

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

XIX Meeting

regional committee

WORLD
HEALTH
ORGANIZATION



XXI Meeting

Washington, D. C.
September-October 1969

Provisional Agenda Item 21

CD19/18 (Eng.)
19 August 1969
ORIGINAL: ENGLISH

RESOLUTIONS OF THE TWENTY-SECOND WORLD HEALTH ASSEMBLY OF INTEREST TO
THE REGIONAL COMMITTEE

The attached resolutions adopted by the Twenty-second World Health Assembly are submitted to the consideration of the XXI Meeting of the Regional Committee of the World Health Organization for the Americas.

Resolution No.

Title

WHA22.34

Smallpox Eradication Programme

WHA22.39

Re-examination of the Global Strategy
of Malaria Eradication

WHA22.53

Long-term Planning in the Field of Health,
Biennial Programming, and Improvement of
the Evaluation Process

TWENTY-SECOND WORLD HEALTH ASSEMBLY

WHA22.34

24 July 1969

SMALLPOX ERADICATION PROGRAMME

The Twenty-second World Health Assembly,

Having considered the report of the Director-General on the smallpox eradication programme;¹

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;

¹Document A22/P&B/2.

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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.

Thirteenth plenary meeting, 24 July 1969
A22/VR/13

TWENTY-SECOND WORLD HEALTH ASSEMBLY

WHA22.39

24 July 1969

RE-EXAMINATION OF THE GLOBAL STRATEGY
OF MALARIA ERADICATION

The twenty-second World Health Assembly,

Having considered the report of the Director-General on the re-examination of the global strategy of malaria eradication;¹

Noting with satisfaction the steps taken by the Director-General in pursuance of resolution WHA21.22 and the successes achieved by the malaria eradication campaign in a certain number of countries;

Recognizing the part played by socio-economic, financial, administrative and operational factors, as also by the inadequacy of the basic health services, in the failures recorded during the implementation of the global malaria eradication programme;

Reaffirming that complete eradication of malaria from the world remains a primary task of national public health organizations, and that even in the regions where eradication does not yet seem feasible, control of malaria with the means available should be encouraged and may be regarded as a necessary and valid step towards the ultimate goal of eradication;

Bearing in mind that it is imperative to adapt the strategy to local epidemiological situations as well as to the available administrative and economic resources of the countries concerned, and that the observance of this condition is equally essential both for the achievement of eradication and for its maintenance;

Recognizing, moreover, that, in order to confront the financial difficulties which are a major hindrance to the implementation of malaria eradication programmes and to secure adequate priority for these programmes in the allocation of funds, it is necessary to justify them on economic as well as health grounds, by demonstrating the reality of the rapid and lasting advantages accruing from the pursuit of eradication, which now seems to be possible; and

¹Document A22/P&B/8.

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Realizing the importance of the whole body of research undertaken on all aspects of the malaria problem for devising methods of interrupting transmission suited to various ecological conditions and for developing more effective methods for the prevention, diagnosis and treatment of malaria;

1. ENDORSES the proposals contained in the Report of the Director-General with regard to the strategy contemplated in countries where eradication programmes are already in operation and in those where areas have reached the maintenance phase, as well as in countries which have not yet commenced their eradication programme;
2. URGES the governments of countries with eradication programmes and the assisting agencies to give them the necessary priority in the allocation of their resources to ensure the successful implementation of the programmes;
3. INVITES the Director-General to undertake the necessary consultations with the international and bilateral assistance bodies concerned with a view to harmonizing antimalaria activities in accordance with the revised global strategy;
4. RECOMMENDS
 - (a) that in order to ensure the best prospects of success the Organization continue to aid the countries concerned in drawing up long-term plans for malaria eradication taking into account not only the technical, financial and administrative requirements of the attack and consolidation phases, but also the long-term needs for the implementation of the maintenance phase, and that in preparing budgets it indicate as far as possible, firstly, the sums allocated to the development of the general health services and, secondly, those earmarked for the eradication programme itself;
 - (b) that the Organization continue to provide assistance for the study of the socio-economic impact of malaria and of its eradication and develop a methodology for the socio-economic evaluation of the programmes under way;
 - (c) that the Organization stimulate and intensify multi-disciplinary research on malaria involving the biological, epidemiological, economic, social and operational sciences with a view to simplifying and improving methods of malaria eradication as well as programme implementation; and

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(d) that the governments of the countries with programmes under way revise them in co-operation with the Organization and the other assisting agencies with a view to adapting them to a strategy calculated to give optimum results; and

5. REQUESTS the Director-General to report to the Twenty-third World Health Assembly on the measures taken in pursuance of this revised global strategy of malaria eradication.

Thirteenth plenary meeting, 24 July 1969
A22/VR/13

TWENTY-SECOND WORLD HEALTH ASSEMBLY

WHA22.53

25 July 1969

LONG-TERM PLANNING IN THE FIELD OF HEALTH, BIENNIAL PROGRAMMING,
AND IMPROVEMENT OF THE EVALUATION PROCESS

The Twenty-second World Health Assembly,

Having considered the reports by the Director-General¹ on long-term planning in the field of health and biennial programming and on the improvement and strengthening of the evaluation process, and the recommendations of the Executive Board thereon;

Having considered the proposals of the Director-General for taking the first steps towards a future presentation of a projection of the Organization's programme for a further year; and

Taking account of the long-term results that can be expected of the new programme and budget information system

I

1. NOTES with satisfaction the proposals made for further strengthening the planning and evaluation processes of the World Health Organization; and
2. STRESSES that realistic long-term planning of WHO's programme is dependent in large measure upon methodical health planning, the formulation of a budget based on programmes, and evaluation at the national level, and that the Director-General should continue to respond to requests for assistance in national health planning;
3. BELIEVES that the long-term planning of the Organization's programme can be achieved in successive stages;
4. REITERATES the importance of evaluation in guiding the formulation of programme policies and the planning and execution of the health programmes;
5. REQUESTS the Director-General to take the necessary steps to implement the proposals concerning long-term planning and the improvement and strengthening of the evaluation process; and to ensure dissemination to a member of the Executive Board of such available evaluation data on projects as currently exist and that member may request;

¹Annexes 11 and 12 of Official Records No. 173.

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6. REQUESTS the Director-General to evaluate the most appropriate approaches for the integration of health planning studies with the educational programmes in medical schools;
7. REQUESTS the Director-General to continue to collaborate actively in the development of the health sector of the broad international strategy for the Second United Nations Development Decade.
8. REQUESTS the Director-General to explore further the feasibility of providing appropriate long-term financial indicators and report thereon to the forty-fifth session of the Executive Board; and
9. REQUESTS the Director-General to ask the Member States to send to WHO their observations and recommendations on questions of long-term planning in the field of health and the establishment of a new general programme of work of WHO for 1972-1976;

II

1. DECIDES that, in principle, the World Health Organization should adopt a system of biennial programming;
2. CONSIDERS that, as a first step, the Director-General should:
 - 2.1 Provide in his annually proposed programme and budget estimates additional information which would, for example, include for 1971:
 - (i) an appendix containing a summary by major programme heading for 1969, 1970 and 1971 with a projection for 1972 based on the indication of the governments' priorities for future programmes of WHO assistance as known at the time of the preparation of the programme and budget estimates, and on other factors such as the trends in the requirements for the major programmes of the Organization; and
 - (ii) an appendix containing a summary by appropriation section identifying the operating programme by individual regions and headquarters, regional offices, administrative services, etc., for 1969, 1970 and 1971, with a projection of the estimates for 1972;

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2.2 Provide in each annual financial report information relating to budget performance, and showing in summary tables similar to those for paragraph 2.1 above:

- (i) budget estimates, both original and revised, and
- (ii) actual obligations incurred;

3. RECOGNIZES the necessity of preserving flexibility to adjust programmes in the light of changes affecting the needs of the Organization and its Members;

4. REQUESTS the Director-General to continue to co-operate in inter-agency consultations on standardization of budget presentation and to keep the Executive Board informed of developments; and, further,

5. REQUESTS the Director-General to study the additional steps which might be taken towards a future more detailed projection of the Organization's programme and budget and to report thereon to the forty-seventh session of the Executive Board.

Fourteenth plenary meeting, 25 July 1969
A22/VR/14



directing council

PAN AMERICAN
HEALTH
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XIX Meeting

Washington, D.C.
September-October 1969

regional committee

WORLD
HEALTH
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XXI Meeting

Provisional Agenda Item 21

CD19/18 (Eng.)
ADDENDUM
27 August 1969
ORIGINAL: SPANISH

RESOLUTIONS OF THE 22nd WORLD HEALTH ASSEMBLY OF INTEREST TO THE REGIONAL COMMITTEE

In connection with Resolution WHA 22.34, the Director has the honor to submit a report on the status of smallpox eradication in the Americas.

With regard to Resolutions WHA 22.39 and WHA 22.53, reports on the relevant activities in the Americas will be found in the documentation covering items 23 and 17 of the Council's Provisional Agenda.

SMALLPOX1. INTRODUCTION

Since 1949 the Governing Bodies of the Pan American Health Organization had been drawing attention to the problem of smallpox in the Americas, and in one resolution after another they have urged the countries of the Continent to organize and carry out campaigns to eliminate the disease on the American Continent once and for all. This scheme had the backing of the Presidents of the Americas, and in the Charter of Punta del Este we find the following among the recommendations adopted:

"To eradicate malaria and smallpox from the Hemisphere and intensify the control of other common infectious diseases, such as enteric ailments and tuberculosis."

In the same way, from its third Assembly onwards, the World Health Organization has been stressing the problem of smallpox throughout the world, and at its XX Assembly it invited countries where the disease still exists to undertake or intensify programs with a view to eradicating smallpox as rapidly as possible.

In accordance with such principles the countries of the Region have intensified their efforts to achieve this, and although there is only one country where the disease persists in endemic form, six nations are at present carrying on intensive vaccination campaigns with a view to raising the level of immunity of the population, and in the other countries efforts are being redoubled to prevent the reintroduction of the disease.

Both the World Health Organization and the Pan American Health Organization have been very active in helping the countries to eradicate the disease.

2. THE PROBLEM OF SMALLPOX IN THE AMERICAS

During the five-year period 1964-68, 18,858 cases of smallpox were reported in the Americas - a decrease of 55 per cent as compared with the previous five-year period (Table 1). In 1968 PASB received notification of 3,812 cases, all of them occurring in Brazil with the exception of one imported case in French Guiana and one indigenous and one imported case in Uruguay. During the current year, the disease has occurred only in Brazil, where a total of 1,465 cases had been reported by 26 July. Colombia, Paraguay, and Peru, where the disease was found in 1966, and Argentina where 23 cases occurred in 1967, have been free of the disease ever since.

The continued persistence of smallpox in endemic form in the Continent justifies the allocation of budgetary funds for the continental smallpox eradication campaign during 1970.

3. DIFFICULTIES FACING THE PROGRAMS

a. Budgetary difficulties

These have been the main reason why some countries have been unable to cope adequately with the plans made for national eradication campaigns. In a greater or lesser degree, all the countries have had to modify their original plans for want of adequate funds to enable them to carry out all the measures which the organization and execution of the campaigns entail.

b. Inadequate maintenance programs

As a result of this shortage of funds, it has frequently been impossible to organize a satisfactory system of epidemiological surveillance and maintenance vaccinations to combat the reintroduction of the disease effectively. The low percentage of coverage in the younger generation represents a potential danger for the spread of the disease in the event of its breaking out again from the existing endemic foci.

c. Lack of concurrent supervision and evaluation

This has been a further contribution cause in the failure of some of the campaigns. Even though the overall vaccination targets may have been met, in some instances large sectors of the population have left unprotected, and the disease has found suitable conditions for development. At other times, the use of vaccines of poor quality or not properly stored has made the vaccination of large numbers of human beings a pure waste of time when this could easily have been avoided if supervision and evaluation had been more efficient.

4. PARTICIPATION BY PASB

The Pan American Sanitary Bureau has signed agreements for the execution of eradication programs with nine countries of the Continent. In six of these the first phase of the campaign is at present under way, the target being the initial protection of 80 per cent of the population. In the other three countries, the first stage has already been completed, and the maintenance stage is in progress, while at the same time epidemiological surveillance services are being set up, the relative progress of these depending on the funds available to ministries of health.

Between 1967 and 1968, the aid given by PASB/WHO to the American countries amounted to US\$1,557,990 and covered the following activities:

a. Organization of laboratories for the production of freeze-dried vaccine of good quality in sufficient quantities. The aid given includes equipment and supplies, the training of the necessary personnel and advice on the various techniques.

On the basis of an agreement signed with the University of Toronto, Canada, experts from the Connaught Laboratories have visited laboratories in the Region to give advice on production techniques and on purity and potency testing of the vaccine produced. Every six months samples of vaccine produced are sent to the Connaught Laboratories for testing, though there are still some laboratories in the Region which have not made full use of these facilities.

In 1966 and 1967, with the collaboration of the National Communicable Disease Center (NCDC) of the United States Public Health Service and the Adolfo Lutz Institute in São Paulo, Brazil, three courses on smallpox diagnosis were given in São Paulo; They were attended by twenty-five specialists from twelve different countries. From 9 to 14 September 1968, a Seminar was held at Rio de Janeiro in which 15 specialists from nine South American countries took part, along with representatives of NCDC, the Connaught Laboratories and the Department of Virology of the National Bacteriological Laboratory of Sweden. The participants studied the contribution of the laboratory to smallpox eradication programs and analyzed the progress made by the countries of the Continent in the production of vaccines. They also discussed with the Brazilian technicians the techniques used for the production of vaccines in eggs, Brazil being the only country in the Americas which produces vaccine by this method.

b. Supply of vehicles and water craft, jet injectors and other equipment, required for the execution of the campaigns.

c. Advisory services in epidemiology and statistics, for guidance and assistance in the organization, execution and evaluation of vaccination campaigns.

d. Research. Operational studies to discover the most efficient techniques have been carried out, especially in Brazil, where studies have also been made on the evaluation of various types of jet injectors.

Among the purposes for which the funds available to the Organization in 1970 will be used are the following:

a. Renewal of the agreement with the Connaught Medical Research Laboratories of the University of Toronto for continued supervisory and advisory services to the various laboratories in the Region where smallpox vaccines are produced.

b. Short-term advisory services, to countries requesting them, in laboratory techniques for the diagnosis of smallpox.

c. Short-term fellowships for persons in charge of eradication campaigns, to enable them to study on the spot the most efficient procedures used in such campaigns, and for laboratory technicians engaged in the production of vaccines and in diagnosis activities.

d. Technical assistance and advice on the execution and evaluation of the various stages of eradication campaigns, including participation in training courses for campaign personnel.

e. Collaboration in the supply of equipment and other materials required for the smooth operation of smallpox campaigns.

5. PRESENT STATUS OF PROGRAMS THROUGHOUT THE CONTINENT

The delays which have held up some campaigns and the consequent changes made in plans of operation make it difficult to determine the targets likely to be reached over the next four years. The present situation of the programs in the countries which have reported cases of smallpox over the last five years is as follows:

In Argentina the eradication campaign was begun in January 1968 in the Province of Misiones, and in spite of some budgetary difficulties, activities have been extended to other provinces in the north of the country. However, the vaccination targets fixed could not be attained; in 1968 only 323,952 vaccinations were administered. The production of freeze-dried vaccines (16,888,250 doses) was sufficient to cover the needs of the country and to leave some over for the emergency stocks maintained by the Organization at the Zone V Office in Rio de Janeiro.

Bolivia completed the initial phase of the campaign in February 1968 with a coverage of 81.1 per cent of the population. In May, a group consisting of two consultants from the Organization and a representative of the Bolivian Ministry of Health made an evaluation of the program, which showed that the target had been attained as far as initial protection of the population was concerned, though financial difficulties had made it impossible to carry out an effective maintenance operation and the necessary epidemiological surveillance. The evaluation carried out revealed the following:

a. Fairly satisfactory protection of the population over five years of age, with over 85 per cent vaccinated in all the localities studied, with the exception of Sorata.

b. Inadequate coverage of the population under five, with percentages between 18.1 and a maximum no higher than 59.1 per cent, this being due to low initial coverage during the attack phase and low maintenance levels.

c. Maintenance vaccination practically non-existent.

d. Efficient epidemiological surveillance, though limited because of the smallness of the local health services, the shortage of doctors and their poor geographical distribution.

The group recommended: a) that the vaccination operations already carried out should be supplemented, at any rate in localities of over 1,000 inhabitants, by a crash program reinforced by adequate publicity among the population. Stress should be laid on the fact that the main purpose of the campaign is to vaccinate children under five years of age, and the administration of the vaccine might perhaps be combined with other immunizations; b) that local health services be encouraged to extend vaccination in their particular areas, especially in the under five age group; c) that adequate supplies of vaccine should be available to local services. If necessary the possibility should be studied of obtaining donations of vaccine from other countries, directly or through the Organization; d) that efforts be made to ensure compliance with the existing legal provisions requiring vaccination against smallpox.

Brazil is the only country in the Continent where smallpox is still endemic. However, the picture is encouraging. The Government has given all the necessary financial support, and activities are proceeding according to plan. Not counting immunizations practiced by the local health services, the eradication campaign has accounted up to the present for 33,906,470 vaccinations, 9,646,746 of these being administered in the first five months of the current year. The initial phase of the campaign has been concluded in 11 federal units of the country, and it is going on actively in five states. It should be noted that by the end of the year it is hoped to complete the vaccination of the State of Sao Paulo, where in the last two years about 50 per cent of all the known cases in the country have been reported. Epidemiological surveillance in areas where vaccination has already been completed or is in progress has made it possible systematically to investigate every suspected case. The production of freeze-dried smallpox vaccine--49.5 million doses in 1968--has continued at the same rate, making it possible not only to meet all the needs of the country, but to add to the Organization's vaccine reserve stocks in Rio de Janeiro.

In Colombia the campaign was extended to all Departments, a total of 5,543,507 vaccinations being administered during 1968. Consultants from the Organization helped in the training of personnel in the use of jet injectors, and the Special District of Bogota carried out a massive vaccination operation using this procedure. Smallpox continues to be non-existent in the country.

In Ecuador the number of vaccinations in 1968 was 931,192. The Organization supplied vehicles, jet injectors and other equipment, and short-term consultants, working with national technicians, analyzed the production procedures for manufacturing freeze-dried smallpox vaccines.

In Paraguay, financial difficulties made it impossible to begin the campaign by the date fixed, but alternative plans have been studied with a view to carrying out a crash program of mass vaccination. Meanwhile, vaccination has increased through the local health services of the country, which in 1968 gave protection to 168,408 persons.

In Peru the program was reorganized, training was given to the campaign personnel, and it was decided that vaccination in the Departments bordering on neighbouring countries should have priority. During 1968, 964,215 vaccinations were administered, vaccine of local production and of known quality and purity being used.

In Uruguay, the campaign began last year, and in spite of some delay in its operation, total doses of vaccination administered during the year reached the figure of 302,351.

Finally it may be mentioned that Chile and Venezuela, like the Central American, North America and Caribbean countries, where there has been no smallpox for many years, are continuing maintenance vaccination operations through their local health services.

To sum up, in all the countries of the Continent where smallpox has been found during the last few years, effective measures are being taken to eradicate it once and for all; and although the number of cases reported during the current year is still high - a fact to be explained by the great improvement in smallpox reporting - the disease has lost its importance geographically, being found in only one country of the Continent, where an efficient eradication campaign makes it seem likely that smallpox will disappear entirely.

Table 1. Cases of smallpox reported in the Americas, 1964-1968

Country	1964	1965	1966	1967	1968
Argentina	13 ^a	15 ^a	21 ^a	23 ^a	-
Bolivia	5	-	-	-	-
Brazil	3.076	3.269	3.518	4.353	3.809
Colombia	21 ^b	149 ^c	8 ^b	-	-
Ecuador	42	-	-	-	-
French Guiana	-	-	-	-	1 ^d
Paraguay	7	32	5	-	-
Peru	454	18	13	-	-
Uruguay	3 ^a	1 ^d	-	-	2 ^a

a) Including imported cases

b) Confirmed cases only

c) Including 68 confirmed cases

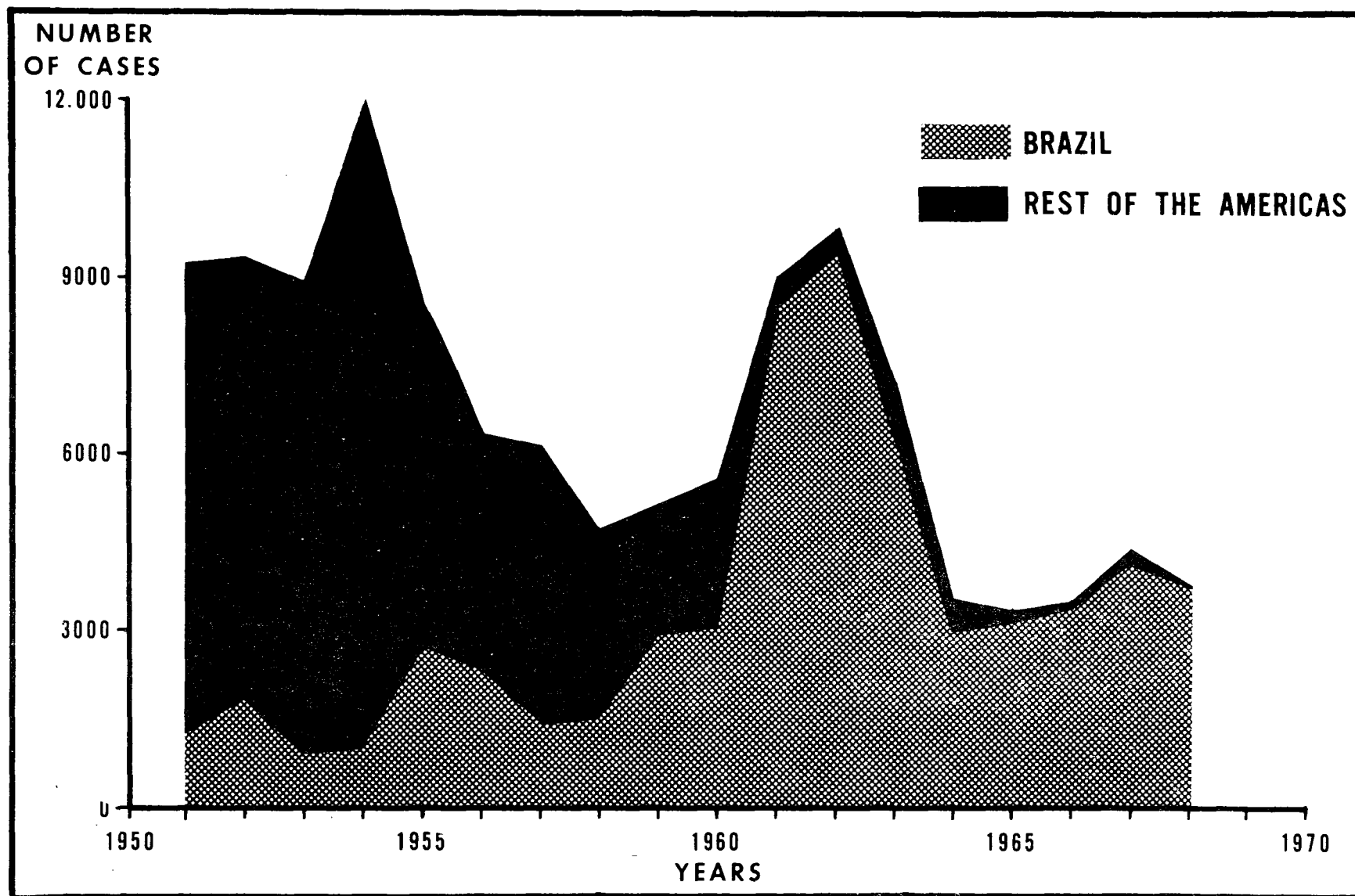
d) Imported case

Table 2. Number of vaccinations and smallpox vaccine production in 23 territories of the Americas, 1968^a

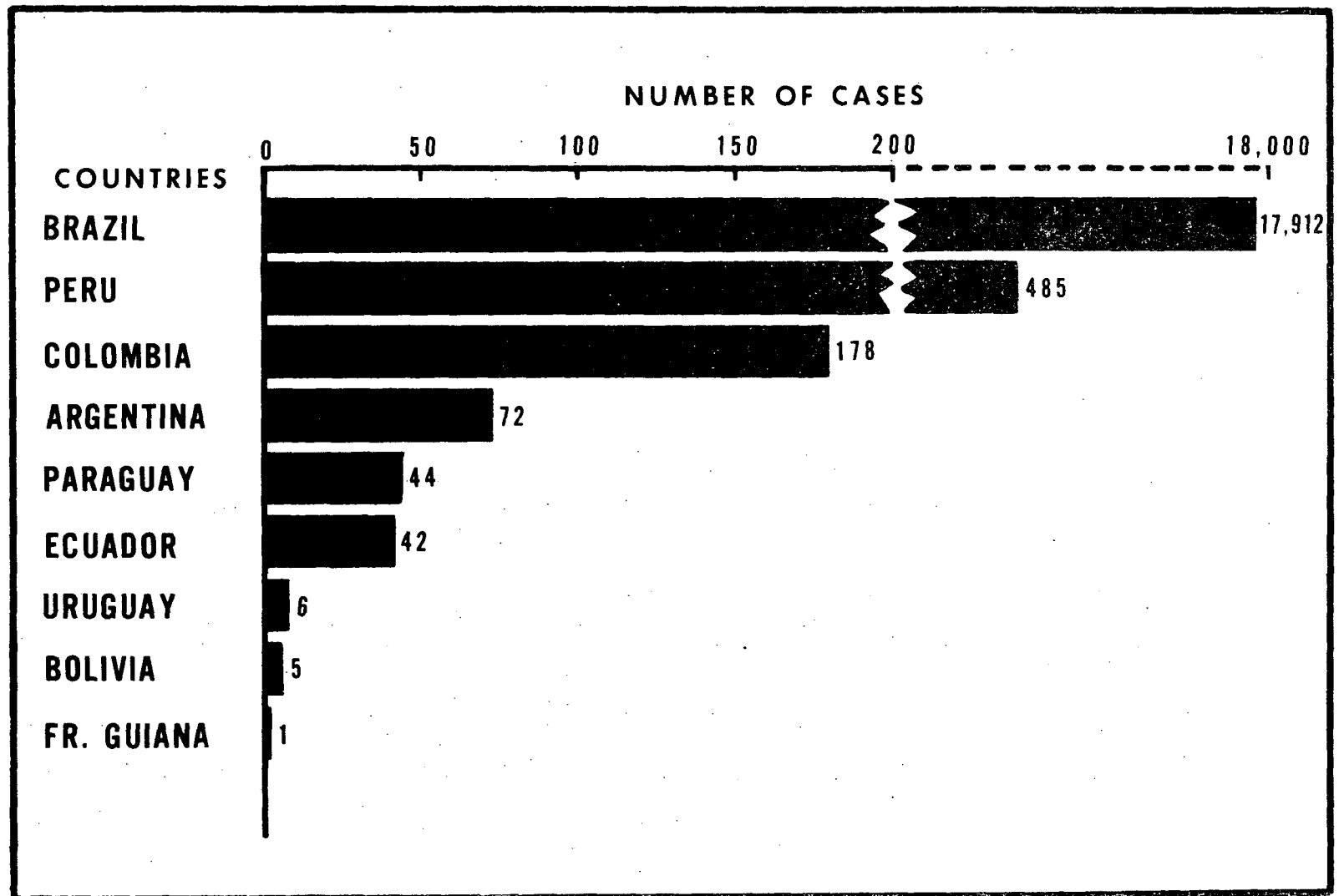
Country or Territory	Number of Vaccinations	Vaccine production (doses)	
		Glycerinated	Freeze-dried
Argentina	323,952	3,460,000	16,888,250
Bolivia	212,116	-	555,360
Brazil	12,257,757	320,000	49,482,650
Colombia	5,543,507	-	7,992,200
Costa Rica	14,859	-	-
Chile	923,047	3,421,500	1,962,000
Cuba	39,673
Dominican Republic	8,716	-	-
Ecuador	931,192	-	-
El Salvador	43,577	-	-
Guatemala	121,295	-	-
Guyana	5,000	-	-
Haiti	606,883	-	-
Honduras	69,831	-	-
Jamaica	...	-	-
Mexico	2,454,842	7,524,000	-
Nicaragua	328,000	-	-
Panama	13,419	-	-
Paraguay	168,408
Peru	964,215	-	5,848,750
Surinam	12,097	-	-
Trinidad and Tobago	...	-	-
Uruguay	302,351	3,000,000	-
Venezuela	1,388,665
TOTAL	26,733,402	17,725,500	82,992,510

- a) Data based on official information received up to 30 April 1969
 - Not produced
 ... No data available as yet

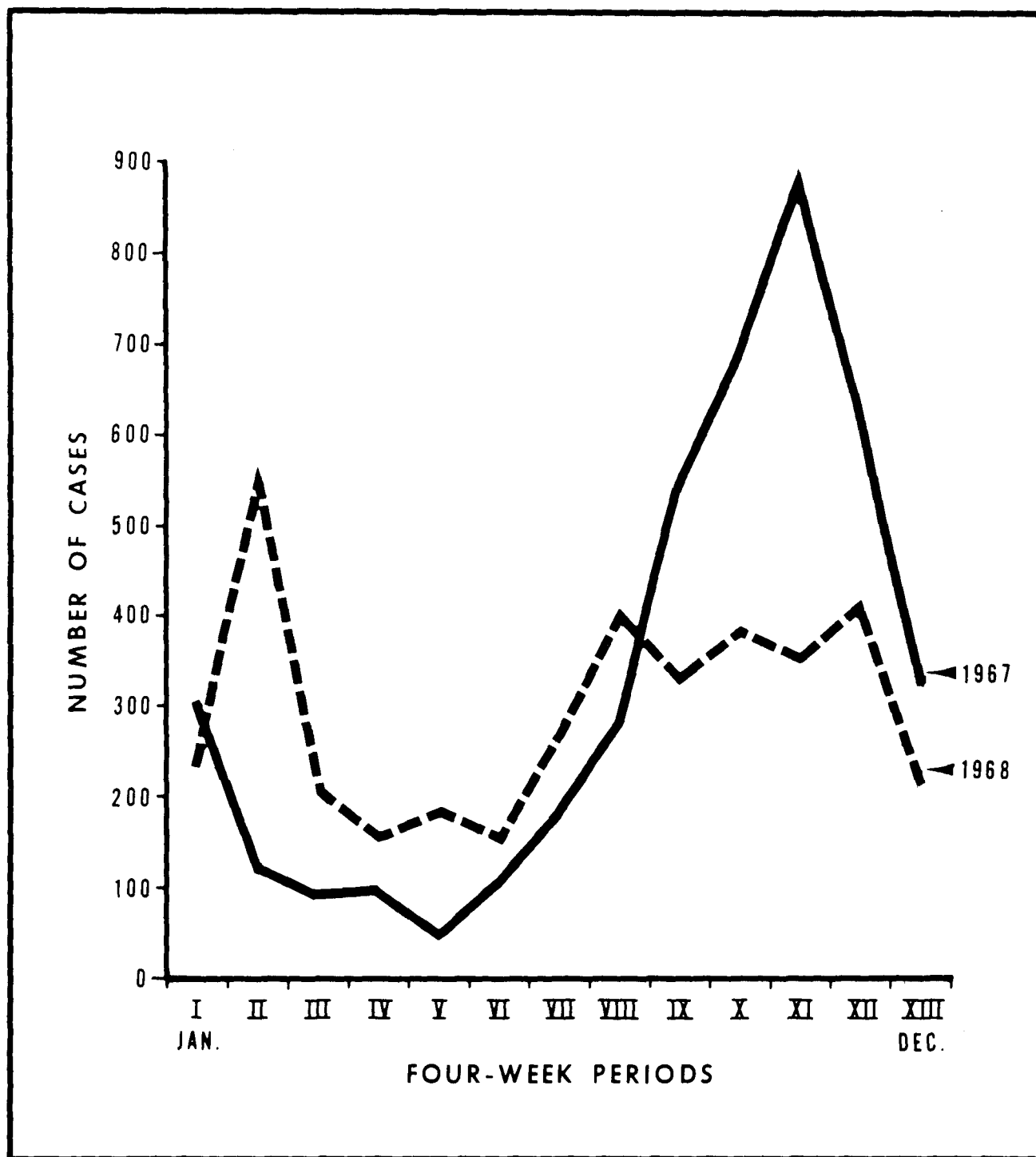
REPORTED CASES OF SMALLPOX IN BRAZIL AND
THE REST OF THE AMERICAS, 1951-1968



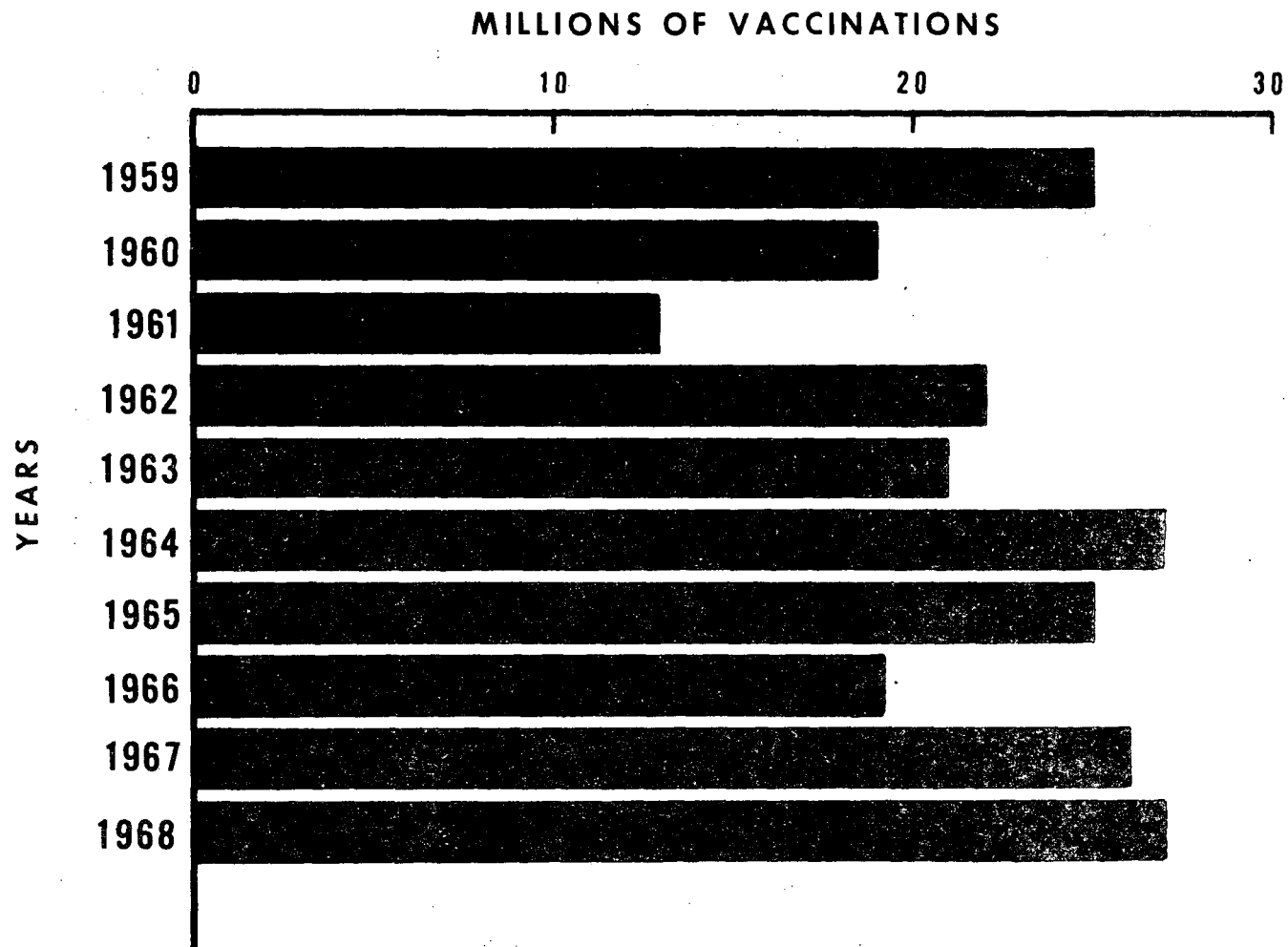
REPORTED CASES OF SMALLPOX IN THE AMERICAS, BY COUNTRY, 1964-1968



SMALLPOX CASES IN BRAZIL, IN FOUR-WEEK PERIODS,
1967 AND 1968



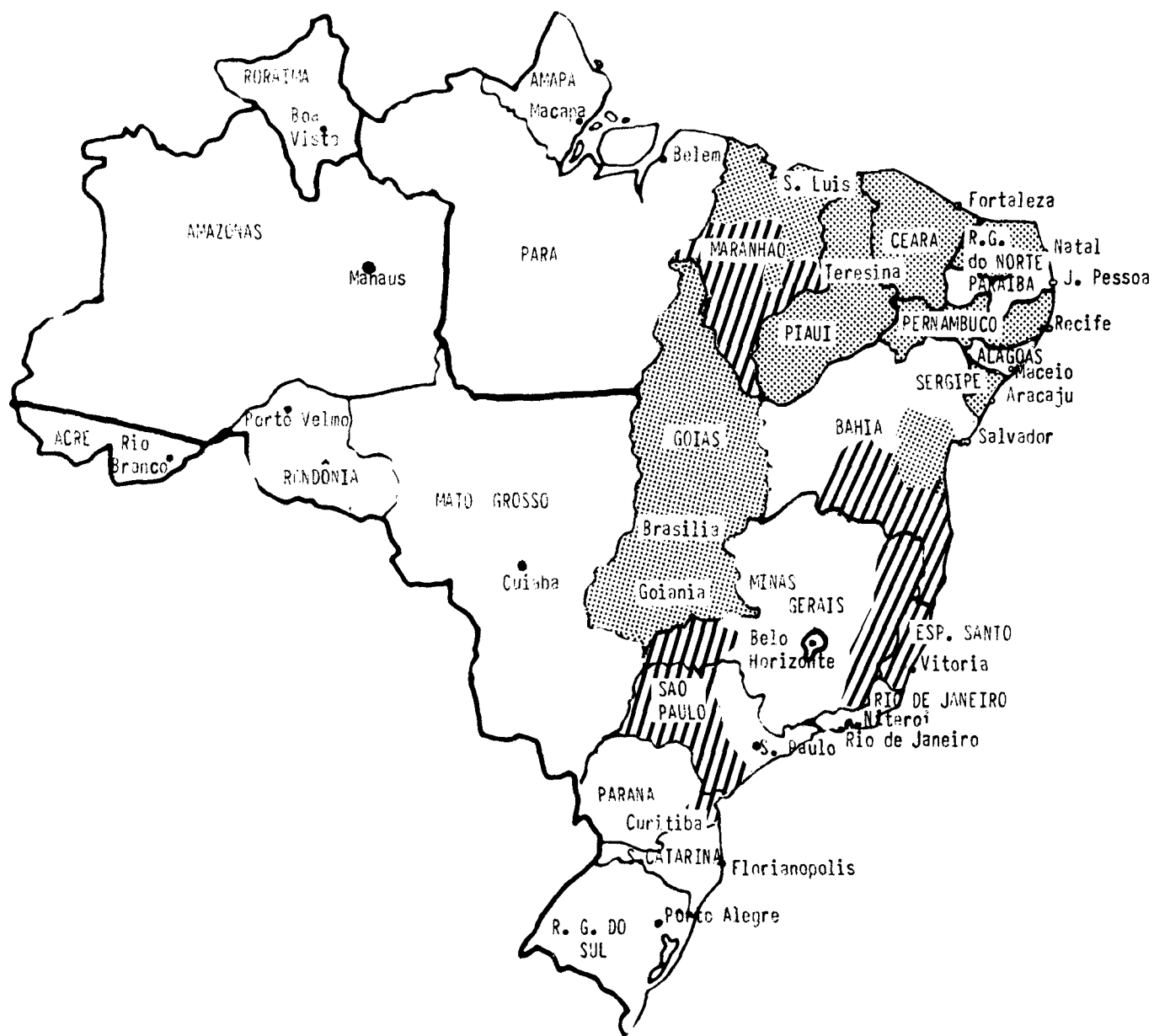
NUMBER OF SMALLPOX VACCINATIONS IN THE AMERICAS, 1959-1968 *



* EXCLUDING CANADA AND UNITED STATES.

SMALLPOX ERADICATION CAMPAIGN

BRAZIL 1969



Attack phase completed

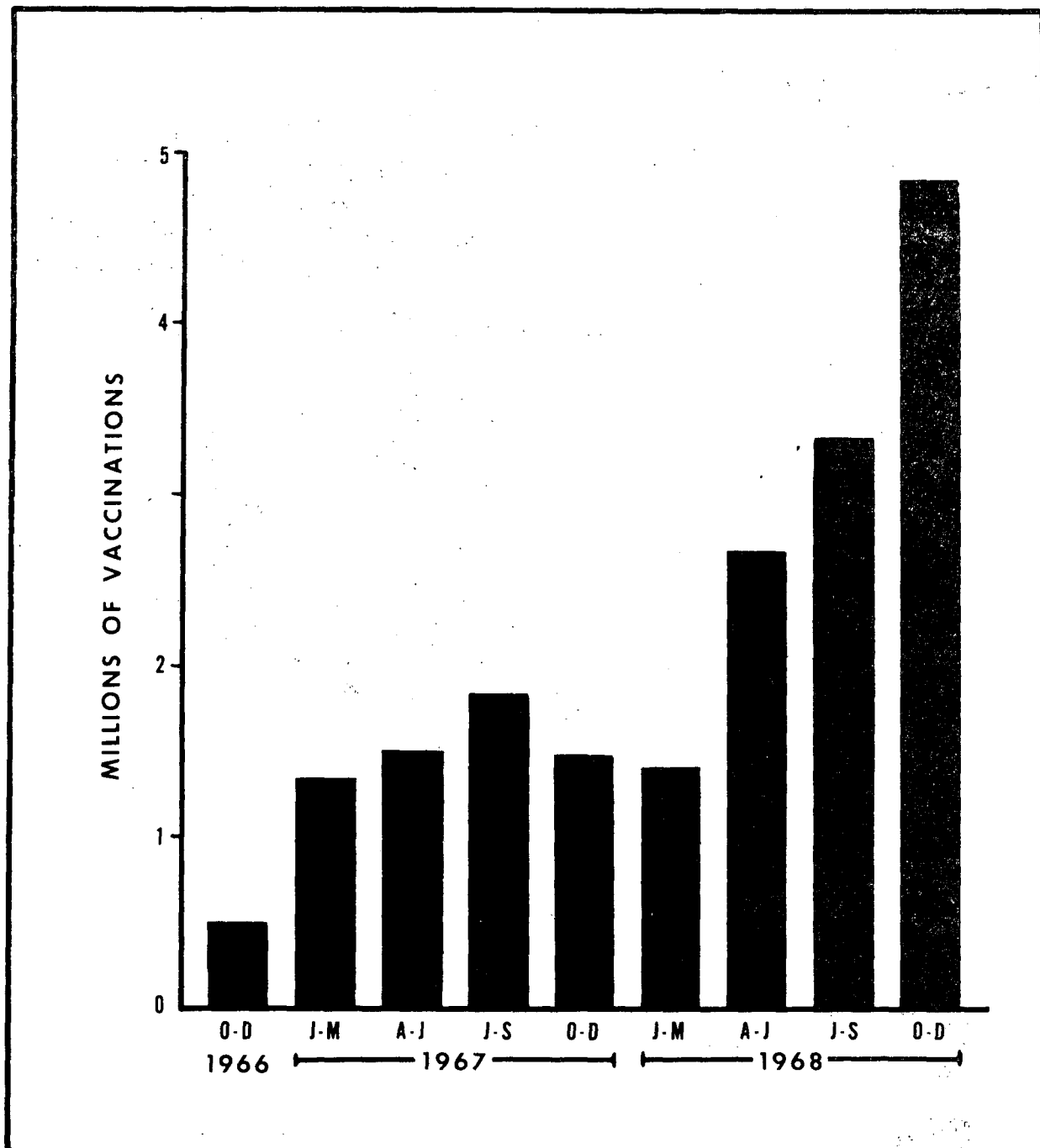


Attack phase in progress



Attack phase still to be begun

NUMBER OF SMALLPOX VACCINATIONS IN BRAZIL,
IN THREE-MONTH PERIODS, 1966-1968



PRODUCTION OF SMALLPOX VACCINE IN THE AMERICAS, 1966-1968

