with each of the provincial governments a bilateral agreement in which all the technical procedures were laid down in detail, especially vaccination techniques, since even the best vaccine would not give satisfactory results unless such matters as correct temperature were attended to. Furthermore, for every vaccination team a testing team was provided, which greatly increased the cost of the programme but was essential to ensure that 80 per cent. of the population was successfully vaccinated.

He would be disappointed if the decisions of the present Assembly did not result in really effective measures to eliminate smallpox as an international public health problem. One useful step might be for groups of neighbouring countries to set up working bodies to supervise the co-ordinated implementation of eradication programmes on all their territories.

Dr MURRAY (Union of South Africa) said that two incidents that had occurred in his country during 1960 had resulted in forty or fifty cases of smallpox. In the first incident, which had occurred in January and February, the cases had been mild and had therefore not been diagnosed for more than a month; it was not therefore possible to establish the source of infection, but it could well have come from abroad.

The second incident had occurred in November at one of the dispersal depots from where African mine-workers recruited in the Union and in neighbouring countries were sent to the work places they had chosen. The first case had been a recent arrival from Nyasaland, from where travel was normally by air and then by train. The interesting feature of the incident was that prospective mine employees were stated to be vaccinated at a number of different points, the first being the point at which they were recruited. During the vaccination of the contacts at the dispersal depot, out of 7000 persons 1000 had shown no sign of successful primary vaccination. It appeared that at some of the points at which they were vaccinated only one insertion was made and at others two. The reason for the lack of take—low potency of the vaccine or faulty technique, for example—had still been under investigation when he had left to attend the Assembly.

In view of those incidents his Government had had reluctantly, and it hoped only temporarily, to reintroduce the requirement for travellers entering the country to be in possession of vaccination certificates.

Dr QUANA'A (Ethiopia) said that smallpox control activities in his country had lately been dormant, as the requirements set out in section 2 of the Director-General's report [1] were not fulfilled. Moreover, as the delegate of Argentina had pointed out, close technical supervision was essential to ensure that vaccination was properly carried out, and Ethiopia, like most under-developed countries, had to rely mainly on auxiliary personnel. However, since the beginning of 1961 the dormant phase was coming to an end, dried vaccine production had got under way, and trained auxiliary personnel were ready to go out into the rural areas.

Dr SOEPARMO (Indonesia) said that his Government had not undertaken a smallpox eradication programme, since the fact that the country consisted of numerous islands created transport problems, as pointed out in the Director-General's report. Nevertheless considerable efforts were being made to control the disease by widespread vaccination, particularly in the coastal areas, where infection could easily be carried from one island to another. In addition, constant control and testing activities were carried out in the various health centres and clinics. Exact figures for his country had been given at the smallpox conference held in New Delhi in 1960. His Government was considering even introducing compulsory vaccination, if necessary. It considered it urgently necessary that smallpox should be eradicated and asked WHO to give a high priority to the matter.

The SECRETARY, referring to points raised during the discussion, emphasized that the report before the Committee was not the first, but the third, on the smallpox eradication programme. The fact that many problems still remained explained to some

[1] These requirements were that (*a*) there should be an adequate organization for the campaign; (*b*) medical and paramedical personnel should be trained for the campaign and transport should be provided for them; (*c*) appropriate types of vaccine should be available in sufficient quantities to cover the entire population; (*d*) a nation-wide appeal, with health education, should be made to obtain the full co-operation of the people; (*e*) the administrative and technical structure of the health services should allow of adequate follow-up, control and surveillance measures after the completion of the campaign.

extent why the programme was progressing so slowly, and why indeed the Health Assembly itself had hesitated for some years before deciding to launch a campaign.

He recognized the value of some of the suggestions and comments made during the debate on questions of epidemiology, immunology, number of insertions, quality of vaccines, etc. Study on some of those aspects was at present being conducted at various national laboratories—the delegate of India had mentioned some of them. He also agreed with the emphasis placed by delegates on the evaluation of field programmes with a view to detecting deficiencies and making the work as rapid and effective as possible. Meanwhile, the fact that many programmes were making good progress was encouraging.

The Health Assembly had already, in resolution WHA12.54, requested the Director-General to give the necessary support to national smallpox eradication programmes and to include appropriate provision in the budget estimates, so no new authorization was needed. The form in which assistance was given depended on the stage that each country's programme had reached and its requests. At present WHO was assisting in fundamental research on outstanding problems, stimulating exchange of knowledge and experience by seminars and other meetings and, on request, providing specialized staff to assist any national programmes. It was also helping in the production of vaccines, especially the freeze-dried type, and in particular had laid down, through its expert groups, recommended production methods, details of which were available to all governments and would be provided to any delegation at the present Assembly which did not yet have them.

One of the main comments during the debate had concerned the utilization by WHO of the smallpox vaccine offered by one government. The Executive Board at its twenty-second session had requested the Director-General to ensure that vaccine accepted for use in the eradication programme was of acceptable quality and the requirements that the vaccine should meet had been laid down by a WHO study group. When samples of the vaccine offered by the Soviet Union had been tested in accordance with that directive it had been found that, while it had quite high immunogenic qualities, as the Soviet Union delegate had said, and had been widely used with good results in the USSR and elsewhere, it did not meet all the detailed requirements. A circular had therefore been sent to governments explaining the position and stating that the vaccine was available if they wished for it. In reply, two requests had been received and the vaccine had been duly forwarded. Any other requests would be met in the same way.

With regard to the draft resolution submitted by the delegation of Peru, he had already reminded the Committee that a resolution of the Twelfth World Health Assembly empowered the Director-General to provide for assistance to governments for smallpox eradication. Furthermore, UNICEF was already assisting. He therefore suggested that in paragraph 1 of the draft resolution the words " continue to " might be inserted before the word " allocate " and the word " increased " before the words " participation of UNICEF ".

Dr QUIRÓS (Peru) said that the purpose of his draft resolution was to provide that WHO should not merely give assistance to governments for smallpox eradication but should give it as part of a well-defined global eradication programme like the programme that existed in the case of malaria. There should be a specific programme and budget for smallpox eradication, as there was for malaria eradication.

Regarding the participation of UNICEF in the programme, he accepted the amendment suggested by the Secretary.

The CHAIRMAN asked whether he had rightly understood that the delegate of Peru was calling for a separate budget for smallpox eradication, at a time when it had been decided that the budget for malaria eradication was to be merged over the next three years into the regular budget.

Dr QUIRÓS (Peru) said he wished only that the proposed programme and budget estimates should show clearly that a particular sum was to be appropriated for smallpox eradication in any given year. He was not asking that that sum should not form part of the regular budget, only that it should be separately shown.

The SECRETARY observed that provision for assistance in smallpox eradication at present appeared in various parts of the budget, according to the manner in which the assistance was given: assistance to individual governments under the regions, centralized advisory services under the headquarters budget, and so on. It would not be impossible to show all such provisions in one place, but it would be difficult and he did not see what purpose it would serve. It would not be possible to set aside a specific sum for smallpox eradication in a given year because, as he had said, the assistance given to individual governments depended on their requests.

Apart from the regular budget there existed, as a sub-account of the Voluntary Fund for Health Promotion, a fund for smallpox eradication in which all voluntary contributions were included. So far they had all been in the form of vaccine.

Dr BUTROV (Union of Soviet Socialist Republics) regretted that the explanation given by the Secretary did not satisfy him. It was difficult to maintain that everything was well with the smallpox eradication programme when it was admitted that in a large number of countries the disease was still a serious problem. His country had developed a vaccine which, though it did not meet certain detailed requirements, had been recognized to be of high quality and had been used with success on a large scale. It had put a large quantity of that vaccine, and staff to administer it, at the disposal of WHO for use in national vaccination campaigns, but nothing was being done to make use of it. How could it then be maintained that every available means was being employed to ensure the success of the eradication programme?

The SECRETARY said his explanation had perhaps not been clear. The utilization of any gift of vaccine depended on requests from governments. The vaccine offered by the Soviet Union Government, though of high quality, had not met all the specifications of the WHO study group, but in spite of that fact the Director-General had sent a circular to all Member States which he knew were in need of vaccine informing them of its availability and specifying its characteristics. Some requests had been received and were being met, and if any more were received they would also be met. Every effort was made to make use of all assistance offered and distribute all contributions received.

Dr PIROSKY (Argentina) said he realized that WHO's normal policy was to encourage action by governments and assist them on request, but in the case of a pestilential disease like smallpox he considered that the Organization should take a more drastic initiative, otherwise a problem that could be solved would remain unsolved as at present.

Dr KAMAL (United Arab Republic) proposed that paragraph 1 of the draft resolution proposed by the delegate of Peru be deleted, that paragraphs 2 and 3 be re-numbered 1 and 2, and that a new paragraph 3 be added reading:

> 3. REQUESTS the Director-General to report further to the Fifteenth World Health Assembly.

Dr QUIRÓS (Peru) accepted the proposed amendment.

*Decision:* The draft resolution, as amended, was approved.[1]

[1] Transmitted to the Health Assembly in section 5 of the Committee's fourth report and adopted as resolution WHA14.40