



TWENTY-SIXTH WORLD HEALTH ASSEMBLY

**COMMITTEE A**

INDEX

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FIFTEENTH MEETING

Palais des Nations, Geneva  
Wednesday, 23 May 1973, at 2.15 p.m.



CHAIRMAN: Dr S. PHONG AKSARA (Thailand)

CONTENTS

	<u>Page</u>
1. Programme of international cooperation in cancer research . . . . .	2
2. Problems of the human environment (continued) . . . . .	12
3. Draft fourth report of Committee A . . . . .	13
4. Closure . . . . .	13

Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 6 July 1973.

1. PROGRAMME OF INTERNATIONAL COOPERATION IN CANCER RESEARCH: Item 2.8 of the Agenda  
(Documents A26/12 and Add.1, A26/WP/3)

Dr LAMBO, Assistant Director-General, introducing the Director-General's report (document A26/12 and Add.1), emphasized the importance of cancer research for all Member States, including the developing countries. The rising incidence of cancer and the increasing numbers of the world population reaching the age groups at greatest risk had made cancer a major public health problem even in countries at present more concerned with nutritional and communicable diseases. Whereas research was being carried on mainly in the advanced countries, the greatest need for assistance, particularly with cancer prevention, was likely to be in the developing countries.

He outlined the development of the Organization's cancer research programme from the establishment of facilities within the Secretariat by the Interim Commission of WHO in order to permit preliminary studies. The Second World Health Assembly had expanded the WHO programme in health statistics to include the registration of cancer cases. During its first ten years the Organization's contributions to cancer research had been directed mainly to coordination of statistical studies, the standardization of definitions and nomenclature and, on the repeated advice of the Health Assembly, the encouragement and coordination of national efforts. Programmes in cancer had always been an element in WHO's research programmes for the strengthening of national health administrations, the training of professional and auxiliary personnel, services to research, and the improvement of communications between scientists, especially through the organization of meetings and training courses and through scientific publications. WHO's programme was expanded from 1958 onwards to include the histopathological classification of tumours by body site, the promotion of limited studies in epidemiology and geographical pathology, and the development of a cancer control programme covering techniques of prevention and early diagnosis, methods of treatment, rehabilitation and professional and public education.

Upon the establishment in 1965 of the International Agency for Research on Cancer (IARC), which was primarily concerned with epidemiology and the study of the environmental factors that might be involved in the etiology of cancer in man, some of WHO's activities had been transferred to the Agency. They were outlined in the last two paragraphs on page 3 of document A26/12.

In its cancer programme, WHO did not duplicate the vast amount of work done elsewhere, but concentrated on those aspects to which its unique international character particularly suited it. Assistance and advice to governments in the organization of cancer control activities, coordination of research through the vast network of international reference centres, international evaluation of certain procedures relating to cancer control, dissemination of information, the training of research workers through the fellowships programme, the provision of grants for the exchange of research workers, and cooperation with international nongovernmental organizations such as the International Union Against Cancer (UICC) were prominent elements in WHO's cancer programme. Some examples of recent collaborative research were described on pages 4, 5 and 6 of document A26/12.

In examining WHO's programme of cancer research, the Committee had to consider how best to deploy existing resources to provide every possible assistance to Member States. The need was to rationalize and integrate all funds, whatever their source, within a well-designed framework of international cooperation. WHO would continue to concentrate on the aspects for which its international character particularly fitted it, with a view to determining and controlling the causes of the disease and improving its detection and treatment, leaving the basic aspects of epidemiological research to IARC.

The CHAIRMAN drew the Committee's attention to a draft resolution on long-term planning of international cooperation in cancer research, presented by a number of delegations.

The draft resolution read:

The Twenty-sixth World Health Assembly,

In view of the exceptional importance for national and international health of cancer as a major cause of mortality at all ages and of morbidity in all countries;

Recognizing that work on cancer absorbs a substantial and increasing part of the financial and other resources of Member States and of their research institutions and that cancer patients absorb a high proportion of the treatment facilities;

Realizing that the problems of cancer are extremely complex and are unlikely to be fully elucidated by any one country or by the uncoordinated efforts of many countries;

Conscious of the ever increasing possibilities for international cooperation, both governmental and nongovernmental, in the study of the causes and mechanisms of malignant disease and in the development of programmes for its treatment and prevention;

Believing that such coordinated international action is essential if the elucidation of the problems associated with cancer is to be accelerated;

1. CONSIDERS

(1) that the main effort in cancer research should be made by the national research organizations of Member States but that their activities should be coordinated and uniform methodology should be used wherever possible; and

(2) that such coordination can best be achieved through an integrated, comprehensive programme to which institutions of Member States may adhere to the extent that they so desire and which would cover, inter alia, the standardization of methods and of terminology, epidemiological studies, and the development of methods for the early diagnosis and treatment of cancer and of preventive measures, including the identification and removal of carcinogens from the environment;

2. BELIEVES that under the aegis of the World Health Organization, the International Agency for Research on Cancer, the International Union against Cancer, and WHO, in accordance with their constitutions and in pursuance of resolution WHA25.60, should be able to design a broad international programme; and that each of those organizations should develop a specific role in the comprehensive programme, a role which should be regularly reviewed in the light of the progress achieved;

3. DEEMS IT NECESSARY to develop, for each recommended line of research:

(1) a central record of the more promising studies being carried out along with concrete proposals for research and methodology;

(2) a list of reference centres and collaborating institutions;

(3) a computer-based information service which, inter alia, would collect and disseminate data on the results of ongoing studies and on relevant new developments in medicine, biology and other sciences;

4. REQUESTS the Director-General

(1) to convene a meeting of experts, of representatives of Member States and of the nongovernmental organizations concerned to make recommendations for a long-term programme for international cooperation in the field of cancer; and

(2) to prepare, on the basis of these recommendations, a programme for international cooperation, and submit it to the Twenty-seventh World Health Assembly.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) was gratified that the Health Assembly had included international cooperation in cancer research as a special item on its agenda. WHO and other international organizations had done, and were doing, a great deal in the field of cancer; but it was time to look at the problem in a new light.

Many biomedical problems had assumed enormous proportions. Nevertheless, they would have to be solved. It had been stated that a colossal amount of medical and organizational research would be required for their solution; it had been emphasized that WHO could not solve important international problems with the limited funds available in its regular budget, and at the same time attention had been drawn to the unique part that WHO was in a position to play in their solution.

His delegation was of the opinion that an international programme of cancer research could serve as a model for international cooperation in a number of health problems. Cancer was one of the most serious and complicated global problems, and research in and control of cancer was important for the health services of developed and developing countries alike. Many countries had built large research institutes and were spending enormous sums of money in an ever-increasing effort to find the causes and mechanism of the development of malignant tumours. A great deal of work was being done on the virus theory of cancer and leukoses, and on the role of radiations, chemicals, food additives, etc.; much research had been directed to elucidating what turned a normal healthy cell into a malignant cell, and what molecular and genetic mechanisms determined malignant growths. However, the pathogenesis of malignant tumours, the immunological reaction of the organism to malignant cells, and a number of other aspects were not yet understood, and it was not known why certain forms of tumours were found mainly in certain geographical areas and among certain population groups. Nor was it known what carcinogenic substances were present in the environment in different countries and to what extent they constituted a problem for developing countries. It was sometimes said that the cancer problem was less important for developing countries. He was convinced that that view was a mistaken one and that communicable diseases, at present in the forefront, were masking the extent of the cancer problem in those countries.

The methodology of the early diagnosis of cancer, the carrying out of mass preventive examinations and the search for more rational means of organizing cancer treatment and control presented complex problems for all countries. Certainly, in many countries there were large national programmes for cancer research and control. In the Soviet Union, for instance, there were 22 oncological research institutes, more than 270 specialized institutions organizing medical aid to the population and more than 3000 specialized services engaged in cancer control. The United States of America had a whole network of oncological institutes, including a national cancer institute, and had recently undertaken an intensified national programme of cancer research and treatment. Great efforts were being made by research institutes in a number of other countries. Even so, it was becoming ever more evident that no single country could hope to solve the cancer problem by itself. Many countries lacked the means to carry out essential research, although interesting proposals had come from some of them. At the same time, the "brain drain", which appeared to be increasing, was having an adverse effect on the development of the scientific potential of many different countries and certainly would not assist in solving the cancer problem.

The fact was that many countries, developed as well as developing, could not carry out research to the extent they desired and considered necessary. And it was impossible to foresee what country would make the break-through or the discoveries that would enable the solution of the cancer problem to be found. It should be remembered that intellect and talent were equally distributed throughout mankind, and not in accordance with national income.

Recently cooperation between countries had tended to develop at both bilateral and multilateral levels. The Soviet Union had agreements for cooperation in cancer research and control with all the other socialist countries. Direct cooperation between institutes had proved to be a most important and effective instrument. The Soviet Union had also cooperation agreements with France, Italy and other Western European countries, and by virtue of a recent agreement, cooperation with the United States of America on various cancer problems was developing successfully. The agreements expressly stated that the results of research would be made available to all countries and to WHO.

However, notwithstanding the development of bilateral and multilateral cooperation, it was not infrequent that countries duplicated research being undertaken in others, thus wasting energy and resources. The same mistakes were repeated and the same deadlocks were reached. Frequently the results of research in different countries were not comparable, because of different methods of work. Many problems could be solved more quickly if research was carried out at the same time according to uniform methods in the various countries.

Different countries had different views on what constituted the priority problems in cancer research, and there might be brilliant new ideas that could not be followed up merely because their authors had insufficient funds or equipment. International cooperation in research as presently practised gave no cause for satisfaction; while the need to unite efforts had become generally understood, it was not yet known how to coordinate effectively the work of research workers in the various countries.

His delegation considered that WHO, IARC, and UICC had not done enough in the way of coordination. Yet those organizations were precisely the ones that were in a position to close the breach in communication between national, bilateral and international programmes. Only they could provide all countries with the possibility of taking part in coordinated programmes. Valuable as it was, their work remained unsatisfactory in some respects. UICC, because of its nongovernmental nature, did not have sufficient legal powers and could not assume responsibilities in excess of its status as a voluntary scientific association. IARC had a membership of only 10 countries out of the 140 Member States of WHO; it lacked a sufficiently precise long-term programme of work and showed a tendency to operate merely as a good research institute. Certain provisions of IARC's Statute required revision; in early May 1973 the Soviet Union had presented proposals to that effect to the Governing Council, but the final decision would be taken only after the Twenty-sixth World Health Assembly, since the Council had agreed to await the opinion of the Assembly regarding international cooperation on cancer.

As regards WHO, a good deal had been accomplished, as could be seen from the Director-General's report which, however, gave insufficient indications of what should be done in the future. In addition, there appeared to be a tendency to stabilize or even reduce the funds allocated to cancer in the WHO budget. There did not seem to be any need to increase such funds drastically, but the time had hardly come to reduce them.

Following a study of all the relevant documentation, his delegation had concluded that cooperation and coordination among the three organizations could be improved. It had, moreover, no doubt that the decisive role belonged to WHO, because it was an intergovernmental agency of which all States in the world were now Members, because it possessed the necessary statistical and computer facilities, and because it had, more than any other organization, the respect of its Member States. He therefore proposed that WHO, together with IARC and UICC, should, on the basis of Member States' suggestions and with the help of relevant experts and collaborating laboratories, draw up a programme of work covering 5 to 10 years. The intention was not that the programme should be mandatory, but that every Member State and institute concerned should be free to decide whether it wished to take part in its implementation, and to what extent, and to determine the part in which it was prepared to cooperate. National efforts would be continued, but the results of research would be communicated to a single centre, in return for which every State and institute would receive information on the results obtained in all the others. Naturally, not every item in the programme could be financed entirely by national institutes, but it was thought that they could meet between 96% and 98% of the cost; the rest could be met by WHO, IARC, UICC, or from other sources, including voluntary contributions. He did not think that the scheme would require large sums from WHO's regular budget. If the three organizations could elaborate a really sound plan in which Member States and research workers could have confidence, and provided that it took the interests of all into consideration, then voluntary contributions would not be lacking. The plan would, of course, have to be continually revised, through an appropriate mechanism.

Speaking on behalf of the nine co-sponsors, he drew attention to the draft resolution before the Committee. With regard to the meeting proposed in operative paragraph 4 (1), the intention was that it should not be large, but sufficiently representative. What was important was that its recommendations for a long-term programme should be such as to enable the Director-General and the Executive Board to report to the Twenty-seventh World Health Assembly, so that that Assembly could consider what the next steps should be.

The delegation of France had circulated a number of amendments to the draft resolution, which he understood the French delegate would introduce shortly. His delegation agreed to the first three as they appeared in the English text, although the Russian text would need some redrafting. However, it could not accept the fourth, concerning paragraph 2, because it believed that there should be one organization that would assume the role of leader, and that that organization should be WHO.

Dr HENRY (Trinidad and Tobago) expressed his appreciation of the histological transparencies which WHO distributed to Member States; for the pathologist working on his own in an isolated laboratory, they were an encouragement and confirmation of his usefulness by a leading body of experts. WHO was to be commended on the series, which he hoped would be continued.

He also expressed appreciation of WHO's support for a course which was now in its second year, providing training in cytodiagnosis for technicians from Caribbean countries. Cervical cancer was a major form of the disease in his country, where the young multiracial population afforded a natural laboratory for research in etiology and the effects of treatment. Attention was being focused on the establishment of a hospital-based cancer registry in preparation for a wider national registry, and the opening of a cobalt therapy unit had been made possible by a loan from the Government of Canada.

His delegation supported WHO's programme as outlined in document A26/12 and Add.1, and also supported the draft resolution introduced by the USSR delegate.

Dr LEAVITT (United States of America) said that, under the Cancer Act of 1971, his Government had provided for a programme to overcome cancer in which the National Cancer Institute was given the opportunity to take full advantage of international collaboration and cooperation in research, data collection, information and exchanges, and other pertinent activities. The three major international bodies for such collaboration and cooperation were WHO, as a specialized agency in the United Nations system; IARC, a body with limited membership under the aegis of WHO; and UICC, as an active nongovernmental organization of acknowledged competence. Their work should be fully complementary in a constructive effort to control cancer. Special efforts should be made in each to ensure a well-coordinated programme benefiting all Member States of WHO. Full advantage should be taken of the special opportunities offered by them, including WHO's contacts with governments, IARC's competence in the selection of international research efforts worthy of support, and UICC's far-reaching associations with research scientists and institutions.

He recognized that WHO had a leadership role to play, in close collaboration with IARC, but felt that it should make greater use of the resources of UICC, which as a nongovernmental organization was without certain constraints on its activities that might apply to WHO itself. By bringing their resources together the three organizations could be of maximum benefit to the countries of the world. If WHO exercised its constitutional role, its technical expertise in the field of cancer would immediately be strengthened, while the role of IARC could be better defined in a joint programme within an overall global plan allocating specific tasks according to an inventory. UICC would provide selective specific services.

Within WHO's regular budget, allocations for cancer research should be stable and should be used for coordination, integration and dissemination of information, while operational programmes should be funded by voluntary contributions from national and other sources. His Government would assist the three organizations in the international conquest of cancer through its appropriate health agencies.

His delegation was a sponsor of the draft resolution introduced by the USSR delegate; however, it suggested that operative paragraph 2 might be amended to read:

"2. BELIEVES that, under the leadership of WHO, a broad international programme should be designed in cooperation with the International Agency for Research on Cancer, the International Union Against Cancer and other interested international bodies, in accordance with their constitutions and in pursuance of resolution WHA25.60; and that the components of the comprehensive programme should be regularly reviewed in the light of the progress achieved;"

Dr DELAFRESNAYE (International Union against Cancer), speaking at the invitation of the Chairman, introduced a memorandum (document A26/WP/3) describing the Union's links with WHO and IARC. He agreed with the delegates of the USSR and the United States on the need for closer liaison. As had been stressed, the legal status of nongovernmental organizations was not the same as that of intergovernmental organizations, but that had never been found a constraint. Legal status should in any case not impede close and loyal collaboration between organizations when goodwill prevailed.

UICC comprised 164 organizations in 74 countries, half of which were cancer institutes and centres. In some cases membership was extended to ministerial departments. The budget of the Union was between \$ 600 000 and \$ 700 000 a year, and approximately 50% was allocated to the fellowships programme.

In 1950 UICC had started a geographical pathology programme, following the rapid development of which the original Committee had split up into three subcommittees for Africa, Latin America and South-East Asia. Geographical pathology had long remained one of the major activities, but work had also included clinical classification (using the "T and M" system), tumour nomenclature and other subjects, for which other committees had been established. The Union had played an important part in initiating programmes and promoting new areas of research. The programme to study cancer incidence in five continents, which had proved a useful tool for cancer epidemiologists, and the programme of research in asbestos and cancer, which had later been transferred to IARC, had both been initiated by UICC, as had recent interest in childhood cancer. He hoped that the latter would lead to a joint collaborative effort.

He emphasized that the transfer of activities between organizations must be undertaken by mutual consent, and the broad framework of policies and programmes decided by the governing bodies of each must at the same time leave sufficient scope for collaborative effort and avoid the encroachment of one upon the other. To achieve the necessary cooperation, UICC had invited representatives of WHO and IARC to discuss those questions at a meeting held on 2 April 1973; at WHO's request, the meeting had been informal.

In response to points made by the USSR and United States representatives, he noted that in March 1972 the UICC Council had studied ways of promoting the cancer centre concept and of establishing collaborative activities and contacts between institutions and centres, which it had been decided should take place at the institutional level. A Committee on International Collaborative Activities, composed of the President and Secretary-General of the Union and 12 scientists nominated by the President who were either directors of cancer centres and oncologists covering broad disciplines in the basic and clinical fields, had been set up and would hold its first meeting on 29 and 30 May 1973. WHO and IARC were to send observers; both had felt that they could not at present be full members, as had been hoped. The Committee would draw up its rules of procedure and would review the situation in international cancer research. It would take into account the views expressed in the present session of the Health Assembly, and would consider which of the projects submitted to it and not already covered by one body or another could best be tackled by international collaboration. It was hoped that a sound programme could be developed to which all organizations would contribute through a joint effort.

He expressed his satisfaction at the distinction between governmental and nongovernmental bodies implicit in some of the proposed amendments to the draft resolution introduced by the USSR delegate, but emphasized that the two types of body could work effectively together.

Dr FELKAI (Hungary) stressed the extremely important work performed by WHO in the investigation of tumorous diseases, with which institutes in Hungary were maintaining close contact. WHO was the most suitable body to carry out the worldwide assessment of the geographical distribution of malignant tumours and epidemiological work had already been started by IARC. However, in the interests of uniformity a standard system should be developed which participating Member States would follow when supplying information. Such an endeavour had already been started by WHO, in connexion with a hospital-based cancer registry, which related first to uniform nomenclature in hospital diagnoses. Moreover, Member States carrying out representative model assessments should supply data on morbidity and mortality to the registering centre according to a uniform system.

The study of carcinogenic substances had been one of the main tasks of IARC. The possible carcinogenic effects of pharmaceutical products posed particularly urgent problems since investigations had been chiefly directed to teratogenesis, on the basis of various national legislations. International cooperation coordinated by WHO was also desirable in the investigation of the possible viral origin of human tumours. He stressed the need for research into tumours of viral origin in animals used as a source of animal protein for human nutrition. The investigation of bovine lymphosarcoma was of particular importance.

WHO should also play a leading role in the propagation of up-to-date methods of cancer diagnosis and therapy. In addition to early diagnosis and surgical intervention, it should also cover drug therapy and immunotherapy. Clinical reference centres should be developed in addition to histopathological reference centres.

WHO's directing role should extend to the development of cancer control in Member States, for instance, by helping in drawing up basic directives for training and postgraduate courses for oncologists and the standardization of such courses according to requirements. Guiding principles for medical propaganda should also be prepared by WHO. WHO had achieved a measure of success in combating cancer and it was to be hoped that its programme could be expanded in the future.

Professor BERNDT (German Democratic Republic) congratulated the Director-General on his report, which demonstrated the important results achieved in the field of cancer research. WHO had fulfilled its role as an international centre for coordination of work in cancer. His Government was ready to cooperate in an international programme of cancer, which related to one of the five main lines of research being undertaken in the German Democratic Republic.

He fully agreed that one of the main tasks which WHO could perform was that of co-ordinating existing international and national activities. Further support should be granted to IARC, whose work had already gained international recognition. International cooperation in cancer research was imperative, particularly in such fields as the epidemiology of cancer and its primary prevention. That included investigations into carcinogenesis, including oncogenic viruses and chemical carcinogens, particularly in the occupational environment. An international programme could include such subjects as the preparation of internationally standardized recommendations on industrial safety in handling carcinogenic substances, e.g. certain pesticides and asbestos. It seemed feasible to establish maximum concentrations of carcinogens found in polluted air, and international agreement should be sought on methods of measuring and determination. WHO might also recommend methodology and exposure limits for carcinogens in food and for other hazardous substances that could be converted into carcinogens within the organism. An international agreement on methods of detecting carcinogenicity was called for. The scheme initiated by IARC to produce a series of monographs on carcinogenic substances should be considered urgent and dealt with within the scope of an international WHO programme.

Recognition of risk factors was of great importance in primary prevention and epidemiological research for that purpose was a particularly suitable field for international cooperation. He therefore proposed that the work of the International Association of Cancer Registries should be supported with the aim of achieving standardized, and therefore comparable, methods. International cooperation was also essential to support studies on epidemiology of rare tumours, occupational exposure to cancer hazards and the hazards arising out of the recent introduction of chemical substances, such as pesticides and food additives, into the human environment. Support for the establishment of regulations for the standardized testing of cytostatic drugs and hormone preparations was equally important.

His country was prepared to participate in the solution of the problems he had mentioned, as well as in other parts of WHO's programme for international cooperation in cancer research. It had long experience in the early detection of cancer, e.g. by mass screening for both cervical and lung cancer. His Government was in a position to establish reference centres for the solution of special problems and to delegate scientists to participate in particular activities.

His delegation was a sponsor of the draft resolution introduced by the USSR delegate, which it fully supported.

Dr SÁENZ SANGUINETTI (Uruguay) congratulated the Director-General on the excellent documents submitted. The 23 international reference centres established by WHO had been most valuable in disseminating information and facilitating an exchange of views. He particularly stressed the important work achieved by the centres in Amsterdam and in Stockholm.

His delegation supported the draft resolution introduced by the USSR delegation, which represented an important step in international public health cooperation.

Dr KLIVAROVÁ (Czechoslovakia) commended the Director-General on his report. The problem of cancer gaining ever increasing importance and accounted in her own country for almost a quarter of deaths. The health services in Czechoslovakia were on the lookout for early signs of cancer in patients treated for other diseases; mass screening for the detection of cervical cancer was carried out, and the female population was being instructed as to how to recognize breast cancer. Cancer cases were given free treatment without delay. Four oncological institutes had been set up to provide specialized medical care and carry out research. Those measures, however, were far from meeting the needs. Czechoslovakia was therefore extremely interested in finding a solution to the cancer problem, which no country could hope to do by itself.

Her delegation supported the draft resolution before the Committee and thought that institutes in Czechoslovakia would participate in the research programme proposed. The resolution should perhaps state more clearly that one organization should take the lead in coordinating research on cancer. In her delegation's opinion, WHO was the most suitable organization to assume that role.

Professor AUJALEU (France) said that in view of the advanced stage of the session he would limit his comments to the draft resolution, although the documents prepared by the Secretariat on a problem of immense importance to most countries contained many interesting points.

He introduced a number of amendments to the draft resolution, the texts of which had been circulated. He suggested that the words "at all ages" be deleted in the first preambular paragraph. In the second preambular paragraph, he proposed that the words "in some countries" be inserted before the words "cancer patients absorb". In the third preambular paragraph, the word "uncoordinated" should be deleted and the words "without coordination between them," should be inserted at the end of the paragraph.

He further suggested that operative paragraph 2 be amended to read as follows:

"2. BELIEVES that the International Union Against Cancer, the International Agency for Research on Cancer and the World Health Organization should work together to draw up a broad international programme, in accordance with their constitutions and in pursuance of resolution WHA25.60;"

He did not think it appropriate to stipulate that WHO should take the leading role in respect of research being carried out by private organizations and therefore considered it preferable to state that the three organizations should work together. He would not be opposed to the insertion of the words "on the initiative of the World Health Organization", as opposed to "under the aegis of the World Health Organization".

He also suggested that, in operative paragraph 4 (1) the words "if it is possible to do so without drawing on the regular budgets for 1973 and 1974" should be inserted after the words "to convene". He was sure that the Director-General would be able to find the necessary extrabudgetary funds for that purpose.

Professor REXED (Sweden) expressed appreciation of the Director-General's report. The work accomplished by WHO would provide a sound basis on which to build further action. At the same time, the report showed the interesting areas of research where further efforts were called for.

It was essential to realize that work in cancer research covered a complex field and was particularly difficult to coordinate, especially in view of the high-ranking scientists involved. Notwithstanding that reservation, he supported the draft resolution proposed. He assumed that the coordination of activities referred to in operative paragraph 1 implied coordination that would essentially be based on the control exercised at the national level. In that connexion, it would be of interest if the Director-General could, in his report to the next Health Assembly, include an analysis of how coordination was achieved at the national level by the major countries engaged in cancer research. Coordination by WHO could only be of value if it pointed to directions of research that should be given priority. The reference in operative paragraph 2 to "a broad international programme" as well as to "a comprehensive programme" represented an aim that it would be exceedingly hard to achieve. Wholehearted collaboration from the scientists involved would be essential, although difficult to obtain, before there could be any broad acceptance of the programme. The major part of any cooperation would have to be worked out between the persons actively concerned in the research. He was somewhat sceptical as to the success of the computer-based information service mentioned in operative paragraph 3 (3), as the task was complex and covered a wide area of activity. There was considerable experience of the difficulties encountered in keeping really up-to-date records. He recalled the WHOBRIS programme that had functioned in WHO; it would be useful if the next report could give further details of that programme and explain why it had not proved possible to continue it.

Since rather far-reaching objectives had been proposed for the programme on cancer research, considerable costs might be involved. It would therefore be advisable for operative paragraph 4 (2) to be amplified by the addition, at the end of the paragraph, of the words "together with the financial implications of such a programme."

Dr CAMARA (Guinea) said that the health problems of the developing countries were so great, when compared with their resources, that many people might consider that they should first try to combat communicable diseases, improve environmental hygiene, and strengthen basic health services rather than engage in research on cancer.

The progress made in cancer research in the developed countries was the result of the priority given to it by the governments of those countries. He emphasized that only biomedical research, and the application of the results of such research to human beings, would enable world health to be improved.

The various diseases that today preoccupied the developed countries were not barometers of civilization, for the same diseases caused havoc in the developing countries, where people were dying of various forms of cancer.

His delegation considered that WHO should play a leading part in international cooperation on cancer research, as it was the most competent international organ to collect, evaluate, coordinate and disseminate all data for the benefit of all. It was also the only organization that could represent the interests of all the independent countries of the world.

He stressed the urgent need to train scientists and research workers in the developing countries so that with their close knowledge of local conditions, they could contribute to the study of the geographical pathology of malignant tumours and carry out original epidemiological research. Assistance should be given forthwith to the developing countries in Africa in order to establish cancer research programmes.

Through close cooperation with international cancer research organizations WHO could effectively represent the true interests of all in the study of cancer, a disease that haunted all peoples, including those of the African continent.

Dr DAVIES (Sierra Leone) supported the statement made by the delegate of Guinea and stressed the important role of WHO's programme of international cooperation in cancer research. Her delegation felt that WHO should unhesitatingly take the lead and continue to stimulate cancer research programmes at regional and national levels. There was no doubt that cooperation at all levels was needed in order to economize and to rationalize all efforts directed towards cancer research.

The Director-General's report clearly showed the complexity of the programme and the difficulties encountered with regard to the early diagnosis and the prevention and treatment of cancer, and the need for the effective use of the expertise and resources of all nations.

African scientists should be trained in cancer research, as the developing countries were no longer immune from the so-called diseases of civilization, such as cancer, cardiovascular diseases and mental disorders. She considered that WHO was the only organization that could effectively coordinate all national and international efforts.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that the discussion had shown that WHO could and should play a leading role in the programme of international cooperation in cancer research.

He accepted the change in the draft resolution proposed by the delegate of the United States of America. With regard to the amendments proposed by the delegation of France, he could still not accept that to operative paragraph 2, even with the words "on the initiative of the World Health Organization" instead of "under the aegis of the World Health Organization".

With regard to the remarks of the delegate of Sweden, all the points he had raised deserved careful attention, but they should be considered at the meeting provided for in the draft resolution. There was a difference between coordination of research at the national level, and its coordination at the international level. On the national level, if an institute did bad work, appropriate measures could be taken. On the international level, however, a country's participation in a programme was entirely voluntary.

The remarks of the delegate of Guinea seemed to indicate that an earlier statement of his had been misunderstood. He fully agreed that communicable diseases constituted the priority problem of the developing countries.

The DIRECTOR-GENERAL pointed out that the draft resolution before the Committee contained certain statements that could not be substantiated by facts. For instance, the amended first preambular paragraph would read "In view of the exceptional importance for national and international health of cancer as a major cause of mortality and morbidity in all countries", although that statement could not be backed by facts. In many parts of the world today cancer was not a major cause of morbidity. He urged the Committee to be careful in the wording it chose, because anything in a resolution of the World Health Assembly would naturally be taken as authoritative.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) agreed with the Director-General, and suggested that the last words in the first preambular paragraph should be amended to read "and of morbidity in many countries".

Dr ADEOYE (Nigeria), supporting the statements of the delegates of Guinea and Sierra Leone, said that his Government had established a medical research council to deal with all medical and health problems, and would be prepared to help in all possible ways to make the WHO research programme on cancer successful.

Dr LAMBO, Assistant Director-General, emphasized that the Director-General had always laid stress on a policy of international cooperative and collaborative strategy in cancer research. That strategy was based on the exchange of scientific information among all Member States, the strengthening of national expertise, and the pooling of resources, scientists and material facilities on a multilateral and bilateral basis. Continued dialogue had been the major instrument of cooperative work in order to bring a high standard of scientific excellence to research in cancer. The success of WHO's cancer research programme depended a great deal on the bringing together and coordinating of international research on cancer.

Referring to the Swedish delegate's comments regarding the coordination of work in each country, he said that so far it had not been possible in many countries to coordinate work on the cancer programme. The Director-General had taken that point very seriously, since coordination at the international level presupposed a measure of coordination at the national level.

It was hoped that most of the points raised by delegates would be taken into consideration in WHO's efforts to coordinate cancer research. However, there were difficulties in obtaining all the information from the different countries that the Organization needed, though he was sure that such difficulties would be overcome.

The Organization was grateful to the many countries that had offered to help with the coordination of data, and especially to the German Democratic Republic, whose delegate had outlined some of the areas in which his Government would like WHO to function more effectively and had offered to make facilities available to WHO. The Secretariat would bear in mind the positive suggestions made by delegates and was looking forward to making use of the facilities offered by national institutions and scientific expertise at all levels.

Professor AUJALEU (France) withdrew his delegation's amendment to operative paragraph 2 of the draft resolution before the Committee, as it was similar in substance to that proposed by the United States delegate.

Decision: The draft resolution, as amended, was approved.

2. PROBLEMS OF THE HUMAN ENVIRONMENT: Item 2.7 of the Agenda (Resolution WHA25.58; Document A26/10) (continued)

At the request of the Chairman, Dr WONE (Senegal), Chairman of the working group set up at the previous meeting, read out the following draft resolution proposed by that group:

The Twenty-sixth World Health Assembly,

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

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

Concerned by the threat of famine in these countries in the coming weeks and months; Aware that the problems of undernutrition, morbidity and mortality arising from this natural disaster are directly within the field of concerns and activities of WHO, which has always been concerned with the protection of the human environment;

Considering the serious limitations that will affect the States concerned on account of the very marked reduction in their economic and other resources; and

Remaining mindful of the desperate needs caused by natural calamities in other countries that may require similar help;

1. REQUESTS the World Health Organization to use its moral standing and statutory powers to submit and support a request for immediate and substantial assistance in the way of food for the threatened countries from the appropriate bodies of the United Nations family (FAO, UNDP, WFP, etc.);
2. URGES Member States to provide or continue to provide the African States affected with assistance in the way of food;
3. REQUESTS the Director-General to implement the essential prophylactic and therapeutic measures required in a situation which can only become worse; and
4. REQUESTS the Director-General to report on the medical aspects of this situation and distribute this resolution with additional information to Member States, United Nations organizations and other appropriate international agencies.

Dr SHRIVASTAV (India) suggested that operative paragraph 2 should be amended to read "Urges Member States to provide or continue to provide the African States as well as other affected countries with assistance in the way of food".

Dr DOLGOR (Mongolia) suggested the deletion of the end of operative paragraph 3, after the word "required", because it appeared to suggest that measures would only be implemented if the situation became worse, whereas clearly help was needed immediately.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) supported that suggestion, not because he thought the situation would not become worse, but because it was impossible to be sure what would happen.

Dr WONE (Senegal), Chairman of the working group, urged the Committee not to reopen the debate, because then acceptance of the draft resolution submitted by the working group might be jeopardized.

Dr BUSTAMANTE (Mexico), referring to certain discrepancies between the English and Spanish texts of the draft resolution, suggested that the Secretariat be authorized to make the necessary changes.

Dr SHRIVASTAV (India) proposed that operative paragraph 3 should end as follows: ". . . measures that are required in a deteriorating situation".

Dr MENOKPOR (Ghana) thought that the idea of operative paragraph 3 was to prevent the situation from deteriorating. He therefore suggested that it should end: ". . . measures that would prevent the situation getting worse".

Dr WONE (Senegal) said that the amendment proposed by the Ghanaian delegate was too hopeful, because it was not possible to prevent the situation becoming worse. He asked the Committee to vote on the draft resolution as he had introduced it and formally moved the closure of the discussion.

Dr CHRISTENSEN, Secretary, read out Rule 61 of the Rules of Procedure of the World Health Assembly, which governed motions for the closure of the debate on any item.

Decision: The motion for closure of the debate was carried.

The CHAIRMAN asked the Committee if it was ready to accept the draft resolution introduced by the Chairman of the working group.

Dr SHRIVASTAV (India) proposed that the end of operative paragraph 3 of the draft resolution should be amended to read as follows: ". . . measures in the absence of which the situation can only become worse".

The DIRECTOR-GENERAL said that the text before the Committee was that introduced by the Chairman of the working group. However, if the delegate of India had proposed a formal amendment, that amendment should be put to the vote first.

Dr SHRIVASTAV (India) said that his suggestions had been intended to clarify the English text of operative paragraph 3. However, if the Committee felt that the meaning of the paragraph was clear he would not insist on moving a formal amendment.

Decision: The draft resolution was approved.

### 3. DRAFT FOURTH REPORT OF COMMITTEE A (Document A26/A/5)

At the request of the Chairman, Dr SINGH, Rapporteur, read out the draft fourth report.

Decision: The report was adopted.

### 4. CLOSURE

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee A completed.

The meeting rose at 5.05 p.m.