



THIRTY-NINTH WORLD HEALTH ASSEMBLY

Provisional agenda item 39.1

COLLABORATION WITHIN THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Report by the Director-General

The Director-General reports in this document on selected matters of concern to WHO which have arisen in the United Nations system since the Thirty-eighth World Health Assembly in 1985, and on certain important resolutions adopted in 1985 by the United Nations Economic and Social Council at its first and second regular sessions and by the United Nations General Assembly at its fortieth regular session.

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1. INTRODUCTION

1.1 In accordance with the Seventh General Programme of Work, the Organization has intensified its selective collaboration with the United Nations system, with the aims of promoting intersectoral action in support of health and social development. In following standard practice, this report informs the Health Assembly on selected matters of particular concern to WHO which have arisen in the United Nations system since the Thirty-eighth World Health Assembly in May 1985. It also provides information on relevant resolutions adopted in 1985 by the fortieth session of the United Nations General Assembly as well as by the first and second regular sessions of the United Nations Economic and Social Council.

2. INTERNATIONAL CONFERENCES, YEARS AND DECADES RELATED TO HEALTH MATTERS -
PREPARATIONS OR FOLLOW-UP

United Nations Decade for Women: Equality, Development and Peace

2.1 The General Assembly adopted a number of resolutions related to the United Nations Decade for Women: Equality, Development and Peace. In its resolution 40/108 on the "Implementation of the Nairobi Forward-looking Strategies for the Advancement of Women", the General Assembly endorsed the Nairobi Forward-looking Strategies and took note with satisfaction of the report of the Nairobi Conference (July 1985). It urged, inter alia, the specialized agencies to take the necessary measures to ensure a concerted and sustained effort for the implementation of the provisions of the Forward-looking Strategies. Specialized agencies were also requested to report periodically through the Commission on the Status of Women to the Economic and Social Council on the activities undertaken to implement the Forward-looking Strategies. In its resolution 40/106 on "National experience relating to the improvement of the situation of women in rural areas", the General Assembly requested the organizations of the United Nations system to pay greater attention to the needs of rural women. In its resolution 40/102 on "Participation of women in promoting international peace and cooperation", the General Assembly invited, inter alia, the specialized agencies to consider adequate measures to implement the Declaration on the Participation of Women in Promoting International Peace and Cooperation.

2.2 In its resolution 1985/46 on "Women and development" the Economic and Social Council urged the development and implementation of comprehensive policies for women and development. The Council also asked for the formulation of a system-wide medium-term plan for women and development which should contain intersectoral presentations of the various programmes dealing with issues of concern to women.

2.3 The Organization is asked to contribute to the formulation of this plan, to be submitted to the second regular session of the Economic and Social Council in 1987. Future medium-term plans of the specialized agencies should contain intersectoral presentations of the various programmes dealing with issues of concern to women. WHO will also be involved in the preparation of the 1989 cross-organizational programme analysis for the review of the activities for and resources allocated to the advancement of women.

United Nations Decade of Disabled Persons

2.4 In its resolution 40/31 on the "Implementation of the World Programme of Action concerning Disabled Persons and the United Nations Decade of Disabled Persons", the General Assembly requested all United Nations bodies and organizations to take into account the concerns of disabled persons in their overall planning objectives.

2.5 In its resolution 1985/35 on the "United Nations Decade of Disabled Persons", the Economic and Social Council appealed to the United Nations system to continue to take action to implement the objectives of the World Programme of Action.

World Assembly on Aging

2.6 The General Assembly, in resolution 40/29 on "Question of aging", called upon governments to incorporate the question of aging into their national development plans in accordance with their culture and traditions. In resolution 40/30 on "Implementation of the International Plan of Action on Aging", the Assembly requested the Secretary-General to invite Member States and United Nations bodies and specialized agencies concerned to comment on ways and means of implementing the International Plan of Action on Aging and, in particular, on the desirability and viability of elaborating a United Nations programme for the implementation of the Plan of Action, and to prepare a report on the basis of these comments for submission to the Economic and Social Council at its first regular session in 1986.

International Youth Year: Participation, Development, Peace

2.7 In its resolution 1985/30 on "Coordination and information in the field of youth", the Economic and Social Council invited, inter alia, the specialized agencies to consider appropriate ways and means for the improvement of coordination and information in the field of youth in the context of the observance of the International Youth Year.

2.8 In its resolutions 40/14 on the "International Youth Year: Participation, Development, Peace" and 40/17 on "Channels of communication between the United Nations and youth and youth organizations", the General Assembly called upon, inter alia, the specialized agencies to exert all possible efforts for the implementation of the guidelines for further planning and suitable follow-up in the field of youth.

International Conference on Drug Abuse and Illicit Trafficking

2.9 In resolution 40/122 on the "International Conference on Drug Abuse and Illicit Trafficking", the General Assembly decided to convene an international conference on drug abuse and illegal trafficking at ministerial level in Vienna in 1987 as an expression of the political will of nations to combat the drug menace, with the mandate to generate universal action to combat the drug problem in all its forms. The resolution calls upon the United Nations and its specialized agencies and other organizations to give the highest attention and priority possible to international measures to combat illicit trafficking in drugs. The United Nations Commission on Narcotic Drugs will act as the preparatory body for the conference.

2.10 In a related resolution - resolution 40/120 on the "Preparation of a draft convention against illicit traffic in narcotic drugs and psychotropic substances" - the Assembly dealt with the preparation of such a draft convention. It requested the Economic and Social Council to instruct the Commission on Narcotic Drugs "to decide, following consideration of the report of the Secretary-General during its ninth special session, on the elements that could be included in the Convention and to request the Secretary-General to prepare a draft on the basis of those elements, and to submit a progress report, including completed elements of the draft, to the Commission for consideration at its thirty-second session".

2.11 In its resolution 40/121 on "International campaign against traffic in drugs", the General Assembly encouraged the relevant bodies of the United Nations system to provide technical assistance to the developing countries most affected by the illicit production of, traffic in and use of drugs and psychotropic substances, in order to combat the problem.

2.12 In its resolution 1985/14 on "Promotion of preventive education and community participation against drug abuse", the Economic and Social Council asked governments to share their experience in the field of preventive activities through the specialized agencies.

2.13 The Director-General is reporting on WHO's activities related to the abuse of narcotic and psychotropic substances in document A39/10.

Second Decade to Combat Racism and Racial Discrimination

2.14 The Economic and Social Council and the General Assembly adopted a number of resolutions, including Council resolution 1985/19 on the "Implementation of the Programme of Action for the Second Decade to Combat Racism and Racial Discrimination", resolution 1985/59 on the "Implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples by the specialized agencies and the international institutions associated with the United Nations", General Assembly resolutions 40/22 on the "Second Decade to Combat Racism and Racial Discrimination", 40/25 on the "Importance of the universal realization of the right of peoples to self-determination and of the speedy granting of independence to colonial countries and peoples for the effective guarantee and observance of human rights", 40/53 on the "Implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples by the specialized agencies and the international institutions associated with the United Nations" and 40/56 on the "Twenty-fifth anniversary of the Declaration on the Granting of Independence to Colonial Countries and Peoples".

2.15 The recurring theme in these resolutions related to the work of the Organization is the request for assistance to the national liberation movements recognized by the Organization of African Unity (OAU). The Director-General is reporting separately to the Health Assembly on WHO's action to meet the health needs of these national liberation movements in document A39/28.

2.16 In resolution 40/64 on "Policies of apartheid of the Government of South Africa", the General Assembly appealed to all States, intergovernmental and nongovernmental organizations to provide increased support to the oppressed people and to the national liberation movements of South Africa. It authorized the Special Committee against Apartheid to organize or co-sponsor conferences and seminars, including a seminar in 1986 on medical and health conditions in South Africa.

2.17 WHO's activities related to this question are a follow-up of the conclusions of the International Conference on Apartheid and Health held in Brazzaville in 1981.¹ WHO has also expressed its readiness to provide technical support to the United Nations Special Committee against Apartheid for the organization of the seminar mentioned above.

Second International Conference on Assistance to Refugees in Africa

2.18 In its resolution 40/117 on the "Second International Conference on Assistance to Refugees in Africa", the General Assembly emphasized the importance of the complementarity of refugee aid and development assistance and called, inter alia, on concerned organizations of the United Nations system to lend their support to the speedy implementation of the recommendations made at the Conference.

Fortieth anniversary of the United Nations

2.19 As decided by the United Nations General Assembly in resolution 39/161, the fortieth anniversary of the founding of the United Nations was celebrated in 1985 with a commemorative session on 24 October 1985 and appropriate activities at the national and international levels. In September 1985, in connection with the commemorative activities, the Director-General sent an appeal to all Member States asking them to emphasize WHO's pursuit of the goal of health for all as the best contribution to the aims of social justice and equity, social and economic development and peace as contained in the United Nations Charter. The Secretary-General of the United Nations, Mr Javier Pérez de Cuéllar, described "Past successes, future hopes" in the October 1985 issue of World Health.

Seventh United Nations Congress on Prevention of Crime and Treatment of Offenders

2.20 In its resolution 40/32 on the "Seventh United Nations Congress on the Prevention of Crime and the Treatment of Offenders", the General Assembly approved the Milan Plan of Action adopted by the Seventh Congress, as a useful and effective means of strengthening international cooperation in the field of crime and criminal justice. It urged the United Nations system to become actively involved in the implementation of the recommendations of the Seventh Congress.

¹ See: World Health Organization. Apartheid and health. Geneva, 1983.

2.21 WHO is prepared to respond to the recommendations contained in the Milan Plan of Action and is carrying out studies and developing strategies related to criminality and mental health.

International Drinking Water Supply and Sanitation Decade

2.22 In its resolution 40/171 on the "International Drinking Water Supply and Sanitation Decade", the General Assembly called upon organizations and bodies of the United Nations system to continue, and where possible, increase their assistance to governments in support of national plans and programmes for the Decade.

2.23 The Director-General is reporting on WHO's activities related to the Water Decade in document A39/11.

United Nations Conference on the Law of Treaties between States and International Organizations or between International Organizations, 1986

2.24 In the framework of its responsibilities regarding the codification and development of international law, the United Nations International Law Commission has for some years given consideration to the rules which may be necessary to supplement the 1969 Vienna Convention on the Law of Treaties. Specifically, it has studied the legal rules governing treaties concluded by international organizations with States or other organizations, such as for example the basic agreements between WHO and individual governments for the establishment of technical advisory cooperation relations as well as the relationship agreements between United Nations organizations and WHO. By resolution 37/112 the General Assembly of the United Nations decided that an international convention should be concluded on the subject; by resolution 39/86 it decided that such an instrument should be the subject of a plenipotentiary conference to be held in Vienna from 18 February to 21 March 1986. WHO has participated in this conference, and the Director-General will inform the Executive Board in January 1987 and the next Health Assembly of its outcome.

International Conference on the Question of Palestine

2.25 In its resolution 40/170 on "Assistance to the Palestinian People" the General Assembly requested, inter alia, the specialized agencies to intensify their efforts, in cooperation with the Palestinian Liberation Organization, to provide economic and social assistance to the Palestinian People.

2.26 WHO has continued to cooperate with the Arab population in the occupied territories, including Palestine, to meet their specific health needs, as mandated by various resolutions of the World Health Assembly, and the Director-General is reporting separately on the health conditions of the Arab population in the occupied Arab territories, including Palestine, in document A39/24.

3. COORDINATION WITHIN THE UNITED NATIONS SYSTEM

3.1 The social aspects of development and the promotion of social progress have been stressed by the Economic and Social Council in its resolutions 1985/31 on "Social aspects of development", 1985/34 on "Implementation of the Declaration on Social Progress and Development" and 1985/21 on the "World social situation", as well as in General Assembly resolutions 40/98 on "Improvement of the role of the United Nations in the field of social development" and 40/100 on the "World social situation".

3.2 In its resolution 40/177 on "Coordination in the United Nations and the United Nations system", the General Assembly stressed the need for effective and improved coordination in the United Nations system and called for a critical and constructive re-examination of all aspects of the question of coordination in the United Nations system.

3.3 In resolution 40/178 on "Strengthening the role of the United Nations in the field of international economic, scientific-technological and social cooperation", the General Assembly also stressed the willingness of Member States to strengthen the United Nations system as a framework for joint efforts in solving international economic, scientific-technological and social problems, especially problems confronting the developing countries.

3.4 In its resolution 40/40 on the "Critical economic situation in Africa", the General Assembly decided to convene a special session of the Assembly at ministerial level in May 1986 to consider in depth the critical economic situation in Africa and to focus, in a comprehensive and integrated manner, on the rehabilitation and medium-term and long-term development problems and challenges facing African countries with a view to promoting and adopting action-oriented and concerted measures.

3.5 It further requested the Secretary-General, in close cooperation with the relevant organs, organizations and bodies of the United Nations system, to submit to the Preparatory Committee and the special session reports containing action-oriented proposals to deal with the critical economic situation in Africa.

3.6 The Director-General is reporting separately on the critical situation in Africa in document A39/29.

3.7 In its resolution 40/205 on the "Implementation of the Substantial New Programme of Action for the 1980s for the Least Developed Countries" the General Assembly called, inter alia, on the organizations and bodies of the United Nations system to take immediate, concrete and adequate steps to implement the Substantial New Programme of Action, taking full account of the conclusions and recommendations of the mid-term global review. This review noted that high priority for primary health care was still required. It also noted the efforts made by the least developed countries to achieve the target of health for all by the year 2000.

3.8 The General Assembly also adopted some 20 resolutions inviting appropriate organizations and programmes of the United Nations system, including WHO, to maintain and expand their special support to a number of countries in Africa, the Eastern Mediterranean and the Pacific which experience particular social and economic difficulties, the majority of which are least developed countries.

3.9 In its resolution 40/196 on "Technical cooperation among developing countries", the General Assembly endorsed the decisions of the High-level Committee on the Review of Technical Cooperation among Developing Countries and requested the organizations of the United Nations system to take the necessary action, in their respective fields, to ensure the implementation of these decisions. The Director-General is reporting separately to the Health Assembly on WHO's activities related to TCDC (document A39/5).

3.10 General Assembly resolution 40/211 on "Operational activities for development" was adopted in preparation for the triennial policy review of the operational activities of the United Nations system which the Economic and Social Council and the General Assembly will conduct between July and the end of 1986. For this review, the United Nations Director-General for Development and International Economic Cooperation has been asked to prepare a comprehensive analysis of the existing state of cooperation and collaboration throughout the United Nations system, including the central coordination responsibilities of UNDP at country level. WHO and other organizations of the United Nations system have been invited to contribute to this report, which will be referred to the Economic and Social Council at its July 1986 session and to the General Assembly in September.

3.11 The Technical Discussions on "The role of intersectoral cooperation in national strategies for health for all" to be held during the Thirty-ninth World Health Assembly in May 1986 have been jointly prepared by WHO and a number of United Nations bodies and agencies, including the United Nations Office for Development and International Economic Cooperation, UNEP, the United Nations Centre for Human Settlements (Habitat), the secretariat of the International Year of Shelter for the Homeless, FAO and UNESCO. The active participation of these organizations during the Technical Discussions will promote the aim of identifying and developing the health component within different sectors of development, and this process will then have to continue at the international and - even more important - at the national level. To enhance national intersectoral cooperation, policy-makers from different ministries have been invited by the various agencies to participate, in addition to WHO's main partners - the ministers of health. The preparations - apart from the Technical Discussions as such - are a unique example of inter-agency cooperation at the top policy level and reflect the multidisciplinary character of health development.

4. COOPERATION WITH SELECTED UNITED NATIONS BODIES AND ORGANIZATIONS

United Nations Children's Fund

4.1 WHO and the United Nations Children's Fund (UNICEF) have continued their close collaboration. During the past year, this has focused on strengthening the complementarity of activities at country level in support of primary health care. At the UNICEF/WHO intersecretariat meeting held in Geneva in September 1985, in which one member from the Executive Board of each organization participated, support to accelerated immunization strategies at national level was discussed. This led to the issue of a joint WHO/UNICEF statement on "Planning principles for accelerated immunization activities" which is widely used by both organizations. Three other joint statements have also just been issued which discuss joint policies/action in malaria control, maternal care for the reduction of perinatal and neonatal mortality, and acute respiratory infections in children. These statements will be widely distributed to country representatives of both organizations with a view to promoting increased and complementary action in these fields. After the Regional Offices for the Americas and the Western Pacific, the WHO Regional Office for Africa was the third to work out a memorandum of understanding on regional collaboration with UNICEF.

4.2 On the occasion of the fortieth anniversary of UNICEF the United Nations General Assembly adopted resolution 40/210 in which it welcomed "the continued cooperation between the United Nations Children's Fund and the World Health Organization in achieving their common objective, particularly as it relates to the goal of universal child immunization by 1990". The General Assembly also noted with appreciation the positive response of many world leaders to the Secretary-General's initiative, on the occasion of the fortieth anniversary of the United Nations, regarding the renewed potential for achieving the goal of universal child immunization by 1990, which is an important part of the primary health care strategy.

4.3 At its twenty-fifth session, held in Geneva in January 1985, the UNICEF/WHO Joint Committee on Health Policy (JCHP) recommended¹ that case studies be carried out in two countries in order to look for more effective and country-specific ways of improving the complementarity of UNICEF and WHO. The results of these case studies were reviewed at the UNICEF/WHO intersecretariat meeting held in New York in February 1986 and will be presented to the next JCHP session (Geneva, February 1987), together with a progress report on joint support for the implementation of primary health care.

4.4 UNICEF and WHO also began collaborative work on the preparation of a strategy for communication/education in primary health care, recognizing that this is of the highest priority and urgency for both organizations in attaining the goal of health for all. Other action programmes in the fields of essential drugs, nutrition, growth monitoring, vitamin A deficiency, infant and young child feeding and maternal care were also studied, and a WHO/UNICEF consultation on infants who have to be fed on breast-milk substitutes was held in Geneva on 17 and 18 December 1985.

United Nations Development Programme

4.5 The United Nations Development Programme (UNDP) is an important financing and operational fund for the health sector. UNDP continues to work closely with WHO, some US\$ 25 million being channelled through WHO for health activities in the 1984-1985 biennium. UNDP also contributes to the Special Programme for Research and Training in Tropical Diseases and the Onchocerciasis Control Programme. In addition, large amounts are given by UNDP in support of other health-related, and drinking-water supply and sanitation activities, in many of which WHO also plays an active role.

4.6 Intensified collaboration between WHO and UNDP has taken place in the form of consultations and negotiations between, on the one hand, the Member States, WHO programme coordinators and regional offices, and, on the other hand, UNDP resident representatives and the regional bureaux at UNDP headquarters, in support of the health component of country, intercountry and global programmes in such fields as quality control of vaccines, health learning materials, and support for WHO's participation in the International Drinking Water Supply and Sanitation Decade.

¹ See document EB76/1985/REC/1, Annex 2.

4.7 WHO is providing health programme input to UNDP's preparations for its fourth planning cycle (1987-1991), for which some US\$ 4700 million in voluntary contributions are anticipated. This figure is based partly on the encouraging results of the UNDP pledging conference for 1986, for which pledges totalling US\$ 742 million were announced. This reflects not only an increased level of contributions in real terms on the part of some donors, but also the declining value of the dollar in terms of other currencies.

4.8 It is anticipated that Africa will receive the largest share of Fourth Cycle funding, with 80% of resources to be allocated to countries belonging to the least developed category. Reimbursement or relinquishment of indicative planning figures by higher income countries will be the subject of continuing negotiations in 1986.

4.9 While news of high resource levels was welcomed, a prolonged debate took place at the 1985 session of the UNDP Governing Council as members expressed their concern at the overall decline in programme delivery in recent years despite the availability of resources. Programme delivery, therefore, will continue to be the subject of consultations between UNDP and the specialized agencies and host governments, with a view to identifying particular problems and to improving the relevant systems and procedures of the concerned parties.

4.10 The new and improved process developed by UNDP for its country-level round table consultative meetings is designed to facilitate the optimal use of all resources available for development, based on the most appropriate national policies and plans. It is further intended to mobilize the resources required for development in an efficient and well-coordinated manner by bringing together the agencies of the United Nations system and the major donors in consultation with the government concerned. The new process makes greater allowance for sectoral consultations and country reviews in addition to the meetings which deal with overall development issues and economic improvement, and was endorsed by the Governing Council. WHO has become a more active partner in the round table process, having assisted in 1985 in preparations for health sector submissions for meetings in Sao Tome and Principe and in the Central African Republic. These meetings were organized around the social and rural development sectors. Guinea-Bissau successfully held a donors' consultation on the health sector alone in February 1986 in the context of the UNDP-supported round table process, and WHO supported the Government in updating the country resource utilization review as the basis for that meeting.

United Nations Fund for Population Activities

4.11 WHO and the United Nations Fund for Population Activities (UNFPA) collaborated closely in support of the development and implementation of maternal and child health including family planning (MCH/FP) programmes in the context of primary health care. For this purpose UNFPA made available over US\$ 28 million to WHO in 1985. The main thrust of WHO's UNFPA-supported activities was at the country level in support of the implementation of national MCH/FP programmes in 88 countries. The managerial and technical support provided by WHO was complemented through interregional and intercountry family health teams funded by UNFPA.

4.12 WHO worked closely with UNFPA in the development and implementation of a number of technical activities in support of MCH/FP programmes. These included health services research in MCH/FP care, including the risk approach, which aims at increasing the coverage, efficiency and effectiveness of MCH/FP programmes through better use of resources in relation to need, to solve priority health problems and their underlying causes. Activities in the area of community involvement in MCH/FP were aimed at increasing and promoting the active participation of people and families in their own health care. National women's organizations are being encouraged to become involved, particularly in mechanisms for the exchange of information on family planning. Support is being provided to countries wishing to improve the MCH/FP aspects of their health information systems; the family health components of primary health care are receiving nationally administered survey-based evaluation; and the management of MCH and family planning programmes is being strengthened through innovative, problem-oriented learning-by-doing activities. National policy analysis related to population and health is being supported through the development of guidelines and training materials. Other specific technical areas of WHO and UNFPA collaboration included the programmes on reproductive health of adolescents, maternal mortality and unmet needs in family planning, the prevention of infertility, the relationship between breast-feeding and fertility, and strengthening of supervisory mechanisms in MCH/FP care. In order to

strengthen national managerial capabilities in maternal and child health and family health, UNFPA and WHO continued the series of workshops initiated in 1984 for national programme managers together with WHO and UNFPA staff, with a view to improving skills in programme formulation, problem-solving and evaluation.

4.13 Of the US\$ 28 million provided in 1985, the Fund contributed US\$ 2.5 million to the WHO Special Programme of Research, Development and Research Training in Human Reproduction for biomedical research on fertility regulating methods and on infertility, service and psychosocial research, and institution strengthening for research in family planning, as well as some US\$ 2.5 million for the research and institution-strengthening component of three country programmes.

5. COOPERATION WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS

5.1 The General Assembly, in its resolutions 40/4 on "Cooperation between the United Nations and the Organization of the Islamic Conference" and 40/5 on "Cooperation between the United Nations and the League of Arab States", encouraged the specialized agencies to strengthen their cooperation and coordination with these organizations.

5.2 In resolution 40/20 on "Cooperation between the United Nations and the Organization of African Unity", the General Assembly urged the specialized agencies to continue to expand their cooperation with OAU and, through it, their assistance to the liberation movements recognized by that organization. It also expressed its appreciation to UNDP, the Office of the United Nations Disaster Relief Coordinator, the World Food Programme, FAO, WHO, UNICEF and the Office of the United Nations High Commissioner for Refugees for the assistance so far rendered to the African States affected by the emergency situation and the economic crisis. The critical economic situation in Africa was also discussed by the Economic and Social Council which, in its resolution 1985/79, appealed to donor countries, international organizations and nongovernmental organizations to consider generous contributions to the Special Emergency Assistance Fund for Drought and Famine in Africa. It also stressed the importance of close coordination by the United Nations system of assistance provided under its auspices.

5.3 In this context, the General Assembly adopted resolution 40/175 on "Countries stricken by desertification and drought" in which it appealed, inter alia, to the specialized agencies to continue to provide full support in all forms to the development efforts of countries stricken by desertification and drought.

5.4 The Director-General is reporting separately to the Health Assembly on WHO's action on emergency and medical assistance to drought-stricken and famine-affected countries in Africa (document A39/29).

6. SPECIFIC PROGRAMME ACTIVITIES

Consolidated List of Products whose consumption and/or sale have been banned, withdrawn, severely restricted or not approved by governments

6.1 In May 1985 a Memorandum of Collaboration was signed by the Secretary-General of the United Nations, the Executive Director of the United Nations Environment Programme and the Director-General of WHO, which outlines the sharing of responsibilities between the United Nations, UNEP and WHO for the elaboration of a consolidated list of products whose consumption and/or sale have been banned, withdrawn, severely restricted or not approved by governments. WHO is responsible for the collecting, processing and screening of information relating to pharmaceutical products. UNEP will collect and process the information relating to chemicals and the United Nations will be responsible for editing, translating and publishing the consolidated list. This joint action is taken in response to United Nations General Assembly resolutions 37/137 and 39/229, which call for such a concerted move, and is a striking example of purposeful coordination between WHO and the United Nations.

Sixteenth session of the Codex Alimentarius Commission, Geneva, July 1985

6.2 The sixteenth session of the Codex Alimentarius Commission (CAC) took note of several significant issues, namely:

(a) the increased use of Codex standards in food control and trade regulatory issues by Member countries. To continue this trend, the Codex Committee on General Principles was requested to examine problems faced by countries in accepting Codex standards and maximum residue limits (MRLs);

(b) the special needs for technical cooperation between FAO and WHO and developing countries to ensure the safety and quality of food and the protection of consumers;

(c) the essential contribution of food packaging to food safety. The Codex Committee on Food Additives was requested to consider the matter and report to the next session of the Commission.

6.3 The Commission discussed a WHO paper on methods by which CAC might help implement primary health care, for which certain of its mechanisms could be useful. It was felt that the Codex regional coordinating committees could probably monitor the progress of national programmes and policies related to food safety and stimulate action at this level.

6.4 Furthermore, the Commission adopted an amendment to its Code of Ethics for International Trade in Food to bring it into line with the provisions of the International Code of Marketing of Breast-milk Substitutes.

6.5 Discussions took place on the future direction of the work of the Commission. As the work of creating standards will be largely completed within a few years, emphasis should henceforth be laid on supporting and encouraging the implementation of the standards and codes of practice. The Codex Committee on General Principles was requested to work out detailed proposals on ways in which the Commission's work should proceed in this direction. Its work on issues such as pesticide residues, food additives, packaging materials and veterinary drugs should, however, be viewed as open-ended.

7. CONTRIBUTION TO PEACE AND DISARMAMENT

7.1 In its resolution 40/3 on "International Year of Peace", the General Assembly solemnly proclaimed 1986 to be the International Year of Peace and called on all peoples to join with the United Nations in resolute efforts to safeguard peace and the future of humanity.

7.2 In its resolution 40/10 on the "Programme of the International Year of Peace" the General Assembly invited organs and bodies of the United Nations and intergovernmental organizations to commemorate the International Year of Peace in the most appropriate form, highlighting, inter alia, the role of the United Nations in the promotion and maintenance of international peace and security. It also emphasized the importance of continuing the coordination and cooperation established among United Nations programmes and activities related to the promotion of the International Year of Peace.

7.3 A number of resolutions were adopted by the General Assembly on issues related to the armaments race, disarmament and nuclear war. In resolution 40/155, which deals with the "Relationship between disarmament and development", the Assembly approved the recommendations of the Preparatory Committee with regard to convening the International Conference on the Relationship between Disarmament and Development in 1986 and requested the organizations of the United Nations system to contribute fully to the preparatory work of the conference. Another resolution, (40/152 G), deals with the "Climatic effects of nuclear war, including nuclear winter", a matter which is being reviewed by the WHO management group referred to below.

7.4 In order to follow up resolution WHA36.28, on "The role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all", the Director-General established in 1984 a WHO Management Group with Professor S. Bergström (Sweden), Professor N. P. Bochkov (USSR), Professor A. Leaf (United States of America), Professor J. Rotblat (United Kingdom of Great Britain and Northern Ireland) and Professor I. Shigematsu (Japan) as members. The principal task of this Management Group is to review the information and, as necessary, to undertake studies to supplement and update the report of the International Committee of Experts in Medical Sciences and Public Health to Implement Resolution WHA34.38 on "Effects of nuclear war on health and health services" presented to the Thirty-sixth World Health Assembly.¹

¹ Effects of nuclear war on health and health services. Geneva, World Health Organization, 1984.

7.5 The Management Group has held four meetings, three during 1985 and one in 1986 in Geneva. The areas studied included the following: acute radiation mortality in nuclear war; impact of fires on casualties in a thermonuclear war; immunological consequences of a nuclear war; possible climatic effects of nuclear war; problems with food supplies and starvation in the aftermath of nuclear war; and biological effects of prenatal irradiation. Short summaries on these six topics are presented in the Annex to this document. It is intended to present to the Fortieth World Health Assembly in 1987 a second report on the effects of nuclear war on health and health services, which will expand on the areas just mentioned.

7.6 In its work, the Group continued its collaboration on individual issues with scientists, organizations and institutions specializing in the subjects concerned, such as the Committee on Environmental Consequences of Nuclear War (ENUWAR) of the Scientific Committee on Problems of the Environment (SCOPE); the USSR Academy of Sciences; the Institute of Medicine of the National Academy of Sciences, USA; the International Physicians for the Prevention of Nuclear War (IPPNW); the Greater London area war risks study; meetings on the Red Cross and peace; the International Symposium on "Medical implications of nuclear war" (Washington, DC); and the Fifth International Congress of IPPNW (Budapest), in which the members of the Management Group participated actively. Discussions on areas for future collaboration were held with IPPNW, a nongovernmental organization now in official relations with WHO. Specific issues for cooperation were agreed upon, such as exchange of technical information and elaboration of curricula for medical schools on nuclear war and its effects on health and health services.

7.7 A working group, established to examine the psychosocial aspects of the nuclear threat and especially its impact on children and adolescents, held its first meeting in April 1986. A report on this is under preparation.

ANNEX

AREAS STUDIED BY THE WHO MANAGEMENT GROUP ON THE EFFECTS OF
NUCLEAR WAR ON HEALTH AND HEALTH SERVICES

Geneva, February 1986

The following are short summaries of issues which were presented to the meetings of the WHO Management Group and will be covered in the second report on the effects of nuclear war on health and health services which will be presented to the Fortieth World Health Assembly in 1987.

ACUTE RADIATION MORTALITY IN A NUCLEAR WAR

Estimates of radiation casualties in a nuclear war depend on assumptions made about the LD₅₀ value, that is the dose that would result in a 50% mortality within 60 days after the exposure.

While there are plenty of LD₅₀ data for animals, there are practically none for the human species. Early data, from a group of cancer patients, which indicated a bone marrow LD₅₀ of about 2.5 Gy, were dismissed as not applicable to the general population, and the main basis for estimating the LD₅₀ in man has been the very small number of people exposed to radiation accidents. Most of these victims received intensive medical treatment, and although it is well known that such treatment enables people to survive very high doses, nevertheless it is being assumed that all this does not affect the LD₅₀ value. For example, in the United Kingdom of Great Britain and Northern Ireland, a bone marrow LD₅₀ of 6 Gy - deduced from these accidents - is being used in estimates of radiation casualties in a nuclear war.

In Hiroshima and Nagasaki a large number of people were exposed to radiation under wartime conditions, but this material had not been utilized because of the alleged difficulty in separating radiation mortality from that caused by blast or heat. However, the new surveys carried out recently in Japan in connection with the reassessment of the dosimetry for long-term effects provided an opportunity for another look at acute effects. Under the auspices of WHO a survey was carried out on a large number of people in Hiroshima, who were inside their houses during the explosion. The survey contains information about dates of deaths at various distances from the hypocentre, and it appears to be highly suitable material for an estimate of radiation casualties under wartime conditions.

A detailed analysis of the mortality as a function of time of death and distance from the hypocentre has been carried out with the aim of proving that, after the first day of the explosion of the 15-kiloton bomb, the mortality in the survey group was due predominantly to radiation exposure. The percentage mortality at various distances from the hypocentre was calculated; for example, the distance at which the mortality was 50% was found to be 892 ± 11 metres.

To convert this to an LD₅₀ one needs to know several quantities which are the subject of detailed studies by the United States-Japan workshop that is reassessing the dosimetry. Although the final values are yet to be agreed, it is unlikely that they will differ significantly from those presented so far. Using these data, a plot of mortality versus bone marrow dose was obtained, which showed that the LD₅₀ value for the Hiroshima survey was only 1.5 Gy (with a corresponding surface tissue dose of 2.2 Gy). This means that the number of radiation casualties in a nuclear war would be much greater than thought hitherto.

The very low LD₅₀ value is probably due largely to the malnutrition that existed in Hiroshima both before and after the bomb, and which may have reduced the immune response of the organism. A similar reduction may be expected by other agents acting under wartime conditions, such as physical trauma, burns and psychosocial stress.

IMPACT OF FIRES ON CASUALTIES IN A THERMONUCLEAR WAR

Although fires were the major contributor to the fatalities in the Japanese cities, most estimates of the consequences of a nuclear war did not include the casualties caused by fires, because it was thought that they would be small compared with those due to blast. For

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example, the US Office of Technology Assessment stated that at a distance at which the blast effect would produce nearly 100% fatalities, the probability of a serious fire occurring is only 10%.

However, recent studies in the United States have shown that firestorms are very likely in attacks on cities, and would produce the largest number of fatalities. The studies were mainly based on an analysis of the spread of large-scale urban fires during the Second World War, such as in Dresden, Hamburg and Tokyo.

A number of specific factors which influence the probability of a fire starting, either directly by the thermal pulse, or indirectly by the blast wave, were investigated. They include: visibility, enhancement or attenuation by clouds or snow, type of building and its contents, e.g., amount of combustible material, interaction between fire and blast, and so on. After taking into account the ranges of variability of all these factors, the probability of a fire starting at a given distance from the explosion was determined, for bombs of different yields. For a one-megaton bomb in an air burst, the probability of a fire starting is 100% up to a distance of 10 km.

With a high probability of simultaneous individual fires starting, it is very likely that they will merge into a firestorm engulfing the whole area. The air heated to a high temperature will rise, causing cooler air at the periphery to rush in, creating ground-level winds of hurricane force, and fanning the outbreak of further fires.

With the area engulfed by fires exceeding the lethal area due to the blast wave, the number of fatalities would be much greater than has been predicted in estimates of deaths due to blast; one estimate makes it two to four times greater. Apart from those caught directly in the fire, people hiding in deep shelters, within the area of the firestorm, would die, because of the high temperature, elevated levels of carbon dioxide or carbon monoxide, or reduced levels of oxygen.

With so many more people killed by fires, the number of injured people requiring medical attention would be much reduced. But even so, the number suffering burns outside the firestorm area would far exceed the facilities that would be available after a nuclear attack.

IMMUNOLOGICAL CONSEQUENCES OF A NUCLEAR WAR

Recent studies have shown that the mortality from short-term effects of a nuclear war, namely, from blast injuries, burns, and exposure to ionizing radiation, may be much greater than was thought hitherto. Many people with injuries which they would have been expected to survive may die because of the suppression of the immune response by the action of several agents likely to occur under wartime conditions.

It is known that exposure to sublethal doses of radiation results in an impairment of the function of the immune system of the body. If exposure to such doses of radiation were the only agent affecting the organism, the chances of recovery would be very high, but in combination with other agents - each of which is also only sublethal - the chances of survival would be greatly diminished.

It has been shown that apart from ionizing radiation, other factors affecting the immune system include ultra-violet radiation, physical trauma, burns, infections, malnutrition (especially in protein and vitamins), and psychosocial stress. Each of these conditions impairs the functioning of the T-cells. Since they all attack the same element of the immune system, if several of them act simultaneously the effect may be greatly enhanced. Thus, under wartime conditions, when all or several of these factors may be operating, exposure to a dose of only 0.5-1.5 Gy may prove fatal.

The combined effect of the several stresses under wartime conditions may lead to catastrophic results, with epidemics of various diseases raging on an unprecedented scale.

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POSSIBLE CLIMATIC EFFECTS OF NUCLEAR WAR

Since it was first pointed out in 1982 by Crutzen and Birks that the dust and smoke injected into the atmosphere by multiple thermonuclear detonations would prevent heat and light from the sun from reaching the earth's surface, there has been much interest in this possible consequence of nuclear war. Although all studies appreciate that major uncertainties, of necessity, exist in predicting the global climatic effects of atmospheric dust and smoke, there seems to be general agreement that the likelihood of serious to disastrous ecologic consequences cannot be denied.

Thermonuclear explosions at ground level inject large amounts of submicrometer soil and dust particles high into the atmosphere and the many simultaneous fires ignited by air burst would add much smoke and soot to the atmosphere of the North Temperate Zone. Atmospheric smoke and dust would absorb solar energy, preventing it from reaching the earth's surface while not preventing the radiation in the longer infrared wave lengths from emission from the earth into space. This would result in cooling of the earth's surface, especially in the continental interior areas away from the oceans.

The dust and smoke would be warmed by the absorbed solar energy, causing their lofting, and an atmospheric thermal inversion would result. This would tend to stabilize the retention of smoke and dust in the stratosphere and prolong cooling of the earth's surface.

Recent three-dimensional modelling of atmospheric effects of a nuclear war, though restricted to combatant countries in the Northern Hemisphere, indicates a dispersion of the dust and smoke clouds into the tropics and Southern Hemisphere as well, within days to weeks.

Estimates of the reduction of surface temperatures have varied from several degrees to tens of degrees lasting a few weeks to several months. Many uncertainties exist in all such estimates: the amount of smoke and dust created, the early scavenging of such particles by precipitation, the optical properties of the particles, the stability and duration of the particles in the atmosphere (especially the stratosphere), prevailing winds at the time of the explosions, rates and amounts of global dispersion, including the Southern Hemisphere, the assumed heat capacity of land masses and oceans, and coastal weather effects, among others. The season of the year at which a nuclear war occurred would markedly affect agricultural production; a spring or summer war would be most damaging. Clearly combatant and noncombatant, developed and developing countries would be indiscriminately affected by the climatic effects of a major nuclear war.

Although uncertainty exists regarding the degree and duration of cooling, a decrease in annual temperature of only one to two degrees would profoundly reduce crop production, especially in North America, which is the major exporter of grains and cereals to the hungry nations of the world. Tropical vegetation and rice are especially sensitive to cooling, so that staple food for much of the world's hungry would fail.

If the light from the sun is strongly absorbed in the atmosphere, photosynthesis of all plant life on land and in the oceans may be inhibited, with catastrophic effects to the survival of all animal species, including man.

The major health effects of these climatic changes, however, would be exerted through the failure of agriculture and the serious shortages of food supplies which would ensue. Deaths from starvation would be likely to exceed those from all the direct effects of nuclear war combined.

PROBLEMS WITH FOOD SUPPLIES AND STARVATION IN THE AFTERMATH OF A NUCLEAR WAR

World food reserves which amount to only about two months' supply at present rates of consumption, as measured by total cereal stores, are frighteningly small should production fail. Portions of the stores would be destroyed by blast or fires, or contaminated by radioactivity. A "nuclear winter" occurring during the growing season would prevent crop harvests that year and serious food shortages would be promptly noted. Hundreds of millions would die of starvation.

Even without a "nuclear winter" food supplies for nearly all countries would be scarce and starvation would be world wide. The means to transport food from the sites of harvest or storage to the consumer would no longer exist. Food is supplied in developed countries by a complex network of enterprises that involve not only farming, animal husbandry, and fishing, but also farm machinery, pesticides, fertilizers, petroleum products and commercial seeds. Food is handled by grain elevators, slaughterhouses, cold storage plants, flour mills, canning factories and other packaging plants. Food is transported, marketed, and distributed through both wholesale and retail outlets. A breakdown in this vast national and international agro-industrial complex would be an inevitable consequence of a major nuclear war. Agricultural practices would revert to a labour-intensive, inefficient, low-yield production. The quality of soil could be compromised by wind and rain erosion following burning and killing of existing plant coverage by radioactive fallout, cooling and darkness. Water supplies might be seriously reduced inland, and long-lived radioactive isotopes of strontium⁹⁰ and caesium¹³⁷ would contaminate groundwater and enter the food chain. In the absence of pesticides and natural predators insects would prosper; these would compete with man for food supplies, as would rodents. Lack of sanitation and refrigeration would result in much food spoilage, water contamination and spread of enteric diseases.

Not only would combatant countries in the Northern Hemisphere suffer from food shortage, but starvation might be even more rampant in developing countries, both North and South. In these countries millions now survive on bare subsistence nutrition. A large number of these persons are dependent on the food supply made possible by the food exports chiefly from North America. A reduction of these supplies by loss of transportation or, more basically, by a "nuclear winter" with all its implications to failure of agriculture and animal husbandry, would have grave consequences for most developing countries.

It now appears that the indirect late disastrous effects of nuclear war on climate and on food supplies might even exceed the acute effects. Hunger, cold and starvation would decimate survivors not only in combatant countries, but throughout the world. The developing countries, in fact, might be the main victims of this famine. Starvation would be essentially global.

BIOLOGICAL EFFECTS OF PRENATAL IRRADIATION

Mental retardation has been recognized as a well established congenital abnormality in some children exposed in utero in Hiroshima and Nagasaki. This risk was found to be maximal during the eighth to the fifteenth weeks of gestation. In addition, an appreciable though lower risk has been established during the sixteenth to the twenty-fifth weeks. A more accurate value of the risk of mental retardation per unit dose has been derived.

No morphological malformations have been definitely demonstrated in man either after nuclear explosions or in other studies. None the less, it may be assumed that such damage might occur in the period from two to eight weeks after conception with the same risk as for animals.

There has been so far no evidence of excess cancer death among the Japanese survivors irradiated in utero. By contrast, two large retrospective studies (the "Oxford" and "New England" studies) have shown an increase in the incidence of leukaemia and solid tumours in children exposed in utero to much lower doses during X-ray examinations. The causality of the association observed is in question. However, arguments in favour of the causal relationship have been provided by an appropriate study of twins. A prudent position might be to recognize the association and to assume its causal nature.

Pre-implantation death induced by radiation can reduce the birth rate. With regard to lethality, the foetus is considerably more sensitive to radiation than the adult.

Annex

Bibliography

- Abrams, H. L. "Medical supply and demand in the post-nuclear war world". In: The medical implications of nuclear war: Proceedings of the Institute of Medicine Symposium, September 1985. Washington, DC National Academy Press, (to be published 1986).
- Brode, H. L. & Small, R. D. Fire damage and strategic targeting Los Angeles, Pacific-Sierra Research Corp., 1983.
- Crutzen, P. J. & Birks, J. W. "The atmosphere after a nuclear war: twilight at noon". Ambio, 11: 114-125 (1982).
- Dotto, L. "Planet earth in jeopardy". Environmental consequences of nuclear war. John Wiley, 1986.
- Ginsberg, A. S. et al. "Global consequences of nuclear war: A review of recent Soviet studies". In: Global Armaments and Disarmaments, SIPRI Yearbook, 1985
- Glasstone, S. & Dolen, P. J., ed. The effects of nuclear weapons. 3rd ed. Washington, DC, US Government Printing Office, 1977.
- Greer, D. S. & Rifkin, L. S. "The immunological impact of nuclear warfare". In: The medical implications of nuclear war: Proceedings of the Institute of Medicine Symposium, September 1985 (Washington, DC, National Academy Press (to be published 1986)).
- Harvey, E. G. et al. "Prenatal X-ray exposure and childhood cancer in twins". New England Journal of Medicine, 312: 541-545 (1985).
- Harwell, M. A. & Hutchinson, T. C. Vol. II. "Ecological and agricultural effects". Environmental consequences of nuclear war - SCOPE 28.
- Otake, M. & Schull, W. J. "In utero exposure to A-bomb radiation and mental retardation: a reassessment". British Journal of Radiology, 57, 409-414 (1984).
- Pittock, A. B. et al., Vol. 1. "Physical and atmospheric effects". Environmental consequences of nuclear war - SCOPE 28.
- Postol, T. A. "Possible fatalities from superfires following nuclear attacks in or near urban areas". In: The medical implications of nuclear war: Proceedings of the Institute of Medicine Symposium September 1985 (Washington DC, National Academy Press (to be published 1986)).
- Rotblat, J. "Acute radiation mortality in a nuclear war". In: The medical implications of nuclear war: Proceedings of the Institute of Medicine Symposium, September 1985 (Washington DC, National Academy Press (to be published 1986)).
- Rotblat, J. et al. "The health impact of a nuclear attack". In: London attacked: Report of the GLAWARS Commission, London, 1986.
- SCOPE-ENUWAR Report, 1985.
- Scrimshaw, N. S. Food, nutrition and nuclear war, New England, Institute of Medicine, 1984, pp. 272-276.
- TTAPS Report, Science, 222: 1283-1292 (1983).
- US National Academy of Sciences. Climatic effects of nuclear war, 1984.



THIRTY-NINTH WORLD HEALTH ASSEMBLY

Provisional agenda item 39.1



COLLABORATION WITHIN THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Corrigendum

On page 8 of document A39/25, paragraph 4.8 should read as follows:

4.8 Africa will receive the largest share of fourth cycle funding, the Asia and Pacific region moving to second place. Of the total resources allocated for indicative planning figures (IPFs), 19% will be allocated to inter-country IPFs and 81% to country IPFs. Of the latter, 80% will be allocated to low income countries with a 1983 per capita GNP not exceeding US\$ 750 (the calculation to be weighted in favour of countries with a 1983 per capita GNP of US\$ 375 and below). Reimbursement or relinquishment of IPFs by higher income countries will be the subject of continuing negotiations in 1986.

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