Opening Speech for the

WHO Inter-Regional Seminar on Smallpox Eradication

On behalf of the World Health Organization and on behalf of the participants of this Conference, I wish to express our appreciation to the Government of the Democratic Republic of the Congo, particularly for the most cordial welcome we have received and for the many efforts which they have already made to make this Conference possible.

We embarked last year on an historic mission - a programme to eliminate once and for all the most serious disease known to mankind. Never in history have the nations of the world joined in a common effort to achieve a goal such as this. The programme was initiated in 1966 by unanimous vote in the World Health Assembly. During the past two years, support has come from many countries in the form of donations to the Organization and in bilateral support to the endemic countries. You should know that the principal donors of additional support are, in fact, two countries who do not always agree - the Soviet Union and the United States of America. This programme, as smallpox itself, does not recognize political differences or political boundaries.

So far as we can determine, 29 countries in three continents currently experience endemic smallpox; there are, however, 39 others who by reason of geographic proximity and population movements are constantly threatened by disease introductions and the reestablishment of endemic foci. Of the 29 endemic countries, 23 are located in Africa, 5 in Asia and one in South America. I am sure you will be pleased to know that in this, the second year of the programme, 21 of the 29 countries have already undertaken special intensive programmes of smallpox eradication. A substantial proportion of the 39 countries which border on these endemic zones have also initiated special programmes of vaccination to improve their immunity and intensified programmes of surveillance to detect introductions of the disease.

During the first year of the global eradication programme, over 122 000 cases of smallpox were reported. This figure we suspect represents not more than 10% of all cases actually occurring. Nevertheless, the number of cases reported was one of the highest in a decade. During 1968, despite progressively improved reporting in many countries, the incidence has sharply declined. About half as many cases are expected this year as last. In Western and Central Africa, a reduction of over 50% has been noted; in Asia, the decrease is almost the same; in the Americas, reported cases increased during the early part of the year as a result of better surveillance but the inidence is now declining sharply as programme activities have accelerated. In Eastern and Southern Africa, reported cases exceed the number recorded last year by 50%, the reverse of the trend in other areas. Large increases in smallpox incidence have been observed in the Democratic Republic of the Congo and in Burundi; a large outbreak in Sudan occurred following the importation of cases from Ethiopia. In certain other countries, however, such as Uganda, the United Republic of Tanzania and Zambia, a notable decrease in smallpox incidence has been noted.

That some countries are doing well provides us no real gratification so long as even a few countries do nothing. Smallpox is not a disease which can be dealt with by only one or a few countries in an area. Nomads, migrants and travellers freely cross national boundaries and reintroduce disease repeatedly into what would otherwise be smallpox-free areas. Sudan this year and last has been repeatedly reinfected by travellers from Ethiopia but otherwise does not experience endemic disease; a most effective programme in Zambia is seriously jeopardized by major outbreaks in the Congo; there are, of course, many other examples.

The problem of smallpox is shared by us all. During this Conference, we hope to discuss the problems posed by smallpox to all

countries represented, to discuss the approaches to combat it in endemic regions and to prevent its introduction into non-infected areas.

We at WHO have redoubled our efforts to assist you in your efforts to combat smallpox.

1. As first priority, we have endeavoured to assure adequate supplies of potent freeze-dried vaccine for all countries. Donations to the Organization have increased. In 1966, 3 million doses only were distributed; in 1967, 13 million doses, and in 1968, more than 20 million doses will have been distributed by the end of the year. The Soviet Union, through bilateral assistance, is providing this year more than 100 million doses of vaccine; the United States, 40 million doses. In co-operation with UNICEF, additional equipment is being supplied to 10 vaccine production institutes in endemic areas; consultants have been provided to more than 20 institutes. A manual on vaccine production has been produced. Vaccine testing provided by the WHO testing laboratory has increased from 16 tests in 1966 to 80 in 1967 and will exceed 180 in 1968. Only a few endemic countries continue to use any liquid vaccine whatsoever and few employ freeze-dried vaccine which does not meet the standards of potency set down by WHO. I regret to say, however, that the only remaining endemic countries using liquid vaccine or vaccine of less than optimal potency are located in this region of eastern and southern Africa.

2. The technical basis and strategy for the eradication programme has been carefully studied and elaborated. A Scientific Group was convened in Geneva a year ago; their report is being made available to you at this meeting. A Manual on Smallpox Eradication has been prepared and over 2 000 copies have been distributed. Surveillance reports which chart the course of the programmes are now being published every two weeks in the Weekly Epidemiological Record and are distributed to over 4 000 persons. Copies of the most recent report which describes the status of the programme in Africa are being made available to you at this meeting.

3. Field studies of smallpox epidemiology, operational techniques and a variety of more technical studies have been initiated, many with WHO support - these studies are already pointing the way to new approaches in eradication programmes. Some of those who have been actively engaged in these studies have been brought to Kinshasa to discuss their findings with you.

4. To prevent extension of the endemic reservoir, a special vaccine reserve and jet injectors have been established in Geneva and provisions made to provide emergency assistance to any of the non-endemic developing countries who experience importations of smallpox. Twice last year, such assistance was provided - staff and vaccine arrived in the afflicted country less than 48 hours after a request for assistance was received.

5. Special studies have been instituted to develop new instruments and techniques for vaccination. Jet injectors have now been used extensively in West Africa and Brazil and have been found to be most effective, capable of vaccinating 1 000 persons per hour. These will be demonstrated for you this week. Smaller, less expensive instruments are under test. A forked or bifurcated needle for multiple puncture vaccination has been tested and found effective. This needle permits vaccination with one-fifth the normal amount of vaccine normally required, and permitting changes in vaccination techniques, speeds the vaccination process several fold. Twenty million needles have been ordered and they are now being introduced rapidly in virtually every endemic country throughout the world.

6. In support of laboratory diagnosis, a manual on diagnostic methods for smallpox has been prepared; necessary reagents for the specified tests are now being produced. This manual and the reagents will be ready for instructional courses early next year. The methods themselves will be demonstrated for you this week.

In brief, I believe I can confidently say that the global programme for smallpox eradication, in this the second of its 10 years, has begun well. Most endemic countries have already indicated that they consider seriously their obligations to their neighbours and have instituted eradication programmes.

This Conference is the first to be conducted in Africa under this new programme. I cannot imagine a more pleasant place for it to be held nor more hospitable hosts. It is fitting that it be conducted in a country which has so seriously considered its obligations to the global effort and is now making the necessary substantial effort.

May I again express our appreciation to the Government of the Democratic Republic of the Congo and to the many who have worked so diligently to make arrangements for this Conference.

It is my hope that 8 years from today we might again meet here to announce formally and finally that the most devastating disease ever known to mankind has been obliterated from the face of this earth.