OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 177

TWENTY-SECOND WORLD HEALTH ASSEMBLY

BOSTON, MASSACHUSETTS, 8-25 JULY 1969

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WORLD HEALTH ORGANIZATION

GENEVA

December 1969

MEMBERSHIP OF THE HEALTH ASSEMBLY

LIST OF DELEGATES AND OTHER PARTICIPANTS

DELEGATIONS OF MEMBER STATES

AFGHANISTAN

Delegates:
- Professor A. OMAR, Deputy Minister of Public Health (Chief Delegate)
- Dr S. WEISS, President of the General Medical Department, Ministry of Public Health

ALGERIA

Delegates:
- Professor T. HADDAM, Minister of Public Health and Population (Chief Delegate)
- Dr M. EL KAMAL, Inspector-General of Health (Deputy Chief Delegate)
- Dr R. GASSABI, Chief Medical Officer, Central Malaria Eradication Bureau

Alternate:
- Mrs C. SELLAMI-MESLEM, Chief, Multilateral Assistance and Specialized Agencies Section, Ministry of Foreign Affairs

ARGENTINA

Delegates:
- Professor A. F. MONDET, Under-Secretary of State for Public Health (Chief Delegate)
- Professor V. V. OLGUÍN, Director, International Health Relations, Secretariat of State for Public Health

AUSTRALIA

Delegates:
- Dr H. M. FRANKLANDS, Commonwealth Director of Health for New South Wales (Chief Delegate)
- Dr J. S. BOXALL, Director of International Health, Department of Health
- Miss J. H. BARNETT, First Secretary, Australian Embassy in Brazil

Alternate:
- Dr A. TARUTIA, Lecturer in Preventive and Social Medicine, Papuan Medical College, Port Moresby

Advisers:
- Sir Leonard MALLEN, Immediate Past President, World Medical Association
- Dr R. R. WINTON, Editor, Medical Journal of Australia

AUSTRIA

Delegates:
- Dr F. A. BAUHOFER, 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

BARBADOS

Delegates:
- Mr C. E. TALMA, Minister of Health and Community Development (Chief Delegate)
- Mr C. A. BURTON, Permanent Secretary, Ministry of Health and Community Development
- Dr Florence L. O'ROURKE, Senior Medical Officer of Health

BELGIUM

Delegates:
- Professor J. F. GOOSSENS, Secretary-General, Ministry of Public Health and Family Welfare (Chief Delegate)
- Dr jur. J. DE CONINCK, Counsellor; Chief, International Relations Department, Ministry of Public Health and Family Welfare (Deputy Chief Delegate)
- Dr M. KIVITS, Chief Medical Officer; Director, Co-operation and Development Office

BOLIVIA

Delegates:
- Dr J. ROJAS TARDÍO, Minister of Public Health
- Mr H. MACHICADO, Consul of Bolivia at Boston[1]

[1] Delegate as from 16 July.

BRAZIL

Delegates:
Dr L. MIRANDA, Minister of Health (Chief Delegate)
Dr M. BASTOS BELCHIOR, Director, Committee on International Affairs, Ministry of Health[1]
Dr N. L. ARAUJO MORAES, Supervisor-General of Community Health, Ministry of Health

Advisers:
Professor M. J. FERREIRA, Superintendent, Planning Unit, Ministry of Health
Mr S. PINHEIRO-GUIMARÃES NETO, Second Secretary; Vice-Consul of Brazil at Boston

BULGARIA

Delegates:
Dr K. IGNATOV, Minister of Public Health (Chief Delegate)
Dr D. ARNAUDOV, Chief, Department of International Relations, Ministry of Public Health
Mr G. S. MINKOV, Third Secretary, Permanent Mission of Bulgaria to the United Nations

BURMA

Delegates:
Dr THEIN AUNG, Secretary, Ministry of Health (Chief Delegate)
Dr TUN MIN, Assistant Director, North-West Division (Mandalay), Directorate of Health Services

BURUNDI

Delegates:
Dr C. BITARIHO, Minister of Public Health (Chief Delegate)
Dr F.-X. BUYOYA, Director-General, Ministry of Public Health
Mr H. MUNYANDUGA, Directeur de cabinet, Ministry of Public Health

CAMBODIA

Delegates:
Dr THOR PENG THONG, Director-General of Health (Chief Delegate)
Dr SUON BOPHEAK, Chief, Foreign Relations Office, Ministry of Health

[1] Chief Delegate as from 14 July.

CAMEROON

Delegates:
Dr J.-C. HAPPI, Commissioner-General for Public Health and Population (Chief Delegate)
Dr E. ELOM NTOUZOO, Deputy Assistant Director, Major Endemic Diseases and Rural Medicine Service
Mr M. NJINÉ, Ambassador Extraordinary and Plenipotentiary; Permanent Representative of Cameroon to the United Nations

CANADA

Delegates:
Dr J. N. CRAWFORD, Deputy Minister of National Health, Department of National Health and Welfare (Chief Delegate)
Dr B. D. B. LAYTON, Principal Medical Officer, International Health, Department of National Health and Welfare (Deputy Chief Delegate)[2]
Mr S. D. HEMSLEY, Consul-General of Canada at Boston[3]

Alternates:
Mr R. GENDRON, Parliamentary Secretary to the Minister of National Health and Welfare
Dr G. ISABELLE, Member of Parliament
Dr J. GÉLINAS, Deputy Minister of Health for the Province of Quebec
Dr J. S. ROBERTSON, Deputy Minister of Public Health for the Province of Nova Scotia
Dr A. F. W. PEART, General Secretary, Canadian Medical Association
Dr W. S. HACON, Director, Health Resources, Department of National Health and Welfare
Miss V. HUFFMAN, Principal Nursing Officer to the Deputy Minister of National Health, Department of National Health and Welfare

Advisers:
Mr L. DUCLOS, Consul, Office of the Consul-General of Canada at Boston
Mr R. P. STERLING, Economic and Social Section, United Nations Division, Department of External Affairs
Dr R. A. CONNOR, Chief, Dental Health Division, Department of National Health and Welfare
Mr F. W. PRICE, Assistant Director, Information Services Division, Department of National Health and Welfare

CENTRAL AFRICAN REPUBLIC

Delegate:
Dr S. BÉDAYA NGARO, Director of Public Health

[2] Chief Delegate as from 14 July.

[3] Deputy Chief Delegate as from 14 July.

CEYLON

Delegates:
Dr D. B. GUNASEKARA, Director of Health Services (Chief Delegate)
Dr F. A. WICKREMASINGHE, Superintendent, Anti-malaria Campaign

CHAD

Delegates:
Mr P. DJIME, Minister of Public Health and Social Affairs (Chief Delegate)
Dr J. COULM, Director, Major Endemic Diseases Service

CHILE

Delegates:
Professor R. VALDIVIESO, Minister of Public Health (Chief Delegate)
Dr J. M. UGARTE, Professor, Faculty of Medicine, University of Chile, Santiago; Adviser in Health Planning, Ministry of Public Health[1]

Adviser:
Dr W. BUSTAMANTE ESPINOZA, Maternal and Child Health Adviser, National Medical Service for the Employed

CHINA

Delegates:
Mr P.-N. CHENG, Ambassador; Permanent Representative of the Republic of China to the United Nations Office and to the Other International Organizations at Geneva (Chief Delegate)
Dr C.-K. CHANG, Director, Department of Health Administration, Ministry of Interior
Dr T.-C. HSU, Commissioner of Health, Taiwan Provincial Government

Adviser:
Mr Y.-H. LIU, Section Chief, International Organizations Department, Ministry of Foreign Affairs

COLOMBIA

Delegates:
Professor A. ORDÓÑEZ-PLAJA, Minister of Public Health (Chief Delegate)
Dr D. BERSH ESCOBAR, Secretary-General, Ministry of Public Health
Dr A. YEPES PARRA, Chief, Division of Medical Care, Ministry of Public Health

Advisers:
Professor G. VELÁZQUEZ PALAU, President, Colombian Association of Medical Faculties; Dean, Faculty of Medicine of Cali, University of Valle
Professor R. PAREDES MANRIQUE, Executive Director, Colombian Association of Medical Faculties

CONGO (BRAZZAVILLE)

Delegates:
Dr J. BOUITI, Minister of Public Health and Social Affairs (Chief Delegate)
Dr B. LOUEMBÉ, Chief Medical Officer, Prefecture of Pool-Djoué

CONGO, DEMOCRATIC REPUBLIC OF

Delegates:
Dr F. ILUNGA-BITOKWELA, Acting Secretary-General, Ministry of Public Health (Chief Delegate)
Dr R. LEKIE, Director, Smallpox Eradication Campaign, Fourth Directorate, Ministry of Public Health

COSTA RICA

Delegates:
Dr A. AGUILAR PERALTA, Minister of Public Health (Chief Delegate)
Dr M. A. CORTÉS VARGAS, Director-General of Health, Ministry of Public Health

Adviser:
Dr O. VARGAS-MÉNDEZ, Consultant, Ministry of Public Health

CUBA

Delegates:
Dr R. PEREDA CHÁVEZ, Director, International Relations, Ministry of Public Health (Chief Delegate)
Dr D. ALONSO MENÉNDEZ, Director, Institutes of Medical Research and Information, Ministry of Public Health
Dr R. MARTÍNEZ RODRÍGUEZ, Director of Epidemiology, Ministry of Public Health

Alternate:
Mr A. MORENO FERNÁNDEZ, Chief of Section, Directorate of International Organizations, Ministry of External Relations

[1] Chief Delegate as from 19 July.

CYPRUS

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

Alternate:
Mr M. E. SHERIFIS, First Secretary, Permanent Mission of Cyprus to the United Nations

CZECHOSLOVAKIA

Delegates:
Professor V. ZVARA, Minister of Health of the Slovak Socialist Republic (Chief Delegate)
Professor B. DOUBEK, Deputy Minister of Health of the Czech Socialist Republic

Alternates:
Dr K. GECÍK, Chief, Secretariat of the Ministry of Health of the Slovak Socialist Republic
Dr J. CIMICKÝ, Chief, Department of International Relations, Ministry of Health of the Czech Socialist Republic
Dr A. PLEVA, International Economics Department, Ministry of Foreign Affairs

Adviser:
Dr J. PECHÁČEK, Second Secretary, Permanent Mission of Czechoslovakia to the United Nations

DAHOMEY

Delegates:
Dr D. BADAROU, Minister of Foreign Affairs (Chief Delegate)
Mr V. TÉVOÈDJRÉ, Minister-Counsellor, Embassy of Dahomey in the USA

DENMARK

Delegates:
Dr Esther AMMUNDSEN, Director, National Health Service (Chief Delegate)
Mr F. NIELSEN, Chief of Section, Ministry of the Interior (Deputy Chief Delegate)
Dr C. J. SIEVERS, Medical Officer, National Health Service

Adviser:
Mr O. FORSTING, Assistant Chief of Section, Ministry of the Interior

DOMINICAN REPUBLIC

Delegate:
Dr M. A. FERNÁNDEZ MENA, Secretary of State for Public Health and Welfare

Advisers:
Dr R. T. ÁLVAREZ CASTELLANOS, Consul-General of the Dominican Republic at Boston
Mr J. T. JALBERT, Honorary Consul of the Dominican Republic

ECUADOR

Delegates:
Dr F. PARRA GIL, Minister of Health (Chief Delegate)
Dr L. F. GÓMEZ-LINCE, Director, National Institute of Hygiene

EL SALVADOR

Delegates:
Dr R. HERNÁNDEZ SUÁREZ, Under-Secretary of Public Health and Welfare (Chief Delegate)
Dr A. AGUILAR RIVAS, Secretary/Co-ordinator, Department of Planning and Co-ordination, Ministry of Public Health and Welfare

ETHIOPIA

Delegates:
Mr Y. TSIGE, Minister of State for Public Health (Chief Delegate)
Dr B. TEOUME-LESSANE, Medical Co-Director, Imperial Central Laboratory and Research Institute
Mr S. H. GIORGIS, Director of Health Services, Ministry of Public Health

FEDERAL REPUBLIC OF GERMANY

Delegates:
Professor L. VON MANGER-KOENIG, Secretary of State, Federal Ministry of Health (Chief Delegate)
Mr A. BÖKER, Ambassador; Permanent Observer of the Federal Republic of Germany to the United Nations (Deputy Chief Delegate)
Dr J. STRALAU, Director-General, Federal Ministry of Health

Alternates:
Dr B. E. ZOLLER, Chief, International Relations, Federal Ministry of Health
Dr H. KARL, Head, Public Health Division, Ministry for Labour, Welfare and Public Health of Hesse
Mr B. WEBER, Second Secretary, Office of the Permanent Observer of the Federal Republic of Germany to the United Nations Office and Permanent Delegation to the Other International Organizations at Geneva
Dr B. KLAESS, Medical Director; Vice-President, Federal Association of Medical Officers

FINLAND

Delegates:
Dr A. P. OJALA, Director, Public Health Department, National Board of Health (Chief Delegate)
Dr Y. HONGISTO, Assistant Director, Hospital Department, National Board of Health

Adviser:
Mr G. CASTRÉN, Second Secretary, Permanent Mission of Finland to the United Nations

FRANCE

Delegates:
Professor E. AUJALEU, Counsellor of State; Director-General, National Institute of Health and Medical Research (Chief Delegate)
Dr L.-P. AUJOULAT, former Minister; Inspector-General of Social Affairs
Dr J.-S. CAYLA, Inspector-General of Health; Director, National School of Public Health

Advisers:
Professor R. SENAULT, Faculty of Medicine, University of Nancy
Dr J. LEMBREZ, Regional Medical Inspector, Sanitary Control at Sea and Air Frontiers, Marseilles
Dr H. JOURNIAC, Chargé de mission; Secretariat of State for Co-operation, Ministry of Foreign Affairs
Miss J. BALENCIE, Assistant Secretary, Ministry of Foreign Affairs

GABON

Delegates:
Mr J. OKINDA, Minister of Public Health and Population (Chief Delegate)
Dr P. OBAME-NGUÉMA, Director of Health Services

Advisers:
Mr L. BADINGA, Ambassador; Representative of Gabon in the USA
Mr E. C. BETAMBA, Counsellor, Embassy of Gabon in the USA
Mr R. NGUEMA, Counsellor, Embassy of Gabon in the USA

GHANA

Delegates:
Dr E. AKWEI, Commissioner for Health (Chief Delegate)
Dr F. C. GRANT, Senior Medical Officer (Epidemiology), Ministry of Health
Mr E. E. A. BREW, Principal Assistant Secretary, Ministry of Health

Alternate:
Dr A. A. DARKWA, Regional Medical Officer of Health

Adviser:
Mr I. D. DICKSON, Second Secretary, Embassy of Ghana in the USA

GREECE

Delegate:
Dr Meropi VIOLAKI-PARASKEVA, Director, Public Health Division, Ministry of Social Services

Adviser:
Mr E. GOUNARIS, Secretary of Embassy; Vice-Consul of Greece at New York

GUATEMALA

Delegate:
Dr R. ASTURIAS VALENZUELA, Minister of Public Health and Social Welfare

GUINEA

Delegates:
Dr B. KOUROUMA, Director for Cultural and Social Affairs to the Presidency of the Republic (Chief Delegate)
Dr O. KEITA, Director-General of "Pharmaguinée" (National Pharmaceutical Enterprise of Guinea)

GUYANA

Delegate:
Mr L. SAMUELS, Second Secretary, Permanent Mission of Guyana to the United Nations

HONDURAS

Delegates:
Dr R. CERVANTES, Director-General of Public Health (Chief Delegate)
Dr C. A. PINEDA, Chief, Planning Section, Ministry of Public Health and Social Welfare
Dr J. B. RIVERA N., Chief, Nutrition Department, Ministry of Public Health and Social Welfare

HUNGARY

Delegates:
Dr B. TOTH, Deputy Minister of Health (Chief Delegate)
Dr G. ACZÉL, Head of Department, Ministry of Health
Dr D. FELKAI, Chief, Department of International Relations, Ministry of Health

Alternate:
Mr E. ZÁDOR, First Secretary, Permanent Mission of Hungary to the United Nations

ICELAND

Delegate:
Dr S. SIGURDSSON, Chief Medical Officer

INDIA

Delegates:
Mr B. P. PATEL, Secretary to the Government of India, Ministry of Health and Family Planning and Works, Housing and Urban Development (Department of Health and Family Planning) (Chief Delegate)
Dr P. K. DURAISWAMI, Director-General of Health Services
Mr J. S. TEJA, First Secretary, Permanent Mission of India to the United Nations

Alternate:
Mr S. M. S. CHADHA, First Secretary, Permanent Mission of India to the United Nations

Adviser:
Mr K. P. SAKSENA, Research Officer, Permanent Mission of India to the United Nations

INDONESIA

Delegates:
Professor G. A. SIWABESSY, Minister of Health (Chief Delegate)
Dr Julie SULIANTI SAROSO, Director-General, Communicable Disease Control, Department of Health (Deputy Chief Delegate)[1]
Professor I. MADÉ BAGIASTRA, Head, Bureau of Organization and Management, Department of Health

Alternate:
Dr P. P. SUMBUNG, Director, Bureau of Special Affairs and Foreign Relations, Department of Health

IRAN

Delegates:
Dr M. SHAHGHOLI, Minister of Health (Chief Delegate)
Dr A. DIBA, Technical Adviser on WHO Affairs, Permanent Delegation of Iran to the United Nations Office and to the Specialized Agencies at Geneva
Mr A. N. AMIRAHMADI, Director, International Health Relations Department, Ministry of Health

Advisers:
Mr F. PARSI, Second Secretary, Permanent Mission of Iran to the United Nations
Mr Z. KHABIRI, Chief, Hygiene Section, Plan Organization
Dr M. ROUHANI, Director-General, Medical and Health Services, National Iranian Oil Company

[1] Chief Delegate as from 11 July.

IRAQ

Delegates:
Dr I. MUSTAFA, Minister of Health (Chief Delegate)
Professor F. H. GHALI, Director, Karkh Maternity Hospital, Baghdad
Dr M. ALI, Director-General of Health

Alternates:
Dr M. IBRAHIM, Director, International Health Relations, Ministry of Health
Dr I. A. AL-NOURI, Director, Arab Child Hospital, Baghdad

Adviser:
Mr A. RAOUF, Deputy Permanent Representative of Iraq to the United Nations

IRELAND

Delegates:
Dr J. C. JOYCE, Chief Medical Officer, Department of Health (Chief Delegate)
Mr D. WHELAN, Principal Officer, Department of Health

ISRAEL

Delegates:
Mr I. BARZILAI, Minister of Health (Chief Delegate)
Dr R. GJEBIN, Director-General, Ministry of Health[2]
Dr S. GINTON, Chief, External Relations, Ministry of Health

Alternates:
Dr S. ROSENNE, Ambassador Extraordinary and Plenipotentiary; Deputy Permanent Representative of Israel to the United Nations
Mr H. GIVTON, Minister Plenipotentiary; Permanent Mission of Israel to the United Nations

ITALY

Delegates:
Professor G. ZONCA, Under-Secretary of State, Ministry of Health (Chief Delegate)
Professor G. PENSO, Director, Microbiology Laboratories, Istituto Superiore di Sanità, Rome (Deputy Chief Delegate)
Professor R. VANNUGLI, Director, International Relations Office, Ministry of Health

Alternates:
Mr G. MIGLIUOLO, Minister Counsellor, Permanent Mission of Italy to the United Nations
Professor A. CORRADETTI, Director, Parasitology Laboratories, Istituto Superiore di Sanità, Rome

[2] Chief Delegate as from 14 July.

Professor L. GIANNICO, Director, Division of International Prophylaxis, Ministry of Health
Professor B. PACCAGNELLA, Director, Institute of Hygiene, University of Ferrara

IVORY COAST

Delegates:
Dr H. VARLET, Director-General of Public Health (Chief Delegate)
Dr I. KONE, Assistant Director of Social Medicine, Directorate General of Public Health (Deputy Chief Delegate)
Mr K. KOUAME, First Secretary, Permanent Mission of Ivory Coast to the United Nations

Alternates:
Mr C. YAPOBI, First Secretary, Embassy of Ivory Coast in the USA
Mr S. BILE-KAN, Embassy of Ivory Coast in the USA

JAMAICA

Delegate:
Dr S. P. W. STREET, Chief Medical Officer, Ministry of Health

Adviser:
Mr A. H. THOMPSON, Second Secretary, Permanent Mission of Jamaica to the United Nations Office and to the Specialized Agencies at Geneva

JAPAN

Delegates:
Dr J. URATA, Director-General, Department of Health and Welfare Statistics, Minister's Secretariat, Ministry of Health and Welfare (Chief Delegate)
Mr Y. SAITO, Chief Liaison Officer, International Affairs, Minister's Secretariat, Ministry of Health and Welfare
Mr K. IKEBE, Head, Specialized Agencies Division, United Nations Bureau, Ministry of Foreign Affairs

Alternates:
Dr W. JITSUKAWA, Head, Quarantine Division, Public Health Bureau, Ministry of Health and Welfare
Mr S. KANEDA, First Secretary, Permanent Delegation of Japan to the United Nations Office and to the Other International Organizations at Geneva

Adviser:
Mr H. NITTA, Third Secretary, Permanent Mission of Japan to the United Nations

JORDAN

Delegates:
Dr A. S. MAJALI, Minister of Health (Chief Delegate)
Dr T. KARADSHEH, Technical Director, Ministry of Health
Dr K. A. SHAMI, Director of Public and Foreign Relations, Ministry of Health

KENYA

Delegates:
Mr J. D. OTIENDE, Minister for Health (Chief Delegate)
Dr P. J. MUNANO, Deputy Director of Medical Services
Dr P. W. KAMAU, Deputy Medical Officer of Health, Nairobi City Council

Alternate:
Miss E. M. GITHAE, Chief Nursing Officer, Ministry of Health

KUWAIT

Delegates:
Mr Y. J. HIJJI, Under-Secretary of State, Ministry of Public Health (Chief Delegate)
Dr A. R. AL-AWADI, Health Officer, Ministry of Public Health
Dr A.-R. M. AL-ADWANI, Lecturer in Medicine, University of Kuwait

Adviser:
Mr M. H. M. AL-ANBAE, Chief, International Relationship Office, Ministry of Public Health

LAOS

Delegates:
Dr K. ABHAY, Secretary of State for Public Health (Chief Delegate)
Dr P. PHOUTTHASAK, Director-General of Public Health

LEBANON

Delegate:
Dr J. ANOUTI, Director-General, Ministry of Public Health

LESOTHO

Delegate:
Mr M. V. MOLAPO, First Secretary, Embassy of Lesotho in the USA

LIBERIA

Delegates:
Dr E. M. BARCLAY, Director-General, National Public Health Service (Chief Delegate)
Dr J. B. TITUS, Director of Preventive Services, National Public Health Service
Mr J. R. ELLIS, jr, Co-ordinator, Technical Assistance Programme, National Public Health Service

LIBYA

Delegates:
Dr T. DAHAN, Under-Secretary for Technical Affairs, Ministry of Health (Chief Delegate)
Dr A. R. TREISH, Assistant Under-Secretary, Ministry of Health
Dr A. I. ABDEL NABI, Director-General of Health Services, Benghazi

Alternates:
Dr M. OSTA OMAR, Director-General of Health Services, Beida
Mr A. BADI, Director, International Health Relations, Ministry of Health

LUXEMBOURG

Delegate:
Dr E. DUHR, Medical Inspector, Directorate of Public Health

MADAGASCAR

Delegates:
Dr H. RAMAMONJY-RATRIMO, Technical Director, Health and Medical Services (Chief Delegate)
Mr P. RAKOTOMAVO, Administrative Director, Health and Medical Services

MALAWI

Delegates:
Mr A. M. NYASULU, Minister of Health and Community Development (Chief Delegate)
Mr C. V. B. MUNTHALI, Secretary for Health and Community Development
Dr C. G. F. SMARTT, Chief Medical Officer, Ministry of Health and Community Development

MALAYSIA

Delegates:
Mr ONG YOKE LIN, Ambassador of Malaysia to the United States of America (Chief Delegate)
Dr R. A. NOORDIN, Assistant Director of Health Services (Deputy Chief Delegate)
Mr MANSOOR BIN ZEINAL, Deputy Secretary, Ministry of Health

MALI

Delegates:
Dr B. FOFANA, Minister of Public Health (Chief Delegate)
Dr O. SOW, Chief, Division of Social and Preventive Medicine, Ministry of Public Health

MALTA

Delegates:
Dr A. CACHIA-ZAMMIT, Minister of Health (Chief Delegate)
Dr A. CUSCHIERI, Chief Government Medical Officer
Mr A. TABONE, Secretary to the Minister of Health

MAURITANIA

Delegates:
Mr GANDEGA SAMBA, Minister of Health, Labour and Social Affairs (Chief Delegate)
Dr A. O. BAH, Director of Public Health
Mr A. HACHEME, Counsellor, Permanent Mission of Mauritania to the United Nations

MAURITIUS

Delegates:
Mr K. JAGATSINGH, Minister of Health (Chief Delegate)
Dr J. BHAGEERUTTY, Medical Officer of Health

MEXICO

Delegates:
Dr P. D. MARTÍNEZ, Under-Secretary of Health, Secretariat for Health and Welfare (Chief Delegate)
Dr R. ÁLVAREZ GUTIÉRREZ, Director-General, Co-ordinating Public Health Services for States and Territories, Secretariat for Health and Welfare

Advisers:
Dr L. D. MARCIAL MARTÍNEZ, Chief, Technical Department of the Sub-Secretariat for Health, Secretariat for Health and Welfare
Dr Blanca R. ORDÓÑEZ DE LA MORA, Assistant Chief, Department of Preventive Medicine, Mexican Institute of Social Security

MONACO

Delegate:
Dr E. BOÉRI, Technical Adviser to the Government of the Principality of Monaco; Permanent Delegate of Monaco to the International Health Organizations

MONGOLIA

Delegates:
Dr B. DEMBEREL, Minister of Public Health (Chief Delegate)
Dr S. DORJJADAMBA, Chief, Health Department, Ministry of Public Health
Dr P. DOLGOR, Lecturer at the Medical Institute, Ulan Bator

MOROCCO

Delegates:
Dr D. ZAARI, Secretary-General, Ministry of Public Health (Chief Delegate)
Mr J. CHERKAOUI, First Secretary, Permanent Mission of Morocco to the United Nations

NEPAL

Delegates:
Mr G. P. SINGH, Minister of State for Health, Information and Broadcasting (Chief Delegate)
Dr G. S. L. DAS, Director, Department of Health Services

NETHERLANDS

Delegates:
Dr R. J. H. KRUISINGA, Secretary of State for Social Affairs and Public Health (Chief Delegate)
Dr J. H. W. HOOGWATER, Director-General for International Affairs, Ministry of Social Affairs and Public Health
Dr P. SIDERIUS, Director-General of Public Health, Ministry of Social Affairs and Public Health

Alternates:
Miss J. SCHALIJ, Acting Head, Division for International Health Affairs, Ministry of Social Affairs and Public Health
Dr J. H. LAMBERTS, Chairman of the Permanent Parliamentary Committee for Public Health, House of Commons

NEW ZEALAND

Delegates:
Dr C. N. D. TAYLOR, Assistant Director-General, Department of Health (Chief Delegate)
Miss P. J. WILLIAMS, Second Secretary, Permanent Mission of New Zealand to the United Nations

NICARAGUA

Delegates:
Dr F. URCUYO MALIAÑO, Vice-President of the Republic of Nicaragua; Minister of Public Health (Chief Delegate)
Dr C. H. CANALES, Director-General of Public Health (Deputy Chief Delegate)
Dr O. AVILÉS, Director of Health Planning and Evaluation, Ministry of Public Health

Alternate:
Dr A. ROBLETO PÉREZ, Director, National Malaria Eradication Service, Ministry of Public Health

NIGER

Delegates:
Mr I. ISSA, Minister of Public Health (Chief Delegate)
Dr J. WRIGHT, Director, National School of Nursing; National Tuberculosis Adviser, Ministry of Public Health

NIGERIA

Delegates:
Dr J. E. ADETORO, Federal Commissioner for Health (Chief Delegate)
Dr S. L. ADESUYI, Chief Medical Adviser to the Federal Republic of Nigeria (Deputy Chief Delegate)
Dr Marianne A. SILVA, Senior Health Officer, Federal Ministry of Health

NORWAY

Delegates:
Dr K. EVANG, Director-General of Health Services (Chief Delegate)
Dr T. IVERSEN, Chief Medical Officer, Oslo
Dr S. SANDMO, County Medical Officer of Health, Steinkjer

Alternates:
Dr J. E. ASVALL, Chief Resident Medical Officer, The Norwegian Radium Hospital, Oslo
Dr S. HARVEI

PAKISTAN

Delegates:
Dr C. K. HASAN, Director-General of Health and Joint Secretary, Health Division (Chief Delegate)
Dr S. HASAN, Assistant Director-General of Health

PANAMA

Delegates:
Dr E. GONZÁLEZ GÁLVEZ, Deputy Director-General of Health (Chief Delegate)
Dr A. HIDROVO CHÁVEZ, Director, "Santo Tomás" Hospital, Panama

PERU

Delegates:
Mr E. MONTERO ROJAS, Minister of Public Health and Social Welfare (Chief Delegate)
Dr D. A. TEJADA DE RIVERO, Director-Superior, Ministry of Public Health and Social Welfare
Mr A. CRUZATT, Assistant, Ministry of Public Health and Social Welfare

PHILIPPINES

Delegate:
Dr C. S. GATMAITAN, Under-Secretary of Health and Medical Services

POLAND

Delegates:
Professor J. KOSTRZEWSKI, Minister of Health and Social Welfare (Chief Delegate)
Dr R. BRZOZOWSKI, Under-Secretary of State, Ministry of Health and Social Welfare
Mr W. NENEMAN, First Secretary, Permanent Mission of Poland to the United Nations

Alternate:
Dr Z. J. BRZEZINSKI, Vice-Rector, Academy of Medicine of Warsaw

PORTUGAL

Delegates:
Dr Maria Luísa DE SALDANHA DA GAMA VAN ZELLER, Director-General of Health, Ministry of Health and Welfare (Chief Delegate)
Dr J. FERREIRA DA SILVA, Director-General of Health and Welfare, Ministry of Overseas Provinces (Deputy Chief Delegate)
Dr A. PATRÍCIO, Chief, Division of International Political Organizations, Ministry of Foreign Affairs

Alternates:
Professor A. A. DE CARVALHO SAMPAIO, Senior Inspector of Health; Professor, School of Public Health
Dr A. N. LOBO DA COSTA, Senior Inspector of Health
Dr M. A. DE ANDRADE SILVA, Senior Inspector of Health and Overseas Assistance

REPUBLIC OF KOREA

Delegates:
Mr H. K. YEON, Minister Plenipotentiary; Office of the Permanent Observer of the Republic of Korea to the United Nations (Chief Delegate)
Dr Y. K. CHA, Director, Bureau of Medical Affairs, Ministry of Health and Social Affairs
Mr C. S. KIM, Second Secretary, International Organizations Section, Ministry of Foreign Affairs

ROMANIA

Delegates:
Professor I. MORARU, Deputy Minister of Health (Chief Delegate)
Dr D. NANU, Director of the Medical Documentation Centre, Ministry of Health (Deputy Chief Delegate)
Mr N. MICU, Second Secretary, Permanent Mission of Romania to the United Nations

RWANDA

Delegates:
Dr C. KAMILINDI, Assistant Medical Officer, Service for Internal Medicine, Kigali Hospital (Chief Delegate)
Dr A. HABIMANA, Assistant Medical Officer, Butare Medical District

SAUDI ARABIA

Delegates:
Dr H. ABDUL-GHAFFAR, Deputy Minister of Health (Chief Delegate)
Dr A. AL TABBAA, Director-General, International Health, Ministry of Health (Deputy Chief Delegate)
Dr J. M. AASHI, Assistant Director-General, Preventive Medicine, Ministry of Health

Alternate:
Dr S. S. MALAIKA, Technical Adviser, Ministry of Health; Chief, Surgical Department, Riyad Central Hospital

SENEGAL

Delegate:
Dr M. N'DIAYE, Director of Public Health

SIERRA LEONE

Delegates:
Mr L. A. M. BREWAH, Minister of Health (Chief Delegate)
Mr M. A. O. FINDLAY, Permanent Secretary, Ministry of Health
Dr A. H. THOMAS, Chief Medical Officer

Alternate:
Dr D. S. H. W. NICOL, Permanent Representative of Sierra Leone to the United Nations

SINGAPORE

Delegates:
Mr S. C. CHUA, Minister for Health (Chief Delegate)
Dr A. G. K. CHEW, Medical Administrator, Ministry of Health

SOMALIA

Delegates:
Mr M. S. M. DAHIR, Minister of Health and Labour (Chief Delegate)
Dr A. RAGIS, Gynaecologist, New General Hospital, Mogadishu
Dr F. A. A. OSMAN, Director, Police Hospital, Mogadishu

SOUTHERN YEMEN

Delegates:
Dr A. S. SADAQA, Ex-Minister of Health; Adviser, Ministry of Health (Chief Delegate)
Dr K. A. QASEM, Surgical Specialist, Al-Jamhouria Hospital, Aden

SPAIN

Delegates:
Professor J. GARCÍA ORCOYEN, Director-General of Health (Chief Delegate)
Mr E. DE LA MATA GOROSTIZAGA, Secretary-General of Health
Mr J. L. XIFRA DE OCERÍN, First Secretary, Permanent Delegation of Spain to the United Nations Office and to the Other International Organizations with Headquarters at Geneva

Adviser:
Dr F. PÉREZ GALLARDO, Director, National Virus and Ecology Centre

SUDAN

Delegates:
Dr M. OSMAN ABDEL NABI, Sudan Medical Consultant in Cairo (Chief Delegate)
Dr A. A. EL GADDAL, Provincial Medical Officer of Health, Blue Nile Province
Dr O. EL BAGHIR SALIH, Chief, Statistics Division, Ministry of Health

Alternate:
Mr A. K. EL HUSSEIN, Permanent Mission of the Sudan to the United Nations

SWEDEN

Delegates:
Professor B. REXED, Director-General, National Board of Health and Welfare (Chief Delegate)
Dr M. TOTTIE, Senior Medical Officer, National Board of Health and Welfare
Mr S.-E. HEINRICI, Head of the International Secretariat, Ministry of Health and Social Affairs

Adviser:
Miss I. LARSSON, First Secretary; Head of Division, Ministry for Foreign Affairs

SWITZERLAND

Delegates:
Dr A. SAUTER, Director, Federal Public Health Service (Chief Delegate)
Dr C. FLEURY, Chief, Infectious Diseases Section, Federal Public Health Service (Deputy Chief Delegate)
Mr Y. R. MORET, First Secretary of Embassy; Office of the Permanent Observer of Switzerland to the United Nations

SYRIA

Delegates:
Dr D. AL-RADDAWI, Minister of Health (Chief Delegate)
Dr N. RAMZI, Under-Secretary of State, Ministry of Health (Deputy Chief Delegate)
Dr N. TAWAKKOL, Head, Orthopaedic Surgery Department, Damascus Hospital

THAILAND

Delegates:
Dr S. PHONG-AKSARA, Deputy Minister of Public Health (Chief Delegate)
Dr C. HEMACHUDHA, Deputy Under-Secretary of State for Public Health
Dr P. NINGSANONDA, Chief, Division of Health Training, Department of Health, Ministry of Public Health

Alternate:
Miss D. PURANANDA, Chief, International Health Division, Ministry of Public Health

TOGO

Delegates:
Dr F. G. GLOKPOR, Chief, Research Bureau and Epidemiological Division, Directorate General of Public Health (Chief Delegate)
Dr V. G. EKUE, Chief Medical Officer, "Bon Secours" Clinic, Lomé
Dr A. P. NABÉDÉ, Chief Medical Officer, Health Service, Lomé City

TRINIDAD AND TOBAGO

Delegates:
Dr M. P. AWON, Minister of Health (Chief Delegate)
Dr M. U. HENRY, Chief Medical Officer, Ministry of Health

Adviser:
Mr P. A. W. HEZEKIAH, Second Secretary, Permanent Mission of Trinidad and Tobago to the United Nations

TUNISIA

Delegates:
Mr H. KHEFACHA, Secretary of State for Public Health (Chief Delegate)
Dr A. DALY, Médecin-Inspecteur divisionnaire; Technical Adviser, Secretariat of State for Public Health
Dr M. BAHRI, Médecin-Inspecteur divisionnaire; Chief, Division of Integrated Medicine, Secretariat of State for Public Health

Alternate:
Mr S. ATALLAH, Chief, Sanitation Service, Secretariat of State for Public Health

TURKEY

Delegates:
Dr T. ALAN, Director-General of External Relations, Ministry of Health and Social Welfare (Chief Delegate)
Mr S. KÖKSAL, First Secretary, Permanent Delegation of Turkey to the United Nations Office and to the Specialized Agencies at Geneva

UGANDA

Delegates:
Mr J. W. LWAMAFA, Minister of Health (Chief Delegate)
Dr I. S. KADAMA, Permanent Secretary and Chief Medical Officer, Ministry of Health
Dr D. F. IBANDA, Principal Medical Officer, Ministry of Health

UNION OF SOVIET SOCIALIST REPUBLICS

Delegates:
Dr B. P. DANILOV, First Deputy Minister of Health of the USSR (Chief Delegate)
Professor Ju. P. LISICYN, Chief, Department of Social Hygiene and Public Health Administration, Second Medical Institute, Moscow[1]
Dr V. A. BALTIJSKIJ, Senior Research Worker, Semaško Institute of Social Hygiene and Public Health Administration, Moscow

Alternates:
Dr D. A. ORLOV, Deputy Chief, Department of External Relations, Ministry of Health of the USSR
Professor V. K. TATOČENKO, Deputy Chief, Department for Study of Public Health Administration Abroad, Semaško Institute of Social Hygiene and Public Health Administration, Moscow
Mr V. P. KASATKIN, Counsellor, Department of International Economic Organizations, Ministry for Foreign Affairs[2]
Dr G. A. NOVGORODCEV, Counsellor, Permanent Representation of the Union of Soviet Socialist Republics to the United Nations Office and to the Other International Organizations at Geneva[2]

Advisers:
Mr L. I. MALYŠEV, Department of External Relations, Ministry of Health of the USSR
Dr G. I. AVDEEV, Counsellor, Permanent Mission of the Union of Soviet Socialist Republics to the United Nations

UNITED ARAB REPUBLIC

Delegates:
Dr A. M. SALLAM, Minister of Health (Chief Delegate)
Dr H. M. EL-KADI, Under-Secretary of State, Ministry of Health (Deputy Chief Delegate)
Dr I. Z. E. IMAM, Acting Director-General of Public Health Laboratories

Advisers:
Dr H. EL BITASH, former Under-Secretary of State, Ministry of Health
Dr W. OMAR, Adviser, Ministry of Health; former Director-General, Quarantine Department, Ministry of Health
Mr A. MOUSSA, Second Secretary, Permanent Mission of the United Arab Republic to the United Nations

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

Delegates:
Sir George GODBER, Chief Medical Officer, Department of Health and Social Security (Chief Delegate)
Dr J. M. LISTON, Medical Adviser, Ministry of Overseas Development
Dr G. Wynne GRIFFITH, Principal Medical Officer, Department of Health and Social Security

[1] Chief Delegate as from 23 July.

[2] Delegate as from 23 July.

Alternates:

Dr J. H. F. BROTHERSTON, Chief Medical Officer, Scottish Home and Health Department

Mr T. N. HAINING, First Secretary, United Kingdom Mission to the United Nations

Adviser:

Mrs G. MACPHEE, Member for Health, Bermuda

UNITED REPUBLIC OF TANZANIA

Delegate:

Dr N. B. AKIM, Chief Medical Officer, Ministry of Health and Social Welfare

UNITED STATES OF AMERICA

Delegates:

Dr W. H. STEWART, Surgeon General, Public Health Service, Department of Health, Education and Welfare (Chief Delegate)

Dr L. J. GEHRIG, Director, Office of International Health, Public Health Service, Department of Health, Education and Welfare (Deputy Chief Delegate)

Mr W. P. ALLEN, Deputy Assistant Secretary of State for International Organization Affairs, Department of State

Alternates:

Dr B. D. BLOOD, Associate Director for International Organization Affairs, Office of International Health, Public Health Service, Department of Health, Education and Welfare

Dr L. M. HOWARD, Director, Health Service, Office of War on Hunger, Agency for International Development

Dr D. J. SENCER, Director, National Communicable Disease Center, Health Service and Mental Health Administration, Public Health Service, Department of Health, Education and Welfare

Advisers:

Dr Leona BAUMGARTNER, President, American Association for World Health, Inc., New York

Dr P. B. CORNELY, Head, Department of Preventive Medicine and Public Health, Howard University, Washington, D.C.

Dr L. D. FENNINGER, Director, Bureau of Health Professions Education and Manpower Training, Public Health Service, Department of Health, Education and Welfare

Dr A. L. FRECHETTE, Commissioner of Public Health, Commonwealth of Massachusetts, Boston

Dr A. F. GUTTMACHER, President, Planned Parenthood Federation of America, Inc., New York

Dr H. van Zile HYDE, Director, International Division, Association of American Medical Colleges, Washington, D.C.

Dr J. W. KNUTSON, Professor of Preventive Dentistry, Center for the Health Sciences, University of California, Los Angeles

Dr H. L. LEY, Commissioner, Food and Drug Administration, Public Health Service, Department of Health, Education and Welfare

Dr R. T. RAVENHOLT, Director, Population Service, Office of War on Hunger, Agency for International Development

Mr E. B. ROSENTHAL, Office of International Economic and Social Affairs, Bureau of International Organization Affairs, Department of State

Dr Mabel ROSS, Regional Health Director (Boston), Public Health Service, Department of Health, Education and Welfare

Dr A. P. SACKETT, Commissioner, Department of Health and Hospitals, Boston

Mr L. O. SIMENSTAD, Vice-Chairman, Board of Trustees, American Medical Association

Dr J. E. PEAVY, Commissioner of Health, Texas State Department of Health, Austin

UPPER VOLTA

Delegates:

Dr S. TRAORÉ, Minister of Public Health, Population and Social Affairs (Chief Delegate)

Dr F. TRAORÉ, Technical Adviser, Ministry of Public Health, Population and Social Affairs (Deputy Chief Delegate)

Dr A. BARRAUD, Chief Medical Officer, Urban Health Services, Bobo-Dioulasso

URUGUAY

Delegates:

Dr W. RAVENNA, Minister of Public Health (Chief Delegate)

Dr A. SÁENZ SANGUINETTI, Director, Bureau of International Affairs, Ministry of Public Health

VENEZUELA

Delegates:

Dr C. L. GONZÁLEZ, Technical Adviser, Ministry of Health and Social Welfare (Chief Delegate)

Dr I. SILVA LANDAETA, Chief, Section of Medical and Epidemiological Activities, Directorate of Malaria and Environmental Health

Adviser:

Miss F. BARONI, Third Secretary, Permanent Mission of Venezuela to the United Nations

VIET-NAM

Delegates:

Dr TRAN LU Y, Minister of Health, Social Welfare and Assistance (Chief Delegate)

Dr NGUYEN VAN THIEU, Assistant to the Minister of Health (Foreign Aid)

Dr TRUONG MINH CAC, Deputy Director-General of Health and Hospitals, Ministry of Health, Social Welfare and Assistance

Alternate:

Mr TRAN DUY NINH, Private Secretary to the Minister of Health, Social Welfare and Assistance

Adviser:

Professor NGUYEN DINH HOA, Cultural Counsellor, Embassy of Viet-Nam in the USA

WESTERN SAMOA

Delegates:

Mr E. LUAMANUVAE, Minister of Health (Chief Delegate)

Dr A. F. FALETOESE, Chief Medical Officer

YEMEN

Delegates:

Dr H. AL-MAKDAMI, Minister of Health (Chief Delegate)

Dr A. A. AL-HURAIBI, Directorate of Health Services, Ministry of Health

Mr A. KHODR

YUGOSLAVIA

Delegates:

Dr N. GEORGIEVSKI, President, Federal Council for Health and Social Policy (Chief Delegate)

Professor R. GERIĆ, Assistant President, Federal Council for Health and Social Policy

Mr N. ČALOVSKI, Second Secretary, Permanent Mission of Yugoslavia to the United Nations

ZAMBIA

Delegates:

Mr C. H. THORNICROFT, Minister of State, Ministry of Labour and Social Services (Department of Health) (Chief Delegate)

Dr M. M. NALUMANGO, Permanent Secretary for Health, Ministry of Labour and Social Services (Department of Health)

REPRESENTATIVES OF ASSOCIATE MEMBERS

BAHRAIN

Dr A. M. FAKHRO, Assistant Director of Medical Services

Dr I. YACOOB, Head, Department of Paediatrics, Bahrain Government Hospital

QATAR

Dr M. FARID ALI, Director of Medical and Public Health Services[1]

OBSERVERS FOR NON-MEMBER STATES

HOLY SEE

Monsignor E. G. MURRAY

Dr W. A. LYNCH

[1] Dr Farid Ali died during the session - on 21 July.

Section 4.4.6 Smallpox Eradication

Dr NOVGORODCEV (Union of Soviet Socialist Republics) said that his delegation attached great importance to the smallpox eradication programme. The Soviet Union had proposed the programme many years ago and had always actively supported it, because smallpox was a major problem for all countries, because it caused difficulties for international transport and trade, and because, in contrast to other diseases, from the technical and organizational points of view its eradication was fairly easy.

However, the Soviet Union had always understood the difficulties in the way of a global eradication campaign. It had always considered that a global programme could be successful only if all countries - both those where smallpox was endemic and those free from it - understood that the problem concerned all of them and voluntarily and effectively united their efforts against the disease. The best indication that the importance of a problem was understood, was voluntary participation in the relevant programme in all countries. For that reason, the Soviet Union had provided many countries with considerable assistance in smallpox eradication both through WHO and bilaterally, and was continuing to do so.

His delegation had at the proper time spoken against including the smallpox eradication programme in WHO's regular budget, because such inclusion was not conducive to the successful outcome of the campaign and might give the impression - as indeed it had done in some cases - that WHO or individual countries were forcing their programmes on other countries without taking account of the priorities of such countries. It seemed to his delegation that it was that which had given rise to the remarks of certain delegates that smallpox was not of first importance to the developing countries and that, therefore, if the countries free from smallpox were interested in eradicating it, it was up to them to do so.

In his delegation's opinion, smallpox was one of the easiest diseases to eradicate, in the sense that a method of providing almost complete protection existed. In many developed countries smallpox control had given the first stimulus to the establishment of general anti-epidemic services, and he thought that all agreed that if such services were incapable of controlling smallpox effectively, they would not be able to take effective action against most other communicable diseases; and, finally, in the world today there were sufficient first-class smallpox vaccines, available to all countries, so that there was no obstacle in that respect to the implementation of smallpox campaigns.

His delegation considered that the worst thing that could happen to the eradication programme was that the impression should be created that implementation of the programme would be easy and

[1] Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA22.29.

cheap. His delegation had spoken against such a prognosis, and against statements that the smallpox virus could be eradicated from the world. It had also denied that the programme could be rapidly completed for the relatively small sum of US$ 30 million provided by international organizations. However, it considered that it would be even worse if all calculations, prognoses and promises were forgotten and not reassessed and modified. If new knowledge or experience called for changes, that was no reason for concern; but there was reason for concern if prognoses were allowed to remain unchallenged until expenses had exceeded estimates and the time-limit fixed had expired, and if only then was there a summing-up of the results of an unsuccessful campaign. If at any phase of the programme, faith in its successful implementation in the time allotted dwindled or disappeared, then those taking part in it - the Member States - should be informed and the necessary modifications should be made in the programme. In that connexion, the Soviet delegation considered it a mistake that for the first time in many years the smallpox eradication programme had not figured as a separate item on the agenda. It had not taken advantage of its right to have it placed on the agenda, but considered it essential to draw the Health Assembly's attention to the point.

Dr SAUTER (Switzerland) said it was no exaggeration to say that the development of the smallpox eradication programme and the results obtained were being followed by all those responsible for world health with the greatest attention. A number of speakers had cited that programme as an example of the interdependence of countries in the field of health; he thought there could be no more striking proof of the validity of the preamble of WHO's Constitution, which stated that the achievement of any State in the promotion and protection of health was of value to all, and that unequal development in the control of disease, especially communicable disease, was a common danger.

His delegation wished to assure those delegations representing countries where a systematic effort was being made for the eradication of smallpox that their efforts were being appreciated. His Government was, as requested by the Executive Board in resolution EB43.R21, contributing substantial and continuous support to the smallpox eradication programme. The Swiss Conseil fédéral had already five times voted a voluntary contribution to the Special Account which had each time permitted the purchase of 2 300 000 doses of freeze-dried vaccine. A sixth such contribution was now being envisaged.

Dr LEKIE (Democratic Republic of Congo) stressed that smallpox eradication was easier to achieve than malaria eradication. It was sufficient if an efficient vaccine was forthcoming, as there was no vector problem. Almost all cases were caused by direct contact, and the symptoms were usually so obvious that no special knowledge was required to diagnose the disease. It was also relatively easy to introduce a surveillance system, in spite of the practical difficulties inherent in such operations. Spectacular results had been obtained in all countries where a vaccination programme had been combined with good coverage and a minimal surveillance system.

He wished, however, to speak about the practical difficulties. Most of the national programmes of the developing countries were receiving WHO assistance. He asked WHO to ensure that there was no delay in the supplies it contributed, and that it should remind the governments concerned - every three months, if necessary - that if operations ceased, the results achieved hitherto would be wasted. Unfortunately such reminders were often necessary to ensure the continuation of a programme.

Dr ELOM NTOUZOO (Cameroon) said that his delegation was particularly interested in three points in the Director-General's report. The first was the problem of the co-ordination of inter-country campaigns in research on the interruption of transmission and in surveillance. The inter-regional seminar held in Lagos recently under the auspices of WHO and the United States Agency for International Development, with the participation of the countries of Western and Central Africa, had particularly recommended co-ordination, which had hitherto been lacking. While the French-speaking States were served by co-ordinating bodies, the English-speaking ones had not as yet been included; that hampered the progress of the programme. During the seminar a proposal had been made to set up a committee for the co-ordination of programmes. His delegation considered that no new bodies need be established, as there was a WHO regional office in Brazzaville which could organize and co-ordinate inter-governmental meetings during or between meetings of the Regional Committee, distribute epidemiological information, and provide the secretariat for such co-ordination.

The second point to which he would draw attention was notification of cases and surveillance. It was necessary to emphasize the difficulties experienced by many countries in notifying cases in often inaccessible rural areas, in the absence of roads and of transport vehicles. Health was thus closely linked with economic development and could only be improved if the economic level was raised.

The third point was the difficulty of the precise diagnosis of cases in rural areas, where often only nurses or auxiliary medical staff were available.

He thanked all those who had co-operated with WHO in combating smallpox in the areas of Central and Western Africa, particularly the United States Agency for International Development.

Professor DOUBEK (Czechoslovakia) said that, prior to his departure for the Twenty-second World Health Assembly, he had received the last number of the Weekly Epidemiological Record giving the number of reported cases of smallpox for the years 1955 to 1969 and the smallpox incidence for 1967-1969.[1] He had been greatly impressed by the results of programme activities in smallpox endemic and neighbouring countries and territories, and by the substantial reduction in incidence mainly in West Africa and South America.

His delegation shared the pride that all must feel at the success of that great international programme, proposed in 1958 by the delegation of the USSR. He thought that the change in technical and operational strategy reported by the Director-General was the reason for the remarkable achievements in smallpox eradication. He recalled that the Nineteenth World Health Assembly had decided, in resolution WHA19.16, to introduce those modifications, and that it had been a wise step.

While he was usually reluctant to use the word eradication, he thought it applied in the case of smallpox, especially if WHO continued to encourage and endorse co-ordination of all activities in that programme, and to seek new ways of ensuring that resources were used wisely and well.

Dr DURAISWAMI (India) said that the national smallpox eradication programme had been launched in India towards the end of 1962. It had gone well until 1967, when over 82 000 cases had been reported. His Government had then decided to give all the seventeen states and territories full assistance in the eradication or control of communicable diseases and in improving the basic health services. Later it had been decided to concentrate on children under fourteen years of age, and on vaccination of the newborn. Migratory populations and those employed in industry were also required to have vaccination certificates.

His delegation was grateful to the Government of the USSR for supplying over 800 million doses of freeze-dried vaccine, to UNICEF for providing equipment to the extent of US$ 382 000, and to WHO for supplying three million bifurcated needles. India hoped to eradicate smallpox in the fourth five-year plan.

Dr DARKWA (Ghana) said that the emphasis was being shifted from mass vaccination campaigns to efficient surveillance and containment measures during smallpox outbreaks. It was common knowledge that surveillance depended on the existence of satisfactory networks of health units and on proficiency in diagnosis, and his delegation was pleased to note that WHO was assisting Member States to develop diagnostic facilities in the form of laboratories and teaching aids.

He thanked the Government of the United Kingdom for the assistance given in developing the health services, the Government of the USSR for supplies of smallpox vaccine and the Government of Japan for its agreement to assist the department of microbiology of Ghana's medical school.

Progress in smallpox eradication in West and Central Africa had been outstanding, because it was planned on a regional basis involving nineteen countries. That progress would not have been possible without the assistance of the Government of the United States of America and its Agency for International Development in the form of supplies, equipment, transport and staff; and the guidance of the National Communicable Disease Center at Atlanta, Ga., USA.

His delegation wished to congratulate WHO and all the countries that had contributed to the progress of the smallpox eradication programme, and it urged those that had not yet joined the smallpox campaign to give all support to the Director-General in implementing the programme.

Dr DA SILVA (Portugal) said that the smallpox eradication programme had progressed well during 1968 and that the incidence of disease had decreased in all regions of the world. His delegation wished to express its appreciation of the efforts made by those countries with smallpox eradication programmes.

Smallpox had been eradicated in his country in 1948, and rather later (though before the intensified programme had been decided upon at the Nineteenth World Health Assembly) in the overseas provinces of Cape Verde, Portuguese Guinea, São Tomé and Principe in Africa, and in

[1] See Wkly Epidem. Rec., 1969, 27, 433-444.

Macao and Timor in the Far East. The last three cases had been reported from Macao in 1966. In all those territories eradication had been achieved by systematic vaccination programmes.

The situation in Mozambique, where smallpox had persisted during the past ten years, was of concern to his delegation. Until 1965 there had been few cases; in that year, however, an epidemic outbreak had resulted in 115 cases, and in 1967 and 1968 localized outbreaks had occurred in other areas with 104 and 146 cases respectively. A total of seventy-two deaths had been reported for those three years. It had been easy to control those epidemics by intensified vaccination; investigation of one epidemic had allowed the chain of transmission to be traced to an imported case. From 1965 to 1968, a total of eight million vaccinations had been reported by the Mozambique health services, and in 1969 a total of nine new cases had been recorded in January and February.

The freeze-dried vaccine used was supplied by the producing laboratory in Lourenço Marques. Specimens had been submitted for testing, and conformed to the standards recommended by the World Health Organization. Since 1967, hand and foot-operated jet injectors had been used in Mozambique, and Angola would be using hand-operated jet injectors in 1969.

The Director-General's report emphasized the importance of co-ordinated action by the governments and assisting agencies and more complete reporting of cases, as well as more rapid exchange of information, all of which his country recognized as priorities.

His delegation believed that epidemiological studies and other research work in progress, under the guidance of the World Health Organization, would be of great assistance to all those concerned with the serious problem of smallpox.

Dr SÁENZ (Uruguay) said that the results achieved in smallpox eradication were most encouraging.

Smallpox had always been accorded great attention in his country, even as far back as 1808. In 1969 only one case had been notified, near the northern border of Uruguay. Some 730 000 vaccinations had been carried out, and it was hoped to vaccinate the entire population within two years.

His delegation was most grateful to WHO for the assistance given in the vaccination programme. It considered that the two most important points were mass vaccination to ensure total coverage of the population, and close co-operation with neighbouring countries. Uruguay was collaborating with Argentina and Brazil on the eradication programme.

Dr ZAARI (Morocco) said that, with the advice of WHO, his country had produced freeze-dried vaccine. The results obtained, particularly in vaccination of the newborn, had been most satisfactory - Morocco had had no case of smallpox since 1947.

Dr TEOUME-LESSANE (Ethiopia) said that statements had been made implying that the cost of vaccination hampered the eradication campaign. Smallpox vaccine was relatively cheap, but the cost of delivering it was high. His country was still assessing the cost of the operation. It had sufficient vaccine, but with one million square kilometres to cover, and a widely dispersed agrarian population, it needed helicopters to deliver the vaccine, and to follow up those vaccinated.

The last paragraph in section 2 of the Director-General's report on smallpox eradication to the Executive Board read:

> With WHO and UNICEF technical and material assistance, freeze-dried vaccine of excellent quality is now being produced in Kenya and vaccine quality in Ethiopia has been improved; laboratories in Rwanda and the Democratic Republic of the Congo will be offered assistance by WHO during 1969.

Did that mean that laboratories in Rwanda and the Democratic Republic of the Congo would start producing smallpox vaccine? That surely would be a waste of money, as there was already a laboratory in Kenya which produced excellent freeze-dried vaccine, and one in his own country which could produce ten million doses of vaccine a year. He thought it would be more important to improve health facilities in the area.

His other question was about improvement in quality. As far as he knew that improvement dated back about eight years. Recent reports had shown that Ethiopian vaccine had a much higher potency than the one required by WHO and he wondered when the last evaluation of vaccine quality had been undertaken.

Dr N'DIAYE (Senegal) said that the smallpox campaign had been one of the most successful in Senegal. It had been based essentially on vaccination carried out by the health services in towns and mobile teams in rural areas. Senegal had received continuous international assistance, particularly from WHO, the French Fonds d'Aide et de Co-opération and the United States Agency for International Development. He thanked those bodies and governments for their assistance.

Co-ordination between Senegal, Mali, Guinea, Mauritania and Gambia was essential if the campaign against communicable disease was to be effective. In Senegal, vast distances had to be covered by vaccination teams and his delegation would be grateful if assistance could be given in the form of petrol supplies. Even a subsidy of one thousand dollars would do much to further the smallpox eradication campaign.

Dr BLOOD (United States of America) expressed his delegation's satisfaction at the number of smallpox endemic countries that had started eradication programmes since 1967.

Budget estimates for smallpox appeared to provide the resources needed at the current stage of the ten-year programme and his delegation completely agreed with the high priority given by WHO to the smallpox eradication programme; it hoped the Organization would continue to provide resources to see the campaign through.

The progress in the nineteen countries of the West and Central African regional eradication programme was a source of pride to all who had been associated with it. He congratulated the delegates of those countries on achieving interruption of transmission well ahead of schedule. The successes in West Africa had been achieved in the face of logistic and ecological obstacles far exceeding those in most other smallpox endemic areas; he hoped that health authorities in other endemic areas would be stimulated by the remarkable achievements in Africa and would pursue successful eradication programmes in their areas.

It had been stated that during the Committee's debates malaria eradication must be considered on a regional scale; that applied even more to smallpox - there the approach must be not merely regional but continental. Nomadic populations and rapid travel reduced the importance of national borders as barriers against the spread of smallpox. Several delegates had correctly emphasized the regional approach to smallpox eradication and the important co-ordinating role played by WHO regional offices. Beyond that approach, he would stress the need to look from regions to continents and finally to the globe.

Dr KONE (Ivory Coast) said that, in view of the particular type of evolution of smallpox epidemics, one should be cautious about the encouraging results obtained in 1968. Most of the countries where smallpox was rife still had no adequate health infrastructure, and consequently systematic vaccination campaigns would have to continue for a longer period. That meant international assistance would be required for vaccine supplies, and also for transport, including fuel.

His country was the first in West Africa to have undertaken an eradication programme, in 1961. Since 1965 no indigenous case of smallpox had been diagnosed in the Ivory Coast. By 31 December 1968, 11 500 000 vaccinations had been undertaken. Since 1967 his country had been receiving assistance from the United States Agency for International Development in vaccine and vehicles, and he wished to take the opportunity of thanking that Agency for its help.

The project of inter-country co-ordination proposed by the inter-regional seminar held in Lagos in May 1969 for the smallpox eradication campaign in West and Central Africa had the full support of his country.

Dr DIBA (Iran) said that, while vaccination against smallpox was compulsory in Iran, it had unfortunately not been systematically pursued. From 1955 to 1960, however, teams had been set up, programmes proposed and staff trained to carry out mass vaccination throughout the country. Fortunately, since 1964 there had been no cases of smallpox in Iran.

Smallpox control now seemed relatively easy. The vaccine needed could be prepared in Iran according to WHO specifications, and as for staff, their training did not need to be so complete as for other communicable diseases.

Iran was now listed among those countries where smallpox was no longer endemic, but where the risk of contamination was high. He appealed to all countries where smallpox was still endemic to ensure that the disease was eradicated in record time.

Dr SULIANTI SAROSO (Indonesia) said that her Government accorded high priority to smallpox eradication and, early in 1968, had initiated a systematic eradication programme with WHO's assistance. In addition to normal surveillance and containment measures in Java, a system of "back-log fighting" had also been instituted, whereby special teams carried out vaccination on a house-to-house basis of those persons who had not been covered under the routine programme. The main difficulty, however, was to overcome the population's indifference to the disease and persuade them to avail themselves of the immunization programme. She thanked WHO and the Governments of China, New Zealand and the United States of America for their assistance to Indonesia in its eradication campaign.

Dr C. K. HASAN (Pakistan) said that his Government had recently embarked upon a smallpox eradication programme designed to cover a population of 125 million people in a three-year period. Diagnosis of cases of epidemic smallpox was, of course, relatively easy, but that of cases of

modified smallpox, encountered during the maintenance phase, could be extremely difficult in the absence of adequate laboratory facilities. In his opinion, there could be no short cut to a reliable public health service infrastructure.

Dr AASHI (Saudi Arabia) said that surveillance and control measures were of the utmost importance in combating smallpox. That was particularly true of his country in which the disease, though not endemic, was a potential threat because of the large number of pilgrims received, many of whom came from infected areas. His Government had accordingly initiated a surveillance programme with the assistance of the Regional Office for the Eastern Mediterranean, covering in particular those areas frequented by pilgrims.

Stressing the importance of laboratory diagnosis, particularly in non-endemic areas, he said that, while the clinical picture might be sufficient in endemic areas, where physicians were trained to detect the disease, the same could not be said of non-endemic areas.

Dr GLOKPOR (Togo), referring to the Director-General's report, said that 784 cases of smallpox had been reported in Togo in 1968, as compared with 334 in 1967. That increase was due in large measure to the effectiveness of the surveillance measures; more than half the cases had been detected as a result of specific case-finding activities.

The eradication programme in Togo was proceeding most satisfactorily, the most recent case of smallpox having been reported in May 1969. Over 80 per cent. of the population had been vaccinated and maintenance measures had now been introduced. It was hoped that by the second half of 1969 Togo would be free of the disease and that it would no longer constitute a threat for its neighbour, Ghana.

Expressing appreciation for the assistance rendered to his country by the United States Agency for International Development and the World Health Organization, he said that, so long as the health infrastructure of developing countries remained inadequate, there would be a need for such assistance in implementing the maintenance phase of all campaigns against the communicable diseases, but particularly in the smallpox eradication campaign.

The success of the smallpox eradication programme meant that it should now be possible to think in terms of other similar programmes. The co-ordination existing between the countries of West and Central Africa had been partly responsible for that success, and he trusted that WHO would continue to promote such co-ordination in any future programmes of a regional nature.

Professor FERREIRA (Brazil) said that his was the only country in the American continent with a high incidence of smallpox. One of the reasons for the persistence of the disease was lack of continuity of action on the part of those responsible for financing public health measures. Then again, there was the problem of logistics which, if not surmounted, would mean that there would have to be periodic campaigns against smallpox for many years to come.

He wholeheartedly agreed with the delegate of the Soviet Union on the need to keep the question of smallpox eradication on the Health Assembly agenda, and suggested that there should be a gentleman's agreement that that would be done until such time as the disease had been eradicated throughout the world.

His country was making an enormous effort to eradicate smallpox. Its vaccine production was more than sufficient to cover needs, and it was setting up a number of laboratories for diagnosis. It was his opinion that, with the help of the PAHO and WHO, it would be possible to rid the world of the disease.

Dr LEKIE (Democratic Republic of the Congo) said that he could not agree with the Ethiopian delegate who, if he had understood correctly, had said it would be a waste of money for WHO to assist the laboratory in the Democratic Republic of the Congo. The reason for his position was that, originally, his country's population had been estimated at 16 million inhabitants, with six million doses of vaccine needed annually. Following the recent population census, however, it was apparent that the population numbered at least 19 million and was likely to increase to 22 million by the time the last phase of the eradication programme was reached. To cover that number, at least eight million doses of vaccine annually were required and it was his opinion that, rather than rely on the good will of other countries to provide any additional vaccine needed, every effort should be made to enable the country to produce itself the quantity required.

Dr DAS (Nepal) said it was gratifying to note from the Director-General's report to the Executive Board, figures 3 and 4, that in most countries the smallpox eradication programme was making good headway - a trend which he trusted would continue.

He thanked WHO for supplying his country with vaccine and for meeting the local costs of the smallpox eradication programme. He also thanked the Japanese Government for agreeing to supply 300 000 doses of smallpox vaccine.

Dr DURAISWAMI (India) asked permission to introduce a draft resolution on the smallpox eradication programme.

The CHAIRMAN, agreeing to that request, said that the draft resolution would be reproduced and circulated to members later.

Dr AL-AWADI (Kuwait) said that in Kuwait there had been no cases of smallpox for some time prior to 1967. In 1967, however, a small outbreak of the disease had occurred, following certain imported cases.

The population in Kuwait was covered by annual programmes of vaccination, the only exception being certain nomadic peoples over whom it was extremely difficult to exercise surveillance.

Stressing the need for countries to ensure that international vaccination certificates were only issued against evidence of positive vaccination, he suggested that an inter-regional programme might be initiated to provide for vaccination of all migratory populations in the Middle East, many of which peoples moved around without passports or other papers and constituted a hazard, particularly to people not from Kuwait and who had not been vaccinated.

In conclusion, he voiced the hope that, with improved co-ordination, it would eventually be possible to eradicate smallpox completely.

Dr OSMAN ABDEL NABI (Sudan) expressed appreciation to UNICEF for the aid rendered to his country in its smallpox eradication programme and thanked the Government of the Soviet Union for its offer of freeze-dried vaccine.

He fully agreed with the delegate of the United States of America on the need to tackle smallpox eradication on a continent-wide basis - the only practical way of dealing with the problem of nomadic tribes.

Dr WRIGHT (Niger) said that, by the beginning of July 1969 his country had, with international aid, performed 3 450 000 vaccinations. It had thus completed the attack phase of its smallpox eradication programme and was now about to enter the maintenance phase. In the next two years, it hoped to carry out a further two million vaccinations and, in view of the lack of basic health services and since the control and evaluation teams were to be doubled in strength, would require rather more assistance for the purpose.

The new smallpox campaign was proceeding most satisfactorily in all areas covered by the vaccination programme, all the more so since neighbouring countries were carrying out similar programmes. Only twenty-two cases of smallpox had been recorded in 1969, and none at all since April, as compared with twenty to fifty times that number in previous years.

He expressed appreciation to the United States Agency for International Development, to the French Fonds d'Aide et de Co-opération and to WHO for their efficient and well co-ordinated assistance.

Professor MONDET (Argentina) said that he, like the delegate of the Soviet Union, was not too optimistic about the outlook for smallpox eradication.

Vaccination against smallpox had been compulsory in Argentina for many years, as was primary education, and as a consequence all children were vaccinated. It was essential, however, to stop the widespread practice in the country of issuing vaccination certificates as a favour to friends.

A major step forward, in his view, was the introduction of freeze-dried vaccine, providing far more effective immunity than the old type, which gave a very low antibody level. In Argentina, 30 million doses of good quality vaccine, checked by the Toronto Laboratory, were produced annually.

He asked how many vaccine producing laboratories there were in the world, and suggested that they should all be co-ordinated, as was the case in the Americas, with a view to saving money.

With regard to vaccination of seasonal workers and other migratory populations, he considered that teams of personnel using jet injectors should be stationed at assembly and check points.

Lastly, he stressed the danger of smallpox being re-introduced in areas where vaccination had been stopped because the disease had not occurred for fifteen years or more. Such areas, in his opinion, were at considerable risk in view of modern means of communication, and more especially of jet air travel.

Dr BÉDAYA NGARO (Central African Republic) said that the last epidemic of smallpox in the Central African Republic had occurred in 1962 and that in 1969 there had been no cases at all. Systematic vaccination was carried out every three years with freeze-dried vaccine supplied by the United States Agency for International Development. The date of vaccination had, however, been brought forward for the area bordering the frontier with Sudan where one case of smallpox had been reported in June 1969. He agreed on the need for co-ordination between States and suggested that the matter be submitted for consideration at the forthcoming meeting of the health section of the Organization of African Unity.

Dr PAYNE, Assistant Director-General, replying to the points raised, explained that smallpox eradication had not been included as a separate item on the agenda because the Director-General had felt that the discussion on the Organization's programme and budget would provide ample

opportunity for exploring the matter thoroughly. In that connexion, he pointed out that the report entitled "Smallpox surveillance", distributed to delegates on 18 July 1969[1] and to which little reference had been made, contained very detailed information on the incidence of the disease in the first six months of 1969 and brought up to date the information given in the report to the Executive Board.

One of the outstanding features of the discussion had been the many expressions of appreciation for bilateral and international assistance received under the programme. Some details of that assistance, which included donations of vaccine from the United States of America, the Soviet Union and other countries, were to be found in the Director-General's report to the Executive Board.

Among the many remarkable efforts made by countries in the fight against smallpox was that of the Democratic Republic of the Congo, and he had been much impressed to see that only 635 cases of the disease had been reported in the first five months of 1969 as compared with 1602 cases for the same period in the preceding year. Still more impressive, however, was the fact that, in the first five months of 1969, 3 300 000 vaccinations had been carried out in that country, as compared with only 300 000 for the whole of 1967.

One of the difficulties in interpreting figures for the incidence of smallpox arose from the fact that only in the last two or three years had there been effective surveillance and reporting. There was no doubt that in some countries the real success of the eradication programme was greater than would appear from reported figures.

Lastly, he asked the Chairman to give the floor to Dr Raška, Director of the Division of Communicable Diseases, to reply to specific points raised.

Dr RAŠKA, Director, Division of Communicable Diseases, said that the remarkable progress achieved in smallpox eradication - more especially in West and Central Africa and in South America - was the result of the implementation of new techniques and eradication methodology. Many delegations had rightly referred to the importance of surveillance and containment measures as a part of mass vaccination programmes. A further achievement had been the introduction of freeze-dried vaccine in almost all countries, which had been made possible especially through international aid. The introduction of the jet injector and bifurcated needle not only improved the number of vaccination takes but also led to a large economy of vaccine.

Referring to the importance of clinical and laboratory diagnosis, which several delegates had stressed, he said that the Organization was endeavouring to create a network of smallpox reference diagnostic laboratories. In addition, WHO had recently published a guide for the laboratory and clinical diagnosis of smallpox and was ready to provide countries with reference diagnostic material.

Many delegates had also stressed the importance of international help and co-operation, and especially of inter-country co-ordination. WHO believed such mutual understanding and co-operation between countries to be a very important step forward on the road to control and eradication of smallpox.

Replying to the Ethiopian delegate, he agreed that the size and geographical position of Ethiopia made communications between remote areas, and hence the implementation of the smallpox eradication programme, very difficult. The fact remained, however, that Ethiopia's national production of vaccine was now sufficient for the development of its programme and, as would be noted from the Director-General's report to the Executive Board, section 2, the quality of the freeze-dried vaccine produced in Addis Ababa in 1968 and 1969 met all the requirements. Obviously, under the strategy for smallpox eradication, vaccination programmes had to be concentrated first in the large cities and other areas of population agglomeration, but it would be helpful if, in the next few years, such programmes could be extended to the surrounding areas.

The CHAIRMAN said that the Committee would revert to its consideration of the subject when the Indian draft resolution had been circulated.

(For continuation, see summary record of the first meeting of Sub-Committee I, section 2.)

[1] Reprinted from Wkly Epidem. Rec., 1969, 27, 433-444.

Section 4.4 Communicable Diseases (continued)

Section 4.4.6 Smallpox Eradication (continued from the twelfth meeting of the Committee on Programme and Budget, section 1)

The CHAIRMAN drew attention to the text, which had now been circulated, of the following draft resolution, proposed by the delegation of India, on the smallpox eradication programme:

> The Twenty-second World Health Assembly,
>
> Having considered the report of the Director-General on the smallpox eradication programme;

Noting that while very significant progress is being made in the eradication effort, not all endemic countries are proceeding at the pace necessary to assure the success of the eradication programme; and

Recognizing the need for full and active participation by all endemic countries, for the maximum of co-ordination, and for more complete and prompt reporting and improved surveillance techniques,

1. REITERATES the need for all countries to give the highest possible priority to the provision of funds and personnel to achieve eradication;
2. EXPRESSES appreciation to Member States for continuing support to the programme including the supply of vaccine and bilateral aid to the endemic countries;
3. REQUESTS
   (1) all countries with endemic smallpox to strengthen their programmes, surveillance, case investigations, active containment measures in each outbreak, and assessment activities; and
   (2) all countries, especially those neighbouring endemic countries, to continue their vaccination programmes and surveillance;
4. REQUESTS the Director-General:
   (1) to continue to take all necessary steps to assure the maximum co-ordination of national efforts as well as support provided through international and bilateral agencies with the objective of achieving smallpox eradication as quickly as possible; and
   (2) to report further on the progress of the smallpox eradication programme to the World Health Assembly and to the Executive Board.

Dr FELKAI (Hungary) proposed the inclusion of the word "next" before the words "World Health Assembly..." in paragraph 4 (2) of the draft resolution.

The SECRETARY said that, if the purpose of the amendment was to ensure that a progress report was made to the Twenty-third World Health Assembly, the sub-paragraph in question would have to be redrafted since such reports were submitted to the Executive Board before being submitted to the Health Assembly.

Dr KOUROUMA (Guinea) said that his Government was most grateful for the assistance provided by WHO and UNICEF in the establishment of three vaccine-producing centres for Africa in Nigeria, Kenya and Guinea. He wondered whether the delegation of India would be prepared to insert some recognition of this assistance in the preamble to the draft resolution.

Dr NOVGORODCEV (Union of Soviet Socialist Republics) asked the delegate of Hungary whether he would agree to change slightly his own proposed amendment to paragraph 4 (2) of the draft resolution to read:

(2) to report further on the progress of the smallpox eradication programme to subsequent sessions of the World Health Assembly and the Executive Board;

Since it was in the process of development, the programme should be considered not merely at the Twenty-third World Health Assembly, but at all Health Assemblies and Executive Board sessions during the next few years.

Dr AL-AWADI (Kuwait) said that he would like to see some reference in the text of the draft resolution to the problems created by nomads.

At the request of the CHAIRMAN, Mr SAKSENA (India) agreed to meet with the delegates who had proposed amendments to the draft resolution in order to try to prepare a finalized draft which would take their observations into account.

Dr N'DIAYE (Senegal), referring to the remarks of the delegate of Guinea, said that the Pasteur Institute of Dakar was also a vaccine-producing centre for Africa.

Dr LEKIE (Democratic Republic of the Congo) said that he did not think there was any need to list the vaccine-producing centres in Africa.

Dr OBAME-NGUÉMA (Gabon) agreed with the previous speaker.

Dr KOUROUMA (Guinea) said that he would not insist on the inclusion of a list of vaccine-producing centres for Africa; he simply wished to focus attention on the international assistance provided to Africa which was an endemic area of smallpox.

The CHAIRMAN suggested that the Sub-Committee consider an amended draft resolution at a later stage.

It was so agreed.

(For continuation, see summary record of the third meeting of Sub-Committee I, section 1.)

Section 4.4 Communicable Diseases (continued)

Section 4.4.6 Smallpox Eradication (continued from the first meeting of Sub-Committee I, section 2)

The CHAIRMAN drew attention to the following revised draft resolution proposed by the delegation of India:

The Twenty-second World Health Assembly,

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

Noting that while very significant progress is being made in the eradication effort, not all endemic countries are proceeding at the pace necessary to assure the success of the eradication programme; and

Recognizing the need for full and active participation by all endemic countries, for the maximum of co-ordination, and for more complete and prompt reporting and improved surveillance techniques,

1. REITERATES the need for all countries to give the highest possible priority to the provision of funds and personnel to achieve eradication;
2. EXPRESSES appreciation to Member States for continuing support to the programme including the supply of vaccine and bilateral aid to the endemic countries;
3. REQUESTS
   (1) all countries with endemic smallpox, particularly those having nomadic and mobile population, to strengthen their programmes, surveillance, case investigations, active containment measures in each outbreak, and assessment activities; and
   (2) all countries, especially those neighbouring endemic countries, to continue their vaccination programmes and surveillance especially along their common borders;
4. REQUESTS the Director-General:
   (1) to continue to take all necessary steps to assure the maximum co-ordination of national efforts as well as support provided through international and bilateral agencies with the objective of achieving smallpox eradication as quickly as possible; and
   (2) to report further on the progress of the smallpox eradication programme to the forty-fifth session of the Executive Board and to the Twenty-third World Health Assembly.

Decision: the draft resolution was approved.[1]

[1] Transmitted to the Health Assembly in the fourth report of the Committee on Programme and Budget and adopted as resolution WHA22.34.