

An effort of will

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The will and determination of the people of South-East Asia and their governments, combined with unprecedented international support, succeeded in achieving the goal of smallpox eradication in this Region. The certification, on 14 December 1977, of smallpox eradication in Bangladesh—the last country in Asia to be freed from the disease—was the finale to a decade-long battle. Burma reported the last case in 1969, Indonesia in 1972, Nepal and India in 1975, while Bangladesh reported the last historic case, Rahima Banu, who happily survived, on 16 October 1975. The other countries in the Region had achieved smallpox-free status earlier.

In the past, most of the Region's countries had been reservoirs of the disease. In Indian folklore, it was personified by a deity, Shitala Mata; her annual spring visits were so much a part of Indian life that the disease was often referred to as the "Spring Disease".

By the beginning of this century, governments were trying to extend immunization against smallpox throughout the countries of Asia. This work was intensified after the Second World War. In 1949, the WHO Regional Committee for South-East Asia urged all Member countries to make primary vaccination and periodic re-vaccination compulsory. Through strengthened immunization programmes, Thailand, Sri Lanka and Burma had interrupted indigenous transmission by the late 1950s.

Large epidemics still continued, however, in other countries of the Region. In 1958, one of the peak epidemic years, India had a morbidity rate of 39 per 100,000 population, and in East Pakistan (now Bangladesh), the incidence was reported to be five times as high. The reintroduction of the disease into countries that had arrested transmission still posed a real threat.

Thanks to the combined efforts and dedicated work of national and international health workers, supported by the

determined will of the Member governments and substantial external support obtained from international organizations and bilateral agencies, the number of foci of the disease gradually decreased in 1973-1975. By November 1975, there were no cases of smallpox in this part of Asia.

WHO assumed a principal role in organizing and coordinating country programmes in smallpox eradication. The Regional Office assisted Member countries in implementing the programme, and cooperated in obtaining resources,



Will and determination were the keys to success—sometimes quite literally when the smallpox team's vehicle became stuck.

Left: In 1975, three-year-old Rahima Banu became the last smallpox case in Bangladesh and in the Indian sub-continent. She was also the world's last case of variola major.

(Photos WHO/T.S. Satyan and WHO/D. Tarantola)

supplying vaccine, and providing technical advice and consultant services in all managerial and technical matters related to the eradication campaign.

This success reflects the principles of sound management and practical implementation. The campaign had set precise objectives and definite plans of action, and it developed easily applicable techniques for concurrent and independent evaluation. All levels of staff maintained a spirit of dedication, tirelessness, imagination, leadership and acceptance of

field work under the most difficult circumstances.

The programme provided valuable lessons in the effectiveness of collaborative efforts between the national health services and international agencies and other organizations. National will and effort were undoubtedly basic requirements and a solid foundation for external inputs.

This success also underscores the importance of maintaining a flexible approach, enabling strategy to be changed in mid-stream, if need be. Thus, instead of pursuing a policy of mass vaccination in an attempt at universal coverage, we adopted the more practical approach of concentrating on problem areas.

The unstinting support in terms of men and material by the governments concerned in the face of resources constraints, the remarkable motivation shown by all those engaged in eradication work, and the unflinching support from international agencies—all these were essential ingredients in what has proved to be the most outstanding achievement in international public health. It shows the way towards implementing other important public health programmes aimed not necessarily at eradicating particular diseases but at effectively controlling them, so that they cease to be public health problems.

I had the privilege to preside over the 1967 World Health Assembly, and in my address to that august body I said: "On smallpox eradication, we have decided to strengthen our resolve to make individual and collective efforts to intensify the fight against this dreaded disease. The eradication of smallpox is within our reach. The achievement of this important undertaking now depends exclusively on our will and determination."

It is indeed very gratifying to note that our Member States showed such a decisive example of will, determination and collaboration, and succeeded in eradicating this age-old scourge from the face of the earth. ■