

OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION

No. 119



FIFTEENTH
WORLD HEALTH ASSEMBLY

GENEVA, 8 - 25 MAY 1962

PART II

PLENARY MEETINGS

Verbatim Records

COMMITTEES

Minutes and Reports

WORLD HEALTH ORGANIZATION

GENEVA

November 1962

MEMBERSHIP OF THE HEALTH ASSEMBLY

LIST OF DELEGATES AND OTHER PARTICIPANTS

DELEGATIONS OF MEMBER STATES

AFGHANISTAN

Delegates:

- Dr A. RAHIM, Acting Minister of Public Health
(*Chief Delegate*)
Dr M. G. H. MAHER, Director-General of Health
Services, Ministry of Public Health
Dr A. S. SERAJ, Director of Medical Legislation,
Ministry of Public Health

Alternates:

- Dr B. W. ROYALL, Chief Medical Officer, Australian
Embassy in the Netherlands
Dr A. M. MCARTHUR, Commonwealth Department
of Health, Hobart, Tasmania
Mr P. G. F. HENDERSON, First Secretary, Per-
manent Mission of Australia to the European
Office of the United Nations

ALBANIA

Delegates:

- Dr D. OHRI, Deputy Minister of Public Health
(*Chief Delegate*)
Dr S. KLOSI, Director, Tirana General Hospital

AUSTRIA

Delegates:

- Dr K. SCHINDL, Director-General of Public Health,
Federal Ministry of Social Affairs (*Chief Delegate*)
Dr R. HAVLASEK, Chief, Health Legislation Depart-
ment, Federal Ministry of Social Affairs

ARGENTINA

Delegates:

- Dr V. V. OLGUÍN, Director, International Health
and Welfare Relations, Ministry of Social Welfare
and Public Health (*Chief Delegate*)
Dr M. R. PICO, Envoy Extraordinary and Minister
Plenipotentiary; Permanent Representative of
Argentina to International Organizations in
Geneva

Adviser:

- Dr F. J. PULIT, Embassy Secretary; Member of the
Permanent Mission of Argentina to International
Organizations in Geneva

BELGIUM

Delegates:

- Dr J. F. GOOSSENS, Secretary-General, Ministry of
Public Health and Family Welfare (*Chief Delegate*)
Dr M. KIVITS, Deputy Inspector-General of Health,
Ministry of Foreign Affairs and Trade
Mr J. DE CONINCK, Assistant Counsellor; Chief,
International Relations Department, Ministry of
Public Health and Family Welfare

Advisers:

- Mr E. LOTZ, Permanent Delegate of Belgium to the
European Office of the United Nations
Mr M. HOULLEZ, Deputy Permanent Delegate of
Belgium to the European Office of the United
Nations

AUSTRALIA

Delegates:

- Dr W. D. REFSHAUGE, Director-General of Health,
Commonwealth Department of Health (*Chief
Delegate*)
Mr R. W. FURLONGER, Permanent Representative
of Australia to the European Office of the United
Nations
Dr R. C. WEBB, Chief Medical Officer, Australia
House, London

BOLIVIA

Delegate :

- Mr H. MORENO CÓRDOVA, Envoy Extraordinary and
Minister Plenipotentiary; Permanent Represent-
ative of Bolivia to the European Office of the
United Nations and International Organizations
in Geneva

BRAZIL*Delegates:*

Dr H. M. PENIDO, Superintendent, Special Public Health Service (*Chief Delegate*)

Dr G. C. CARVALHO

BULGARIA*Delegates:*

Dr P. V. KOLAROV, Minister of Public Health and Welfare (*Chief Delegate*)

Dr D. K. ARNAOUDOV, Secretary-General, Ministry of Public Health and Welfare

Mr G. GAVRILOV, Secretary, Permanent Representation of Bulgaria to the European Office of the United Nations and the International Organizations

Adviser:

Dr E. CHARANKOV, Director, Department of Psychiatry

BURMA*Delegates:*

Dr PE KYIN, Director of Health Services (*Chief Delegate*)

Dr NE WIN, Medical Superintendent, Mental Hospital, Rangoon

Dr BA TUN, District Health Officer

CAMBODIA*Delegates:*

Dr THOR PENG THONG, Director of Health Services (*Chief Delegate*)

Mr KEO PHANN, Director, Malaria Eradication Service

CAMEROON*Delegates:*

Dr S. P. TCHOUNGUI, Minister of Public Health and Population (*Chief Delegate*)

Dr J. C. HAPPI, Director, East Cameroon Public Health Service

Dr R. E. ARETAS, Technical Adviser, Ministry of Public Health and Population

CANADA*Delegates:*

Dr G. D. W. CAMERON, Deputy Minister of National Health and Welfare (*Chief Delegate*)

Dr B. D. B. LAYTON, Principal Medical Officer, International Health Section, Department of National Health and Welfare (*Deputy Chief Delegate*¹)

Dr J. SAUCIER, Professor of Neurology, University of Montreal

Alternate:

Dr M. R. ELLIOTT, Deputy Minister of Health, Province of Manitoba

Advisers:

Mr S. C. H. NUTTING, Department of External Affairs

Mr W. E. BAUER, Permanent Mission of Canada to the European Office of the United Nations

Miss L. GAUTHIER, Third Secretary, Permanent Mission of Canada to the European Office of the United Nations

CENTRAL AFRICAN REPUBLIC*Delegate:*

Mr P. MARADAS-NADO, Minister of Health

Adviser:

Dr J. A. L. SAUGRAIN, Director, Department of Endemic Diseases Control

CEYLON*Delegates:*

Mr R. S. S. GUNWARDENE, High Commissioner for Ceylon in the United Kingdom of Great Britain and Northern Ireland (*Chief Delegate*)

Dr W. A. KARUNARATNE, Director of Health Services

CHAD*Delegate:*

Dr J. GOURTAY, Chief Medical Officer, Department of Endemic Diseases Control

CHILE*Delegates:*

Mr C. RICCIO, Minister Plenipotentiary; Permanent Delegate of Chile to International Organizations in Geneva (*Chief Delegate*)

Mr C. FRANZ, Consul of Chile in Geneva

¹ Chief Delegate from 9 May.

CHINA

Delegates:

- Mr P. N. CHENG, Minister Plenipotentiary; Permanent Representative of China to the European Office of the United Nations (*Chief Delegate*)
- Dr C. K. CHANG, Director, Department of Health Administration, Ministry of Interior
- Dr C. H. YEN, Commissioner of Health, Province of Taiwan

Adviser:

- Mr M. DING, First Secretary, Permanent Mission of China to the European Office of the United Nations

COLOMBIA

Delegate:

- Dr A. DE ANGULO, Minister of Public Health

CONGO (Brazzaville)

Delegates:

- Mr R. D. KINZOUNZA, Minister of Public Health and Population (*Chief Delegate*)
- Dr H. SAMBA DEHLOT, Director of Public Health and Population

CONGO (Leopoldville)

Delegates:

- Mr G. KAMANGA, Minister of Public Health (*Chief Delegate*)
- Dr M. TSHIBAMBA, Director of Hygiene and Maternal and Child Health Services, Ministry of Public Health
- Dr F. ILUNGA, Médecin des hôpitaux

CUBA

Delegates:

- Dr M. ESCALONA REGUERA, Under-Secretary, Ministry of Public Health (*Chief Delegate*)
- Dr E. FONT D'ESCOUBET, Regional Director, Ministry of Public Health
- Mr E. CAMEJO-ARGUDÍN, Ambassador; Head of the Permanent Mission of Cuba to the European Office of the United Nations and other International Organizations in Geneva

CYPRUS

Delegate:

- Dr V. P. VASSILOPOULOS, Director-General, Ministry of Health

CZECHOSLOVAKIA

Delegates:

- Dr J. PLOJHAR, Minister of Health (*Chief Delegate*)
- Dr Z. ŠTICH, First Vice-Minister of Health (*Deputy Chief Delegate*)
- Dr B. DOUBEK, Head, Secretariat of the Minister of Health

Advisers:

- Mr I. HULINSKÝ, Third Secretary, Permanent Mission of Czechoslovakia to the European Office of the United Nations
- Mr A. PLEVA, Ministry of Foreign Affairs

DAHOMEY

Delegate:

- Dr Z. S. GANGBO, Technical Adviser, Ministry of Health, Population and Welfare

DENMARK

Delegates:

- Dr Esther AMMUNDSEN, Director-General, National Health Service (*Chief Delegate*)
- Dr O. ANDERSEN, Professor at the University of Copenhagen (*Deputy Chief Delegate*)
- Mr J. H. ZEUTHEN, Permanent Under-Secretary of State, Ministry of the Interior

Advisers:

- Dr O. LUND, Chief Physician, Vordingborg State Hospital
- Mr F. NIELSEN, Assistant Chief of Section, Ministry of the Interior

DOMINICAN REPUBLIC

Delegate:

- Mr F. A. M. NOELTING, Honorary Consul-General of the Dominican Republic in Geneva

ECUADOR

Delegate:

- Dr J. A. MONTALVÁN C., Director, National Institute of Hygiene

EL SALVADOR

Delegates:

- Dr M. E. AGUILAR G., Under-Secretary of State for Public Health and Social Welfare (*Chief Delegate*)
- Mr A. AMY, Consul-General of El Salvador in Geneva

ETHIOPIA

Delegates:

- Mr Y. TSEGHÉ, Vice-Minister, Ministry of Public Health (*Chief Delegate*)
 Mr F. WOLDE YOHANNES, Assistant Minister, Ministry of Public Health
 Dr Y. WORKNEH, Deputy Director, Haile Selassie I Hospital

FEDERAL REPUBLIC OF GERMANY

Delegates:

- Dr Elisabeth SCHWARZHAUPT, Federal Minister of Health (*Chief Delegate*)
 Dr J. STRALAU, Ministerial Director, Federal Ministry of Health (*Deputy Chief Delegate*)
 Dr Maria DAELEN, Director, International Relations Section, Federal Ministry of Health

Alternates:

- Mr H. C. VON HARDENBERG, Minister Plenipotentiary; Permanent Observer of the Federal Republic of Germany to the European Office of the United Nations; Permanent Delegate to the International Organizations in Geneva
 Dr F. BERNHARDT, Chief, Medical Sub-Division and Legal Section, Federal Ministry of Health
 Professor E. G. NAUCK, Director, Institute of Tropical Medicine, Hamburg

Advisers:

- Dr W. SCHMELZ, Head, Public Health Division, Bavarian State Ministry of the Interior
 Dr H. EHRHARDT, Professor of Psychiatry, University of Marburg
 Dr R. BERENSMANN, Secretary, Federal Medical Association, Stuttgart
 Dr Annemarie DÜHRSEN, Director of Children's Department, Central Institute for Mental Health, Berlin
 Dr A. BOROFFKA, Chief Psychiatrist, Yaba Mental Hospital, Lagos
 Dr T. SCHMITZ, Consul of the Federal Republic of Germany in Geneva

FEDERATION OF MALAYA

Delegates:

- Dr M. DIN BIN AHMAD, Director of Medical Services (*Chief Delegate*)
 Dr M. SUBRAMANIAM, Acting Psychiatric Specialist
 Mr E. J. MARTINEZ, Senior Medical Records Officer

FINLAND

Delegates:

- Professor N. N. PESONEN, Director-General, National Medical Board (*Chief Delegate*)
 Dr A. P. OJALA, Chief, Public Health Division, National Medical Board

Secretary:

- Mr H. KALHA, Attaché, Permanent Delegation of Finland in Geneva

FRANCE

Delegates:

- Professor E. J. Y. AUJALEU, Director-General of Health, Ministry of Public Health and Population (*Chief Delegate*)
 Dr J. S. E. CAYLA, Inspector-General of Health, Ministry of Public Health and Population
 Dr L. P. AUJOLAT, Former Minister; Chief, Technical Co-operation Service, Ministry of Public Health and Population; Director, National Centre for Health and Social Education

Advisers:

- Dr R. SOHIER, Professor of Hygiene, Faculty of Medicine, University of Lyons
 Dr P. M. BERNARD, Technical Adviser, Ministry of Co-operation
 Miss E. BAUDRY, Chief, International Relations Office, Ministry of Public Health and Population
 Dr H. MIGNOT, Technical Adviser, Ministry of Public Health and Population
 Mr J. L. BRISSET, Conseiller des Affaires étrangères
 Miss N. TRANNOY, Secrétaire d'Ambassade, Permanent Mission of France to the European Office of the United Nations and the Specialized Agencies in Geneva
 Miss C. CARIGUEL, Senior Officer, International Relations Office, Ministry of Public Health and Population

GABON

Delegates:

- Dr J.-B. BIYOGHE, Director of Public Health (*Chief Delegate*)
 Dr B. N'GOUBOU, Chief Medical Officer, Lebamba Medical Centre

GHANA

Delegates:

- Dr C. O. EASMON, Chief Medical Officer (*Chief Delegate*)

Mr H. A. H. S. GRANT, Ambassador; Permanent Representative of Ghana to the European Office of the United Nations and the Specialized Agencies in Geneva

Dr J. Adjei SCHANDORF, Executive Member, Medical and Dental Board of Ghana; President, Ghana Medical Association

Alternate:

Dr J. N. ROBERTSON, Principal Medical Officer, Ministry of Health

GREECE

Delegates:

Dr E. MAVROULIDIS, Director-General of Health, Ministry of Social Welfare (*Chief Delegate*)

Dr J. ANASTASSIADES, Consultant Psychiatrist, Ministry of Social Welfare

Dr G. LYKETSOS, Privat-Docent, University of Athens; Director, Dromokaition Psychiatric Clinic

Alternates:

Mr A. VLACHOS, Envoy Extraordinary and Minister Plenipotentiary; Permanent Delegate of Greece to International Organizations in Geneva

Mr A. PETROPOULOS, Member of the Permanent Delegation of Greece to International Organizations in Geneva

GUATEMALA

Delegates:

Dr M. LÓPEZ HERRARTE, Minister of Health (*Chief Delegate*¹)

Mr A. DUPONT-WILLEMEN, Consul-General in Geneva; Permanent Representative of Guatemala to the European Office of the United Nations and the International Labour Organisation

GUINEA

Delegate:

Dr A. BANGOURA-ALÉCAUT, Director, Department of Endemic Diseases Control

HAITI

Delegates:

Dr A. JOSEPH, Secretary of State for Public Health and Population (*Chief Delegate*)

Dr G. DESLOUCHES, Co-Director, Public Health Division

Dr L. FAUCHER, Inspector of Hospitals

HONDURAS

Delegates:

Dr R. MARTÍNEZ V., Minister of Public Health and Social Welfare (*Chief Delegate*)

Mr F. J. BLANCO, Senior Officer, Ministry of Public Health and Social Welfare

ICELAND

Delegates:

Dr S. SIGURDSSON, Director-General of Public Health (*Chief Delegate*)

Dr J. SIGURJÓNSSON, Professor of Hygiene, University of Iceland

INDIA

Delegates:

Dr A. L. MUDALIAR, Vice-Chancellor, University of Madras (*Chief Delegate*)

Dr M. S. CHADHA, Director-General of Health Services

Mrs G. Vajubhai SHAH, Member of Parliament

Secretary:

Dr D. CHOUDHURY, Assistant Director-General of Health Services

INDONESIA

Delegate:

Dr SALEKAN, Director, Division of Mental Health, Department of Health

Adviser:

Mr R. SUNARJO, First Secretary, Indonesian Embassy in Switzerland

IRAN

Delegates:

Dr E. RIAHY, Minister of Health (*Chief Delegate*)

Dr A. T. DIBA, Under-Secretary of State for Health (*Deputy Chief Delegate*)

Dr H. MORSHED, Director-General of Public Health

Alternate:

Dr P. KHABIR, Director-General, Department of Environmental Health and Malaria Eradication

Adviser:

Dr A. SEYED-EMAMI, Former Chief of Health Commission to Parliament; Supervisor of Venereal Disease Control Programme

¹ Until 12 May.

IRAQ

Delegates:

- Dr J. SHAHEEN, Director, Tuberculosis Control Institute, Baghdad (*Chief Delegate*)
 Dr J. A. HAMDI, Director, Endemic Diseases Institute, Baghdad
 Mr I. KITTANI, Permanent Representative of Iraq to the European Office of the United Nations

IRELAND

Delegates:

- Mr T. J. BRADY, Assistant Secretary, Department of Health (*Chief Delegate*)
 Dr J. D. HOURIHANE, Deputy Chief Medical Adviser, Department of Health

ISRAEL

Delegates:

- Mr I. RAFAEL, Deputy Minister of Health (*Chief Delegate*)
 Dr S. SYMAN, Director-General, Ministry of Health
 Mr A. C. A. LIVERAN, Director, International Organizations Department, Ministry for Foreign Affairs

Advisers:

- Mr N. YAISH, Deputy Permanent Delegate of Israel to the European Office of the United Nations
 Dr L. MILLER, Assistant Director-General, Ministry of Health

ITALY

Delegates:

- Professor N. SANTERO, Under-Secretary of State for Health (*Chief Delegate*)
 Professor S. CRAMAROSSA, Director-General, Public Health and Hospitals Section, Ministry of Health
 Mr F. P. VANNI D'ARCHIRAFI, Ambassador; Permanent Representative of Italy to the European Office of the United Nations

Alternates:

- Professor V. PUNTONI, Dean, Faculty of Medicine, University of Rome
 Dr R. VANNUGLI, Office of International and Cultural Affairs, Ministry of Health

Advisers:

- Professor B. BABUDIERI, Istituto Superiore di Sanità, Rome

- Professor A. CORRADETTI, Istituto Superiore di Sanità, Rome
 Professor C. DE SANCTIS, President, Italian League for Mental Hygiene and Prophylaxis
 Dr A. SALTALAMACCHIA, Chief, Secretariat of the Minister of Health
 Professor P. SCROCCA, Member of the Superior Health Council
 Professor M. GIAQUINTO, Istituto Superiore di Sanità, Rome

IVORY COAST

Delegate:

- Dr A. KONÉ, Minister of Health and Population

JAPAN

Delegates:

- Dr M. KAWAKAMI, Director, Medical Affairs Bureau, Ministry of Health and Welfare (*Chief Delegate*)
 Mr K. CHIKARAISHI, Counsellor, Permanent Delegation of Japan to the International Organizations in Geneva
 Mr Y. SAITO, Counsellor and Chief Liaison Officer, International Affairs, Ministry of Health and Welfare

Advisers:

- Mr N. TAKIZAWA, Second Secretary, Permanent Delegation of Japan to the International Organizations in Geneva
 Miss M. UWANO, Secretary, United Nations Bureau, Ministry of Foreign Affairs

JORDAN

Delegate:

- Dr A. NABULSI, Under-Secretary of State for Health

KUWAIT

Delegates:

- Mr A. A. H. AL-SAGAR, Minister of Health (*Chief Delegate*)
 Mr A. M. AL-MATROOK, Acting Under-Secretary of State, Ministry of Health (*Deputy Chief Delegate*)
 Dr K. HUSSEIN

Adviser:

- Dr K. EL-BORAI, Deputy Chief Medical Officer, Ministry of Health

LAOS

Delegates:

Dr Oudom SOUVANNAVONG, Former Minister, Adviser to the Ministry of Public Health (*Chief Delegate*)

Mr Phouy PHOUTTHASAK, Deputy Director of Public Health

LEBANON

Delegate:

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

LIBERIA

Delegates:

Dr E. M. BARCLAY, Director-General, National Public Health Service (*Chief Delegate*)

Mr F. B. AWODE, Director, Audits and Accounts Division, National Public Health Service

Alternate:

Mr R. WILES, Ambassador of Liberia to the Federal Republic of Germany

LIBYA

Delegates:

Dr R. BENAMER, Director, Maternal and Child Health Centre, Benghazi (*Chief Delegate*)

Dr H. ANNAB, Assistant Director-General, Ministry of Health

LUXEMBOURG

Delegates:

Dr L. MOLITOR, Director of Public Health (*Chief Delegate*)

Dr E. J. P. DUHR, Inspector of Public Health

Alternate:

Mr I. BESSLING, Permanent Delegate of Luxembourg to the European Office of the United Nations

MADAGASCAR

Delegates:

Dr A. C. ANDRIAMASY, Minister Plenipotentiary, Ministry of Foreign Affairs (*Chief Delegate*)

Dr S. RATSIMIALA-RATANDRA, Chief Medical Officer, Neuropsychiatric Service

MALI

Delegates:

Dr S. DOLO, Minister of Health (*Chief Delegate*)

Mr D. MAÏGA, First Counsellor, Embassy of Mali in France

MAURITANIA

Delegates:

Dr TOURÉ, Director, Medical and Social Affairs (*Chief Delegate*)

Mr C. MELOT, Technical Adviser to the Minister of Health, Labour and Social Affairs

MEXICO

Delegates:

Dr J. ALVAREZ AMÉZQUITA, Minister of Health and Welfare (*Chief Delegate*)

Dr M. A. CERVANTES OLVERA, Director of Health in the Federal District

MONACO

Delegates:

Mr H. SOUM, Minister of Monaco in Switzerland (*Chief Delegate*)

Dr E. BOÉRI, Commissioner-General for Health

Mr J. C. MARQUET, Conseiller juridique du Cabinet de S.A.S. le Prince de Monaco

MONGOLIA

Delegates:

Dr G. TUVAN, Minister of Public Health (*Chief Delegate*)

Mr B. DASHTSEREN, First Secretary, Ministry of Foreign Affairs

Dr Peljegin DOLGOR

MOROCCO

Delegates:

Dr Y. BEN ABBÈS, Minister of Health (*Chief Delegate*)

Mr M. AMOR, Ambassador of Morocco to Switzerland

Dr M. SENTICI, Director of Technical Services, Ministry of Health

Alternates:

Mr M. FERAA, Deputy Director, Ministry of Health

Mr B. BENCHEKROUN, Chef de Cabinet, Ministry of Health

NEPAL

Delegates:

Mr A. P. SINGH, Minister of Health (*Chief Delegate*)

Dr D. BAIDYA, Director of Health Services

NETHERLANDS

Delegates:

- Professor P. MUNTENDAM, Director-General of Public Health (*Chief Delegate*)
 Dr T. BEUMER, Director for International Social and Health Affairs, Ministry of Social Affairs and Public Health (*Deputy Chief Delegate*)
 Dr A. E. G. ZAAL, Director of Public Health, Surinam

Advisers:

- Professor J. H. DE HAAS, Head, Department of Social Hygiene, Netherlands Institute of Preventive Medicine, Leyden
 Dr J. DOFF, Medical Superintendent of Mental Hospital, Bennebroek
 Miss A. F. W. LUNSINGH-MEIJER, Deputy Permanent Representative of the Netherlands to the European Office of the United Nations
 Miss J. SCHALIJ, Division for International Health Affairs, Ministry of Social Affairs and Public Health

NEW ZEALAND

Delegates:

- Dr H. B. TURBOTT, Director-General of Health (*Chief Delegate*)
 Mr B. D. ZOHRAB, Permanent Representative of New Zealand to the European Office of the United Nations

NICARAGUA

Delegate:

- Mr A. A. MULLHAUPT, Consul of Nicaragua in Geneva

NIGER

Delegates:

- Dr T. BANA, Neuropsychiatric Section, Niamey Hospital (*Chief Delegate*)
 Dr J. KABA

NIGERIA

Delegates:

- Dr M. A. MAJEKODUNMI, Federal Minister of Health (*Chief Delegate*)
 Mr J. T. YUSUFU, Parliamentary Secretary, Ministry of Health, Northern Nigeria
 Dr O. B. ALAKUA, Chief Medical Adviser to the Federal Government

Alternates:

- Sir Samuel L. A. MANUWA, Former Chief Medical Adviser to the Federal Government

Mr C. O. LAWSON, Permanent Secretary, Federal Ministry of Health

Dr T. A. LAMBO, Senior Psychiatrist, Aro Hospital, Abeokuta, Western Nigeria

Dr I. S. AUDU, Senior Physician, Ministry of Health, Northern Nigeria

Secretary:

Mr B. A. LATUNJI, Private Secretary to the Federal Minister of Health

NORWAY

Delegates:

- Dr K. EVANG, Director-General of Health Services (*Chief Delegate*)
 Dr T. O. IVERSEN, Chief Medical Officer, City of Oslo
 Dr F. MELLBYE, Director, Division of Hygiene and Epidemiology, Directorate of Health Services

Alternate:

Dr C. LOHNE-KNUDSEN, Chief Physician, Psychiatric Division, Directorate of Health Services

PAKISTAN

Delegates:

- Dr M. K. AFRIDI, Honorary Consultant (Malariaology), Health Division, Ministry of Health, Labour and Social Welfare (*Chief Delegate*)
 Dr T. M. NIAZ, Deputy Director-General of Health, Ministry of Health, Labour and Social Welfare
 Dr K. ZAKI HASAN, Associate Physician, Jinnah Hospital

PARAGUAY

Delegate:

Professor D. M. GONZÁLEZ TORRES, Minister of Public Health and Social Welfare

PERU

Delegate:

Dr B. CARAVEDO, Chief, Department of Mental Health

PHILIPPINES

Delegates:

- Dr F. Q. DUQUE, Secretary of Health (*Chief Delegate*)
 Dr L. V. UYGUANCO, Director, Bureau of Disease Control, Department of Health
 Dr E. L. VILLEGAS, Medical Officer in charge of International Health Affairs, Department of Health

Adviser:

Dr J. C. AZURIN, Director, Bureau of Quarantine,
Department of Health

POLAND

Delegates:

Dr J. SZTACHELSKI, Minister of Health and Social
Welfare (*Chief Delegate*)

Professor F. WIDY-WIRSKI, Under-Secretary of
State, Ministry of Health and Social Welfare
(*Deputy Chief Delegate*¹)

Dr M. JUCHNIEWICZ, Director, Office of External
Relations, Ministry of Health and Social Welfare

Alternates:

Mr E. KULAGA, Counsellor; Deputy Permanent
Representative of Poland to the European Office
of the United Nations

Dr A. JUS, Professor of Psychiatry; Director of the
Psychiatric Clinic, Academy of Medicine, Warsaw

Advisers:

Professor M. KACPRZAK, Rector, Academy of
Medicine, Warsaw

Dr W. BOJAKOWSKI, Chief, Department of Diseases
of the Nervous System, Ministry of Health and
Social Welfare

PORTUGAL

Delegates:

Dr H. MARTINS DE CARVALHO, Minister of Health
and Welfare (*Chief Delegate*)

Dr A. DA SILVA TRAVASSOS, Director-General of
Health, Ministry of Health and Welfare (*Deputy
Chief Delegate*)

Dr M. A. DE ANDRADE SILVA, Senior Inspector of
Health Overseas

Alternates:

Dr A. A. DE CARVALHO SAMPAIO, Senior Inspector
of Health and Hygiene

Dr A. D. B. DE ABREU, Chief, Secretariat of the
Minister of Health and Welfare

Adviser:

Dr F. DE ALCAMBAR PEREIRA, Permanent Represent-
ative of Portugal to the World Health Organi-
zation

REPUBLIC OF KOREA

Delegates:

Mr Soo Young LEE, Ambassador, Korean Mission
to the United Nations, New York (*Chief Delegate*)

Mr Myung Sun KIM, Member of the Atomic
Energy Commission, Seoul

Dr Sang Tae HAN, Chief, Preventive Medicine
Section, Ministry of Health and Social Affairs

Alternates:

Mr Ho Eul WHANG, First Secretary, Permanent
Delegation of the Republic of Korea to Inter-
national Organizations in Geneva and Office
of the Permanent Observer to the European
Office of the United Nations

Mr Un So KU, Ministry of Health and Social
Affairs

Mr Kee Joe KIM, International Organizations
Section, Ministry of Foreign Affairs

REPUBLIC OF VIET-NAM

Delegates:

Professor TRAN DINH DE, Minister of Health (*Chief
Delegate*)

Dr LE CUU TRUONG, Director-General of Health
and Hospitals

Adviser:

Mr PHAN VAN THINH, First Secretary, Embassy of
the Republic of Viet-Nam in the United Kingdom
of Great Britain and Northern Ireland

ROMANIA

Delegates:

Professor V. MARINESCU, Minister of Health and
Welfare (*Chief Delegate*)

Dr P. SGINDAR, Director of the Secretariat and of
International Relations, Ministry of Health
and Welfare

Dr A. SOFLETE, Professor of Neurology, Timisoara
Medical Institute

Alternate:

Mr I. P. MADA, Second Legation Secretary,
Ministry of Foreign Affairs

SAUDI ARABIA

Delegates:

Dr Y. AL-HAGERY, Technical Director of the
Minister's Office, Ministry of Health (*Chief
Delegate*)

Dr A. I. GEOFFREY, Director of Quarantine, Jeddah

¹ Chief Delegate from 12 May.

Mr S. KHANACHET, Counsellor for Press Affairs,
Saudi Arabian Embassy in Switzerland

SENEGAL

Delegates:

Mr A. CISSÉ DIA, Minister of Health and Social
Affairs (*Chief Delegate*)

Dr A.-M. M. LACAN, Director, Department of
Endemic Diseases Control

Dr I. DIOP, Director of Health Services, Cape Vert

Alternate:

Mr B. N'DIAYE, Ambassador of Senegal to Switzer-
land

Advisers:

Dr I. WANE, Deputy to the National Assembly

Dr H. COLLOMB, Professeur agrégé in Neuro-
psychiatry, Faculty of Medicine, Dakar

Dr M. DIOP, Assistant, Fann Neuropsychiatric
Centre

SIERRA LEONE

Delegates:

Mr H. A. M. CLARKE, Permanent Secretary,
Ministry of Health (*Chief Delegate*)

Dr H. M. S. BOARDMAN, Chief Medical Officer,
Ministry of Health

Dr A. S. BOYLE-HEBRON, Senior Medical Officer,
Western Area

SOMALIA

Delegates:

Mr M. S. M. DAHIR, Under-Secretary of State to
the Presidency of the Council of Ministers
(*Chief Delegate*)

Mr A. F. ABRAR, Administrative Secretary,
Ministry of Health

Dr E. A. DUALE, Chief Medical Officer, Mogadishu

Alternate:

Dr A. S. IBRAHIM, Medical Officer, Hargeisa
Hospital

SOUTH AFRICA

Delegates:

Dr C. A. M. MURRAY, Regional Director, State
Health Services, South Transvaal Region (*Chief
Delegate*)

Dr R. A. DU PLOOY, Head, International Organi-
zations Section, Department of Foreign Affairs

Mr C. MARR, Principal Administrative Officer,
Department of Health

SPAIN

Delegates:

Professor J. GARCÍA ORCOYEN, Director-General
of Health (*Chief Delegate*)

Mr J. M. ANIEL-QUIROGA, Minister Plenipotentiary;
Permanent Delegate of Spain to the International
Organizations in Geneva

Dr G. CLAVERO DEL CAMPO, Director, National
School of Health

Alternates:

Dr F. PÉREZ GALLARDO, Head, Virology Section,
National School of Health

Mr R. FERNÁNDEZ DE SOIGNIE, Permanent Delega-
tion of Spain to the International Organizations
in Geneva

Adviser:

Professor R. SARRÓ, Member of the National
Board for Psychiatric Care

SUDAN

Delegates:

Dr I. SULIMAN, Medical Officer of Health, Darfur
Province (*Chief Delegate*)

Mr Khalafalla BABIKIR, Chief Public Health
Inspector, Ministry of Health

SWEDEN

Delegates:

Dr A. ENGEL, Director-General of Public Health
(*Chief Delegate*)

Mr C. G. PERSSON, Under-Secretary of State,
Ministry of the Interior

Dr M. TOTTIE, National Board of Health

Alternates:

Dr L. LJUNGBERG, Head, Mental Health Division,
National Board of Health

Mr C. H. VON PLATEN, Ambassador, Permanent
Delegation of Sweden to the European Office of
the United Nations and other International
Organizations in Geneva

Mrs I. M. ZETTERSTRÖM-LAGERVALL, President,
Swedish Nurses' Association

SWITZERLAND

Delegates:

Dr A. SAUTER, Director, Federal Public Health
Service (*Chief Delegate*)

Dr M. SCHÄR, Deputy Director, Federal Public
Health Service (*Deputy Chief Delegate*)

Mr A. MAILLARD, Editor, International Organizations Division, Federal Political Department

SYRIA

Delegates:

Dr I. EL-RIFAÏ, Minister of Health and Public Assistance (*Chief Delegate*)

Dr G. JALLAD, Director, Maternal and Child Health Services, Ministry of Health and Public Assistance (*Deputy Chief Delegate*)

Dr T. I. KAYYALI, Director of Hygiene and Public Health

TANGANYIKA

Delegates:

Mr M. M. KAMALIZA, Minister for Health and Labour (*Chief Delegate*)

Dr C. V. MTAWALI, Deputy Permanent Secretary, Ministry of Health and Labour

THAILAND

Delegates:

Dr K. SUVARNAKICH, Director-General, Department of Health, Ministry of Public Health (*Chief Delegate*)

Dr P. SANGSINGKEO, Director-General, Department of Medical Services, Ministry of Public Health

Dr C. DEBYASUVARN, Chief, Communicable Disease Control Division, Department of Health, Ministry of Public Health

TOGO

Delegates:

Dr G. V. KPOTSRA, Minister of Public Health (*Chief Delegate*)

Dr J. J. D'ALMEIDA, Chief Medical Officer, Anti-malaria Service

TUNISIA

Delegates:

Dr M. BEN AMMAR, Secretary of State for Public Health and Social Affairs (*Chief Delegate*)

Dr A. R. FARAH, Chief, Division of Preventive Services and Public Health (*Deputy Chief Delegate*)

Mr R. AZOUZ, Chief, External Relations Service, Secretariat of State for Public Health and Social Affairs

Advisers:

Mr M. EL MEMMI, Deputy Permanent Representative of Tunisia to the European Office of the United Nations and the Specialized Agencies

Dr T. BEN SOLTANE, Chief, Hospitals Service; Specialist in Psychiatry

TURKEY

Delegates:

Dr S. SEREN, Minister of Health (*Chief Delegate*)

Dr A. ERKMEN, Under-Secretary of State for Health (*Deputy Chief Delegate*)

Dr T. ALAN, Director-General of International Relations, Ministry of Health

UNION OF SOVIET SOCIALIST REPUBLICS

Delegates:

Dr S. V. KURASHOV, Minister of Health of the USSR (*Chief Delegate*)

Professor V. M. ZHDANOV, Member and Executive Secretary of the USSR Academy of Medical Sciences

Dr D. D. VENEDIKTOV, Senior Scientific Worker, Laboratory for Cardiovascular Surgery, USSR Academy of Medical Sciences

Alternates:

Dr N. F. IZMEROV, Deputy Chief, Department of Foreign Relations, USSR Ministry of Health

Dr Y. P. LISITSIN, Chief, Department of International Health, Semashko Institute of Public Health Organization and History of Medicine, Moscow

Mr P. S. KOSSENKO, Assistant Chief, Department of International Economic Organizations, Ministry of Foreign Affairs

Advisers:

Professor O. V. KERBIKOV, Member of the Presidium of the USSR Academy of Medical Sciences

Dr Svetlana S. MARENNIKOVA, Chief of the Laboratory for Smallpox Prophylaxis, Research Institute for Virus Preparations, USSR Ministry of Health

Dr V. L. ARTEMOV, Chief, Division of Relations with International Medical Publications, USSR Academy of Medical Sciences

Secretary:

Mr B. BELITSKI

UNITED ARAB REPUBLIC

Delegates:

Dr M. H. EL BITASH, Under-Secretary of State, Ministry of Public Health (*Chief Delegate*)

Dr F. R. HASSAN, Technical Director of the Minister's Office, and Director-General, Endemic Diseases Department, Ministry of Public Health
 Dr S. EL ARNAOUTY, Director, International Health Department, Ministry of Public Health

Advisers:

Dr A. K. MAZEN, Director, Vice-President's Office for Health Services
 Dr S. GIRGIS, Director, Mental Health Department, Ministry of Public Health
 Dr S. ABDELNABY, Associate Professor of Neurology, Faculty of Medicine, Cairo University
 Mr M. F. ABDEL BARR, Legal Adviser, Ministry of Public Health

**UNITED KINGDOM OF GREAT BRITAIN
 AND NORTHERN IRELAND**

Delegates:

Dr G. E. GODBER, Chief Medical Officer, Ministry of Health (*Chief Delegate*)
 Dr J. M. LISTON, Chief Medical Officer, Department of Technical Co-operation
 Mr W. H. BOUCHER, Assistant Secretary, Ministry of Health

Advisers:

Dr I. MACGREGOR, Senior Medical Officer, Department of Health for Scotland
 Dr L. H. MURRAY, Principal Medical Officer, Ministry of Health
 Mr D. M. EDWARDS, United Kingdom Mission to the European Office of the United Nations
 Mr G. T. P. MARSHALL, Foreign Office

Secretary:

Miss M. E. CATER, Ministry of Health

UNITED STATES OF AMERICA

Delegates:

Dr L. L. TERRY, Surgeon General, Public Health Service, Department of Health, Education and Welfare (*Chief Delegate*)
 Mr R. N. GARDNER, Deputy Assistant Secretary of State for International Organization Affairs, Department of State
 Mr BOISFEUILLET JONES, Special Assistant to the Secretary of Health, Education and Welfare, for Health and Medical Affairs, Department of Health, Education and Welfare

Alternates:

Mr H. B. CALDERWOOD, Office of International Economic and Social Affairs, Department of State
 Dr M. H. MERRILL, Director, Department of Public Health, State of California
 Dr J. WATT, Assistant Surgeon General, Division of International Health, United States Public Health Service, Department of Health, Education and Welfare
 Dr C. L. WILLIAMS, Division of International Health, United States Public Health Service, Department of Health, Education and Welfare

Advisers:

Dr J. M. BOBBITT, Associate Director for Program Development, National Institute of Mental Health, United States Public Health Service, Department of Health, Education and Welfare
 Mrs Elizabeth P. CHEVALIER
 Mr J. E. FOGARTY, House of Representatives
 Dr D. G. HALL, House of Representatives
 Mrs Clara F. KRITINI, International Health Adviser, Division of International Health, United States Public Health Service, Department of Health, Education and Welfare
 Dr C. A. PEASE, Assistant Chief, Health Division, Agency for International Development
 Mrs Virginia WESTFALL, United States Mission to International Organizations, Geneva
 Mr S. WHALEY, Vice-President for Health Sciences, University of Arkansas Medical Center

Secretary:

Mr R. K. OLSON, Office of International Conferences, Department of State

UPPER VOLTA

Delegate:

Dr P. LAMBIN, Minister of Public Health and Population

VENEZUELA

Delegates:

Dr D. CASTILLO, Assistant to the Director of Public Health, Ministry of Health and Social Welfare (*Chief Delegate*)
 Mr J. M. CARRILLO, Chief, Division of Sanitary Engineering, Ministry of Health and Social Welfare

Dr D. ORELLANA, Chief, International Health Section, Ministry of Health and Social Welfare

Alternate:

Dr A. MEJÍAS, Assistant, Department of Local Public Health Services, Ministry of Health and Social Welfare

Secretary:

Mr H. APONTE, First Secretary, Permanent Delegation of Venezuela to United Nations Organizations in Geneva

WESTERN SAMOA ¹

Delegate:

Mr T. FATU, Minister of Health

YEMEN

Delegate:

Dr M. EL-ZOFRI, Adviser to the Ministry of Health; Director, Sana'a Hospital

YUGOSLAVIA

Delegates:

Mr M. MARKOVIĆ, Secretary for Public Health, Federal Executive Council (*Chief Delegate*)

Dr V. DJUKANOVIĆ, Director, Federal Institute of Public Health (*Deputy Chief Delegate*)

Mr S. KOPČOK, Ambassador; Head of the Permanent Delegation of Yugoslavia to the European Office of the United Nations and Specialized Agencies in Europe

Advisers:

Professor E. GRIN, Director, Institute of Dermato-venereology, Sarajevo

Mr S. ŠOĆ, Adviser, Permanent Delegation of Yugoslavia to the European Office of the United Nations and Specialized Agencies in Europe

Mrs V. VLAHOVIĆ, Second Secretary, Secretariat of State for Foreign Affairs

REPRESENTATIVES OF ASSOCIATE MEMBERS

RUANDA-URUNDI

Dr P. MASUMBUKO, General Adviser to the Government

OBSERVERS

HOLY SEE

Rev. Father H. M. DE RIEDMATTEN, Adviser, International Catholic Organizations Centre, Geneva
Dr P. CALPINI, Director, Public Health Service, Canton du Valais, Switzerland

MUSCAT AND OMAN

Mr I. BIN KHALIL RASASSI

SAN MARINO

Mr G. FILIPINETTI, Minister Plenipotentiary; Head of the Permanent Delegation of San Marino to the European Office of the United Nations

Mr H. DE CABOGA, Adviser, Permanent Delegation of San Marino to the European Office of the United Nations

REPRESENTATIVES OF THE EXECUTIVE BOARD

Dr A. O. ABU SHAMMA, Chairman of the Board

Dr H. van Zile HYDE, Chairman, Standing Committee on Administration and Finance

REPRESENTATIVES OF THE UNITED NATIONS AND ITS AGENCIES

United Nations

Mr P. P. SPINELLI, Director, European Office

Mr G. E. YATES, Director, Division of Narcotic Drugs

Mr N. G. LUKER, External Relations Officer, European Office

United Nations Children's Fund

Sir Herbert BROADLEY, Representative of UNICEF in the United Kingdom

¹ Admitted to membership on 16 May 1962 (resolution WHA15.16).

United Nations Relief and Works Agency for Palestine Refugees

Dr S. FLACHE, Director of Health

Permanent Central Opium Board and Drug Supervisory Body

Mr L. ATZENWILER, Secretary, Permanent Central Opium Board and Drug Supervisory Body

Office of the High Commissioner for Refugees

Mr W. PINEGAR, Deputy Director

Technical Assistance Board

Mr J. R. SYMONDS, Liaison Officer in Europe

International Labour Organisation

Dr R. A. MÉTALL, Chief, International Organisations Division

Dr L. PARMIGGIANI, Chief, Occupational Safety and Health Division

Dr A. ANNONI, Occupational Safety and Health Division

Mr M. H. KHAN, International Organisations Division

Food and Agriculture Organization

Mr A. G. ORBANEJA, Chief, International Agency Liaison Branch, Programme and Budgetary Service

Mr N. CRAPON DE CAPRONA, International Agency Liaison Branch, Programme and Budgetary Service

Dr M. AUTRET, Director, Nutrition Division

World Meteorological Organization

Mr J. R. RIVET, Deputy Secretary-General

Mr J. M. RUBIATO, Chief, Conference, Documents and Publications Division

International Atomic Energy Agency

Miss M. JEFFREYS

REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS**Council of Europe**

Mr WIEBRINGHAUS, Chief, Social Section

Mr F. EYRIEY, Deputy Chief, Social Section

Intergovernmental Committee for European Migration

Dr K. G. WATSON, Chief Medical Officer

International Committee of Military Medicine and Pharmacy
Général-Médecin J. VONCKEN, Secretary-General**League of Arab States**

Dr A. T. SHOUSHA, Supervisor, Health Department

United International Bureaux for the Protection of Industrial Property, Literary and Artistic Works

Mr J. LAMB, Secretary, Industrial Property Division

REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO**Biometric Society**

Dr C. I. BLISS, President

International Association of Microbiological Societies

Professor F. CHODAT

Central Council for Health Education

Dr A. J. DALZELL-WARD, Medical Director

International Association for Prevention of Blindness

Professor D. KLEIN

Dr F. AMMANN

Council for International Organizations of Medical Sciences

Professor R. CRUICKSHANK

Dr P.-A. MESSERLI

Professor M. GIAQUINTO

Dr P. M. BERNARD

International Air Transport Association

Dr H. GARTMANN

Mr R. W. BONHOFF

International Committee of Catholic Nurses

Miss M. CALLOU, Secretary-General

Miss L. M. J. VANKEERBERGHEN

Miss C. DUMOULIN

International Committee of Catholic Nurses (*continued*)

Miss F. BRONFORT
Miss G. PASTEAU
Miss M. L. REY
Miss M. CASSAGNE

International Committee of the Red Cross

Miss A. PFIRTER, Chief, Health Personnel Service
Mr B. H. COURSIER, Adviser, Legal Department

International Confederation of Midwives

Miss H. PAILLARD

International Conference of Social Work

Mrs K. KATZKI, Liaison Officer
Mrs V. DEGOUMOIS

International Council of Nurses

Miss G. BUTTERY, Deputy General Secretary
Miss J. MAILLARD

International Dental Federation

Professor L. J. BAUME
Dr C. L. BOUVIER

International Diabetes Federation

Dr J. J. WITTE, Secretary
Mrs G. VERNET

International Federation of Gynecology and Obstetrics

Professor H. DE WATTEVILLE, Secretary-General
Professor W. GEISENDORF
Dr R. BORTH

International Federation of Surgical Colleges

Professor R. PATRY

International Fertility Association

Professor G. TESAURO, Vice-President

International Hospital Federation

Mr W. F. VETTER

International Hydatidological Association

Dr A. P. FERRO, Permanent Secretary

International League of Dermatological Societies

Professor W. JADASSOHN

International Leprosy Association

Professor W. JADASSOHN

International Paediatric Association

Professor G. FANCONI, Secretary-General

International Society for Blood Transfusion

Dr R. FISCHER, Honorary Member

International Society of Cardiology

Dr P. W. DUCHOSAL, Second Vice-President

International Society for Criminology

Dr M. RÉMY

International Society for Rehabilitation of the Disabled

Mr L. EISEMAN

International Union of Architects

Mr W. F. VETTER

International Union against Cancer

Dr J. F. DELAFRESNAYE, Director of the Geneva Office

International Union for Child Welfare

Miss A. E. MOSER, Deputy Secretary-General

International Union for Health Education

Professor G. A. CANAPERIA, President
Mrs A. LE MEITOUR-KAPLUN, Secretary-General
Miss K. KAPLUN

International Union against Tuberculosis

Professor E. BERNARD, Secretary-General
Dr J. HOLM, Executive Director

League of Red Cross Societies

Mr H. BEER, Secretary-General
Dr Z. S. HANTCHEF, Director, Health and Social
Service Bureau
Miss Y. HENTSCH, Director, Nursing Bureau
Mr K. S. NIGAM, Director, International Relations
Bureau

Medical Women's International Association

Dr Vera J. PETERSON, Honorary Secretary
Dr Anne AUDÉOUD-NAVILLE

Permanent Commission and International Association on Occupational Health

Professor J. L. NICOD

World Federation for Mental Health

Dr Anne AUDÉOUD-NAVILLE
Dr F. CLOUTIER, Director
Dr J. R. REES, Special Consultant
Professor H. C. RÜMKE
Dr A. REPOND
Miss R. S. ADDIS
Mr P. JEAN
Dr C. F. VEIL
Miss E. M. THORNTON, Secretary-General

World Federation of Neurology

Mr W. R. FINKS, Executive Officer

World Federation of Occupational Therapists

Mrs A. C. Glyn OWENS, Honorary Assistant
Secretary-Treasurer
Miss A. M. ROLLIER

World Federation of United Nations Associations

Mrs R. J. M. BONNER
Mrs L. BRUCE-CHWATT
Mr G. GIACOSA

World Medical Association

Dr J. MAYSTRE

World Union OSE

Mr M. KLOPMANN

World Veterans Federation

Mr A. RONCONI, Director, Department of United
Nations Affairs

World Veterinary Association

Dr M. LEUENBERGER

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President:

Dr S. V. KURASHOV (Union of Soviet Socialist Republics)

Vice-Presidents:

Dr M. K. AFRIDI (Pakistan)

Dr D. CASTILLO (Venezuela)

Dr P. LAMBIN (Upper Volta)

Secretary:

Dr M. G. CANDAU, Director-General

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Argentina, Austria, Belgium, Ethiopia, Honduras, Liberia, Mali, Mexico, Philippines, Romania, Saudi Arabia and Thailand.

Chairman: Dr F. Q. DUQUE (Philippines)

Vice-Chairman: Dr S. DOLO (Mali)

Rapporteur: Dr K. SCHINDL (Austria)

Secretary: Mr F. GUTTERIDGE, Chief, Legal Office

Committee on Nominations

The Committee on Nominations was composed of delegates of the following Member States: Afghanistan, Brazil, Colombia, Congo (Brazzaville), Czechoslovakia, Ecuador, Finland, France, Haiti, India, Iran, Iraq, Italy, Japan, Libya, Madagascar, New Zealand, Nigeria, Sierra Leone, Sudan, Switzerland, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, and United States of America.

Chairman: Dr J. PLOJHAR (Czechoslovakia)

Rapporteur: Dr R. VANNUGLI (Italy)

Secretary: Dr M. G. CANDAU, Director-General

General Committee

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: Brazil, Cameroon, Denmark, Federal Republic of Germany, France, India, Japan, Madagascar, Nigeria, Sudan, Tunisia, Turkey, United Kingdom of Great Britain and Northern Ireland, and United States of America.

Chairman: Dr S. V. KURASHOV (Union of Soviet Socialist Republics)

Secretary: Dr M. G. CANDAU, Director-General

MAIN COMMITTEES

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.

Programme and Budget

Chairman: Dr W. D. REFSHAUGE (Australia)

Vice-Chairman: Professor F. WIDY-WIRSKI (Poland)

Rapporteur: Dr J. A. MONTALVÁN (Ecuador)

Secretary: Dr P. M. KAUL, Assistant Director-General

Administration, Finance and Legal Matters

Chairman: Dr M. LÓPEZ HERRARTE (Guatemala) (until 12 May); later, Dr B. D. B. LAYTON (Canada)

Vice-Chairman: Mr T. J. BRADY (Ireland)

Rapporteur: Dr LE CUU TRUONG (Republic of Vietnam)

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

Legal Sub-Committee

Chairman: Mr R. S. S. GUNewardENE (Ceylon)

Vice-Chairman: Mr J. DE CONINCK (Belgium)

Rapporteur: Mr E. J. MARTINEZ (Federation of Malaya)

Secretary: Mr F. GUTTERIDGE, Chief, Legal Office

3. Smallpox Eradication Programme

Agenda, 2.4

The CHAIRMAN invited the Secretary to introduce the item.

Dr KAUL, Assistant Director-General, Secretary, said that since the Director-General's report on the item had been issued, information had been received on their requirements for eradication campaigns from nine additional countries. It had not been possible to circulate it, but it did not affect the general position.

The present report—the fourth—on the progress of smallpox eradication campaigns was being submitted with the importation of infection into Europe still a recent memory. Between January 1961 and

¹ Transmitted to the Health Assembly in section 1 of the Committee's ninth report and adopted as resolution WHA15.52.

April 1962, cases originating in countries where the disease was endemic had led to thirteen European outbreaks, some of them serious. That experience was a sharp reminder of the risks run in large areas of the world normally free from smallpox through the persistence of infection in other areas.

Despite the efforts of countries which had introduced eradication campaigns or intensified their vaccination programmes, it was not possible to report a continued steady fall in smallpox incidence. As shown in Table 1 of the report, there had been a substantial fall of about 66 per cent. between 1958 and 1959 and a further fall in 1960, followed, however, in 1961 by an increase of about 25 per cent. over 1960.

Altogether fifty-nine countries had reported cases in 1960 and 1961. As shown in Table 2 of the report, most of the infected countries were in Africa, but 59 per cent. of all cases were in India and Pakistan.

As described in the report, eleven countries of high incidence had prepared eradication programmes but in most of them implementation was still at an early stage. Analysis of the pilot projects in sixteen different areas of India had shown that there were many practical problems to be solved in implementing an eradication campaign; training and supervision of a large corps of vaccinators; provision of transport to ensure mobility of vaccinators so that they could reach quickly and regularly the people in their homes and places of work; increasing the capacity of vaccine institutes; and provision of equipment for the proper storage and distribution of vaccine so that it remained potent at the site of inoculation. Progress in the national eradication programmes was delayed mainly by the absence of the additional equipment and transport required, most of which had to be imported.

WHO had assisted the national campaigns so far as its resources allowed. Gifts of vaccine amounting to 34 million doses had been received from five countries, and all but 6.5 million doses had been distributed. Equipment had also been supplied. Conferences and training courses had been organized, advisory services provided, and visits made by consultants and staff members.

However, it was unrealistic to suppose that the present programme could be intensified to the degree necessary for rapid eradication of the disease from the areas where it was endemic without aid either in cash or in kind from international sources. To give the Assembly some idea of what might be required, very rough estimates based on present information were given in the report. From the information available it was calculated that the total cost of eradication would be about 100 million US dollars but, as most countries where smallpox was endemic could meet about 90 per cent. of that sum from their own

resources, the additional aid from external sources would be in the region of 6 million dollars for the countries where it was highly endemic and perhaps a further 4 million dollars for those where it was less endemic. The external aid was required mainly for supplies of vaccine, transport, laboratory equipment, and cold-storage space. Gifts of substantially increased quantities of freeze-dried vaccines from those countries with the capacity to produce them were urgently needed. That, combined with adequate assistance in transport, would allow the countries with endemic smallpox to intensify their efforts rapidly while arrangements were being made for equipment to be obtained and staff trained for the routine vaccination of the population after the first mass vaccinations had been carried out. It would be unwise to underestimate the period during which routine vaccination of the population would have to be continued in those countries before there could be firm assurance that complete eradication had been achieved.

Given vaccine which was potent at the moment it was applied to the arm, and given the means to bring the vaccinators to the people, there was no reason why smallpox should not be virtually eliminated in a few years.

Dr KARUNARATNE (Ceylon) said that reference had already been made (in particular, by the delegate of the United Kingdom of Great Britain and Northern Ireland) to the problem of importation of smallpox, during the discussion of the ninth report of the Committee on International Quarantine, and the delegate of Pakistan had spoken of the difficulties of diagnosis and epidemiological problems.

It should be easier to eradicate smallpox than to eradicate malaria. Yet it was stated in the second paragraph of the Director-General's report that events showed that "more than ever before concerted action at both national and international levels is needed in order to achieve eradication of the disease". The main difficulty was lack of funds: more than 100 million dollars was required, about 10 per cent. in the form of equipment.

In the Regional Committee for South-East Asia, Ceylon had stressed the need for all Member States in which smallpox was endemic to carry out eradication programmes on a country-wide basis. The Committee should include in its draft resolution regarding smallpox eradication a clause urging Member States to carry out an effective country-wide eradication programme within a period of two or three years.

There had been quite a serious outbreak of smallpox in Ceylon during 1961, and one big problem had been the difficulty of early diagnosis.

Dr CHADHA (India) expressed appreciation of the report prepared by the Director-General.

It was clear that India was the largest reservoir of infection—more than 45 000 cases of the total 78 430 during 1961 having originated there. There could be no real hope of decrease of incidence until the population had been effectively covered by vaccination.

During the past few years, World Health Assemblies had passed several resolutions regarding smallpox eradication, and the Organization had undoubtedly provided great impetus in the programme: in India, an inter-regional smallpox conference had been held in 1960, at about the same time as the meeting of the national expert committee on smallpox. In that country, the problem was not lack of technical knowledge, but the difficulties of dealing with a very large population in a vast territory, many areas of which were difficult of access. Early misgivings regarding lack of vaccine had given way to a certain optimism, as a result of a gift of 250 000 000 doses of freeze-dried smallpox vaccine by the Government of the Union of Soviet Socialist Republics. In some states in India, medical and paramedical personnel had already received training to enable them to work on the smallpox eradication programme, but a large staff was required for such a vast country, and it had to be trained to perform vaccinations effectively. Moreover, every man, woman and child had to be registered, to ensure that none was missed for vaccination, and that took time. The Union Ministry of Health was responsible for co-ordinating and guiding the national smallpox eradication programme, while in each individual State the programme was the responsibility of the State authorities.

Dr Mani, the Regional Director for South-East Asia, had attended a special meeting at the beginning of May, and had given full support to the plans for smallpox eradication. The question of vehicles, public address equipment, refrigerators, etc., presented real difficulty, and assistance had been requested from the Organization.

Despite the great difficulties involved, India hoped to achieve eradication within the next three or four years.

Dr MARENNIKOVA (Union of Soviet Socialist Republics) congratulated the Director-General and the staff of the Organization for the work accomplished in the field of smallpox eradication.

Various measures had been taken: the provision of consultative services to help countries draw up national programmes, the organization of conferences, training of specialists, provision of material aid, such as vaccines, equipment, etc., and research work. The global number of reported cases of smallpox had

decreased, and the disease had been completely eradicated in some countries. However, results were still far from those visualized by the Eleventh World Health Assembly, in adopting its resolution WHA11.54. For instance, many countries had not even started their preliminary vaccination campaigns, some had not begun an eradication programme, and in some the disease was increasing. Moreover, there had been many recent examples of outbreaks in countries free from the disease, due to the importation of cases from countries where the disease was endemic.

Four years had passed since the Eleventh World Health Assembly had adopted its resolution on smallpox eradication, and it might now be time to see what changes should be made, both in the Organization's programme and in the national programmes. It would perhaps be useful if the Executive Board were to study the financing of the Organization's various activities, and increase the appropriations for smallpox eradication, establishing a special section of the budget for that programme.

It was regrettable that the Organization had not availed itself of all the offers made by the Soviet Union to provide specialists—in vaccination, research, etc.—and particularly regrettable that it had not made adequate use of the dried smallpox vaccine provided by that country, though its high quality had been proved, for there was an urgent need for good-quality vaccine in many countries.

Investigations were needed on many questions: the degree of immunization conferred by vaccination, the method of evaluating the potency of vaccines, and the problem of reintroduction of smallpox by importation. More studies should be made on the value of gamma-globulin and serum, which could prove very useful, not only for prophylaxis but also for therapy. Attention should be given to the problem of post-vaccination complications. The Organization should take the initiative in co-ordinating the research being done in the various countries and draw up a plan for international research. That might bring additional countries into collaboration with the Organization, and would provide more information that would be helpful in the smallpox eradication programme. The Soviet Union was ready to collaborate in all research of that type, and would continue to support the work of the Organization.

Dr JUCHNIEWICZ (Poland) thanked the Director-General for his excellent report.

During the year there had been isolated cases of smallpox in Poland imported by sailors. As a result there had been a mass vaccination campaign, all medical personnel being vaccinated. Reports from

various countries of Europe indicated that quarantine measures were insufficient so far as smallpox was concerned. For that reason, he urged the Organization to intensify its smallpox eradication programme. As the previous speaker had suggested, the Organization should draw upon the experience obtained by the various countries.

Dr ALAN (Turkey) said that, as a result of a systematic programme of compulsory vaccination which had been carried out for the past thirty years, smallpox was no longer prevalent in Turkey. However, as various delegates had remarked, it was an international problem, and Turkey took a keen interest in the Organization's smallpox eradication programme.

He congratulated the Organization for the work it had done, but regretted that the progress made was rather limited. It was true that there were many very difficult problems involved in the eradication programme, but it would seem from the Director-General's report that the main obstacle was lack of funds.

He suggested that the Committee include, in its draft resolution on the smallpox eradication programme, a paragraph appealing for voluntary contributions to the Special Account for Smallpox Eradication.

Dr ARETAS (Cameroon) thanked the Director-General for his detailed report.

Cameroon had not launched a smallpox eradication programme, but it was carrying out smallpox vaccination on a three-yearly basis, following advice provided by the Organization. Despite that, the country had recently suffered a severe epidemic, such as had been unknown there for some ten years. The epidemic had originated in Nigeria, and it had comprised 1571 cases, of which 14.5 per cent. had been fatal; the morbidity rate had been 2 per 1000. From March to October 1961, 514 500 vaccinations had been made, but new cases had continued to appear. There were many reasons for the failure of the vaccination campaign: in some areas scarcely 30 per cent. of the population had come for vaccination; the vaccine had provided insufficient protection, as a result of deterioration due to unsatisfactory transport conditions. It had therefore been decided to start on a second phase of the mass campaign, vaccinating the whole of the population of north Cameroon (about 1 200 000). The campaign had been conducted like a military operation, the country being divided into five operational zones, each zone having one doctor and five vaccination teams. Results had been spectacular: during one month some 600 000 vaccinations had been performed, and attendance had

never been below 80 per cent. By the beginning of April 1962 the epidemic had ended.

That experience had shown that it was essential, when mass campaigns were being conducted, that neighbouring countries should likewise carry out similar programmes; that attendance for vaccination must be at least 80 per cent.; that vaccine should be fully potent when applied to the vaccination site; that any campaign required a systematic approach. It would seem that one doctor was needed for 100 000 inhabitants, and one vaccination team for every 20 000 inhabitants, each team consisting of at least five vaccinators and, in addition, an administrator to keep the necessary records. It was essential that the team should be mobile, and the campaign should be carried right to the very frontiers of the country. The cost of the campaign had been about 8 United States cents per person, not taking into account the salaries of the staff required.

Dr SULIMAN (Sudan) said that a four-year smallpox eradication programme had been started by his Government in 1961. The country had been divided into four regions, and the programme would be completed in one region before the end of the present month, in the second region in May 1963, and in the whole country by 1965. Surveillance work would then begin.

As stated in the report before the Committee, the Organization was providing Sudan with a consultant epidemiologist for one month and considerable equipment and supplies. Sudan was grateful for the aid already given, and hoped that the further supplies which had been requested would be received soon.

Mass vaccination was of the utmost importance in Sudan—a crossroad between East and West, and a route for pilgrims. Four million doses of dried vaccine were therefore still required, dried vaccine being the most effective in the climatic conditions existing there. In addition, twelve cars, thirty refrigerators and a motor launch were needed for the campaign.

Dr NIAZ (Pakistan) thanked the Director-General for the comprehensive report before the Committee. He was also glad to note the research work on smallpox described in the report on the medical research programme discussed earlier in the meeting.

Smallpox was endemic in most parts of Pakistan. In East Pakistan a pilot project for eradication had been started in two of the most heavily infected districts, and no fresh cases had been reported since the completion of vaccination in those areas. Plans were being made to extend the area of operations. In West Pakistan there had been the unfortunate outbreak in Karachi, and travellers leaving the city during

the incubation period had spread the infection to other countries. Immediate steps had been taken to overcome the outbreak, but it was difficult to secure rapid total coverage in Karachi, which had a population of over two million. However, the situation was now under control, and there had been no further outbreak. It was hoped to launch in the near future a smallpox eradication scheme in West Pakistan—a scheme that was being prepared in conjunction with WHO.

Adequate supplies of dried vaccine were being produced in East Pakistan, so that there was no need to import vaccine. The main difficulty was the provision of transport and training and supervision of personnel. It might be possible to use BCG vaccination teams to carry out smallpox vaccination, thus effecting a saving on transport, supervisory staff, and financial expenditure.

Dr WORKNEH (Ethiopia) said that smallpox was still a serious problem in Ethiopia. Control was difficult, on account of geographical inaccessibility and dry climatic conditions, lack of medical personnel, and lack of funds. The Ministry of Public Health was aware that no eradication or even control programme could be carried out without adequate, stable, dried vaccine, and the Government had negotiated with the Pasteur Institute in Ethiopia for the production of such vaccine. A laboratory for the production of lyophilized vaccine had thus been established in 1960, and Ethiopia had become the first country in the Eastern Mediterranean Region able to produce that type of vaccine in sufficient quantities.

The smallpox control programme was an integral part of the public health services. Following a yellow fever epidemic, smallpox vaccination had been combined with yellow fever vaccination, and since 1961 about a million people had been vaccinated in that way.

He would stress once again the necessity for the establishment of good basic public health services to ensure the success of programmes in specific spheres.

Dr DOUBEK (Czechoslovakia) said that four years had passed since the Eleventh World Health Assembly had adopted its resolution regarding smallpox eradication. Nevertheless, the disease was still endemic in many countries, and there were cases being imported.

The reasons for that should be investigated. If the situation as regards vaccinations was satisfactory, then there was need for study on the intervals at which vaccination should be carried out. In fact, however, experience had shown that often vaccination had not been adequately performed, or even had not been carried out at all, which explained the imported cases.

From 1 January to 31 March 1962 the public health

services at Prague airport had discovered sixty-nine persons entering Czechoslovakia without the required vaccination.

The Organization should examine carefully all imported cases of smallpox, and Member States should be immediately informed how they had occurred, what inadequacies had been revealed, and what remedial measures should be taken.

To improve the situation, first, the vaccination requirements of all States should be carefully observed. Airlines and travel agencies could be asked not to deliver tickets to persons not in possession of the required certificate. Also, there should be, especially at airports, sanitary control of all persons going to countries where vaccination was obligatory. Secondly, the epidemiological situation in countries where smallpox was endemic should be improved through speedy and effective assistance from other Members of WHO. In that connexion the Government of Czechoslovakia was prepared to put at the disposal of the Organization free of charge during 1963 several million doses of lyophilized smallpox vaccine on condition that WHO would provide the necessary lyophilization equipment. Czechoslovakia could at the same time send a small group of medical workers to undertake the work connected with organizing and carrying out vaccination.

Independently of other measures, research was needed to find more effective vaccines and to determine more suitable intervals for vaccination.

Dr MONTALVÁN (Ecuador) felt that it was encouraging to note that all the basic elements required for the success of the smallpox eradication programme were available, despite the various difficulties that had arisen in several countries.

In the Americas, smallpox had been eradicated in several countries where geographical conditions had provided considerable obstacles—for example, Mexico, Colombia, Peru and Bolivia—as a result of good organization. In Ecuador various administrative difficulties had hindered the beginning of the eradication campaign, but a campaign was now being launched and it was hoped that smallpox would be eradicated within the next two years. It was clear that international co-operation was essential where smallpox eradication was concerned.

Dr DEHLOT (Congo, Brazzaville) said that smallpox had recently been introduced into his country from the Congo (Leopoldville), giving rise to two centres of infection, at Brazzaville and Pointe Noire. The *Service de lutte contre les grandes endémies*, an effective service set up by the former French administration, had immediately taken the necessary steps to bring the epidemic under control. The great

problem was the achievement of total coverage of the population—during the epidemic, it had been discovered that none of those affected had been vaccinated. The difficulty in the Congo was that the medical service was regarded with suspicion by the population in general.

Dr KLOSI (Albania) said that Albania was free of smallpox infection and so far there had been no cases imported from abroad. Frontiers and airports were watched vigilantly. In addition to regular compulsory vaccination and revaccination, provided free of charge, special measures had been taken in recent years when smallpox had reappeared in certain parts of Europe. The vaccine used was produced in Albania.

Dr NABULSI (Jordan) said that his country had been free of smallpox for many years, but mass vaccination of the population had recently been undertaken as a precautionary measure.

For the past two years Jordan had been contributing to WHO three million doses of vaccine that had been prepared in its own laboratories, and it was anxious to continue to make such a contribution to the smallpox eradication programme.

Dr SAUGRAIN (Central African Republic) congratulated the Director-General on his report.

During the period from the beginning of 1959 to the end of 1961 some 1 300 000 smallpox vaccinations and revaccinations had been carried out in the Central African Republic, which had a population of 1 200 000. The three-year vaccination programme had been successful and had confirmed that, as indicated in the report before the Committee, vaccination of 80 per cent. of the population should produce satisfactory results. Total coverage was possible without additional expense except for the cost of the vaccine, since vaccination was carried out by mobile teams in conjunction with the regular work on other communicable diseases. The surveillance stage had now been reached and five-year programmes were envisaged.

The main preoccupation at present was prevention of importation of smallpox. The Central African Republic was surrounded by five countries where smallpox was still endemic. Early diagnosis was important but was difficult with inexperienced staff; thus chickenpox was sometimes mistaken for smallpox.

The Organization would help the eradication programme in Africa considerably by the provision of a tested vaccine to those countries possessing mobile health services.

Dr DEBYASUVARN (Thailand) expressed appreciation of the excellent report presented by the Director-General.

The Government of Thailand realized the importance of the smallpox eradication programme, not only for the security of its own people, but also for that of the world as a whole. In 1961 a three-year smallpox eradication programme had been started, but the results in the first year had not been very satisfactory: only 50 to 60 per cent. of the population had been vaccinated, the low percentage applying to both urban and rural areas. Reasons were the limited financial resources available—only \$50 000 a year for the vaccination of some 8 million people; transport difficulties, due to a long rainy season; lack of personnel; and poor public co-operation. Improved supervision was being planned, and the smallpox eradication programme was being combined with other projects, for example the anti-yaws campaign.

Was there any possibility of finding an improved vaccination technique? A so-called "hypo-spray" had been used for vaccination against cholera, but the technique was at present rather slow for mass vaccination against smallpox. Could a single scratch be used instead of multiple scratches?

Dr HAN (Republic of Korea) said that, as a result of a mass vaccination campaign, with the active participation of the population, smallpox was under control in his country: in 1951 there had been more than 43 000 cases; in 1959 there had been none, and in 1960 and 1961 only two. Vaccination would be continued in order to achieve complete eradication.

Dr EL BITASH (United Arab Republic) said that both primary vaccination of children and revaccination at four-year intervals were compulsory throughout the United Arab Republic, and that, as a result, smallpox was practically non-existent there. During the past two years the United Arab Republic had been able to produce appreciable quantities of dried vaccine, which was used mainly in the southern, warmer areas, or in the remote oases where adequate refrigeration was not available. On several occasions, it had also supplied vaccine to neighbouring countries in times of emergency. The International Sanitary Regulations were always applied most strictly, observance of those regulations being regarded as essential for the control of smallpox.

Professor DE HAAS (Netherlands) congratulated the Director-General on his excellent report.

Was there still a shortage of vaccine in some countries, and, if so, what quantities were needed? WHO might appeal to vaccine-producing countries, asking them for vaccine and, possibly, equipment and transport.

Dr OLGUÍN (Argentina) congratulated the Director-General on his report on smallpox eradication, a subject to which Argentina attached great importance.

With vaccine available from the National Institute of Microbiology, an intensive vaccination campaign had been started in Argentina, with the aim of immunizing 80 per cent. of the population. National, provincial and municipal authorities collaborated closely in the campaign. Health education was used to further the programme, and vaccination was compulsory.

Dr LAMBIN (Upper Volta) said that smallpox was a public health problem in his country: there had been 2360 cases in 1961, and more than 1100 during the first four months of 1962.

During an epidemic in April 1961 it had been found that the vaccine used—obtained from Guinea—was ineffective, as a result of delay in transport when the heat had been intense. Vaccine had subsequently been obtained from France, and the epidemic had been brought under control, but it had been very

expensive for the Government. Could WHO not supply some lyophilized vaccine?

Most of the smallpox epidemics in Upper Volta seemed to come from Mali and Ghana, which in turn complained of outbreaks originating in Upper Volta. Vaccination campaigns in neighbouring countries must clearly be synchronized, and the Organization could play a role by co-ordinating the work within each region.

2. Eighth Report of the Committee

Dr MONTALVÁN (Ecuador), Rapporteur, read the draft eighth report of the Committee.

Decision: The report was adopted (see page 400).

The meeting rose at 6 p.m.

NINETEENTH MEETING

Wednesday, 23 May 1962, at 8.30 p.m.

Chairman: Dr W. D. REFSHAUGE (Australia)

1. Smallpox Eradication Programme (continued)

Agenda, 2.4

Dr WAKIL (Lebanon) said that he wished to supplement what had been said by the delegate of Jordan by saying that Lebanon had often received supplies of smallpox vaccine from Jordan without charge, and expressing his appreciation of that collaboration. Nearly ninety per cent. of the population of Lebanon had been vaccinated in the course of a mass campaign in 1959. The law required a mass vaccination campaign every four years and, in between, every newborn child must be vaccinated and show a positive result in the course of the first year.

Dr SHAHEEN (Iraq) said that in a nation-wide vaccination campaign launched in 1957, which had continued until mid-1959, Iraq had vaccinated the majority of its population. Vaccination was obligatory and Iraq produced its own vaccine, although not in quantities sufficient for the mass campaign. His Government acknowledged gratefully the supplies received from Pakistan and the Union of Soviet Socialist Republics. Returns now showed that smallpox appeared to be under control and it was hoped

that the results of the vaccination campaigns would be fruitful.

Dr CHADHA (India) recalled that at earlier meetings reference had been made to the immense size of India's smallpox problem. The area to be covered was vast and parts of it were difficult of access because of mountains or forests. There was also the question of the staff needed for work on such a scale; they were measured not by hundreds but by thousands and it was necessary also to arrange for their supervision. The vast size of the problem was being met by a correspondingly colossal effort. The Government of India had no lack of determination to eliminate smallpox from the country and at the time of formulating its plans had not intended to approach any outside agency for help: it was training its own staff for the purpose and providing its own vaccine. There was, however, a real difficulty of foreign exchange and India was therefore asking WHO for help with vehicles that must be paid for in hard currency.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland) said that he had recently been greatly touched that some of his African colleagues,

outside the meetings of the Committee, had offered to help the United Kingdom with its smallpox problem.

The health services of countries free from smallpox (as the United Kingdom again was) could control the results of importation of cases, but only at heavy cost in many ways. True protection for such countries lay with the health authorities of the countries from which the immigrants came. Out of over four thousand persons who had travelled by air to the United Kingdom from Pakistan in a period of seven and a half weeks, 98 per cent. had shown clinical signs of successful vaccination in Pakistan and a further one per cent. had been confirmed as immune. That represented a very special effort by the Pakistan health authorities and the United Kingdom health authorities deeply appreciated it. It was clear from recent experience in the United Kingdom that routine practices relying on revaccination without subsequent inspection were not adequate in face of an epidemic.

Reference had been made in the discussion to the risks of vaccination. There certainly was some risk but it was very small, particularly if the risk of exposure to smallpox in a lifetime was considered. Since last Christmas, out of 45 unvaccinated smallpox patients 19 had died; out of 17 vaccinated more than three years before arrival, six had died; no one vaccinated in the last three years had contracted the disease.

Dr EL-BORAI (Kuwait) said that there was always a risk that a smallpox epidemic might develop from an immigrant incubating the disease, in spite of the best public health service, experienced in control. Vaccination was not merely the best, but the only effective means of controlling smallpox. In Kuwait vaccination had been compulsory since 1960 for new-born children in the first three months of life. It was generally considered that immunity from vaccination lasted for seven to ten years but, to provide a margin of safety, the International Sanitary Regulations required that passengers coming from an infected area should produce a valid certificate of vaccination within the last three years. In Kuwait, vaccination of the population was undertaken at intervals of four years. A programme of revaccination had been started in 1959 and had finished in 1962, during which 320 000 people had been vaccinated. There was also special vaccination of smallpox contacts and occasionally of the whole population of areas where a risk of smallpox had arisen. All passengers arriving in the country without a valid certificate were vaccinated. Children were not admitted to school at the age of five unless they had been revaccinated, and a similar procedure was used for admission to secondary schools. The results of primary vaccinations were

inspected after two weeks; and it was the responsibility of the health officer to check the records of vaccination against the birth register to see that no child was omitted. There had been in Kuwait no case of smallpox since 1959, apart from one imported case.

Dr SULIMAN (Sudan) thought all members of the Committee were agreed that it was of great value to know the position in regard to smallpox in all countries and their requirements for smallpox eradication. It appeared to him that perhaps the countries of Europe had started to feel the need for smallpox eradication when they had cases of their own; but there were other countries, such as Sudan, in which smallpox was present all the time. At any rate, health administrations of all countries were now being asked to undertake eradication programmes, and many countries were offering to supply vaccine to others. Some vaccine had unfortunately not proved effective in use; but no complaints had been received in regard to dried vaccine. It was therefore important that all countries should be supplied with dried vaccine, and in adequate quantities, because if the supply of vaccine ran out in the middle of a vaccination campaign a very difficult situation was created.

Dr KAUL, Assistant Director-General, Secretary, said that he would refer only to a few points that had arisen in the discussion and which required comment or reply: he would not attempt to deal with the general debate. The Soviet Union delegate had raised the question of research. The Organization was well aware that there were many deficiencies in present knowledge of smallpox, in regard to diagnosis, the best procedure for vaccination, and immunity. It was therefore stimulating and promoting research, at present, *inter alia* on the following:

- (1) Comparison of vaccines derived from sheep, calves and buffalo calves. That work was being done mainly in Madras, India.
- (2) Methods of increasing the yield of vaccine.
- (3) The method by which smallpox spread from early cases. Results so far seemed to show that in the pre-eruptive stage virus was not present in the saliva; in the stage of early eruption virus could be isolated from the saliva but in later stages of the illness it disappeared.
- (4) Methods for securing earlier diagnosis of smallpox, by improving the present laboratory tests and by investigating new tests that were being developed, among which he might mention the work of Professor Nauck on the identification of inclusion bodies by electron microscopy.

(5) An inquiry into the vaccines produced in different countries, to test their efficacy in primary and reinforcing vaccinations and the duration of the immunity they produced. Some of the work was to be done in the Soviet Union.

(6) Studies of human gamma globulin, and preliminary studies on animal gamma globulin.

Since he had mentioned the Soviet Union, he would call attention to the fact that the 25 million doses of vaccine donated by the Government of that country, as recorded in the report before the Committee, had stimulated a number of vaccination programmes and made their good progress possible. He understood that the Soviet Union Government was willing to assist by distributing larger quantities. It had also offered to supply experts and expert teams, but that point raised some difficulties. There was not so much a lack of expert knowledge: the real difficulty was in providing sufficient vaccinators and in the organization of campaigns, an administrative point in which there was not a marked need for experts.

The delegate of the Netherlands had raised the question of the quantities of vaccine required for the eradication campaign. The Director-General was collecting information from governments as to their needs for vaccine and it was clear that a very large quantity of dry vaccine was wanted; but it was not yet possible to give the exact figure.

The offers of vaccine from Czechoslovakia and other countries had been received with great gratification.

Some delegates from Africa had spoken about the potency of the vaccine that they were using. It was important to recognize that there had been several shortcomings in regard to the quality of vaccine: it had been potent when issued but had often been found less effective when used. Every new batch of vaccine should therefore be tested by using it in the primary vaccination of 50 to 100 children before it was distributed in a campaign. There was everything to be said for using dried vaccine as often as possible.

Delegates from some African countries had given information as to the importance of surveillance and of keeping up a high standard of vaccination in the population generally and of vaccinating all new-born children.

The delegate of Thailand had asked whether there was any possibility of improvements in technique for mass vaccinations which would expedite the work, and had referred to jet injection. That had been used and further studies were understood to be in progress. A single scratch was acceptable instead of multiple scratches provided a vaccine of high potency was used; that would also speed up the work.

The important question of travellers and the risk of importing smallpox had, he thought, been covered during the discussion of the ninth report of the Committee on International Quarantine. The delegate of Czechoslovakia had suggested that airlines should require a certificate of vaccination against smallpox from passengers before issuing an air ticket; but that proposal went beyond the provisions of the International Sanitary Regulations. Governments should keep airlines informed of their vaccination certificate requirements. It would be recalled that governments were legally bound by the International Sanitary Regulations. Governments might require vaccination certificates from arriving passengers under conditions laid down in Article 83 of the International Sanitary Regulations. A passenger who arrived without a certificate and refused vaccination might be put under surveillance or isolated, depending on the circumstances described in Article 83, but he might not be refused entry.

Finally, he called attention to the following draft resolution which had been circulated:

The Fifteenth World Health Assembly,

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

Noting that the progress made since the Eleventh World Health Assembly in 1958 took the decision to initiate a world-wide eradication programme has been slow;

Recognizing that countries in the endemic areas are meeting difficulties in organizing country-wide campaigns owing to insufficient funds and health personnel, inadequacy of transport, vaccine and equipment;

Reiterating that the persistence of the disease causes a high morbidity and mortality in the endemic areas and exposes the rest of the world to risk from importation of infection,

1. EMPHASIZES the urgency of achieving eradication;
2. COMMENDS the efforts already made in those countries which are implementing eradication campaigns;
3. URGES the health administrations of those endemic countries which have not already done so to plan and implement country-wide eradication campaigns with stable potent vaccine;
4. INVITES countries able to do so to make voluntary contributions in cash or in kind of such essential requirements as freeze-dried vaccines, suitable transport and necessary laboratory and cold-storage equipment, for distribution by the Organization to

countries in the endemic areas with sound eradication programmes requesting such assistance; and

5. REQUESTS the Director-General :

- (a) to continue to offer advice and technical guidance to the countries concerned;
- (b) to provide for the necessary activities and material assistance in his programme and budget estimates for future years;
- (c) to prepare, with the aid of national governments, their requirements and firm estimates of costs for their smallpox eradication programmes; and
- (d) to report further to the Sixteenth World Health Assembly on the progress of the eradication programme.

Dr ARETAS (Cameroon) felt that paragraph 3 of the draft resolution did not bring out the need for countries to unite with their neighbours in campaigns for smallpox eradication. The recommendation as it stood was satisfactory for islands, but Cameroon had six neighbours with land frontiers. If, therefore, Cameroon undertook a campaign for smallpox eradication its results would be very temporary if similar work was not undertaken in neighbouring countries.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland) asked whether the delegate of Cameroon would agree to add to paragraph 3 of the draft resolution the words "in concert with their neighbours".

Dr ARETAS (Cameroon) accepted that suggestion.

The CHAIRMAN put to the Committee the draft resolution as so amended.

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

¹ Transmitted to the Health Assembly in section 2 of the Committee's ninth report and adopted as resolution WHA15.53.