COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

Palais des Nations, Geneva
Monday, 21 May 1973, at 2.30 p.m.

CHAIRMAN: Dr S. PHONG AKSARA (Thailand)

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Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 6 July 1973.
1. RESEARCH ON EPIDEMIOLOGY AND COMMUNICATIONS SCIENCE: Item 2.6 of the Agenda (Resolution WHA25.48; Document A26/10) (continued)

The Committee had before it a draft resolution submitted by the delegations of Afghanistan, Brazil, Egypt, Iran, Madagascar, Malaysia and Yugoslavia (A26/A/Conf.Doc. No.6), which read:

The Twenty-Sixth World Health Assembly,
Having reviewed the report of the Director-General on research on epidemiology and communications science; and
Emphasizing the importance of the application of operations research technology as well as epidemiological and communications science in development of alternative delivery systems,
1. COMMENDS the Director-General for the new approaches taken and the work accomplished or in progress;
2. NOTES that the programme is being more clearly focused on the analysis of the health delivery systems with the ultimate goal of increasing their efficiency and effectiveness;
3. REQUESTS the Director-General to continue the programme in its different aspects and along the lines indicated in the report; and
4. RECOMMENDS that the programme be periodically reviewed in order to ensure:
   (a) its application to the development of health services
   (b) its effect on the improvement of health status of masses of populations of the Member States
   (c) its impact on the best use of the available resources
   (d) its promotion of national capability for such research.

Dr TATOCENKO (Union of Soviet Socialist Republics) said that the report under consideration would have been even more useful had it shown the results for each item of research. He thought that the reorganization of the Division of Research on Epidemiology and Communications Science might usefully be indicated in the draft resolution before the meeting by inserting, after the first preambular paragraph, an additional paragraph reading:

"Taking note of the reorganization of the Division of Research on Epidemiology and Communications Science."

The object of the proposed amendment was to draw attention to the further steps to be taken by WHO to develop its work in that field. He also proposed that, in view of the discussion that had taken place on the role of WHO in the development and coordination of biomedical research, the words "as an integral part of the overall WHO programme in biomedical and medicosocial research" be added at the end of operative paragraph 3.

In conclusion, he emphasized the value of that type of research.

Dr KASUGA (Japan) said that, in 1972, the Ministry of Health and Welfare of Japan had established a new programme of research on specific diseases whose causes were not very clear and that were difficult to cure. Diseases once difficult to cure - tuberculosis, leprosy, syphilis, cholera, and typhoid fever, for example - had as a result of advances in medicine become curable. The interest of physicians and of the general public had subsequently focused on the new "hard-to-cure" diseases and on diseases that had existed since Antiquity but had been newly highlighted. There were also completely new diseases; these, which were classified as autoimmune and neuromuscular, required prolonged medical care; they tended to leave mental and physical disabilities; and their victims had difficulty in returning to society after cure. In addition to its programme for "hard-to-cure" diseases, the Ministry conducted research on handicapped children, cancer, cardiovascular diseases, and other problems.
During the year 1973, the Ministry had specified 20 diseases for its research programme, including SMON disease, Behçet's disease, aplastic anaemia, multiple sclerosis, progressive systemic sclerosis, dermatomyositis, sudden deafness, pituitary disorders, Buerger's disease and Hashimoto's struma.

A comprehensive programme of free medical services, including hospitalization and rehabilitation, for persons suffering from "hard-to-cure" diseases had also been initiated in 1972.

Professor LEOWSKI (Poland) said that, at the Twenty-fifth World Health Assembly, his delegation had emphasized the importance of working out epidemiological methods and communications science techniques that could be applied to the present and future needs of public health and medical science. However, if one examined the various research projects conducted over the last four years and described in document A26/10, no very clear conception emerged of what was meant by "research on epidemiology and communications science" or what type of programme should be listed under that heading.

His delegation was very satisfied with certain of the projects presented, especially the quantitative study of the dynamics of various epidemiological factors involved in the transmission of malaria (page 6), and the study of a systems analysis approach to tuberculosis control (page 8), which would probably find the answer to important methodological questions arising in that type of research. He also expressed satisfaction with various projects connected with operational research and mathematical models in epidemiology. However, it was not clear what new knowledge on epidemiological methodology could be expected from many of the programmes described in Part II, section 1, of document A26/10, representing as they did traditional epidemiological research on the geographical distribution and control of communicable and parasitic diseases.

He was not opposed to such studies, which were important for WHO and its Member States, but he wondered whether they should be planned and coordinated under the heading "research in epidemiology and communications science". But he believed that there might in the past have been some overlapping in the planning and implementation of WHO research projects. He asked if the Director-General would explain future plans in that respect, and especially how the development of epidemiological methods and techniques applicable to operational research and to public health as a whole would be ensured in the future, bearing in mind the effectiveness of WHO's work as a whole.

Poland would be happy to offer its active cooperation in WHO's research in epidemiology and communications science, provided that it could be better informed about future plans. He therefore proposed that in operative paragraph 3 of the draft resolution the word "continue" be replaced by "present".

Dr STUYT (Netherlands) said that the multidisciplinary approach to research adopted by WHO had already given good results. The detailed programme was highly impressive, both in extent and in quality - in fact, it contained a large part of the most important activities of WHO.

Drawing attention to the short paragraph on venereal diseases (page 9), he observed that it was not enough to emphasize diagnosis and treatment: ways must be found of influencing social and behavioural factors by way of prevention.

Although it was not the moment to discuss environmental health, he would refer to the WHO publication Health hazards of the human environment, which was already a classic in its field.

He had been somewhat disappointed that so little attention had been given to the diagnosis, treatment, and prevention of ischaemic heart disease. Epidemiological studies in that field were of the highest importance, since cardiovascular degenerative diseases now constituted the most terrible epidemic in history. His delegation naturally supported the Kaunas-Rotterdam study and strongly recommended that it be expanded.

He reiterated the statement that he had made at the seventh plenary meeting, in which he had placed the responsibility for family planning in the hands of the family itself and
there alone. Finally, he suggested that research into the sequelae and complications of induced abortion had acquired such importance that the notification of results should receive priority.

Dr SHRIVASTAV (India) said that, even in certain responsible quarters, there was a feeling that biomedical research could be conducted only in well organized research laboratories and institutes, and that the discipline dealt primarily with sophisticated subjects such as molecular research, cancer research, virology, and organ transplants. He himself however took the firm view that health practice research was even more important, especially to the developing countries. He was therefore glad to see that WHO had given it due importance in document A26/10.

As other delegates had observed biomedical research on health practice was in some respects more difficult to carry out in the field than in the laboratory, because of the many variables in a field situation, and also because it was a type of research that dealt primarily with human beings and communities and required a new methodology such as that of the behavioural or social sciences. It also involved economics, and educational and cultural factors. To illustrate his point, he cited examples of research on epidemiology and communications science as conducted in India, e.g. the work done at the Tuberculosis Chemotherapy Centre, Madras, in developing an effective, nontoxic, and practical drug regimen that could be used in mass domiciliary treatment; the Bangalore study on the preventive value of BCG vaccination against tuberculosis; the epidemiological and immunological studies being conducted in Bihar and New Delhi; and the study being made in Narangwal and other villages of the delivery of health services in rural communities. Those studies threw considerable light on the Indian pattern of comprehensive health services and the deployment and utilization of medical and auxiliary personnel.

Professor HALTER (Belgium) thought that the most important feature of the document was that it reported on the almost infinite variety of subjects with which WHO was concerned. He thought however that an organization with limited resources such as WHO should rather concentrate on specific sectors in which it could exert a greater effort, even if that meant abandoning some activities or leaving them to other organizations.

Faced with the multiplicity of subjects covered, he wished to ask the Director-General or his staff which of the items listed were specifically dealt with, encouraged, and financed by the research division itself and which were handled by other divisions of WHO.

He thought that the draft resolution before the meeting could be linked in some way with the problems of biomedical research in general. Thus the first preambular paragraph could mention the resolution on WHO's role in the development and coordination of biomedical research, which had been approved earlier that day.

Dr BAIIDYA (Nepal) said that the results of the studies listed in the report would be very useful to health planners in both developing and developed countries. His own country eagerly awaited those results, to assist it in developing its basic health services which operated through a network of comprehensive health care centres. The various specialized programmes were integrated at the level of those centres in order (a) to maintain their achievements, (b) to initiate new programmes, and (c) to extend maternal and child health and family planning services to the entire country.

Dr RACOVEANU (Romania) fully appreciated the need to develop research in epidemiology and communications science and willingly associated himself with the draft resolution before the Committee. However, he would propose a small addition, to be inserted after operative paragraph 4(d), asking the Director-General to report to a future Health Assembly on the progress achieved by WHO and its Member States in research in epidemiology and communications science. He thought that it would be useful to review periodically the progress made in that important sector of medical research.

Dr ALAN (Turkey), referring to the publication Health hazards of the human environment, said that he had found it so interesting that he was translating it into Turkish. As indicated in its preface, it was a reference work for public health administrators. He hoped that data on the health risks on which knowledge was still lacking would be published as they became available in order to keep that excellent work up to date.
Dr TOW (Malaysia) said that his delegation fully supported the specific WHO research programmes in epidemiology and communications science that had been carried out or were in progress. Such research was of particular interest to Malaysia - a developing country with many unsolved health problems and limited resources. Furthermore, the task of providing adequate health services for the rural areas, in which about 70% of the population lived, was a huge one. His country was faced with the problems of determining the extent and distribution of diseases, setting priorities, planning health programmes, and meeting the criteria of cost-effectiveness.

WHO was helping Malaysia to establish a unit to carry out epidemiological research, by devising better ways of collecting and reporting statistical information, carrying out serological surveys, and building up surveillance systems. The Organization had also assisted in developing a standard methodology for the evaluation of Malaysia's tuberculosis control programme, and had supported a two-year operational research study on the delivery of rural health services. Project systems analysis had been carried out, also with WHO aid, to devise an optimum health care system, based on cost/benefit studies for a new economic development area. Further research activities in epidemiology and communications science were being considered with a view to improving the preventive and curative services.

His delegation therefore fully supported and endorsed the report before the Committee and hoped that WHO would continue its efforts to improve and expand its research programme in epidemiology and communications science, particularly in the developing countries.

Dr HACHICHA (Tunisia) said that document A26/10 contained material of concern to developing and developed countries alike. It revealed the extent of morbidity, analysed the most widespread communicable diseases, and described methods of elaborating systems for the operation of health services based on modern techniques. Some of those techniques were difficult to apply in the developing countries because they required resources that were beyond the means of those countries. Moreover, the practical utility of some of the techniques, e.g., those using mathematics and engineering, was not entirely proved. He realized the importance of such techniques for modern statistics and planning. But it was a pity that, in a system bringing together psychologists, sociologists, engineers, mathematicians, and other specialists, the role of the physician was so small. His country would therefore continue to apply simpler methods, without however rejecting the others when they became available.

While admitting the value of operational research, and especially of cost/benefit and cost/efficiency analysis, he thought that its objective was no more than an improvement in the quantity and quality of health services. That presupposed the training of health workers at all levels, especially auxiliary staff; the strengthening of national programmes for the control of the main hyperendemic communicable diseases; and the application against other diseases of the methods that had been used so successfully in the smallpox eradication programme.

In Tunisia various studies on pathological processes had been undertaken in collaboration with WHO experts, and the data obtained on epidemiological characteristics, the dynamics of infection, and evaluation techniques, had been extremely useful to his country, particularly in solving short-term problems. His Government favoured short-term research. It needed, for example, more information on population dynamics and control, to which it had accorded high priority.

For those reasons, his delegation would have wished to see in the report before the meeting references to the documentation on the problems reviewed. The second paragraph on page 13 of document A26/10 referred to environmental health problems that were of concern to all countries. In view of the increasing interest in such problems, his delegation would have liked more detailed information so as to be able to contribute more effectively to the development of an appropriate information system.

He drew attention to a study, carried out in his country with WHO assistance, on the utilization of health services. The findings had resulted in the elaboration of a simple and inexpensive methodology that was applicable to similar situations in other developing countries. He wondered if that methodology had been examined by other countries and, if so, what they thought of it.
His delegation would be grateful if the results of the studies mentioned in document A26/10 could be published in the Bulletin or in some other specialized periodical.

Dr AL-AWADI (Kuwait) hoped that, once WHO had perfected a methodology for health care research, it would be made available to as many countries as possible for purposes of comparative study. Different countries had different health problems and the same methodology was not applicable everywhere.

He thought that WHO should carry out a comparative study on the effects on health of fasting, e.g., during Ramadan, which was celebrated by about 500-600 million Moslems all over the world. It had been observed that the prevalence of certain diseases increased, and that of others decreased, during fasting. It might be useful for a pilot project to be undertaken, in different groups under different conditions, to ascertain to what extent those effects constituted authentic changes in the health pattern of individuals. In Moslem countries, physicians were frequently confronted with the problem of whether or not to allow their patients to break their fast. Although the problem had religious and legal implications, he hoped its medical and epidemiological aspects could be investigated.

Professor PACCAGNELLA (Italy) said that the list of research projects in the report had a value in itself in that it showed what the current trends in epidemiology were. It was known that epidemiological diagnosis was to preventive medicine what clinical diagnosis was to therapeutic medicine. His delegation was anxious to know the results of the various projects as soon as they were available.

Dr SOUPIKIAN (Iran) emphasized that there was much scientific knowledge available that was not being properly used in the various countries for the health of the population.

There were a number of variables that determined health and medical care in a country; they included the morbidity-mortality pattern, the pattern of individual and community response to disease and disability, the state of medicine, the ability to finance health services, the organizational pattern of health services, and the type and numbers of health manpower.

Iran's fifth five-year plan provided for a three-fold increase in resources. The Iranian Government firmly believed that planning for health services should be based on a well-designed epidemiological study and on operational research. For that purpose the health services development research project had been launched in one of the regions of Iran. Its main objective was to discover, and to test, better ways of solving multiple health problems through an effective and efficient national health delivery system. The main features of the research project were (1) its holistic approach, requiring a balanced development of the whole system; (2) the development of measures that would fit in with national policies and broad national objectives and could be extended to the rest of the country with appropriate modifications; (3) the attention given to existing constraints in the health system; (4) the development of alternative delivery systems from which the eventual course of action could be selected.

The study covered an investigation of the status of community health; of the functions of the existing health services; and of the social status of those services. The sociological and technological analyses were designed to be carried out in a period of one year. In the second phase of the project, two years were allowed for implementation of the measures selected in one region of the country.

The total annual cost of the project would be about 0.25% of the total expenditure on health services in Iran. Any improvement in productivity or efficiency of the order of 0.25% or more would repay the investment. It was expected that the increase in operational benefits would far exceed that figure.

The co-sponsors of the draft resolution before the meeting, of whom he was one, accepted the amendments proposed by the delegates of Belgium, Poland, Romania and the Union of Soviet Socialist Republics.

Dr VIOLAKIS (Greece) considered that research on epidemiology and communications science should be combined with research on the biomedical sciences, developed in accordance with the requirements of public health and the most important scientific disciplines. The early diagnosis and control of diabetes should be included in the research programme on non-communicable diseases. And the various types of research should be carried out by existing institutions and should be supported by WHO field teams.
WHO should play a leading role in defining the principles on which research should be based. It should endeavour to improve the dissemination of information on the results of research obtained in Member States, thus helping to prevent duplication of work and enabling countries where necessary to reorient their research work.

Dr MAHLER, Assistant Director-General, suggested that those delegates who had detailed technical questions to ask should take them up later with him or with his colleagues, since it would be difficult for him to answer them in the short time available at the present meeting.

Replying to some of the principal questions raised, he said that the Organization was obviously a victim of its past. WHO had a glorious past as far as the communicable diseases were concerned; and some of the developments within the field of epidemiology and communications science stemmed from initiatives in individual communicable diseases. That fact was reflected in the report before the Committee, and it partly explained why the report, on the whole, gave the fragmented appearance of a lot of scattered efforts inside the Organization.

There was perhaps another reason why the Organization was unable to bring sufficient explicitness to the question of what was really meant by "research on epidemiology and communications science". Ten years earlier it would have been virtually impossible to speak about research on the improvement of the delivery of health care to people; most members of expert committees and scientific groups strongly rejected the very idea of research in that area. Perhaps the developments that had taken place within the Organization had been a kind of conflict between a strong drive in the communicable diseases area and a reluctance by the health care area to accept methodologies which the Organization had been successfully applying in the area of communicable diseases.

There was a tendency to believe that mathematical gymnastics would provide health care to people. They would not. And it was important to note that WHO had never believed that they would. Managerial methodologies could only accelerate the delivery of health care if there was a strong political and social will to provide such care. As had been pointed out, unless there was at all levels in Member States the will to provide such care an operational research project would serve no purpose; in fact it might do more harm than good.

Over the past five or six years, under instructions from the Executive Board and the World Health Assembly, the Organization had given increasing attention to the vital question of providing health care. The Director-General had established various foci in the Organization in order to promote methodological improvements in that field. He felt therefore that the report before the Committee was a reflection of the way the Organization would like to proceed. By the recent, internal restructuring of the Organization the Director-General had emphasized that health care to all peoples in all Member States must be the principal objective of WHO; and that everything else the Organization was trying to do was related to that overriding priority.

It was clear that this had been a weak area in WHO's work in the past for a number of reasons. First, confusion had existed - not only within WHO but outside it - as to the best planning, management, evaluation and information methods. Without an adequate critical mass of multidisciplinary expertise the Organization would be unable to assist Member States in making progress, and for that reason the Secretariat had been concentrating resources by merging various kinds of units and divisions, precisely in order to provide such a critical mass of expertise.

Replying to questions asked by the delegates of the USSR and Poland, he said that the Secretariat hoped within a relatively short time to be able to report to the World Health Assembly on the long-term orientation of this programme.

Replying to a question by the delegate of the USSR on a possible new approach to a unitless structure in WHO, he said that the emphasis was now being placed on programmes rather than on structures. There were four programme areas which the Secretariat had selected, believing them to be key areas. They were (1) planning of health services, (2) development of health services, (3) functioning of health services, and (4) health services information systems. In those four areas efforts were being made to develop methodological approaches that were sufficiently simple and comprehensible to be useful for adaptation to any given Member State's local, social and economic situation. Each of those areas had a senior medical officer, assisted by a senior scientist, who was responsible for the development of the programme.
and particularly for identifying research projects relating to that particular programme. The rest of the division constituted a multidisciplinary resource group, the advantages of which were that at any time resources could be mobilized for specific programmes and projects where the need was greatest. There were thus no artificial structural barriers to resources being drawn upon. Such a flexible type of resource group permitted the Organization to make available multidisciplinary expertise not only for the strengthening of health services but for other parts of the Organization and also for regional offices and field projects.

It was easy to make structural changes but much more difficult to make human beings work within the changed structure. It was perhaps too early to say whether the programme approach was more effective and efficient. He thought, however, that the Organization's experience over a relatively short period already showed that it would become increasingly possible to make better use of its limited resources in that way.

In reply to questions asked by certain delegates, he said that the Organization was trying to establish a register of the research being carried out in the field of health practice research, both inside and outside WHO. It was hoped that within a relatively short time such a register would be of service to individual countries who wished to develop their own national ability to promote research.

Dr CHRISTENSEN, Secretary, read out the draft resolution, including the amendments submitted by the delegates of Belgium, Poland, Romania and the Union of Soviet Socialist Republics.

Decision: The draft resolution, with its amendments, was approved.

2. DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1974: Item 2.2.3 of the Agenda (Resolution EB51.R17; Official Records Nos.204 and 207; Documents A26/WP/2 and A26/WP/4) (continued)

Dr SHRIVASTAV (India), Chairman of the Working Group set up to consider the draft resolution on agenda item 2.2.3, read out the following draft resolution which it had proposed:

The Twenty-sixth World Health Assembly,

Noting the progress in the development of WHO international health programmes; Recognizing the need for further improvement of assistance to developing countries in the field of health; Taking into account additional difficulties in financing of WHO activities arising from international monetary situation; and Considering that WHO should aim at wider, more flexible and effective utilization of all sources of financing, as well as technical, material and other resources available;

1. CONSIDERS it expedient to show the technical assistance component more clearly in WHO Programmes and Budgets; and

2. REQUESTS the Director-General and the Executive Board to study, in the light of provisions of Article 5.5 of WHO Financial Regulations and of the current Administrative Committee on Coordination (ACC) Study, the possibility of financing WHO activities in currencies other than US dollars and Swiss francs, and to report thereupon to the Twenty-seventh World Health Assembly.

Decision: The resolution was approved.

3. PROBLEMS OF THE HUMAN ENVIRONMENT: Item 2.7 of the Agenda (Resolution WHA25.58; Document A26/11)

The meeting had before it the following draft resolutions:

(1) a draft resolution proposed by the delegations of Australia, Bolivia, Chile, Colombia, Ecuador, Fiji, Japan, Malaysia, New Zealand, Nigeria, Peru, Philippines, Poland, Sierra Leone, Thailand, Western Samoa and Yugoslavia (A26/A/Conf.Doc. No.5), reading:
The Twenty-Sixth World Health Assembly,

Conscious of the harmful consequences for the health of present and succeeding generations caused by the contamination of the environment resulting from nuclear weapons testing,

Recognizing that fall-out from nuclear weapons tests is an uncontrolled and unjustified addition to the radiation hazards to which mankind is exposed,

Expressing serious concern that nuclear weapons testing in the atmosphere has continued in disregard of the spirit of the Treaty banning nuclear weapons tests in the atmosphere, in outer space and under water,

Recalling the constitution of the World Health Organization and in particular the following principles:

1. That the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social conditions, and

2. That the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and states.

Conscious also of the special responsibility of members of the United Nations family of organizations to express their concern, in the areas coming within their respective competences, about the implications for present and future generations of mankind of continued nuclear weapons testing,

Further recalling that the World Health Assembly in Resolution WHA19.39 of May 1966 called upon all countries to cooperate in preventing an increase in the level of background radiation in the interests of the health of the present and future generations of mankind,

Noting with regret that all states have not yet adhered to the Treaty banning nuclear weapons tests in the atmosphere, in outer space and under water, signed in Moscow on 5 August 1963,

Further recalling Resolution 2934 A-C (XXVII) of the United Nations General Assembly of 29 November 1972 and Principle No. 26 of the Declaration of the United Nations Conference on the Human Environment that man and his environment must be spared the effects of nuclear weapons and all other means of mass destruction,

Further noting that certain Member States of the World Health Organization have in several fora expressed their overwhelming opposition to nuclear weapons testing, and especially to testing which exposed their peoples to radioactive fall-out,

Further noting and endorsing the views expressed by such bodies as UNSCEAR and the ICRP that any avoidable increase in the level of ionizing radiation in the atmosphere is unjustifiable and constitutes a long term danger to health.

1. EXPRESSES its deep concern at the threat to the health of present and future generations and at the damage to the human environment which results from any increase in the level of ionizing radiation in the atmosphere,

2. CONDEMNS therefore all nuclear weapons testing which results in such an increase in the level of ionizing radiation in the atmosphere and urges its immediate cessation,

3. INVITES the Director-General of the World Health Organization to bring this resolution to the attention of the Secretary-General of the United Nations with a request that he inform all Member States of the United Nations of its contents.

(2) a draft resolution proposed by the delegations of Bahrain, Bangladesh, Belgium, Canada, Denmark, Federal Republic of Germany, Finland, France, India, Indonesia, Iraq, Ireland, Kuwait, Luxembourg, Madagascar, Mexico, Netherlands, Portugal, Romania, Sierra Leone, Sweden, United States of America and Yugoslavia (A26/A/Conf.Doc. No.7), reading:

The Twenty-sixth World Health Assembly,

Recalling resolutions WHA24.47 and WHA25.58;

Noting the United Nations General Assembly Resolution A/RES/2997 (XXVII);
Considering that WHO, which by virtue of its Constitution is the specialized agency concerned with health, should make a substantial contribution to the coordinated environment programme of the United Nations system by assuming leadership in the health aspects of the programme and by assisting governments in

(a) the improvement of environmental quality through the provision of adequate and safe water supply and wastes disposal facilities,
(b) the monitoring of pollutants harmful to health in air, water, food, soil and the working environment,
(c) the development of criteria and primary standards for the protection of man's health from harmful environmental influences, and
(d) the promotion and coordination of appropriate research;

Drawing attention to the continued existence of biological pollution, particularly in some developing countries, as a result of inadequate environmental sanitation and community water supply facilities;

Renewing its invitation to governments and other bodies, particularly the United Nations Environment Programme, to provide additional resources which would enable WHO to extend its environmental health programme, as described in the Director-General's report,

Emphasizing that the solution of environmental health problems depends on an interdisciplinary approach and coordination between many programmes,

1. THANKS the Director-General for his report and endorses the action taken to reinforce and implement the Organization's long-term programme in environmental health in accordance with resolutions WHA24.47 and WHA25.58 and the recommendations made by the United Nations Conference on the Human Environment;

2. RECOMMENDS that governments:

(1) provide adequate resources and infrastructures for national environmental health programmes;
(2) participate in the WHO long-term programme in environmental health, particularly in the formulation of environmental health criteria by contributing reviews on national research related to the health effects of environmental pollution and other environmental agents;
(3) take an active part in WHO programmes on the monitoring of levels and trends and the health effects of environmental factors in air, water, food, soil and the working environment; and

3. REQUESTS the Director-General:

(1) to accord high priority in the programme of the Organization to the implementation of the long-term programme in environmental health, emphasizing
   (a) the assessment of the effects of environmental conditions on health,
   (b) basic sanitation, with particular stress on safe water supplies, and other methods of environmental control,
   (c) the development of systems for the monitoring of pollutants that may be harmful to health in air, water, food, soil and the working environment,
   (d) the early identification of hazards and prevention of their effects;
(2) to provide assistance to Member States in assessing environmental health conditions, in the planning and implementation of environmental control programmes, and in obtaining suitable technology;
(3) to study and develop a coordinated programme for the assessment of the effects on man of biological, chemical and physical agents in the environment, including new and potentially hazardous substances used in the home, in industrial production and in agriculture, to prepare new WHO criteria documents on the environmental health effects of such agents, and to bring the existing criteria documents regularly up to date;
(4) to promote, strengthen and coordinate research on the health effects of environmental pollutants, particularly the combined and long-term effects, and to develop protocols for experimental and epidemiological studies, a uniform terminology and agreed definitions, in collaboration with national institutions and interested agencies;
(5) to continue to collaborate with other international agencies, particularly the United Nations Environment Programme and the United Nations Development Programme;
(6) to accept and make full use of resources, not only from the regular budget of the Organization but also from the United Nations Environment Fund and from voluntary contributions, in accordance with paragraph 3(d) of resolution WHA24.47; and
(7) to report to the Twenty-seventh World Health Assembly on progress achieved in the implementation of the Organization's long-term programme in environmental health, including collaboration with and within the United Nations Environment Programme.

(3) A draft resolution presented by the delegations of Belgium, Cameroon, Ivory Coast, France, Luxembourg, Netherlands, and Zaire (A26/A/Conf.Doc. No.11), reading:

The Twenty-sixth World Health Assembly,
Recalling resolutions WHA21.20 and WHA23.35 concerning the training of health personnel and resolutions WHA24.47 and WHA25.58 concerning the human environment;
Referring to Recommendation No. 7 of the United Nations Conference on the Human Environment held in Stockholm in June 1972, which stresses the need to institute specialized training programmes in regard to environmental matters;
Considering that the prevention of the hazards resulting from harmful environmental factors requires the participation of very different types of personnel responsible for a large variety of tasks within the health services, other bodies, industry and research;
Aware of the complexity, diversity and extent of the health problems that these hazards entail and which are frequently more than national in scope, in both developed and developing countries;
Recognizing the need to provide the various categories of health and environmental manpower with common multidisciplinary knowledge, thus ensuring the unity of views that is indispensable for public health purposes,

1. RECOMMENDS that Member States:

   (1) introduce or strengthen teaching of the health sciences within training programmes for the various categories of environmental manpower;
   (2) give priority to the use of such manpower within the institutions responsible for planning and carrying out coordinated programmes to promote health and to improve the human environment as well as at all operational levels;

2. REQUESTS the Director-General:

   (1) to assist Member States to determine their requirements for environmental manpower in connexion with health;
   (2) to provide assistance and means of coordination for the preparation and implementation of programmes at the regional and inter-regional levels for the training of specialists in health, human ecology and environmental sciences and technology;
   (3) to contribute to those training programmes, in so far as budgetary resources permit, by providing fellowships and qualified teaching staff and by organizing long-term and short-term courses, seminars and other meetings in order to promote the acquisition of skills and the exchange of knowledge and information, on the basis of a systematic approach to the planning of training;
   (4) to continue to collaborate with other intergovernmental institutions and with the nongovernmental organizations concerned with a view to coordinating the various aspects of the training programmes; and

3. ASKS governments and other sources for voluntary contributions with a view to the rapid establishment and development of programmes for training environmental manpower.

and (4) a draft resolution presented by the delegations of Chad, Guinea, Mali, Mauritania, Niger, Senegal and Upper Volta (A26/A/Conf.Doc. No.13), reading:
The Twenty-sixth World Health Assembly,

Considering the unprecedented drought that is affecting a number of African countries and is seriously endangering the conditions of the human environment in that part of the world;

Considering the serious undernutrition that is already affecting the millions of inhabitants of the areas concerned as a result of the enormous losses of crops and livestock;

Concerned by the threat of imminent famine in these countries in the coming weeks and months;

Aware that the problems of undernutrition, morbidity and mortality arising from this natural disaster are directly within the field of concern and activity of WHO, which has always been concerned with the protection of the human environment; and

Considering the serious budgetary limitations that will affect the States concerned on account of the very marked reduction in taxable goods and the virtual cessation of exports,

1. REQUESTS the World Health Organization to use its moral standing and statutory powers to submit and support a request for immediate and substantial assistance in the way of food for the threatened countries from the appropriate bodies of the United Nations family (FAO, UNDP, WFP, etc.);

2. URGES Member States to provide or continue to provide the African States affected with assistance in the way of food; and

3. REQUESTS the Director-General to implement any prophylactic and therapeutic measures that may be required if the situation becomes worse.

The DEPUTY DIRECTOR-GENERAL said that the Director-General's report (document A26/11) indicated the items of interest to WHO arising out of the United Nations Conference on the Human Environment and the steps taken subsequent to its recommendations which had been confirmed by the General Assembly of the United Nations in December 1972. Apart from specific recommendations for action, some of which were already being implemented, the Committee might be interested in the institutional and financial arrangements for international cooperation on environmental matters, annexed to the document (resolution 2997 (XXVII) of the General Assembly). In addition, the steps taken by WHO and the United Nations Environment Programme (UNEP) were outlined.

The first session of the Environment Coordination Board under the ACC (Geneva, 9 April 1973) had marked the beginning of formal cooperation on environmental questions among members of the United Nations family within UNEP. The Board's broad functions would be to be consulted by and to advise the Executive Director of UNEP on (a) programme policy involving common guidelines and priorities for action on major environmental issues; (b) the use of resources and their implications for major policy matters; and (c) relations between organizations.

Following the Board's meeting an Inter-agency Working Group had been established to develop the monitoring programme envisaged by UNEP as part of its "Earthwatch" programme. The Group was helping to prepare for the first Governing Council meeting of UNEP in Geneva in June 1973; tentative proposals for pre-programming would be submitted, relating mostly to consultant work and meetings in preparation for the second session of the Governing Council in March 1974. It was hoped that the pre-programming activities would be undertaken by the various agencies with funds provided by the Environment Fund.

The Inter-agency Working Group on Monitoring was also charged with the preparation of comprehensive medium and long-term proposals for a five-year period for submission to an intergovernmental group convened by UNEP for February 1974. The intergovernmental group would refer the proposal to the second session of the Governing Council in March 1974.

Resolution WHA25.58 requested the Director-General to adapt and reinforce, as appropriate, the Organization's long-term programme in the field of environmental health, in the light of the results of the Stockholm Conference as it affected the competence and constitutional responsibilities of the Organization. Document A26/11 reflected the particular attention given to the establishment and promotion of international agreement on environmental health criteria on the known effects of environmental pollution, particularly pollution of air, water, food and places of work, and radioactive contamination. Such criteria were
basic to action for the planning of abatement programmes, for the establishment of standards, and for the evaluation of environmental control programmes. The role of WHO was to bring together the available scientific information, evaluate it, and assist governments in applying it to environmental health programmes.

Drawing attention to the second paragraph of section B.2. of document A26/11, on environmental health criteria, he said that the Scientific Group there referred to had met since the preparation of the document, with the financial assistance of UNEP, and had made recommendations to the Director-General on priorities and programme planning. WHO would consequently give particular attention in the next few years to the establishment of criteria and standards regarding eight substances while other substances would be the subject of preliminary assessment by expert groups. The Director-General appealed to all delegates to give particular support to the proposed collaborative programme, since active participation to provide data on those substances was essential to its success.

It must be re-emphasized that there was no substitute for basic sanitation. The lack of a safe water supply, inadequate sanitary disposal of liquid and solid wastes, unhealthy housing, and absence of food sanitation and sanitation at places of work, continued to be the most important environmental health problems in the developing countries. While the Organization was well aware of the hazards of chemical pollutants and physical factors in the environment, the large majority of people in many countries were still affected by the "biological" pollution resulting from those inadequacies. Environmental sanitation was therefore in the forefront of WHO's programme, which gave emphasis to direct assistance to governments in the planning and implementation of national programmes and improved projects.

Professor HALTER (Belgium) expressed his delegation's satisfaction with the work of WHO in the field of the human environment, in particular its relations with the United Nations over the Stockholm Conference. WHO was especially concerned with factors in the environment that affected human health, and - in addition to the pollution of air, water and soil - he would draw particular attention to factors affecting the food chain, to the effects of noise and vibrations, and to ionizing radiations. There was no special item relating to the latter on the agenda of the present session, but the effects of radiation should remain among the primary preoccupations of WHO.

It was most important that countries should have well qualified personnel in sufficient numbers to carry out the research, monitoring and law enforcement work required by programmes to improve the environment.

Dr RADOVANOVIC (Yugoslavia) said that he hoped the measures described in document EB26/11 were only the first step in the long-term programmes of WHO and FAO. His country was especially interested in collaboration among Member States of WHO to develop criteria for the quality of air, water, soil and food, and standards for occupational hygiene. In Yugoslavia, following the adoption of laws governing protection of the air and water, legislation was being prepared that required the development of relevant international criteria. A Federal Council for environmental protection had already been created, and some of the republics had similar councils; it was intended to carry through measures down to the community level and to mobilize the population for the realization of the programmes. Legislation had also been passed prohibiting the advertisement of tobacco and tobacco products as well as smoking in public places. More than 10 conferences on environmental questions had been held in Yugoslavia in 1972, and in October 1973 an international conference organized by the Yugoslav Association of Medical Societies, the Medical Association of the United States of America and the World Medical Association was to be held in Primosten.

His delegation attached particular importance to WHO's assistance to developing countries in improving environmental health services in ministries of health and other national bodies by providing technical consultants and taking part in the implementation of programmes. It was hoped that in the future that form of assistance would be increased, and that WHO would henceforth represent the view that environmental protection should remain the responsibility of health authorities in each country, as there was a tendency in some countries for it to become a purely technical matter, directed by the technocrats.

Dr SANCHEZ FERNANDEZ-MURIAS (Spain) said that, in order to ensure effective international measures, the work of other organizations concerned with the human environment might
well be based on those carried out by WHO. Economic considerations constituted a major obstacle to the monitoring, prevention and control of pollution. Objective data about concentrations and the effects of contaminants must be collected before reaching decisions on standards and criteria. Hastily reached conclusions had already demonstrated the need for caution and for proper collaborative studies on the harmful effects of chemical agents; economic resources had been wasted; and the credibility of earlier, perfectly valid work initiated by governments for the detection of toxic substances had been damaged. WHO should therefore give particular attention to Recommendation 81 of the United Nations Conference on the Human Environment regarding the speeding-up of studies in order to establish standards for environmental protection.

His delegation also approved the proposal for a system for monitoring of the environment, in developing which Member States should take into account the methods of demonstration and analysis worked out by WHO in order to ensure compatibility of results.

Spain was including in its third economic and social development plan measures against environmental pollution and this would facilitate investment in the health infrastructure. Legislation on air pollution control passed in December 1973 provided for an expanded network for the monitoring of air pollution, whose findings could be forwarded through the national reference centre to the WHO system.

The Spanish delegation supported the draft resolution in A26/A Conf. Doc. No.7, particularly as it related to the collection of data on the effects of pollution as a basis for guides to quality.

He urged that agreement be reached on terminology in environmental health. There was confusion regarding guides and criteria, for example, and WHO should provide guidance on the proper usage.

Professor LEOWSKI (Poland) said that a most important problem facing the medical sciences was the evaluation of the influence of complex environmental factors on the distribution of the chronic conditions known as social diseases, which included cardiovascular diseases and cancer. Data were required on the effect on the etiology of those diseases of various physical, chemical, biological and social factors operating separately in different combinations. To plan and implement the necessary measures would be a complex task requiring an analysis of the action of many environmental factors and an observation of several physiological and pathological parameters affecting the population in question. Any research project in that field would have to be of long duration, since the early detection and diagnosis of chronic diseases is extremely difficult. It was expected that the Scientific Group on Environmental Health Criteria would indicate the priorities and provide the elements for a detailed plan of action over the next ten years.

Research work on environmental health required not only careful planning, based on pilot studies, but also full international participation. Careful coordination was essential, as was a precise and comprehensive methodology. His delegation considered that that would be the most important task of WHO in years to come.

A special Ministry of Environmental Protection had been established in Poland two years earlier. In June 1973 the Second Congress of Science would be held in Warsaw; one of its main aims would be to determine the direction research programmes would take in the next twenty years; social and economic development of environmental health and nutrition would be discussed, and one of the committees would deal with problems. The Deputy Prime Minister would outline the developments requiring the active participation of scientists, and the Vice-President of the Polish Academy of Sciences would describe the research programme of the scientific community. The discussion would provide the first opportunity in the history of Poland for establishing joint governmental and scientific programmes of social and economic development, covering all aspects of health and environmental protection.

Dr RACOVEANU (Romania) said that the Stockholm Conference had introduced new preoccupations for WHO in fields where it had already been working for five or six years, namely: establishment of criteria for environmental health, determination of the health effects of exposure to pollutants, and improvement of health conditions through environmental measures. New findings had of course required a change in attitudes. In particular, the seminar organized by the Regional Office for Europe had shown that a system providing information on the environment would be inadequate if it did not include data showing environmental
influences on health as well as data on environmental change. It could be seen from the WHO publication Health hazards of the human environment that the task would not be easy. Indicators must be found for changes in health due to environmental pollution and studies to that effect were being carried out in Romania under the WHO/UNDP projects Romania 3102 and EURO 3114. It was proposed to use the data collected in those projects and in similar studies to constitute a "data bank" that would allow the comparison of effects in follow-up studies. He quoted similar programmes of the United States Environmental Protection Agency.

Problems of the environment were increasing in a number of developing countries, where industrialization and urbanization were progressing more rapidly than they had done in countries now heavily industrialized. Romania itself had changed rapidly in the last 25 years: its urban population had increased from 20% to 40% of the total population and was expected to reach 90% in the next twenty years. The parallel economic development required the solution of social and health problems arising from the environment. Recent draft legislation incorporated measures to ensure a healthy living and working environment. Provision was made for protection of the air, water, soil and natural resources. The functions of the central authorities were laid down; the Ministry of Health being responsible for monitoring health status as related to changes in the quality of the environment; establishing limits for exposure to harmful agents; drafting measures, in collaboration with other ministries, for the protection of seaside resorts and spas; and monitoring the environment and the exposure of the population to pollutants.

The meeting rose at 5.30 p.m.