

There were setbacks during the year in the field of international quarantine. The detection of cholera in Iraq in August was followed by a chain-reaction of excessive sanitary precautions by neighbouring countries, which barred all travellers, not only from Iraq but from other countries reporting cholera. Airlines were faced with nearly impossible operating conditions, and shipping services and the orient express trains were partially paralyzed.

Another pestilential disease long believed under control—yellow fever—struck again. There was an epidemic of urban yellow fever in Senegal at the end of 1965 for the first time since 1953. About 90 per cent of the deaths were among children under ten years of age, showing that vaccination coverage had not been satisfactory. Extensive measures were immediately applied with WHO assistance and the epidemic was brought under control. Reappearance of yellow fever in Senegal after 12 years called attention to the potential danger of this disease for all of West Africa; accordingly, WHO immediately undertook an intensified preventive programme.

In another area of disease control, the Assembly unanimously decided to launch a world-wide smallpox-eradication programme, to run for ten years from 1967. During the period, it is estimated that 1,790 million vaccinations will be carried out, at a total cost of \$180 million, of which international assistance, including that from WHO, will account for about \$48.5 million.

Further progress in malaria eradication was noted. More than 1,000 million people are now protected from this threat, whereas little more than ten years ago they were "at risk". It was reported to the Assembly that the hard core of the malaria problem now lay in Africa south of the Sahara, where technical and administrative difficulties were complicating the task. In furthering the campaign, support was given by the Organization to five international training-centres for malaria workers: Lagos (Nigeria), Lomé (Togo), Manila (the Philippines), Maracay (Venezuela) and São Paulo (Brazil).

During 1966, assistance to 72 countries was continued by WHO sanitary engineers as part of the programme in the field of community water supply. Problems of water and air pollution continued to be of great concern to WHO, which is helping to organize control programmes in a number of countries.

Population problems were again discussed at the nineteenth session of the General Assembly in 1966, which noted that WHO had played a useful role in collecting and making available information on many aspects of human reproduction. The Assembly confirmed that the role of WHO was to give to member states, upon request, technical advice in the development of activities in family planning, as part of an organized health service, without impairing its normal preventive and curative functions.