

from which it will, I am sure, derive inspiration and strength to continue the humanitarian task to which it has applied itself with exemplary dedication and efficiency.

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### **WORLD HEALTH ASSEMBLY**

The Eighteenth World Health Assembly, held in Geneva from 4 to 21 May 1965, was attended by delegates from some 120 Member and Associate Member States of WHO. Opening the proceedings, the outgoing President, Dr M. K. Afridi (Pakistan), went on to say:

The basic concept of disease eradication has been amply justified by the results of projects sponsored by the World Health Organization. I realize that many of these diseases are still with us and that we will have to continue our struggle against them for some time to come. But because of the valuable fund of knowledge and experience that we have recently accumulated we have reason to be optimistic about the future. We now know that for complete success in mass campaigns two conditions are essential: first, the operations must be conducted under strict supervision and cover as near 100 % of the population as possible and, second, the effectiveness of the preventive measures must be sufficiently high to provide the requisite degree of protection even if in their application in the field the operations fall below the required standard of efficiency. Wherever these conditions can be satisfied it becomes our bounden duty to escalate the operations of disease control to eradication campaigns. To assist such a transformation we have to concentrate on evolving preventive measures of ever-increasing potency, and it is in this field that the World Health Organization has played and will continue to play a crucial role through the comprehensive programme of research in diseases of major public health importance.

The Director-General, Dr M. G. Candau, presented his report on the work of WHO in 1964 to the Assembly. Introducing it, he said that the activities of WHO bore witness to the Organization's will to mobilize past experience and co-ordinate present efforts in a persistent and prolonged attack upon hazards to man's life and health. He continued:

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Does this entitle us to be satisfied with our progress now that we have reached the mid-point of the United Nations Development Decade? Unfortunately it does not. Let me say immediately that the main reason for the rather disappointing rate of advance lies in the relative lack of financial support for health action throughout the world. There are no short cuts to a lasting solution of the health problems of the developing nations. If real progress is to be made, much more will have to be invested in health in the developing countries of the world.

Our global malaria eradication programme which, because of health and economic considerations, must remain the Organization's main concern, provides a good illustration of the obstacles WHO is facing. The results of the work already carried out in this field are indeed impressive. Out of a total population of 1560 million living in the originally malarious areas of the world from which information is available, 51 % are now free from the risk of endemic malaria. Further programmes are on the way which should provide protection for an additional 600 million people. In 1964 alone, areas with a population of about 100 million entered the maintenance phase.

However, some technical problems have affected the full implementation of a few programmes, while administrative and financial difficulties are interfering with the completion of a number of them. Because of a lack of sustained interest in eradication work at the national level, the dramatic results of the first years of attack operations have in some instances not been followed through, and the complete elimination of the disease has not been achieved. This is a serious matter for all of us, and one which calls for urgent action, particularly by the governments concerned.

In Africa the success of pre-eradication programmes depends primarily on how quickly a sufficiently dense network of rural health services can be created. In view of the limited resources of the countries of this region, considerable long-term financial and technical assistance from external sources is called for. Unless this is forthcoming and can be ensured on a regular basis, and unless the governments themselves are prepared to intensify their own efforts, the hope of ridding the African countries of malaria, I must confess, appears to be remote. And this may well prejudice the progress of the global malaria eradication programme as a whole.

Increased international assistance is also imperative if real headway is to be made in the control of tuberculosis, which, it must be emphasized, remains a public health problem of major importance in practically all countries. In tuberculosis control, as in many other fields, it is to be regretted that the uneven application of new knowledge has been widening instead of reducing the

gap between the developing and the more developed nations. Yet, according to the last Expert Committee on Tuberculosis, reasonably effective methods are today available for curing and preventing tuberculosis under practically any epidemiological and socio-economic conditions.

The answer to the problem seems to lie in two directions. In the first place, much more speed and realism are needed in the application of the knowledge available and, secondly, for those developing countries which have been making full use of recent advances but are still held back by a shortage of antituberculosis drugs due to scarcity of funds and lack of convertible currencies, international assistance must be increased. World Health Day this year focused the attention of Members on the urgency of intensifying the world-wide campaign for the total elimination of smallpox. Last year, an expert committee examined recent scientific advances against this scourge, and paid particular attention to the value of chemoprophylaxis in contacts, and the development of a strategy of eradication. The expert committee also pinpointed the reasons for the relatively slow tempo of eradication work. Once again, vital world health action seems to be seriously hampered not only by lack of adequate support from local authorities in some of the endemic countries, but also—and perhaps mainly—by insufficient financial assistance from all sources.

Smallpox is a disease which can easily be brought under control, but which nevertheless continues to threaten the whole world. Global eradication is essential not only for those countries where the disease is endemic, but also for those which have been free from smallpox for many decades and yet must continue to protect their populations by vaccination and revaccination. If progress against this disease is not speeded up and work continued along present lines, unnecessary money and effort will be spent because of lack of co-ordination between countries and because of the persistent danger of re-introduction of the disease. However, if the smallpox situation is really taken in hand, and if the countries which have the means to do so will provide for large quantities of vaccine, for equipment and for transport, there is no doubt that global eradication can be achieved in a relatively short period of time.

As you are well aware, the large outbreaks of dengue fevers in the Caribbean area, and of dengue and haemorrhagic fevers in the Western Pacific and South-East Asia Regions, constitute a problem of increasing importance.

Mosquito-borne haemorrhagic fever was first recognized in epidemic form in Manila in 1954, and since then it has appeared in several other countries of the Western Pacific and South-East Asia Regions, moving from east to west. In 1963 and 1964 out-

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breaks occurred also in India. It should be realized that the etiology, pathogenesis and epidemiology of this type of haemorrhagic fever are not yet fully understood. In this disease, appearing mostly in children, and with a relatively high fatality rate, the same viruses as in dengue-like fevers are isolated from patients, and the same vector, *Aedes aegypti*, is involved. Systematic attention should therefore be given at the same time to both dengue-like diseases and haemorrhagic fever . . . Because of the continuing spread of the disease from east to west, and the imminent danger of its spreading to other receptive areas or neighbouring countries in the Eastern Mediterranean, African and eventually European Regions, global epidemiological surveillance of this disease was started by the Organization towards the end of 1964.

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If WHO is to discharge its responsibilities in the field of international public health it must make use of the new and powerful tools of science whose potential has been so strikingly illustrated in many branches of human endeavour. These tools can also help us to explore the somatic and genetic effects of the ever-increasing number of pharmaceutical products and environmental contaminants to which mankind is being exposed. It is only through the most up-to-date scientific methods that we can hope to bring under effective control such familiar disorders and conditions as cancer, cardiovascular diseases, mental illness, malnutrition, communicable diseases, and a host of special problems which are affecting the developing countries and against which progress has been far from satisfactory.

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