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Expert committees and study groups¹

Report by the Secretariat

THE BURDEN OF MUSCULOSKELETAL CONDITIONS AT THE START OF THE NEW MILLENNIUM

Report of a WHO Scientific Group
Geneva, 13-15 January 2000²

Main recommendations

1. This report, the first attempt to summarize comprehensively the effect of all major musculoskeletal conditions, describes what is known in terms of both numbers and estimates of different outcomes or impact.
2. Given the desirability of reversing the predicted increase in the number of persons suffering from musculoskeletal conditions and the subsequent disabilities affecting both the physical and the psychological domains, the Scientific Group concluded that, in order to change priorities and formulate preventive strategies, it is essential to have accurate current data. Furthermore, in order to be able to measure the results of interventions, baseline information is needed not only on incidence and prevalence but also on the effects on individuals and society.
3. Although data are lacking for almost all conditions, particularly in Africa, eastern Europe and southern America, it was suggested that extrapolation could be used for economically and culturally similar regions, so long as the limitations of such an exercise were recognized. The Scientific Group noted that certain sources of existing data were not being fully used.
4. In order to overcome the difficulties in collecting epidemiological information, the Scientific Group recommended that guidelines should be prepared in order to facilitate the uniform collection of data for comparison between geographical regions and longitudinal assessment of changes in disease patterns. It recognized that certain basic requirements were needed: use of agreed definitions for each

¹ The Regulations for Expert Advisory Panels and Committees provide that the Director-General shall submit to the Executive Board a report of expert committees containing observations on the implications of the expert committee reports and recommendations on the follow-up action to be taken.

² WHO Technical Report Series, No. 919, 2003.

condition; reporting of data either unprocessed (raw) or aggregated into agreed age groups; and, reporting of data by gender.

5. The Group also recommended that the most essential regions for which data are missing should be identified in order to obtain a true global picture of the frequency with which common musculoskeletal conditions occur.

6. The report emphasized the need to design and validate simple instruments in a format that can be used worldwide in order to measure the impact of musculoskeletal conditions on health and economies, at the level of both individuals and society. Further, agreement on definition and staging of musculoskeletal conditions is essential.

Significance for public health policies

7. In many countries, health-care systems tend to focus almost exclusively on acute-onset conditions and diseases caused by trauma or infection. The ability to treat or even to diagnose chronic conditions is often absent – understandably and perhaps necessarily when one considers that: (1) resources are extremely scarce, (2) infectious diseases and trauma often strike persons in their youth or during their most productive years, and (3) whereas treatment for infectious diseases can often have a curative effect with a single low-cost treatment regimen, this is less true for traumatic injuries. Despite the benefits, the approach overlooks chronic diseases and conditions such as heart disease and cancer which rank among the greatest contributors to mortality and morbidity globally. Moreover, musculoskeletal conditions and mental health disorders tend to attract less attention in all parts of the world because, although they are extremely prevalent, they have low mortality rates.

8. Public health programmes need to emphasize two approaches. All programmes need to promote prevention strategies. Through proper nutrition, weight-bearing aerobic exercise, maintenance of proper body-mass index, abstinence from tobacco use, and avoidance of excessive use of alcohol, the burden of musculoskeletal conditions and most noncommunicable diseases can be lessened. Member States that are currently unprepared to treat musculoskeletal conditions should work towards providing better care for people so affected and, as their populations age, prepare for the coming epidemic through extensive training of health-care workers, finding ways of manufacturing or importing treatments, and creation or adoption of guidelines for treatment.

Implications for the Organization's programmes

9. Epidemiological data on musculoskeletal conditions in several regions of the world are still scarce. To provide a more uniform assessment of the burden of musculoskeletal conditions, the facilitation of the collection of such data is important. As first steps, producing uniform guidelines for the collection of data could be envisaged as well as maintaining databases of research scientists, monitoring studies in progress, and keeping a central repository of incidence and prevalence data on musculoskeletal conditions.

10. Significantly alleviating the burden of musculoskeletal conditions will need a robust plan and the creation of a global strategy on their prevention and control, with cross-organizational input.

EVALUATION OF CERTAIN VETERINARY DRUG RESIDUES IN FOOD

Sixtieth report of the Joint FAO/WHO Expert Committee on Food Additives Geneva, 6-12 February 2003¹

Main recommendations

11. The Committee made recommendations on residues of several veterinary drugs in food of animal origin. The report also contains general considerations of the assessment of carcinogenic risk and marker residues.

12. The Committee evaluated two antimicrobial agents (neomycin and flumequine), one antiprotozoal agent (imidocarb), three insecticides (deltamethrin, dicyclanil and trichlorfon), and one production aid (carbadox). Acceptable daily intakes or temporary values for such intakes were established at the current meeting and those set at previous meetings were considered.

13. The Committee recommended maximum residue limits for all these substances, including those for which values had been set at previous meetings, except for flumequine and carbadox, for which it recommended withdrawal of the maximum residue limits previously established. Summaries of the toxicological and related information upon which the safety assessments of the veterinary drugs were made,² and of the residue information that formed the basis for the recommended maximum residue limits³ will be published.

Significance for public health policies

14. The Committee's work emphasizes the public health significance of the risk assessment of chemical residues in food. It highlights the complexity of the process, which includes assembling and analysing all relevant data; interpreting studies of, for instance, carcinogenicity, genotoxicity, reproductive toxicity and teratogenicity; extrapolating to human beings the effects observed in experimental animals; and characterizing hazards to human beings based on available toxicological and epidemiological data.

15. Although all Member States face the problem of assessing potential risks of chemicals in food, only a few scientific institutions can assess the relevant toxicological and related data at this stage. Therefore Member States need to be provided with valid information on both the general aspects of risk assessment and the specific veterinary drugs covered in this report.

16. The Committee's recommendations are used by the Codex Alimentarius Commission for setting international food standards. Such standards are established only for substances that have been evaluated by the Committee and have been allocated an acceptable daily intake, thereby ensuring that food commodities in international trade meet strict safety criteria.

¹ WHO Technical Report Series, No. 918, 2003.

² *Toxicological evaluation of certain veterinary drug residues in food*. WHO Food Additives Series, in press.

³ *Residues of some veterinary drugs in animals and foods*. FAO Food and Nutrition Paper, in press.

Implications for the Organization's programmes

17. The evaluation of chemicals in food by the Committee is a continuing activity, with two meetings on food additives, one on contaminants and one on residues of veterinary drugs in food scheduled for 2004-2005.

18. WHO is a partner in the Joint FAO/WHO Food Standards Programme, which administers the Codex Alimentarius Commission. The Committee's work is crucial for that of the Commission.

19. Regional offices and WHO Representatives also make use of the Committee's evaluations when advising Member States on food safety regulatory programmes.

WHO EXPERT COMMITTEE ON SPECIFICATIONS FOR PHARMACEUTICAL PREPARATIONS

Thirty-eighth report Geneva, 10-14 March 2003¹

Main recommendations

20. The report covers the extension and revision of *The International Pharmacopoeia*, and the adoption of specifications on drug substances and drug products together with International Chemical Reference Substances and International Infrared Reference Spectra. The Committee endorsed collaboration with other United Nations agencies and other international parties, especially to cover quality specifications for starting materials and radiopharmaceuticals. It also recommended closer collaboration between pharmacopoeias and regulatory authorities and endorsed several actions, also including discussion of issues for medicines traded internationally.

21. As part of the overall strategy for detecting counterfeit and substandard products, the Committee emphasized the need for a consistent definition to be used internationally. It repeated endorsement of the recommendations made in previous WHO guidelines.² The Committee proposed that international agreements should be considered as a means of strengthening preventive measures against counterfeit and substandard drugs. With the increase in trade and commerce, and the introduction of new supply routes of vital drugs by various private and public parties, new approaches to quality assurance would be needed internationally, regionally and nationally.

22. The Committee recommended the continuation of the external quality-assurance assessment scheme for national and regional quality-control laboratories in all six regions.

23. The Committee acknowledged and endorsed the activities relating to good manufacturing practices, and recommended the continuation of the efforts to strengthen and improve the inspection processes.

¹ WHO Technical Report Series, No. 917, in press.

² Guidelines for the development of measures to combat counterfeit drugs, document WHO/EDM/QSM/99.1, full text also available at http://www.who.int/medicines/strategy/quality_safety/stqsmdrqa.shtml

24. In response to resolution WHA52.19 and recommendations made at other forums, including the Tenth International Conference of Drug Regulatory Authorities (Hong Kong, China, 24-27 June 2002), the Committee adopted new mechanisms related to the control and safe trade of starting materials for pharmaceuticals, for action by governments, manufacturers, traders and brokers: (1) a guidance scheme on good trade and distribution practices; and (2) the WHO Pharmaceutical Starting Materials Certification Scheme. Member States were encouraged to participate in a pilot project.

25. The Committee reviewed progress made in updating drug terminology, in particular within the International Nonproprietary Names programme, and recommended its continuation.

26. The Committee acknowledged the need for a pre-qualification programme for suppliers of medicines, in particular those used in the treatment of HIV/AIDS, tuberculosis and malaria. Additional guidance texts on the pre-qualification of quality-control laboratories and procurement agencies had been prepared in response to a request from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Committee commended the good work in their preparation and adopted the new texts.

27. The Committee supported WHO's efforts to establish a global alliance for the quality of pharmaceuticals to deal with matters of quality assurance.

Significance for public health policies

28. Access to high-quality drugs contributes substantially to improving human health and promoting well-being, a role that has been underlined by the consequences of the repeated occurrence in various countries of cases of counterfeit and substandard drugs. Vigorous implementation of good manufacturing practice in the production of pharmaceuticals is the first prerequisite for prevention.

29. Evidence shows that problems of quality assurance of pharmaceuticals persist, especially with the growing production, distribution and sale worldwide of counterfeit, spurious and substandard pharmaceutical products. A waste of money for the people who buy them, counterfeit and substandard drugs prolong treatment periods, exacerbate the conditions being treated, increase the emergence of drug resistance and can even cause death. The statutory instruments, advice and recommendations provided in the Committee's report can help national authorities, in particular drug regulatory authorities, and procurement agencies to combat these problems.

30. Special efforts have been undertaken to raise awareness of the need for regulatory measures covering the safety of and trade in starting materials – including active pharmaceutical ingredients and excipients – and implementation of good manufacturing practices. The participation and support of policy-makers and the entire public health community are required, across both the public and private sectors.

Implications for the Organization's programmes

31. WHO must continue to promote a comprehensive approach to quality assurance of pharmaceutical products, and also lead and coordinate international efforts to define and harmonize clear and practical standards and guidelines for pharmaceuticals, particularly in response to increased globalization of trade and supply by third parties.

32. The Organization, through a global approach, will be able to act locally in the area of quality assurance of medicines. Internationally agreed standards in quality assurance will serve, not only

within WHO, but also for other international, regional and national efforts. Their implementation will be strengthened through new global alliances.

33. While the Organization seeks to enhance both the rational use of scarce resources and consumers' confidence in health care, a crucial objective must be to ensure the safety, efficacy and quality of medicinal products for maintaining and improving public health. Meeting this objective is evidently a constant and rigorous process.

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