

**OFFICIAL RECORDS  
OF THE  
WORLD HEALTH ORGANIZATION**

**No. 87**



**ELEVENTH  
WORLD HEALTH ASSEMBLY**

**MINNEAPOLIS, 28 MAY — 13 JUNE 1958**

**RESOLUTIONS AND DECISIONS**

**PLENARY MEETINGS**

**Verbatim Records**

**COMMITTEES**

**Minutes and Reports**

**ANNEXES**

**WORLD HEALTH ORGANIZATION**

**PALAIS DES NATIONS**

**GENEVA**

**December 1958**

# MEMBERSHIP OF THE HEALTH ASSEMBLY

## LIST OF DELEGATES AND OTHER PARTICIPANTS

---

### DELEGATIONS OF MEMBER STATES

#### AFGHANISTAN

*Delegates:*

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

Dr M. A. FAQUIRI, Director of Health Services, Ministry of Public Health

Dr M. KIVITS, Assistant to the Inspector-General of Health, Ministry of Colonies

Mr I. GENNOTTE, First Secretary, Belgian Embassy, Washington, D.C.

*Adviser:*

Dr G. NEUJEAN, Honorary Medical Inspector of Laboratories, Belgian Congo

#### ALBANIA

*Delegate:*

Mr K. ANDONI, Second Secretary, Permanent Mission of Albania to the United Nations

#### ARGENTINA

*Delegate:*

Dr M. A. ALLARIA, Technical Adviser for International Health and Social Relations, Ministry of Public Health and Welfare

#### BOLIVIA

*Delegates:*

Dr J. M. ARAMAYO, Minister of Hygiene and Public Health (*Chief Delegate*)

Dr J. ALVAREZ-ZAMORA, Director, Medical Division, Inter-American Co-operative Public Health Service

#### BRAZIL

*Delegates:*

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

Dr H. NOVAES, Chief, Secretariat of the Minister of Health

*Adviser:*

Mr O. DE SOUZA-BANDEIRA, Consul of Brazil in Baltimore

#### AUSTRALIA

*Delegates:*

Dr A. J. METCALFE, Director-General of Health (*Chief Delegate*)

Mr T. PYMAN, Counsellor, Australian Embassy, Washington, D.C.

Dr C. R. WIBURD, Commonwealth Director of Health for New South Wales

#### AUSTRIA

*Delegates:*

Professor L. H. BREITENECKER, Director-General of Public Health, Federal Ministry of Social Affairs (*Chief Delegate*)

Mr K. C. F. STROBL, Assistant Director-General of Public Health, Federal Ministry of Social Affairs

#### BULGARIA

*Delegates:*

Professor A. PUKHLEV, President, Scientific Medical Council; Professor of Internal Medicine, Higher Institute of Medicine, Sofia (*Chief Delegate*)

Dr K. G. GARGOV, Professor of Health Organization and History of Medicine, Post-graduate Medical Training Institute, Sofia

Mr B. GRINBERG, Second Secretary of Legation, Permanent Mission of Bulgaria to the United Nations

#### BELGIUM

*Delegates:*

Dr J. F. GOOSSENS, Secretary-General, Ministry of Health (*Chief Delegate*)

**BURMA***Delegates:*

Mr THEIN-PE, Deputy Secretary, Ministry of Health (*Chief Delegate*)  
 Dr MAUNG-U, Deputy Director of Health Services  
 Dr BA NYAN, Chief Health Officer, Shan State Government

**CAMBODIA***Delegates:*

Dr SONN MAM, Director, Psychiatric Hospital, Takhmau (*Chief Delegate*)  
 Mr PRUOCH VANN, Assistant Director, Health Service

**CANADA***Delegates:*

Dr G. D. W. CAMERON, Deputy Minister of National Health, Department of National Health and Welfare (*Chief Delegate*)  
 Dr B. D. B. LAYTON,<sup>1</sup> Principal Medical Officer, International Health Section, Department of National Health and Welfare  
 Dr A. D. KELLY, General Secretary, Canadian Medical Association

*Alternates:*

Dr J. GILBERT, President, Canadian Public Health Association  
 Dr R. D. DEFRIES, Member of the Dominion Council of Health  
 Mr R. G. MONK, International Programs and Contributions Section, Department of Finance

*Adviser:*

Mr T. J. GILES, International Health Section, Department of National Health and Welfare

**CEYLON***Delegate:*

The Hon. Mrs Vimala WIJewardene, Minister of Health

*Alternate:*

Dr D. L. J. KAHAWITA, Director of Health Services

**CHILE***Delegates:*

Dr G. VALENZUELA, Director General, National Health Service (*Chief Delegate*)  
 Mr O. ALLENDE, Permanent Mission of Chile to the United Nations

**CHINA***Delegates:*

Dr Jui Heng LIU, President, Chinese National Red Cross (*Chief Delegate*)  
 Dr Ching WU, Director, National Health Administration, Ministry of Interior  
 Dr Chun Hui YEN, Commissioner, Provincial Health Administration, Taiwan Provincial Government

*Alternate:*

Mr Tsun Ling TSUI, Counsellor, Chinese Embassy, Washington, D.C.

**COSTA RICA***Delegate:*

Dr O. VARGAS-MÉNDEZ, Director-General of Health

**CUBA***Delegates:*

Professor F. HURTADO, Ambassador for International Health Affairs (*Chief Delegate*)  
 Dr E. SALADRIGAS, Director-General of Health

**CZECHOSLOVAKIA***Delegates:*

Dr Z. ŠTICH, Deputy Minister of Health (*Chief Delegate*)  
 Dr B. DOUBEK, Chief, Secretariat of the Minister of Health

*Advisers:*

Mr M. VEJVODA, First Secretary, Permanent Mission of Czechoslovakia to the United Nations  
 Mr J. STRNAD, Ministry of Foreign Affairs

**DENMARK***Delegates:*

Dr J. FRANSEN, 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, Ministry of the Interior

*Advisers:*

Dr J. J. PINDBORG, Associate Professor, Royal Dental College, Copenhagen  
 Miss A. WAGNER, Director, School of Nursing

<sup>1</sup> Acting Chief Delegate from 30 May to 8 June

**DOMINICAN REPUBLIC***Delegate:*

Dr S. INCHÁUSTEGUI, Under-Secretary of State for Health

**ECUADOR***Delegates:*

Dr G. CORDERO CRESPO, Minister of Health  
(*Chief Delegate*)

Dr D. A. RAMÍREZ, Director-General of Health

**EL SALVADOR***Delegates:*

Dr M. E. PONCE, Under-Secretary of State for Health (*Chief Delegate*)

Dr A. R. AGUILAR, Director-General of Health

**ETHIOPIA***Delegates:*

Mr Y. TSEGHÉ, Adviser, Ministry of Public Health  
(*Chief Delegate*)

Mr T. METEKU, Second Secretary, Ethiopian Embassy, Washington, D.C.

**FEDERAL REPUBLIC OF GERMANY***Delegates:*

Dr J. STRALAU, Chief, Health Department, Federal Ministry of the Interior (*Chief Delegate*)

Dr A. HABERNOLL, Ministerial Counsellor, Federal Ministry of the Interior

Dr Maria F. DAELEN, Chief, International Health Section, Federal Ministry of the Interior

*Advisers:*

Professor E. G. NAUCK, Director, Institute of Tropical Medicine, Hamburg

Dr T. RIPPLINGER, Director, Public Health Service of Saarland

**FEDERATION OF MALAYA***Delegates:*

Dr I. bin Dato Abdul RAHMAN, Ambassador to the United States of America and Permanent Representative of the Federation of Malaya to the United Nations (*Chief Delegate*)

Dr M. DIN, Deputy Director of Medical Services

**FINLAND***Delegate:*

Professor N. N. PESONEN, Director-General, State Medical Board

*Adviser:*

Mr I. O. PASTINEN, Secretary of Embassy, Permanent Mission of Finland to the United Nations

**FRANCE***Delegate:*

Dr E. J. Y. AUJALEU, Director-General of Health

*Alternates:*

Dr L. E. BERNARD, Chief, Office of External Relations, Ministry of Health

Mr B. TOUSSAINT, Conseiller des Affaires étrangères; Chief, Social Affairs Section, Directorate for the United Nations, Ministry of Foreign Affairs

*Adviser:*

Médecin-Colonel P. M. BERNARD, Chief, Technical Bureau, Health Service, Ministry for Overseas Territories

**GHANA***Delegates:*

Dr E. AKWEI, Chief Medical Officer, Ministry of Health (*Chief Delegate*)

Dr J. St G. WARMANN, Principal Medical Officer, Ministry of Health

Mr H. van Hien SEKYI, Third Secretary, Embassy of Ghana, Washington, D.C.

**GREECE***Delegate:*

Dr B. VITSAXIS, Counsellor, Permanent Delegation of Greece to the United Nations

*Adviser:*

Miss A. MESSOLORA, President, Hellenic National Graduate Nurses' Association

**GUATEMALA***Delegate:*

Dr M. LÓPEZ HERRARTE, Minister of Health and Welfare

*Alternate:*

Mr H. OLIVERO, Adviser, Ministry of Health and Welfare

**HAITI***Delegates:*

Dr C. BOULOS, Deputy Director-General, Ministry of Health (*Chief Delegate*)

Dr P. BONHOMME, Ministry of Health

*Alternate :*

Mr H. VAVAL, Ministry of Health

**HASHEMITE KINGDOM OF JORDAN***Delegate :*

Dr A. NABULSI, Director, Central Laboratory;  
Chief, International Medicine Section, Ministry  
of Health

**HONDURAS***Delegate :*

Dr C. A. JAVIER, Under-Secretary of State for  
Health

*Adviser :*

Mr F. J. BLANCO, Ministry of Health and Welfare

**ICELAND***Delegate :*

Dr J. SIGURJÓNSSON, Professor of Hygiene, Univer-  
sity of Iceland

**INDIA***Delegates :*

Sir Arcot MUDALIAR, Vice-Chancellor, University  
of Madras (*Chief Delegate*)

Mr V. K. B. PILLAI, Secretary to the Government  
of India, Ministry of Health

Dr R. WARDEKAR, Secretary, Gandhi Memorial  
Leprosy Foundation, Wardha

*Alternate :*

Dr T. R. TEWARI, Deputy Director-General of  
Health Services

**INDONESIA***Delegate :*

Dr Julie SULIANTI SAROSO, Head, Rural Health  
Department; Acting Head, Planning Board,  
Ministry of Health

*Alternate :*

Mr B. A. MASFAR, First Secretary, Permanent  
Mission of Indonesia to the United Nations

**IRAN***Delegates :*

Dr A. H. RADJI, Minister of Health (*Chief  
Delegate*)

Dr J. AMOUZEGAR, Under-Secretary of State,  
Ministry of Health

Dr A. DIBA, Director, International Health  
Relations Department, Ministry of Health

*Adviser :*

Dr G. SAROUKHANIAN, Chief, Public Health  
Department, Fars Region

**IRAQ***Delegates :*

Dr S. AL-WAHBI, Director, Karkh Hospital (*Chief  
Delegate*)

Dr M. IBRAHIM, Director, International Health  
Section, Ministry of Health

Dr A. AL HAMAMI, Director, Endemic Diseases  
Institute

*Alternate :*

Dr A. AL BIR, Director, Medical College

*Adviser :*

Mr I. KITTANI, Secretary, Permanent Mission of  
Iraq to the United Nations

**IRELAND***Delegate :*

Mr T. J. BRADY, Assistant Secretary, Department  
of Health

*Alternate :*

Mr S. G. RONAN, Consul of Ireland in Chicago

**ISRAEL***Delegates :*

Mr I. BARZILAY, Minister of Health (*Chief  
Delegate*)

Dr S. BTESH, Director-General, Ministry of Health

Dr S. SYMAN, Deputy Director-General, Ministry  
of Health

*Alternate :*

Mrs T. SHOHAM-SHARON, First Secretary, Per-  
manent Mission of Israel to the United Nations

**ITALY***Delegates :*

Professor G. A. CANAPERIA, Director of Inter-  
national and Cultural Relations, Office of the  
High Commissioner for Hygiene and Public  
Health (*Chief Delegate*)

Dr R. VANNUGLI, International Relations Officer,  
Office of the High Commissioner for Hygiene  
and Public Health

**JAPAN***Delegates:*

Dr Takehisa OMURA, Director, Division of Environmental Sanitation, Ministry of Health and Welfare (*Chief Delegate*)

Mr Akira SAITA, Chief Liaison Officer for International Affairs, Ministry of Health and Welfare

*Alternate:*

Mr Yoshinao ODAKA, Secretary, Economic and Social Section, United Nations Bureau, Ministry of Foreign Affairs

**LAOS***Delegates:*

Mr Ourot SOUVANNAVONG, Ambassador of Laos in Washington, D.C. (*Chief Delegate*)

Mr K. PRADITH, First Secretary, Embassy of Laos, Washington, D.C.

**LEBANON***Delegates:*

Dr J. ANOUTI, Director-General, Ministry of Health (*Chief Delegate*)

Dr S. HAYEK, Director of Technical Services, Ministry of Health

*Adviser:*

Mr F. I. CHEHADE, Technical Adviser, Ministry of Health

**LIBERIA***Delegates:*

Dr J. N. TOGBA, Director-General, National Public Health Service (*Chief Delegate*)

Mrs M. E. YAIDOO, Director, School of Nursing

Dr C. W. PEMBERTON, Vice-Consul of Liberia in Houston, Tex.

**LUXEMBOURG***Delegate:*

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

**MEXICO***Delegates:*

Dr M. E. PESQUEIRA, Under-Secretary for Health and Welfare (*Chief Delegate*)

Dr C. DÍAZ-COLLER, Director, Experimental Studies in Public Health, Ministry of Health and Welfare

**MONACO***Delegates:*

Dr E. BOERI, Commissioner for Health (*Chief Delegate*)

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

*Alternate:*

Mr F. Gardner STEINER, Consul-General of Monaco in Chicago

**MOROCCO***Delegate:*

Dr El-Mehdi BEN-ABUD, Ambassador of Morocco in Washington, D.C.

**NEPAL***Delegates:*

Mr G. B. RAJBHANDARY, Deputy Secretary for Health (*Chief Delegate*)

Dr D. BAIDYA, Assistant Director of Health Services

**NETHERLANDS***Delegates:*

Professor P. MUNTENDAM, Director-General of Public Health (*Chief Delegate*)

Mr J. LE POOLE, Director for International Health Affairs, Ministry of Social Affairs and Public Health (*Deputy Chief Delegate*)

Dr R. LINSCHOTEN, Medical Officer of Health, Curaçao, Netherlands Antilles

*Advisers:*

Miss A. F. LUNSINGH-MEIJER, Deputy Permanent Representative of the Netherlands to the European Office of the United Nations

Dr W. J. ROYAARDS, former President, Royal Netherlands Medical Association

Dr J. BIERDRAGER, Director of Public Health in Netherlands New Guinea

**NEW ZEALAND***Delegate:*

Dr H. B. TURBOTT, Deputy Director-General of Health

*Alternate:*

Mr H. P. JEFFERY, First Secretary, New Zealand Embassy, Washington, D.C.

**NICARAGUA***Delegate :*

Dr M. A. SÁNCHEZ-VIGIL, Director, National Institute of Health

**NORWAY***Delegates :*

Dr K. EVANG, Director-General of Health Services (*Chief Delegate*)

Dr F. MELLBYE, Director, Division of Hygiene and Epidemiology, Directorate of Health Services

Dr H. H. TJØNN, Health Commissioner

**PAKISTAN***Delegates :*

Dr C. H. K. NIAZI, Deputy Director-General of Health (*Chief Delegate*)

Dr A. N. KHAN, Assistant Director-General of Health

**PANAMA***Delegate :*

Dr A. BISSOT, jr, Director-General of Public Health, Ministry of Labour, Welfare and Health

**PARAGUAY***Delegate :*

Dr C. A. MALLORQUÍN, Director, Ministry of Health and Welfare

**PERU***Delegate :*

Dr F. SÁNCHEZ MORENO, Minister of Health and Welfare

*Alternate :*

Dr J. ESTRELLA RUÍZ, Public Health Adviser

**PHILIPPINES***Delegates :*

Dr P. GARCÍA, Secretary of Health (*Chief Delegate*)

Dr A. C. REGALA, Medical Adviser, Office of the Secretary of Health

Mr R. LADRIDO, Member of the Congress of the Philippines

*Adviser :*

Dr L. T. ANGELES

**POLAND***Delegates :*

Dr B. KOZUSZNIK, Under-Secretary of State, Ministry of Health (*Chief Delegate*)

Professor T. LYCHOWSKI, Adviser for Economic Affairs, Polish Embassy, Washington, D.C. (*Deputy Chief Delegate*)

Dr Halina WIÓR, Director, Department of Health and Epidemiology, Ministry of Health

*Alternates :*

Mr E. KMIECIK, First Secretary, Polish Embassy, Washington, D.C.

Professor E. IWASZKIEWICZ, Director, Polish Purchasing Mission in Washington, D.C.

**PORTUGAL***Delegates :*

Dr A. DA SILVA TRAVASSOS, Director-General of Health, Ministry of the Interior (*Chief Delegate*)

Dr G. J. JANZ, Professor of Hygiene, Institute of Tropical Medicine, Lisbon

Dr B. A. V. DE PINHO, Senior Inspector of Health and Hygiene, Directorate-General of Health, Ministry of the Interior

**REPUBLIC OF KOREA***Delegates :*

Mr Pyo Wook HAN, Minister of the Republic of Korea to the United States of America (*Chief Delegate*)

Dr Pyung Hak LEE, Chief, Bureau of Preventive Medicine, Ministry of Health and Social Affairs

**ROMANIA***Delegates :*

Dr O. BERLOGEA, Deputy Minister, Ministry of Health and Welfare (*Chief Delegate*)

Mr M. MAGHERU, Chief, Permanent Mission of Romania to the United Nations

Dr O. BELEA, President, Romanian Red Cross; Member of the National Assembly

**SAUDI ARABIA***Delegates :*

Dr H. EL TAHER, Chief Inspector, Ministry of Health (*Chief Delegate*)

Mr S. J. KHANACHET, Press Attaché, Saudi Arabian Legation, Bonn

**SPAIN***Delegates :*

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

Professor G. CLAVERO, Director, National School of Health

*Alternate :*

Dr F. PÉREZ GALLARDO, Chief, Virus Section,  
National School of Health

**SUDAN***Delegates :*

Dr A. O. ABU SHAMMA, Deputy Director, Ministry  
of Health (*Chief Delegate*)

Dr M. R. FARID, Medical Officer of Health,  
Khartoum Province

*Adviser :*

Mr Amin M. ABDOUN, Third Secretary, Sudan  
Embassy, Washington, D.C.

**SWEDEN***Delegates :*

Dr A. ENGEL, Director-General, Royal Medical  
Board (*Chief Delegate*)

Mr S. AF GEIJERSTAM, Under-Secretary of State,  
Ministry of the Interior

Dr J. O. VON ZWEIGBERGK, Chief, Hospital  
Division, Royal Medical Board

*Alternate :*

Mr G. AF PETERSENS, Consul-General of Sweden  
in Minneapolis, Minn.

**SWITZERLAND***Delegates :*

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

Mr S. CAMPICHE, First Assistant, Federal Political  
Department

Dr M. SCHÄR, First Assistant, Federal Public  
Health Service

**THAILAND***Delegates :*

Dr K. SUVARNAKICH, Dean, Faculty of Public  
Health, University of Medical Sciences (*Chief  
Delegate*)

Dr Sombun Phong AKSARA, Deputy Director-  
General, Department of Health

**TUNISIA***Delegates :*

Mr A. BEN SALAH, Secretary of State for Health  
and Social Affairs (*Chief Delegate*<sup>1</sup>)

Dr M. SLIM,<sup>2</sup> Divisional Medical Inspector, Chief  
of Technical Services, Ministry of Health and  
Social Affairs.

Mr M. LAFIF, Chief, Hospital Administration  
Department, Ministry of Health and Social  
Affairs

**TURKEY***Delegates :*

Professor I. S. ATASAGUN, Under-Secretary of  
State, Ministry of Health and Welfare (*Chief  
Delegate*)

Dr T. ALAN, Director of International Relations,  
Ministry of Health and Welfare

**UNION OF SOUTH AFRICA***Delegates :*

Dr J. J. DU PRÉ LE ROUX, Secretary for Health  
and Chief Health Officer (*Chief Delegate*)

Mr J. S. F. BOTHA, Acting Permanent Represent-  
ative of the Union of South Africa to the  
United Nations

**UNION OF SOVIET SOCIALIST REPUBLICS***Delegates :*

Professor V. M. ZHDANOV, Deputy Minister of  
Health (*Chief Delegate*)

Professor N. I. GRASHCHENKOV, Chairman, Scien-  
tific Medical Council, Ministry of Health

Dr S. R. KARYNBAEV, Minister of Health, Kazakh  
Soviet Socialist Republic

*Alternate :*

Dr N. V. NOVIKOV, Deputy Chief, External  
Relations Department, Ministry of Health

*Advisers :*

Dr V. N. BUTROV, Adviser, Soviet Union Embassy,  
Washington, D.C.

Professor F. G. KROTKOV, Central Institute for  
Post-graduate Medical Training

Mr B. V. GANYUSHKIN, Senior Scientist, Institute  
for the Organization of Public Health and  
History of Medicine, Ministry of Health

Mr Y. N. BATOVIN, Third Secretary, Ministry  
of Foreign Affairs

Dr L. A. MELNIKOV, Counsellor, Permanent  
Mission of the Soviet Union to the United  
Nations

<sup>1</sup> Until 30 May

<sup>2</sup> Chief Delegate from 30 May



**UNITED ARAB REPUBLIC***Delegates:*

Dr Nor El-Din TARRAF, Minister of Public Health, Province of Egypt (*Chief Delegate*)

Dr Dia E. EL-CHATTI, Director of International Health Affairs, Ministry of Public Health, Province of Syria (*Alternate to Chief Delegate*)

Dr A. EL-HALAWANI, Assistant Under-Secretary of State, Ministry of Public Health, Province of Egypt

Dr M. O. SHOIB, Professor of Occupational Health, High Institute of Public Health, Alexandria; Director of International Health, Ministry of Public Health, Province of Egypt

*Advisers:*

Dr A. DEMERDASH, Director-General, Preventive Hygiene Administration, Ministry of Public Health, Province of Egypt; President, Health Commission of the National Assembly

Dr C. El-Dine EL WAKIL, Lecturer at the Faculty of Law, University of Alexandria

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

Sir Kenneth COWAN, Department of Health for Scotland (*Chief Delegate*)

Dr A. M. Wilson RAE, Chief Medical Officer, Colonial Office

Mr W. H. BOUCHER, Assistant Secretary, Ministry of Health

*Advisers:*

Mr A. E. JOLL, Deputy to Registrar General, General Register Office

Mr R. D. J. SCOTT FOX, Permanent Mission of the United Kingdom to the United Nations

Mr P. W. J. BUXTON, Permanent Mission of the United Kingdom to the United Nations

**UNITED KINGDOM OF LIBYA***Delegates:*

Mr A. R. MASSALATI, Chargé d'Affaires, Libyan Embassy, Washington, D.C. (*Chief Delegate*)

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

Dr R. BENAMER, Co-Director, Maternal and Child Health Centre, Benghazi

**UNITED STATES OF AMERICA***Delegates:*

Dr Leroy E. BURNEY, Surgeon General, Public Health Service, Department of Health, Education and Welfare (*Chief Delegate*)

Mr John W. HANES, jr, Deputy Assistant Secretary of State for International Organization Affairs

Dr Charles W. MAYO, Chairman, Mayo Association, Mayo Clinic, Rochester, Minn.

*Alternates:*

Mr Howard B. CALDERWOOD, Office of International Economic and Social Affairs, Department of State

Dr Lowell T. COGGESHALL, Dean, Division of Biological Sciences, University of Chicago, Ill.

Dr H. van Zile HYDE, Chief, Division of International Health, Bureau of State Services, Public Health Service, Department of Health, Education and Welfare

Dr George F. LULL, Assistant to the President, American Medical Association, Chicago, Ill.

Dr Aims C. MCGUINNESS, Special Assistant for Health and Medical Affairs, Department of Health, Education and Welfare

Dr Arthur S. OSBORNE, International Health Representative, Division of International Health, Bureau of State Services, Public Health Service, Department of Health, Education and Welfare

*Congressional Advisers:*

Mr Hubert H. HUMPHREY, United States Senate

Mr Edward J. THYE, United States Senate

Mr Walter H. JUDD, House of Representatives

Mr Eugene J. McCARTHY, House of Representatives

Mr Joseph P. O'HARA, House of Representatives

Mr Roy W. WIER, House of Representatives

*Advisers:*

Col. Donald M. ALDERSON, Office of the Assistant Secretary of Defense

Mr Ray AMBERG, Hospital Administrator, University of Minnesota Hospitals, Minneapolis, Minn.

Dr Gaylord ANDERSON, Director, School of Public Health, University of Minnesota, Minneapolis, Minn.

Dr Guillermo ARBONA, Secretary of Health,  
Puerto Rico Department of Health, San Juan,  
Puerto Rico

Dr Robert N. BARR, Secretary and Executive  
Officer, Minnesota Department of Health,  
Minneapolis, Minn.

Miss Ann BURNS, Chief, Division of Nursing,  
Ohio Department of Health, Columbus, Ohio.

Dr Eugene P. CAMPBELL, Chief, Public Health  
Division, International Co-operation Admi-  
nistration

Dr H. Trendley DEAN, Secretary, Council on  
Dental Research, American Dental Association,  
Chicago, Ill.

Dr Harold S. DIEHL, Dean, School of Medical  
Sciences, University of Minnesota, Minneapolis,  
Minn.

Dr Charles L. DUNHAM, Director, Division of  
Biology and Radiation, Atomic Energy Com-  
mission

Dr Herman E. HILLEBOE, Commissioner of Health,  
State Health Department, Albany, N.Y.

Dr Charles A. JANEWAY, Thomas Morgan Rotch  
Professor of Pediatrics, Harvard School of  
Medicine, Harvard University, Boston, Mass.

Dr Richard K. C. LEE, President, Board of Health,  
Honolulu, Hawaii

Mr Philip E. NELBACH, Executive Secretary,  
National Citizens Committee for the World  
Health Organization, New York, N.Y.

Mrs Owen B. RHOADS, Paoli, Penn.

Mr Robert O. WARING, Office of International  
Administration, Department of State

Dr Abel WOLMAN, Professor of Sanitary En-  
gineering, Johns Hopkins School of Public  
Health and Hygiene, Baltimore, Md.

Mr Laurence R. WYATT, Division of International  
Health, Bureau of State Services, Public Health  
Service, Department of Health, Education and  
Welfare

#### URUGUAY

##### *Delegate :*

Dr J. R. MEZZERA, Assistant Professor of Surgery

#### VENEZUELA

##### *Delegates :*

Dr D. CURIEL, Chief, Division of Epidemiology  
and Vital Statistics, Ministry of Health and  
Welfare (*Chief Delegate*)

Dr A. PRÍNCIPE, Chief, Department of Epidemio-  
logy and Statistics, National Tuberculosis  
Institute

#### VIET NAM

##### *Delegates :*

Dr TRAN-VY, Secretary of State for Health (*Chief  
Delegate*)

Dr LE-VAN-KHAI, Director-General of Health  
and Hospitals

Dr TRUONG-BUU-KHANH, Second Secretary, Em-  
bassy of Viet Nam, Washington, D.C.

##### *Alternate :*

Dr TRAN-VAN-BANG, Chief Physician, Infectious  
Diseases Hospital, Cholon-Saigon

#### YEMEN

##### *Delegate :*

Dr M. EL-ZOFRI, Directorate-General of Health

#### YUGOSLAVIA

##### *Delegates :*

Dr H. KRAUS, Secretary for Health, Federal  
Executive Council (*Chief Delegate*)

Dr B. DJORDJEVIĆ, Vice-Rector, University of  
Belgrade (*Deputy Chief Delegate*)

Miss M. RADIĆ, Adviser, Permanent Mission of  
Yugoslavia to the United Nations

### REPRESENTATIVES OF ASSOCIATE MEMBERS

#### FEDERATION OF NIGERIA

Sir Samuel MANUWA, Chief Medical Adviser to the  
Federal Government

Dr S. E. ONWU, Director of Medical Services,  
Eastern Region

Dr A. ADENIYI-JONES, Senior Health Officer, Western  
Region

Mr A. M. GERRARD, Permanent Secretary, Federal  
Ministry of Health

#### FEDERATION OF RHODESIA AND NYASALAND

Dr R. M. MORRIS, Secretary for Health

**SIERRA LEONE**

Dr J. KAREFA-SMART, Minister of Lands, Mines and Labour

Dr A. F. TUBOKU-METZGER, Physician to Government; Connaught Hospital, Freetown

**OBSERVERS FOR NON-MEMBER STATES****HOLY SEE**

Rev. Joseph J. QUINLAN, State Hospital, Hastings, Minn.

Dr Charles REA, St Paul, Minn.

**REPRESENTATIVES OF THE EXECUTIVE BOARD**

Sir John CHARLES, Chairman of the Board

Dr P. E. MOORE, Vice-Chairman of the Board

**REPRESENTATIVES OF THE UNITED NATIONS AND ITS AGENCIES****United Nations**

Mr M. HILL, Deputy Under-Secretary for Economic and Social Affairs

Dr Szeming SZE, Director, Medical Service

Dr M. IRWIN, Medical Officer

**United Nations Children's Fund**

Mr M. PATE, Executive Director

Mrs D. B. SINCLAIR, Deputy Director

**United Nations Relief and Works Agency for Palestine Refugees**

Dr S. FLACHE, Deputy Chief Medical Officer

**International Labour Organisation**

Dr R. A. MÉTALL, Director, Liaison Office in New York

**Food and Agriculture Organization**

Dr W. R. AYKROYD, Director, Nutrition Division

**International Civil Aviation Organization**

Mr B. J. KWIECINSKI, External Relations Officer

**World Meteorological Organization**

Mr P. W. KENWORTHY

**International Atomic Energy Agency**

Mr A. GALAGAN, Director, Liaison Office with the United Nations

**Technical Assistance Board**

Mr L. MICHELMORE, Senior Director

**REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS****International Committee of Military Medicine and Pharmacy**

Dr E. BOERI

Dr J. F. GOOSSENS

**League of Arab States**

Dr A. T. SHOUSHA, Supervisor, Medical Department

**REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO****Council for International Organizations of Medical Sciences**

Professor M. B. VISSCHER, Member of the Executive Committee

**Fédération internationale de Médecine sportive**

Dr L. FAUGERES BISHOP, President, American College of Sports Medicine

**Inter-American Association of Sanitary Engineering**

Mr E. ORTEGA, General Secretary

**Fédération dentaire internationale**

Dr. O. H. MOEN, Vice-President

Dr R. R. BRADSHAW

**International Academy of Legal Medicine and of Social Medicine**

Dr J. F. GOOSSENS

**International Association for Prevention of Blindness**

Mrs L. GRAY, Executive Director, Minnesota  
Society for the Prevention of Blindness

**International Committee of Catholic Nurses**

Miss D. KELLY

**International Confederation of Midwives**

Miss M. BAYES, Executive Secretary

**International Conference of Social Work**

Mr K. S. CARPENTER, Chairman, Minnesota  
Committee

**International Council of Nurses**

Miss K. J. DENSFORD (United States of America)

Miss A. OHLSON, President

Miss L. FELBER (Austria)

Miss M. M. WEBB-JOHNSON (United Kingdom  
of Great Britain and Northern Ireland)

Miss H. COEHOORN (Netherlands)

Mrs. R. P. PERPIÑAN (Philippines)

Miss E. A. KAUPPINEN (Finland)

Miss L. WILNER (Israel)

Miss M. KANO (Japan)

Mrs. J. BUCKLE (Liberia)

Miss C. BENDOYRO MÁZ (Cuba)

Miss R. GYNILD (United States of America)

Miss A. GIRARD (Canada)

Miss R. URUETA (Colombia)

**International Federation of Gynecology and Obstetrics**

Dr H. R. LELAND

Dr C. H. MCKENZIE

Dr R. R. FLIEHR

**International Fertility Association**

Professor G. TESAURO

**International Hospital Federation**

Dr E. L. CROSBY, Vice-President

Mr R. AMBERG

**International Leprosy Association**

Dr J. A. DOULL

**International Organization against Trachoma**

Professor P. THYGESON

**International Society for Blood Transfusion**

Brigadier-General Sam F. SEELEY

**International Society for Criminology**

Professor G. B. VOLD

**International Society for the Welfare of Cripples**

Dr D. W. ROBERTS

**International Union against Cancer**

Dr H. STEWART

**International Union for Child Welfare**

Mrs A. L. DUNN

**International Union for Health Education of the Public**

Professor G. A. CANAPERIA, Vice-President for  
Europe

Mr H. ENNES, Vice-President for North America

**International Union of Local Authorities**

Professor C. C. LUDWIG, Executive Secretary,  
League of Minnesota Municipalities

Professor H. BOSCH

**International Union against Tuberculosis**

Dr J. E. PERKINS, Member of the Executive Com-  
mittee

Mrs A. L. DUNN

**International Union against the Venereal Diseases and the Treponematoses**

Professor G. A. CANAPERIA, Secretary-General

Dr E. G. CLARK, Adviser, Regional Office for  
the Americas of the Union

Mrs J. TULLER, Assistant Secretary-General;  
Director, Regional Office for the Americas  
of the Union

Mrs A. YOSHINAGA-ABÈ, Assistant Director,  
Regional Office for the Americas of the Union

Dr B. WEBSTER, Member of the Executive Com-  
mittee

**League of Red Cross Societies**

Dr P. W. YOST, American National Red Cross

**Medical Women's International Association**

Dr Ada C. REID

Dr Marguerite SCHWYZER

Dr Sarah ROSEKRANS

**World Confederation for Physical Therapy**

Miss M. ELSON, First Vice-President

**World Federation for Mental Health**

Dr J. R. REES, Director

Dr M. P. TORRE, Assistant Director

Dr P. R. O'CONNOR

**World Federation of Societies of Anaesthesiologists**

Dr M. BOWERING

Dr R. T. KNIGHT

**World Federation of United Nations Associations**

Dr M. IRWIN

**World Medical Association**

Dr G. GUNDERSEN, Member of the Council

Dr George F. LULL, Secretary, American Medical Association

Dr D. B. ALLMAN

**World Veterans Federation**

Dr H. H. KESSLER

---

**OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES**


---

*President :*

Dr Leroy E. BURNEY (United States of America)

*Vice-Presidents :*

Dr J. ANOUTI (Lebanon)

Dr A. SAUTER (Switzerland)

Dr TRAN-VY (Viet Nam)

*Secretary :*

Dr M. G. CANDAU, Director-General

**Committee on Credentials**

The Committee on Credentials was composed of delegates of the following Member States : Burma, Cuba, Denmark, Federal Republic of Germany, Laos, Liberia, Libya, Luxembourg, New Zealand, Peru, Tunisia, and Venezuela.

*Chairman :* Mr F. SÁNCHEZ MORENO (Peru)

*Rapporteur :* Mr J. H. ZEUTHEN (Denmark)

*Secretary :* Mr A. ZARB, Chief, Legal Office

**Committee on Nominations**

The Committee on Nominations was composed of delegates of the following Member States : Ceylon, Chile, Ecuador, El Salvador, France, India, Iran, Japan, Panama, Philippines, Poland, Sudan, Switzerland, Union of South Africa, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America.

*Chairman :* Dr H. van Zile HYDE (United States of America)

*Rapporteur :* Dr A. BISSOT, jr (Panama)

*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 : Chile, Ecuador, France, Ghana, India, Japan, Mexico, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland.

*Chairman :* Dr Leroy E. BURNEY (United States of America)

*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 :* Professor N. N. PESONEN (Finland)

*Vice-Chairman :* Dr O. BERLOGEA (Romania)

*Rapporteur :* Dr M. IBRAHIM (Iraq)

*Secretaries:* Dr P. M. KAUL, Assistant Director-General, Department of Advisory Services; Dr W. Aeg. TIMMERMAN, Assistant Director-General, Department of Central Technical Services

**Sub-Committee on International Quarantine**

*Chairman:* Dr O. VARGAS-MÉNDEZ (Costa Rica)

*Vice-Chairman:* Dr H. B. TURBOTT (New Zealand)

*Rapporteur:* Dr A. EL-HALAWANI (United Arab Republic)

*Secretary:* Dr W. Aeg. TIMMERMAN, Assistant Director-General, Department of Central Technical Services

**Administration, Finance and Legal Matters**

*Chairman:* Mr S. KHANACHET (Saudi Arabia)

*Vice-Chairman:* Dr J. F. GOOSSENS (Belgium)

*Rapporteur:* Dr F. MELLBYE (Norway)

*Secretary:* Mr M. P. SIEGEL, Assistant Director-General, Department of Administration and Finance

**Legal Sub-Committee**

*Chairman:* Mr S. CAMPICHE (Switzerland)

*Vice-Chairman and Rapporteur:* Dr C. El-Dine EL WAKIL (United Arab Republic)

*Secretary:* Mr A. ZARB, Chief, Legal Office

---

First, the total number of cases throughout the world had fallen only very slightly during the past decade. Secondly, a considerable number of cases were imported every year into countries which were declared free from the disease, so that the problem was an international as well as a national one. Thirdly, the number of deaths was significant. Fourthly, eradication would not be particularly difficult, smallpox being one of the few diseases which could be eradicated in a relatively short time. Man was the only reservoir of the virus, which remained for about a month, and the period of contagion was even shorter. One infection gave life-long immunity, and immunization given artificially lasted for several years. The technique of vaccination was simple and inexpensive. Accordingly, eradication did not require the simultaneous vaccination of the whole population of the globe; it would be enough to vaccinate periodically in endemic areas. The total number of persons involved would probably be seven to eight hundred million. Eradication could then be completed by additional vaccination and effective quarantine measures. The practical application of that programme, however, would require a very determined effort on the part of governments and of the World Health Organization.

It might be objected that massive vaccination on the scale required was possible only where there were highly-developed public health services. He disagreed. The technique of vaccination could be taught in about a week to locally recruited people, and existing medical legislation did not constitute an obstacle in any country.

What had been done in the Soviet Union, in a territory involving one-sixth of the globe, could be quoted in support of his proposal. Some ninety million people had been vaccinated in the years 1934-35 and, starting from that, smallpox had been eradicated as an endemic disease.

The draft resolution proposed by the Government of the Soviet Union read as follows :

**6. Eradication of Smallpox (Item proposed by the Union of Soviet Socialist Republics)**

Agenda, 6.9

Professor GRASHCHENKOV (Union of Soviet Socialist Republics) said that the eradication of smallpox was a matter of paramount importance. It was a disease which was severe both in its incidence and in its consequences, and its prevalence in some countries made it a constant threat. It was not necessary to go fully into the present situation, which had been very adequately covered in the documents distributed (see Annex 19). He did wish, however, to draw attention to a number of points.

The Eleventh World Health Assembly,

Noting that smallpox still remains a very widespread and dangerous infectious disease and that in many regions of the world there exist endemic foci of this disease constituting a permanent threat of its propagation and consequently menacing the life and health of the population;

Having regard to the economic aspect of the question, which shows that the funds devoted to vaccination against smallpox throughout the world exceed those necessary for the eradication of smallpox in its endemic foci and consequently the

destruction of the sources from which the infection arises and spreads and clearly indicates that, with the eradication of smallpox, vaccination and all expenditures involved in its application will be redundant;

Taking into account the level of development reached by medical science and the health services in the control of infectious diseases and in particular of smallpox and the manifest tendency of the morbidity of smallpox to diminish in recent years;

Having regard to the decisions and pertinent practical measures adopted by WHO for the control and eradication of smallpox, in particular resolutions WHA3.18; EB11.R58; WHA6.18; EB12.R13; EB13.R3; WHA7.5; WHA8.38; WHA9.49; and

Considering it opportune to raise the problem of the world-wide eradication of smallpox in the next four to five years,

1. REQUESTS the Director-General to carry out in 1958 preparatory work, which shall include :

- (a) search for means of ensuring the world-wide eradication of smallpox,
- (b) preparation during 1958-1960 of the necessary amount of smallpox vaccine in national laboratories and institutes,
- (c) training of vaccinators among the local population in countries in which mass immunization campaigns will be conducted, and
- (d) the pooling of experience and the formulation of recommendations for the production of a sufficient amount of thermostable smallpox vaccine suitable for prolonged storage and use in tropical and sub-tropical regions of the world;

2. RECOMMENDS to Member States

- (a) that during 1959-1960 the population be vaccinated in countries in which principal endemic foci of smallpox exist; and
- (b) that during 1961-1962 the eradication of smallpox be completed by means of the additional vaccination of the population in foci where the disease persists, that subsequently revaccinations be given to the extent it becomes necessary in accordance with the experience acquired in each country;

3. RECOMMENDS that all countries in which smallpox vaccination is compulsory continue to give smallpox vaccinations during the eradication of this disease throughout the world; and

4. CALLS upon medical scientists and scientific institutions active in the field of microbiology and epidemiology to stimulate their efforts towards

improving the quality and the technology of the production of satisfactory smallpox vaccine resistant to the influence of temperature.

Professor Grashchenkov said that the general lines which his delegation proposed should be followed were indicated in the draft resolution, namely, the preparatory work would be carried out in 1958, the main campaign would take place in 1959 and 1960 and the eradication would be completed in 1961 and 1962.

The Committee would remember the discovery of Jenner and the fact that Jefferson had been one of the first to appreciate its potentialities. Here and now, on American soil, measures could be taken to realize the dream of those two outstanding figures.

He was happy to state that the Government of the Soviet Union was prepared to release twenty-five million doses of vaccine for the proposed campaign.

Dr VARGAS-MÉNDEZ (Costa Rica) stated that his delegation warmly supported the Soviet Union draft resolution. The delegation of Costa Rica had made a similar proposal to the 1950 Pan American Sanitary Conference with a view to eradicating smallpox in the Americas. That programme had developed somewhat slowly, but continuously and, from 1954 onwards, there had been no smallpox in any country north of Panama and the Caribbean. Mexico, which had had cases previously, had succeeded in eradicating the disease. Each country should have systematic revaccination and, for that purpose, vaccine had to be available for transport to all parts of the country without having to be kept frozen.

The Regional Office/Pan American Sanitary Bureau had encouraged the production of dried vaccine in six or seven laboratories in Latin America and several countries were already using such vaccine, which was particularly suitable for use in rural areas. His delegation believed that vaccination programmes must be systematic.

What he had said would show that a programme on the lines advocated was already in operation in Costa Rica, and his delegation hoped that it would soon be possible to say that smallpox had been eradicated from the Americas.

Dr ABU SHAMMA (Sudan) said his delegation fully and unconditionally supported the draft resolution. Sudan was one of the endemic foci of smallpox, being a crossroads of Africa through which great numbers of people passed on pilgrimages and on business. Its borders, thousands of miles long, were too extensive to permit adequate quarantine measures and many travellers did not follow routes where they could be intercepted and examined.



Very heavy expenditure was necessary to protect the population living along the borders, in addition to what was spent on enforcing quarantine measures—where that could be done.

Primary vaccination was compulsory within the first six months of life. Revaccination was compulsory in any area designated as an infected area, i.e., one in which three or more cases of smallpox had occurred; other administrative measures were taken in addition to revaccination. In spite of the precautions taken, outbreaks continued to occur, involving restrictions on travel, work and public gatherings, so that additional social and financial burdens had to be borne by the population. National control measures were insufficient if the disease existed in neighbouring countries. His delegation accordingly supported the proposal to attempt eradication on a world scale.

In any national campaign, there had to be arrangements for the supply of dried vaccine or for its preparation locally, for the training of vaccinators and for the appropriate selection of times and places for vaccination. There had also to be arrangements for revaccination, interpretation of results, repetition when necessary, and storage of adequate quantities of vaccine for use when needed.

The Organization could do a great deal to co-ordinate services in neighbouring countries, arrange for an exchange of information and ensure the supply of dried lymph vaccine. The Organization could very appropriately start its second decade with a campaign to eradicate smallpox.

Dr RAMÍREZ (Ecuador) believed that the eradication of smallpox was just as important as the eradication of malaria and his delegation accordingly gave its full support to the Soviet Union proposal.

Thanks to a large-scale campaign, supported by international organizations, the incidence of smallpox had been brought down to very reasonable limits in Ecuador but there had been a large outbreak in the capital city the previous year: some two hundred cases had appeared in a fortnight and the outbreak had continued even after vaccination. As almost the whole population of the capital had been vaccinated, it was thought that the epidemic must have originated in some of the villages where people were opposed to vaccination. It was noteworthy that in the port of Guayaquil, which was the most highly populated town in Ecuador, no infection had occurred, thanks to intensive vaccination in previous years.

The situation was all the more alarming because of the neighbouring countries, Peru had had no smallpox for several years and Colombia had carried

out a large-scale campaign and had almost eradicated the disease.

Ecuador had signed an agreement some six years previously with the Pan American Sanitary Bureau with a view to eradicating smallpox. The National Institute of Health at Guayaquil had then been equipped for the manufacture of dried vaccine; it was one of the centres to which the delegate of Costa Rica had referred. The vaccine was now being employed in a systematic campaign organized with technical assistance from the Pan American Sanitary Bureau, which was providing transport to permit vaccination in every house, even in the most remote villages.

Dr KIVITS (Belgium) stated that his delegation shared the uneasiness of the Soviet Union delegation in regard to the persistence of foci of smallpox and the reappearance of the disease through imported cases in countries where it had been eradicated by systematic vaccination. His delegation supported the proposal to intensify vaccination programmes, and was grateful for the generous offer to provide WHO with quantities of vaccine whose qualities were described in the excellent Soviet Union report.

It might, however, be too optimistic to speak about eradication within four or five years, and it would certainly be dangerous to consider abandoning systematic vaccination in the near future. It was precisely systematic vaccination that had led to the disappearance of the disease in countries with adequately developed health services; such vaccination was perfectly acceptable both to the population and to the medical profession, and was not costly. Even if no case were reported to the health authorities, there was no proof that foci did not continue to exist.

Moreover, there were certain problems which had not been solved. For example, why did smallpox persist in certain tropical and sub-tropical regions in spite of systematic vaccination? Another problem was post-vaccinal encephalitis and, although the proportion of such accidents was slight, the subject was worthy of study by WHO, in order to avoid public mistrust of vaccination.

For those various reasons, the Belgian delegation wished to make the following amendments to the draft resolution:

Second paragraph of the preamble: After the words "and clearly indicates that" delete the remainder of the paragraph and replace by: "the complete eradication of smallpox might in future make vaccination and all expenditures involved in its application redundant".

Fourth paragraph of the preamble : Replace the words "control and eradication of smallpox" by "smallpox control and the intensification of antismallpox programmes".

Fifth paragraph of the preamble : Delete the words "in the next four to five years".

Add to paragraph 1 (a) : "and for reasons why smallpox persists in certain areas despite repeated vaccination campaigns".

Add to paragraph 1 a new sub-paragraph (e) worded as follows : "(e) study of the measures to be taken in order to avoid complications which might result from smallpox vaccination".

Amend paragraph 2 (b) to read : "(b) that during 1961-1962, additional vaccination of the population should be carried out in foci where the disease persists".

Dr BELEA (Romania) recalled that progress already made towards the eradication of smallpox was such that the disease was a closed chapter in the medical history of many countries. The disease had been completely eradicated in Romania, where no cases had occurred during the last twelve years. Eradication had been based on good public health organization, systematic vaccinations and other prophylactic measures.

The Romanian delegation agreed with the Soviet Union view that the total eradication of smallpox was not only possible but a matter of urgency and of vital importance to public health throughout the whole world.

His Government was prepared to make specialized medical staff available for a limited period to help where necessary in the eradication of smallpox in countries which would take part in the proposed programme. Until the total eradication of smallpox, all existing prophylactic measures would be maintained in his country.

Dr BAIDYA (Nepal) said his delegation warmly supported the Soviet Union proposal. If sufficient vaccine could be made available, Nepal intended to begin an eradication campaign.

Dr LE-VAN-KHAI (Viet Nam) stated that on 10 May 1954 his Government had made vaccination obligatory during the first year of life, with revaccination every five years. Some two to three million people were vaccinated free of charge yearly. In view of the fact that, in 1957, new outbreaks had occurred in eighteen countries through infection brought in by international traffic, his delegation sincerely hoped that smallpox could be completely eradicated.

The recommendations contained in paragraphs 2, 3 and 4 of the Soviet Union draft resolution did not greatly vary from those adopted previously by the Executive Board and the Assembly. His delegation believed that the new recommendations could not be implemented unless the necessary authority was given to the Director-General, who, under Article 33 of the Constitution, was entitled to get in touch directly with governments, national health administrations and national and international health organizations.

His delegation accordingly suggested that the following changes be made :

In paragraphs 2 and 3, replace the word "RECOMMENDS" by the words "REQUESTS the Director-General to recommend".

In paragraph 4, replace the words "CALLS upon" by "REQUESTS the Director-General to call upon".

Add a new paragraph 5, as follows :

5. REQUESTS the Director-General to report to the Twelfth World Health Assembly on the progress made and the results obtained.

The delegation of Viet Nam also supported the amendments proposed by the Belgian delegation.

Médecin-Colonel BERNARD (France) stated that, so far as France was concerned, smallpox was a problem mainly in its overseas territories, in all of which vaccination was compulsory. A quarter of the population was vaccinated yearly, and the process began again after it had been completed at the end of four years. It had given very varied results. In Madagascar, for instance, the last known case of smallpox had been in 1918. Vaccination was continuing and vaccination certificates were required of everyone who entered the island. Results had been much less satisfactory in continental Africa. The incidence had dropped notably after systematic vaccination, but there had been outbreaks in recent years, the cause of which had naturally been investigated.

Three main causes had been found. First, the dried vaccine normally used deteriorated very rapidly under certain conditions in tropical countries. Dried vaccines had undoubted advantages but had to be used more rapidly than most manufacturers indicated. Secondly, the vaccinator was a source of difficulty. Vaccination was extremely simple, but could not be done mechanically; the scarification should not be too superficial or too deep, and after vaccinating a few persons the technician must not go for a rest leaving the vaccine in the sun, or the

persons vaccinated afterwards would not be properly immunized. The third obstacle was caused by those vaccinated. Many either wiped off the vaccine or exposed it to the sun, so reducing or nullifying the effectiveness of the vaccine. Moreover, large sections of the population were in constant movement in certain parts of Africa. At the annual vaccination, the same people might appear time after time, while others never appeared at all.

Those points might serve to show that mass vaccination was not as simple as it might appear on paper. He was grateful to the Soviet Union delegation for the resolution, but felt that he would probably support the Belgian amendments to it once he had had an opportunity to examine them more closely.

Dr LAYTON (Canada) proposed that, at the beginning of subparagraph 1 (b), the words "encouragement of the" be inserted.

Dr METCALFE (Australia) believed that the eradication of smallpox would not be as easy as it might appear on paper. In practice, all countries where the disease was endemic would have to be both willing and able to carry out vaccination systematically, year after year, and co-operate to the fullest extent in international measures. It would be interesting to know if any countries where smallpox was endemic actually had practical eradication schemes. It should also be borne in mind in any mass campaigns that vaccine could give rise to complications which were more dangerous than the disease itself. In spite of all that, his delegation was very much in favour of the proposed draft resolution.

Dr DU PRÉ LE ROUX (Union of South Africa) said that, while his delegation was in full sympathy with the idea behind the Soviet Union proposal, experience in South Africa seemed to indicate that eradication might be a slower process than was hoped. Vaccination had been carried out in South Africa for almost 150 years, but it was only very recently that smallpox had been eradicated. Even today there was the problem of people who had conscientious objections to vaccination. He also believed that dangers were involved in having vaccination carried out by untrained staff.

Dr AKWEI (Ghana) said that vaccination was compulsory in Ghana; health education on the subject was being intensified; mobile units and other aids were being employed in a vaccination campaign

but, nevertheless, periodic outbreaks of smallpox continued to occur.

He fully agreed with the delegate of the Soviet Union that vaccination was a very simple technique which could be taught even to illiterates. During the past ten years, non-medical technicians had even been shown how to do lumbar punctures in connexion with sleeping-sickness campaigns—an indication of the extent to which untrained staff could be utilized.

It might be true, as had been said, that only man harboured the virus, but in Ghana a certain unexplained association seemed to exist between cerebrospinal meningitis and smallpox.

He doubted if it were wise to impose too rigid a time-table on the proposed eradication campaign. His own country would continue to do everything possible to achieve eradication in Ghana, but he felt that the amendments proposed by the Belgian delegation would be found to be reasonable.

Dr BIERDRAGER (Netherlands) stated that his delegation was in general agreement with the draft resolution, which might help to speed up campaigns aimed at the total eradication of smallpox. It might be easier and less costly to eradicate smallpox in a relatively short time than it would be to eradicate malaria.

The delegation of the Soviet Union had rightly pointed out that countries which had no smallpox had nevertheless to spend considerable sums on vaccination. It would seem a good investment for such countries to contribute part of their expenditure for that purpose to a total eradication scheme to be carried out by WHO. In 1957, 200 000 cases of smallpox had been reported and more had undoubtedly occurred. The reduction of smallpox incidence in countries still affected would automatically reduce the risks in the countries free from the disease and so lessen the cost of the preventive measures they had to take. There thus seemed a case for progressively increasing the contribution to WHO on the lines he had suggested. It was a suggestion he made to his fellow delegates as one which they might wish to recommend to their governments; the proposed contributions would be a welcome addition to the generous offer made by the Soviet Union to provide a considerable quantity of vaccine.

(For continuation of discussion, see minutes of the sixteenth meeting, section 3.)

*The meeting rose at 5.40 p.m.*

## SIXTEENTH MEETING

*Thursday, 12 June 1958, at 9.30 a.m.*

*Chairman: Professor N. N. PESONEN (Finland)*

### 1. Announcement by the Director-General

The DIRECTOR-GENERAL announced that he had received a formal letter from the Government of the Union of Soviet Socialist Republics offering the World Health Organization a thousand tons of DDT for the Malaria Eradication Special Account and twenty-five million doses of dried smallpox vaccine.

The CHAIRMAN expressed his satisfaction and pleasure, on behalf of the whole Committee, at the generous offer of the Government of the Soviet Union.

and all delegations were agreed that any intensification of measures to that effect was a most desirable objective. However, the programme set forth in the Soviet Union draft resolution presented some difficulties. Although a number of preventive procedures had been available for a considerable time, more time still would have to elapse before an ideal position was reached in regard to eradication. Paragraph 1 of the Soviet Union draft resolution covered a great many aspects of smallpox control and eradication and it would seem desirable for the Director-General to be given an opportunity to study the proposal in greater detail, particularly as it would involve financial and administrative problems.

The delegations of Ireland and New Zealand, therefore, proposed that the beginning of paragraph 1, reading :

1. REQUESTS the Director-General to carry out in 1958 preparatory work, which shall include :

should be deleted and replaced by :

1. REQUESTS the Director-General to study and report to the Executive Board at its twenty-third session on the financial, administrative and technical implications of a programme having as its objective the eradication of smallpox, the study to include the various problems involved in carrying out the following activities :

The procedure indicated in the proposed amendment was the general routine in WHO affairs. Rule 13 of the Rules of Procedure of the World Health Assembly required the Director-General to report on the technical, administrative and financial implications of all agenda items submitted to the Health Assembly. He was sure that the effect of the amendment would not be to delay action on the problem of the eradication of smallpox in any way.

### 3. Eradication of Smallpox (Item proposed by the Union of Soviet Socialist Republics) (continued from the fifteenth meeting, section 6)

Agenda, 6.9

The CHAIRMAN invited the delegate of Ireland to introduce the amendment submitted by the delegations of Ireland and New Zealand to the draft resolution of the Government of the Soviet Union (see page 263).

Mr BRADY (Ireland) said that his delegation and the delegation of New Zealand had felt that it would be desirable to outline the procedure for the further consideration of the very interesting item under discussion. The question of the control and eradication of smallpox was undoubtedly very important

Dr SAUTER (Switzerland) said that he had not wished to speak on the question of the eradication of smallpox before hearing the views of the delegates of countries in which smallpox was still endemic. He would now, however, comment briefly on the position in his own country, where the problem of

smallpox had been replaced by the problem of smallpox vaccination. In the last thirty years, two cases of smallpox had been imported into Switzerland. Both cases had been cured and there had been no secondary cases. On the other hand, in the same thirty years there had been thirty deaths from post-vaccinal encephalitis. It was understandable, therefore, that the authorities should be finding it increasingly difficult to impose compulsory vaccination. Physicians were fully aware of the danger presented by constantly increasing air traffic, but at the same time they realized that they were exposing their patients to a greater risk through vaccination. It was thus becoming more and more difficult to maintain the immunization of the population at a satisfactory level and the Swiss delegation wished, therefore, to give its wholehearted support to any effort to eradicate smallpox in the countries in which it was still endemic.

Dr LE-VAN-KHAI (Viet Nam) withdrew the part of his delegation's proposal (see page 266) relating to paragraphs 2, 3, and 4 of the Soviet Union draft resolution.

Dr KIVITS (Belgium) said he supported the revised amendment of the delegation of Viet Nam and the amendment of the delegations of Canada and of Ireland and New Zealand.

Sir Arcot MUDALIAR (India) said he greatly appreciated the Soviet Union authorities' bringing the question of smallpox eradication to the forefront at the current World Health Assembly and offering so large an amount of smallpox vaccine to WHO for use in countries where it was needed. Since in India smallpox was endemic and there were occasional smallpox epidemics there, and since the disease was often imported from India into other countries, he was particularly glad that a world-wide smallpox eradication campaign had been proposed. That proposal was a milestone in world health work. He hoped that smallpox eradication work would proceed as quickly as the work on the problem of malaria eradication. The Indian authorities did much to combat smallpox; environmental sanitation was a useful means of reducing the incidence of the disease, but it was not, of course, sufficient in itself. He was glad that provision had been made for appointing a WHO expert on smallpox endemicity for the South-East Asia Region. There had been compulsory vaccination in India for a long time. Research was being conducted there into questions relating to the potency of vaccine, in particular the question of whether vaccine strains became less potent over the years. The Indian authorities would like WHO to provide

answers to the questions of why smallpox epidemics varied in intensity, why during some smallpox epidemics there was a larger percentage of haemorrhagic cases than in other epidemics and why in some there was a larger percentage of confluent cases than in others. The Indian authorities were also confronted with the problem of the disease being spread by pilgrims who journeyed to Mecca and other centres. Whatever methods were chosen, the proposed eradication of smallpox throughout the world should be completed as quickly as possible. He hoped that a time-limit would be set for its completion, because otherwise the necessary steps might not be taken as expeditiously as was desirable.

He therefore supported the general principles of the Soviet Union draft resolution. He thought that some of the amendments proposed to it were quite acceptable.

Dr AL-WAHBI (Iraq) said he entirely agreed with the general principles of the Soviet Union draft resolution.

He suggested that, since a large number of amendments had been proposed, the business of the meeting would be expedited if the Committee set up a working party composed of a member of each of the delegations which had proposed an amendment and one or two other delegations, which the Chairman might name, to draft a new resolution combining the various texts under discussion.

Médecin-Colonel BERNARD (France) said he had no objection to any of the amendments under discussion. He would suggest the deletion of the word "complete" from the wording proposed by the Belgian delegation for the second paragraph of the preamble, since it added nothing of substance to the text.

Dr KIVITS (Belgium) said he agreed that that change was desirable.

Dr SALADRIGAS (Cuba) said that there had been no smallpox epidemic in his country since the beginning of the current century. In 1906, and again in 1918, there had been one or two cases of the disease imported into Cuba, but it had not spread on either of those occasions since the whole population had been vaccinated. In the nineteenth century, smallpox had been a terrible scourge in Cuba. Soon after the beginning of the current century, when the Republic was established, a law had been passed making it compulsory for everyone to be vaccinated. That law was still in force. The very accurate statistics kept by the authorities showed that there had been only two or three cases of encephalitis due to smallpox vaccination in Cuba. The Cuban authorities considered that the danger of

smallpox infection was far more serious than the danger of possible complications due to smallpox vaccination and that, for that reason, smallpox vaccination should remain compulsory for everyone. For several years, under the aegis of the Director-General of Health, there had been a committee concerned solely with intensive progressive revaccination of the population. Cuba was manufacturing vaccine with scientific and economic help from PASB and was making great progress in the manufacture of dried vaccine. It could place at the disposal of WHO two million doses of smallpox vaccine a year, for use in any country where there was a shortage of vaccine. Since Cuba was a small country, it could not offer more.

He welcomed the proposal that smallpox be eradicated throughout the world. He supported all the amendments which had been proposed.

Dr SULIANTI (Indonesia) said she warmly supported the principle of the Soviet Union proposal that there should be a world-wide campaign to eradicate smallpox. At one time her country had been almost free from smallpox, but during the Second World War smallpox vaccination there had been interrupted, and, because of that, there were at present a number of endemic foci of the disease in Indonesia. She supported the proposal made jointly by the delegations of Ireland and New Zealand, since its adoption would ensure that before the proposed campaign was started there would be available sufficient data for determining how it could best be organized, where the most suitable stable vaccine could be obtained for it and what would be the most economical way of conducting the campaign. If WHO, after those data had been obtained, agreed that the campaign should be started, the Indonesian authorities would gladly take part in it and do all they could to ensure its success in the territory for which they were responsible.

Professor ZHDANOV (Union of Soviet Socialist Republics) supported the suggestion of the delegate of Iraq. He believed the working party could complete quickly the task which it would be given, because most of the proposals for amendment were very constructive and positive.

The CHAIRMAN suggested that the working party should be composed of members of the delegations of the Union of Soviet Socialist Republics, Belgium, Viet Nam, Canada, Ireland and New Zealand.

Professor ZHDANOV (Union of Soviet Socialist Republics) suggested that a member of the Indian delegation be appointed to the working party.

Dr GOOSSENS (Belgium) suggested that a member of the French delegation be included amongst the members of the working party.

*Decision:* The Committee set up a working party composed of members of the delegations of Belgium, Canada, France, India, Ireland, New Zealand, Union of Soviet Socialist Republics and Viet Nam, requesting it to submit a single text combining the Soviet Union draft resolution and the amendments proposed to it.

*The meeting was suspended at 10.30 a.m. and resumed at 11.40 a.m.*

The DIRECTOR-GENERAL announced that the Cuban delegation had made a formal offer to supply two million doses of smallpox vaccine annually for the world-wide eradication campaign.

The CHAIRMAN, speaking on behalf of all the members of the Committee, thanked the Cuban delegation for their valuable offer.

Sir Arcot MUDALIAR (India), Chairman of the Working Party, reported that the Working Party had considered the various amendments and had reached unanimous agreement on the following draft resolution:

The Eleventh World Health Assembly,

Noting that smallpox still remains a very widespread and dangerous infectious disease and that in many regions of the world there exist endemic foci of this disease constituting a permanent threat of its propagation and consequently menacing the life and health of the population;

Having regard to the economic aspect of the question, which shows that the funds devoted to vaccination against smallpox throughout the world exceed those necessary for the eradication of smallpox in its endemic foci and consequently the destruction of the sources from which the infection arises and spreads, and clearly indicates that the eradication of smallpox might in future make vaccination and all expenditures involved in its application redundant;

Taking into account the level of development reached by medical science and the health services in the control of infectious diseases, and in particular of smallpox, and the manifest tendency of the morbidity of smallpox to diminish in recent years;

Having regard to the decisions and pertinent practical measures adopted by WHO for smallpox control and the intensification of antismallpox

programmes, in particular resolutions WHA3.18, EB11.R58, WHA6.18, EB12.R13, EB13.R3, WHA7.5, WHA8.38, WHA9.49; and

Considering it opportune to raise the problem of the world-wide eradication of smallpox in the near future,

1. REQUESTS the Director-General to study and report to the Executive Board at its twenty-third session on the financial, administrative and technical implications of a programme having as its objective the eradication of smallpox, the study to include the various problems involved in carrying out the following activities :

(a) investigation of the means of ensuring the world-wide eradication of smallpox, taking into account the fact that smallpox persists in certain areas despite repeated vaccination campaigns;

(b) encouragement of the preparation during 1958-1960 of the necessary amount of smallpox vaccine in national laboratories and institutes;

(c) training of vaccinators among the local population in countries in which mass immunization campaigns will be conducted;

(d) the pooling of experience and the formulation of recommendations for the production of a sufficient amount of thermostable smallpox vaccine suitable for prolonged storage and use in tropical and sub-tropical regions of the world; and

(e) study of the measures to be taken in order to avoid complications which might result from smallpox vaccination;

2. RECOMMENDS to Member States

(a) that during 1959-1960 the population be vaccinated in countries in which principal endemic foci of smallpox exist; and

(b) that during 1961-1962 additional vaccination of the population should be carried out in foci where the disease persists, and that subsequently revaccinations be given to the extent it becomes necessary in accordance with the experience acquired in each country;

3. RECOMMENDS that all countries in which smallpox vaccination is compulsory continue to give smallpox vaccinations during the eradication of this disease throughout the world;

4. CALLS upon medical scientists and scientific institutions active in the field of microbiology and epidemiology to stimulate their efforts towards improving the quality and technology

of the production of satisfactory smallpox vaccine resistant to the influence of temperature; and

5. REQUESTS the Director-General to report to the Twelfth World Health Assembly on the progress made and the results obtained.

Sir Samuel MANUWA (Federation of Nigeria) said that his was one of the countries in which smallpox was endemic and from time to time epidemic. The disease, particularly in its endemic form, might perhaps be regarded as a reflection on the efficiency of the health service of the country. He wished, however, to add his assurance to that already given by other speakers from the African Region that there was by no means any complacency about the problems presented by smallpox. Nigeria was already producing vaccine for its own use and for its neighbours. The average annual production during the past few years had been twelve million doses and more than fifteen million doses had been produced during the past year. Dried vaccine was also produced in accordance with the method approved by WHO. The dried vaccine retained its potency at ordinary room temperature for over a year and it had been found particularly useful in the dry, hot conditions of the northern part of Nigeria. The aim was to vaccinate a specific proportion of the population each year, but the achievement often fell short of the aim. The delegate of France had mentioned the difficulties encountered in Africa, where there was not only the problem of procuring the vaccine but also that of locating and reaching the people to be vaccinated. He was glad to note that the draft resolution proposed by the working party took some of those difficulties into account. He supported the draft resolution and expressed his delegation's appreciation to the Government of the Soviet Union for its initiative in raising the matter. He hoped that the subject of smallpox control would be placed on the agenda of the Regional Committee for Africa, so that problems such as the co-ordination of vaccination campaigns across the frontiers of neighbouring territories could be considered. It might also be advisable to organize an inter-territorial conference, as had been done in the case of yaws, and the Committee could consider the desirability of appointing an adviser on smallpox for the Regional Office.

Mr PYMAN (Australia) referred to the statement in the second paragraph of the preamble to the draft resolution that the "funds devoted to vaccination against smallpox throughout the world exceed those necessary for the eradication of smallpox in its endemic foci". He was not sure that there was

sufficient evidence to support a statement in those terms and he suggested that the words "funds devoted to vaccination against smallpox" should be replaced by "funds devoted to the control of and vaccination against smallpox".

Sir Arcot MUDALIAR (India), Chairman of the Working Party, accepted that amendment.

Dr ALLARIA (Argentina) said that it might have been useful to have referred in paragraph 3 of the draft resolution to the advantages of an active campaign to educate the public.

Dr KAREFA-SMART (Sierra Leone) remarked that smallpox eradication was a worldwide problem and suggested that the recommendations in paragraph 2 of the draft resolution should not be restricted to Member States.

Dr LE-VAN-KHAI (Viet Nam) pointed out that, in the French text, the recommendation was not restricted to Member States. It had been his understanding in the Working Party that the recommendation was to be addressed to all governments.

Sir Arcot MUDALIAR (India), Chairman of the Working Party, accepted the proposal to amend the beginning of paragraph 2 of the draft resolution to read "RECOMMENDS to all governments".

*Decision:* The draft resolution, as amended, was approved unanimously.

The CHAIRMAN thanked the Working Party and its Chairman for their work. He proposed that the resolution just approved should be added as section 5 to the fifth report of the Committee, which had been adopted earlier in the meeting (see page 377).

*It was so agreed.*

#### 4. Closure of the Session

The CHAIRMAN thanked all members of the Committee for their help and co-operation at all times. There had been many important items on the Committee's agenda, most of which had required very careful consideration. He referred in particular to the valuable report on the world health situation, which had been submitted for the first time to the World Health Assembly. The remarkable spirit of harmony which had prevailed in the discussions had made his task a pleasant one. He also wished to thank the Director-General and his staff for their co-operation.

Sir Arcot MUDALIAR (India) said that he was sure he was voicing the unanimous feelings of the delegates in conveying their gratitude and appreciation to the Chairman for the great patience and wisdom with which he had conducted the debates.

The CHAIRMAN announced that the business of the Committee was completed.

*The meeting rose at 12 noon.*

---