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REPORT ON EXPERT COMMITTEE MEETINGS

Report of the Director-General

INTRODUCTION

In compliance with paragraph 10.6 of the Regulations for Expert Advisory Panels and Committees,[1] the Director-General reports here on the ten meetings of expert committees listed below, the reports[2] of which have been prepared in both working languages since the forty-second session of the Executive Board.

The Executive Board, at its forty-first session, adopted resolution EB41.R12 in which it requested the Director-General to include in his report to the Executive Board on expert committee meetings, information showing the results obtained in his continuing evaluation of the Technical Report Series with a view to improving their quality still further and giving them a wider and more rapid distribution. In this connexion, the Director-General has taken steps to affect a more rapid distribution of these reports. Furthermore, following resolution EB42.R12 the matter was referred for consideration to the Regional Committees, several of which have taken note of the evaluation made by the Executive Board. The Directing Council of the Pan American Health Organization/Regional Committee for the World Health Organization, at its meeting in October 1968 in Buenos Aires, Argentina, discussed the matter and referred in particular to the need for an annotated index by subject of the Technical Report Series.

The ten meetings are reviewed hereunder in the following order:

1. Expert Committee on Planning and Evaluation of Health Education Services
2. Expert Committee on Microbiological Aspects of Food Hygiene (with the participation of FAO)
3. Joint Meeting of the FAO Working Party of Experts on Pesticide Residues and the WHO Expert Committee on Pesticide Residues
4. Expert Committee on Water Pollution Control in Developing Countries
5. Expert Committee on Non-Proprietary Names for Pharmaceutical Preparations, Eighteenth Report
6. Expert Committee on Urban Air Pollution with Particular Reference to Motor Vehicles
7. Expert Committee on Biological Standardization, Twenty-first Report
8. Expert Committee on Drug Dependence, Sixteenth Report
9. Joint ILO/WHO Committee on Occupational Health, Sixth Report
10. Expert Committee on Genetic Counselling

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[1] Basic Documents, 19th ed., p. 92.

[2] Copies of these reports are annexed to this document (for Members of the Executive Board only).

1. Expert Committee on Planning and Evaluation of Health Education Services[1]

1.1 Background information

The previous WHO expert committees dealing with health education have been concerned respectively with: (a) the main problems, objectives, and the role of health education in enlisting the participation of people in health services and in related programmes of a community development nature;[2] (b) needs and guiding principles for the training of health personnel in health education;[3] and (c) objectives and suggestions for the preparation in health education of elementary and secondary school teachers. This was convened jointly by WHO with UNESCO.[4]

The first Expert Committee had considered briefly the main problems and principles of planning health education in priority health programmes. However, to meet the needs of programme development in several Member States during the past fifteen years and their expressed interest, an expert meeting of health administrators and directors of health education services was convened to consider the objectives, technical standards, and guiding principles for the planning and evaluation of health education services within the framework of priority health programmes and services at various administrative levels.

1.2 The report

The Committee considered that health education services, when properly planned, organized, and implemented within the organizational framework of national health programmes, can be of important consequence in enlisting the active participation of the people, and in improving the use of available health services and related resources.

While noting a trend toward more widespread understanding of the value of effective health education, the Committee stressed the need for a much more systematic and substantial consideration of the planning, organization, and evaluation of the health education aspects of health plans and programmes. Realistic planning and evaluation of health education at various administrative levels would need to vary in accordance with: (a) available health manpower and health services, and (b) a variety of cultural, educational, socio-economic and related circumstances and resources.

The degree to which the planning of health education components of priority health programmes is effective in practice is influenced by the detailed consideration given to various interrelated factors including: (i) the accessibility of health advice and health services in which the individuals have confidence; (ii) the economic feasibility of the people concerned to put into practice the health measures being advocated; and (iii) the acceptability of the proposed health practice in terms of the aspirations, beliefs, and behavioural patterns of daily living of the people concerned.

The professional personnel responsible for the planning and evaluation of health education services in health departments or ministries must be alert to the continuing need to adjust the technical functions of their services to the: (i) priority objectives, policies, plans, programmes and resources of their respective health authorities; (ii) health education

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[1] Wld Hlth Org. techn. Rep. Ser., 1969, 409.

[2] Wld Hlth Org. techn. Rep. Ser., 1954, 89.

[3] Wld Hlth Org. techn. Rep. Ser., 1958, 156.

[4] Wld Hlth Org. techn. Rep. Ser., 1960, 193.

implications of programmes, of other leading ministries, (education, agriculture, and others) with which their respective health authorities may co-operate; and (iii) health education aspects of medical and public health activities of professional associations, non-governmental health organizations, industrial establishments, and other voluntary agencies and groups.

1.3 The recommendations

The Committee recommended that :

(a) planning for health education becomes a specific, systematic, and integral part of all health planning in order to strengthen its role in enlisting the desired action and support of people in priority health services and related programmes;

(b) studies and research be encouraged to help improve the basis on which health education aspects of various health programmes are planned in varying geographical, technological, economic, cultural, and administrative settings.

1.4 Implications for the Organization's programme

The guiding principles and proposals made by the Expert Committee will be taken into account in the further co-operation of WHO with programmes of Member States concerned with the planning and evaluation of health education services within the organizational framework of various health programmes.

2. Expert Committee on Microbiological Aspects of Food Hygiene (with the participation of FAO)[1]

2.1 Background information

This report was prepared by the Committee at its first session held in Geneva in October 1967. The purpose of the meeting was to deal with the over-all problems of the transmission of micro-organisms through food, their detection and prevention. The Committee was also concerned with assessing the role of the microbiological laboratory within the over-all programme for the promotion and control of food hygiene and also dealt with principles and difficulties of setting up microbiological standards.

2.2 The report

The general section of the report deals with reporting and surveillance in the prevention and control of food-borne diseases. It also reviews the factors which have contributed over the past few years to the increasing necessity for preventing and dealing with outbreaks of food-borne disease; the changing epidemiological factors, such as rapid urbanization, technological advances, international shipment of foods, centralization of food processing, long chains of food distribution, and changing food habits. Hence the need for modifying the conventional approaches to the epidemiology of food-borne disease.

Special sections are devoted to the more important pathogens, which may cause food-borne diseases including bacteria, viruses, rickettsias, fungi and their toxins, food-borne animal parasites and protozoa are also briefly mentioned. Sources and vehicles of pathogens, influences of various kinds of food processing on their destruction or persistence, means of laboratory examination and evaluation of findings are described. One of the most important chapters is that dealing with the role of the laboratory in food hygiene programmes and microbiological standardization of food products.

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[1] Wld Hlth Org. techn. Rep. Ser., 1968, 399.

Nine annexes contain useful additional information on reporting of food-borne disease outbreaks, procedures for collecting and submitting food samples for laboratory examination, and the identification of some pathogens in food samples.

2.3 The recommendations

The Committee made several recommendations concerning research on the microbiological aspects of food hygiene and also endorsed the recommendations for research made by the International Committee on Microbiological Specifications for Foods, which has received WHO grants for the work in this field. The recommendations particularly deal with problems of development of improved methods of microbiological food examination, clarification of the role of some micro-organisms such as food-poisoning agents, statistical studies, etc.

2.4 Implications for the Organization's programme

WHO will use the findings and recommendations of the Committee to assist and advise governments in dealing with food hygiene problems and will use the report in formulating programmes in this field.

The findings of this Committee will form an important basis for the work in the Joint FAO/WHO Food Standards Programme (Codex Alimentarius) particularly in the Codex Alimentarius Committee on Food Hygiene.

The recommendations for research will serve as an important basis for studies in microbiological aspects of food hygiene during the next few years.

3. Joint Meeting of the FAO Working Party of Experts on Pesticide Residues and the WHO Expert Committee on Pesticide Residues[1]

3.1 Background information

At a Joint Meeting of the FAO Panel of Experts on the Use of Pesticides in Agriculture and the WHO Expert Committee on Pesticide Residues in 1961[2] it was recommended that studies be undertaken to evaluate the consumer hazard arising from the use of pesticides. Subsequently the FAO Committee on Pesticides in Agriculture and the WHO Expert Committee on Pesticide Residues held two joint meetings (in 1963[3] and 1965[4]) dealing with a number of pesticides and suggesting, on the basis of relevant data, acceptable daily intakes for some of them. These toxicological evaluations were used by the FAO Working Party on Pesticide Residues as one of the bases for recommending tolerance for pesticide residues in certain foods.

In order to facilitate the progress of work in this field a first Joint Meeting of the FAO Working Party on Pesticide Residues and the WHO Expert Committee on Pesticide Residues was convened in 1966 to provide both toxicological evaluations and recommendations of tolerances.[5] The second Joint Meeting, now reported on, took place in Rome from 4-11 December 1967.

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[1] Wld Hlth Org. techn. Rep. Ser., 1968, 391.

[2] Wld Hlth Org. techn. Rep. Ser., 1962, 240.

[3] Document WHO/Food Add/23 (1964).

[4] Document WHO/Food Add/26.65.

[5] Wld Hlth Org. techn. Rep. Ser., 1967, 370.

3.2 The report

At this Joint Meeting, 17 pesticides, recommended for consideration by the Codex Committee on Pesticide Residues, were re-evaluated in the light of additional data and of the new criteria, recommended by a WHO Scientific Group, for the interpretation of toxicological and related data. Tolerances, or "practical residue limits", were also recommended for six compounds.

A number of other pesticides were also re-evaluated. This was done because new data had come to hand which cast doubt on their safety for use.

The significance of interaction between different pesticides and between pesticides and other chemicals was reviewed. It was agreed that with the present levels of consumption there is no need for concern about the possible additive or potentiative effects of intake of more than one pesticide of the same group or of different groups.

3.3 The recommendations

In the interests of public health and agriculture, further joint meetings should be held annually.

WHO should promote the development of studies on the organochlorine insecticides with the object of clarifying the toxicological significance of stimulation of the activity of liver enzymes and the associated morphological changes.

WHO should promote action aimed at evaluating the significance of the observation of hepatomas in laboratory animals treated with some organochlorine insecticides, notably dieldrin.

WHO should invite the appropriate international agency to re-evaluate the recent work on the chronic toxicity of DDT in mice, and if further experiments are considered necessary these should be given a high priority.

3.4 Implications for the Organization's programme

A Joint Meeting on Pesticide Residues was held in 1968 and a further one in 1969.

Provision has been made for a research project to be initiated in 1969 under the Special Account for Medical Research.

Preliminary steps have been taken, in collaboration with the International Agency for Research on Cancer, to implement the recommendation on hepatomas in laboratory animals, while recent work on DDT has been re-evaluated and further experiments on this compound are being conducted.

4. Expert Committee on Water Pollution Control in Developing Countries[1]

4.1 Background information

Water pollution was the subject of an Expert Committee convened in Geneva in April 1965.[2] The report received wide publicity in the technical press. That Committee had taken stock of the world water pollution problem, in temperate and tropical zones, advanced and developing countries, and its recommendations were of universal application.

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[1] Wld Hlth Org. techn. Rep. Ser., 1968, 404.

[2] Wld Hlth Org. techn. Rep. Ser., 1966, 318.

The effects of water pollution, however, are now becoming acute in the developing countries, often as a serious unwanted complication of development programmes. An Inter-Regional Seminar on Water Pollution Control, with particular reference to the developing countries, took place at New Delhi in November 1967. It was attended by fifteen participants from developing countries. The material collected for that Seminar, and now being compiled into a report, was made available to the members of the Expert Committee as background information for their deliberations.

4.2 The report

This Expert Committee reviewed the most important water pollution problems in the developing countries, most of which are situated in tropical or semi-arid regions, so that climatic conditions and hence water resources have a vital bearing on pollution problems and their resolution. At the same time these countries have high rates of population growth, urbanization and industrialization.

The Committee considered the inter-relationship of water resources and water pollution, evaluated the health aspects of the problem and discussed remedies ranging from the planning of water use and pollution control at national or regional level, to general principles for the prevention of water pollution, training of personnel engaged in the management of water resources and pollution control. It also pointed to areas for research.

4.3 The recommendations

The Committee made 20 recommendations. In summary they bear on good planning of water resources, at national or regional level, both for public health and economic and social development; they stress the need for conservation and re-use of water, the necessity for public health interests to be represented in national and regional water management and sewerage authorities, and the importance of technical training at all levels for the personnel involved in the day-to-day operation of water pollution control facilities and in the enforcement of regulations.

Several of the recommendations made by the Committee are of special value to countries envisaging water pollution control programmes, with or without the assistance of WHO.

4.4 Implications for the Organization's programme

The Organization has taken account of these recommendations. Consultant services have been provided to a number of countries to assist the governments in conducting water pollution surveys or in drafting legislation for water pollution control, while considerable research into the special water pollution problems of the developing countries is being conducted in some countries, where UNDP/SF assisted projects, for which WHO is the Executing Agency, have been established.

The Organization is already assisting Member countries by training personnel, while other training facilities are now being planned.

5. Expert Committee on Non-Proprietary Names for Pharmaceutical Preparations, Eighteenth Report[1]

5.1 Background information

The main purpose of the meeting was the selection of international non-proprietary names for requests received from national authorities or directly from manufacturers. Up to now, 2198 names have been published in 19 lists of proposed international non-proprietary names. These names are widely used throughout the world for regulatory, labelling, scientific and other purposes.

[1] Document WHO/Pharm/68.447.

5.2 The report

The Expert Committee examined 104 new requests for non-proprietary names and eight requests held over from previous meetings; 92 names were selected and are to be issued in a twentieth list of proposed international non-proprietary names.

The Expert Committee reviewed the General Principles for Guidance in Devising International Non-proprietary Names for Pharmaceutical Preparations and recommended a few changes to be incorporated in the present text.

The Committee noted that List 19, containing 56 names selected by correspondence by the members of the Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations designated to deal with the selection of non-proprietary names, had been issued in March 1968. The Committee recommended that the selection of names by correspondence should be continued and that another list of international non-proprietary names could thus be prepared later on in the year. This selection and publication of names between meetings enables them to be provided more rapidly.

The Committee noted that a second cumulative list of international non-proprietary names had been published in English and French. This list includes 2027 names which have been proposed in the 17 lists published since the inception of the WHO programme on non-proprietary names in 1952 until February 1967. The Committee noted that six years had elapsed between the publications of the first two cumulative lists, and recommended that cumulative lists be issued at shorter intervals. It also recommended the inclusion of graphic formulae and of an index of molecular formulae in future cumulative lists.

The Committee recommended that the term "pharmaceutical preparations" in the titles of the Committee[1] and of the lists of names,[2] and in the "Procedure for the Selection of Recommended International Non-proprietary Names for Pharmaceutical Preparations"[3] should be replaced by the term "pharmaceutical substances". The Committee also recommended that the hyphen should be omitted from the word "non-proprietary".

5.3 The recommendations

The Expert Committee recommended that:

(a) In accordance with the "Procedure for the Selection of Recommended International Non-proprietary Names for Pharmaceutical Preparations",[3] the names selected at the Meeting should be sent to Member States with a letter asking that the names should be examined for possible conflict with proprietary rights and also requesting protection for these names.

(b) These names should afterwards be published in the WHO Chronicle.

(c) The selection of names by correspondence and their publication between meetings should be continued.

(d) Cumulative lists should be published at shorter intervals.

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[1] Expert Committee on Non-proprietary Names for Pharmaceutical Preparations.

[2] International Non-proprietary Names for Pharmaceutical Preparations.

[3] Resolution EB15.R7, Off. Rec. Wld Hlth Org., 1955, 60, Annex 3.

(e) The term "international non-proprietary names for pharmaceutical preparations" should be replaced by "international non-proprietary names for pharmaceutical substances" in the context of the WHO programme on international non-proprietary names.

5.4 Implications for the Organization's programme

The above recommendations are under study.

6. Expert Committee on Urban Air Pollution with Particular Reference to Motor Vehicles.[1]

6.1 Background information

Air pollution was first discussed at an Expert Committee in 1957 when a global review of the problem was made.[2] It was the subject of another Expert Committee convened in Geneva in October 1963. The report of that Committee reviewed air pollution problems of international interest and the progress made in control measures, in standardization of nomenclature, units and methods guides for air quality and made a number of recommendations for further action.[3] Since 1963 the Organization has convened several scientific groups which dealt, among other things, with air pollution,[4] and has sponsored numerous studies on the health effects of air pollution, on the measurement and analysis of air pollutants, and on control technology.

6.2 The report

Air pollution being generally more evident in urban than in rural areas, this Committee's terms of reference were specifically: "to advise on problems of pollution created by motor vehicles, review data on the different types and concentrations of pollutants and on their possible health effects, and recommend air quality criteria, guides and control procedures to deal with the problem. The Committee will consider the significance for public health of the increasing pollution from motor vehicle exhausts superimposed on the existing pollution from power stations, domestic and industrial heating and various industrial processes."

Air pollution by smoke is declining in some of the advanced countries as a result of increased efficiency in combustion, and the substitution of oil or natural gas for coal, whereas pollution caused by motor vehicles is increasing. For example, according to recent data published by the United States Public Health Service, motor vehicles contribute 60.6 per cent. to the total air pollution load in United States cities (or 86 thousand tons per year of carbon monoxide, oxides of nitrogen, hydrocarbons, sulfur oxide, lead compounds and particular matter), and this amount is expected to increase considerably because of the anticipated trends in motor traffic development. Similar trends have also been observed in other countries. Thus, though the Committee considered current general trends in urban air pollution, its deliberations tended to centre largely on the contribution of the motor vehicle to urban air pollution, on methods of measurement of the major pollutants - carbon monoxide, oxides of nitrogen, hydrocarbons, lead compounds, and oxidants formed by photo-chemical reactions - control and possible air quality criteria, guides and standards.

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[1] Wld Hlth Org. techn. Rep. Ser., 1969, 410.

[2] Wld Hlth Org. techn. Rep. Ser., 1958, 157.

[3] Wld Hlth Org. techn. Rep. Ser., 1964, 271.

[4] Wld Hlth Org. techn. Rep. Ser., 1968, 406.

6.3 The recommendations

The Committee recognized the need for more data on carboxyhaemoglobin levels and other biochemical indices in persons exposed to pollution by traffic exhaust. Although there are some serious gaps, the data now available permit an initial appraisal to be made on guides to air quality for a few pollutants. Since much recently published work is of great technical complexity, the Committee recommended that information on individual pollutants be periodically appraised. Work on carbon monoxide, lead, hydrocarbons and nitrogen oxides and other oxidants requires such critical appraisal. Research on the sampling and analysis of pollutants should be continued, and simplified methods for the analysis of motor vehicle exhaust gases should be developed. Collaborative test projects between laboratories in different countries should be encouraged. Since technological feasibility and economic implications are necessarily involved in air pollution control, information on these matters should be gathered in order to assist countries in developing balanced programmes.

6.4 Implications for the Organization's programme

To a large extent, the Committee's recommendations endorse the programme already carried out by the Organization. For example, a study on the control of emissions from diesel engines, particularly by legislation and inspection, was issued in 1967; the WHO International Reference Centre on Air Pollution, set up at the end of 1967, is already reviewing studies commissioned by the Organization on methods for measuring the more common air pollutants, while an Inter-Regional Seminar held in the USSR in 1967 afforded training in modern air pollution control technology for high-level personnel from 11 countries from all six WHO regions. In 1969 consultants will be engaged to follow up the recommendations of this Committee and to assist in preparation for the Symposium on Air Quality Criteria and Guides planned for 1970. The Organization will, as far as possible, continue its assistance to research and to collect information on air pollution and its health effects in various countries through the International Reference Centre and the Regional Reference Centres, but it will be difficult to implement some of the other recommendations made by this Committee unless the WHO air pollution control programme is considerably expanded.

7. Expert Committee on Biological Standardization, Twenty-first Report[1]

7.1 Background information

This meeting continued the work supervised by the twenty previous expert committees which have met since 1947. This Committee considered international biological standards and reference preparations for a number of biological substances and certain international requirements for biological substances which had been prepared by experts in collaboration with the WHO Secretariat. The Committee also considered a number of substances intended to be established as international biological reference reagents for the identification of micro-organisms.

7.2 The report

The present meeting included in its report the following:

Hormones - General

A number of problems of general nature in relation to the standardization and assay of protein and peptide hormones of human and animal origin, especially when techniques of immunoassay are used, were discussed. A number of important and far-reaching decisions were made.

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[1] Document BS/68.10

(a) Because of the species specificity of hormones the Committee decided to rename the existing international standard and reference preparations of hormones so as to indicate the species of origin of the preparations and the use for which they are intended (bio-assay or immuno-assay), and to follow this principle when new preparations are established.

(b) Since immuno-assay methods of hormones are important in many areas of clinical medicine and public health, international standards should be established as early as possible when suitable materials could be obtained. Because the international collaborative assays necessary for the establishment of international standards usually take considerable time, in some cases, the establishment of international reference preparations would be useful if suitable preparations for this purpose are available.

(c) Such preparations established as international reference preparations should, however, fulfil certain minimum criteria of suitability to serve their purpose.

(d) For specifying potency as determined by immuno-assay it was agreed not to depart from the practice of using international units. The unit for an international standard for immuno-assay would be defined in the same way as the unit for an international standard for bio-assay, but equated as accurately as possible with any existing international unit for bio-assay.

(e) The results of immuno-assays should be expressed so as to distinguish them from the results obtained by bio-assays. This could be done by adding the word "immuno-assay" after the results stated in international units. In order to identify the units, however, it was essential that the international standard relevant to the unit should also be stated.

(f) These suggestions regarding the use of international standards and reference preparations should be disseminated as widely as possible.

(g) The techniques of immuno-assays of hormones are valuable not only in diagnosis and research, but these techniques have also implications relating to the national control of hormone preparations used in therapy. At present bio-assay is the only accepted method of determining biological activity of such preparations. National control authorities should determine the extent to which immuno-assays should be used for the control of hormone preparations.

Pharmacological substances

International Standards for Rolitetracycline and for Colistin and International Reference Preparations of Gentamycin, Lymecyclin and Colistin Methane Sulfonate were established.

A number of other pharmacological substances, mainly antibiotics, were considered for possible establishment as international standards and reference preparations or replacements, including neomycin B, viomycin, chlortetracycline, polymyxin B, methacycline, the heptaene and other antifungal antibiotics (candicidin, trichomycin, hamycin, levorin, pecilocin) and nicin, an antibiotic used in the food industry.

The International Standards for Penicillin (benzylpenicillin) and for Phenoxymethylpenicillin have been discontinued, as they were no longer needed.

Immunological substances

The second International Standard for Anti-*Brucella abortus* Serum, as well as the International Reference Preparation of Newcastle Disease Vaccine (Live), were established.

Studies were reported on the International Standard for Anti-Toxoplasma Serum and on the International Reference Preparations of Typhoid Vaccines, Influenza Virus Haemagglutinin (Type A), Anti-Newcastle-Disease Serum and Rheumatoid Arthritis Serum as well as on the long-term stability of the International Reference Preparation of Rabies Vaccine.

Progress of work of a number of other immunological substances was reported, including anthrax vaccines, rubella haemagglutinin, anti-Mycoplasma gallisepticum serum, and certain additional blood-typing sera.

Studies were also reported to be in progress on various auto-immune antibody preparations (chiefly of research and diagnostic interest) and on interference.

The replacement of the International Reference Preparations for Cholera Vaccines (Inaba and Ogawa) by monovalent vaccine preparations, was planned, but studies were requested on the possible use of a divalent vaccine as a reference vaccine.

The Committee decided to discontinue the International Reference Preparations of Cholera Antigen (Ogawa) and of Cholera Antigen (Inaba) as they were no longer needed, but the materials should continue to be distributed until stocks were exhausted.

Reference reagents

Further problems in connexion with the provision of reference materials intended to serve for diagnosis and identification of micro-organisms were considered. International Reference Reagents were established of Anti-Trichinella (Human) Serum, of Respiratory Virus Antisera and of Mycoplasma pneumoniae Antiserum.

Further substances considered for this category included a number of anti-Leptospira sera.

Requirements for biological substances

The Committee considered sets of Requirements for Immune Sera of Animal Origin and of revised Requirements for Cholera Vaccine. These requirements were adopted and included in the report, and they were considered useful for the production and control of these biological substances, in different countries.

7.3 The recommendations

The Committee made a number of recommendations on technical aspects of the various substances already mentioned, noted the progress of work in accordance with the recommendations of previous Committees and, where necessary, made further recommendations. The Committee was informed of the progress of work on proposed other requirements e.g. certain veterinary vaccines. The need for requirements for rabies vaccine was suggested. The Committee also made a proposal for the formulation of recommendations for the development of National Control Laboratories for Biological Products as well as for guidance in techniques of assay and methods of control; such recommendations would contribute to the more effective use of international biological standards and requirements for biological substances throughout the world, particularly in developing countries.

7.4 Implications for the Organization's programme

The implications of the present report in the WHO programme of biological standardization will be considered by the Secretariat in conjunction with the International Laboratories for Biological Standards at Copenhagen, London and Weybridge. Details of the action to be taken in conformity with the recommendations have to be worked out. Collaborative studies of materials for the establishment of international standards and reference preparations will be

continued. Other substances intended to serve as international reference reagents will also be studied. In addition, the formulation of sets of requirements for various biological substances, further to those already published, will be arranged in accordance with the recommendations of the Committee.

The recommendations regarding the use of international standards and reference preparations for immuno-assay of hormones of importance in medicine, as well as regarding the methods of expressing results of immuno-assays will be disseminated as widely as possible to relevant areas of interest, including the major scientific journals dealing with endocrinology.

8. Expert Committee on Drug Dependence, Sixteenth Report[1]

8.1 Background information

The present report is the sixteenth of a series of reports of expert committees that assist the Organization in the formulation of decisions on the need for and degree of international control for certain types of drugs, as stipulated in various international treaties on narcotics control. In addition, these committees give technical advice to governments and health organizations, as well as the narcotic control organs of the United Nations, on the prevention of drug dependence and abuse and on the treatment of drug dependent persons.

8.2 The report

The Committee first considered criteria by which the degree of hazard and the need for control of drugs or abuse might be evaluated. Noting that risk to public health is the prime determining factor in deciding for or against control of a particular drug, the Committee outlined ways in which such risk could be evaluated in respect of drugs already in use and of those being developed. In the situation where a drug is already in use, both national and international controls may be required depending on (i) the seriousness of observed adverse effects, (ii) the number and geographical distribution of persons involved, (iii) the degree of communicability, and (iv) the extent of illicit traffic. In the situation where a drug is being readied for medical use, both national and international controls may be required, depending on (i) the type of formulation and intended medical use, (ii) how the drug will be marketed and the attendant risk of illicit diversion or traffic, (iii) pharmacological studies including a comparison with a known drug having similar properties, and (iv) the capacity of the drug to produce physical or psychic dependence.

The work of other bodies concerned with the international control of dependence-producing drugs was reviewed.

In respect of the control of certain dependence-producing drugs not now under international control, the Committee outlined three principles to be considered in the formulation of any national or international controls deemed necessary: (i) the degree of control should take account of the degree of risk to public health and the usefulness of the drug in medical therapy, (ii) the provisions should be sufficiently flexible to allow for appropriate control of a drug as new knowledge becomes available, and (iii) even the most dangerous drugs should be available for necessary scientific research. It was also concluded that groups of drugs requiring different levels of control could be defined on the basis of these principles.

The Committee reiterated the opinion expressed in previous reports that cannabis is a drug of dependence producing public health and social problems and that its control should be continued.

Because of claims that there was abuse of certain drugs considered by previous expert committees, the data now available on the use and abuse of these drugs was reviewed. It was concluded that the prevalence and extent of their abuse was so low as not now to constitute a public health problem.

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[1] Wld Hlth Org. techn. Rep. Ser., 1969, 407.

In reviewing various approaches in the treatment of drug dependent persons, the Committee expressed the opinion that the use of methadone maintenance for those with dependence of the morphine-type remains experimental and that it is not suitable for utilization by individual physicians.

8.3 The recommendations

The Committee formulated a decision regarding one substance, under the 1931 Protocol, and a recommendation on its control under the Single Convention on Narcotic Drugs, 1961. The Committee also stressed the need to improve the completeness and quality of information available on existing and potential drug dependence and related abuse.

8.4 Implications for the Organization's programme

The report will serve as a basis for recommendations and advice by the Organization in connexion with the prevention of drug dependence and related abuse, the treatment of persons dependent on drugs and the national and international control of dependence-producing drugs. The latter calls for decisions and recommendations by the Organization within the framework of international narcotics control treaties.

9. Joint ILO/WHO Committee on Occupational Health, Sixth Report[1]

9.1 Background information

Previous Joint ILO/WHO Committees on Occupational Health have discussed the organization of comprehensive health service programmes in large and small industries and in agricultural enterprises: methods of co-operation between public health and industrial services; implementation of existing industrial health legislation and standards; training of physicians in the field of occupational health; scope and organization of occupational health institutes; criteria for the recording of medical causes of absenteeism by occupational health services in developing countries.

The permissible levels of occupational exposure to airborne toxic substances was discussed at the sixth session because of a marked discrepancy between different countries in the maximum allowable concentrations of toxic substances in working environments and international agreement on these values would lead to better health protection of workers which is all the more indicated in view of the very marked increase in the industrial and agricultural use of potentially hazardous chemicals.

9.2 The report

The criteria and procedures for assessing occupational exposure to toxic substances were discussed and present approaches to permissible limits of such substances in the working environment were reviewed by the Joint ILO/WHO Committee.

It noted that removal of the hazard at source - a control method commonly used - is not always possible, and that accordingly, where exposure to toxic substances is unavoidable, there has been increasing reliance on the concept of "permissible limits". It drew up categories of biological response in respect of occupational exposure to airborne substances. Such a classification should stimulate further scientific and epidemiological research, and the collection of data will help to make possible the establishment of internationally acceptable guidelines for levels of emergency exposure. A survey of existing national legislation and practice concerning permissible limits revealed a significant measure of international agreement regarding twenty-four industrial and agricultural chemicals, and the Committee considered that safe

[1] Document OH/69.1

concentration zones of these chemicals could be recommended. The lack of uniformity in permissible limits as between one country and another was discussed by the Committee, which stressed the need for investigation in order to acquire further information on the reasons for such differences.

9.3 The recommendations

The report recommends a four-level classification of biological effects. It is believed that this classification will, to a considerable extent, stimulate scientific and epidemiological research and assist in reaching greater understanding of the over-all problem. The report also contains, for international adoption, a list of safe concentration zones for some 24 substances.

9.4 Implications for the Organization's programme

The recommendations made at the meeting will require the attention of ILO and WHO. In December 1968, an informal meeting of Temporary Advisers (two from ILO, two from WHO), was convened to produce a standard form for the recording of the data on which national permissible limits are based. In 1969, this form will be tried out by some of the Temporary Advisers at the meeting. Later on the form will be circulated to appropriate members of the Expert Committee on Occupational Health for comment. When the various comments have been received they will be collated for further consideration.

10. Expert Committee on Genetic Counselling[1]

10.1 Background information

The purpose of the meeting was to review the role of genetic counselling in a medical care programme and to consider its integration into the public health service.

The second meeting of the Expert Committee on Human Genetics had concluded that "genetic counselling is the most immediate and practical service that genetics can render in medicine and surgery".[2]

Many public health authorities have become increasingly aware of their responsibilities in matters of genetic counselling and have recently sought the advice of WHO. The problems encountered vary widely in different parts of the world: in some areas, advice is primarily sought in connexion with congenital malformations or psychiatric disorders, in others in relation to inbreeding whereas in countries with a high frequency of sickle-cell or thalassaemia genes, the provision of diagnostic and counselling services is receiving increasing attention.

10.2 The report

The Committee estimated that probably in all countries four per cent. of persons suffer from some genetic or partly genetic condition in regard to which genetic counsel is needed. In some parts of the world the proportion is much higher (e.g. where, for instance, the gene for sickle-cell anaemia is carried by one quarter or more of the population).

The Committee reviewed recent technical advances in human cytogenetics and biochemical genetics that have greatly increased the number of diagnostic tools available to the genetic counsellor. It described the types of cases requiring genetic counsel and the risk estimates that could be given. The main section of its report then dealt with the aims and functions of genetic counselling, the organization of counselling services, and the role of general practitioners and the importance of education of the public.

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[1] Document HG/69.1.

[2] Wld Hlth Org. techn. Rep. Ser., 1964, 282.

The Committee considered the short and long-term consequences of genetic counselling. It described the forms that should be taken by genetic counselling centres and the specialized medical and laboratory services they require and stressed that, as an integral part of medical care, they should be covered by health and social insurance schemes. It emphasized that genetic counselling was a medical service, in which therefore the doctor-patient relationship prevailed. It was primarily directed at the welfare of the patient or family seeking advice; the counsellor should not seek to promote any genetic programme designed to alleviate the load of future generations if this in any way conflicted with the immediate interest of the person seeking advice.

It outlines the training needed for the personnel involved in genetic counselling and recommended the provision of specialized training and refresher courses in medical genetics. Pamphlets, dealing with genetic problems of special importance in a particular country, should be made available to general practitioners or, in certain instances, to the public.

10.3 The recommendations

The Committee recommended the provision of adequate counselling services as well as the development of suitable medical facilities for the care of afflicted individuals.

Ministries of health should provide their health personnel with a descriptive list of the staff and facilities available for genetic counselling. In order to encourage consultation between centres and facilitate referral for highly specialized advice, the Committee recommended that WHO consider compiling this information in the form of an international directory of genetic counselling services. It also urged that all pedigree data and documentation on cases dealt with in genetic counselling centres be preserved and filed for easy access for research purposes.

This applied in particular to cytogenetic analyses, and the Committee recommended in this context the establishment of an international register of human chromosome anomalies to facilitate the comparison of data.

10.4 Implications for the Organization's programme

(a) Adequate diffusion of the Committee's report to public health authorities, medical faculties and organizations concerned with human genetics.

(b) Assistance for training in human genetics by grants and courses.

(c) Consultant assistance to Member States in setting up counselling services.

(d) Setting up of an international directory of counselling services and of an international register of human chromosome anomalies.