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GENEVA, 3 - 20 MARCH 1964

PART II

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Verbatim Records

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WORLD HEALTH ORGANIZATION
GENEVA
November 1964

MEMBERSHIP OF THE HEALTH ASSEMBLY

LIST OF DELEGATES AND OTHER PARTICIPANTS

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Mr U. COHEN, First Secretary, Permanent Delegation of Israel to the European Office of the United Nations

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Mr J. J. WRATHALL, Minister of Health

Dr M. H. WEBSTER, Secretary for Health

2. Smallpox Eradication Programme

Agenda, 2.5

The CHAIRMAN said that, in addition to the report of the Director-General,[3] the Committee had before it a draft resolution, reading as follows:

> The Seventeenth World Health Assembly,
>
> Having considered the report of the Director-General on the present situation of smallpox in the world and on the progress so far achieved towards the eradication of the disease from endemic areas;
>
> Noting that the Expert Committee on Smallpox which met in January 1964:
>
> (*a*) recommended that in each smallpox eradication campaign a comprehensive plan of action must be prepared and that its aim should be to cover 100 per cent. of the population, and that special attention should be paid to the age-groups in which the disease most frequently occurs, as shown by the analyses of age-specific attack rates, and to new-born children and pregnant women in whom the mortality is very high; and
>
> (*b*) considered that the use of freeze-dried vaccine is absolutely essential in hot climates and under conditions of difficult communications, especially for adequate revaccination;
>
> Recognizing that, in order to ensure the success of the programme, sufficient quantities of potent freeze-dried vaccine and freeze-drying equipment should be made available as necessary to countries

[3] *Off. Rec. Wld Hlth Org.* **135**, Annex 11.

in endemic areas developing eradication programmes;

Noting that, while some countries have taken commendable steps to eradicate smallpox, many others are hampered in their efforts by lack of material support, particularly freeze-dried vaccine and other imported supplies and transport;

Noting with appreciation the donations of freeze-dried vaccine to the Organization by the Governments of the Netherlands, Switzerland, the Union of Soviet Socialist Republics, and the United Kingdom of Great Britain and Northern Ireland; and

Recognizing that the need for freeze-dried vaccine for eradication programmes during the next two years is of the order of two hundred million doses,

1. URGES those countries where the disease is still present, and which have not initiated eradication programmes, to plan and implement as soon as possible programmes of eradication following the recommendations of the Expert Committee on Smallpox;

2. INVITES countries able to do so to contribute to the programmes by making substantial voluntary contributions in cash or kind to enable the Organization to provide freeze-dried vaccine and other necessary materials and equipment to countries with sound eradication programmes requesting such assistance; and

3. REQUESTS the Director-General:

(1) to provide, under the future regular programme and budget of the Organization, for making good the short-fall of the vaccine required, and of other essential supplies and equipment, to countries developing eradication programmes; and

(2) to collect from the countries concerned information on the action taken towards smallpox eradication and to report to the Eighteenth World Health Assembly.

The SECRETARY said that the Director-General's report on smallpox eradication presented a summary of information available on smallpox in the world and on the status of the smallpox eradication programme.

Section 2 of the report gave figures for incidence and mortality in the first eleven months of 1963. Both cases and deaths had increased slightly, which indicated that the attempts at eradication had not so far had a significant effect on global incidence. As would be seen from Chart 1 and Tables I and II (*Official Records* No. 135, pages 121 and 122), most cases had occurred in Asia, with India occupying first place, followed by Pakistan and Indonesia. The fact that in Africa fewer cases and deaths were notified in 1963 than in the two previous years could not be ascribed to eradication campaigns, as only a few countries in that region had, to date, developed extensive programmes. In the Americas, where comprehensive national control and eradication programmes had been carried out in recent years, there had been a considerable drop in the number of cases.

Table III (*Official Records* No. 135, page 126) gave details of imported cases of smallpox, from which it would be seen that on five occasions the disease had been imported into Europe in 1963. On two of those occasions there had been subsequent serious outbreaks, in Sweden and Poland. Such epidemics served as reminders of the risks run by all countries so long as smallpox remained prevalent anywhere in the world.

Section 3 described in some detail the progress made. India, which reported the highest number of cases, was engaged in an intensive country-wide eradication campaign. By the end of September 1963, nearly 140 million persons had been vaccinated, and it was planned to cover the whole population by the end of March 1966. Large supplies of freeze-dried vaccine from the Union of Soviet Socialist Republics had made the campaign possible. Nevertheless, there was still a shortage of vaccine and, in order to meet that need, as well as the immediate needs of some of the smaller countries, the Director-General had appealed to six countries in 1963 and to three countries in 1964 for some thirty million doses to tide the campaign over until April, when the demand would be somewhat reduced through increases in local production. Pakistan, with the second largest number of cases, was carrying out an eradication campaign in the eastern part of the country and it was expected that the total population would be covered during 1964. An eradication programme was planned to start in West Pakistan in 1965. In Afghanistan, Burma, Ghana, Ivory Coast, Liberia, Mali, Nepal, Nigeria, Sudan, Togo, Upper Volta and Yemen intensive vaccination campaigns were either being carried out or were planned.

Section 4 contained an account of the conclusions reached by the Expert Committee on Smallpox, which had met in Geneva from 14 to 20 January 1964.[1] It reiterated that the eradication of smallpox was feasible: the only reservoir was man, and successful Jennerian vaccination provided effective immunity. The Expert Committee considered that the Organization's eradication programme had been well conceived and soundly based, and it was of the opinion

[1] The report of the Expert Committee has since been published as *Wld Hlth Org. techn. Rep. Ser.*, 1964, **283**.

that campaigns should proceed in three definite phases—preparatory, attack and control. By "control" was meant the ability to maintain a country free of smallpox after a successful attack phase. In the attack phase, efforts should first be concentrated on those areas with a high density of population. Once those areas were well protected efforts could be transferred to contiguous areas.

In the Expert Committee's opinion, the findings of the teams that were independently appraising the results of the programme in India were of particular importance. Those teams had discovered that the percentage of persons vaccinated was often lower in certain age-groups, especially in children and men working in the fields during the day, than the vaccination returns might suggest, and such poorly vaccinated groups might well form susceptible foci for the spread of infection. The Expert Committee therefore recommended that the target should be to cover 100 per cent. of the population, with special attention to those age-groups in which the disease occurred most frequently and also to new-born children and pregnant women. The Expert Committee also emphasized the need for freeze-dried vaccine, especially for use in revaccination, as experience had shown that liquid vaccines rapidly lost their potency in hot climates and where communications were difficult.

The Expert Committee had discussed the question of the validity of the International Certificate of Vaccination or Revaccination against Smallpox, a subject which the Committee on Programme and Budget would be considering under item 2.7 of the agenda—Consideration of the twelfth report of the Committee on International Quarantine (see page 360).

The Expert Committee's main recommendation was that the Organization should take all possible steps to increase international interest and co-operation with a view to the rapid and successful implementation of the eradication programme. It also stressed the need for close co-operation between neighbouring countries in establishing eradication programmes, and for better reporting and concurrent evaluation of programmes, and mentioned a number of field and laboratory research studies that should be carried out, including further study on effective chemoprophylaxis in the protection of contacts, and on the use of jet injectors. The Organization was in close touch with research on both problems and realized that more information was required before large-scale application of either was possible.

Section 5 of the Director-General's report concerned donations of smallpox vaccine. After the Sixteenth World Health Assembly, the Director-General had appealed to all Member countries for voluntary contributions in cash and kind to help provide transport, equipment and vaccine for countries where smallpox was endemic. It was a most discouraging aspect of the programme that only one offer had been received—a million doses of freeze-dried vaccine, from the Netherlands. As he had mentioned earlier, an emergency appeal had been recently made to nine countries for thirty million doses of vaccine—mainly for use in India, during the first four months of 1964. The response to that request had resulted in only seven million doses being made available to India through donations received; and, after supplying a million doses to Burma, Sudan and Upper Volta, all the Organization's donated stocks of vaccine were now exhausted. It was estimated that approximately 100 million doses of freeze-dried vaccine would be requested of WHO in 1964 and again in 1965. Unless vaccine was obtained it would be impossible to continue many eradication programmes, and donations of freeze-drying and other equipment and of transport were also required. The Organization could not satisfactorily assist endemic areas to develop eradication programmes unless substantial voluntary contributions of vaccine and funds were made available.

From a recent survey conducted by the Organization, it had been established that twenty-four countries (excluding the Union of Soviet Socialist Republics and the United States of America) were producing freeze-dried smallpox vaccine, of which three were in the African Region, seven in the Americas, four in the South-East Asia Region, five in the European Region, four in the Eastern Mediterranean Region, and one in the Western Pacific Region. It appeared that twenty-two of those production centres had between them a production capacity of some 142 million doses a year, with a potential of 450 million doses a year. The Organization had assisted five countries in developing the production of freeze-dried smallpox vaccine, and was in negotiation with five other countries which had requested the establishment of further facilities for the production of freeze-dried vaccine. It was evident from the survey that the existing and potential resources in freeze-dried vaccine would be ample to meet the demands of the global smallpox eradication programme. But those countries that were large producers and were also free from smallpox would have to make substantial donations if the eradication programme throughout the world was to be speeded up.

There was sufficient knowledge to rid the world of the disease, but it had to be applied energetically and effectively. What was needed was adequate supplies of vaccine, of equipment for its production, storage and distribution, the training of teams of vaccinators, and adequate supervision and assessment of campaigns. The countries where the disease was endemic

could supply the vaccinators and, where necessary, laboratory workers could be trained to produce vaccines. But if the eradication programme was to be executed with speed and efficiency, the smallpox-free countries would have to give it far greater immediate support. Until the new vaccine production centres could meet the full needs of the programme there would continue to be an urgent need for freeze-dried vaccine, and in the next two years 200 million doses would be required.

Dr ANDERSEN (Denmark) thanked the Director-General for the excellent report now before the Committee. He said that, with regard to importations of smallpox into the so-called developed countries, he would recount the action taken in his own country to avert such an occurrence.

There had been no outbreak of smallpox in Denmark for many years and vaccination for children of pre-school age had been compulsory for over a hundred years. Revaccination, however, was not enforced except in the case of military personnel, all of whom were vaccinated on entering the service.

Any traveller who had been living in a country outside Europe could be required to present upon demand a valid international certificate of smallpox vaccination when entering Denmark. If he did not possess such a certificate, he was then offered vaccination on the spot and, if he refused it, he was kept under surveillance for at least fourteen days after leaving his country of departure. If the traveller had arrived from a country which had been declared an epidemic area under the International Sanitary Regulations, and had no valid international vaccination certificate, he had to undergo vaccination as well as a period of surveillance. If he refused vaccination, he was isolated for a period of up to fourteen days after his departure from the epidemic area in question.

Generally, only spot checks were made of the certificates, but where travellers from epidemic areas were concerned the control was intensified. Following the outbreak of a smallpox epidemic in a neighbouring country, the Danish national health service had recommended that all hospitals and similar institutions should revaccinate their staff; similar advice was given to all those dealing with sick people, including general practitioners.

Quarantine staff, and others who came into contact with travellers at airports and at the larger seaports, were revaccinated, and the Danish national health service had recommended the revaccination of all people travelling abroad. It had also advised the Ministry of the Interior that all health personnel dealing with transport, as well as home nurses, public health nurses, midwives, dentists and all those who cared for the sick, should be revaccinated. In epidemic hospitals revaccination was undertaken once a year, and in other institutions once every three years. The question of free revaccination of the whole population was under consideration.

As far as the diagnosis of smallpox was concerned, the Danish national health service had agreed to follow the practice in the United Kingdom of calling in a dermatologist in suspect cases. With regard to hospitals, it was difficult to decide whether it was more practical to send a smallpox patient to a large epidemic hospital or to send him to a smaller hospital some distance away, which could be emptied of all other patients in order to admit smallpox cases.

Professor CLAVERO DEL CAMPO (Spain) said that smallpox eradication, which was one of the most long-standing tasks facing the Organization, constituted as much of a problem for WHO as it had done for the Office International d'Hygiène Publique.

According to the report now before the Committee, the fight against smallpox had not to date achieved very satisfactory results. The number of cases of smallpox was the same in 1963 as it had been ten years previously. Some countries even had a mortality rate above 70 per cent.: for instance, in one country, of 3602 cases of the disease, 2581 were fatal. But it was possible that that high proportion was due to errors in notification.

The difficulties encountered in eradicating smallpox were of a strictly operational nature, for, as the Expert Committee on Smallpox had pointed out, the eradication of the disease was well within the bounds of possibility since its epidemiology and treatment had not changed over the years. Its only reservoir was man, the infection was visible, there were no asymptomatic carriers, and vaccination assured effective immunization. It was therefore essential for the Organization to redouble its efforts and, since it aimed at eradication, to give it priority and ensure that it was carried out within a specified time.

Smallpox eradication was a problem of concern to the whole world—both to the endemic areas and to those that were free of smallpox—because modern methods of transport and communication made the disease a general danger; and it should be remembered that the International Sanitary Regulations did not permit the restriction of movement of individuals.

If the problem was to be solved, donations of vaccine would not suffice: the countries concerned should themselves know how to prepare a vaccine of sufficient purity, potency and durability, all qualities that were even more necessary when it came to revaccination. Referring to the proposed draft resolution before the Committee, he was of the

opinion that it did not lay sufficient emphasis on the need to provide the countries concerned with the necessary equipment and material for preparing a freeze-dried smallpox vaccine. He reiterated that it was extremely important for countries to be able to prepare their own vaccine, and for WHO to have the means at its disposal to supplement or take the place of donations.

Professor DE HAAS (Netherlands) said that the report before the Committee was no less important than previous ones on the same subject, and the Secretary had made a valuable statement upon it. It appeared possible to envisage the eradication of smallpox within two centuries of the introduction of vaccination. The admirable efforts of India and Pakistan constituted a stimulating example to other countries. The fact that case mortality, as recorded in section 2 and in Table I, was apparently higher in Asia than in Africa might possibly be due to an under-registration of deaths in Africa and an under-registration of cases in Asia. Or was there perhaps a high incidence of variola minor in Africa?

Delegates from the developed countries might well feel some shame when reading, in section 5, that the vaccine requested by governments in Asia and in Africa was still not available, particularly as its total cost was estimated only at about one million dollars.

It was to be regretted that the report contained no reference to complications arising from mass vaccination. From the report it was not clear whether the importance of reporting complications had been underlined. At the Sixteenth World Health Assembly, the delegation of the Netherlands had drawn the attention of the Secretariat to the paediatric aspects of mass vaccination of undernourished infants and children. Both the report and the draft resolution referred to the vaccination of new-born children: was that meant literally, or did it relate to infants of a certain age?

He wished to know whether the recommendation to vaccinate pregnant women, particularly in the first months of pregnancy, was justified, and asked what was meant by the phrase "normal revaccination programme", which occurred in section 4 of the report.[1]

Finally, he said that the report, which announced the dawn of the eradication of smallpox, should be widely distributed to doctors throughout the world.

Professor BANKOWSKI (Poland) congratulated the Director-General on his report.

Smallpox was not endemic in the European Region; however, in several European countries imported cases had resulted in fairly large epidemics, which gave rise to some concern. Although the eradication of smallpox from the areas in which it was endemic would provide a definitive solution to the problem, it was important to take certain measures in other areas where epidemics could occur. Such measures included the strict enforcement of vaccination, particularly of medical personnel.

From 26 April 1962, a law had entered into force in Poland under which all health service personnel had to be vaccinated or revaccinated against smallpox every three years. The procedure by which children were vaccinated in the first year of life and when they entered school would continue, and it was intended to revaccinate children between 14 and 15 years of age.

The last epidemic of smallpox in Poland had occurred in July and August 1963. There had been 98 cases (52 of which had been confirmed virologically) with seven deaths, including four among health service personnel who had not recently been successfully vaccinated. Over eight million people had been vaccinated during that epidemic.

In the opinion of the Polish delegation, certain measures should be taken to prevent the occurrence of such epidemics. First, the recommendations of the Expert Committee on Smallpox, which had met in January 1964, should be implemented. Secondly, the International Certificate of Vaccination or Revaccination against Smallpox should be amended to record the results of vaccination. Thirdly, undergraduate curricula and post-graduate courses should include more instruction on the epidemiology and the symptoms of quarantinable diseases. Fourthly, compulsory periodic revaccination should be introduced for all health service personnel and perhaps for the personnel of seaports and airports. Finally, epidemiological control in seaports and airports should be reinforced.

Professor GERIĆ (Yugoslavia) said that the Director-General's report, although somewhat optimistic, showed clearly that little progress had been made in smallpox eradication. A major obstacle was lack of funds. In the opinion of his delegation, Member States should intensify their efforts to obtain the financial and other means necessary to strengthen the eradication programme and, particularly, to promote the production of vaccine in countries where smallpox was endemic. The eradication of smallpox was of major importance, and should be given top priority.

The Government of Yugoslavia had decided to donate to the Special Account for Smallpox Eradication a million doses of dried smallpox vaccine. The vaccine was produced in Yugoslavia, where it was giving good results.

[1] *Off. Rec. Wld Hlth Org.* **135**, 131.

Dr APPEL (United States of America) said that two general points consistently brought out during the Assembly's general discussions were relevant to the smallpox eradication programme. The first was that eradication programmes were proceeding too slowly; the second was that WHO should establish definite priorities among its programmes.

The importance of eradicating smallpox could not be questioned. As long as it remained endemic in Africa and in parts of Asia and South America the disease would not only cause unnecessary mortality in those areas but would continue to menace other parts of the world from which it had been eradicated, but where there was great apathy towards regular revaccination. The knowledge necessary to eradicate smallpox had been available for many years and there were not the complex problems to be overcome as in the malaria eradication programme. All that was needed was determination and effort on the part of the world's health personnel. Although there had been a small increase in incidence during the past three years, the disease had not spread from the endemic areas, and the fact that it was confined to certain areas should facilitate eradication by permitting concentration of effort.

Vaccines were available that were suitable for use in tropical areas. Moreover, a new technique of vaccination had been developed which, if more widely used, would significantly decrease the amount of vaccine required to eradicate the disease. The results of research indicated that with the jet injector technique the present vaccine could be used in a dilution of 1:50 for primary vaccination, and in a dilution of 1:10 for revaccination. According to recent evidence, it seemed that a dilution of 1:50 would be effective even in revaccination.

The United States delegation considered that WHO should give high priority to the smallpox eradication programme. It should provide an adequate central staff for world-wide planning, and adequate staff for regional planning and implementation. Such staff should consider the adoption of the jet injector technique and provide training in its use for health personnel in the field if it was found effective; they should also study other methods of speeding up the programme. A target date could be set for the completion of such a programme.

The United States delegation suggested that the Director-General should consider the development of such a plan, including an estimate of the cost and time necessary, so that future budgets would reflect the high priority deserved by the smallpox programme.

Paragraph 3 of the draft resolution was not very satisfactory: the type of action requested of the Director-General should be outlined more specifically. Accordingly, together with the delegations of Australia, Chile, India, Liberia and the Union of Soviet Socialist Republics, the United States delegation was presenting an amendment to the draft resolution before the meeting. He emphasized that acceptance of that amendment would not commit any government to approval of the budget that the Director-General might submit as a result of the studies he would be asked to make.

The amendment proposed by the delegations of Australia, Chile, India, Liberia, the Union of Soviet Socialist Republics, and the United States of America was to replace operative paragraphs 3 (1) and 3 (2) by the following:

3. REQUESTS the Director-General:

(1) to prepare a comprehensive plan for the world-wide eradication of smallpox, which will include staffing requirements, methods of procedure, provision of necessary supplies and equipment, including vaccine, proposed time schedules, and estimates of current and future costs to WHO and to governments; and

(2) to include that portion of the necessary financing which is an appropriate WHO responsibility in his estimates for the 1966 regular programme and budget.

Professor ŽDANOV (Union of Soviet Socialist Republics) expressed agreement with the comments of the delegate of the United States of America.

The smallpox eradication programme was the most realistic of WHO's programmes in the sense that it could be completed in a relatively short time; however, it required a large contribution from the health services of various countries. It would be seen from the Director-General's report that no reduction in smallpox morbidity had been achieved between 1959 and 1963. However, there had been some progress, in that India, where there were large endemic areas, was carrying out a large-scale and intensive programme of smallpox eradication—a programme that had been very carefully planned and equipped.

He agreed with the delegate of the United States of America that it was time to group the separate uncoordinated efforts of various countries into one large co-ordinated programme. That opinion had motivated the amendment introduced by the United States delegation, of which his delegation was co-sponsor. As would be seen, the first task was to draw up such a world-wide programme and to make an estimate of the costs and the vaccine and other supplies that would be required.

The Soviet Union had always supported world-wide smallpox eradication and had provided assistance

through WHO and under bilateral agreements. The Soviet Union produced about five hundred million doses of dried smallpox vaccine annually and could increase its production if necessary. It intended to continue supporting the eradication programme by donations to WHO and by supplying vaccine and giving other assistance (including the sending of experts) to various countries.

He requested the Committee to give serious attention to the situation regarding smallpox and to recommend a resolution more radical than those previously passed on the subject.

Dr CHADHA (India) thanked the Director-General for his excellent report on smallpox eradication, and the Secretary for his able introduction to the subject.

The national smallpox eradication programme in India had been launched in the last quarter of 1962 in most states, but had not reached its full momentum until the first quarter of 1963. At present there were 150 eradication teams, each consisting of sixty vaccinators and twelve supervisors, operating in fifteen states and union territories.

In 1963 there had been reported in India 65 440 cases of smallpox, with 19 913 deaths. The figures were higher than those for the previous five years. Naturally the influence of the eradication programme had not been felt in 1963, and effective control could not be expected until 80 to 90 per cent. of the population had been covered.

By the middle of January 1964, 200 million people had been covered by vaccination; that figure included 22 million primary vaccinations. There had been twenty-one cases of post-vaccinal encephalitis—some of them fatal—in different parts of the country. There had also been a few cases of tetanus.

Freeze-dried vaccine was being used. His country was grateful to the Union of Soviet Socialist Republics for the 250 million doses of vaccine already donated and for the further 200 million doses promised, 11 million of which had already been delivered. It was also grateful to the Government of the United Kingdom for its donation of 4 million doses. However, India was still in need of further supplies of vaccine, and was glad to note that further donations from Switzerland and the Netherlands would be forthcoming.

The eradication campaign was being constantly evaluated as it progressed.

In order to eradicate smallpox it was essential that the campaigns in neighbouring countries should be synchronized. India was glad that Pakistan had started the mass vaccination of its whole population and that vaccination was being carried out in certain areas of Nepal with assistance from WHO. It hoped that that campaign could be extended to the whole country.

In conclusion, he expressed his country's determination to eradicate smallpox from the whole of India as quickly as possible.

Dr DOUBEK (Czechoslovakia) said that smallpox had been imported into Europe several times during 1963. There had been cases among medical workers, who were particularly exposed to infection from imported cases, and the fact that diagnosis had not been made sufficiently early had favoured the extension of the disease. In Czechoslovakia all the public health workers had been vaccinated, as well as certain other categories, for instance transport workers, and his country recommended other Member States to take similar measures. At the same time, doctors were being given supplementary instruction in the early diagnosis of smallpox and in methods of taking samples for laboratory tests.

The Czechoslovak delegation urged European countries in which imported cases of smallpox occurred to take active steps to prevent an epidemic and to give information on the results of their epidemiological investigations. It would be useful also if the European countries could unify their vaccination certificate requirements for international travel. Control of the international vaccination certificate according to the unified requirements should be made by the country in Europe which first received the traveller arriving from a region where variola was endemic and who was liable to compulsory vaccination. The Czechoslovak delegation was in full agreement with the view that to eradicate smallpox it was necessary to improve the epidemiological situation in those countries where the disease was endemic, with effective aid from all the Member States of WHO.

Dr NABULSI (Jordan) said that thanks to its vaccination programme, which provided for compulsory vaccination of infants from the age of three months and the periodical revaccination of schoolchildren, there had been no case of smallpox in Jordan for several years. In 1963 a mass vaccination campaign covering the whole population had been carried out.

Jordan, which produced high quality lyophilized smallpox vaccine in its own laboratories, had already donated several million doses to WHO. His country was prepared to contribute a further three million doses in 1964.

Dr ALDEA (Romania) said that the Director-General's report emphasized the magnitude of the smallpox problem in the world. With the intensification and ever-increasing speed of international transport and goods traffic the incidence of more than 70 000

cases of smallpox a year in the endemic areas of Africa, Asia and South America was a permanent danger to the health of people in all parts of the world. That fact had been amply demonstrated by the epidemics which had occurred during recent years in Europe, where smallpox had long been eradicated.

The documentation presented to the WHO regional committees called attention to various requirements for smallpox eradication: they included complete vaccination in the endemic areas; improvement of the antigenic quality of vaccine and of vaccination methods; the discovery of new prophylactic measures and improved methods of treatment; and improvement of legislation for the protection of countries where the disease did not exist.

In Romania the last epidemic of smallpox had occurred in 1925 and the last imported case in 1946. All children were vaccinated between the ages of three and twelve months and revaccinated at the age of seven years. A second revaccination was carried out at the age of twenty-one. All persons travelling in endemic areas or likely to come into contact with persons from those areas were also vaccinated. In 1963, in view of the outbreaks that had occurred in certain European countries and the development of international tourism and goods traffic, some supplementary protective measures had been taken: all medical and health workers, hotel and restaurant staff, and transport and customs employees had been revaccinated, and the attention of medical personnel had been drawn to the importance of early diagnosis of smallpox. Those measures had been intensified following the appearance of epidemic foci in Sweden and Poland; arrangements had been made for hospitalization, under proper conditions, of any cases in the main towns, and the health control at frontiers had been reinforced. After cases had been notified in Budapest, Zurich and Berlin more than 1600 persons who had been in those areas were placed under surveillance and in some cases medically examined every day.

From its own experience the Romanian Government was convinced that the surest way to eradicate smallpox was to accelerate eradication programmes in the endemic areas. The assistance of the Organization would be needed in research to obtain a highly effective vaccine causing a minimum of side-effects, to obtain antivaccinal gamma-globulin of animal origin, and to find better methods of treatment.

In 1963, nearly 200 000 children had been vaccinated and 300 000 revaccinated in Romania; 94 per cent. of the primary vaccinations had been successful. A general reaction above the normal had been found in 1.2 per cent. of cases, and severe local reactions in 3.4 per cent. Of the revaccinations checked, 94 per cent. had been successful; a general reaction above the normal had been found in 0.5 per cent. of cases, and severe local reactions in 2.1 per cent. In nearly 700 000 persons vaccinated or revaccinated in 1963, there had been four cases of encephalitis, one of which had been fatal.

The Romanian delegation considered that additional measures in respect of smallpox should be introduced in the International Sanitary Regulations.

Since, as regards smallpox, the critical period in the European Region was approaching, his delegation requested the Director-General to make every effort to have the recommendations of the Expert Committee on Smallpox circulated as quickly as possible.

Dr AWOLIYI (Nigeria) congratulated the Director-General on his excellent report on smallpox eradication.

Nigeria had decided to concentrate its resources on an all-out attack against smallpox, and had planned a phased eradication programme. During the first phase the production of vaccine would be increased, the network of health posts and dispensaries would be built up, the necessary staff of vaccinators etc. would be trained, and health education would be undertaken. That phase had already started, and was scheduled to last for another year. The second phase would be the attack phase. Each region of the country would be divided into about ten sectors, each of which would be thoroughly covered. If sufficient vaccinators and supervisors were available two or more sectors could be covered simultaneously. The third phase would be the consolidation phase, in which follow-up teams would be formed to see that complete coverage had been obtained. That phase was estimated to last twelve months. The fourth phase, which would be the evaluation and maintenance phase, would be carried out by the normal public health services through mobile field units and rural and urban health services.

The Nigerian delegation was of the opinion that the provisions of the International Sanitary Regulations should be strictly enforced at all ports and land frontiers.

It would be desirable if the countries bordering on Nigeria could undertake eradication campaigns simultaneously with the Nigerian programme, and perhaps WHO could help in that respect.

There had been one fatal case of post-vaccinal encephalitis in 1963, in Lagos.

Dr PERERA (Ceylon) thanked the Director-General for his interesting report. Smallpox was not endemic in Ceylon, but outbreaks caused by imported cases occurred from time to time. Ceylon had instituted strict quarantine measures in respect of smallpox

and for years had been carrying out a planned vaccination programme which aimed at total coverage of the population. Recently, revaccination of schoolchildren had been introduced.

His delegation supported the draft resolution.

Dr BRAVO (Chile) congratulated the Director-General on his report and the Secretary on his introduction of the item. It was apparent that sufficient knowledge was available to eradicate smallpox, but that greater efforts in that direction were needed.

There had been no case of smallpox in Chile for the last fifteen years. Infants were vaccinated at the age of six months, and every year 20 per cent. of the population was revaccinated. Even so, epidemic outbreaks caused by imported cases could still occur. The bacteriological institute in Chile prepared sufficient vaccine for the country's own use and had been able to supply vaccine to Peru in 1962 to help combat an epidemic. Chile intended to make a further donation of dried vaccine to WHO for use in countries where it was needed.

His delegation considered that the amendment jointly proposed by the delegations of Australia, Chile, India, Liberia, the Union of Soviet Socialist Republics, and the United States of America, to the draft resolution would give further impetus to the smallpox eradication programme.

Dr JALLOUL (Lebanon) expressed his appreciation of the Director-General's report.

Although the eradication of smallpox was feasible, epidemics were still occurring in some parts of the world, and greater efforts on the part of all States and co-operation between them would be needed.

There had been no case of smallpox in Lebanon since 1956. A law had been passed providing for a mass vaccination campaign to be carried out every four years; the first such campaign had been carried out in 1960, and the second would be carried out in 1964. The same law required that infants should be vaccinated at the age of six months.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland), referring to the last paragraph of section 5 of the Director-General's report, asked whether it was anticipated that there would be a shortfall of 100 million doses of freeze-dried vaccine in 1964 and again in 1965, and, if so, whether the Director-General contemplated proposing the transfer of funds from other parts of the budget to meet the cost of the vaccine. The United Kingdom produced relatively small quantities of vaccine, but had nevertheless donated to WHO the equivalent of its normal production for one year. It would appear that the world production of freeze-dried vaccine might not be sufficient for the next two years, although production facilities had increased in many countries. Even when adequate supplies of vaccine became available, smallpox eradication could not be secured by vaccination alone; as the incidence of the disease diminished there would be a need for new antiviral drugs to control infection around the remaining cases, and for laboratory facilities for diagnosing minor cases.

His delegation supported the amendment to the draft resolution, jointly submitted by the delegations of Australia, Chile, India, Liberia, the Union of Soviet Socialist Republics, and the United States of America.

The meeting rose at 12.30 p.m.

THIRTEENTH MEETING

Tuesday, 17 March 1964, at 2.30 p.m.

Chairman: Dr S. RENJIFO (Colombia)

1. Smallpox Eradication Programme (continued)

Agenda, 2.5

Dr OLGUÍN (Argentina) observed that the report [1] submitted by the Director-General clearly showed that, despite all the action taken to control it, smallpox remained a threat to health throughout the world, and would remain so as long as there were endemic foci in many countries. The conquest of the disease would be achieved not by isolated actions but only by persistent and well-organized campaigns using effective means of vaccination. Meanwhile the countries free from smallpox must remain vigilant to prevent outbreaks through imported cases.

[1] *Off. Rec. Wld Hlth Org.* **135**, Annex 11.

He stressed the importance of assisting governments to obtain supplies of vaccine to enable them to launch eradication programmes. His Government had given some help in that regard, and was ready to give more as far as its means would permit. It appreciated the importance of inter-country co-operation, and was co-ordinating its antismallpox activities with those of neighbouring countries. In conclusion, he emphasized the need for comprehensive world-wide planning covering all aspects of the problem.

Dr EL-BORAI (Kuwait) noted that, while most of the countries where smallpox was endemic were hampered in implementing national eradication campaigns by shortage of funds, equipment and personnel, even countries with well-organized public health services lived under the threat of epidemic outbreaks started by visitors from abroad who were incubating the disease at the time of entry. Thus two such outbreaks had occurred in Europe in 1963, one in Sweden and one in Poland, and the public health authorities had become aware of the danger only when the disease had already begun to spread. A great responsibility therefore lay on the individual practitioner who had to deal with a possible case of smallpox, however remote the likelihood might seem. The importance of the danger was shown by the fact that the cost of dealing with the two outbreaks in question had exceeded the whole of WHO's expenditure on the world eradication campaign.

The global eradication of smallpox was known to be possible, because man was the only reservoir of the disease, the infection was apparent, there were no carriers, and vaccination conferred effective immunity. The obstacles to achieving that aim were, firstly, shortage of vaccine and, secondly, failure to take the appropriate steps. As pointed out by the Expert Committee on Smallpox, an eradication campaign should consist of three phases: preparation, attack and control, all carefully implemented and correctly timed.

WHO was of course assisting in the implementation of national programmes as far as its resources permitted, but the aid given was not sufficient to enable countries to accelerate their operations. Very few countries in the endemic areas had been able to complete their eradication campaigns; most of them had financial difficulties, which could be overcome by further assistance, particularly in obtaining adequate supplies of vaccine. He therefore endorsed operative paragraph 2 of the draft resolution before the Committee (page 346), which invited countries able to do so to make substantial voluntary contributions in cash or kind to enable the Organization to provide freeze-dried vaccine and other necessary materials and equipment to countries with sound eradication programmes. His own Government had responded willingly to such appeals in the past, and would always be ready to do so.

Vaccination was not merely one means of combating smallpox, but the only effective means, so it should be made everywhere compulsory. Legislation to that effect had been introduced in Kuwait in 1960: it provided for primary vaccination at the age of three months and revaccination every four years. A general revaccination had been conducted between 1959 and 1962, and a further revaccination was starting in the current year. Very few complications had been observed, and he would be interested to know the experience of other countries in that regard, since it was not referred to in the report before the Committee. Legislation in Kuwait also provided for emergency vaccination where necessary (e.g. contacts, the entire population of infected areas, and persons entering the country without a valid vaccination certificate). Revaccination at five years of age was a prerequisite for admission to primary school, and further revaccination was required for admission to secondary school. As a result of those precautions, only one case, involving a person who had been incubating the disease on entering the country, had occurred since 1959.

He considered that high priority should be given to the world-wide smallpox eradication programme, and asked the Director-General to give even more attention to the planning and co-ordination of campaigns.

In view of the foregoing considerations, he supported the amendment proposed to sub-paragraph 3 (1) of the draft resolution before the Committee by the delegations of Australia, Chile, India, Liberia, the Union of Soviet Socialist Republics, and the United States of America (see page 351), but not the proposed amendment to sub-paragraph 3 (2).

Dr CHADHA (India) said that, following consultation with the other sponsors of the amendment to which the delegate of Kuwait had just referred, he was not quite happy about the implications of the proposed sub-paragraph 3 (2). He feared that there could be difficulties with regard to the provision of equipment and vaccine, which would call for very substantial support. It was true that WHO was already giving considerable help on the lines indicated in the proposed sub-paragraph 3 (1), but the implications of sub-paragraph 3 (2) seemed much more far-reaching, and

he therefore regretted that he must withdraw his sponsorship of that part of the amendment.

Dr BEIRÓ DE MIRANDA (Brazil) said that his Government had intensified its antismallpox campaign, and planned to vaccinate 80 per cent. of the population, or about 56 million persons, within five years. Since July 1963, 15 million vaccinations had been carried out with dried vaccine, of which enough was now produced in the country to meet the needs of the campaign as well as to assist neighbouring countries, and which tests had proved to be fully up to international standards. Nevertheless, as in other underdeveloped countries, it was proving extremely difficult to attain the level of immunization needed for eradication of the disease, owing to the inability of the basic health services to ensure coverage of the entire population.

Dr WEBB (Australia) said that, as a co-sponsor of the amendment proposed to paragraph 3 of the draft resolution under consideration, he did not understand the apprehensions of the delegate of India regarding sub-paragraph 3 (2). The Expert Committee on Smallpox, whose report was summarized in section 4 of the Director-General's report, had emphasized that the eradication of smallpox was a matter of concern to all countries, and that those now free from it were in constant risk of its being introduced from endemic areas. That was particularly true with the present speed of public transport, and without constant vigilance such countries could be infected before they were aware of it.

He had been interested in the remarks made by the United States delegate at the fifth plenary meeting (see page 88), and again at the previous meeting of the present Committee, regarding the dilution of vaccines. If he had rightly understood, it would appear that dilutions up to 1 :50 for primary vaccination and 1 :10 for revaccination could give satisfactory results. If that proved true, it might be the answer to some of the doubts expressed at the previous meeting by the United Kingdom delegate about available supplies of vaccine. He hoped that fuller field studies of the application of the principle would be made, especially in the endemic areas.

In conclusion, he said that his delegation shared the reservations expressed that morning by the United States delegate with regard to sub-paragraph 3 (2) of the original draft resolution.

Dr SCHINDL (Austria) said that his country had had compulsory vaccination of children for a hundred years, and had been free of smallpox for more than forty years. Unfortunately, however, many cases of post-vaccinal encephalitis, some of them serious, occurred every year and caused considerable public apprehension. Participation in poliomyelitis vaccination, which was not compulsory, was better than that in smallpox vaccination, and it was feared that the level of immunity in the population would be insufficient to prevent spread of smallpox if a case was imported, and his Government was very interested in the possibility of improved techniques to remove the danger of encephalitis.

His delegation considered that smallpox should have the highest priority of all in WHO programmes. There should be comprehensive planning for worldwide eradication, which the experience of certain countries had shown to be fully possible. He therefore supported the draft resolution before the Committee, with the amendment proposed (see page 351).

Dr AL-WAHBI (Iraq) shared the concern of the sponsors of the amendment proposed to the draft resolution before the Committee regarding the slow progress of the world smallpox eradication campaign, but did not feel that the changes they proposed would produce the effect desired. The responsibility for implementing eradication campaigns belonged essentially to national health administrations, which were eager to eliminate the disease from their territories and had no desire to see it spread beyond their boundaries. According to sub-paragraph 3 (1) of the suggested amendment, it was now proposed, however, to give WHO the responsibility for preparing a comprehensive plan which would extend into such new areas as "staffing requirements". The "provision of necessary supplies and equipment, including vaccine" was something that the Organization was already undertaking, thanks to the gifts of millions of doses of vaccine which it was receiving and distributing; but surely "proposed time schedules" was something that could be determined only by national administrations in the light of local circumstances. Again, "estimates of current and future costs... to governments" would require under-staffed national administrations, already busy with the essentials of health, to fill in lengthy questionnaires.

With regard to sub-paragraph 3 (2) of the proposed amendment, the phrase "that portion of the necessary financing which is an appropriate WHO responsibility" seemed to him entirely ambiguous, and called for definition. In any case, whatever costs might be meant, he was opposed to including them in the 1966 regular programme and budget. The position was not at all comparable with that which had arisen in the case of the malaria eradication programme, where

large commitments had to be met by the Organization and only a fraction of the sum required was available from voluntary contributions. The provision of staff was the responsibility of governments, gifts of vaccines were being received, and the essential requirements were therefore covered.

While, therefore, he was not particularly satisfied with the original draft resolution, he could not accept the proposed amendment.

Dr HAQUE (Pakistan) observed that his country contained one of the largest endemic foci of smallpox. Those who felt that progress towards eradication was unduly slow should consider such facts as the size of the country, the problems of transport, and the demographic situation. The task might be easier if the area of the country were smaller and the population more concentrated. For example, in Karachi, which had a population of 2.5 million, smallpox had been eradicated in three months, whereas in some Member countries whose population was less than that, eradication had not been achieved even in three years. To vaccinate every child born in the least accessible village was an enormous task, but his Government was determined to achieve eradication, and in the end it would certainly succeed. Operations in East Pakistan, which had a total population of 55 million, had begun with pilot projects in the two most heavily endemic areas, inhabited by 10 million people. Results had been completely satisfactory, and no cases had occurred. Three important lessons learned by his Government has been: that planning for eradication should be comprehensive, and execution thorough; that in areas where communications were difficult freeze-dried vaccine was indispensable; and that legislation must be introduced to provide for compulsory vaccination.

With regard to the draft resolution before the Committee and the proposed amendments, he associated himself with the views expressed by the delegates of India and Iraq. Regarding the amendment to sub-paragraph 3 (1), he accepted the need for comprehensive planning, but did not agree that all the details of timing for individual countries should be spelt out, as so much depended on unforeseen contingencies. For example, in East Pakistan smallpox operations had been delayed when part of the staff had had to be diverted to assist the victims of a tidal bore and cyclone. All the countries undertaking eradication programmes had considerable experience in the matter, and were best able to arrange their own timing.

The proposed new sub-paragraph 3 (2) would, he felt, be too restrictive with regard to the type of help that WHO could provide, although he was sure that was not the intention of the sponsors.

In view of the foregoing considerations, he wondered whether the sponsors of the amendment would agree to the deletion of that part of sub-paragraph 3 (1) which followed the word "smallpox", and of the whole of sub-paragraph 3 (2), so that the amended paragraph 3 would read:

> 3. REQUESTS the Director-General to prepare a comprehensive plan for the world-wide eradication of smallpox.

Dr SOUVANNAVONG (Laos) said that his country was fortunate in not having had an epidemic of smallpox since it became independent, having been free from epidemics since 1946. For supplies of vaccine it depended on Viet-Nam and Thailand. In accordance with a practice established by the former French administration, mass vaccination was in principle carried out every three years, but unfortunately the present insecure state of the country prevented effective implementation.

Professor ŽDANOV (Union of Soviet Socialist Republics), speaking as one of the sponsors of the proposed amendment to the draft resolution before the Committee, wondered whether, in the light of the comments by the delegates of India, Iraq and Pakistan, the other sponsors would agree to the following compromise: to modify sub-paragraph 3 (1) as proposed by the delegate of Pakistan; and to replace sub-paragraph 3 (2) by the text of sub-paragraph 3 (1) of the original draft resolution, so that paragraph 3 as a whole would read:

> 3. REQUESTS the Director-General:
>
> (1) to prepare a comprehensive plan for the world-wide eradication of smallpox;
>
> (2) to provide, under the future regular programme and budget of the Organization, for making good the shortfall of the vaccine required, and of other essential supplies and equipment, to countries developing eradication programmes.

Dr FISEK (Turkey), supported by Professor CLAVERO DEL CAMPO (Spain), suggested that the amended paragraph 3 should include a third sub-paragraph requesting the Director-General to report on the progress of the smallpox eradication programme to the thirty-fifth session of the Executive Board and the Eighteenth World Health Assembly.

Dr DARAI (Iran), after thanking the Director-General for his interesting report, said that in Iran the problem of smallpox was almost solved, and that no epidemic outbreaks had occurred in recent years. Compulsory vaccination had been in force for more than thirty years, and a vigorous antismallpox campaign had been

in operation for the last ten years. All primary-school children must be vaccinated, and travellers were required to present a vaccination certificate. Freeze-dried vaccine had not yet been used extensively, but its manufacture was planned to begin during the present year.

His delegation supported the draft resolution before the Committee, with the amendment jointly submitted by the delegations of Australia, Chile, Liberia, India, the Soviet Union, and the United States of America.

Dr HAQUE (Pakistan), Dr EL-BORAI (Kuwait) and Dr CHADHA (India) endorsed the modified amendment proposed by the delegate of the Soviet Union.

Dr AL-WAHBI (Iraq) also favoured the proposal of the Soviet Union delegate, but said he wished to see it in writing before he gave it his definite approval.

Dr APPEL (United States of America) said that he could not entirely agree with the proposal of the Soviet Union delegate. To provide in the regular programme and budget for making good the shortfall of vaccine and other supplies to countries developing eradication programmes would be a departure, not justified at the present stage, from WHO's policy of providing only technical advice and assistance.

Dr WEBB (Australia) agreed with the United States delegate.

Dr KAUL, Assistant Director-General, Secretary, said that the participation of so many speakers in the discussion had shown the importance attached by Member States to the smallpox eradication programme. On the one hand opinions had been heard regarding the slow progress, and on the other delegates of some of the countries undertaking eradication campaigns had explained some of the difficulties that arose and led to delays. Delegates of countries normally free from smallpox but which had had to deal with recent outbreaks due to imported cases had provided, on the basis of their experience, valuable suggestions regarding the means not only of preventing importation, but also of checking the spread of the disease once it had begun.

References had been made to the report of the Expert Committee on Smallpox summarized in the report submitted by the Director-General. As the Expert Committee had met only at the end of January its full report [1] would not be available in printed form for some time, but, when it was, it would provide answers to some of the questions raised during the discussion. For example, reference had been made to post-vaccinal encephalitis and it had been asked why the Director-General's report contained no reference to such complications. The report of the Expert Committee quoted evidence obtained in countries undertaking eradication programmes which showed that the risk of encephalitis seemed to be considerably lower than in some European countries, and was in any case very small indeed compared with the risk of the disease itself: for example, in India only twenty-one cases had occurred in 200 million vaccinations.

Reference had been made to the development of jet injectors. WHO was following very closely the field work on that subject, and results in the controlled trials now being conducted were very promising indeed, though gaps in knowledge still remained to be filled. Regarding the equipment itself, injectors for use in the field could not depend on electric power, and work was going forward to develop suitable non-electric models, but they still had to be fully tried in field conditions and were not yet available commercially. Further study was also required to determine the validity of the claims made regarding the possibilities of diluting vaccine administered by injection. When the results of the early uncontrolled use of jet injectors in one country had been checked by a WHO adviser who had revaccinated random samples of the population he had found that a large proportion of the population was still susceptible, and that vaccination by the jet injector had not been effective. The current field studies would no doubt throw light on those and other questions.

In connexion with the statement in the Director-General's report that to implement the global programme about 100 million doses of freeze-dried vaccine would have to be made available each year, it had been asked whether the figure referred to total requirements or to the shortfall that must be made up. The answer was that it represented the amount of vaccine governments would be unable to obtain from other sources, and without which they would not be able to continue or initiate eradication programmes.

Regarding the capacity of total world vaccine production to meet the requirements of the programme, he had already stated that if existing plants and those in course of establishment increased their capacity to the maximum the total quantity would be sufficient if suitably distributed.

Before he left the subject of vaccines, he thanked all donor countries, including the three which had announced gifts at the previous meeting, and

[1] Since published as *Wld Hlth Org. techn. Rep. Ser.*, 1964, **283.**

expressed the hope that many more would come forward with such generous contributions to meet the needs of the developing countries.

Regarding the proposal that the Director-General should be requested to prepare a comprehensive plan for the world-wide eradication of smallpox, he recalled that in 1959 the Director-General had submitted to the Health Assembly a report giving the financial implications of the global programme as they had been known at that time on the basis of information received from each of the countries where the disease was endemic and estimates by the regional offices of requirements in staff, equipment, vaccine, etc. The cost of the programme had been very roughly estimated at 8 US cents per person vaccinated. It would be possible, if required, to bring those figures up to date, but he believed it would take at least a year to obtain the necessary comprehensive information.

In that connexion, while it was true that a world-wide plan must be drawn up to ensure a global approach to the campaign, its implementation must, he felt, be on a country-by-country basis as they reached the necessary stage of preparation. Experience with malaria eradication had shown that it was not possible to draw up a time-table for a global programme and impose it on individual countries.

Professor ŽDANOV (Union of Soviet Socialist Republics) said that the request to the Director-General to prepare "a comprehensive plan" (sub-paragraph 3 (1) in the proposed amendment to the draft resolution) might give the wrong impression. The original plan had, in fact, been a broad and comprehensive one. But time had passed, the situation had changed, and many countries that had not at that time undertaken programmes had since done so. He suggested that the phrase be amended to read "to prepare a further comprehensive plan", in order to avoid any suggestion of the earlier plan being inadequate.

The CHAIRMAN proposed that further consideration of the draft resolution be deferred until the amendments proposed were available in writing.

It was so agreed. (For continuation of discussion, see minutes of the fourteenth meeting, section 2.)

2. Smallpox Eradication Programme (continued from thirteenth meeting, section 1)

Agenda, 2.5

The SECRETARY drew attention to an amendment submitted by the delegation of Turkey to the draft resolution on the smallpox eradication programme, whereby a new sub-paragraph would be added to operative paragraph 3, reading as follows:

(3) to report on the programme at future sessions of the Executive Board and of the Health Assembly.

An amendment had also been submitted by the delegations of France and the Union of Soviet Socialist Republics to the substitute text proposed at the thirteenth meeting by the Soviet Union for operative paragraph 3, sub-paragraph (2)—namely, the insertion, after the words " of the Organization ", of the words " if necessary at the expense of lower-priority activities ", so that paragraph 3 (2) would read as follows:

(2) to provide, under the future regular programme and budget of the Organization—if necessary at the expense of lower-priority activities—for making good the shortfall of the vaccine required, and of other essential supplies and equipment, to countries developing eradication programmes.

The CHAIRMAN put to the vote the amendment to sub-paragraph 3 (2) proposed jointly by the delegations of France and of the Soviet Union.

Decision: The amendment was adopted by 39 votes to 5, with 17 abstentions.

The CHAIRMAN put to the vote the amendment to operative paragraph 3 submitted by the delegation of the Union of Soviet Socialist Republics at the thirteenth meeting, as now amended by that delegation and by the delegation of France.

Decision: The amendment was adopted by 41 votes to 9, with 5 abstentions.

At this point, in view of the number of members voting, a count was taken. It was established that, besides the Chairman, two members were present

[1] Transmitted to the Health Assembly in section 1 of the Committee's sixth report and adopted as resolution WHA17.42.

who had not taken part in the voting, so that there had in fact been a quorum.

Dr TERRY (United States of America) intervened on a point of order, because he had had no opportunity before the voting started to comment on the Soviet Union amendment as submitted at the thirteenth meeting. He asked that the word " further " be deleted from paragraph 3 (1). The reason was that the delegations of Australia, Chile, India, Liberia, the Soviet Union, and the United States had submitted their amendment to operative paragraph 3 of the draft resolution in order to bring out the importance of preparing a comprehensive plan of attack on smallpox. The progress made under the programme during the past six years had not been sufficient, and the time had surely come for more decisive action to achieve eradication. Sub-paragraph (1) in the original amendment was designed to list some specific measures to that end, but the word " further " in the Soviet Union amendment might imply that the present programme should be extended—which was certainly not the intention of the sponsors.

The CHAIRMAN pointed out that under Rule 68 of the Rules of Procedure a two-thirds majority would be required to re-open the discussion on the Soviet Union amendment.

Dr AL-WAHBI (Iraq) was opposed to re-opening the discussion. There had been ample time to consider and comment on all the amendments, and the new Soviet Union amendment simply expressed in more concise form the intention of the original amendment to operative paragraph 3.

Dr REFSHAUGE (Australia) endorsed the remarks of the United States delegate, who seemed not to be asking for the discussion to be re-opened, but to be proposing an additional amendment.

The CHAIRMAN put to the vote the motion to re-open the discussion under Rule 68 of the Rules of Procedure.

Decision: The motion was rejected, with 32 votes against, 13 in favour and 15 abstentions.

The CHAIRMAN, observing that the amendment proposed to operative paragraph 3 at the twelfth meeting by the delegations of Australia, Chile, India, Liberia, the Soviet Union and the United States of America (see page 351) had now been superseded by the amendment just adopted, put to the vote the proposal of the delegate of Turkey to add to that paragraph a new sub-paragraph (3) (see above).

Decision: The amendment was adopted by 53 votes to none, with 4 abstentions.

The CHAIRMAN put to the vote the draft resolution on the smallpox eradication programme, as amended.

Decision: The draft resolution, as amended, was adopted by 55 votes to 2, with 2 abstentions.[1]