



FORTIETH WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

Palais des Nations, Geneva
Saturday, 9 May 1987, at 9h00

CHAIRMAN: Dr R. W. CUMMING (Australia)



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Note

This summary record is provisional only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

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The final text will appear subsequently in Fortieth World Health Assembly: Summary records of committees (document WHA40/1987/REC/3).

THIRD MEETING

Saturday, 9 May 1987, at 9h00

Chairman: Dr R. W. CUMMING (Australia)

1. RECRUITMENT OF INTERNATIONAL STAFF IN WHO: BIENNIAL REPORT: Item 27 of the Agenda (continued) (Resolution WHA38.12; Document EB79/1987/REC/1, Part I, resolutions EB79.R12 and EB79.R13 and Annexes 4 and 5)

The CHAIRMAN invited the meeting to consider the second subject under agenda item 27, namely the employment and participation of women, and called upon Dr Ayoub to report to the Committee on the discussion held on that subject at the January session of the Executive Board.

Dr AYOUB (representative of the Executive Board) said that the Director-General's report on the participation of women in the work of the Organization (document EB79/1987/REC/1, Part I, Annex 5) contained a much more comprehensive review than in previous years. Not only did it review the progress made towards achieving the target of 30% of all professional and higher-grade posts to be held by women, but it also provided information on short-term and consultancy assignments and on women's participation in technical and expert group meetings at headquarters, and in WHO fellowship programmes from October 1985 to October 1986. Since 1984, the percentage of professional and higher-graded posts occupied by women in established offices had increased from 18.2% to 20.3%. Much remained to be done, however, to reach the 30% target set by the Health Assembly and it was hoped that future progress would be more rapid than during the period from 1984 to 1986. Some progress had been achieved in the placement of women in posts of higher responsibility. Specifically, 43 women occupied posts at the P5 level and above - i.e., eight more than in 1984 - the number of women at the D2 level had increased from one to four, and four women had recently been appointed as WHO representatives. However, there was still a striking disproportion between men and women in higher level posts. Although the proportion of women working on short-term contracts and in an advisory capacity was roughly the same as that of women on the regular staff, the Executive Board considered that more rapid progress could be achieved in that area.

Special attention should be devoted to the composition of expert advisory panels because women had accounted for only 10% of their membership in 1986. In spite of the progress already achieved, the Executive Board had realized that there was a need to increase the number of women serving as consultants, advisers and short-term experts as well as the number of women awarded WHO fellowships. The proportion of women attending the Health Assembly and serving on the Executive Board was disappointingly low, and governments were invited to redress that imbalance, because most of them did have well-qualified women who could work in WHO. The Executive Board's recommendations on the subject were contained in resolution EB79.R13 on pages 12 and 13 of Part I of document EB79/1987/REC/1.

Mrs KADANDARA (Zimbabwe) appreciated the action taken by the Director-General to promote the recruitment of women in WHO. However, the proportion of women employed at the regional level and at headquarters remained disappointingly low. Both Member States and WHO had recognized the importance of the role of women in all development programmes. It was necessary to increase women's participation in health activities, which, in many countries, involved maternal and child care and family planning - areas particularly suitable for the participation of women. In the circumstances, however, it was surprising that the number of women on the expert advisory panels, including that on human reproduction was so low, as indicated in the report. Many of the panels listed as of October 1986 had dealt with areas of concern to women, and the reasons given for the low representation of women on the permanent staff were not at all convincing. Since most of the activities undertaken both by governments and WHO involved women and their children, the contribution of professional and nonprofessional women was essential, and it made little sense to continue to plan programmes depending on their participation without them. Most professional women had provided useful services in the field of health and their advice was invaluable. Women could analyse their social commitments and decide whether or not they could undertake permanent assignments, and Member States should be urged to encourage them to take posts both at the regional level and

at headquarters. WHO fellowships should involve a larger proportion of women with a view to developing their skills in their chosen fields of expertise. It was gratifying to note that the Director-General would be holding discussions with the regional directors with a view to working out ways of encouraging governments to include more women in the fellowship programme.

Women could and would continue to participate in health activities. It was hoped that their recruitment on short-term assignments would be facilitated and that those able to take on permanent assignments would be allowed to do so. The Director-General's efforts to promote the participation of women were highly appreciated.

Dr JAKAB (Hungary) said that her country was extremely gratified to note that the Director-General's report was more comprehensive than in previous years and provided more information on progress in the recruitment of qualified women in professional and higher-graded posts. However, although the percentage had risen from 18.2% to 20.3%, it was still far from the 30% target set by the Health Assembly. Similarly, although progress had also been achieved in the placement of women in posts of higher responsibility, there was still an imbalance between men and women at the higher levels.

The report clearly reflected the commitment of the Director-General and his staff to the target set by the Health Assembly. Indeed, they planned to take further action to increase the participation of women in the work of the Organization. However, further results could be achieved only on the basis of full partnership between WHO and Member States, because it was up to governments to select competent women candidates and propose them to WHO for short-term and long-term assignments. The 30% target and equal rights for men and women would only be achieved on the basis of that partnership. In that connection, she drew special attention to the importance of equal rights in the strict sense of that term. The Secretariat was to be commended for its sustained efforts to promote the participation of women in all WHO programmes and was requested to keep up its support in that area. Hungary supported the draft resolution contained in resolution EB79.R13.

Dr RUESTA DE FURTER (Venezuela) said that women had always been represented in her country's delegation, and that, contrary to the statement made on the previous day by Mr Furth, the recruitment of women was not an obstacle to adequate geographical distribution, but would facilitate it. Her delegation therefore endorsed the remark made by the representative of the Executive Board to the effect that more rapid progress could be made in redressing the imbalance, and wished to propose an amendment to the draft resolution contained in resolution EB79.R13. Specifically, operative paragraph 2 should be amended to read "urges Member States to assist the Director-General in his efforts to find ways of increasing the participation of women in the programmes of WHO by proposing women candidates for long- and short-term assignments, for expert groups and study groups and for fellowships, and by encouraging the increased participation of women in technical meetings and meetings of WHO's governing bodies;".

Dr MONEKOSSO (Regional Director for Africa) thanked the delegates who had spoken on the item under consideration and said that it was being taken very seriously in the African Region. Indeed, it was an area in which much depended on the very favourable social changes that were taking place in respect of the status of women. In that context, WHO must play a catalytic role, establishing a model likely to accelerate the process of social change. In the African Region, the Secretariat had already done much to promote the recruitment of women in high-level posts. However, difficulties were being created by the fact that qualified African women very rarely left their homes to take up an assignment in another country. It had therefore been proposed that women who could not move because of family commitments could contribute to the work of the Organization by being appointed as "national programme officers" - a system already adopted by some other agencies. It was hoped that the Committee would support that proposal. The Secretariat had also made efforts to approach the husbands of prospective women candidates, and in some cases they had agreed to move with their spouses as dependants. In recent years the governments of the African countries had also been making efforts in that area, as reflected in the appointment of more women health ministers and more women in senior positions. Three of the four women appointed as WHO representatives, as referred to in the report, had been appointed in the African Region.

Member States were urged to be patient because progress was definitely under way in that area. And as had rightly been pointed out by the delegate of Hungary, further progress called for a partnership between WHO and governments. WHO was endeavouring to establish a model that countries would emulate and thereby accelerate the process started under the United Nations Decade for Women. In as much as success in that area would have an impact on the previous agenda item, it would make it possible to fulfil the target of 40% set in respect of the appointment of nationals of unrepresented or under-represented countries.

Mrs KALM (consultant to the Director-General) said that the Organization, its Director-General, and the administration were clearly committed to increasing the participation of women in WHO's work, especially at the higher policy-making and technical levels. The great willingness and sympathy demonstrated by the Assistant Director-General, programme managers, and all the staff concerned with programmes in matters related to the furtherance of that objective was very encouraging. Progress had so far been unspectacular but steady, and since the last figures had been released in 1986 the trend had continued. The proportion of women had increased by 0.9% in established offices - 0.8% overall - and recruitment of women was actually over 25% of the total. If the existing degree of commitment was maintained, the 30% target should be reached hopefully before too long. However, the Secretariat fully shared the general concern about the very low representation of women on the WHO expert advisory panels, and it was hoped that the amendment proposed by the delegate of Venezuela would help to remedy that situation. The Director-General was counting on the support of governments in proposing more women capable of serving the Organization in expert and short-term capacities on those panels.

The CHAIRMAN drew the Committee's attention to the draft resolution contained in resolution EB79.R13 and read out the new version of operative paragraph 2, as amended by the delegate of Venezuela, for the Committee's consideration, as follows: "urges Member States to assist the Director-General in his efforts to find ways of increasing the participation of women in the programmes of WHO by proposing women candidates for long- and short-term assignments, for expert advisory panels, and for fellowships, and by encouraging the increased participation of women in technical meetings and meetings of WHO's governing bodies;".

Dr RUESTA DE FURTER (Venezuela) said that as far as the Spanish version was concerned, two separate terms should be used to cover women's participation not only in expert groups but also in study groups.

Mrs KALM (consultant to the Director-General) felt that the phrase "technical meetings and meetings of WHO's governing bodies" in the original draft already provided for the idea expressed by the delegate of Venezuela in her amendment, whose purpose was perhaps to increase the number of women included on the expert advisory panels, the standing list from which the expert committees and technical groups were drawn. That was crucial for the selection of women for such meetings.

Dr RUESTA DE FURTER (Venezuela) expressed approval of the clarification provided by Mrs Kalm.

The draft resolution recommended by the Executive Board in resolution EB79.R13, as amended, was approved.

The CHAIRMAN said that since the amendment proposed by the Soviet Union in connection with the topic previously discussed under the agenda item had only just been circulated, it would be preferable to postpone its consideration and move on to agenda item 28.

2. APPOINTMENT OF THE EXTERNAL AUDITOR: Item 28 of the Agenda (Resolution WHA36.10; Document A40/9)

Mr FURTH (Assistant Director-General) said that the appointment of the External Auditor was due to expire in March 1988, following the completion of the external audit tasks related to the current biennium. Since such tasks would be completed before the Forty-first World Health Assembly in May 1988, and in order to avoid the possibility of WHO at any time being

without an external auditor, the Director-General was proposing that the Health Assembly should decide on the appointment of the external auditor at its current session. In order to allow for greater continuity in such appointments, and thereby for improved planning of external audit tasks, the Director-General was again proposing that the holder of the Office of Comptroller and Auditor-General of the United Kingdom of Great Britain and Northern Ireland should be appointed external auditor of WHO for two financial periods, namely 1988-89 and 1990-91. The Director-General of ILO, which used the same external auditor, had submitted a similar proposal to ILO's governing body. Indeed, in addition to being the external auditor of WHO and ILO, the Comptroller and Auditor-General of the United Kingdom was also the external auditor of several other specialized agencies; his staff therefore comprised a sufficient number of qualified auditors with specialized knowledge of the United Nations' agencies. The Comptroller and Auditor-General had already confirmed his willingness to be proposed for reappointment for the next two bienniums. Accordingly, the Committee was invited to consider the draft resolution contained in paragraph 4 of document A40/9.

The resolution contained in paragraph 4 of document A40/9 was approved.

3. EFFECTS OF NUCLEAR WAR ON HEALTH AND HEALTH SERVICES: Item 30 of the Agenda (Document A40/11; Resolutions WHA36.28 and WHA39.19)

Professor BERGSTROM (Chairman, WHO Management Group on Follow-up of Resolution WHA36.28) recalled that six years earlier the Health Assembly had requested the Director-General to establish a committee to study the effects of nuclear war on health and health services, and that body's report had been submitted to the Health Assembly in 1983. At the same time, the Director-General had been requested to arrange for a group to continue to collect, analyse and regularly publish accounts of activities and further studies on the subject. The report now before the Committee was the result of the past three years' work. During that period, there had been considerable activity in many quarters. The major study on the question had been carried out by a special committee under the International Council of Scientific Unions; it had produced two voluminous reports based on the work of several hundred scientists, which was continuing. Academies in the United States and the Soviet Union had also published committee reports, an extensive study had been published in the United Kingdom, and a joint commission of the United States and Japan had also studied the question further. The Group had found it appropriate to publish a second, updated version of the earlier report. The results were summarized in the first 20 pages and there were, in addition, seven annexes, most of them completely new. The study in Annex 3 showed a considerably reduced estimate of the LD50 for radiation, i.e., the dose that led to the death of 50% of irradiated people in 60 days; that was now believed to be less than half the earlier estimate.

The new data showed that the spread of fires started by a nuclear explosion would increase the number of deaths. Smoke and dust released into the atmosphere had been studied further and, even though their effect on temperature might earlier have been over-estimated, they would undoubtedly have a serious impact on food production. While the long-term effects were serious, the direct effects were staggering. It had been estimated that the use of only 1% of weapons in existing stockpiles could kill more than 15 million people outright, and the London study had shown that the use of only ten megatons of the 15 000 megaton capacity available could kill 90% of the population.

Mrs LUETTGEN DE LECHUGA (Cuba) welcomed the work carried out by the Management Group to enable the Organization to contribute to the implementation of the United Nations General Assembly resolutions on the strengthening of peace, détente, disarmament and the prevention of thermonuclear war. The information in the report to the effect that the use in urban areas of only 1% of the destructive power of existing nuclear weapons could cause more death in a few days than had occurred during the whole of the Second World War was abundant reason for the international community to devote all its efforts to preventing such a holocaust by working for disarmament and the cause of peace.

The effects of nuclear war as shown in the report were truly infernal. The destruction caused by widespread blast and fire, smoke and the dispersal of millions of tons of solid particles, giving rise to the so-called "nuclear winter" with a sudden fall in temperature was so terrible a prospect as by itself alone to condemn in the eyes of history those promoting militaristic policies and the stockpiling of weapons.

The consequences of a nuclear war would completely disorganize and effectively destroy the health services, making it impossible to care for the millions of war victims, who would, of course, include medical professionals themselves. The report therefore rightly stated that the only method of dealing with the health effects of nuclear war was primary prevention, i.e., the prevention of nuclear war itself. Apart from the tragedy and destruction that such a war would cause, millions of human beings were living under appalling conditions because human and material resources that should be used to alleviate hunger and disease were instead being wasted on the arms race. Thus, in addition to fighting for peace to avert the catastrophic effects of nuclear war, efforts should also be made to combat the already catastrophic effects of the arms race.

The Organization should continue to give special attention to the subject under discussion, which was of fundamental importance to mankind.

Mr CHAUHAN (India), welcoming the Management Group's comprehensive report, said that his delegation, which had co-sponsored resolution WHA36.28, considered that WHO should continue its efforts to promote public awareness of the dangers and horrifying effects of nuclear war and to strengthen peace.

Unfortunately, new weapons of mass destruction being developed for use in outer space would further endanger international peace and tranquility. According to the report under consideration, it was estimated that nuclear arsenals had already reached a capacity of 15 000 megatons and were continuing to increase. The use of a mere fraction of that capability would cause widespread death and destruction, the various scenarios for which, as described in the report, were terrifying. Besides resulting in casualties on an unprecedented scale, a nuclear conflict would paralyse life completely and lead to a breakdown of all administrative and management systems, thus further aggravating human suffering and misery.

It was thus imperative for members of the Committee to take heed of the impending danger, to do everything possible to avert a nuclear holocaust, and to strengthen peace. The report could serve as an excellent document for use in educating and informing the public about the growing nuclear threat. It should be widely circulated and updated from time to time to keep Member States informed of new developments.

Mr OPOLSKI (Poland) said that his delegation, which had been shocked by the information before the Committee, wished to express its deepest concern. He commended the Management Group on the preparation of its impressive document, which deserved wider dissemination. His delegation supported the carrying out of further studies and the provision of further information on the subject.

During a nuclear disaster, the health sector would be facing a new situation of which it had had no experience. Since there could be no rational or logical protection against such a disaster, since it could not be confined to a local or limited conflict, and since the problems facing the health sector would be insoluble, the only solution was to prevent nuclear calamity at all costs.

Mrs WOLF (German Democratic Republic), welcoming the further substantive and informative report prepared in accordance with resolution WHA36.28, observed that the Organization had already given a clear warning of the devastating consequences of nuclear war, thus setting an example to other specialized agencies of the United Nations to step up their efforts to implement major United Nations General Assembly resolutions on the subject of peace and disarmament. In helping to expose the dangers of the nuclear arms race from the medical standpoint, the Organization had given renewed stimulus to the activities of international peace associations and movements, including International Physicians for the Prevention of Nuclear War, and had helped to encourage all forces advocating the abolition of nuclear weapons.

The Management Group's second report should be made widely known to the public and its work should be continued, together with the investigation of other health aspects of the effects of nuclear war not reflected in the report.

Mr DANIELSSON (Sweden) said that the report before the Committee provided further evidence of the growing awareness of the catastrophic consequences of nuclear war, highlighting the severe health problems that could occur in the immediate aftermath of a nuclear attack, the serious long-term problems, and the fact that the peoples of all States could suffer death and destruction.

Consideration of the health aspects of nuclear war came within the scope of WHO's activities and his country therefore welcomed the report, which it hoped would contribute, together with the increasing flow of scientific information on the subject, to speeding up bilateral nuclear disarmament negotiations between the Soviet Union and the United States and the discussions on nuclear-arms-related issues taking place in multilateral forums such as the Disarmament Conference.

The Director-General should be requested to report to the Executive Board on any further developments in the areas studied in the report and on any additional aspects.

Dr JAKAB (Hungary) commended the Management Group on the concise report and detailed annexes, which would provide government officials, health authorities and scientific, political and social groups with useful background information for their nuclear war prevention activities. The document covered the topic well by considering a number of aspects (physical, climatological, biological and medical) and by providing convincing illustrative figures, together with a concise summary of the health effects following acute radiation exposure, and of the possible intermediate and long-term effects. The placing of the radiological data concerning the LD₅₀ in the context of nuclear war, when no health care could be assured, was particularly important. Wide distribution of the document, either complete or in modified form, particularly to the medical profession, including medical students, would be fully justified.

The further collection of information and further assessment of the environmental effects of radioactive substances, including their effects on human beings and other living organisms, would be helpful. On the first anniversary of the Chernobyl reactor accident, she reminded the Committee of the public anxiety concerning the radioactive contamination of the European environment when levels had been comparatively low. During a nuclear disaster, national health services could suddenly be faced with the formidable task of seeking to obtain uncontaminated or only slightly contaminated supplies of water, food and shelter even in areas far distant from the site of the disaster.

Two points in the document might require correction. Firstly, in the reference to caesium-137 in paragraph 41, it might be preferable to mention that that radionuclide was distributed throughout the cell. Due to the range of energies emitted, there was no direct effect on the DNA of any particular cell itself, but there was on that of others. Secondly, the value in brackets at the end of the explanation of the term GWe on page 23 should read: "(1 GW = 10⁹W)".

Continuation of the activity under consideration was fully justified and her delegation urged the Director-General to give further support to the Management Group's excellent work.

Mr PAK Dok Hun (Democratic People's Republic of Korea) said that discussion of the effects of nuclear war on health and health services was significant at a time when there was a constant danger of such a war. He commended the Management Group on its excellent report and particularly on the scenarios and the warnings that health services would be unable to alleviate the consequences of nuclear war to any significant extent and that the only remedy was prevention. The report showed that the destructive power of the nuclear weapons amassed throughout the world was equivalent to 15 000 megatons and that more people could be killed in a few hours through the use of only 1% of that power than had been killed during the whole of the Second World War.

Nuclear war would also have a serious effect on the environment and the economy, leading to acute hunger, poverty and disease for which the available remedies would be useless. It was thus the common responsibility of mankind as a whole and health workers in particular to prevent nuclear war and safeguard world peace. That was also a prerequisite for the implementation of the health-for-all strategy.

The existence of nuclear weapons implied the possibility of their use, and the danger of nuclear war existed in many parts of the world - in Asia as well as Europe. Nuclear weapons, with over 13 000 tons of explosive power, were even deployed in certain parts of the Korean peninsula, causing serious concern to the Korean people and other peace-loving peoples of the world.

His delegation fully supported the document under consideration, which rightly stated that the only approach to the treatment of the health effects of nuclear war was primary prevention, i.e., the prevention of nuclear war.

His Government was endeavouring to implement its proposal that the Korean peninsula should become a nuclear-free peace zone. It would make every effort to extend and strengthen international cooperation in the field of health and to prevent nuclear war, and would systematically distribute information to the public on the health consequences of nuclear war.

Dr VASSILEVSKI (Bulgaria) said that the document under discussion would make a considerable contribution to the preservation of peace in line with the objectives of the International Year of Peace. The scientific information in the report showed the effects of nuclear war on life on the planet and on the health of those who survived it. It would cause a total biological catastrophe, amounting to the suicide of mankind. The report should be circulated to the governments of all Member States, to governmental and nongovernmental organizations and to the public at large with a view to making the public aware of the absurdity of the arms race. The health-for-all strategy presupposed continued life on earth under normal ecological conditions, the first requirement for which was peace. The process of alerting people to the dangers inherent in the building up of nuclear stockpiles was, however, proceeding very slowly and needed to be speeded up. WHO and International Physicians for the Prevention of Nuclear War should continue to work together in considering the various aspects of the question and in disseminating information on it.

Mr SOKOLOV (Union of Soviet Socialist Republic) said that the report and its conclusions, which were extremely topical and had his delegation's full support, should be widely disseminated. He commended all concerned on their contribution to the important task.

The disastrous effects of a nuclear war for the entire international community were well understood. The increased stockpiles of nuclear weapons threatened man's very existence and the steps taken by WHO in accordance with relevant United Nations General Assembly resolutions to formulate a scientific prognosis of the health effects of nuclear war on health were to be welcomed. The Organization was successfully carrying out measures for the prevention and control of many, and sometimes extremely dangerous diseases, in which a major role was played by scientific forecasting and the provision of a scientific basis for tackling the problems concerned by the most effective means. No organization was better qualified to study the health effects of nuclear war. Only WHO had available to it the knowledge and experience of leading experts in the most diverse fields of medicine, biology and health.

A nuclear catastrophe would be a major obstacle to the achievement of the Organization's basic objective of the attainment by all peoples of the highest possible level of health. The report's conclusions, based on a careful scientific analysis of the information on the effects of ionizing radiation on the human organism, and the other data provided were therefore of serious concern not only to health workers but also to governments and the public. The reliable and objective information emanating from WHO was far more convincing than that from any other source. The report was part of an extremely important area of research, which must be continued in order both to provide a more complete picture of the health effects of nuclear explosions and to study those aspects of the problem not covered by the report.

Consideration might be given, firstly, to the long-term demographic changes following a nuclear war, and secondly, to the medical effects of climatological changes brought about by nuclear explosions (mortality, morbidity and the effects on the reproductive and other functions). The Board member designated by the Soviet Union had referred to those two aspects at the seventy-ninth session of the Executive Board. A third topic might be that of the health conditions in cities after a nuclear attack, and a fourth, that of food resources following a nuclear war. Such activities could be carried out in collaboration with other international organizations, as provided for in resolution WHA36.28, and in particular with International Physicians for the Prevention of Nuclear War.

The report should be published and widely disseminated. A group of delegations at the current session had prepared a draft resolution which had been passed to the Secretariat for translation and circulation, and which read as follows:

The Fortieth World Health Assembly,

Bearing in mind the principle laid down in the WHO Constitution that the health of all peoples is fundamental to the attainment of peace and security;

Recalling United Nations General Assembly resolutions 34/58, 38/188J and 40/10, and also World Health Assembly resolutions WHA34.38 and WHA36.28 stressing the close interrelationship between health and the preservation of peace;

Having considered the second report on the effects of nuclear war on health and health services prepared by the WHO Management Group;

1. THANKS the Management Group for its work;
2. EXPRESSES its deep concern at the conclusions contained in the Management Group's report on the effects of nuclear war on health and health services;

3. URGES the governments of Member States to take into consideration in their activities the main points and conclusions of the report;
4. DECIDES to continue, in collaboration with interested United Nations bodies and other international organizations, the investigation of other health aspects of the effects of nuclear war that are not reflected in the report;
5. REQUESTS the Director-General:
 - (1) to make the report widely known by publishing it with all its scientific annexes and prefacing it with this resolution;
 - (2) to transmit the report to the Secretary-General of the United Nations and also to the executive heads of other international organizations with a view to its consideration by the appropriate United Nations bodies and other organizations;
 - (3) to report periodically to the World Health Assembly on progress in this field.

His delegation hoped that the draft resolution would be adopted by consensus.

Dr KLIVAROVA (Czechoslovakia) congratulated the Director-General and the WHO Management Group on the very thorough report. Her delegation had read with great interest the results of scientific research, the technical information and the war scenarios contained in the report and its description of the effects of nuclear war on the environment and climatic conditions as well as on health and the health infrastructure. The unleashing of nuclear war could well lead to the end of the human race. Her delegation accordingly considered the report to be so important that it should be issued as an independent publication and widely disseminated as well as being sent to the Secretary-General of the United Nations and to the specialized agencies for use in their work. It also considered it very important that the Management Group should continue its labours in the interests of a better understanding of the threat of nuclear war to health.

Her delegation supported the draft resolution and wished to co-sponsor it.

Professor KHAN (Pakistan) congratulated the Management Group on having produced such a valuable and comprehensive report. He agreed with earlier speakers that the report should be widely circulated to all nations and all peoples. He proposed that the report should also be sent to the United Nations Secretary-General for presentation at the forthcoming session of the General Assembly, in order to make the dangers of nuclear war made better known to politicians and governments of all countries.

His delegation wished to be included among the co-sponsors of the draft resolution.

Miss CLAUWERT (Venezuela) thanked the Management Group for its most important report, which her delegation fully supported. In the light of the dangers of nuclear war to mankind, as outlined in the report, her delegation fully agreed that the only means of preventing adverse effects of nuclear war on health was primary prevention of war.

Dr CATI (Kiribati) congratulated the Management Group and the Director-General for the very comprehensive report, which should be disseminated both in its current form and in modified form so that persons in other fields could understand the implications of nuclear war on health. Progress in that area of science had gone far in seeking solutions to problems.

Investigations should be carried out in the Pacific to assess the impact of nuclear warfare on the Pacific Islands. In addition, a study should be made on the existing effects of nuclear weapon tests being carried out in the Pacific. His country had been subject to radiation effects from the Second World War, the continuing nuclear tests in the Pacific region and the storage of so-called low-dosage nuclear waste. There were few resources available in the Pacific islands to undertake such studies and he appealed to the Health Assembly to ensure that relevant steps be taken.

In International Peace Year, it was most important to disseminate the document and present it at the United Nations General Assembly, as recommended in the draft resolution. He proposed that, in addition, one week in the year should be set aside as peace week.

Mr KUSUMOTO (Japan) expressed appreciation of the Management Group's efforts in preparing the report. The subject was a very complicated one and should be tackled from different viewpoints, as there were different opinions among experts on the climatic effects of nuclear war. It was important that such a study should be carried out in a balanced, objective and scientific manner and that it should lead to a clear and correct understanding of the matter, on the basis of scientific findings and analysis, so that it could be brought to the attention of the general public. His delegation valued the report as reference material.

He pointed out that at the United Nations General Assembly in 1986 a group of consultant experts had been established to carry out a study on the climatic and potential physical effects of nuclear war, including nuclear winter. It was expected that the study would be discussed at the General Assembly in the coming year.

Dr SAMPSON (Nicaragua) congratulated the Management Group for its very complete report. It made clear that the only way to deal with the terrible threat of nuclear war was prevention, which in turn meant the elimination of any possibility of nuclear war. One form of prevention might be the wide distribution of the report to health personnel, governments and the public. In addition, WHO might join efforts with those governments and movements opposing the existence and proliferation of nuclear weapons by speaking out against the arms race and in favour of peace and the safeguard of human life. As an organization involved in health throughout the world, WHO should take an increasingly forthright stand against the threat of nuclear war.

Dr AL-SHARIF (Libyan Arab Jamahiriya) commended the Management Group on its efforts. The conclusions of the report were of extreme importance. All adverse effects of nuclear war must continue to be examined. Nuclear incidents were man-made events due to human negligence or inadequate control of research. His country's experience in respect of the few incidents with which it was familiar indicated that control was neither easy nor complete and that there were immediate, medium-term and long-term effects on life and the environment as a whole. Efforts must be made to prevent exposure to the dangers of nuclear war and its effects on health through the combined efforts of human society and a rationalization of human behaviour. The effects of nuclear war on health were not limited to the effects of war but extended to fear of an outbreak of war, particularly in nations directly exposed to such a threat. Exaggeration of the danger of nuclear war should be avoided. Efforts must be made both to prevent nuclear war and to alleviate individual suffering resulting from fear of it. His delegation would follow with interest the future work of the Management Group and hoped that WHO would play an active role in all scientific efforts to prevent an outbreak of nuclear war.

He supported the draft resolution.

Dr JADAMBA (Mongolia) said that the report under discussion represented an important contribution by WHO in the struggle for peace and an important measure in the quest for health for all by the year 2000. He joined previous speakers in congratulating the WHO Management Group on its work.

His delegation had carefully studied the draft resolution, the operative part of which was of considerable importance for the enlightenment of world opinion about the scope of a nuclear disaster and as a means of helping to implement United Nations General Assembly resolution 34/58 as well as related Health Assembly resolutions. Adoption of the draft resolution would also foster cooperation among organizations within and outside the United Nations system in efforts to prevent nuclear disaster. His delegation supported the draft resolution and wished to be included among its co-sponsors.

Mr BOYER (United States of America) said that his delegation had opposed the original resolution calling for the report under discussion, as it believed that it would be a waste of the Organization's valuable time, energy and resources. That reason was all the more cogent at a time when budget levels were increasing, over a third of Member States were unable to pay their contributions and the health programmes approved by the Health Assembly had to be reduced. While appreciating the Management Group's efforts to produce a report which sought to avoid politically contentious argument and minimize controversial issues, the mere fact that the item had been included in the agenda had generated comment about nuclear disarmament negotiations, nuclear testing, nuclear winter and other matters which lay outside the purview of the Health Assembly. All countries were being faced with the pandemic of AIDS. It was on such issues that the Organization had a clear and vital role to play, with a great capacity for helping to prevent and deal with health problems; it had no such capacity on the question of nuclear war.

His delegation hoped that the Health Assembly would take note of the report and end the exercise at that point. It saw no justification for further work on the topic, especially in the light of the limitations on the energies of the Organization and of growing health problems. He found it difficult to understand requests for further study on the matter and the continued diversion of WHO energies away from AIDS and other legitimate health problems. He doubted that developing countries wanted to have their diminishing resources used in such a way. He could see no prospect of consensus on the draft resolution.

Dr WAHEDI (Afghanistan) thanked the Management Group for its efforts in preparing the report. The scientifically based figures which it provided on the consequences of nuclear war were indeed alarming; it was not only targets under attack that would be destroyed in a nuclear war but, in all probability the human race itself. His delegation considered that the Management Group should continue its work on the subject and wished to be included among the co-sponsors of the draft resolution.

Dr AL-AWADI (Kuwait) commended the Management Group for its excellent report, which contained information of paramount importance. He wondered how it was possible to spend hours considering certain topics which might be marginal to health when mankind was being threatened with extinction at any moment. A subject which had to do with the very survival of man on earth could not be separated from the interests and responsibilities of the Organization. The report should be appropriately improved and circulated throughout the world to permit further consideration of the issue and of the approach currently being employed. His delegation endorsed the report, as it would any report which drew attention and sensitized world opinion to the threat of nuclear weapons and the dire prospects for mankind that their use implied. He supported the proposal by the delegate from Kiribati that there should be an international peace week to remind mankind of the dangers facing it. He supported the draft resolution.

Mr LUPTON (United Kingdom) said that, while the United Kingdom Government's concern about the effects of nuclear war had been made known in the appropriate fora, it had expressed its serious reservations about WHO involvement in work on the subject. The report submitted showed how far the work had strayed from WHO's area of responsibility. His delegation firmly believed that the study lay well outside WHO's purview. It had been expensive and, particularly at a time when the Organization was facing unprecedented financial constraints, the exercise should be brought to an end, as should WHO involvement in the question as a whole.

While his delegation would study carefully any draft resolution when it was circulated, it would not be prepared to support any proposal for commissioning further work on the topic.

Mr LADSOU (France) said that from the outset his delegation had not supported preparation of the report under discussion, as it had considered that the subject was outside WHO's terms of reference. It was currently of the opinion that the matter had been dealt with and that the exercise should not be continued any further at a time when a maximum of economy was called for and when there were many other problems that directly affected health in a real and alarming way, including AIDS and other diseases which were causing suffering and death in the world. While his delegation would consider the draft resolution when it was circulated, it could not agree to the Organization wasting resources on studies which lay outside its mandate.

Mr CHUNG Tae Chul (Republic of Korea) commended the Management Group for its well-documented report. His delegation shared the views expressed by many previous speakers. Commenting on the idea of the creation of a nuclear-free zone in the Korean peninsula, referred to by a previous speaker, he observed that his country, as a party to the Non-Proliferation Treaty since 1975, supported the establishment of nuclear-free zones in any part of the world where it was feasible. It did not, however, believe that it made any sense to raise the topic in an international forum such as the Health Assembly before an understanding had been reached among the countries in the region concerned.

Mr VETTOVAGLIA (Switzerland) shared the point of view expressed by the delegations of the United States, the United Kingdom and France; he did not believe that the subject lay within the terms of reference of the Organization, which could unfortunately exercise no influence in respect of recourse to nuclear weapons, and the report of the Management Group would be of no avail in the event of nuclear disaster. The exercise represented a waste of

time, energy and money at a time when all three were particularly precious for the Organization. His delegation would therefore vote against any draft resolution which implied new activities. It believed that the exercise should be brought to a close.

Dr TAPA (Tonga) congratulated the WHO Management Group on its excellent report. Unlike some speakers, he considered the subject to be well within WHO's terms of reference in the international health field. Paragraphs 6, 7 and especially 9 of the Summary on page 4 of document A40/11, which in his view contained the spirit and substance of the report, drew attention to the contribution WHO could make to the prevention of nuclear war by distributing information and intensifying international cooperation in the field of health, the latter subject, indeed, being the theme of the general debate at the present Health Assembly. WHO should therefore commit itself to endeavouring to ensure that the human race should never again be subjected to the monstrous and violent use of nuclear weapons.

Dr HILGER (Federal Republic of Germany) said that his country maintained the opposition it had consistently expressed over the years to any proposals that tried to involve WHO in fields of activities which were basically outside its terms of reference. He considered it was now time to bring such exercises to an end and would not support any proposal aimed at continuing them.

Mr SAMSOM (Netherlands) said that, in the context of the models described and throughout the world as a whole, the report conclusively demonstrated that there was no reasonable prospect of an organized health response to the disasters brought about by nuclear warfare. He would agree to publication of the report, but doubted whether further studies and more data would be of any use in ensuring a more organized response. Quite apart from any question of whether the subject fell within WHO's terms of reference, he wondered, in view of the problems the Organization was at present facing in establishing its priorities, whether the money such studies would entail would not be better spent elsewhere.

Mr AFANDE (Kenya) commended the report of the WHO Management Group. Kenya, as a member of the United Nations Conference on Disarmament, the sole multilateral negotiating forum on the issue, was involved in negotiations on the prevention of nuclear war. He therefore supported the proposal to circulate the report and to submit it, together with the study on the effects of nuclear war, to the United Nations General Assembly. Although Kenya did not normally support the raising of disarmament issues in forums not mandated to discuss them, he considered that WHO could not turn its back completely on the effects of nuclear war, especially its effects on human health. WHO would, in any case, in the event of nuclear war, be the first Organization called upon to offer assistance to those affected.

Mr PAK Dok Hun (Democratic People's Republic of Korea), speaking in exercise of his right of reply, reiterated that it was incumbent on all mankind, and especially on all health workers, to make every effort to prevent nuclear war in view of the difficulties of treating the health effects of such a war. It was in that context that he had proposed that the Korean peninsula should be made a nuclear-free zone; he therefore failed to understand the objection that had been made to that suggestion.

Mr CHUNG Tae Chul (Republic of Korea), speaking in exercise of his right of reply, urged the delegation of the Democratic People's Republic of Korea to refrain from politically motivated remarks.

The CHAIRMAN, noting that the draft resolution mentioned in the course of discussion would be submitted to a later meeting of Committee B, suggested that the debate on the subject be adjourned until that time.

It was so agreed.

4. DEVELOPMENT OF A LEGAL INSTRUMENT TO REGULATE HUMAN ORGAN TRANSPLANTS: Item 31 of the Agenda (Documents EB79/1987/REC/1, Part I, Annex 16, Part II, Chapter II, para. 50 and A40/INF.DOC/6).

The CHAIRMAN drew the Committee's attention to the draft resolution presented by the delegations of Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar and Sudan. The draft resolution read as follows:

The Fortieth World Health Assembly,
Expressing its satisfaction at the scientific progress achieved in human organ transplants in many Member States;

Concerned at the trade in human organs among living human beings;

Affirming that such trade is inconsistent with the most basic human values and contravenes the Universal Declaration of Human Rights and the spirit of the WHO Constitution;

Expressing its satisfaction at the measures taken by some Member States to regulate human organ transplants and their decision to develop a unified legal instrument to regulate these operations;

REQUESTS the Director-General:

(1) to study the subject and develop an appropriate legal instrument in keeping with the WHO Constitution to regulate human organ transplants;

(2) to report to the Forty-first World Health Assembly on the action taken in this regard.

Dr AL-AWADI (Kuwait), presenting the draft resolution, said it dealt with an increasingly important problem, which had already been the subject of a report by the Director-General and had been considered by the Executive Board at its seventy-ninth session. Trade in human organs was an activity entirely in contradiction with the aims and purposes of the Organization as well as being a grave infringement of individual human rights. Should present trends with regard to the trade in human organs continue, especially in view of the rapid advances being made in human transplant procedures, the practice might well become beyond control. The time had come for the Organization to take a clear and forceful stand against the commercialization of human organs for transplantation purposes; he therefore urged the Committee to support the draft resolution.

In addition, he drew the Committee's attention to document A40/INF.DOC/6, which contained the text of the Unified Arab Law on Human Organ Transplants. The document was being submitted to the Committee for information in the hopes that it would be of assistance in arriving at a unified legal text on a very important matter.

Mr SCICLUNA (Council of Europe), speaking at the invitation of the Chairman, said that in 1978 the Council of Europe had adopted a resolution relating to the removal and transplantation of human organs that had been concerned mainly with ethical issues. More recently, the French Government had invited the ministers of health of Member States of the Council to a ministerial conference to be held in Paris in November 1987. The Conference would deal with the legislative, organizational and ethical aspects of organ transplants. The two main problems in regard to organ transplants at the present time were that organs were not available in sufficient numbers and that there was a need to ensure that organs were only made available under conditions of full respect for human dignity and human rights. Most Member States of the Council already had legislation on organ transplants or, if not, had very clear guidelines on both organ removal and transplantation. The four main principles underlying such legislation and guidelines were: (i) the donor must give his consent, (ii) the donor should as far as possible be genetically related to the recipient, (iii) the donor should remain anonymous and (iv) the donor should make a genuine donation of the transplanted organ and no payment should be involved.

The availability of organs for transplant was closely linked to the existence of public awareness that organ donation was an act of human solidarity. At the outcome of the Conference, national campaigns would probably be launched to increase such awareness. An increase in the number of cadaver donors would, furthermore, have the advantage of reducing the need for living donors. The Conference would also attempt to tackle the problem of availability of organs by seeking to ensure the rational use of organs at the European level while fully respecting the principles mentioned earlier. It was hoped that the Conference would lead to practical action with regard to educating the general public and health personnel, improving national and international organization of the removal and transplantation of organs and applying strict controls on the ways the organs were obtained.

Dr LARIVIERE (Canada) said he shared the concerns the delegate of Kuwait had expressed about trade in human organs, which was a practice completely incompatible with human dignity. He also shared the views of the representative of the Council of Europe on the need to organize the transplantation of human organs at national level in an ethical and moral manner which respected the basic dignity of human beings. He had, however, some difficulties with the procedure proposed by Kuwait. The rationale behind the steps taken by the countries

of the Arab League was most laudable; those States must be commended for agreeing on common guidelines and principles governing human organ transplants. However, the proposal to follow up those concerns by calling on WHO to develop a legal instrument or code of practice on the subject was in his view a departure from the Organization's traditional approach to the whole field of health legislation. WHO had a very good record in making available to Member States health laws adopted throughout the world on a variety of subjects; that was done in a way that respected the political, cultural and social backgrounds of Member States. He saw no reason for the Organization to discard that approach in the present instance and instead formulate a legal instrument that Member States would be invited to endorse collectively. Perhaps a better way would be for the Health Assembly to declare itself very forcefully against any sort of commercialization of human organ transplants and to urge all Member States, in collaboration with the Director-General, to develop within their own countries the right kind of legislative framework to allow human transplants to take place in a manner compatible with the basic principles of human dignity.

Professor GIRARD (France) said the sponsors of the draft resolution had raised an extremely important question, to which it was incumbent on the Health Assembly to find the right answer. He was also grateful to the representative of the Council of Europe for reporting on the French initiative on the matter and on the steps taken by the Council to define ethical rules for organ transplantation. He fully shared Canada's views that an exchange of information on action being taken by countries in the legal and ethical aspects of organ transplantation was preferable to the formulation of a legal instrument on the subject. In the interests of arriving at a consensus on the matter, he proposed that operative paragraph (1) should be replaced by the words: "to study in cooperation with the other international organizations ethical principles that would allow countries to regulate the transplantation of human organs".

Dr ROSDAHL (Denmark) said that the French delegate's amendment was very helpful. However, if it were accepted, some further consideration would have to be given to the title of the draft resolution.

Dr NAKATANI (Japan) expressed his appreciation of the initiative taken by the delegation of Kuwait. In Japan, commercial dealings in kidneys and corneas were already prohibited. He shared the concern expressed by the delegate of Canada and felt that a declaration by WHO on the subject would be a more appropriate solution. Other speakers had drawn attention to additional problems. His delegation would like to have a clarification of the definition of "trade" and "organ". For example, did the latter include blood, and were the organs concerned limited to those of living human beings or were those of the dead included as well? The precise role to be played by WHO in the matter also needed clarification. He therefore suggested that the issue should be further discussed in the Executive Board.

Mr VOIGTLAENDER (Federal Republic of Germany) expressed his support for the French delegate's amendment. The title of the draft resolution might be changed to read "Development of ethical principles for the regulation of human organ transplants by countries".

It was extremely important that WHO should work in close cooperation with the substantial number of other international organizations active in the field under consideration. The Council of Europe had already made a statement, and he would like to mention, in addition, the Council for International Organizations of Medical Sciences (CIOMS), which had held a conference on human organ transplants in Athens some two years previously. That conference had shown that consensus-building in an intercultural context was an extremely difficult and time-consuming process and that it would be impossible to develop, in one step, a unified legal instrument. CIOMS was due to continue its discussion of the issue in 1987, at another conference to be held in the Netherlands.

Mr LUPTON (United Kingdom of Great Britain and Northern Ireland) noted that the draft resolution had been distributed only a short while before and that several amendments had been proposed. It had also been suggested that the matter should be referred back to the Executive Board. He fully supported the point made by the delegate of Denmark. It might not prove necessary to refer the issue back to the Executive Board, since the Board had already provided an exhaustive report on it, but the Committee needed more time to consider the matter and to prepare an agreed draft resolution.

Dr AL-AWADI (Kuwait) thanked previous speakers for their support for the principles of the draft resolution, although there were some differences of opinion regarding the procedure to be followed. The draft resolution could be amended to accommodate those differences of opinion, especially those voiced by the delegates of Canada and France, since the sponsors were not insisting on the preparation of a standard legal instrument in the short time before the Forty-first World Health Assembly met. Every country had its own laws and practices concerning human organ transplants, but certain kinds of trade in human organs were, unfortunately, violations of human rights. He therefore proposed that operative paragraph (1) should be amended to read: "(1) to study the subject, in coordination with other international organizations concerned, and the possibility of developing an appropriate legal instrument, in keeping with the WHO Constitution, to regulate human organ transplants". The Director-General could report back to the Committee on any difficulties encountered. In any case, the Health Assembly should take up the issue, and he hoped that the draft resolution, as he had amended it, would be acceptable and that action on the issue would not be postponed.

The CHAIRMAN agreed that the issue was of major ethical interest to many Member States.

Professor SZCZERBAN (Poland) agreed with the United Kingdom delegate. The issue was very complex, involving more than purely ethical considerations. A final solution was still far away. Every country was faced with various legal obstacles, and he wondered whether it would be possible to find a universal answer to the problem. Nevertheless, an effort should be made to do so, and it would be reasonable to request the Executive Board to reconsider the matter.

Dr LARIVIERE (Canada) agreed with previous speakers regarding the importance and complexity of the issue. He supported the Kuwaiti amendment, but previous Health Assemblies had come to an understanding that very complex issues should be referred to the Executive Board. The problem of the timing of the submission of the Director-General's report could be solved if the words "Forty-first" were deleted from operative paragraph (2).

Dr AL-AWADI (Kuwait) agreed with the previous speaker that the timing should be left to the Director-General. What was important was the decision to take the matter up. The issue was, of course, very complex, with many ethical and legal aspects, but it was important that WHO should take the first step.

Mr BOYER (United States of America) recalled that, during the Executive Board's discussion of the matter at its seventy-ninth session, the Director-General had already considered the question of how deeply WHO could involve itself. With some sense of frustration, the Director-General had indicated that, since the issues involved were essentially philosophical and religious, particularly in relation to the definition of death, it would be very difficult for WHO to produce an acceptable legal instrument. It therefore seemed that the Director-General had already dealt with the question which the sponsors of the draft resolution were now requesting him to take up. In fact, a resolution might not be needed at all. In any case, if there was to be a resolution on the subject, he would insist that the 48-hour rule should be applied.

Professor GIRARD (France) said that he was glad to note that there was a consensus that the problem could not be settled immediately. The statements made by previous speakers showed that the question had several aspects, that members would need to re-read the conclusions reached by the Executive Board at its seventy-ninth session, that it would be necessary to set up a small working group incorporating those delegations which had made specific proposals to try to reach a consensus on the text, and that, if considered appropriate in the light of the Executive Board's conclusions, a new version of the draft resolution might have to be considered by the Committee the following week.

Dr AL-AWADI (Kuwait) agreed with the previous speaker on the need to set up a working group.

Dr SIAGAEV (representative of the Council for Mutual Economic Assistance) informed the Committee that organ transplantation problems were quite frequently dealt with in CMEA's Health Committee. In 1980 an international organization grouping CMEA Member States had been established. It dealt with cooperation with regard to organ transplants, especially kidney transplants. Under its auspices, donated organs were distributed free of charge among Member

States on the basis of documents prepared by specialists from the secretariat and individual Member States. Mutually agreed recommendations on the definition of brain death were exceptionally important when decisions regarding the removal of organs were taken.

The issues before the present Committee were extremely important. Trade in human organs could not, and did not, occur in CMEA countries, but the broad range of problems connected with organ transplants required careful attention by the international medical community. As many speakers had stated, the matter was complicated but it had to be tackled. CMEA was ready to share its experience with WHO.

Mr DEES (Netherlands) asked whether, in view of the remarks made by the United States delegate, the Secretariat could supply some information on what possible action WHO could take in the matter.

Dr ROSDAHL (Denmark) associated himself with that request. Members of the Committee were not specialists in international law and would appreciate an explanation of the scope of any legal instrument that might be prepared. For instance, it would be helpful to know whether the International Code of Marketing for Breast-Milk Substitutes could be considered a legal instrument.

Mr VIGNES (Legal Counsel) replied that the only mechanisms that could be used were those provided for in Article 23 of the Constitution. In other words, WHO could make recommendations or adopt principles, as had been done in the case of the International Code of Marketing for Breast-Milk Substitutes. Article 21 of the Constitution, which provided for the adoption of regulations, obviously did not apply in the present instance.

Dr SANKARAN (Director, Division of Diagnostic, Therapeutic and Rehabilitative Technology), responding to points raised by members, said that the subject of organ transplants was extremely complicated. Attention had been drawn to that fact when the Director-General had presented the Executive Board with a report prepared by two experts. At the end of the debate in the Executive Board it had been recognized that the subject was very complex and that it was very difficult to go beyond purely clinical considerations and to develop any legal instruments to deal with it. A representative of CIOMS had made a statement in which he had discussed the problems raised at the Athens conference on organ transplants. He had also informed the Board of the meeting that would take place in June 1987 to discuss some of the ethical principles involved in organ transplantation.

The subject was also made more difficult by the arguments that had recently been put forward in favour of, and against, different definitions of brain death, since the organs of brain-dead individuals could not be donated in certain countries. That point had also been raised in the Executive Board, and the Director-General had again felt that it was an extremely difficult subject on which to issue a statement. It had therefore been left to the Executive Board to make further suggestions after a study of the subject had been completed. The matter had not been referred to any future Health Assembly for consideration, or to any subsequent session of the Executive Board, pending completion of the study. It had been requested that other international organizations, including the important Association of Transplant Surgeons, should be contacted on the subject. WHO's International Digest of Health Legislation contained information on some 56 Member States with legislation on, or legal definitions of, organ transplants. That point, too, should be taken into account.

He hoped that his remarks would serve to indicate the difficulties which the Organization faced with regard to human organ transplants.

Dr AL-SHARIF (Libyan Arab Jamahiriya) asked what the position was with regard to the suggestion that a working group should be set up to consider the matter, bearing in mind the deliberations of the Executive Board.

The CHAIRMAN replied that the only way forward seemed to be the establishment of a working group, consisting of Kuwait, Canada, France, the Federal Republic of Germany, the United Kingdom and any other delegations that wished to be involved. The Committee could then resume its consideration of the subject after the working group had done its work. In the absence of any objection, he would take it that the Committee agreed to that procedure.

It was so agreed.

The meeting rose at 13h00.

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